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Review of literature on effective interventions to support secure homes for homeless wāhine

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1.0 EXECUTIVE SUMMARY

“The notion of home must be as deeply rooted in the earth as are the mountains. It must take its understanding and its strength from the earth that is our mother. And a notion of home must be built on the idea of love: a deep and abiding sense of love that comes from belonging, that comes from a certainty of place and a comfort in that place.”

- Moana Jackson, 2019

Principles and frameworks



Our findings are underpinned by Te Tiriti o Waitangi, MAIHI Ka Ora – the National Māori Housing Strategy, Te Whare Tapa Whā, and Fonofale. The principles of Te Tiriti and the three frameworks guided our review of the literature to consider relevant understandings of health and housing, and the broader context of Aotearoa. These holistic frameworks correlate to the wraparound service model provided by the Wellington Homeless Women’s Trust, which is tailored to different needs of wāhine who stay at Te Whare Nukunoa.

Research



We found 43 records articles and records, which have been reviewed and were selected from seven different sources.

Characteristics of women’s homelessness



Experiences of homelessness among wāhine are distinct from men’s experiences, and housing services need to reflect these differences. The risks faced by wāhine in sleeping in public spaces and in abusive relationships mean wāhine in Aotearoa New Zealand often find unstable places to sleep, such as their car, friends’ couches, or resort to staying in an abusive relationship. Having primary responsibility for their children/tamariki can pose challenges in finding accommodation and exacerbate the effects of homelessness on wāhine, such as feeling whakamā/shame and low self-worth. Despite wāhine accessing government services in higher volumes than men before entering Housing First programmes in Aotearoa New Zealand, experiences of homelessness among wāhine are still less visible than men’s.

Housing First



Housing First is an accepted best practice model for housing homeless people across Australia, North America, and the United Kingdom. Housing First is currently used in Aotearoa New Zealand where the principles are adapted to meet the cultural needs of Māori. The level to which te ao Māori worldview is incorporated into the principles of Government funded Housing First programmes is however dependant on the cultural responsiveness of each organisation's staff and operating models.

Sense of Home



The concept of 'home' is understood differently by individuals and within cultures. Any housing programme in Aotearoa New Zealand must consider te ao Māori and collectivist ways of living that ensure Māori are connected to community/whānau and land/whenua; eurocentric and individualistic understandings of home, such as those present in scattered-site housing are unlikely to be appropriate for all. A range of housing options that are cognisant of culturally safe housing should be available.

Funding



The long-term viability of Housing First initiatives is heavily dependent on receiving Government funding. Agreements need to be for the long-term to allow for effective planning and stability for service providers. Other funding methods such as philanthropic donations or fundraising can be used to fund small or new initiatives, but they tend to be heavily reliant on brand recognition. Multiple revenue streams are burdensome for staff and cause distraction from providing supportive housing services.

Service users must have input into programmes



It is essential for service users to have input into the design of housing spaces and programmes, the implementation of service delivery, and the evaluation of programmes for the needs of future service users to be met. Meaningful consultation with a range of wāhine should be early in the design process. These groups should also be part of the staff of housing provider organisations.

Service delivery must be co-ordinated and streamlined



Wraparound services should be offered by Housing First programmes and be able to be accessed through this point of contact. Inter-agency collaboration should occur so wāhine can receive access to safe housing through multiple access points, including legal, health and justice support services.



2.0 INTRODUCTION

2.1 The Wellington Homeless Women's Trust

The Wellington Homeless Women's Trust (the Trust) is a charity that provides safe, transitional accommodation and support services to wāhine in Te Whanaganui-a-Tara | Wellington region. Wāhine who are not in an emergency situation but who need transitional accommodation can stay at Te Whare Nukunoa - the Trust's transitional house in central Wellington for up to three months. At Te Whare Nukunoa, up to 14 residents can receive support from the Trust to rebuild their confidence, independence, and self-worth while transitioning to accommodation they can call home.

In addition to the physical environment provided by the Trust, support staff work alongside residents in the Trust's unique W.A.L.K programme. This programme offers an individualised therapeutic plan for each resident for up to four months that aim to support recovery from physical and/or mental health issues, active addiction to alcohol and/or other drugs (AOD), and/or histories of abuse and trauma. The Trust partners with specialist wraparound service providers that can work with the residents in recovery, while providing in-house counselling and navigators who can walk alongside residents even after their stay at Te Whare Nukunoa. The W.A.L.K programme is funded by the Trust using funds it has raised and received through grants from individual and community donors, and the Ministry for Housing and Urban Development (MHUD). The combination of a safe and inclusive house, individualised healthcare, mentorship, education, and life skills is intended to help residents take the next positive step in their lives.

2.2 Purpose of this literature review

This review explores effective interventions that support recovery and achieve secure housing for homeless wāhine with complex needs and an active AOD addiction.

A review of literature on interventions to support long-term, secure homes for homeless wāhine who misuse AOD is intended to provide the Trust with an up-to-date evidence base to inform future design of the W.A.L.K programme. The Trust requested an exploration of evidence on successful models of transitional housing that offer services to wāhine with complex needs and active addiction to AOD. Additionally, funding and governance models for providers of transitional housing to wāhine is intended to help the Trust make successful cases for funding, to enable it to confidently expand and improve the W.A.L.K programme. Ultimately, an evidence-based service model will help the Trust make progress towards its goal of ending homelessness for wāhine in Te Whanganui-a-Tara | Wellington.

We specifically sought to contextualise research from a range of international jurisdictions within key frameworks that make sense to tangata Tiriti (i.e., Te Tiriti of Waitangi, and Te Whare Tapa Whā and Fonofale models of wellbeing). This is because there is limited Aotearoa New Zealand-based research on effective services that support wāhine who have complex needs and active addiction to AOD into secure homes. We therefore consider a holistic approach to supporting wāhine on a journey towards secure housing to be most likely to achieve this outcome.



2.3 Wāhine homelessness in Aotearoa

Wāhine experiences of homelessness are distinct from men's experiences, and the prevalence of wāhine homelessness is often inadequately captured in official statistics and qualitative research (as evidenced by the limited research identified for this review). Homeless wāhine often live in tents or cars, or 'couch surf' instead of sleeping on the street like homeless men typically do (Smith et al., 2022). Wāhine have also been identified as sleeping in public transport and Accident & Emergency waiting rooms (Young et al, 2018). When on the street they tend to move frequently to reduce violence and exploitation (Young et al, 2018). This means that wāhine homeless should be targeted and assertive in outreach to ensure those in need are located, as their homelessness is more hidden.

Statistics New Zealand data gathered in 2018 shows that wāhine account for 50.5% of severely housing deprived people (Statistics New Zealand, 2020). In 2021, a study of a 390-person Housing First cohort identified that 210 (53.8%) were wāhine (Fraser et al., 2021). The study also identified that 73.1% of the cohort were Māori, and wāhine were much more likely to have children, with 81.4% having children compared to 61.7% of men. Wāhine were also more likely to have four or more children than men are (Fraser et al., 2021). Most wāhine in the Housing First cohort were aged 25-44 which is also the age range where wāhine are most likely to be responsible for children.

Statistics on homelessness among wāhine are potentially limited by the fact that it is often hidden and characterised by unstable or unsafe living arrangements. Wāhine tend to rely on overcrowded shelter, staying with violent partners, or exchanging sex for accommodation in order to stay off the street (Yakubovich et al., 2021). This means they are not as easily identified in traditional counts of homelessness statistics compared to men, who are more commonly situated in places and spaces where their need for help is more visible. However, wāhine do not have to be invisible. Prior to becoming homeless, wāhine are accessing other services across Aotearoa New Zealand that are not meeting their needs, therefore they slip into homelessness (Fraser et al., 2021). Wāhine do not need to be hard to reach if services are co-ordinated in outreach and aligned in service delivery so they are provided with adequate support (Fraser et al., 2021).

The drivers of wāhine homelessness are varied; however, an overarching theme recently acknowledged in the Waitangi Tribunal, was that

“through colonisation the Crown has contributed to an environment in which homelessness has been allowed to occur, and disproportionately impacts Māori” (Crown Law, 2021a, p. 28).

Part Four of this literature review briefly canvasses recent Waitangi Tribunal jurisprudence, and Crown responses, to contextualise homelessness among wāhine Māori. A government-mandated Welfare Expert Advisory Group's review of Aotearoa New Zealand's social welfare system also identified that benefits are difficult to access, are too low in meaningful monetary value, and Māori wāhine – particularly those with children – are not being properly supported by welfare providers, but are facing institutional racism (Welfare Expert Advisory Group, 2019). Homelessness in Aotearoa New Zealand is often caused by the loss of welfare benefits, or the failure of benefits to substantially support people experiencing homelessness (Fraser et



al, 2022). This is not specific to Aotearoa New Zealand but has been identified in other liberal welfare states i.e., Australia and America, where poverty has increased due to a reduction in welfare support and subsequent income inequities (Fraser et al, 2022).

Housing First projects are one way in which homelessness is being combated. However, in Aotearoa New Zealand, housing projects face the challenge of providing tenants with appropriate long-term housing due to the characteristics of the housing supply. Challenges include a shortage of housing supply, overall high demand for housing (including for investments), housing unaffordability, and poor-quality homes (Smith et al, 2022). This is in combination with some Government agencies and housing providers competing against each other for a low supply of housing stock. A series of local events has impacted the availability of stock, for example flooding in Napier removed 100 houses, and the Christchurch earthquakes and subsequent rebuild (Smith et al, 2022). Areas where seasonal work occurs may also deal an influx of people experiencing homelessness at various times of the year due to job availability, placing a strain on housing availability. All of these factors can lead to overcrowding and unsuitable housing, especially for Māori who may rely on, or choose to live with wider whānau (Smith et al, 2022). These characteristics of Aotearoa New Zealand's housing market all place pressure on housing projects to develop and provide long term suitable housing that meets the needs of wāhine.



3.0 METHODOLOGY

This narrative literature review explores effective interventions to support recovery and achieve secure housing for homeless wāhine with complex needs and active AOD addiction. It is not a systematic review; therefore, no primary research or pooled analysis was undertaken.

3.1 Research questions

The research questions were:

- **Research Question 1:** What are the barriers to and enablers of recovery and secure homes for homeless wāhine with complex needs and active AOD addictions?
- **Research Question 2:** For homeless wāhine with active AOD addictions:
 - what interventions or programmes exist to support the achievement of long-term secure homes?
 - what components of these programmes enable the achievement of long-term secure homes?
 - are there any programme elements that have worked against the achievement of long-term secure homes?
- **Research Question 3:** How do providers of programmes to achieve of long-term secure housing for homeless wāhine with active AOD addictions embed culturally safe practice into intervention and service models?

3.2 Literature search

We searched PubMed and the following grey literature sources between 1-4 November 2022:

- [Homeless Hub](#) (Canadian homelessness research and information)
- [AHURI](#) (Australian Housing and Urban Research Institute)
- [homeless.org.uk](#) (Homeless link UK)
- [crisis.org.uk](#) (Homelessness knowledge hub).

To complete the search, we used combinations of key words, or key words alone depending on the search functionality of the PubMed database or website. The main searches included:

- Women* + homeless* +
 - health
 - mental health
 - drug
 - alcohol
 - addict*
 - indigenous
 - housing first



- liberal welfare state
- housing service
- Māori
- New Zealand
- Long-term hous* + meta analysis
- Transitional housing
- Governance + housing program*
- Governance + housing service* + homeless
- Indigenous + housing + women
- Fund* + service + women
- Fund* + housing + service + women

The following limits were applied on all searches:

1. a date criterion (2013-2022)
2. English language
3. study type restrictions (where available and appropriate, we restricted returns from research databases to peer-reviewed systematic reviews, literature reviews, randomised control trials, and observational studies).

Duplicate citations and a small number of false hits/inaccurate returns were removed before all initial returned citations and abstracts were reviewed for relevance to the main research questions. Material was excluded if it:

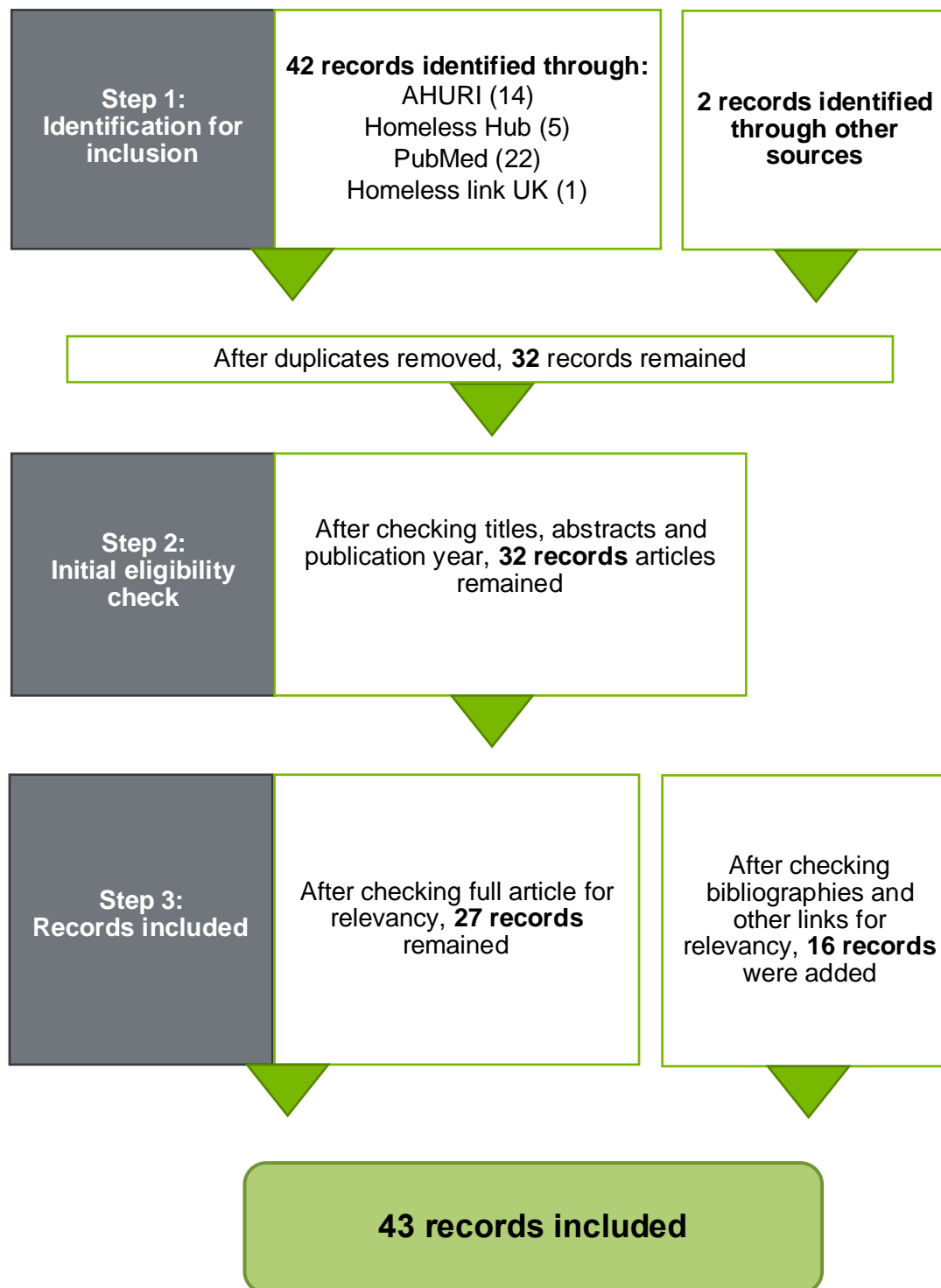
- focused only on male experiences of homelessness
- was published before 2013
- was in book format
- discussed evidence towards achieving outcomes outside of the scope of this review.

To determine if this first search retrieved the correct range of available research, a validation process was completed by using a bibliography text approach to confirm the range of evidence included. There was some degree of consistency between in the studies returned using our strategies.

The citation review process for academic articles relating to the research questions is described in



Figure 1 (overleaf).

Figure 1: Citations review process



3.3 Interpretation

We identified a small pool of literature that focuses on effective homelessness interventions in Aotearoa New Zealand, particularly on holistic housing programmes and helping those with complex needs. The literature consisted largely of literature reviews, systematic literature reviews, evaluations of models including Housing First, and case studies from comparable jurisdictions including the United Kingdom, Canada, and – most prominently – Australia.

Most evaluations of housing programmes, and research into homelessness interventions focus on Housing First due to it being the most commonly funded housing model. Therefore, availability of research into other housing models is not readily available. Only one report focused exclusively on evaluating Housing First projects in Aotearoa New Zealand, while other Housing First evaluations were largely completed in Australia and Canada (including Tedmanson et al., 2022; MacKenzie et al., 2017; Flatau et al., 2016; Spinney et al., 2016; Alaazi et al., 2015). While evaluations of Housing First programmes are specific to these jurisdictions, they offer important insights into effective interventions for indigenous populations that could be adapted in the Aotearoa New Zealand context. In particular, the Australian context offers useful research on the effectiveness of Housing First interventions for indigenous groups with complex needs, with a specific focus on funding and governance structures of programmes and outcomes for these populations.

Research specific to Aotearoa New Zealand focused more on service usage by homeless people before and after being in Housing First housing (Fraser et al., 2021; Pierse et al., 2019). Another article developed and outlined a principles framework for addressing Māori homelessness in Aotearoa (Lawson-Te Aho et al., 2019). While these articles do not directly focus on current homelessness in Aotearoa New Zealand, or the position of wāhine in this space, they are applicable to our research because they outline *how* wāhine access support services, and pathways into homelessness.

Overall, there is a gap in knowledge about homelessness among wāhine, especially for wāhine with complex needs and an active addiction to AOD. This is evident as evaluations and case studies discuss wāhine homelessness as a part of a broader discussion, rather than exclusively focus on wāhine needs. It is also unsurprising due to homelessness among wāhine usually being less visible to the public and service providers, as wāhine find other places to live rather than aligning with the traditional narrative of being homeless (i.e., living on the street). Guidance from the United Kingdom based organisation, Homeless Link, outlined the specific needs of wāhine experiencing homelessness but was one of very few articles that explored this (Hovarth et al., 2021). Wāhine need for support is not entirely hidden, and services across sectors could be more integrated to ensure they receive support to access housing. Sources also outline indigenous solutions for ensuring housing responses in Aotearoa New Zealand meet people's cultural context and needs (Lawson-Te Aho et al., 2019).

Aotearoa New Zealand research that did focus on wāhine discussed Housing First and the provision of stable housing as one intervention among a range of others, such as therapy and psycho-behavioural treatment (Luchenski et al., 2018; Speirs et al., 2013), that support recovery.



Housing for people who are, or who are at risk of being homeless in Aotearoa New Zealand, is generally termed 'transitional housing'. This is reflective of MHUD's definition, which is:

“Transitional housing provides temporary accommodation for individuals and whānau who don't have anywhere to live and urgently need a place to stay. It offers tailored support to help these individuals and whanau into longer-term housing.” (Ministry for Housing and Urban Development, 2022a).

Te Whare Nukunua is one example of transitional housing. However, other jurisdictions that are discussed in this literature review use the term 'emergency housing' when referring to what is considered transitional housing in Aotearoa New Zealand. Comparable emergency housing models from liberal welfare states have therefore been included in the scope of this review.



4.0 FINDINGS

4.1 Frameworks for long-term housing solutions for homeless wāhine in Aotearoa New Zealand

We specifically sought to contextualise research from a range of international jurisdictions within key frameworks that make sense to tangata Tiriti (i.e., Te Tiriti of Waitangi, and Te Whare Tapa Whā and Fonofale models of wellbeing). We therefore consider that a holistic approach should be taken in supporting wāhine on a journey towards secure housing. A notable limitation of the review was the small amount of research from Aotearoa New Zealand on effective services to support wāhine with complex needs and active addiction to AOD into secure homes. Application of frameworks like Te Whare Tapa Whā aid in contextualising the available research to our people.

4.1.1 Te Tiriti o Waitangi

Transitional housing for wāhine in Aotearoa New Zealand is a form of social support that should be considered in relation to Te Tiriti o Waitangi and its principles. The Waitangi Tribunal has described the Article 2 guarantee of kāinga/homes to tangata whenua as a right encompassing cultural continuity namely:

“[the] continuity of chiefly authority over the village, over the home, [a] guarantee of the right to continue to organise and live as Māori.... Fundamental to that is the right to care for and raise the next generation. The guarantee was Māori control over kāinga and the people within” (Waitangi Tribunal, 2021, p. 179).

Similar to the kaupapa of Moana Jackson (referenced at the beginning of this report), the Tribunal concluded that

“kāinga as a home, a residence, is much more than simply a place where a whānau may live... it is the place where cultural identity is formed, nurtured, and sustained” (Waitangi Tribunal, 2021, p. 14).

In response to the claims before the Tribunal, the Crown has acknowledged that Māori are disproportionately affected by long-term housing inequalities and the worsening housing crisis that has been decades in development, and has accepted that, under Article 3 of Te Tiriti, it has a duty to provide the same access to housing and housing services to Māori as Pākehā (Crown Law, 2019).



Further, the Crown stated that it

“has heard the voices of Māori calling for Māori-led approaches to addressing housing need, where communities lead solutions through bringing local intelligence and understanding to the fore in designing holistic solutions”
(Crown Law, 2021b, p. 3).

The Crown identified this approach as a foundation of the new National Māori Housing Strategy, MAIHI Ka Ora (Te Maihi o te Whare Māori: Māori and Iwi Housing Innovation), which has shifted the Crown’s focus from a national level lens to bring community into the heart of development. MHUD has stated that MAIHI is a partnership with Māori that centres Māori in the design and delivery of enduring housing solutions (Ministry for Housing and Urban Development, 2022b). Transitional housing support for mana wāhine is one form of upholding Article 2 of Te Tiriti, and its delivery can be guided by an understanding of the principles of active protection, equity, and partnership.

We have incorporated the interpretation of principles in MAIHI Ka Ora to our review of the literature, alongside interpretation of the principles in the Aotearoa New Zealand health and housing sectors, as set out below:

1. **Tino rangatiratanga/self-determination:** Service providers support the right of Māori to make decisions about the housing options that are right for them, and give them a sense of autonomy and belonging. These decisions should be respected as a continuation of a Māori collective-endorsed practice of self-determining one’s own housing needs, wellbeing, and that of their whānau, which can foster a sense of tino rangatiratanga.

Furthermore, the overarching theme of rangatiratanga has been identified as underpinning all of the issues raised in the 160 claims being considered by the Waitangi Tribunal’s Mana Wāhine Kaupapa Inquiry (Wai 2700). These claims highlight the inability of mana wāhine to perform their customary roles as members and leaders of whānau, hapū, and iwi, and practice mātauranga and te reo Māori in Māori communities due to a Crown policy of scattering (aka ‘pepper potting’) them among Pākeha neighbours (Waitangi Tribunal, 2020). As echoed by the findings of this literature review, the European notions of family life and housing design that are embedded in housing policies in Aotearoa New Zealand reject tino rangatiratanga of whānau living arrangements and ultimately, exclusion of Māori in public housing (Waitangi Tribunal, 1995).

2. **Oritetanga/equity:** Service providers can contribute to equitable housing outcomes for Māori by ensuring that, at a minimum, housing outcomes for homeless wāhine Māori match those of other New Zealanders. Equitable housing outcomes will be achieved when housing services are delivered in ways that give effect to the principles of Te Tiriti and relevant professional competencies.
3. **Active protection of tikanga:** Service providers share evidence-based information about strategies to support long-term, sustainable housing so Māori can make decisions and prepare themselves to uphold their tikanga or cultural practice.



4. **Whanaungatanga:** Service providers deliver services to Māori through a whakapapa lens, which work to strengthen connections between residents and their whānau and/or community.
5. **Manaakitanga:** Residents' self-worth is fostered through empowerment and hospitality offered to them, in the form of care for their wellbeing and support to build their confidence.

4.1.2 Te Whare Tapa Whā and Fonofale holistic models of wellbeing

Secure, healthy, and safe housing makes a fundamental contribution to achieving positive health and social outcomes for people. The initial provision of transitional housing to wāhine can help to support them in a time when they are experiencing housing insecurity, while helping to restore their confidence to take the next steps to achieve housing security/permanence. Ideally, they will go on to thrive in housing independence.

The individualised support that the Trust's W.A.L.K programme offers to residents of Te Whare Nukunua closely aligns holistic models of health that are recognised by Māori and Pasifika. These frameworks – Te Whare Tapa Whā and Fonofale – guided our interpretation of the evidence about what works in providing transitional housing to wāhine who have chronic health needs.

4.1.3 Te Whare Tapa Whā

Te Whare Tapa Whā is a holistic model of health that underpinned research and support by the Māori Women's Welfare League in the 1980s. It continues to be embedded in health initiatives in Aotearoa New Zealand after being formalised by Sir Mason Durie in 1984. By reconfiguring Māori health from a focus on prevalence and impacts of disease, to a recognition of elements (in a way) that make sense to Māori, Te Whare Tapa Whā has helped Māori communities to have a sense of relatable ownership over their health outcomes (Durie, 2005). As an indigenous Māori framework, it is appropriate in the context of homelessness in Aotearoa New Zealand, in which Māori wāhine are more likely to be homeless than non-Māori wāhine (Fraser et al., 2021).

Te Whare Tapa Whā is presented as a four-sided whareniui to symbolise the four interconnected aspects of health:

1. **Taha wairua/spiritual health:** for some, wairua is faith or a higher power, while for others it is a connection to external beauty – both of which can cultivate feelings of strength, hope, and/or unity.
2. **Taha hinengaro/mental and emotional health:** the mind, heart, conscience, and thoughts, and what we do to refresh our mind to better cope with the positive and negative parts of life.
3. **Taha tinana/physical health:** how our bodies feel, and how we care for and nurture them.



4. **Taha whānau/family health:** the people we care about who recharge us and make us feel we belong.

Like the holistic approach taken in the W.A.L.K programme, Te Whare Tapa Whā recognises that these four pillars of health underpin health and wellbeing for both individuals and a collective group of connected people. Without all four aspects being balanced or if one of the dimensions is missing or damaged, people can become unwell (Ministry of Health, 2017). This is because each aspect has an equally important role in caring for our health and is interrelated with the other aspects.

Te Whare Tapa Whā also reflects the intersection between housing and Māori wellbeing, such as:

- whānau health
- acquisition and use of te reo Māori (spiritual health)
- care of whenua/land and the taiao/natural environment
- the ability to show manaaki/hospitality to themselves and others.

This is evident in accounts of some Māori who are/were homeless that they felt a profound sense of whakamā/shame at being disconnected from whānau and hau kāinga/ancestral homeland (also known as 'spiritual homelessness') (Groot et al., 2011 in Groot & Peters, 2016). While Pākēhā wāhine who are in need of transitional housing are also likely to feel displaced, wāhine Māori may experience a state of what Moana Jackson terms 'houselessness' that exacerbates their sense of homelessness (Jackson, 2019). This conflation is (partly) due to tangata whenua having a greater connection to the whenua and needing to feel close to the taiao to feel a sense of belonging and healthy wellbeing (Jackson, 2019).

This intersection between housing and Māori wellbeing reflects the broader recognition of holistic health in providing services to Māori recipients. A holistic approach to Māori health underscores Māori systems of service delivery that can recognise language, land, family, and spiritual beliefs as core components of Māori health (Agnew et al., 2004), and that this holistic framework encompasses the core dimensions of an approach to offering support for wāhine to transition to secure, long-term tenancies.

4.1.4 Fonofale

Similar to Te Whare Tapa Whā, the Fonofale model encompasses a set of interconnected foundations of people's health, including:

1. Family
2. Culture, beliefs, and values system
3. Physical health
4. Mental health.

These reflect many of the values and beliefs held by Samoans, Cook Islanders, Tongans, Niueans, Tokelauns, and Fijians (Pulotu-Endemann, 2001). A metaphor of a Samoan fale/house is used to illustrate the four foundations, which together promote the philosophy of



holism and continuity. The concept of a fale/house was used to incorporate and depict a Pacific way of what is important to these cultural groups (Pulotu-Endemann, 2001).

This dynamic model is also a holistic health model, and is the Pacific model that is best known as a holistic approach to participants in the *Pacific Models of Mental Health Service Delivery in New Zealand Project* (Agnew et al., 2004). Researchers in this Project found it to be one of the key models used by service providers to address health needs specific to Pacific peoples. Furthermore, Pacific peoples in Aotearoa New Zealand are among the groups who are most affected by poor housing habitability, and are overrepresented in homelessness statistics (Human Rights Commission, 2022; Matautia-Morgan, 2022).

Services for people who are homeless should not be developed nor delivered through one world view if they are to be both equitable and respectful of Te Tiriti o Waitangi. A holistic view of the experiences of wāhine who are homeless (or are at risk of) needs to be taken to understand why they are unable or reluctant to access housing services.

There is also a precedent for wrap-around services in Aotearoa New Zealand for people who are homeless that include models like Te Whare Tapa Whā and Fonofale principles, including in the services funded by the MHUD, which use the Housing First model.

4.2 Understanding concepts of home

In Aotearoa New Zealand, homelessness interventions have tended to align with Eurocentric and individualised concepts of what having a 'home' means, rather than providing culturally specific care to Māori individuals and their whānau (Lawson-Te Aho et al., 2019). For Māori – who represent 58% of homeless individuals in Aotearoa New Zealand – homelessness is inextricably linked to the long-lasting effects of colonisation (Smith et al, 2022). Indigenous solutions, and the involvement of residents in the design of homelessness interventions are central to meaningful and sustained housing solutions for homeless populations. The appropriate adaptation of Housing First principles can provide alternate ways of conceptualising 'home' in a way that meets various cultural needs.

To align with te ao Māori collective self-determination in housing (as opposed to individual self-determination promoted in traditional Eurocentric housing programmes), Housing First operates on the basis of whakapapa by viewing the homeless individual in the context of their community and within their connection to the land (Lawson-Te Aho et al, 2019). In the context of Housing First, this may look like a shift to more connected housing from 'scattered site' models, which were found in European studies to produce feelings of loneliness in tenants who found themselves suddenly isolated from connections with peers (Busch-Geertsema, 2014).

The At Home/Chez Soi Canadian study also identified the importance of reflecting cultural needs and ensuring that housing is not individualistic, but embraces collectivist ways of living



(Alaazi et al., 2015). While this finding is from a different jurisdiction, it was clear that what indigenous Canadian populations needed from a home differed from Eurocentric understandings of 'home'. This same principle is applicable in an Aotearoa New Zealand context, where it is important that housing aligns with the elements of Te Whare Tapa Whā and Fonofale that relate to connections with others and incorporates the principle of whanaungatanga.

4.3 Understanding homelessness among wāhine and housing support service use

People experiencing homelessness are disproportionately affected by mental illness, substance abuse and chronic diseases in comparison to those who are not homeless (Omerov, 2019). Wāhine experiencing homelessness often also have further specific needs and experiences that are distinct from men. This can include being involved in family violence, trauma, and/or having primary responsibility for children. The effects of homelessness on wāhine can also flow through to children and wider whānau and may be caused or exacerbated by the gendered nature of parenthood (Fraser et al., 2021). Research from the United Kingdom identified that wāhine may turn to substance abuse and prostitution as ways to survive while homeless, creating a need for specific health supports (Hovarth et al., 2021). Further, because of domestic violence, the mental health issues that wāhine face are unique and often lead to feelings of poor trust and self-worth (Young et al, 2018). Support staff should be astute to these potential experiences and needs of wāhine they interact with.

While women's experiences of homelessness are less visible than men's, wāhine still access other Government services, meaning their needs that may put them at risk of, or worsen their homeless experience are not entirely invisible (Fraser et al, 2021; Pierse et al., 2019). A study from 2019 also found that prior to entry into Housing First, wāhine were accessing Government services in higher volumes than men (Pierse et al., 2019). Another 2021 study found that Government service usage across health, justice, social development, and tax for previously homeless people were primarily younger, Māori, wāhine who were mothers (Fraser et al., 2021). This study focuses on people who have previously been homeless, rather than those who are currently experiencing homelessness; however, it indicates that wāhine will and do seek support. There appears to be a gap in accessibility of Housing First services throughout Aotearoa New Zealand, given wāhine are clearly reaching out for support before and after receiving housing in higher volumes than men.

4.3.1 How does Housing First meet the needs of homeless wāhine in Aotearoa New Zealand?

The Housing First model of housing provision is well-established throughout Europe, the United States, Canada, and Australia (Pierse et al., 2019) and has been used in Aotearoa New Zealand since 2014, when the People's Project introduced the first use of the pilot in Hamilton (Smith et al., 2022). Housing First is recognised as a best practice method for providing housing to the homeless. The purpose of Housing First is to provide stable and independent homes for individuals. Housing is seen as a human right, so while Housing First provides wraparound support services to tenants who are seeking or making use of wraparound services, use of such services is not a pre-requisite or condition for obtaining housing.



Housing First differs from traditional housing services in that caseloads are smaller for support workers (5-7 clients instead of traditionally 20-40 people), and tenants are immediately placed in permanent housing, rather than having to move through night shelters, hostels, and transitional units until they receive independent housing (Homeless Link, 2015). Tenants are not required to have recovered from health conditions they may be dealing with, such as substance abuse and therefore, housing is not conditional upon the use of other services.

The principles of Housing First are:

1. People have a right to a home (including immediate access to housing).
2. Housing and support are separated.
3. Flexible support for as long as you need it is provided.
4. Choice and self-determination.
5. Active engagement without coercion.
6. Social and community inclusion.
7. Recovery orientated practice.
8. Harm reduction approach (Alves et al, 2021).

These principles are directly relevant to delivering housing services in a way that is consistent with Te Tiriti, Te Whare Tapa Whā, and Fonofale, particularly those that relate to autonomy (i.e., flexible support, choice, and engagement) and acceptance (i.e., inclusion, recovery focus and harm reduction). Autonomy is important for participants (Magwood et al., 2019), as it improved their motivation to obtain positive outcomes, while others felt a loss of autonomy in programmes they perceived to be patronising.

Housing First is especially important for people with complex needs¹ and is a well-established intervention used to meet the needs of homeless people dealing with mental health, substance abuse and a range of other complex needs (Luchenski et al., 2018). Homeless individuals dealing with complex needs require long term stable housing that is led by organisations that offer flexibility in meeting the user's needs (Sun, 2012).

Despite the benefits of Housing First, uptake among homeless wāhine in Aotearoa New Zealand has been lower than that of men, who make up 63% of tenants in the programme (Smith et al, 2022). Providers interviewed in the 2022 Litmus evaluation of Housing First services in Aotearoa New Zealand commented that wāhine, Pasifika, younger, and older people who would likely benefit from Housing First may be missing out, as their underrepresentation in Housing First statistics suggests they are not accessing support (Smith

¹ Having complex needs may include chronic homelessness and repeat service usage; mental, psychological or emotional health needs; drug and alcohol dependency; involvement with justice system; physical health needs; experience of domestic abuse (Homeless Link, 2015).



et al., 2022). It is unclear exactly why wāhine are not accessing Housing First in the same numbers as men, but is potentially due to finding somewhere to live other than the street. However, this is not conclusive and further research needs to be conducted.

Therefore, wāhine generally therefore have a greater need for advocacy and advice. Homeless Link identified specific areas which should be focused on by homelessness projects to meet the specific needs of homeless wāhine. These included:

1. Enabling wāhine-only spaces for support.
2. Staff training to enable gendered responses.
3. Psychologically informed services that respond to trauma.
4. Partnership to address multiple support needs.
5. Involvement of wāhine in service design.
6. Supporting wāhine who have children.
7. Wāhine also often require legal support for family law matters (Hovarth et al., 2021).

While the Homeless Link mahi does not specifically focus on wāhine with complex needs and active AOD addictions, nor the Aotearoa New Zealand context, the wide scope is consistent with what we would expect if Te Whare Tapa Whā or Fonofale were to underpin such service delivery. Many of the identified areas also align to the current components of the W.A.L.K programme.

Specific wāhine-centered interventions for homelessness should aim to support a range of needs and aspirations, with housing providing only one part of the whole support required (especially for those with complex needs). For example, depending on their aspirations, individuals and whānau may also need support to apply for Government benefits, gain employment, and improve their mental health through motivational interviewing and cognitive-behavioral therapy (Sun, 2012).

Housing First programmes must also ensure that there is a range of support services available to tenants that are conducive to meeting their aspirations, and available through one central avenue. When services are delivered in a fragmented way, they are unlikely to meet the needs of people experiencing homelessness who are also often dealing with multiple, complex, and enduring needs (Flatau et al., 2013). Integration between services is necessary to ensure that the needs of each individual are captured, and accessing support is not burdensome or complicated.



4.4 What programmes are used to meet homeless wāhine housing aspirations in other jurisdictions?

4.4.1 At Home Chez Soi (Canada)

At Home – Chez Soi (AHCS) is a Canadian Housing First initiative which was the first multi-city controlled trial that evaluated the success of the Housing First model in Canada. Housing First was implemented in 2009 in Winnipeg to address homelessness among those with complex needs.

The AHCS study offers valuable lessons for Aotearoa New Zealand, partly because indigenous people comprise 70% of Winnipeg’s homeless population. AHCS was adapted to meet the culturally specific needs of the indigenous population. Importantly, the evaluation of AHCS identified that concepts of ‘home’ mean different things to different cultures. Therefore, a Eurocentric understanding of home, and the providence of this, may not actually meet the needs of an indigenous population whose ‘sense of home’ tends to differ.

In AHCS, a ‘sense of home’ was accordingly conceptualised as being a “relational, social, and cultural construct that transcends the instrumental experience of being housed” (Alaazi, Masuda, Evans, & Distasio, 2015). Similar to Māori, indigenous people of Canada (First Nations, Inuit, and Métis) have an important connection to the land, their family, and wider community, and often live more communally than Eurocentric ways of individualistic housing. This core pillar needs to be recognised in Housing First initiatives for indigenous tenants to receive a ‘sense of home’.

In AHCS, tenants receive access to rental housing of their choice and as the market allows. The private rental market is relied on due to market constraints in social housing. A scattered site model is used to foster social integration, as housing is spread throughout communities rather than being concentrated in one location or building. Access to support services, including medical, counselling, and support for upskilling is available (in line with a need to support tenants holistically). A specific service called Assertive Community Treatment is available to those who are assessed as having complex needs, and intensive case management is accessible for those with moderate needs. Traditional methods of healing are available through three different indigenous service agencies.

One issue raised by tenants in AHCS was the absence of a ‘sense of home’. This was attributed to the scattered living model, which led to feelings of isolation, and having to meet the expectations of landlords about how many people lived in each dwelling. Indigenous tenants felt as though this model was leaving their cultural needs unmet. For example, traditional apartments did not allow for traditional spiritual and ceremonial acts to occur, such as smudging or sweat ceremonies², or communal living. While AHCS provided access to

² Smudging is a process of spiritual cleansing where sweetgrass and/or sage are burnt. A sweat ceremony is a healing activity where steam is created by dripping herbal water on hot stones. Traditionally spaces where these activities occur is not distinct from place of habitation (Alaazi, 2015).



spaces where the cultural practices could take place, these sites were often on the outskirts of town and disconnected from a sense of home.

4.4.2 Common Ground (Australia)

The Common Ground model of housing has recently been implemented in Australia. The model draws on the principles of Housing First, with more emphasis on:

- having a diverse social mix in the governance
- coordinated on-site tenancy management and support services
- integration with the local community.

The target cohort of Common Ground is to house and support people who have been experiencing chronic homelessness and have complex needs.

One Common Ground case study is in Elizabeth Street in central Melbourne (65 apartments). Due to the central location, adjoining business owners, neighbours, and local community, groups were engaged at an early stage of the design process to gain their support. Communal areas, including cafes and garden venues provide communal spaces where support services can be provided. Local residents can also use these spaces, allowing for integration into the wider community. The case study did not look specifically at outcomes for wāhine but did note that the concierge service could provide safety and security for wāhine, particularly those who have been, or are at risk of being harmed by family violence.

4.4.3 Housing First (Australia)

An evaluation of Housing First initiatives was conducted of four case studies of projects operating in Australia to understand the responses and needs of indigenous people experiencing homelessness (Tedman et al., 2022). The locations included Greater Brisbane, Greater Darwin, Adelaide, and Port Augusta. Fieldwork at each site included individual and group interviews, but researchers recognised some constraints on the input from research participants, due to fatigue and COVID-19.

Queensland has the third highest homeless population of all Australian states, with 20.4% of homeless individuals identifying as Aboriginal or Torres Strait Islander. The legacy of colonisation was identified as a large cause of trauma, family violence, poverty, and mental and physical health issues. A profound sense of physical and spiritual disconnection from land, culture and people was also evident in interviewee's narratives.

A key issue in Brisbane causing a 'revolving door' of homelessness was caused by lack of funding to provide appropriate and long-term housing. Further, the evaluation highlighted the need for coordinated support services, labelled 'one-stop shops' and specialist workers to facilitate access to holistic support services. It was also identified that there is a lack of property owned by indigenous people in Queensland and, accordingly, there is a need for targeted funding to build the indigenous housing sector. Procurement agreements and policies must also actively prioritise indigenous services, as indigenous people often distrust formal institutions and services. The case study also identified the necessity of programmes to fulfill promises to tenants made early in engagement to build trust and strengthen the likelihood of long-term tenancy and housing stability.



These findings are applicable to an Aotearoa New Zealand context where the effects of colonisation are still present among Māori. As recognised by Te Hiringa Mahara | the Mental Health and Wellbeing Commission, access to services is not solely dependent on those services being available, but also relies on people and whānau having trust and confidence in them (Te Hiringa Mahara New Zealand Mental Health and Wellbeing Commission, 2022). Coordinated services that can be accessed through one avenue would reduce the burdensome nature of accessing support, especially for Māori who may not trust traditional support services. This also aligns with Te Whare Tapa Whā and Fonofale by ensuring that individuals have their holistic range of needs met to create overall wellbeing.

4.5 Components of what works

While the evidence base and case studies for what works in terms of sustainable and long-term, secure housing for wāhine with complex needs and active AOD addiction is limited, we have identified a range of characteristics as likely to contribute to a successful programme that results in long-term, stable housing for tenants. Models of wellbeing like Te Whare Tapa Whā and Fonofale can help to unpack some key dimensions of these models.

Housing interventions are ideally designed in collaboration with service users, align to service users' aspirations, and be delivered holistically in collaboration with access to substance abuse and mental health support.

Government agencies need to provide long-term funding in order to sustain housing programmes. Fundraising, philanthropic grants and other revenue streams are viable to be used for funding new or small initiatives.

Service users must input into the design service delivery models, and the physical building spaces of housing first initiatives due to the strong correlation between environment and mental health, and to ensure that their housing aspirations are articulated and achievement is supported.

4.5.1 Housing and services

The journey to being placed in stable housing begins with acknowledgement of aspiration and accessing support. The staff working in housing programmes play an important role in helping people to achieve their aspirations and in meeting their physical, cultural, spiritual, and mental health needs. The evaluation by Litmus of Government-funded Housing First programmes found that all Aotearoa New Zealand providers were applying cultural values; however, the depth of understanding and therefore, suitability of the application depended on the level of cultural knowledge among staff (Smith et al., 2022).

Adaptions of the Housing First principles by iwi providers that were identified in the research included connecting to whānau Māori, using traditional healers (similar to AHCS) and placing emphasis on tino tangatiratanga (including connection to whānau and collectivism). However, the level at which these adaptations to the established principles are implemented were



dependant on individual organisation's cultural knowledge and responsiveness (Smith et al., 2022). The Trust may want to ensure that future housing programmes align to and allow for collectivist ways of living.

Access to housing support for homeless individuals with complex needs could be targeted to ensure specific interventions and services are accessed. A 2012 literature review identified that repeated engagements may be required with future tenants by the same staff members to build trust and familiarity (Sun, 2012). Furthermore, agencies could consider providing 24-hour access to social accommodation and target locations where chronically homeless people tend to congregate (Sun, 2012). Internationally, it is recommended that staff work with 7-12 clients, yet in Aotearoa New Zealand, staff have caseloads of 15-25. The workforce also does not consistently reflect the diverse range of tenants present throughout Aotearoa New Zealand's housing first system (Smith et al., 2022). The Trust could consider continuing to reflect tenant diversity in its in staff and board composition to keep tenants engaged in, and receptive to support services.

It is also important that service delivery is coordinated. Housing interventions do not work in isolation from other social services, and when an individual seeks long term housing, they may also require support for other matters like mental health, AOD addiction, and legal aid (Duff et al., 2022). These are some of the services that are made available to Homeless Link service users. Accordingly, co-ordination between support organisations and government agencies is central to effective and timely interventions. In Australia, housing programmes that are meeting 'best practice' have been identified as effectively coordinating with other services (Duff et al., 2022). When coordination of services does not occur, this results in needs going unmet, increased and ongoing pressure on services, and greater social and economic costs (Duff et al, 2022).

A lack of co-ordination in services is especially harmful to the safety and housing outcomes of wāhine and children (Tedmanson et al., 2022). Indigenous women and children who seek safety from family violence often do not have access to safe and fit-for-purpose housing, and children may be at risk of being uplifted due to an unsafe home environment (Tedmanson et al, 2022). Housing options therefore need to be readily accessible so that wāhine in vulnerable positions can have timely access to housing before they are at risk of having children uplifted.

Wāhine transition into Housing First programmes from a range of institutions, including residential or institutional treatment centres, prison and out-of-home care. This can be a time of instability for wāhine in various parts of their lives, including housing/accommodation. Effective service co-ordination can reduce this risk by appropriately linking wāhine to Housing First programmes upon their departure from the institutional setting (Duff et al., 2022). Mental health services, treatment services for AOD addiction, justice sector agencies, and family services should be linked up to ensure that all people leaving these settings have access to housing (Duff et al., 2022). When wāhine are smoothly transitioned from institution to housing, therefore having an increased ability to sustain a tenancy they should use other services in reduced quantities.

Services supporting those dealing with mental illness and substance abuse should coordinate with housing services to ensure wrap around support is available and smooth pathways into housing. For wāhine specifically with complex needs, services should be coordinated to meet



their specific gendered needs (Young et al., 2018). Wāhine who are experiencing homelessness often present with domestic violence, sexual violence, experience with prostitution, AOD addictions, mental health illnesses, and prior or current involvement with the justice system. In collaborative research between Homeless Link and the Women's Resource Centre in the United Kingdom it was found that domestic and sexual violence, and changes to welfare support leading to an inability to afford housing, were the main causes of homelessness (Young et al., 2018).

A combination of poor physical health, poor mental health, and AOD addictions have been identified as causes of long-term homelessness (Omerov, 2019). Further, the failure of support services can often predate a person becoming homeless because (Duff et al., 2022). In an Australian context, it was concluded that “failure to adequately plan for and support safe transitions from institutional settings into secure and affordable housing can have catastrophic consequences for individuals leaving these settings...” (Duff et al., 2022).

“Housing first models provide insights into effective practices and service models to support enhanced discharge and transition planning for individuals exiting complex care settings, emphasising the importance of secure housing as a condition of effective post-exit support.” (Duff et al., 2022).

The provision of appropriate housing is also linked to a significant reduction in service usage (Wood et al., 2016). In Australia, reduction in service usage was most prominently reported among those who sustained tenancies for longer than one year (Wood et al., 2016). This indicates that the long term and stable nature of Housing First programmes should lead to an overall reduction in other service usage by tenants. Wāhine in Aotearoa New Zealand are currently accessing services frequently up until the point they become homeless, yet are not having their needs adequately met, despite there being multiple intervention points where their risks of homelessness could have been flagged (Fraser et al., 2021). Receiving Housing First support in Aotearoa New Zealand has also been proven to reduce health service usage and to increase overall income leading to a greater ability to sustain a tenancy (Fraser et al., 2022).

4.5.2 Governance

In Aotearoa New Zealand, there are four governance models operating throughout the MHUD)-funded housing first programmes. These were identified by the Litmus report and summarised as:

1. *Dispersed collective model:* Regional providers are contracted to provide housing to a specific population or region. Providers form a governance structure to advocate for issues affecting service users.
2. *Integrated collective model:* A lead provider is contracted to deliver housing, who then create a hub and acquire staff from other providers. A cross-agency governance group guides the central hub.
3. *Lead provider model:* A lead provider holds the contract and delivers services. A cross-agency group of external government agencies and NGOs provides strategic direction.



4. *Iwi and Maori led model*: This model delivers a Kaupapa Maori and whanau-centred service. Structurally similar to models 1-3, but the underlying philosophy is embedded in te ao Māori worldview.

It is important to consider reflecting the diverse range of service users' present in housing programmes in governance structures to give a voice to future tenants in the design and implementation. This aligns with the principle of tino rangatiratanga, by allowing for a collectivist self-determination of housing and a sense of home. It is important for housing to meet the specific needs of wāhine that Housing First programmes have policies, staff recruitment training and ongoing support which has a gendered approach embedded. Staff should be compassionate and trained specifically in areas such as violence against wāhine in order to appropriately understand the needs and context of wāhine who they interact and work with (Young et al., 2018). Outreach models may also need to be assertive to ensure that wāhine in need are located, due to their homelessness being more hidden (Young et al., 2018).

Partnership with local service providers is also recommended to ensure that on-site service delivery can be delivered to tenants, including physical and mental health, and other support services (Alves et al., 2021). Partnership agreements can be used to offer more specialist services that might not be able to be delivered on-site.

4.5.3 Funding

In an Australian context, a strong and long-term Government funding source was required for sustainable housing projects (Flatau et al., 2016). Sources of non-Government funding, such as philanthropic grants or sources of fundraising, are unlikely to contribute enough financially to homelessness projects, and can therefore be limited in their impact (MacKenzie et al., 2017). Community fundraising is heavily reliant on having strong brand recognition, and while philanthropic grants are useful, they are unlikely to be of sufficient value to fund long-term service provision.

Managing multiple incomes and sources of funding can cause strain in focusing on actually delivering services. Throughout a study of nine long-term homelessness projects in the Australian National Partnership Agreement on Homelessness run in 2017, the predominant form of funding was Government funding (MacKenzie et al., 2017). While having a diverse range of funding sources can make it easier to access support, managing multiple sources of funding was found to strain accounting, managing relationships with funders, services and staff, and meeting monitoring and reporting requirements of funds (MacKenzie et al., 2017). This all takes resources away from focusing on meeting tenant need and service delivery.

The report on the National Partnership Agreement on Homelessness concluded that “corporate sponsorships, public donations and philanthropic organisations are not yet feasible as long-term stable sources of funding for homelessness services” (MacKenzie et al., 2017, p. 39). Sources of non-Government funding could provide good funding for other sub-initiatives as supplementary funding but are not enough to sustain the baseline costs of running a successful Housing First project.

In Aotearoa New Zealand, the MHUD offers 12 Housing First programmes led by 17 different service providers across 11 locations. Several issues were identified with current funding



models in the evaluation led by Litmus (Smith et al., 2022), including the use of inconsistent funding models for housing maintenance, uncertain processes around contract renewal, and a lack of funding to cover the costs of outreach and house insurance.

In Australia, it was identified that uncertainty of funding, or a lack of adequate funding is having a large impact on service provision and service users' outcomes (Spinney et al., 2019). Three-year funding arrangements were concluded to be, at a minimum, the necessary length of agreement in order to provide adequate stability and the ability for organisations to plan for the future about how to best meet service users' needs (Spinney et al., 2019). Because programmes struggle to receive enough funding through philanthropic, investment or charitable means, they are reliant on Government funding. Long-term funding agreements that adequately support the needs of housing first programmes in Aotearoa New Zealand could help programmes maintain a focus on achieving successful housing outcomes.

4.5.4 Service users' input to the design

In addition to including tenants in governance structures, their insights could inform programme design (Alves et al., 2021). This may entail meaningful engagement on the design approach, housing space(s), and service delivery model. Ideally, tenants' perspectives would be sought at the scoping stage of any homeless housing project.

In an Australian context, the Common Ground framework (an adaptation of Housing First) has been recently adopted to provide housing for homeless. Common Ground differs from Housing First in that it has a more diverse social mix, coordinated on-site tenancy management and support services, and integration with the local community (Alves et al., 2021). The Common Ground framework identifies that in designing any space, the tenants who will live in the space must be at the forefront of the design (Alves et al., 2021).

The participation of tenants in the design of a space is essential for developing homely spaces where tenants can rest and maintain healthy wellbeing. In the United States and Canada, it was concluded that the built environment of housing for homeless individuals indirectly affects mental health (Rollings et al., 2021). Housing quality, the location of provided housing, chosen furniture, floor plan, access to nature and outdoor spaces all impacted mental health. Tenants also appreciated access to private bathroom spaces and the ability to lock their own space themselves, giving them a private and safe space to call their own (Rollings et al., 2021).



4.6 What doesn't work

Research and reviewed in this literature review identified some characteristics of housing programmes that do not work for housing tenants who are indigenous, and/or female, and/or have complex needs. These characteristics are:

- Diverse and multiple revenue streams that over-burden staff with administrative reporting requirements.
- An absence of stable, long term and substantial Government funding
- Housing programmes that require specific requirements to be met for access to be granted, as these are likely to isolate indigenous populations and those with complex needs.
- Housing programmes that do not offer wraparound services, or do not offer services on-site and similarly, fragmentation between social services.
- Eurocentric and individualistic housing models that are not flexible nor culturally sensitive.
- Excluding tenants from the design process, implementation and delivery of service, and evaluation then future tenants' needs.



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