Te Mahana: Ending homelessness in Wellington A strategy for 2014–2020

Whakataukī

‘He kokonga whare e kitea, he kokonga ngākau e kore e kitea.’

‘The corner of a house can be seen, but not the corner of the heart.’

Introduction

Te Mahana is a concept that speaks of the warmth found in a supportive home environment. The warmth of a home is not limited to a physical structure, bed or cupboards full of food. It includes how people feel about their living environment – whether they feel safe, included and respected.

The name Te Mahana was gifted to this strategy by Port Nicholson Block Settlement Trust. It points to Wellington being a place where people who have found themselves without a home have the opportunity and means to experience Te Mahana, the warmth of Wellington, the warmth of home.

Te Mahana is a strategy to end homelessness in Wellington. It weaves international best practice with culturally-specific steps for ending homelessness, to establish short and medium-term priorities for action.

Te Mahana emerged from a one-day meeting at Te Papa in May 2012, attended by more than 100 people representing government agencies and community organisations, as well as people experiencing homelessness. Collectively, they identified the desired outcomes and most important actions required for a collaborative and coordinated approach to preventing and ending homelessness.

There was also a call at the meeting to incorporate a Māori perspective into the draft strategy, given that Māori are over-represented in those experiencing homelessness. Māori organisations responded by holding hui to provide a cultural perspective on homelessness, which is essential to changing outcomes for Māori who are homeless or at risk of homelessness.

The draft of Te Mahana was endorsed by over 30 government agencies and community organisations, and released for public consultation in 2013. This final strategy marks our shared commitment to work together in a collaborative and culturally-specific manner to end homelessness in Wellington.

Defining homelessness

The Government's definition of homelessness is: *living situations where people have no other options to acquire safe and secure housing. This includes people who are:*

- *without shelter*
- *in temporary accommodation*
- *sharing accommodation with a household*
- *living in uninhabitable housing* (see Appendix 1).[1]

While there is some general information from the Census on the homeless population and the types of homelessness experienced, we don't have precise numbers or specific information on people's circumstances.[2] One study estimates that in 2006, there were 945 people identified as severely housing-deprived, with 56 percent being in severely crowded temporary accommodation, 33 percent in boarding houses, 8 percent in emergency accommodation and 3 percent without accommodation.[3]

The lack of affordable housing for those on low incomes has been identified as a problem. Homeless people are a diverse group ranging from those who simply do not have housing through to those having a range of complex needs and who are unable to access employment, health care and social support.

Local health and community service providers report that very low incomes and a lack of adequate health and social service support, compounded by factors such as addiction, physical and mental health, impairment, all contribute to people experiencing or being at risk of homelessness.

WHAT DOES
YOUR
CITY MIS
BETWEEN
HAT DOES
SSION DO?
Wellington region,
across the age spectrum. We work
in every age group, from young families
to elderly people in their nineties.
offers a range of programmes
ipants to confront and address
help them to move on to a
is a key provider of social
Wellington region, caring
age spectrum. We work
up, from young fa
ngton City Mission

Vision: ending homelessness in Wellington

The provision of food is often an initial and ongoing point of connection between support services and those who are in need of help.

Purpose of Te Mahana

The purpose of Te Mahana is to guide a collaborative, inter-sectoral approach to making significant progress towards ending homelessness in Wellington by 2020.

Guiding principles

- Housing is a basic human right.[4]
- Central and local government agencies are responsible for ensuring that citizens and residents have access to housing that meets their needs. This is supported by kāwanatanga which provides the authority to mandate the strategy.
- Ōritetanga affirms the equal citizenship rights of Māori. To achieve equitable housing outcomes for our whānau, housing solutions for Māori must be sufficiently resourced and Māori-driven in accordance with Article 2 of Te Tiriti.
- Ending homelessness requires collaboration and collective responsibility at all levels.
- People experiencing homelessness are at the centre of all responses and decision-making for the support they receive.
- Ending homelessness is more than providing adequate housing; it also involves providing easily accessed services to meet each individual's holistic needs. Iwi and hapū have a responsibility to exercise kaitiakitanga, a duty of care to ensure that homelessness is addressed in a way that provides the umbrella of whakaruruhautanga.
- People have the right to maximise their health and wellbeing. This includes physical and mental health, connection to significant others and meaningful use of time to fulfil potential. For Māori this means whakawhanaunatanga and support around cultural identity and connection with whānau and the community.
- Māori culturally-appropriate services and supports are a key component to supporting Māori development, using tino rangatiratanga to direct the right of iwi and hapū to determine how homelessness is addressed from a Māori cultural perspective.

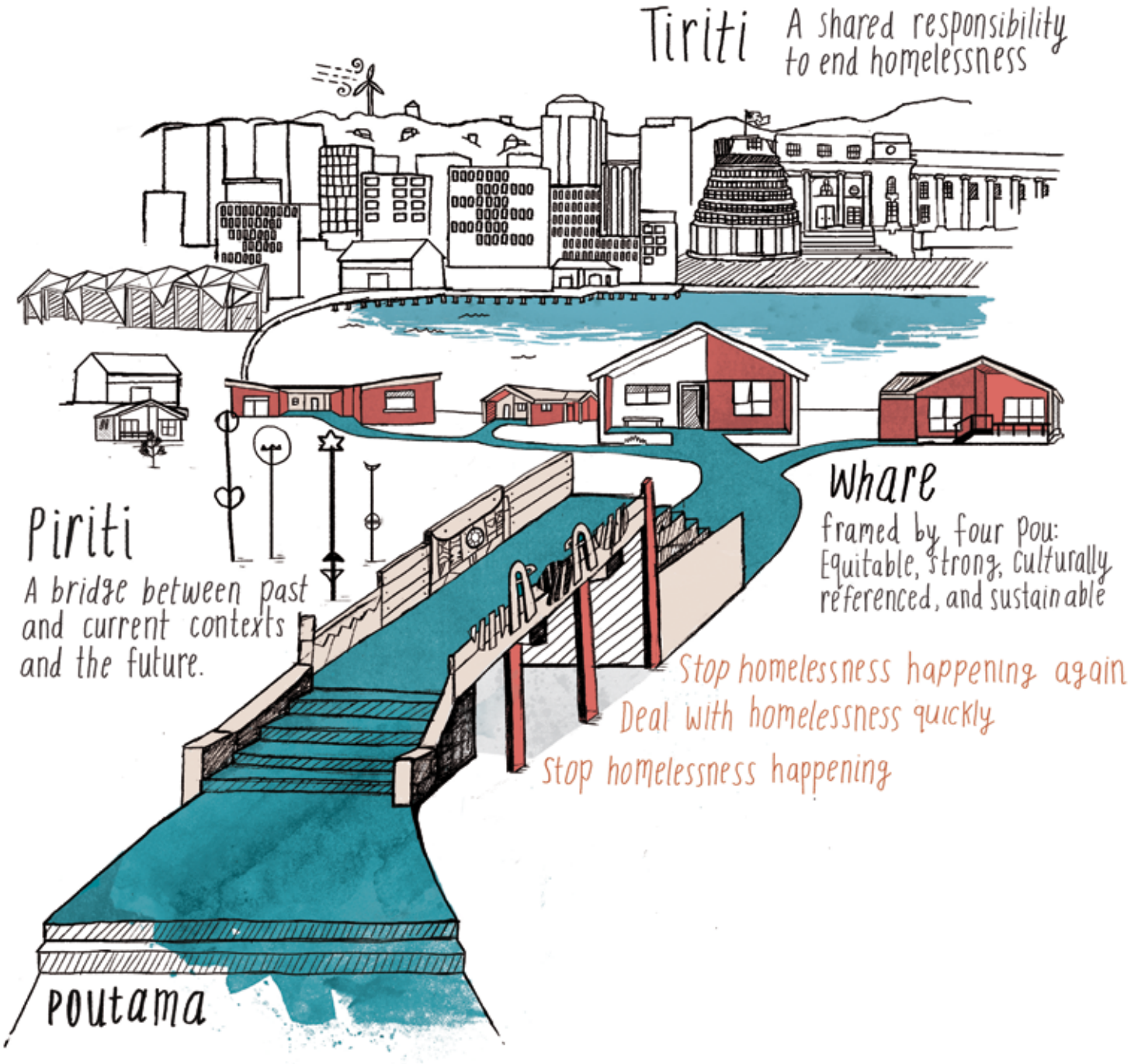
Approach

The journey people may take is not always a straight road, and requires many connections and steps in various directions from which they can draw strength over time.

International best practice calls for work at three levels:[5]

- to stop homelessness happening
- to deal with it quickly when people become homeless
- to stop people becoming homeless again.

Rather than three separate stages, however, this is a continuum with specific activities, services or systems contributing to one or more of these three levels.


Tiriti
A shared responsibility to end homelessness
Whare
framed by four pou: Equitable, strong, culturally referenced, and sustainable
Piriti
A bridge between past and current contexts and the future.
Stop homelessness happening again
Deal with homelessness quickly
Stop homelessness happening
Poutama

Outreach work allows healthcare to be available to people whatever their situation – whether it helps them to progress from living on the streets, or as part of the ongoing support that is essential to sustaining a tenancy.

Stop it happening – *Te Mutunga o te whare kore, kei āku ringa*

Homelessness is preventable. This means addressing severe housing deprivation by increasing housing affordability, reducing poverty and increasing household incomes.

For Māori, this affirms Māori as equal citizens having equitable housing outcomes for whānau, with Māori housing solutions being sufficiently well-resourced. Under Te Tiriti partnership, government agencies are responsible for ensuring that citizens are housed, thus preventing homelessness.

Stopping homelessness also means increasing the availability of affordable and appropriate housing for those at risk of homelessness and making it easier for them to access housing and sustain tenancies.[6] This includes incorporating Te Ao Māori or Māori cultural perspectives in the design and delivery of housing options.

Homelessness can be prevented by working with people who are at high risk of becoming homeless at specific times of change in their lives, when they are most vulnerable. The types of events that increase the risk of homelessness include discharge from hospital, leaving prison or child, youth and family care, and women and children experiencing domestic violence. These present a particular risk for those on low incomes.[7 8 9 10]

Screening and discharge procedures at such times of interaction with these services can help people to swiftly access case management support and facilitate access to housing. Weaving Māori cultural perspectives into this will be central to developing processes and activities that prevent homelessness.

KATE'S BABY DRAMA!
Why baby boomers are being sold short

Agencies in Wellington offer a safe, clean, warm and non-threatening meeting point that is available to the local community.

Deal with it quickly – *Tū mai rā, tū ora ai*

Te Piriti (the bridge) provides a culturally-accountable approach to enable whānau to cross the bridge to the warmth of Te Mahana. This requires wrap-around services, underpinned by hakaruruhautanga, to provide safe and secure, physical and spiritual shelter.

For many people, having access to secure and affordable housing as quickly as possible is enough to end their homelessness. For those who require more intensive support, international practices such as those involving case management are most effective in assisting people into housing and providing the health and social support they require.

Case management generally means providing a coordinated and integrated approach to the delivery of services that provide on-going supportive care. Individuals and whānau need support to make decisions themselves, with case management helping them to access the resources they need for living well in the community.[11 12 13 14]

The success of case management services to support people into housing depends on a number of factors, including the continuity of care and quality of the relationship between at-risk people and service providers, working with people where they are and ensuring that support integrates with housing and other services, and supporting access to community-based resources.[15 16 17 18]

Combined with having access to more coordinated services, involvement in the community is a less tangible form of support that is crucial to ensure positive personal progress.

Stop it happening again – *Kia maumahara ki o tātou akoranga*

Prevention of repeated episodes of homelessness has several distinct aspects. One is to ensure that the housing provided is appropriate and the person, family or whānau are supported by relevant tenancy and home-based services, including through landlords' policies and practices that help sustain tenancies and to avoid eviction. For Māori, this means being met and supported in the whare in a culturally-appropriate way.

Preventing repeated homelessness is more than just about having a place to live, it is also about people living well. People need links to support services and community resources to help them maximise their health and wellbeing and achieve their goals.

The levels of support required to get there and stay there vary from very little to very intense support over different periods of time. This may include being supported by peers and the wider community, and participating in activities, employment and networks that provide meaning and value for individuals and whānau.

This state is 'Te Mahana' – a strong, warm, safe and secure whare into which people are welcomed and supported by whānau, iwi and hapū.

Practice model – how we will make changes

Kotahi te kōhao o te ngira e kuhuna ai te miro mā, te miro pango, te miro whero.[19]

Through the eye of the needle pass the white threads, the black threads, and the red threads.

The whakataukī captures the essence of Te Mahana. By weaving together the two strands of international best practice and culturally-specific steps, we will generate a dynamic combination to underpin every aspect in the delivery of Te Mahana. The individual threads may be weak but the collaborative process of weaving them together creates great strength.

Outcomes and objectives 2015–2020

The diagram gives an overview of the changes we will make (outcomes) and what we will do to achieve them (objectives).

Vision: Ending homelessness in Wellington

The changes we will make by 2020 (outcomes)

1. A diverse range of affordable and appropriate accommodation, tenancy and home-based support is available for people to access and maintain tenancies.

2. The health, wellbeing and housing of people who are homeless or at risk of homelessness are improved through targeted interventions.

3. Te Piriti (the bridge) is in place and supports Māori to cross the bridge of change and be culturally connected, and stand strong within the whare.

4. Coordinated service planning, funding and reporting functions are in place between agencies to deliver Te Mahana.

5. All agencies working with people who are homeless are providing services informed by best practice.

What we will do to achieve this, 2015–2020 (objectives)

a. Implement the plan to create accommodation options, tenancy and home-based support.

b. Contribute to regional strategies and initiatives that address affordable housing.

c. Develop a centralised tenancy information, application and allocation system.

d. Housing providers develop tenancy sustaining policies, procedures and support options.

a. Implement a strengths-based, multi-disciplinary case coordination service and relevant information systems.

b. Primary and secondary health services develop and implement a screening tool and care pathway.

c. Protocols are implemented so every person leaving care or prison has an integrated support package.

d. Enable each person to participate in activities and communities that have meaning for them.

e. Improve access to health services.

a. Build capability within generic services to support Māori.

b. Support kaupapa Māori services to develop capability in addressing the needs of people who are homeless.

c. Establish an easy access pathway for Māori to Māori activities.

a. Implement a framework for coordinated planning, funding and reporting across agencies.

b. Implement a mechanism to generate and report data on homelessness.

Note: Activities for 2014–2015 are set out in Appendix 3.

a. Homelessness sector develops shared understanding of research and best practice, and implements this within their services.

b. Sector professional development is made available and agency staff receive appropriate training for their roles.

c. Sector develops, implements and monitors agreed quality measures.

d. Sector develops, implements and monitors an agreed evaluation framework.

Outcome 1

A diverse range of affordable and appropriate accommodation, tenancy and home-based support is available for people to access and maintain their tenancies.

How we will achieve this:

- Create accommodation options with tenancy and home-based support to meet the diverse needs of people at risk of or experiencing homelessness.
- Contribute to regional strategies and initiatives that address affordable housing.
- Develop a centralised tenancy information, application and allocation system for all social and affordable accommodation providers.
- Housing providers develop tenancy sustaining policies, procedures and support options, including links with support services.

Outcome 2

The health, wellbeing and housing of people who are homeless or at risk of homelessness are improved through targeted interventions.

How we will achieve this:

- Implement a person-centred and strengths-based case coordination service and relevant information systems.
- Develop and implement a screening tool to identify those who are homeless or at risk of becoming homeless, and develop a care pathway to plan health care, support, cultural support and referrals.
- Develop and implement pre-discharge protocols and guidelines for people leaving prison, hospitals and community health facilities, and government care to ensure they are appropriately housed and supported, including cultural support.
- Use and continually update relationships with general and specialist services that give people opportunities to participate in activities and communities that are meaningful to them, including culturally-specific services and groups.
- Improve access to health services for people who are homeless or identified as being at risk of homelessness.

Outcome 3

Te Piriti (the bridge) is in place and supports Māori to cross the bridge of change and be culturally connected and stand strong within the whare.

How we will achieve this:

- Build capability within generic services to support Māori.
- Support kaupapa Māori services to develop capability in addressing the needs of people who are homeless.
- Establish an easy access pathway for Māori by Māori activities.

Outcome 4

Coordinated service planning, funding and reporting functions are in place between government agencies to deliver Te Mahana.

How we will achieve this:

- Implement a framework for coordinated planning and funding across agencies.
- Implement a means of generating and reporting data on homelessness.

Outcome 5

All agencies working with people who are homeless, provide accessible, culturally-appropriate and collaborative services to enable people to end their homelessness and not maintain dependency.

How we will achieve this:

- The homelessness sector develops a shared understanding of research and best practice, and implements this within their services.
- Sector professional development is made available, including on strengths-based practice, mental health, motivational interviewing techniques, safety planning, developing self-advocacy skills, and agency staff receive appropriate training for their roles.
- The sector develops, implements and monitors agreed quality measures.
- The sector develops, implements and monitors an agreed evaluation framework to support informed implementation of Te Mahana.

Evaluation – how we'll know we are successful

Ending homelessness is a complex undertaking. Measuring success is equally challenging. We have a clear goal – ending homelessness in Wellington – but how we get there requires quality information and evaluation.

Indicators and an agreed evaluation process will be developed as part of the 2014–2015 work plan and are priorities. These will reflect the collaborative approach of Te Mahana.

Offering practical help with banking, budgeting, addressing debts and accessing correct benefit entitlements are some of the ways people can be empowered to put their own lives back together.

A computer hub allows people to connect with the wider community – whether applying for jobs, organising their finances or keeping in touch with whānau.

apply online

Appendix 1: Statistics
New Zealand's definition of homelessness living situations

Without shelter

Living situations that provide no shelter, or makeshift shelter, are considered as without shelter. This includes living on the street and inhabiting improvised dwellings, such as living in a shack or a car.

Temporary accommodation

Living situations are considered temporary accommodation when they provide shelter overnight, or when 24-hour accommodation is provided in a non-private dwelling and is not intended to be lived in long-term.

This includes hostels for the homeless, transitional supported accommodation for the homeless, and women's refuges. This also includes people staying long-term in motor camps and boarding houses, as these are not intended for long-term accommodation.

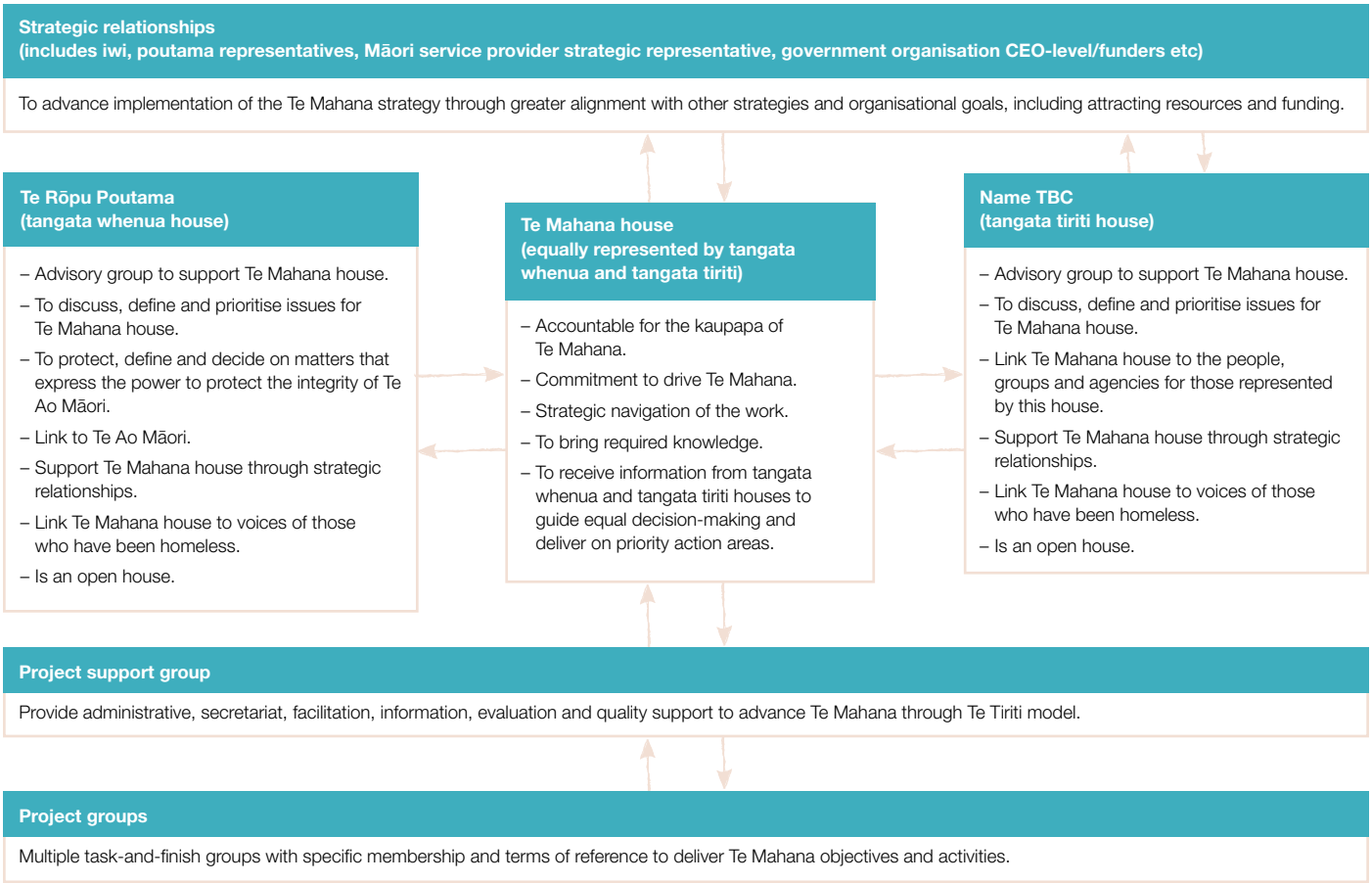
Sharing accommodation

This includes temporary accommodation for people who are sharing someone else's private dwelling. The usual residents of the dwelling are not considered homeless.

Uninhabitable housing

Living situations where people reside in a dilapidated dwelling are considered uninhabitable housing.

Appendix 2: Te Tiriti relationship model



Appendix 3: Preliminary action plan 2014–2015

Outcome	Objectives	Activities for 2014–2015
1. A diverse range of affordable and appropriate accommodation, tenancy and home-based support is available for people to access and maintain tenancies.	**a.** Implement the plan to create accommodation options, tenancy and home-based support.	**i.** Create an evidence-based plan on developments needed for an accommodation, tenancy and home-based support service.
	b. Develop a centralised tenancy information, application and allocation system.	**ii.** Key partners to explore opportunities to build existing work around centralised access to accommodation.
	c. Housing providers develop tenancy sustaining policies, procedures and support options.	**iii.** Housing providers collaboratively review policies, procedures and support options, and identify scope of work needed to align with Te Mahana.
2. The health, wellbeing and housing of people who are homeless or at risk of homelessness are improved through targeted interventions.	**a.** Implement a strengths-based, multi-disciplinary case coordination service and relevant information systems.	**i.** Co-design a strengths-based coordination service with supporting information systems. **ii.** Community directory of services developed by Wellington City Council.
	b. Primary and secondary health services develop and implement a screening tool and care pathway.	**iii.** Homelessness screening tool and care pathway developed to identify homelessness, plan healthcare and refer accordingly.
	c. Protocols are implemented so every person leaving care or prison has an integrated support package.	**iv.** Develop pre-discharge protocols.
	d. Enable each person to participate in activities and communities that have meaning for them.	
	e. Improve access to health services.	

This preliminary action plan provides the starting point for Te Mahana House, to prioritise and implement short-term initiatives for delivering on the vision to end homelessness in Wellington.

Outcome	Objectives	Activities for 2014–2015
3. Te Piriti (the bridge) is in place and supports Māori to cross the bridge of change and be culturally connected, and stand strong within the whare.	**a.** Build capability within generic services to support Māori.	**i.** Develop a mechanism to connect Kaumatua with each other and Māori homelessness.
		ii. Build capacity for generic services through providing a series of workshops.
	b. Support kaupapa Māori services to develop capability in addressing the needs of people who are homeless.	**iii.** Bring Māori services together to connect and identify how they could be supported to develop capability.
	c. Establish an easy access pathway for Māori to Māori activities.	**iv.** Delivery of workshops for people who have been or are homeless around Te Ao Māori.
4. Coordinated service planning, funding and reporting functions are in place between agencies to deliver Te Mahana.	**a.** Implement a framework for coordinated planning, funding and reporting across agencies.	**i.** Government partners scope opportunities for future collaborative planning and funding around Te Mahana.
	b. Implement a mechanism to generate and report data on homelessness.	**ii.** Scope opportunities for improving data collection on trends.
5. All agencies working with people who are homeless are providing services informed by best practice.	**a.** Homelessness sector develops shared understanding of research and best practice, and implements this within their services.	**i.** Collation of information about best practice.
	b. Sector professional development is made available and agency staff receive appropriate training for their roles.	**ii.** Scope professional development needed for the sector.
	c. Sector develops, implements and monitors agreed quality measures.	**iii.** Establish a toolkit of quality measures.
	d. Sector develops, implements an agreed evaluation framework.	**iv.** Sector develops an evaluation framework for Te Mahana.

Collins 2014 WALL PLANNER

Appendix 4: References

Our goal to end homelessness can be reached through better coordinated support services and collaborative initiatives that address the underlying causes.

1. Statistics New Zealand (July 2009). *New Zealand definition of homelessness*. Statistics New Zealand Tatauranga Aotearoa, Wellington, New Zealand.

2. Amore K, Viggers H, Baker M G and Howden-Chapman P (2013). *Severe housing deprivation: The problem and its measurement*. Official Statistics Research Series, 6. Available from statisphere.govt.nz

3. Amore K. *Everyone Counts: Conceptualising and measuring severe housing deprivation.* Doctoral thesis in preparation. University of Otago, Dunedin, New Zealand.

4. Universal Declaration of Human Rights, Article 25; United Nations Declaration on the Rights of Indigenous Peoples, Articles 21 and 23.

5. Culhane D, Metraux S and Byrne T (2011). 'A Prevention-Centred Approach to Homelessness Assistance: A Paradigm Shift'. *Housing Policy Debate* 21(2):295–315.

6. Maureen Crane, Anthony M Warnes and Ruby Fu (2006). 'Developing homelessness prevention practice: Combining research evidence and professional knowledge'. *Health and Social Care in the Community* 14 (2), pp156–166, doi: 10.1111/j.1365-2524.2006.00607.x.

7. Herman D, Conover S, Felix A, Nakagawa A, Mills D J. 'Critical Time Intervention: An Empirically Supported Model for Preventing Homelessness in High Risk Groups'. *Primary Prevent* (2007), 28:295-312.

8. Sadowski L S, Kee R A, VanderWeele T J, Buchanan, D. 'Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults, A randomized trial' (reprinted). JAMA, 6 May 2009, Vol 301, No 17.

9. Best J A and Young A. 'A SAFE DC: A Conceptual Framework for Care of the Homeless Inpatient'. *Journal of Hospital Medicine*, July/August 2009, Vol 4, No 6, p375.

10. Lin J Drury (2008). 'From Homeless to Housed: Caring for People in Transition'. *Journal of Community Health Nursing*, 25:2, pp91–105, doi: 10.1080/07370010802017109.

11. Hall J A, Carswell C, Walsh E, Huber D L and Jampoler J S (2002). 'Iowa case management: Innovative social casework'. *Social Work* 47 (2), pp132–141.

12. Wouter Vanderplasschen, Judith Wolf, Richard C Rapp and Eric Broekaert (2007). 'Effectiveness of Different Models of Case Management for Substance-Abusing Population's. *Journal of Psychoactive Drugs*, 39:1, pp81–95, doi: 10.1080/02791072.2007.10399867.

A diverse range of accommodation, tenancy and home-based support, available for people to access and maintain tenancies, can create Te Mahana – the warmth found in a supportive home environment.

13. Sadowski L S, Kee R A, VanderWeele T J, Buchanan D. 'Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults, A randomized trial, (reprinted). *JAMA*, 6 May 2009—Vol 301, No 17.

14. Hwang S W, Tolomiczenko G, Kouyoumdjian F G, Garner R E. 'Interventions to Improve the Health of the Homeless: A Systematic Review'. *American Journal of Preventive Medicine*, 2005, 29(4) 0749–3797/05, doi: 10.1016.

15. Victoria Stanhope. 'The ties that bind: Using ethnographic methods to understand service engagement'. *Qualitative Social Work* 2012, 11: 412, originally published online 17 April 2012, doi: 10.1177/1473325012438079.

16. Jenny Ploeg, Lynda Hayward, Christel Woodward and Riley Johnston. 'A case study of a Canadian homelessness intervention programme for elderly people'. *Health and Social Care in the Community* (2008), 16, (6), pp593–605, doi: 10.1111/j.1365-2524.2008.00783.x.

17. Vicky Stergiopoulos, Patricia O'Campo, Agnes Gozdzik, Jeyagobi Jeyaratnam, Simon Corneau, Aseefa Sarang and Stephen W Hwang. 'Moving from rhetoric to reality: Adapting housing first for homeless individuals with mental illness from ethno-racial groups'. BMC Health Services Research (2012), 12:345.

18. Ann Elizabeth Montgomery, Stephen Metraux, Dennis Culhane. 'Rethinking Homelessness Prevention among Persons with Serious Mental Illness. *Social Issues and Policy Review*, Vol 7, No 1, 2013, pp58–82.

19. This whakataukī originated with Potatau Te Wherowhero, the first Māori king, at his coronation in 1858. He spoke of the process of weaving a strong and beautiful tukutuku panel and compared it to the strength and beauty that flowers when unity and diversity are woven together.

There are additional references for each outcome available at [url to be provided].

Many thanks to the agencies who permitted us to photograph their services, providing valuable insights into their work: DCM, Salvation Army 'Hope Centre', Suzanne Aubert Compassion Centre, Te Aro Health Centre, Wellington City Mission, and Wellington Night Shelter.

A801
A802
A803
A804
A805
A806
A604
A605
A606
A701
A702
A703
A501
A502
A503
A504
A505
A506
A302
A303
A304
A305
A101
A402
A101
A102
A103
A104
A201
A202

CSWCC96836