MINISTRY OF HOUSING AND URBAN DEVELOPMENT

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Community Housing
Nga Whārerau o Aotearoa

Emergency Housing

Exploratory Study, January–February 2017

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Foreword

Emergency housing has been part of New Zealand's Government-funded housing landscape for many years now, introduced in response to rapid growth in the number of people with an urgent and immediate housing need across the country.

Even before the Government of the day had formalised streamlined funding arrangements for emergency housing services, emergency housing providers were successfully accommodating vulnerable New Zealanders in urgent need of a place to stay. Providers were able to do this by sourcing their own funding, to either compensate for a lack of Government funding, or to supplement any funding they did receive from Government agencies.

As demand for emergency housing continued to increase (by over a third between December 2015 and December 2016), the emergency housing sector came under increasing pressure to continue providing their services and scale up that provision to meet heightened demand. It became clear that more support was needed to ensure these services continued to be available for New Zealanders in need.

The Emergency Housing Funding Model was launched by the Ministry of Social Development (MSD) in response. This model resulted in the introduction of contracts between MSD and emergency housing providers for an increased, set number, of emergency housing places per annum, and the introduction of the new Emergency Housing Special Needs Grant. The intention was not only to provide more support for people in housing need, and assisting in addressing homelessness, but also to provide more certainty to providers through more sustainable funding.

The launch of this model, and a subsequent Invitation to Partner (ITP), issued by MSD to establish a panel of emergency housing providers, resulted in MSD becoming the largest funder of emergency housing in New Zealand.

This *Emergency Housing Exploratory Study* was carried out shortly after the launch of the Emergency Housing Funding Model and was aimed at better understanding the service emergency housing providers were providing, including common challenges and successes that could be mitigated or built on respectively. The study, which was jointly undertaken with Community Housing Aotearoa (CHA) and Te Matapihi he tirohanga mō te Iwi Trust (Te Matapihi), produced a number of learnings about what is working well and what could be improved on in the emergency housing sector.

MSD, as the lead Government agency responsible for addressing homelessness at the time, introduced a number of changes to its systems and processes partly in response to the findings of this study. Key changes included:

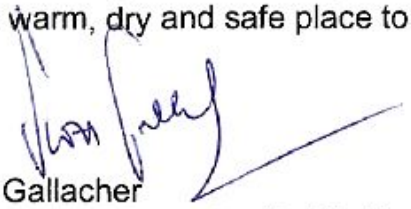
- clearer referral processes, including Operational Guidelines, which set out the criteria for identifying when an emergency housing need exists, the referral

process (including for self and third party referrals) and the eligibility criteria for MSD-funded transitional housing services

- fully funded services, based on the resources the housing provider requires (this was introduced for all new services from October 2016 and, for existing MSD funded services, since July 2017)
- use of the term Transitional Housing to distinguish short-term (12 week) housing services. The term Emergency Housing is now used to define the Special Needs Grants (SNGs) that households can use for up to seven days' stay in (mainly) motel accommodation when there is no accommodation available through providers
- the use of security deposits, to ensure households take the right level of responsibility for their tenancy
- connecting providers with Housing New Zealand to help secure permanent housing
- funding to cover costs of repair and methamphetamine decontamination where this is not covered by the security deposit or the provider's insurance
- working with providers to understand the diversity of clients' needs and circumstances to ensure appropriate services are available for households
- facilitating Transitional Housing provider forums around the country and, where previously not in place, helping to establish and strengthen networks between providers
- ensuring households that have remained in commercial accommodation for long periods are prioritised for referral to transitional housing providers and other appropriate support services
- a clear policy on how to prioritise homeless people.

While these improvements helped to further refine the Emergency Housing Funding Model, and build on our achievements toward addressing homelessness since this study was carried out, homelessness is still something the Government is actively working to address.

As the leadership for addressing homelessness shifts to the newly formed Ministry of Housing and Urban Development, our ambitions are focussed upon working towards making homelessness rare, brief and non-recurring. This isn't something we can achieve alone, and despite this study emphasising provider agility and flexibility, it is vital we continue to keep the context of our providers in the forefront of our minds as we work alongside them, as productively as possible, to ensure everyone in need has a warm, dry and safe place to live in New Zealand.



Scott Gallacher
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Executive summary

This report outlines what emergency housing providers do and identifies emerging and promising practices based on interviews with providers in early 2017.

Emergency housing is understood as temporary accommodation for people who are unable to access housing that is adequate for their needs.[1] The Government provided $41.6 million in Budget 2016 in response to the increasing demand for emergency housing (The Treasury and Ministry of Social Development 2016). The increase was aimed at helping households in crisis access the emergency housing and fund providers on a more sustainable basis (Ministry of Social Development 2016a). As part of this initiative the Government launched the Emergency Housing Funding Model which provides housing products to support more people into emergency housing. This was the first time that the Government had sought to provide funding to the sector in a more holistic manner. Demand for emergency housing was much higher than expected and in response to this demand an extra $304 million was allocated in September 2016 to secure an extra 1,400 emergency housing places.

The Ministry of Social Development (MSD) recognised, however, that to improve service delivery it needed to understand better what emergency housing providers do for the people they work with, and identify promising practices. This study took place when new contracts were being set up with providers to ensure they were fully funded for their emergency housing services. The study is a joint project between MSD and Community Housing Aotearoa (CHA) – the national umbrella group for New Zealand's community housing sector. The exploratory study aims to develop a baseline understanding of the services emergency housing providers deliver, and the characteristics and circumstances of the recipients of these services.

The report will:

- inform the ongoing development of the Emergency Housing Funding Model and its evaluation
- contribute to the compilation of emerging and promising practices of providers working in the emergency housing sector.

[1] At the time when this research was undertaken in early 2017, the term "Emergency Housing" referred to both the provision of Emergency Housing Special Needs grants (providing funding for people to stay in motel accommodation for up to seven days) as well as what is now referred to as "Transitional housing" – which refers to temporary accommodation with tailored supports provided for an average of 12 weeks while tenants' needs are assessed and long-term housing and support is organised. Individuals and families in emergency housing are still classified as homeless under the terms of the New Zealand standard definition of homelessness, see: http://archive.stats.govt.nz/~/media/Statistics/browse-categories/people-and-communities/housing/homelessness-definition/Homelessness-definition-July09.pdf .

The findings are drawn from face-to-face interviews with 23 representatives[2] from 16 housing providers in Auckland, Christchurch and the Bay of Plenty. Three of the providers interviewed had not received funding from MSD for emergency housing services. The interviews took place between 24 January and 16 February 2017. CHA works closely with Te Matapihi he tirohanga mo to Iwi Trust (Te Matapihi).[3] We have followed their lead by including Te Matapihi in the research conversations.

The key questions guiding the exploratory study of emergency housing are:

1. What are the key enablers/barriers to achieving housing outcomes with emergency housing clients?
2. What are the characteristics and circumstances of people presenting with emergency housing needs?
3. What services are providers delivering to emergency housing clients and how are they being delivered?
4. What particular organisational set ups and characteristics support providers in the provision of emergency housing?

The key findings relate to the key questions guiding the Exploratory Study of Emergency Housing; namely, what influences outcomes, the groups who are referred to emergency housing, the services delivered, and the organisational set ups and characteristics of the emergency housing providers. Many of the key findings inform answers to more than one evaluation question.

Key findings from the emergency housing exploratory study

Providers identify the undersupply of housing as a significant barrier to achieving outcomes for clients

The providers report that while they seek to achieve the best outcomes for clients (including the best match between families and properties), a lack of access to affordable housing and emergency housing makes this difficult:

- Housing unaffordability leads to more people seeking their services or being referred to emergency housing providers.
- Providers struggle to support clients to find a place to live because of an undersupply of emergency housing. Providers identify a tension between getting

[2] The position of the person interviewed depended on the size of the organisation. Sometimes it was a person who managed frontline workers, at other times it was a frontline worker. Sometimes the interview was with an individual, and sometimes it included other people. The other people had relevant specialised knowledge in addition to the person who had agreed to the interview.

[3] Te Matapihi he tirohanga mō te Iwi Trust was established in 2011 to advocate for Māori housing interests at a National level. The Trust operates as an independent voice for the Māori housing sector, assisting in Māori housing policy development at both central and local government levels, supporting the growth of the sector through existing and emerging regional forums, and providing a platform for sharing high quality resources and information. (See http://www.tematapihi.org.nz)

the best match with a house for their clients, and placing clients in an available house.

- Providers who are also registered Community Housing Providers (CHPs) are working to increase their housing assets but are struggling to find affordable properties.

The providers understand the connection between unaffordable housing and homelessness. They recognise that it will take time to build new properties and thereby increase the affordability of housing, and for this to have a flow on affect for the number of people experiencing homelessness.

A key to successful service provision is client trust which depends in part on setting clear expectations about the service providers can offer

It is important to providers that they establish trust with clients so that clients are more willing to share the information providers need to be able to keep their children safe, successfully support them into the right accommodation, sustain their tenancies and ultimately to live independently. The providers indicate that clients' trust in them depends on providers being clear and upfront about the services they offer and how to access them. Demand outstrips supply of emergency housing, and, therefore, access to providers is prioritised. In order to build trust with people to whom they are providing services, providers need to be transparent about the basis of the service. At the time that interviews were done, providers felt unclear about the following, which limited their ability to establish and maintain trust with clients:

- the different understandings and expectations people have of emergency housing and differing understandings of homelessness
- the process for prioritising who is referred for emergency housing support
- how providers should handle self-referrals and referrals from agencies other than MSD
- how they should use the different assessment criteria that funding agencies use to decide which groups of homeless people can access providers.

Three groups of people are referred to providers

The providers categorise people with emergency housing needs into three groups:

- A small group of people who are homeless for a short time because of unexpected circumstances such as health trauma or work redundancies. They take up a small amount of emergency housing resources and providers estimate this group to be about 15 – 20 percent of the people they work with.
- The majority of people become homeless because of family violence, drug and alcohol issues, intergenerational experiences of poor parenting and/or indebtedness leading to poor credit ratings. This is the group most affected by

housing unaffordability. If housing was more affordable members of this group would most likely find housing without resorting to emergency housing providers. This group will resolve their issues sufficiently to find long-term accommodation but some providers perceived they might not do it within the timeframes over which MSD contracts providers.[4] Providers estimate this group to be about 60 to 80 percent of the people who access their service.

- A small group of people whose homelessness results from multiple and complex issues that are difficult to address and require the most time and resources. Providers estimate this group makes up about 20 percent of the people they work with, but takes up approximately 80 percent of staff time.

To cope with the complexities facing them, some providers narrow their focus to providing emergency housing for people in their local community or a specific cohort of homeless people.

Providers describe their highest priority as young families with children

Providers' commitment to children motivated who they chose to accept into their accommodation. It influences the way they offer their services, and the efforts they take to find long-term accommodation quickly. When seeking long-term accommodation they try to keep families near the schools that children attend.

Māori providers report making efforts to reconnect young Māori families with lost whānau, hapū and iwi. Most Māori providers have networks into the Māori world that enable them to make these connections appropriately.

Providers deliver a wide range of services to help clients address the issues they face

Once client trust has been established providers offer clients the following services:

- a safe place from which they can seek long-term accommodation
- workers who are skilled at identifying the changes people need to make to sustain their tenancies (such as financial management, housekeeping, cleaning, gardening and healthy cooking) and assisting them to achieve any changes they need to make
- training programmes are provided inhouse or sourced from other providers and aim to improve parenting skills, literacy, numeracy and financial literacy
- programmes to address mental health challenges and substance abuse dependency.

[4] While typical MSD emergency housing contracts provide for up to 12 weeks, there are no restrictions on the amount of time that providers can provide emergency housing support for and no financial penalties for exceeding the 12 week target timeframe.

Providers use the complementary approaches of tikanga Māori and strengths-based social support to achieve outcomes for clients

Marae protocols provide an explicit description of a safe and peaceful place and how people are expected to relate to each other. People staying on marae are rostered for tasks directly relevant to managing a house and sustaining a tenancy, such as cleaning the meeting house, helping prepare food, sharing child care and keeping the marae secure. Māori providers use the protocols of the marae both literally and metaphorically in their approaches and practices to emergency housing.

Once people feel relatively safe they can use Te Whare Tapa Whā (a model of holistic health) to begin healing from the trauma of being homeless. Māori healing practices may be a resource drawn on for this healing.

Strengths-based social support has a suite of tools that are easily used with a tikanga Māori approach and is recognised nationally and internationally as good social work practice. As a minimum both Māori and non-Māori providers use Te Whare Tapa Whā and strengths-based social support approaches and practices to emergency housing. The providers described establishing a safe place and using the tools of strengths-based social support in the assessment of situations, motivations, capacities; identifying goals; and measuring progress.

Skilled, experienced and devoted staff, including visionary organisational leadership, contributes to the successful provision of emergency housing

Chief executives, managers, and staff members from all the providers interviewed demonstrated some degree of visionary organisational leadership. The providers have a vision of a society where homelessness is minimised, people who are housed sustain their tenancies even when they are faced with the traumas of life, and people's management of traumatic experiences contributes to, rather than detracts from, their ability to live independently.

The success of organisations, therefore, depends on employing highly skilled, experienced and dedicated staff, and providing them with the ongoing support and training to provide services to highly vulnerable individuals and families. Providers emphasised the critical role that supervision, self-care and mutual support between colleagues play in managing the stress and pressures they face.

Providers' networks are essential to the ongoing provision of emergency housing

Providing emergency housing services depends on strong networks in the social support sector (the Ministry of Social Development (MSD), Housing New Zealand Corporation, New Zealand Police, the Department of Corrections, mental health services, hospitals, GPs and education), and the network of providers. The networks

need to be able to weather the, sometimes, critical and strong advocacy of providers on behalf of their clients.

Providers perceived there is often a tension between the need to collaborate with other providers but also compete to raise funds for their services.

Organisational set-ups are evolving and reflect the complex regulatory, legislative and funding environments within which providers operate

The organisational set-ups and characteristics that support providers in the provision of emergency housing are evolving with several of the providers in the midst of restructuring. Contributing to the thinking behind the restructures is that some emergency housing providers are also registered Community Housing Providers (CHPs).[5] Although the contracting and funding arrangements for emergency and community housing are very distinct, in practice many providers manage their portfolio of properties in a flexible way across these different funding streams. This has implications for how providers' organisational set-ups are evolving because there is a regulatory requirement from the Community Housing Regulatory Authority that CHPs must assume a landlord only role or, if support services are provided to tenants, then there needs to be an organisational separation between the provision of support services and tenancy management services.[6] This ensures those supporting tenants in their personal lives are not the same people who are asking them for rent. In addition to keeping the landlord role separate, each housing-related service often has a different funding stream and contractual arrangements which providers need to account for, and report on, separately. For instance:

- Not all providers interviewed receive funding from MSD for emergency housing places. Of those that did some also received MSD funding for the provision of wrap-around services to support emergency housing clients for 12 weeks to address issues and to secure long-term accommodation. In addition, some providers received MSD funding to support clients to sustain their tenancies for up to 12 weeks after they have moved into long-term accommodation.
- As well as offering a full range of wrap-around services for their own clients, some providers also offer wrap-around services to other emergency housing providers, CHPs and Housing New Zealand tenants. Some of these providers are also participating in the Sustaining Tenancies Trial, an MSD funded initiative, which aims to assist people in social housing who are at risk of losing their tenancies. These providers, therefore, have two sources of funding for wrap-around services to support people to sustain their tenancies.
- Some providers are registered CHPs. As mentioned above, there is a regulatory requirement from the Community Housing Regulatory Authority for CHPs to ensure the tenancy management and support service provision are kept

[5] CHPs are eligible to enter into a contract with MSD for the provision of income-related rent subsidy (IRRS) tenancies.
[6] See: http://chra.mbie.govt.nz/assets/Uploads/Guidance-notes/guidance-note-separation-of-services-july-16.pdf

separate. However, some providers, sometimes, use their CHP places as temporary accommodation for emergency housing cients.

- Some providers are also using a Housing First[7] approach and participating in the Housing First network, another initiative to which MSD is one of a number of funding contributors. While the Emergency Housing Funding Model and Housing First both assist people who are homeless, Housing First specifically identifies people to work with who are known as rough sleepers. Whereas emergency housing provides temporary accommodation, Housing First seeks to place people directly in long-term accommodation before working with them on the issues that made them homeless. However, in New Zealand's housing environment there is often a lag between identifying rough sleepers and placing them in long-term accommodation. During this lag-time people are placed in emergency housing until long-term accommodation can be found for them.

The study identifies insights that inform opportunities for action

The findings from this study suggest there may be opportunities to:

- Develop a shared understanding for prioritising homeless people for referral to emergency housing, and accepting referrals. This framework could also help clarify how various other, related, housing initiatives (such as Housing First) complement the EHFM to meet the differing needs of clients. Such a framework could be particularly helpful for clients given the feedback that clear expectations help provide a foundation for developing a trusting working relationship with providers.
- Further strengthen and develop networks of providers. These networks are critical for helping providers to broker services and find the right services for clients. Currently, the providers in Auckland have a strong network but there is scope to expand this to providers in regions outside Auckland and better represent Māori providers.
- Continue compiling and disseminating promising approaches and practices for people providing emergency housing services.
- Continue identifying ways to ensure the consistency and streamlining of contracting and funding arrangements in a way that supports cross-sectoral collaboration.

[7] Housing First' is a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. Housing is provided first and then supports are provided including physical and mental health, education, employment, substance abuse and community connections. In the traditional linear approach, permanent housing is typically offered only after a person experiencing homelessness demonstrates that they were "ready" for housing. See https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf and http://homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first

Introduction

The purpose is to understand what providers do and identify promising practices

Emergency housing is understood as temporary accommodation provided to people who are unable to find accommodation that is adequate to their needs.[8] In response to the increasing demand for emergency housing the Government provided $41.6 million in Budget 2016 (The Treasury and Ministry of Social Development 2016) to help households in crisis access the emergency housing they need and fund providers on a more sustainable basis (Ministry of Social Development 2016a). As part of this initiative the Government launched the Emergency Housing Funding Model which provides housing products to support more people into emergency housing. Demand for emergency housing was much higher than expected and in response to this demand an extra $304 million was allocated in September 2016 to secure an extra 1,400 emergency housing places.

The Ministry of Social Development recognised, however, that to improve service delivery it needed to understand better what emergency housing providers do for the people they work with and identify promising practices. This study was undertaken at the same time that contracts were being set up that responded to the higher than expected demand for emergency housing places and, therefore, reflects the views of those providers at that point in time. The report provides the findings of an exploratory study into emergency housing approaches and service provision. The exploratory study aims to develop a baseline understanding of the services emergency housing providers deliver, and the characteristics and circumstances of the people who are the recipients of these services.

The report will:

- inform the ongoing development of the Emergency Housing Funding Model and its evaluation
- contribute to the compilation of emerging and promising practices of providers working in the emergency housing sector.

[8] The Ministry of Social Development (MSD) currently funds people to stay in emergency housing for approximately 12 weeks. Individuals and families in emergency housing are still classified as homeless under the terms of the New Zealand standard definition of homelessness.

There is widespread concern about the increasing demand for emergency housing

Provision of emergency housing places and support services has been available to those in need for at least the last 30 years. However in the lead up to Budget 2016 the demand for these outstripped supply and a significant number of people were unable to access emergency housing places and support services when they were most in need, particularly in Auckland.

In mid-2016 the Government responded to the increasing demand and launched the Emergency Housing Funding Model which provides housing products to support more people into emergency housing, including:

- an emergency housing special needs grant (SNG) for people who need support with emergency housing costs for up to seven days and are unable to immediately access a contracted place
- contracts with selected providers for an annual number of emergency housing places in which people are funded for up to three months with the possibility of extensions
- contracts for support services for people in emergency housing. These support services were initially only available through providers with existing Community Investment contracts.[9] These providers are required to work with households for up to three months while they are in emergency housing and up to three months after they leave emergency housing.

Budget 2016 provided $41.6 million (The Treasury and Ministry of Social Development 2016) to help households in crisis access the emergency housing they need and fund providers on a more sustainable basis (Ministry of Social Development 2016a). In September 2016, an extra $304 million was allocated to secure an extra 1,400 emergency housing places. A cross-agency emergency housing response team (the Response Team) was established at the end of August 2016 with the task of securing the additional housing places across New Zealand. Of these places 600 are in Auckland and the remaining 800 in places in other areas of high demand around the country. The $304 million package, over four years, comprises:

- $120 million in capital funding to build, buy or lease properties suitable for emergency housing. $100 million of this is a loan to Housing New Zealand
- $71 million in rental subsidies

[9] The Community Investment Strategy (2015) guides the investment of $300 million per year into community-based programmes and services. It focuses on: Priority results; building the evidence base for effective programmes and services; improving the quality of data collection; setting a clear direction for funding; further simplifying compliance requirements and including result measures in contracts; and, continuing to build provider capability (see www.msd.govt.nz/documents/about - msd-and-our-work/work-programmes/community-investment-strategy/community-investment-strategy-update-2016.pdf).

- $102 million for providers to support, stabilise and help tenants into longer-term housing
- $10.4 million for more dedicated frontline staff to work with people who need emergency housing or are on the social housing register.

Emergency housing providers receive funding for places where individuals and families can stay while their needs are understood, a plan to address them is prepared, and long-term sustainable accommodation is found. At the time of the interviews, some emergency housing providers received funding for support services initiated while people are staying in emergency housing and which may continue for a period once people find long-term accommodation.

The providers understand the connection between unaffordable housing and homelessness. They recognise that it will take time to build new properties and thereby increase the affordability of housing and for this to have a flow on affect for the number of people experiencing homelessness. In the meantime providers work with the knowledge that capital funding for implementing the Emergency Housing Funding Model is capped. Within the resources available they are working to increase the number of properties available for emergency housing. In the long term the expectation is that the need for emergency housing will reduce as the housing asset development programme delivers more affordable housing.

This exploratory study will assist in refining the Emergency Housing Funding Model

The intention was to follow up on this launch of the Emergency Housing Funding Model, with research and evaluation that would provide evidence as a basis for refining the Model and suggest what works well for this sector. This exploratory study begins the provision of research evidence. It covers issues arising in the early stages of the implementation of the Emergency Housing Funding Model.

The exploratory study is based on in-depth qualitative interviews with a purposive[10] sample of emergency housing providers. Sixteen emergency housing providers were selected to take part in the study: from Auckland (nine providers funded by MSD and two marae-based providers who did not receive funding), Christchurch (one provider who received MSD funding and one who did not receive funding) and the Bay of Plenty (three providers who received MSD funding). (Short descriptions of each of the 16 providers interviewed are presented in Appendix One.) Many of the providers have contracts with MSD to provide emergency housing but some do not. Providers who do not have emergency housing contracts with MSD receive funding from other

[10] A purposive sample is not a random sample of all providers. It is a deliberately subjective sample chosen by the researcher and reflects, in the researcher's judgement, a relevant range of different kinds of provider for usefully informing the research question.

sources. Sixteen face-to-face interviews were done with one or more representatives of each emergency housing provider. The position of the person interviewed depended on the size of the organisation. Sometimes, it was a person who managed frontline workers, at other times it was a frontline worker. Sometimes, the interview was with an individual and, sometimes, it included other people. The other people had relevant specialised knowledge in addition to the person who had agreed to the interview. The characteristics of the emergency housing providers interviewed are identified along with their approach to, and implementation of, service provision.

The research focuses on answering the following four questions:

1. What are the key enablers/barriers to achieving housing outcomes with emergency housing clients?
2. What are the characteristics and circumstances of people presenting with emergency housing needs?
3. What services are providers delivering to emergency housing clients and how are they being delivered?
4. What particular organisational set ups and characteristics support providers in the provision of emergency housing?

Each interview took about an hour and was recorded and transcribed. A thematic analysis of the interviews was done to identify initial findings.

MSD is working with Community Housing Aotearoa (CHA) to do research using a co-design approach.[11] For this work CHA facilitated introductions with selected emergency housing providers in Auckland, assisting MSD in setting up interviews. MSD prepared the interview guides, information sheets and consent forms; facilitated the interviews, conducted the analysis and wrote up the report. CHA arranged for us to present the initial findings to the Emergency Housing Network in Auckland on 27 February 2017 for their feedback and as part of the ongoing co-design conversation. Representatives from CHA, Te Matapihi, MSD and Housing New Zealand were at the network meeting. We wanted to know if the findings 'rang true' to the providers' experiences. This report presents the findings with the benefit of this feedback.

This study draws on provider perspectives

How to apply the findings presented in this report to emergency housing providers in New Zealand more generally is unknown. Particularly, Women's Refuge receives a significant amount of emergency housing funding but were not interviewed as part of this exploratory study because issues of confidentiality and privacy needed to be worked through. They were present when we presented the initial findings of this

[11] For a description of the co-design approach used see Scott, K., Perese, L., & Laing, P. (2010) *Co-design and co-delivery programme approaches.* Wellington, Report commissioned by Housing New Zealand Corporation.

study to the Emergency Housing Network in Auckland and later agreed to be included in the formative evaluation of emergency housing. They will be included in the formative evaluation of providers with MSD contracts undertaken in the second half of 2017.

This report only gives an account of the providers' perspective. Recipients of the providers' services were not interviewed as part of the exploratory study. The recipients will have a perspective on the value of the services that they receive and their views will be sought in the formative evaluation of the Emergency Housing Funding Model.

Housing First, another programme for reducing homelessness, was not included in this exploratory study because it has a separate funding stream from the Emergency Housing Funding Model, and is in the process of being trialled and implemented. It will have a dedicated evaluation appropriate to the timeframe of its implementation.

Key findings from this report have guided the Formative Evaluation

Following this *Emergency Housing Exploratory Study* a formative evaluation was undertaken to understand and outline the process of implementing the Emergency Housing Funding Model (EHFM). The formative evaluation builds on the key findings from this exploratory study, focusing on answering the following questions:

1. What are the key enablers/barriers MSD frontline staff and providers experience when implementing EHFM?
2. What are the characteristics and circumstances of tenants who are participating in the EHFM?
3. What support services are providers accessing for emergency housing recipients and how are they being accessed?
4. How are providers set up to deliver emergency housing services?
5. What are the expectations and experiences of recipients of emergency housing?

The purpose of the formative evaluation is to understand the enablers and barriers to implementing the Emergency Housing Funding Model. The formative evaluation was undertaken from September to October 2017 and involved interviews and focus groups with providers in Auckland, Tauranga, Wellington and Christchurch, with MSD frontline staff, a Housing New Zealand staff member and some tenants. The formative evaluation has built on the exploratory study to inform the on-going development of the EHFM and contribute to the compilation of emerging and promising practices of providers working in the emergency housing sector.

The structure of this report

The key findings of this study relate to the key guiding questions; namely, what influences outcomes, the groups who are referred to emergency housing, the services delivered, and the organisational set ups and characteristics of the emergency housing providers. Many of the key findings inform answers to more than one evaluation question. Each of the following sections of this report are headed by one of these key findings. These headings are followed by a summary of the more detailed findings which are described in the main part of the section.

The final section of this report describes five potential topics this study highlights for further investigation.

Different understandings about emergency housing and homelessness have implications for providers

Summary

Emergency housing is one of a number of housing services to reduce homelessness. The providers indicate that clients' trust in them depends on providers being clear and upfront about the services they offer and how to access them. Providers report that lack of clarity about the following makes it difficult to establish and maintain trust with clients:

- the different understandings people have of emergency housing
- which definition of homelessness MSD follows when referring people to them
- how they should handle self-referrals and referrals from agencies other than MSD
- how they should use the different assessment criteria agencies use for deciding which groups of homeless people can access providers.

Providers are aware that other agencies (including MSD) have a variety of definitions of homelessness. Most definitions draw on the Statistics New Zealand standard definition of homelessness and the Canadian National Occupancy Standard (CNOS). Since demand for emergency housing outstrips supply, however, agencies (including MSD and the providers), are prioritising some homeless people over others. Rather than categorise providers according to whether they are working with people who are chronically, episodically or transitionally homeless this study uses providers' categorisations. Providers said that trying to categorise homeless people is challenging.

Different understandings of emergency housing have implications for providers' work with other agencies

Literature indicates that emergency housing is at one extreme of the housing market continuum addressing homelessness (see Appendix Two). Interviews with providers reveal that in New Zealand there are different understandings of emergency housing (for example providing night shelter and transitional housing). These different understandings have implications for what providers offer homeless people and how they work with other agencies.

Some agencies expected providers to operate night shelters

None of the providers taking part in this emergency housing exploratory study offer a night shelter as part of their emergency housing services, and do not see their organisations as night shelters. However, several providers were frustrated about receiving calls in the middle of the night from the police, for instance, who pick up single women from the streets or cars and are looking for a place for them for the night. The providers who receive these calls tend to be ones who live at the site of their emergency accommodation. Occasionally, they agree to take single women without having given them a full assessment on the assumption that they are unlikely to pose a threat to other women and their children.

Some providers tentatively define the service they offer as 'transitional housing'

Some providers think 'transitional housing' is a more accurate description of the service many of them offer. As one provider reports:[12]

> *They're often in the Housing New Zealand house or a private rental and having another family member come back to them puts their own rental in jeopardy. So, that, of course, causes a whole – the impacts are huge. And living in a garage in a Housing New Zealand property, obviously, it's not right and not acceptable, and will cause their tenancy again to be reviewed. So, our families are couch-surfers, transitional*.

Despite 'transitional housing' being a more accurate description of the service many providers offer, they were nervous about having their service described as transitional housing. They are afraid that this description will reduce the likelihood of them receiving emergency housing funding. Needless to say, the people in need of transitional housing are homeless when they seek the services of a provider.

Some providers combine emergency housing and Housing First, while other providers want to keep these two programmes separate to reduce homelessness

Housing First, like emergency housing, is an approach to reducing homelessness. However, Housing First is seen as a separate housing initiative from the Emergency Housing Funding Model. Homeless people are referred to emergency housing whereas Housing First is an outreach programme. The intention of Housing First is to identify homeless people known as rough sleepers or chronically homeless and place them in long-term accommodation before working with them on the issues that made them homeless thus bypassing their need for emergency housing places and support services. The main difference between emergency housing and Housing

[12] Quotes have been included that add to the story the exploratory study presents and to ensure that the voices of the providers contributes to telling it.

First is in the way the programme to reduce homelessness is accessed and towards whom it is targeted. Homeless people are referred to emergency housing providers while Housing First providers reach out to homeless people particularly those experiencing chronic homelessness and who have been rough sleeping for a year or more. In New Zealand's housing environment, however, there is often a lag between identifying rough sleepers and placing them in long-term accommodation. During this lag-time people are placed in emergency housing until long-term accommodation can be found for them.

Ideally, providers using a Housing First approach offer long-term accommodation without vetting homeless people for histories of family violence, drug and alcohol issues, and indebtedness.[13] Like *He Whare Āhuru He Oranga Tāngata – The Māori Housing Strategy: Directions 2014 to 2015* this approach sees housing as a human right. Adherents to the Housing First approach think that providers outside of the Housing First collective require homeless people to address their family violence, drug and alcohol issues and indebtedness before they can be offered emergency housing places. Some providers favour the Housing First model and one of these providers says,

> *We come from a Housing First perspective which means that we – we're just concentrating on housing people first and foremost. We don't say to them: 'You have to be dry, abstinent' or 'You have to engage in psychiatric treatment'. We don't set those parameters. We get them a house first and then we start to work on some of that stuff.*

In this exploratory study of emergency housing we found no evidence to differentiate Housing First from emergency housing more generally in their approaches to addressing the issues that made people homeless and finding them long-term accommodation. Some rough sleepers are among those who are referred when long-term accommodation is not immediately available for them. Emergency Housing providers place people in long-term accommodation as soon as it becomes available and only use their emergency housing places because there is no other option.

We found that all the providers vet the people who they accept into their properties for health and safety reasons. Many of the providers offer shared accommodation for families at one property and are mindful of the safety of the children in that accommodation. Apart from this health and safety vetting, we did not encounter any providers who impose rules on people in order for them to qualify for placement in a property. All the providers are offering wrap-around services to the recipients of their emergency housing service for issues such as family violence, drug and alcohol issues, and indebtedness once they are placed rather than before they are placed.

[13] Funding was set aside for Housing First to be implemented in Auckland as an extension of the work undertaken in Hamilton. An evaluation of this extended implementation is planned.

Most of them are using a stepped approach to offering wrap-around services so as not to overwhelm people, and to work at a pace set by the people in receipt of their services. They are working on these issues concurrently with looking for properties in which to house people long-term.

A review of the implementation of Housing First in Australia suggested that: *what is more important is that the policy focus in the area of homelessness be directed towards assisting chronically homeless individuals to obtain the most suitable housing quickly and providing support that enables them to stay housed* (Johnson 2012).

Programmes to reduce homelessness need to be developed within the welfare and housing context in which people are situated.

Providers report variation in how MSD and other agencies define homelessness in practice

The Statistics New Zealand definition says:

> *Homelessness is defined as a living situation where people with no other options to acquire safe and secure housing: are without shelter, in temporary accommodation, sharing accommodation with a household, or living in uninhabitable housing* (Statistics New Zealand 2012).

MSD's operational definition only includes people who are living rough, in some forms of temporary accommodation, or uninhabitable housing. Although people living in overcrowded circumstances were identified as homeless in the September 2016 (MSD 2016a) report to Cabinet, MSD's operational definition excludes people who are overcrowded in shared accommodation.

No matter how emergency housing is understood, the sector works with 'homeless people' although their homelessness is defined in many ways. The providers think there should be a consensus of opinion about the definition of homelessness that is in use, and how this is being used to prioritise some homeless people. Consensus about the definition of homelessness becomes important when providers are building trust with the people to whom they are providing a service because, out of respect for their clients, they want to be transparent about the basis for the service.

The providers describe instances where they think there is variation in how people in MSD Offices define homelessness as a basis for referring people to emergency housing services. The providers report that definitions of homelessness seem to vary and need to be clarified. As one provider states:

> *So how do you define homelessness? When you've got 30 in a home. It's a three bedroom… Homeless is in a car… The likelihood of violence, the likelihood of tamariki [children] not being able to eat properly, health*

issues. Or sleep properly. All of that. I term that homelessness. When all those things start to create a picture because of the housing situation, that's got to be homelessness.

In Statistics New Zealand documents describing the standard definition of homelessness,[14] more detailed descriptions are set out for each of the components of homelessness (Statistics New Zealand 2009). Where accommodation is shared, severe housing deprivation occurs when the house is overcrowded. Overcrowding is measured using the Canadian National Occupancy Standard (CNOS) (Australian Institute of Health and Welfare, n.d). From the point of view of the CNOS, Housing New Zealand properties may appear overcrowded by one bedroom because Housing New Zealand's occupancy standard is based on the 1947 Housing Improvement Regulations (HIR) which differs slightly from the CNOS (see Table 1).

Table 1: Occupancy Standard by Canadian National Occupancy Standard (CNOS) and Housing Improvement Regulations (HIR)

Occupancy standard	CNOS	HIR
There should be no more than 2 persons per bedroom	✓	✓
Children under one year are not included when counting the number of people per bedroom	✗	✓
Children over one and under 10 years are counted as half a person	✗	✓
Children less than 5 years of age of different sexes may reasonably share a bedroom	✓	✓
Children less than 10 years of age of different sexes may reasonably share a bedroom	✗	✓
Children 5 years of age or older of opposite sex should have separate bedrooms*	✓	✗
Children less than 18 years of age and of the same sex may reasonably share a bedroom	✓	✓
Single household members 18 years or older should have a separate bedroom, as should parents or couples	✓	✓

* This CNOS criterion updates the HIR (1947).

[14] http://archive.stats.govt.nz/~/media/Statistics/browse-categories/people-and-communities/housing/homelessness-definition/Homelessness-definition-July09.pdf

Providers expressed concern about the lack of consistency in the way homeless people are prioritised

Significant demand for emergency housing means that MSD and other agencies need to prioritise homeless people for referral to them. In their interviews in early 2017, providers repeatedly expressed concern that there appeared to be no consistency in the way homeless people are prioritised.

A report to the Ministers of Social Housing and Social Development (MSD 2016b unpub.), offers some guidance on how homeless people can expect to be prioritised. A referral of a homeless person or family to a provider is to be made in,

> *a situation where a client does not have a suitable place to stay for the immediate future (within the next seven days), is unable to meet the cost of accommodation from their own resources, and where not providing assistance would worsen the client's position, increase or create any risk to the life or welfare of the household, or cause serious hardship to the household.*

Providers expressed uncertainty about to whom they should provide services

When the interviews were undertaken, there was a perceived lack of consistency in the definition of homelessness and/or the prioritisation of homeless people which led providers to feel uncertainty about who they should provide services to. This made it difficult for providers to explain the basis for accepting a referral clearly to clients. This uncertainty is particularly the case when homeless people self-refer or are referred by people in the community and belong to different groups of homeless people from the people MSD and other government agencies refer.

Most referrals to providers come from MSD, but some come from other government agencies, such as hospitals, mental health services, New Zealand Police and the Department of Corrections. General medical practitioners (GPs) also refer people as do community groups and other providers. Self-referrals and referrals through the networks of people experiencing homelessness also occur particularly for providers who specialise in offering a local service. Self-referrals occur less often than referrals from other agencies.

Some groups may be missing out on access to emergency housing

Most providers offer services to families including single parents with children or grandchildren. While providers are clear that they help anyone who presents to them with an urgent housing need, providers who know the community well also indicate that there are some people in need of emergency housing who are missing out because they do not seek help.

Older people and single people are more likely to miss out

Occasionally, providers will take in older couples and older single women. Several providers recognise that single men are not a group that has easy access to emergency housing, although one provider indicated that it specifically provides services that prioritise this group.

People who are in overcrowded shared accommodation are likely to miss out

The providers suggest that homeless people "who have a roof over their head" do not seem to be as high a priority as people living in a car, tent or caravan. However, Amore et al's (2013) research suggests that overcrowding by two or more bedrooms results in chaotic living arrangements which are associated with increases in child ill-health and possibly family violence comparable with the experience of homeless people who do not have a roof over their heads. A provider says,

> *When there's three or four to a house and violence erupts. There's violence in the house and there's three whānau and one's got to move out. See, we count homelessness different to WINZ. WINZ homelessness is, if you've got somewhere to stay, in a garage or on a couch, you're not considered homeless. There's a little trigger that they have internally. We had this discussion with the manager because of that counting of numbers. We wanted to know exactly how many people were actively searching for a home because they were either bumped in with somebody. We had a guy… living in a tent. I don't know if he was considered homeless.*

Among the providers interviewed were some that had become emergency housing providers following a situation where they had responded to a housing crisis. They became aware of the housing emergency not because of the overcrowding of properties but because of a noticeable increase in families who were living in cars and tents around Auckland. One provider reports,

> *It wasn't really realised just how many people were sleeping in their vehicles until we travelled out in the evenings and when they all did their park-ups. And, we had lots of the community sleeping in the parks – children… Living rough, living in parks, living in cars, didn't have a roof over their head, a home.*

People’s pathways into emergency housing vary

Summary

Regardless of how people are referred, the providers categorise the characteristics and circumstances of people presenting with emergency housing needs into three groups:

- A small group of people who are homeless for a short time because of unexpected circumstances such as health trauma or work redundancies. They take up a small amount of emergency housing resources.
- The majority of people become homeless as a result of difficult circumstances relating to family violence, drug and alcohol issues, intergenerational experiences of poor parenting and/or indebtedness leading to poor credit ratings. This group tends to resolve issues sufficiently to find long-term accommodation although not necessarily within the timeframes and resources for which MSD contracts providers.
- A small group of people whose homelessness results from multiple and complex issues that are difficult to address and require the most time and resources.

Some people are homeless for a short time because of unexpected circumstances

The providers describe a small group of people, usually with children, who become homeless because they are caught between one housing tenancy and another, and they do not have family or friends who can take them in. They may stay in emergency housing for a few hours or a few days. The providers characterise people who experience short stays in emergency housing as commonly being motivated to live their lives well. They are caught out by unexpected circumstances beyond their control, such as health trauma and/or unexpected redundancies at work. The time needed to organise a new tenancy has left a gap between tenancies, and emergency housing fills it.

The providers think about 15 to 20 percent of the people who access their services fall into this group and they find them very easy to help. People in this group are highly motivated to find accommodation and to help themselves. They rarely need any wrap-around services or follow-up once they find new accommodation in social housing or the private rental market. The providers see themselves as providing transitional housing for this group.

Some people are homeless because of challenging issues or circumstances they face

As far as the providers are concerned the majority of people who become homeless and end up in emergency housing do so due to the challenging issues or circumstances they face. People's experiences of family violence, drug and alcohol issues, challenging mental health issues and the poor parenting they received may have impacted on their decision-making and ability to find and maintain stable and suitable housing. Their personal decisions may also have resulted in indebtedness leading to poor credit ratings and benefit receipt that undermines their ability to find and sustain long-term accommodation.

The providers report that often people seeking emergency housing have been evicted from private rental and/or social housing tenancies. Although they may have been given a 90-day notice to exit a rental property, they do not use this time to find alternative accommodation. However, some providers, who respond to people who seek help with re-housing within the 90-day notice period, report that they find 90 days too short a time period to assist a client into permanent accommodation in the current market.

> *When you've got limited housing though that's not going to do much, is it? If you're coming from a social housing environment, you've got 90 days. You've already probably more than likely exhausted your private housing.*

MSD often refers people in this group to providers. They stay in emergency housing for, approximately, 12 weeks which is the period that MSD currently funds. The providers estimate that 60 to 80 percent of the people who access their service fall into this category. Many of the people in this group tend to be young parents who need wrap-around services tailored to their particular situation. They also need follow-up from providers in order to sustain their new tenancies once they are housed. Housing for them is predominantly in Housing New Zealand or CHPs' properties.

The providers report that they see social connectedness and associated social support as assisting young people to improve their personal decision-making, sustain their tenancies and begin the journey towards living independently. Māori providers report that they seek to strengthen social connectedness and the social support available by making every effort to reconnect young families to their whānau, hapū and iwi if this is wanted. Sometimes, connections are successful and these young families then relocate to their *tūrangawaewae* (the place where their iwi resides). The providers see service provision to this group as appropriately identified as emergency housing. This is the group most affected by housing unaffordability, if housing was more affordable members of this group would most likely manage to find housing without resorting to emergency housing providers. This group works

toward resolving issues sufficiently to find long-term accommodation but not necessarily within the timeframes and resources for which MSD contracts providers.

Some people are homeless because they have multiple and complex needs

The providers report that the final small group of people they work with have very complex needs and circumstances that are difficult to address. This group takes up the most significant amount of their time and effort. The providers report that they are typically unable to resolve issues facing these families in the 12 weeks MSD funds and often seek extensions for such families. As one provider says:

> *We've got a small minority, about 20 percent of people coming through who have multiple, multiple, major, complex issues that involve multiple generations, extended family, Police, Child Youth and Family, physical health issues, mental health issues, drug and alcohol issues and they have learned how to survive by being very economical with the truth. So, what gets presented to you first of all is only a layer, on top of which are multiple layers of challenge and complexity. So that 20 percent of people take about 80 percent of our staff time*.

The providers report that people in this group appear to show minimal motivation to improve their situation. More time is often needed for providers to establish trust with this group before they disclose the full extent of their problems. Providers report that wrap-around services need to be co-ordinated carefully for this group to reduce the risk that they become overwhelmed. Once housed, providers report that this group usually needs extensive follow-up to sustain their tenancies. One provider says people in this group "need a lot of advocacy to be able to negotiate the system and access their entitlements, and even get on the social housing register to be able to get into social housing." The identification of this group highlights the need for tailored responses for those with high and complex needs who are not chronically homeless and, therefore, not eligible for Housing First.

Providers use similar approaches

Summary

Across the emergency housing sector the approaches in use are similar. Providers report that an acceptable service needs to offer strengths-based social support (Saleebey 2013) and/or take a tikanga Māori approach to achieve the following outcomes:

- Children are safe, and receive the basic necessities of life.
- People are supported so that they never need emergency housing services again.
- People are supported to sustain their tenancies.
- People begin on a path to independent living.

The care and protection of children experiencing homelessness is a high priority for providers. The providers respect the people in need of their services. Providers recognise the fundamental importance of developing rapport to establish trust with people. Once trust is established people are more willing to share the information necessary for the providers to be successful in assisting them to keep their children safe, find accommodation, sustain their tenancies and ultimately to live independently.

It was clear from undertaking this study that to achieve the desired standard of service provision, emergency housing providers employ managers with visionary organisational leadership skills, and highly skilled, experienced and devoted staff who develop and maintain extensive and strong networks. Also contributing to the realisation of providers' standard of service provision is a small number of New Zealand designed and supported case-management and reporting systems.

A high priority is placed on keeping children safe

The highest priority for providers is keeping children safe in emergency housing accommodation, and finding them a safe place to live long-term with their caregivers and/or families. The safety of children is the providers' motivation for vetting the people who they accept into their properties where accommodation for families is shared. In some instances this means that fathers are not accommodated.[15] Even when providers specialise in providing emergency housing for single people, they are mindful of the health and safety of the people already residing in their properties. This thinking influences who they accept into their service at any given time. One marae opened the doors to anyone who was homeless but says,

[15] Providers refer fathers to MSD for help with finding other accommodation.

Within two, three weeks we realised it was the families that needed help more, because we had a lot of singles but we found they were drug and alcohol dependent. …That's when we really put our health and safety and vulnerable children act into play in there, so we cut the numbers. We moved from the main marae complex to the back area of the marae, and we had cabins, everything brought in.

Many providers run their services for families and that largely means allocating families according to size and composition: "It's about seeing these children, and that's where we're focused into. Where are the children? What does that look like? How many children? And we're very insistent on meeting the family so that we can see the children."

While a non-judgemental approach is integral to the respect that providers express towards people referred to them, there is a fine balance between being non-judgemental and keeping people safe. Three separate providers comments:

It's really hard and we don't want to judge when we're putting mums into the house and you know there's an association of gangs… They'll come into the home and then you'll find that there is an association.

So, what they're screening is definitely sex offenders … I think a naïve agency coming in might think that they [MSD] were screening ... whereas you might have somebody with a really serious background of violence, violent offences for instance, that MSD would send you having in their own way screened for risk, because they don't look at that.

We did robust assessments… about child protection. They were like alcohol and drugs and backgrounds and that. Anything to do with paedophiles or anything. So the initial assessment was actually really quite robust, and you had to ask the hard questions because you had so many mokopuna […], so the risk was a lot higher. If you had somebody who maybe was under Corrections for A, B and C, which became a risk, like a red flag sort of thing.

Providers focus on moving people to independence by changing thinking

The providers report that they have a role to play in supporting people to be able to live independently and housing is an integral part of that. Emergency housing can be described as a sector taking in people who acknowledge that they need help because they have accepted the referral to a provider. People who are not ready for the assistance emergency housing offers are either still homeless or supported by the Housing First outreach programme. In this sense people who are referred to emergency housing are open to learning although it may take them some time to build up trust in the provider before they can set goals related to how to find a house,

settle into a property, maintain the property and sustain their tenancy. All the providers see stable housing as an integral part of assisting people to change their view of the world and enabling them to begin the journey on a path to living independently. To assist people on the path to independent living, providers all offer some version of wrap-around services from within their organisation or from networks that link them to other agencies that provide the social support services that they do not.

Tikanga Māori provides a resource for approaches to emergency housing

In the approach to their work, providers develop rapport to establish trust. Tikanga Māori (Māori culture) is a resource for approaches to emergency housing for both Māori and non-Māori providers (Mead 2003). Both Māori and non-Māori providers also draw on strengths-based social support including goal setting for approaches to emergency housing services. However, the emphasis in their approaches varies slightly (see Table 2).

Table 2: Sources for approaches used in emergency housing services

Sources for approaches		Māori	Non-Māori
Tikanga Māori	**Te kawa o te marae (the protocols of the marae)**	Primary emphasis	Secondary emphasis
	Rongoā Māori (Māori healing practices)	Primary emphasis	Rarely, if ever, used
	Te Whare Tapa Whā (a Māori metaphor used to define holistic health)	Primary emphasis	Primary emphasis
Strengths-based social support		Secondary emphasis	Primary emphasis
Goal Setting		Secondary emphasis	Primary emphasis

These sources of the providers' approaches are described in more detail below.

How tikanga Māori informs what providers do

Tikanga Māori is a source of knowledge that informs providers' approaches to offering emergency housing services. Te kawa o te marae (the protocols of the marae) describes a place where people in need of emergency housing can find respect and safety away from the chaos of their lives and environment. Rongoā Māori are healing practices integral to Māori culture and include massage, storytelling and herbal remedies. Te Whare Tapa Whā (literally translates as the four

sides of a meeting house) is directly linked to te kawa o te marae using the meeting house that is placed centrally on the marae as a metaphor for key aspects of holistic personal health and wellbeing.

Not only does te kawa o te marae offer an explicit description of a safe and peaceful place, but it also refers to how people are expected to relate to each other in that place. A routine is followed during the day, and groups including more than one family are on a roster to complete tasks, such as cleaning the meeting house, helping prepare food, and cleaning up after meals are finished. A sense of community develops through shared childcare, story-telling and singing in the evening watched over by the elders. The marae is secure and this security is maintained by Māori Wardens who monitor the perimeter fence. The Māori Wardens also monitor who comes and goes through the gates. People on the marae are issued with ID for the purpose of keeping them safe.

Te kawa o te marae is a reality for people providing emergency housing services at marae. For providers knowledgeable about tikanga Māori who are not marae-based, te kawa o te marae is a metaphor that informs the way they relate to people, and the daily routines they establish.

Marae governance and management systems already exist for financial accounting, record keeping, and reflecting on processes and outcomes for activities that happen on the marae and, therefore, these do not have to be set up anew when a marae adds emergency housing to its activities.

Several providers use rongoā Māori[16] as a response to healing the trauma associated with homelessness and report good results. One emergency housing provider started out as a provider of rongoā Māori anchored in a Ratana world view, and over the years has transformed into an emergency housing provider. Rongoā Māori is no longer provided but people are referred to rongoā Māori providers at a nearby marae where a need is identified.

The providers describe how once people feel relatively safe they can begin to think beyond day-to-day tasks, and begin planning to address the issues that have resulted in them requiring emergency housing services. From the perspective of Māori providers the thinking is that once people are in a safe place then personal healing can begin. Rongoā Māori is an integral part of the practices of a number of providers. Te Whare Tapa Whā provides a holistic model which can be used to practice healing and share the components of a healthy life style within which families and children can thrive (see Table 3) (Durie 1998). Most if not all providers, whether they identified as Māori or not, used this term rather than the term ‘holistic health’.

[16] For a discussion of rongoā Māori see Waitangi Tribunal (2011). *Ko Aotearoa Tēnei: A report into claims concerning New Zealand Law and Policy affecting Māori Culture and Identity,* Legislation Direct, Wellington.

Table 3: Te Whare Tapa Whā model

	Taha Wairua	Taha Hinengaro	Taha Tinana	Taha Whānau
Focus	Spiritual	Mental	Physical	Extended family
Key aspects	The capacity for faith and wider communion	The capacity to communicate, to think, and to feel	The capacity for physical growth and development	The capacity to belong, to care and to share
Themes	Health is related to unseen and unspoken energies	Mind and body are inseparable	Good physical health is necessary for optimal development	Individuals are part of wider social systems

Source: M. Durie 1998.

Most providers use a strengths-based social support approach that complements tikanga Māori approaches

The providers use strengths-based social support to inform their approach because it offers them and their clients' tools they can both use in the assessment of situations, motivations, capacities; identifying goals; and measuring progress. These tools are easily used with tikanga Māori, and are recognised nationally and internationally as good social work practice. Assessment and measurement of progress are aspects of strengths-based approaches and are discussed below under service provision and reporting respectively.

Turnell and Edwards (1999, p. 51) identify six practice principles for a strengths-based approach that can easily be adapted to summarise the references providers make to strengths-based social support:

1. Understand people's values, beliefs and meanings from the stories they tell.
2. Find instances when people were able to keep tenancies for more than a year.
3. Discover strengths and resources that people can use to find a house, and keep a tenancy.
4. Focus on goals, use the goals people share with the providers, for instance, to find a house and keep it.
5. Keep track of how safe people are feeling and their sense of progress towards the goals.
6. Be mindful of people's willingness, confidence and capacity to carry out plans to achieve goals before taking steps to implement them.

Provision of a safe place is a base from which to work

Some providers described the safe place which they initially provide as "a breathing space":

> *When I say breathing space, it genuinely is. 'I've got a place of my own now. I'm not dealing with my violent family' or 'I'm not dealing with people who tell me I have to go every five seconds' or 'I'm not having to be wary like I would be on the streets' a sort of, 'I can shower. You know, I can have a shower of my own. I can sit there and have a cup of tea. I can invite my mum around' just a little bit of a honeymoon, you know, for that – just that basic relief of having a locked-in space that you control.*

Within this breathing space people can begin to work out how to find a more permanent place to live – "a roof over their heads". The breathing space becomes a base from which to work at achieving goals:

> *And we don't set unreasonable goals. We don't – we don't take a paternalistic approach. It's very much a partnership approach. And I think that's the key. I mean, we've – for the […] clients that [we] have worked with, we've got 93 percent of them still housed.*

Setting goals and helping people to achieve them

Goal setting is work-in-progress that providers and their clients share. The obvious goal of providers and their clients is to find a house that is warm, dry and secure. The holistic approach of providers means, however, that finding a house is not the end-goal. They want families and individuals to avoid a recurrent need for emergency housing so they provide wrap-around services designed with the client's goal in mind of eventually achieving the ability to live independently. Providers help clients to identify changes that they need to make and the resources to make them.

The emergency housing sector provides workers who are skilled in identifying the changes people need to make in their lives so as to keep the property they find. Emergency housing workers cooperate with families, moving at their pace to achieve housing goals that go beyond closing the door once the families move into their new homes.

Goals are regularly reviewed and the biggest changes happen once families are housed. The goals shift to ones that enable families to sustain their tenancies long-term. These goals might be about housekeeping, cleaning, gardening and healthy cooking.

Sustaining tenancies is a mid-term goal

Sustaining tenancies is also a mid-term goal because the providers talk about the long-term goal being about families living independently. To this end family members may need assistance with literacy and numeracy so that they can read their tenancy agreements and manage their budgets. The providers describe some women who attend tertiary education institutions that increase their chances of finding work and an income that better supports them and their children.

Visionary organisational leadership contributes to the ongoing provision of emergency housing

The providers have a vision of a society where homelessness is minimised, people who are housed sustain their tenancies even when they are faced with the traumas of life, and people's management of traumatic experiences contributes to, rather than detracts from, their ability to live independently.

The emergency housing sector is a challenging and complex system to navigate. Visionary organisational leadership has been required of providers in order to ensure the ongoing provision of emergency housing (Senge 1994). Chief executives, managers, and staff members from all the providers we interviewed demonstrate some degree of visionary organisational leadership.

Visionary leadership is demonstrated when an organisational culture is client-centred, and based on a mission that delivers better outcomes for people in need of emergency housing. The organisational culture of the providers is built through recruiting experienced staff who understand the complexities surrounding homelessness. A non-judgemental attitude, knowledge about how to navigate the emergency housing system; and a strong commitment to making a positive difference in people's lives are all important factors in building a unified team who can 'live' the providers' vision and mission.

All the providers demonstrate organisational learning together (Senge 1994) by sharing staff experiences and enabling them to respond to the changes in their immediate environment with flexibility and agility. All providers exercise systems thinking in the way they develop and maintain their connections, networks, and relationship management skills. Staff also exercise bottom-up leadership by informing management of their experiences and insights. Most providers also record their insights about their clients' progress in record management systems which enabled the providers to conduct their business based on knowledge of their clients. Monitoring and evaluation is prioritised and any lessons learnt are used to cultivate innovative approaches, for example, keeping their staff safe through the use of a GPS system on cars, and forming a robust risk-assessment mechanism that protects vulnerable clients and children.

Such visionary leadership is not only evident within the provider organisations but also in the sector. Examples include: the development of Auckland's Emergency Housing Network, and the Housing First Collective which create forums for discussion and learning among the providers and some of the agencies with which they work, such as MSD, Auckland City Council, and Housing New Zealand.

Skilled, experienced and devoted staff members contribute to the successful provision of emergency housing

To realise the successful provision of emergency housing, managers develop visionary organisational leadership skills, and employ highly skilled, experienced and devoted staff. The sector also relies on a high volume of voluntary workers, which requires careful management.

On the topic of skilled staff, one provider sums up the view of the sector saying,

> *I think you actually need a very skilled workforce, which means that you have to be willing to pay people to get a skilled workforce. One of the challenges is that funding doesn't really allow that. If you have low-level people in positions like this, ... you have to be able to push back into the system and that takes quite a bit of leadership and courage and experience to be able to do that*.

The emergency housing sector employs many social workers but training in social work does not necessarily prepare a person to be a 'homelessness worker'. One provider stresses the importance of at least some of their staff members having lived experience of homelessness as they have the ability to relate best to their clients. Besides skill and life experience, resilience is an important quality especially when encountering, for example, clients running 'meth houses' or episodes of violence.

Workers in the emergency housing sector respect the people who seek their services and are able to develop rapport so that people trust them enough to share the information needed to address their current homelessness. The providers describe how people revealed more and more of their reality as they became more and more familiar with the staff. People's stories can be challenging to hear and staff members need opportunities to process what they hear. "And, so, every aspect of all of the staff at … [one emergency housing provider] have contact with families. That can be really positive but also really hard in some situations. So, training and support is crucial."

Most providers offer staff internal and external supervision:

> *So we've got very strong supervision systems here so all of our staff are supervised. With the […] system we have an assessment and co-ordination team and they can actually monitor, so we want to get to a point in the future where we can be more proactive and look at caseloads not only from a supervision perspective but from an organisation one which is not about contract*.

Staff members interviewed reported that they make good use of supervision. Self-care came up as a topic for discussion in the context of length of service. Staff members monitor each other's self-care:

> *Because at the moment we […] kind of stretch ourselves right across at the moment. And it's more to alleviate some of the stress and pressures of the current workers. …And [manager's] forever pulling us in. 'Self-care. You need to look after yourselves. Give me a look at those stats. Let me look at those numbers.' So [manager] looks after us really well, making sure that we don't overstretch ourselves*.

Volunteers are an integral part of emergency housing services for most providers. A number of the providers value their input and talk about how careful they are about managing this valuable resource. "We don't have volunteers managing. You can't afford to so, we actually have to have a social worker who can actually work with the police, work with these safety orders."

The providers' staff members need to know about benefit entitlement, and arranging ID, which many people do not have because they had no fixed address. They need to know the suite of social support services available and assist the families to identify which ones would assist them to fulfil the goals they had identified at any given time. The providers have the resources people need to achieve their clients' goals in-house, such as: counselling for addiction, teaching better parenting skills; and financial advice and budgeting. Alternatively, the providers have links to other social support providers who offer the resources needed, and accept referrals.

Providers' networks are essential to the ongoing provision of emergency housing

The providers work with other organisations to solve problems. This is despite the fact that they compete to raise funds for their services, and have different contractual arrangements with a variety of government agencies.

> *There's a tension there between the need to collaborate and the fact that, given the tender process, and I think there's even some wording in that tender document around confidentiality. But, on the other hand, we're being asked to collaborate, and we do… But then we're being asked to tender, and the costings, etc, obviously there's concern around releasing that to a wider audience*.

Managers and their staff have extensive and strong networks without which the emergency housing sector could not begin to realise a standard of service provision acceptable to them.

Providing emergency housing services depends on strong networks in the social support sector (MSD, Housing New Zealand Corporation, New Zealand Police, Department of Corrections, mental health services, hospitals, GPs and education), and the network of providers. The networks need to be able to weather the sometimes critical and strong advocacy of providers on behalf of their clients. People

referred to providers are sometimes known to multiple agencies but no one agency has taken a holistic approach to their needs:

> *Often the people that we're talking about are known to many different agencies, but the agencies don't necessarily communicate around the needs of those people, which is why they end up becoming homeless and requiring emergency housing because no one really takes a proactive approach in addressing housing needs between all of those agencies.*

The providers describe liaising with real estate agents and tenancy managers in social housing agencies to ensure the appropriate people are on tenancy agreements. They go out of their way to make sure tenancies are extended. Providers take any opportunity to educate other social support providers in their network about the role of housing in improving the health and life circumstances of vulnerable and disadvantaged families. When providers encounter discrimination and judgemental views about homeless people among colleagues in their networks they challenge them to be respectful. ‘Homelessness workers’ manage their liaison, education and challenges in such a way that their networks know where they stand and why. When the provider has a family in crisis and needs help from their networks, the help is usually forthcoming.

The providers in Auckland have a monthly meeting where problems they share can be raised with the appropriate government agency. At the meeting where we presented the initial findings of this research for feedback, we witnessed some robust discussion among the providers followed by a measured presentation by providers to Housing New Zealand and MSD requesting clarification on referral issues, and additional information about housing developments that might affect them.

When providers have referrals but no vacancies they contact other providers to see if they have any places available. If they are a provider who offers a local service and they receive a referral from outside their area, they try to find an emergency housing place in the community where the family referred has local knowledge and, possibly, other support.

One provider had a surplus from donations after providing emergency housing for three months in mid-2016. They distributed some of this surplus to other social support and emergency housing providers. They described this as giving back to the community: “So there were four charities that we all had a discussion about that do a wide range of charity work.” The decision to support these charities resulted from a conversation:

> *I remember [the Chair of the marae board] having a meeting, talking about: ‘Oh which organisations?’ I said: ‘Well, you have to look at our kaupapa. ‘Who’s supported the kaupapa and needs it most?’ Because some get more funding than others. And that’s how he did it in the end. He*

looked at it. So, yeah, they [each] got [a portion of donated money] and a 40-foot container of food, clothing and bedding.

Providers identified three New Zealand designed case management and reporting systems that they use

Most providers have completed the transition from paper-based records to digital ones. Providers use a small number of New Zealand designed and supported case management and reporting systems:

- Recordbase by Wild Bamboo
- PriMed by Pegasus Health
- Exess including PCOMS.

Most of the providers find these systems enable them to comply with the reporting requirements of MSD contracts. One provider questioned the need to provide a qualitative narrative to MSD, noting that theirs has never been queried.

Recordbase is one of the case management and reporting systems that providers use

Several of the providers use Recordbase. The company that developed and services Recordbase is Wild Bamboo (Smart Information Systems). Wild Bamboo is part of the Wise Group, a New Zealand family of charitable, community-based organisations operating in the emergency housing, mental health and addiction sectors. The company's website says, "We developed Recordbase because we know community organisations need to manage a lot of sensitive client data and report regularly on service delivery and outcomes; both within the organisation and to funders".[17]

PriMed is a case management and reporting system chosen by an emergency housing provider who receives significant funding from the Ministry of Health

Pegasus Health developed PriMed which is an end-to-end managed networking and connectivity IT solution for the use of healthcare professionals to report on treatment and patient outcomes. PriMed's website says, "PriMed is monitored and supported by a team of local IT professionals who operate exclusively in the health sector. We follow stringent Connected Health requirements to keep patient health information secure and to defend against possible breaches of security."[18]

One of the providers says of PriMed,

Part of its appeal initially was that it was a New Zealand – a New Zealander created it and can modify it and is available, and it was less expensive than

[17] www.recordbase.co.nz/wildbamboo
[18] www.supportplus.co.nz/primed

some of the ones like […]. So, it was a cheaper option …And it could be PriMed connected. So, that was our requirement from the Ministry of Health. So, it's not one that's around a lot but we like it.

Exess including PCOMS is the case management and reporting system of choice among the providers

Exess was the most commonly used system for case management, analysis and reporting. According to Exess's website, "Exess reports to the Ministry of Health on PRIMHD mental health reporting data. All our security measures have to meet the Ministry of Health standard for handling client mental health data."[19] Exess was designed by and for New Zealanders as comprehensive and easy-to-use client data software that could be customised for not-for-profit organisations. An attractive feature for the providers was that Exess is kaupapa Māori integrated which means that it is possible "to attach a Māori Model of Practice supporting an intervention process."[20] One provider who uses Exess says,

We've tried to make a generic one that's going to capture information across services so that we're not hounding the family for the same information. So we have assessments for Family Start there which is quite comprehensive. We have assessments for SWIS; we have assessments for every social service. We have assessments for health; we have -- and those are all contract related but we're developing a tool that's actually going to capture information depending on who's going in the house at what time because we might have three services with this family that's in the emergency house… So, for example, if you have a whānau coming in requiring emergency housing and they happen to be with Family Start already all we have to do is go into our database because it's amalgamated.

PCOMS is often referred to alongside Exess. Exess has the New Zealand licencing for PCOMS, which is an internationally recognised outcomes measurement tool. "Key to PCOMS is the concept that the client or whānau voice is privileged in the intervention."[21]

Yeah, so we've got monitoring and evaluation unit internally. We use Exess as our operating system and so that's all data that is collected and evaluated. We also use PCOMS which is client informed – outcome measurement. So, not how do we feel about what's happened for them, but how do they feel about what's happened for them in the intervention as well. So they're all monitoring tools that we use that are quantitative as well as having qualitative stories to go with that.

[19] www.exess.co.nz/benefits/secure-and-safe-web-based-storage/
[20] www.exess.co.nz/features-2/kaupapa-maori-integrated/
[21] www.exess.co.nz/features-2/cdoi/

Providers offer varied emergency housing services

Summary

While emergency housing is a sector characterised by a relatively unified approach, service provision varies. The diversity in emergency housing services results from the combinations of products and services providers offer. But this is only part of the picture because the combinations are associated with funding silos and complicated funding arrangements with multiple funders. Funding for the services results from what providers can acquire rather than accurately reflecting client needs at any given time or point on client pathways.

Other factors influencing diversity in emergency housing include:

- providers seeking to simplify their provision by limiting it to a locality or a cohort of homeless people
- the circumstances that resulted in providers' entry into the emergency housing sector, and shifts and changes in the cohorts of people needing the services of emergency housing.

There is variation in the housing products and services providers offered

The extent of variation among providers can be gleaned by examining the different combinations of housing products and services that providers offer (see Table 4). The following list is based on descriptions of providers of themselves, other providers in the network and providers to which they refer:

- Some of the providers only provide emergency housing places and only some of them are funded by MSD.
- Of the providers offering emergency housing places some implement a Housing First approach to reducing homelessness.
- Some providers also provide wrap-around services some of which MSD funds.
- Some providers who have emergency housing places do not have a full suite of wrap-around services and may refer their clients to providers who only offer wrap-around services.
- Some providers are also participating in the MSD funded Sustaining Tenancies Trial, which offers wrap-around services to tenants at risk of losing their tenancies.
- Some of the providers are CHPs which provide social housing places into which clients of emergency housing can transition.

Table 4: Possible combinations of housing services to reduce homelessness and sustain tenancies

Provider	A	B	C	D	E	F
Housing First	Y	N	N	N	N	N
Emergency housing places	Y	Y	Y	Y	Y	N
Wrap-around services for up to 12 weeks for people in emergency housing places prior to placement in long-term accommodation	Y	Y	Y	N	N	N
Wrap-around services for up to 12 weeks for people who have been in emergency housing places post placement in long-term accommodation to support them to sustain their tenancies	Y	Y	N	N	N	N
Wrap-around services which do not have emergency housing places attached to them but to whom providers of emergency housing places may refer	y	N	N	N	N	Y
Participating in the Sustaining Tenancies Trial with wrap-around services available for people who are at risk of losing their tenancies	Y	Y	Y	N	N	N
Registered Community Housing Providers (CHPs)	Y	Y	Y	Y	N	N

Note (1) All the services, except the Sustaining Tenancies Trial, may or may not be funded by MSD. MSD provides income-related rent subsidies to tenants of registered CHPs. (2) More combinations with the Sustaining Tenancies Trial may exist.

Funding processes and arrangements influence service provision diversity

Focusing on funding processes and arrangements shows the increasing complexity facing providers where funding is insufficient and intensive resources are needed to ensure funding.

Funding is insufficient to cover the cost of service provision

In early 2017, the key message from providers about funding was that they did not have enough to run their service. They did not have enough funding even after the

Government increased the funding available to the sector in mid-2016. One provider expressed the appreciation the sector felt for the increase saying,

> *No, so funding – so, we would acknowledge the increase in our funding because we were successful in that last tender. So, we've gone from around 20 percent of our funding from Government to about 38 percent, which is a jump but it's nowhere near enough. …So, at the moment, we're funded, on average, for each family we get cost about $35 to $36 a night. But, actually, the reality of it is it costs around $90 to us to keep them here. So, that we raise. …And, obviously, how do you run an organisation with only a year's worth of contracted content? How does that work, how does that build capacity, how does that make us sustainable?*

Another provider hadn't measured the cost per night of provision but had identified the fact that more families than the Government funded are in receipt of a place and wrap-around services over a year:

> *Because we're definitely not funded enough with resources to cope … They're only funding me [half the families we're supporting]. … The CYFS funding I get is like for another 12 weeks' follow-up … after the exit date.*

The idea that the providers operate *on the smell of an oily rag* is widespread with one provider using it in connection to thinking about whether it is sensible to keep going:

> *But actually, unfortunately, that oily rag is becoming very small now. We've used it so much that the smell has almost disappeared. You have to, you know, if we look at it, at some stage, you have to think, 'Can we keep doing this?' because your work is predicated on a do no harm philosophy. I'm not going to, as I said to you before, I would fight tooth and nail to have a service that we owned, and we only can offer to families for four weeks at a time because that's all we can offer and then – so those children become settled somewhere and then we have – they have to go off somewhere else.*

A number of providers think it is good to consider the cost of service provision but also think this needs to be balanced with considering the social benefits of the service. One provider asks,

> *How do you measure that social dividend that comes out of all of the … You know, it's really good to focus on your costs. We do that. That's the only reason we're still here. But what about that social dividend? I mean, I look at our learning centre, which is not funded by the Ministry*.

Sustainable housing for families is a key social benefit that providers work towards. Providers are funded for families to stay in their emergency housing places for 12 weeks and to receive intensive wrap-around services during that time. For a minority of clients achieving sustainable positive outcomes within this short time-period is

possible. For most of the clients achieving sustainable positive outcomes within this timeframe is challenging and unrealistic. Some, but not all, providers receive government funding for wrap-around services to families for an additional 12 weeks following their placement in long-term properties. The providers want more funding for extending placements and follow-up wrap-around services to ensure people sustain their tenancies and do not churn back into homelessness and emergency housing.

Providers use significant resources administering the funding process

The providers described spending time pulling together funding from multiple sources which has an impact on the type of services provided. The funding arrangements not only impact on the extent of the service able to be offered but also create difficulties in the administration of services:

> *Yeah, well its biggest challenge is always that you're operating on the smell of an oily rag. And then because it is an emergency. 'Here it is, deal with this.' You know? So, the chaos is to the [work] arena. So you've got chaos all the time, the family lives –which requires intensive resources.*

The cost of administration is a topic that comes up repeatedly. Smaller providers find the actual cost of administration is either subsidised or unfunded whereas large providers have the capacity to cover administration costs because they have resources from multiple contracts. One provider reflects, "so administration costs… if you really have to get it down to the administrative costs you've got to ask yourself what business you're in. That's my view. Standalones won't survive."

Providers work hard to comply with a complex mix of legal, regulatory and reporting requirements that do not always align with clients' pathways

The complexities facing providers increase still further when they attempt to reconcile the legal requirements and funding silos within which they work with providing support that accurately reflects clients' pathways. As indicated in Table 4 there is a menu of housing products and services that providers can draw on and tailor to the needs of each client. However, clients are walking a pathway through emergency housing, and at different stages on their journeys the providers need to match clients to different housing products and services. At any point on this pathway a provider may need to refer to other providers for services not on their menu to match clients' needs. Although funding and contracting arrangements for emergency housing and community housing is quite distinct, in practice, the way providers structure their service reflects a more flexible approach to making use of different funding streams to meet their clients' needs. This has implications for how providers structure their

organisation. For example, there is a regulatory requirement of the Community Housing Regulatory Authority that CHPs must assume a landlord only role[22] or, if support services are provided to tenants, there needs to be an organisational separation between the provision of support services and tenancy management services.[23] This ensures those supporting tenants in their personal lives are not the same people who are asking them for rent. Although this requirement does not apply to emergency housing provision, it nevertheless influences how providers structure their service.

In addition to keeping the landlord role separate from service provision roles, each housing-related service has a different funding stream and contractual arrangements, which providers need to account for, and report on, separately. For instance:

- Not all providers interviewed receive funding from MSD for emergency housing places. Of those that do, some also receive MSD funding for the provision of wrap-around services to support emergency housing clients for 12 weeks to address issues and to secure long-term accommodation. In addition, some providers receive MSD funding to support clients to sustain their tenancies for up to 12 weeks after they have moved into long-term accommodation.
- As well as offering a full range of wrap-around services for their own clients, some providers also offer wrap-around services to other emergency housing providers, CHPs and Housing New Zealand tenants. Some of these providers are also participating in the Sustaining Tenancies Trial, an MSD-funded initiative, which aims to assist people in social housing who are at risk of losing their tenancies. These providers, therefore, have two sources of funding for wrap-around services to support people to sustain their tenancies.
- Some providers are CHPs. As mentioned above, there is a regulatory requirement from the Community Housing Regulatory Authority for CHPs to ensure the tenancy management and support service provision is kept separate. However, some providers, sometimes, use their CHP places as temporary accommodation for emergency housing cients.
- Some providers are also using a Housing First[24] approach and participating in the Housing First network, another initiative to which MSD is one of a number of funding contributors. While the Emergency Housing Funding Model and Housing First both assist people who are homeless, Housing First specifically identifies people to work with who are known as rough sleepers. Whereas emergency housing provides temporary accommodation, Housing First seeks to place people directly in long-term accommodation before working with them on the issues that made them homeless. However, in New Zealand's housing environment there is often a lag between identifying rough sleepers and placing

[22] CHPs are eligible to enter into a contract with MSD for the provision of income-related rent subsidy (IRRS) tenancies.

[23] See: http://chra.mbie.govt.nz/assets/Uploads/Guidance-notes/guidance-note-separation-of-services-july-16.pdf

[24] See footnote 7 on page 6

them in long-term accommodation. During this lag-time people are placed in emergency housing until long-term accommodation can be found for them.

The regulatory requirements, different MSD funding streams, and multiple agencies contributing funding (including MSD as the dominant funder), not only make it difficult for providers from an organisational and reporting perspective but also from a service provision perspective to accurately reflect clients' pathways.

Focus of service providers may result in varied service provision

To cope with the complexities facing them, some providers narrow their focus to providing emergency housing for people in their local community or a specific population.

Providers who have a focus on their local community

Local providers prioritise placing people from within their community. If people are referred to them from other areas in the region they are directed to providers closer to where their children are going to school and they have other support.

For some providers their client base has changed from more local to more regional. One provider reports,

> *Our client base initially was very much focused on the local [community] and local families. Over that […] time, and with the increased professionalisation, and also as a response to the almost overwhelming needs of the Auckland community, our client base now has extended beyond our local area, and it's very much from the Greater Auckland area*.

Sometimes, providers offer services in a locality for a short time after a need for emergency housing has been highlighted. For instance, one provider worked with police to identify all the homeless people in a country town and find them housing after the media reported a homeless man's death. In another instance a provider that offers services in several centres around the country added another centre when people were made homeless following a natural disaster. Some providers are the only service provider in their area and it makes sense that they focus on working with people in need of emergency housing in their local areas.

Some providers work with a particular cohort of homeless people

The majority of providers interviewed only accept people for emergency housing places if they are families with a child or children, "for us, our priority was children and their family"; and, "basically our vision, mission and values is focused on families, so we only deal with families". One provider had a first-in-first served policy for women with children and out of 14 referrals one would be local.

Several providers do not limit themselves to working with a "particular cohort of homeless people" because they have a number of different types of properties in which to place people. Providers say,

> *We have single people; we have couples; we have families with two parents and children; we have single parents with children; we have older people; we have all manner of ethnicities. It is really, logistically, who is going to fit a vacancy that we've got*.
>
> *We have individuals as well as families that come seeking services, and emergency housing services have become, we find, more notably people without children, single individuals.*

Some providers note that the population group seeking assistance has shifted. As one provider says,

> *At the start it was single mainly females, but more recently I think there's been an emergence of families. And they are much more challenging to house because kids are at school. You know, finding the right balance between where accommodation is available, where they might be linked into a community or GP. You know, and balancing all of that is really quite challenging*.

One provider has several projects: one is to work only with single people who are in the mental health system; and another is to "run a project jointly with [an iwi], not government funded, basically supported by our organisations and mainly financially supported by [the iwi], which is […] family houses for [iwi] families who are homeless".

Providers' entry to the sector and responses to changing needs influence diversity in service provision

Diversity in service provision may result from the circumstances that led to the providers' entry to the sector, and changes in the characteristics of the client population seeking emergency housing.

Entering the sector

The majority of providers offer emergency housing services as part of a suite of social support to people with high and complex needs. They recognise the need for emergency housing and add it to the services they already provide. "So we're a landlord, we're a social housing provider, we are a mental health and addictions, learning disabilities provider but we're also a broader social service provider."

Changing service provision in response to changing circumstances

The providers reflected on the changes to their services that result from the need to respond appropriately within the limits of their resources (see Table 5).

Table 5: Changes in need and services that providers identified

From	To
Services to local people	Services to the greater Auckland area
Services to a stable local population	Services to returning migrants from the city
Providing rongoā Māori	Providing emergency housing services
Providing services for families	Providing services for singles
Providing services for singles	Providing services for families
Peaks and troughs in service	Continuous need for services

Responding to housing emergencies

Three of the providers recognised and responded to a housing emergency where there was a significant shortfall in the supply of affordable housing for people to rent. One provider responded to a housing emergency 30 years ago and saw what they did then as similar to what other providers have done recently. The providers that responded recently to a housing emergency on a short-term basis are uncertain about whether they will establish themselves as long-term providers.

Two of the providers recognised and responded to a housing emergency following a natural disaster. One provider responded to a need to increase the supply of emergency housing provision for families following the Christchurch earthquakes. Another provider offered their houses and worked with a local marae following a significant event, which resulted in a whole subdivision needing to be relocated. Initially, people were evacuated to halls and,

> *…It didn't work very well because there…wasn't the tikanga around, 'look, take your shoes off', because what was happening was people were visiting their homes where the sewerage was actually on the grounds. They were then going into the community centre hall and traipsing stuff in*.

Marae take time to mobilise because "there are so many people to talk to, so many factors to take into account, Which marae's closest? Which one's not going to get flooded? Who can handle etc?" People had to clean-up their houses once the crisis was over and that took time. The emergency housing provider used their experience

in managing properties and opened up all the properties they had for people to live in until they could return home.

Responding to seasonal changes in demand

Many providers noted that in years past there had been an upsurge in the need for emergency housing around Christmas and then before school started. This has changed and now there seems to be a continuing and on-going need for emergency housing. If there is a peak then it is during the colder winter months. This is consistent with Te Puea Memorial Marae's decision to provide shelter for homeless people living rough or in cars during the cold winter months of 2016. Another marae noted that despite Te Puea Memorial Marae's gargantuan effort over three months there were still people with families in need of emergency housing services and they offered a service from August to November 2016. This experience is consistent with that of other providers who say that there is now a continuous need for their services regardless of the season.

One provider reports a seasonal upsurge in emergency housing need as a result of an influx of seasonal workers to work in local orchards. The provider says,

> *Locally we don't have the capacity to fill the labour market for that industry so they're bringing people from other areas…44 percent of the workforce is from overseas, either backpackers or from the islands, to help cope with the labour shortage.*

Providers claimed that landlords recognise they can realise a greater return on their investment property and, therefore, evict the more difficult tenants who are paying low rents and are local people. They are "taking back their properties and either selling or doing them up for backpacking." In addition to the seasonal demand for emergency housing services, the providers also describe, "the pressure coming out of the main centres and the cost of living in the main centres like Auckland, for example, and so people moving home in the hope of being able to cope better."

Providers encounter successes and challenges

Summary

Success for providers means overcoming challenges so they can help make a difference in the lives of people who are referred to emergency housing. Providers celebrate success when clients find and sustain their tenancies, and achieve goals that lead to them living independently.

The providers identify challenges that are:

- contextual and intractable for them; such as unaffordable housing and the poor availability of some support services
- ones over which they have some influence; such as well-supported staff members to assist clients, keeping up with the demand for emergency housing, interagency relationships, managing property damage, and managing funding from multiple sources
- ones that they assist clients to overcome; such as child poverty, sudden life shocks, and intergenerational disadvantage.

Success means providers make a difference in the lives of people who are referred to their service

Success for providers means making a difference, particularly to the lives of children. They have identified an approach that will enable them to achieve success that includes tikanga Māori and strengths based social support. The providers identify outcomes that they associate with the provision of an acceptable level of service using this approach as follows:

- Children are kept safe when residing in emergency housing and a safe place is found for them to live with family at the end of their time in the service.
- People are supported so that they never need emergency housing services again.
- People are supported to sustain their tenancies because this is key to them never needing emergency housing services again and to being on the path to living independently.
- People change their world views to the extent that they begin on a path towards independent living.

Success means people who are referred to providers find and sustain tenancies

More than people sustaining their tenancies, providers see success as enabling people to learn how to live independently, including showing resilience in the face of adverse life events they encounter. A measure of success that a number of providers identified was doing themselves out of a job:

> *Well, success for us would be that they didn't need us at all. That's success. And some of our families don't. They'll call back in and say, "Hi" at Christmas maybe, and we have families that will come back in and donate and say, "You helped us. This is for somebody at Christmas", you know. In a small way. That's nice. That's success. They don't need our services. They're just saying, "Hi, we remember you". … But it's hard to measure what that positive transition can be like. You're talking increment. I think that's what I touched on before. It's a long-term solution. So, while maybe mum and dad haven't gone back to work or mum hasn't returned to work so they're still benefit-dependent but the kids have been at one school and the kids in some cases have attended university and, you know, achieve through the high levels of NCEA. That's success. Those kids will be good – they'll be okay*.

Success, for providers, consistently means that people receiving their services are housed, and their housing tenure is sustained so that people have no need for emergency housing in the future. Speaking about sustainability and the people for whom they provide services providers say:

> *One of the measures for everybody is that they've got sustainable housing, so, sustainable financially; sustainable in terms of they've got the skills to manage that tenancy or relationships with other people that they are living with or whatever are the requirements of sustaining that particular tenancy.*
>
> *Successful for me would be that they're happy in the house, the house that they've managed to maintain or managed to acquire; that they're working towards considering or have enrolled in a training academy that's sustainable. So, sustainability, to me, is more success.*
>
> *I'd like to say all of our families became doctors and astronauts but that's not the way. They sustain their house, and they have beds.*

Success means clients are achieving their goals and learning how to live independently

While most client goals are related to parenting, financial planning, employment and health, providers also looked at the mental and emotional wellbeing of the clients, including having a sense of belonging to a community. As some providers say,

> *I guess my outcome is the transformed life. I want to see the life of that family transformed by being in that house … that they've sustained their tenancy; that they're connected into community; that their kids are integrated into school and doing well; that their health outcomes are improving; that their livelihood outcomes are improving, which could be jobs or training or things like that. So they're all indicators of success.*
>
> *A successful outcome for us would be that they've achieved at least 80 percent of their goals in their plan when they're ready to go*.
>
> *Success is the people who come to us going away feeling that they've achieved what they need to have achieved to do the right thing by their children and prosper*.

Success in achieving some goals comes before people are able to sustain a tenancy, such as learning to read. "But for some of them – for some of them it is just even the fact that they've possibly even learnt how to read their tenancy agreement and understand it, or know how to do their budget, their finances."

For some providers, success was an integral part of sustaining a tenancy:

> *I think it's quite a success when you come feeling down and depressed and, you know, it's like, "Well, what do I do now? Where do I go?" And then there's hope at the end. …And I remember talking to one lady and she was quite pleased – she was a single mum, had five kids, and when she finally got her house she was so happy that she could actually call the kitchen her own and start cooking for her children, you know. That is a success*.
>
> *If you can go back a month after and phone and ring them back and the kids are all at school, they're managing with their budgeting in terms of providing food, kai, you know, just the basic things. And going into the house and thinking, 'Wow'. It's sort of like surreal for some of them that, you know, 'We're actually in our own house. We have this space'. I think that's success*."

For providers success is also identified as following on from sustaining a tenancy.

When she gets what she needs and she's in her house and the kids are safe, and they're all set up for CYFs and then real success comes in that follow-up, when we know that things are going well.

Or,

In this girl's case success is when she can actually go to study because if she can study that tells a lot about what's going on in the home. Which we supported with as well when she first came. It's about putting the kids into childcare so that she can go off and study. Because in the long term, it's going to make a difference to the whole family.

One provider identified a person they work with as an exemplar of what success means to them:

I'd say our biggest success, [a person] who had been homeless [for 30 years] And some of it was pain medication so he'd self-medicate with alcohol and glue and for two or three days, unbeknownst to himself, would become quite abusive to neighbours and others and wouldn't really believe it when he came to again. Because, generally, he was quite pleasant to deal with. So, we had to re-house him […]. Well worth it. He's now been in his current place, touch wood, I think it's now about two years.

Another provider describes a skills-based training course they run as an exemplar of what success means to them:

Just the outcomes were really amazing. So, the majority of them – I think at the end of my 56 that I followed, and it was a very, very short analysis of them, was two are now just stay-at-home mums out of 56. For the majority of them are either in further education, and not necessarily in the beauty industry, have gone into employment in the industry or gone into other employment.

Contextual challenges include unaffordable housing, growing inequality, and the poor availability of some support services

The providers are aware of the limitations the challenges represent to achieving better housing outcomes for people who are recipients of their services. They understand that they have little, if any, influence to bring about change to the contextual challenges.

Unaffordable housing is the main contextual challenge in Auckland, Bay of Plenty and Christchurch

In Auckland there is a scarcity of large family properties, in Christchurch there is a scarcity of one-bedroom properties for single people. Gentrification of Bay of Plenty towns is limiting the availability of properties with affordable rent.

For providers, unaffordable housing means that they are not able to place people in the lower quartile of the private rental market in Auckland because of the gap between household incomes and rents. Even when both parents hold down a minimum wage job and after housing expenses are paid, the costs of living (including food, school expenses, and healthcare) is overwhelming. “So, you know, it comes back to fundamental systemic issues of if house prices were still $350,000 to $500,000 we wouldn’t be having the same conversation.”

In the Bay of Plenty people migrate from Auckland for more affordable housing only to find that it is scarce:

> *We've got repercussions here from the housing crisis. We've got investors who have bought up housing stock here and so what they're doing is they're doing the houses up and then putting the rentals out of reach of many of the people we have. So most of the people we get are beneficiaries so the tenancies are no longer affordable*.

One provider speaks for many when she says, “We do our best to prioritise their need to social housing providers because we can't flat hunt for them because there's no affordable flats. So, the worker's job is to get them the highest level of the A, 14A, 15A, 16.” Another provider says there is a clause in their contract that requires them to place 10 percent of their referrals in private rental and they have not been able to place one family.

The growing gap between low incomes and high rents has resulted in some two income families needing the services of providers.[25] In Auckland this level of housing unaffordability has grown to such an extent that the demography of the people seeking help from providers has changed from low income earners and beneficiaries to double income families.

> *Double income families who are coming for emergency housing now because they can’t afford rent. … It’s every circumstance that leads them here in the first place, you know, whether it be financial issues, neighbourly issues, clean and tidy issues. There’s all the variety of things and sometimes when they come here they may come to another service, for example, for food, but actually they desperately need a house as well. So, you know, it is a variety of things. But normally they – in Auckland it’s that they can’t afford – you know in a private rental and sustain – they can’t sustain it*.

Budgeting is the support service in which more capacity is needed. Several providers highlight a lack of appropriate financial and budgeting services, and the services that are available often have waiting lists. Transport is the biggest logistical challenge for those in

[25] For a discussion of income gaps and inequality in New Zealand see: Rashbrooke, M. (2014). *The Inequality Debate: An Introduction*. Bridget Williams Books, Wellington.

poverty accessing services. Providers also encounter challenges with the wrap-around programmes being available to their clients locally:

> *So our biggest issue [in the area] is actually violence and drug abuse… We've got lots for women, lots of support for women but there's nothing for men. There's no expertise out there in terms of – we're limited in terms of what we can deliver but we don't have those programmes available in our community. Actually, they're actually cutting the programmes in our community*.

Provider challenges are the ones which they can influence

While the contextual challenges are ones which providers are unable to influence in a positive direction for themselves and their clients, provider challenges are ones which they can influence positively. Provider challenges relate to client characteristics, keeping up with the demand for emergency housing, interagency relationships, managing property damage, and managing funding from multiple sources.

Finding enough experienced staff to work with emergency housing clients with complex needs

The majority of people referred to providers present with a challenging array of issues that require the skills of experienced staff to address. Often they are young parents with young children who require assistance to find a house and sustain a tenancy. “They have rental debt, lack money to pay bond or have a bad record as tenant. The support they may require includes home management, budgeting, and developing an understanding of the responsibilities of being a tenant.”(Ministry of Business Innovation and Employment 2014) In addition they may have intergenerational experiences of poor parenting, family violence, drug and alcohol abuse and criminal behaviour resulting in the need for intensive wrap-around support services over an extended time period. Assisting people with these client characteristics is a challenging responsibility for the providers.

> *It's difficult to find housing for them. Some of the other ones are those with disabilities, very little modified housing in the community that are not already taken up. So they were one of the barriers for some of the whānau getting housing… Past records… Yeah, credit rating, criminal convictions that sort of stuff*.

Keeping up with the demand for emergency housing is challenging

The providers identified keeping up with the demand as challenging, especially as clients are referred from multiple sources. Most providers operate at maximum capacity throughout the year.

Some providers operate an informal waiting list, and some say that finding alternatives for families and individuals they cannot place is challenging. Most providers have eligibility criteria, some providers prioritise according to need, while other providers operate on a first-in-first-served basis until places are filled. Emergency housing places are limited and there are not enough of them.

Providers would like to know how many people need their services and find it a major challenge trying to ascertain need.

The complicated bureaucracy of the public sector and poor inter-organisational communication is a challenge

The bureaucracy of the public sector and poor inter-organisational communication is a challenge which creates barriers to achieving positive outcomes for homeless people. Among the more specific challenges the providers identify are:

- Instances where only the male partner is on the lease agreement when a couple have clearly identified themselves as such, with a potential consequence being the homelessness of the woman in the event of family violence.
- MSD and some CHPs, need to improve their communication. For instance,

  You'll get a house offer at [that suburb] for the wrong family, and then the family that needed [that] School, by then they've already been offered the house, you can't retract it because they've rung the family directly, and then you've got this other family that would have suited that house better and they're waiting for another four weeks and then they get offered something three suburbs away. It's kind of just a bit crazy, mismatched. Not really reading the notes; WINZ notes aren't really linking over to [CHP] notes, and nothing's really visible on the computer.

- The social housing sector is fragmented. Misconceptions are ongoing about the different responsibilities of MSD and Housing New Zealand in the social housing space. Providers expressed frustration that since the social housing reforms they can no longer use the Housing New Zealand office as a one-stop shop to access a social housing place.

  So we talk to Housing New Zealand all the time but the problem with Housing New Zealand is here… that the community housing isn't part of the Housing New Zealand office. It's run somewhere else so we aren't able to form that relationship that we'd like.

- Repeat calls to a centralised call centre mean clients are always having to repeat their story:

  So, sometimes it's not just WINZ although I do think the centralised call centres make it difficult because it's very limited accountability. So, they tell their story to one person on the phone, and then they have to go

away and get information and come back to that centralised call unit and tell a different person again.

- Inflexible application of the criteria for receiving assistance from the Healthy Homes Initiative excluded one child:

  In terms of her need […] the needs of meeting that child's care in a comfortable, warm, dry house, she was actually in our home before she would have been considered and it wasn't like she wasn't trying to find a home. She was trying. She was proactive. Even though we even put her through the house initiative, Healthy Homes initiative, but didn't meet the criteria because it had to be asthma and something else … And, her boy was always in [hospital].

At the time of this research emergency housing funding streams did not always cover managing property damage

Some providers find property management challenging because of the number of tenants who are meth addicts. Some providers have regular sampling regimes designed to detect meth contamination. At the time when providers were interviewed, their funding streams did not always cover damage to properties from contamination, or household violence resulting in holes in walls.

Sometimes tension arises between tenancy managers who want to maintain high quality properties, and support workers who want to develop rapport with families so they can match them to appropriate wrap-around services. One provider describes how this tension can be acknowledged and addressed:

> *So there is always going to be tension but what we are looking for in the new model is that we have more expectations about communication between the two functions, and shared planning, information, and decision-making about whether people come in or not. … We are expecting the tenancy managers to not only manage that property; they are also thinking about how do they help the tenant develop their tenancy skills to sustain tenancies wherever they go, so help them understand more fully the Residential Tenancy Act, conflict resolution, why rules are in place, how they can minimise risk to tenancy, and then also we will have a financial capability element.*

The providers recognise the interconnectedness of safe staff, safe properties and safe tenants: “So, you've got your personal safety challenges and the safety of your staff, your shelter, etc, because sometimes they leave the stove on and they could make the whole bloody place burn down.” One provider had one of their properties deliberately destroyed by fire: “Unfortunately, a year and a half ago, one of them was intentionally set on fire and so that has been razed to the ground basically, so that's

had to be demolished.” This provider is happy that everyone is safe, but sad that a family in their property would be targeted, and sad about losing a property that could have been used for other families in the future.

Accessing a sustainable stream of funding is challenging

Difficulties accessing sufficient funding to provide an emergency housing service are mentioned above as a contributor to the diversity among emergency housing providers. All the providers receive funding from many sources including many government agencies. One provider articulated the impact of acquiring funding from multiple sources to cover costs on the number of families that could be placed, and the amount of work that could be done with them:

> *Sure, so it’s MSD, Foundation North, tiny bit of Child, Youth and Family, but that’s only because their regional commissioner’s been desperate and trying to help us. God bless him. Lots of little grants from – we try over the year, from bequest funding, from estate funding, from philanthropic kind of trusts that are set up. And some of them may be $5,000, $10,000, $15,000. [Faith-based organisation], they’ve been good the last two years and given us the maximum that they can, which is $15,000. So it’s cutting and pasting all these different grants to keep going, which is actually very unfortunate, you know, because so much more could have been done if I wasn’t having to spend so much time.*

Another short-term provider found out that resources to support programmes to reduce homelessness are available in the community. Over three months this provider managed its emergency accommodation and support, approximately 1,000 volunteers, container loads of food, and cars were allowed onto the marae in groups of 10 to offload their donations, and money came from all over New Zealand and from people overseas. But the prospect of continuing to work under this level of pressure was deemed unsustainable. Part of the difficulty was receiving and distributing the funding and resources from a wide range of sources. This provider was surprised at the scale of the response to requests for support; however, there was doubt about whether this level of support would be sustained over a longer term. This provider also considered continuing with an MSD contract but after considerable reflection decided that this work diverted too much of their resources away from other activities.

Client challenges result in referrals to providers

From the perspective of the providers the main challenges for clients are ones that result in them needing to be referred to providers in the first place: child poverty, sudden life shocks and the complexities of intergenerational disadvantage.

Providers' clients are typically families in poverty

The predicament of homeless children motivates families to seek emergency housing services, and providers to offer services. One of the reasons 'homelessness workers' keep working is their commitment to improving the lives of homeless children. "If children are defined as those under eighteen-years-old, there were slightly over a million children in New Zealand in 2012 (1,047,000)" of whom, approximately, a quarter lived in poverty (Boston & Chapple 2014). A sophisticated understanding of the measures of child poverty in New Zealand suggests that the number of children living in poverty may be as high as the 290,000 who live in households with incomes below 60 percent after housing costs or as low as 50,000 children who in addition to living in households with low incomes, live in homes that report a major problem with dampness and mould (Perry 2017). No statistics are yet available describing the number of children who are homeless and, therefore, they would need to be added to the lower estimate.

Families seeking referrals to providers have often experienced sudden life shocks

The providers are the place to turn to when families experience sudden life shocks. The life shocks result from combinations of:

- the dissolution of a family as a result of divorce or separation
- redundancy at work
- acute injury or illness
- overcrowding
- poor neighbourly behaviour resulting in eviction from a property.

Many providers describe the vulnerable nature of their clients due to the intergenerational disadvantages they face. Some clients can be challenging to work with, especially when information is withheld. People with health issues (which may or may not be communicated among the various agencies), and young parents who lack parenting skills pose particular problems for providers. One of the providers described a coping mechanism common among people with intergenerational drug and alcohol dependencies by posing a question – "How do you disclose that you've been transient for any number of times and you haven't given WINZ your new address?" In other words clients do not disclose their current address or living arrangements.

The providers are concerned about the lack of choice clients are faced with when deciding on a place to live.

Two providers described the lack of choice in housing options as challenging for clients:

One of the criteria that we like to think about is that everybody has choice about housing solutions and often, in reality, we're not offering people choice. They're grasping at a solution which is not quite right for them because there's absolutely no way that you can rely that something better's going to come along.

So, when they would typically be ready themselves to move on, the one thing that's stopping them moving on, the common denominator for our families, is finding somewhere suitable for their children.

However, one provider indicated instances where families or individuals may decline a house due to unreasonable expectations:

I just want to point out another unfortunate exit, and there has been the odd one. People go in and then refuse all the offers for what don't seem to be valid reasons. So, we have situations where people are taken off the list because they've just said, "I can't live there or it hasn't got a garage …What we do is reality check that as far as we can to the point some clients say, 'You shouldn't bully me into taking it' and I just go, 'I'm just telling you what the reality is'.

Potential topics for further investigation

Contributing to the ongoing development of the Emergency Housing Funding Model

One of the purposes of this exploratory study is to contribute to the ongoing development of the Emergency Housing Funding Model. Five potential topics that this exploratory study highlights for further investigation are:

- developing a shared understanding for prioritising homeless people for referral to emergency housing and accepting referrals
- strengthening and developing networks of emergency housing providers
- investigating how emergency housing is placed within the social housing sector
- developing contracting arrangements and funding streams that are supportive of achieving positive outcomes for clients and encourage clear and consistent organisational set ups that promote collaboration among providers where relevant
- continuing to compile an account of promising approaches and practices for people providing emergency housing services.

The exploratory study has begun to compile emerging and promising approaches and practices for providers working in the emergency housing sector, and this work will continue as part of the formative evaluation of the Emergency Housing Funding Model.

An unexpected result from this exploratory study is the insight it provides into the social housing sector as a whole. The role of emergency housing in contributing to people sustaining their tenancies, usually in social housing, is an area where further investigation would add value.

Developing a framework to support a shared understanding for how people are prioritised for emergency housing and other supports for homeless people

There are some issues in how homeless people should be prioritised for support from providers. A framework for reaching a shared view of how homeless people should be prioritised for support from providers, and the services clients can expect to receive, would be helpful.

Such a framework could be particularly helpful for clients to understand the sort of services that are available and clarifying their expectations. Setting these expectations more clearly would help establish trust with providers and provides a foundation for developing an effective working relationship.

The providers are aware that MSD refers some homeless people but not others to their service, and there is no consistency in the prioritisations for referral from

different government agencies. There seems to be general acceptance of the Statistics New Zealand definition of homelessness and of the need to prioritise segments identified as homeless in that definition. The need for prioritisation was generally accepted because demand for emergency housing places exceeds supply. At the moment this large shortfall in emergency housing places means there are homeless people who miss out on the services of providers.

The expectation is, however, that the emergency housing sector will reduce as social housing places increase and more properties become available with affordable rent. In the meantime the capacity of the emergency housing sector will need to grow to meet the demand of homeless people currently being prioritised. And, this capacity will need to continue to grow once the current prioritisation is broadened to include other homeless people.

Investigating how emergency housing is placed within the social housing sector

Emergency housing is only one of the initiatives in which many of the providers are involved. As well as offering emergency housing places some providers offer:

- wrap-around services to support people in emergency housing
- wrap-around services as part of MSD's Sustaining Tenancies Trial
- social housing places as CHPs.

Furthermore, some of the providers who are both emergency housing providers and CHPs are purchasing properties to extend their portfolios of emergency and social housing. In addition some providers are focused on programmes that address homelessness and to that end are participating in Housing First networks and forums.

Some providers are collaborating with Housing New Zealand whose tenants they are supporting with wrap-around services as part of MSD's Sustaining Tenancies Trial. Some are developing their assets as CHPs and are also collaborating with Housing New Zealand to purchase properties.

This is not a comprehensive list that locates providers precisely in the social housing sector but it indicates that this is an area that warrants further investigation to understand how emergency housing fits; how the social housing sector works as a whole; and, how it can be supported to operate more effectively and efficiently.

Strengthening and developing networks of providers

Currently the providers in Auckland have a network which acts as a forum where issues facing the sector can be raised and solutions found. How this network can be extended to include more Māori providers of emergency housing and providers in other centres around New Zealand is a topic for further investigation.

Concurrently, how the development of the network could be supported by IT connectivity also needs investigating. Currently two of the case management and reporting systems providers use appear to be able to be connected (PriMed and Exess). Whether it is possible for Recordbase and MSD systems to connect is worth exploring. This exploration might include how providers can check emergency housing vacancies within their immediate vicinity.

Compiling a more comprehensive account of promising approaches and practices

The providers all use some aspects of a tikanga Māori approach and a strengths-based social support approach, including the providers who say they follow a Housing First approach. All the approaches are used for both Māori and non-Māori who are homeless.

Providers see the characteristics of ‘homelessness workers’ as additional to the health professional or social work disciplines in which they originally trained. All the providers think that experienced people, either in a discipline and/or from life experience, are essential to the success of their service. The possibility of funding a workshop for providers to share their approaches needs investigating. The goal of the workshop could be to explore the wealth of knowledge in the sector about programmes to reduce homelessness. It could have an additional goal to explore what it takes to be a successful ‘homelessness worker’.

Identify ways to further streamline contracting and funding arrangements and in a way that supports cross-sectoral collaboration

Funding is a challenge for all the providers because it takes time and resources away from the service they are providing. A tension exists in the sector between the need to compete for funding and a need to collaborate to provide successful services. The possibility of streamlining contracting arrangements and identifying core funding for providers needs further investigation.

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Appendix One: Emergency Housing Providers

The following information was sourced from respective websites of emergency housing providers in preparation for interviews, and then supplemented with information provided by those organisations.

Te Rōpū O Te Whānau Rangimarie O Tāmaki Makaurau

Background and approach

Te Rōpū o Te Whānau Rangimarie o Tāmaki Makaurau offer services to the wider community with a focus towards family violence prevention. They are part of a network of refuges that provide emergency accommodation to mothers with dependent children for an average of three months who are at risk of abuse, harm and offending. An average of nine months follow-up work is undertaken.

Through their women's protection and men's non-violence programmes, their mission is to empower families and individuals by providing support, advocacy, temporary accommodation options and services with a focus towards family violence prevention leading to an improved quality of life.

Te Rōpū O Te Whānau Rangimarie O Tāmaki Makaurau was set up in the early 1980s as a response to the increasing levels of domestic violence. The organisation uses a holistic kaupapa Māori and a strengths-based approach that uses the principles of Ko Wai Au (where you are from), enabling staff to connect to the areas their clients are from. They accept clients of all cultural backgrounds.

Geographic areas where services are offered

Howick, Māngere – Ōtahuhu, Manurewa, Ōtara – Papatoetoe.

Capacity

Te Rōpū O Te Whānau Rangimarie O Tāmaki Makaurau manage two buildings in Māngere and Manurewa with communal living facilities. With a total of four families in the Manurewa house and six families in the Māngere house (mostly composed of two adults and two children, and sometimes individuals and single mothers). With one bedroom per family, overcrowding can sometimes be an issue.

Human resources

Te Rōpū O Te Whānau Rangimarie O Tāmaki Makaurau is led and managed by its founding family members. The support, housing coordination and outreach functions

are undertaken by experienced people (some who are working towards becoming registered social workers).

Reporting, Monitoring and Evaluation tools

Exess and PCOMS (Partners for Change Outcomes Management System)

Emerge Aotearoa

Background and approach

Emerge Aotearoa Housing formed in July 2015 after a merger of Richmond Services and Recovery Solutions. They provide clients with access to accommodation in the community, offering a range of both temporary and semi-permanent accommodation options. Emerge Aotearoa assists people with tasks such as accessing community activities, social and recreational groups, parenting support, education and employment options, budgeting, and dealing with other agencies. It is designed to deliver individualised programmes to encourage people to take responsibility for the decisions affecting their lives and involves personal planning to meet needs and choices. Emerge Aotearoa specialises in providing services for clients with mental health and addiction issues.

Emerge Aotearoa uses a holistic approach that assesses clients on personal, clinical, social and cultural domains of wellbeing. Clients are assessed on a self-rated matrix which looks at their hope for the future; quality of life; spirituality/personal beliefs; daily living skills; mental and physical health; culture and relationships; autonomy, money and finances; housing; education, training and work.

The Better Housing Outcomes Pathway is based on identification of the individual or family's specific needs for support, right through to follow-up support after exits.

Geographic areas where services are offered

Emerge Aotearoa had large office hubs in Auckland, Wellington and Christchurch, with a further 14 offices across New Zealand in different districts.

Capacity

Emerge Aotearoa Housing currently houses 15 families and manages seven properties with a range of three, four, seven and 30-bedroom buildings. A new contract will increase their capacity to include a building comprising 62 studio units.

Human resources

Emerge Aotearoa employs 850 staff across the country.

Reporting, Monitoring and Evaluation tools

Recordbase by Wild Bamboo. Emerge Aotearoa employs a monitoring and evaluation specialist to meet their reporting needs.

Island Child Charitable Trust New Zealand

Background and approach

Island Child Charitable Trust is a non-profit organisation established in 2005 and provides support and assistance to people who are struggling and in need of support in the Greater Auckland area. They operate in a child-friendly, holistic manner to provide wrap-around rehabilitation and therapeutic services to families with children.

Geographic areas where services are offered

Tamaki, Auckland

Capacity

The Island Child Charitable Trust can support three small families or two larger families. Due to a lack of space and capacity, they aim to keep the total number of people under 10. They are currently supporting a further five families with wrap-around services and only eight are supported by MSD.

Human resources

The organisation is currently operated on a small scale with two part-time staff and five volunteers who provide over 15,000 hours of community work.

Reporting, Monitoring and Evaluation tools

Microsoft Excel.

LinkPeople

Background and approach

Formerly Keys Social Housing (The Wise Group), LinkPeople provides access to safe, affordable accommodation options and then connects people with the health and social services they require for complete wrap-around support. The Wise Group has existed for over 25 years and is a conglomerate of 11 charitable organisations. Their work includes health and wellbeing services, housing support, employment and navigation services, education and training, workforce development and research, software development, and business support services.

A Housing First approach is used for all clients. Some residential sites are reserved for recovering addicts, therefore, only sober people can live there. LinkPeople help

their clients navigate various life challenges by offering them support that ranges from counselling to helping them navigate the pathways to housing independence. A helpful, non-judgemental attitude has given this organisation a 93 percent success rate in terms of sustainably retaining housing for a sample of over 300 clients.

Geographic areas where services are offered

Auckland, Hamilton, Christchurch

Capacity

LinkPeople manage, approximately, 150 1-2 bedroom premises (roughly 50 Auckland, 50 in Hamilton, 17 in Christchurch, and in 10 Taranaki). Their family composition normally has 2-3 children/family. In the near future, their capacity will increase by building 30 more premises in Auckland.

Human resources

A large organisation with a total of 600 staff nationally.

Reporting, Monitoring and Evaluation tools

Recordbase by Wild Bamboo (pioneered by the Wise Group), and possibly the Outcome Star framework for monitoring and evaluation in the future.

Whānau Resource Centre O Pukekohe Charitable Trust

Background and approach

Whānau Resource Centre O Pukekohe Charitable Trust was founded in 2002. With three employees, the company is slightly smaller than the average non-taxable trust management company. The Charitable Trust provides crisis support to residents of the emergency house and on-going support when they move into the community for up to 12 months. The Trust supports each family (single mothers) with creating an action plan, case-management and an assessment outcome of how the intervention has made a difference to the life outcomes of the families. The Trust works with families who have dependent children who are at risk of abuse, harm and/or offending.

Whānau Resource Centre O Pukekohe Charitable Trust has a child centred approach that places the safety of children first. Clients are provided with a holistic, Kaupapa Māori healing approach based on the Te Whakakoha Rangatiratanga philosophy – connecting people to where they come from and instilling a sense of self-worth and pride.

Geographic areas where services are offered

Pukekohe

Capacity

The Whānau Resource Centre O Pukekohe Charitable Trust has the capacity to house 2-3 families per house depending on family composition (mostly single mothers and children). Due to limited capacity, the organisation can accommodate up to three children, but they are flexible and prioritise their response depending on need.

Human resources

Three employees are currently supporting up to 80 families in the community.

Reporting, Monitoring and Evaluation tools

Manual reporting to MSD via ShareFile

Te Puea Memorial Marae

Background and approach

Manaaki Tangata 1: The whole Marae community catered for 181 people (including children) for the winter months of May to August 2016. A total of 101 people (41 adults and 60 children) were placed in permanent housing. Food, clothing and shelter was offered along with transportation to school, a laundry service, community programmes, security (for protection), healing, counselling and an onsite WINZ officer to sort out issues relating to welfare payments.

Geographic areas where services are offered

The Marae is located in Māngere Bridge.

Capacity

During Manaaki Tangata 1, the Marae opened its doors to a total of 181 people (41 adults and 60 children).

Human resources

The whole Marae community, over 1,000 volunteers and donations from supermarkets, the Warehouse and the general public.

Reporting, Monitoring and Evaluation tools

A client survey formed the basis for a very thorough evaluation of the three months.

Manurewa Marae

Background and approach

Manurewa Marae is appropriately referred to as a "one stop shop", striving to provide the basic needs of our community (educational, health, and cultural), in one location. The Marae reaches hundreds of whānau/families in the South Auckland area through their culturally relevant and holistic approach to community development.

Manurewa Marae opened its doors to homeless people from August – November 2016, following Manaaki Tangata 1 (led by Te Puea Memorial Marae). A total of 98 people were helped.

Manurewa Marae, in collaboration with several community partners, shares a vision for sustainable grass-roots development which follows the values, protocols and concepts guiding daily life and interaction in Māori culture (tikanga). Values include the importance of Te Reo (language), whenua (land) and in particular whānau (family and extended family group), with an emphasis on community ties.

Geographic areas where services are offered

The Marae is located in Manukau City.

Capacity

Manurewa Marae supported a total of 98 people from August to November 2016.

Human resources

Staff provide programmes and services that equip community members with tools and resources to succeed in all spheres of their life, while supporting our central goal of keeping Māoritanga (Māori worldview) alive. During the 2016 winter response, three trainee social workers joined the Marae community in supporting families and individuals.

Reporting, Monitoring and Evaluation tools

Client and staff surveys

De Paul House Auckland

Background and approach

De Paul House provides housing and family support services and has been in operation for over 30 years. They aim to keep families united in a safe and dignified environment, and help them address the issues that have led to them being homeless. De Paul House units cater for various family sizes – small bed-sits (suitable for single parents and 1 to 2 children), single rooms (for a parent and child),

and 2 to 3 bedroom units (for larger families). The single rooms/bed-sits share all facilities. The 2 to 3 bedroom units share laundry facilities.

Families set goals with the assistance of the family support team. These goals commonly include housing, budgeting and a compulsory savings programme mainly to assist families with the costs of setting up their home. Participation in their employment training and life skills classes is also a key part of their programme, as is enrolment of children in their playgroup.

School-aged children benefit from the after school homework center. The range of services offers support for the entire family and enables them to become independent. The aim of De Paul House is to keep families united in a safe and dignified environment, and help them address the issues that have led to them being homeless.

Geographic areas where services are offered

Greater Auckland

Capacity

De Paul House manages 12 units with 70 beds in total. They currently support 12 families in residence and 130 people in outreach wrap-around services.

Human resources

De Paul House employs social workers and use the support of volunteers who extend the church community.

Reporting, Monitoring and Evaluation tools

Exess

VisionWest Community Trust

Background and approach

VisionWest Community Trust has been offering community-based services to people in West Auckland since the 1980s. The Trust responded to the needs of the community and grew to be one of the largest community-based Trusts in West Auckland. The Trust began its Community Housing programme in 2004 and VisionWest partnered with the government to purchase its first emergency house.

Short-term emergency housing is for those in desperate housing need. There is a referral and interview process and they are unable to provide refuge or mental health services.
The properties available for short-term emergency housing are fully furnished and equipped 2 to 3 bedroom units with their own kitchen, dining, bathroom and laundry

facilities. The maximum stay in short-term properties is, normally, three months, although there is provision for a longer stay after consultation with the community housing staff.

Apart from homecare and community housing, the team works with people through training and education, counselling, social work support, chaplaincy, financial literacy, budgeting support, and community banks (food, curtains, and school uniforms), including a second-hand shop.

Geographic areas where services are offered

Auckland, Rotorua, Hamilton, Christchurch.

Capacity

VisionWest manages 20 units comprising of 20 families in Ōtahuhu. They also support 60 families in Auckland and four families in Christchurch, providing them with follow-up and wrap-around services.

Human resources

The housing office is staffed with a General Manager and a housing coordinator, while trained social workers are employed for dealing with clients and outreach work.

Reporting, Monitoring and Evaluation tools

Exess and PCOMS.

Monte Cecilia Housing Trust

Background and approach

Monte Cecilia was established in 1982 by the St Vincent de Paul Society, Liston Foundation, the Sisters of Mercy and the Marist Brothers. The original purpose was to provide emergency housing and practical assistance to families with a housing need. Monte Cecilia has been providing emergency housing for over 34 years and have records of supporting over 1,000 families over the years. The trust also sought to ensure adequate, affordable and secure housing for all New Zealanders through housing action and political advocacy.

They also promote social work support, including specialist housing support as required. They work holistically with families placed in residential housing programmes or emergency housing for an average of three months to find a solution to obtain permanent housing. Intensive social work plans, case management and assessment outcomes are completed by a qualified social worker. This can include one to one advocacy, parenting, life skills, family violence, budgeting and practical help to sustain a house and transition into independent living.

Geographic areas where services are offered

Greater Auckland.

Capacity

Monte Cecilia currently manages 45 social houses and has the capacity to support 12 families at a time. In the near future, they will collaborate with VisionWest and the Salvation Army to house 43 families in 12 properties in Luke Street. They are also planning a redevelopment to increase the 12 properties to 30 two bedroom units. Monte Cecilia has 129 families receiving in advocacy.

Human resources

The organisation has a culturally responsive policy where Samoan and Tongan staff (fluent in their native language) are hired to support Pacific families. Qualified social workers are also employed.

Reporting, Monitoring and Evaluation tools

Exess and PCOMS.

Salvation Army Trust, Royal Oak

Background and approach

The Salvation Army has provided emergency housing for a long time. It is one of a suite of services that includes: soup kitchens, Drug and Alcohol rehabilitation, stores, churches, food banks, and the band. The Salvation Army see transitional housing as a part of their community ministry designed to provide care that “transforms lives”. Their holistic approach towards assessment, intervention and evaluating outcomes has its foundations in a strenths-based social work model.

Geographic areas where services are offered

Auckland.

Capacity

The Salvation Army, Royal Oak currently has seven units for transitional housing for families while the Epsom Lodge houses 100 singles. On average, they host about 30 families a year, mostly composed of mothers and couples with 1 to 4 children.

Human resources

A wide range of staff with social work backgrounds.

Reporting, Monitoring and Evaluation tools

SAMIS (Salvation Army Management Information System).

Te Tuinga Whānau Support Services Trust

Background and approach

Te Tuinga Whānau Support Services Trust was established in 1987 in direct response to the revision of the Children and Young Persons Act 1987. With the return of many children to their whānau and hapū the service was created to provide support to the families through the process of being reunited. Initial management of Te Tuinga Whānau was carried out by both Te Awanui Māori Women's Welfare League, and Whaioranga Trust. In 1993 Te Tuinga Whānau became independent, contracting directly to the Community Funding Agency (now Ministry of Social Development) and governed by trustees appointed from the community.

Te Tuinga Whānau offers a wide range of social work interventions to all cultures and operates on the Kaupapa Māori principles of manaaki, aroha and whānau, including:

- WINZ issues
- Child Youth & Family advocacy
- Family Court/custody issues
- Advocacy on domestic violence
- IRD/Child Support
- Youth/parenting issues
- Housing New Zealand advocacy.

The Wāhine Toa/Mana Wāhine programme provides women an opportunity to reconnect to their environment.

Geographic areas where services are offered

Tauranga.

Capacity

Te Tuinga Whānau Support Services Trust currently manages one house while planning for a development to build two more houses. They are currently hosting three families in their residence and are supporting five families with follow-up support.

Human resources

Staff are experienced advocates and knowledgeable in the processes of statutory agencies; social workers walk alongside families and/or individuals to help them achieve their goals. Te Tuinga Whānau Social Workers are committed to keeping up

with what's happening in the community and ensure they have strong relationships with a wide range of support services. Te Tuinga also have two counsellors who are used by staff and clients.

Reporting, Monitoring and Evaluation tools

Microsoft Excel.

Te Runanga o Ngāti Awa – Ngāti Awa Social Service Trust Inc

Background and approach

Established in 1989, the organisation grew from a small Level 1 Care and Family Support Service to an approved Iwi provider of Social Services and a provider of Health Services through the Ministry of Health and District Health Board. Today, Te Tohu o Te Ora o Ngāti Awa is one of the largest Māori health providers in the Eastern Bay of Plenty continuing to develop its social, health and housing initiatives whilst providing a comprehensive and seamless suite of health and social related services, which will benefit both Iwi and the wider community. The Trust provides accommodation and intensive social work support for families in assisted emergency housing. Each client will have a family plan including a defined intake and assessment, goals, reviews and monitoring.

Geographic areas where services are offered

Whakatāne, Eastern Bay of Plenty

Human resources

Strong supervision systems for all staff where an advanced security GPS system monitors residential areas when staff assist families residentially.

Capacity

Te Tohu o Te Ora o Ngati Awa houses about four to eight families depending on the composition and level of priority. They use their large Marae as well as a care and protection house for the families. They also have the capacity to manage five to eight families or houses in residence.

Reporting, Monitoring and Evaluation tools

Exess and PCOMS.

Whakaatu Whanaunga Trust

Background and approach

Established in 1990, the Whakaatu Whanaunga Trust offers help and support to individuals and families. It is a pan-tribal social service, serving Iwi from Nukuhou to Whangaparaoa in the East. The Trust provides emergency and supported housing in Ōpōtiki for community and self-referred clients who will receive whānau support on the basis of a plan which includes accessing alternative, more permanent housing. Clients in the Ōpōtiki and surrounding areas will remain in supported housing for three months. Whakaatu Whanaunga Trust has now been providing health and social services in the Ōpōtiki District for over two decades.

The Trust also offers several industry-based training and development programmes for youth which increase their self-esteem, improved education and career prospects, while providing employment opportunities within the Ōpōtiki region (currently dominated by the kiwifruit and mussel industries). The Trust also owns and operates a gym which has increased the health and fitness of local families in the region.

Geographic areas where services are offered

Ōpōtiki and surrounding regions in Eastern Bay of Plenty

Capacity

Whakaatu Whanaunga Trust currently manages two houses and are planning to build 6 to 7 buildings with Te Puni Kōkiri, and the Māori Housing Network. The Trust caters for a wide variety of people in need, and most of them are singles and youths.

Human resources

Staff with lived, life experience support clients with compassion.

Reporting, Monitoring and Evaluation tools

Exess.

The Home and Family Society Christchurch

Background and approach

With a history of over 110 years, Home and Family has specialised services accessible to at-risk single mothers and their children. Services include counseling services, residential parenting programmes combined with a comprehensive assessment. The services aim to address early life experiences and risk factors to reduce the number of children in care by strengthening families within a nurturing

environment. Individual, family, school, peer and community related factors and how they impact on the client's life experiences and trajectory are considered.

Their service includes parenting, budgeting, and carefully considering the environmental influences needed to meet the long-term needs of clients. The role of the Home and Family team is to empower individuals to reach their full potential, or perhaps whakaora (the notion of restoring wholeness) while addressing the challenges that they face along the way. The outcome aims of Home and Family's work with whānau are to empower parents and caregivers to facilitate change for the better. The statistics for 2015/2016 reports a total of 2,350 counseling sessions and 55 percent of their clients were children and young people (Home and Family 2016).

Geographic areas where services are offered

Christchurch

Capacity

The Home and Family Society currently caters for 4 to 5 families at present while 8 to 10 people are supported in follow-up. Since the closure of Relationships Aotearoa in June 2015, the residential parenting programme has supported 29 families, with most staying for 3 to 6 months.

Human resources

Trained social workers who are experienced in providing parenting training.

Reporting, Monitoring and Evaluation tools

Facebook complements their case management system and is used as an evaluation tool for client satisfaction.

Comcare Charitable Trust

Background and approach

Comcare's emergency housing service offers short-term accommodation for those who experience mental illness or are in recovery from addiction and are homeless, with assistance to find permanent housing. Comcare operates a number of flats to provide this service and offers short-term, temporary tenancies. Comcare also provides a variety of urgent responses that can help clients with mental illness sustain their tenancy. The goal is to reduce stress for the individual and remediate and restore a stable living environment.

Geographic areas where services are offered

Christchurch.

Capacity

Comcare currently supports three families or 24 people with a composition of up-to four-children per family. They plan to expand their capacity to house 30 to 40 people.

Human resources

Comcare’s housing is run by a professional team of tenancy and property management staff with tenant welfare at the heart of its operations.

Reporting, Monitoring and Evaluation tools

PriMed.

Appendix Two: Selected literature on emergency housing

In housing research, emergency housing is included as part of the housing market. Common metaphors used to understand the housing market include: a continuum (MBIE 2014), a hierarchy (Grimes et al. 2006), a career and a pathway. Clapham (2005) recommended replacing 'careers' with 'pathways' in order to express the complexity of people's movements in the housing market which are not always upward. Emergency housing as a programme to reduce homelessness is positioned to the left of the continuum, the bottom of the hierarchy, as the first position in a career or the first step on a pathway. Hopefully, people's movement through the housing market does not include homelessness, but if it does, then movement is from homelessness to emergency housing. After a stay in emergency housing people may move on to social housing and/or private rental (with or without support), and then possibly move to home ownership (with or without a mortgage). The assumption is that in a successful housing market the majority of the population reside in owner occupied dwellings and the proportion of people who are homeless is very small or non-existent.

Beer and Faulkner (2009), two Australian housing researchers, found that movement through the housing market has become more haphazard and propose the term housing transitions to replace housing careers: "The evidence suggests that the majority of Australians are able to construct successful transitions through their participation in the housing market, but some vulnerable groups are increasingly left behind. In the long-term the challenge for housing policy in Australia [and New Zealand] will be to continue to nurture an efficient housing market, while helping those with both short-term and long-term needs". (Beer & Faulkner 2009)

He Whare Āhuru He Oranga Tāngata - The Māori Housing Strategy: Directions 2014 to 2015 portrays the housing market as a continuum (see Figure one). It acknowledges that some Māori people have had to make use of emergency accommodation.[26]

MacKenzie, McNelis, Flatau, Valentine, and Seivwright's 2017 research for the Australian Housing and Urban Research Institute (AHURI) does not use the term emergency housing for this sector but instead describes "programs to reduce homelessness". The providers included in MacKenzie et al.'s research are comparable with the providers that were interviewed for this exploratory study in terms of the people who access their service, the characteristics of the providers, the

[26] Ministry of Business, Innovation & Employment (2014). *He Whare Āhuru He Oranga Tāngata -The Māori Housing Strategy: Directions 2014 to 2015*, page 7.

providers' approach to service provision and the wrap-around services they offer (MacKenzie et al. 2017).

Figure 1: The Māori housing continuum: Where Māori live today

SEVERE HOUSING DEPRIVATION	SOCIAL HOUSING	ASSISTED PRIVATE RENTAL	PRIVATE RENTAL	PRIVATE OWNERSHIP
11,730 Māori living in deprivation (34.5% of all severely housing deprived people (34,000))	22,184 Māori were Housing New Zealand Corporation (HNZC) tenants in February 2014 (34.5% of all HNZC tenants). Income-Related Rent subsidy was paid for 20,790 Māori HNZC tenants in February 2014 (Housing New Zealand, 2014)	At the end of December 2013 57,098 Māori received Accommodation Supplement Māori were 28.2% of all Accommodation Supplement recipients (Ministry of Social Development, 2014)	87,768 Māori households in private rental Māori 19.5% of all private renter households (Statistics New Zealand, 2013)	228,648 Māori households (43.4%) living in owner-occupied homes. (Statistics New Zealand, 2006) 64.8% of all New Zealand households own their home (Statistics New Zealand, 2013)

Source: Ministry of Business, Innovation & Employment 2014