

---

*Report on the Outreach Pilot for the  
Homeless/Rough Sleepers in Napier*

June 2016

Gaylene Little for WIT Services and the Napier City Council

---

# Acknowledgements

---

Thank you to all the research participants, members of the faith communities, individuals, agencies and organizations who generously gave their time and knowledge to assist this research. Big thanks also, to those who gave and who continue to give so generously to others in this field.

Thank you to WIT services and the staff who made this time special by supporting us with food, time and relationship building. Pania and Ces thank you for the koha of scones, rewena and putea to assist our shared meals.

A special thank you to Barry Suckling for the time, support, collegiality and wisdom shared during this research project. Thank you for peer reviewing to provide robustness and accuracy throughout the data analysis, discussion and recommendations.

Thanks especially to Whiu Carroll for the professionalism, capacity and genuine engagement in seeking the best service delivery options available. Working with you has been a pleasure. You are champion of the homeless people here in Napier.

Thanks to Caroline Lampp for leadership and guidance throughout this process.

## **Author**

Gaylene Little- MAppISW; MSocSc Ngāti Tuwharetoa and Ngāti Ruanui

Independent Research & Evaluation

SWRB 5424

ANZASW

## Executive Summary

### *Background*

Homelessness is a significant issue for the Napier City Council since the bus terminal near Clive Square became a place of choice by a few rough sleepers<sup>1</sup>. Estimations for Napier homelessness are between 6 and 9 people. Following an assessment, the Napier City Council installed lockable gates in the bus terminal to deter people using them as overnight accommodation. Recommendations were also made to relocate the Lighthouse and Limitless Hope from the area. It was intended that by reducing support services, this would discourage rough sleeping in Clive Square. The Lighthouse is now in Onekawa. Several other support communities remain near Clive Square and rough sleepers continue to have a presence there. The Cross Sector Group - Homelessness evolved to increase the effort towards reducing homelessness in Napier.

This research is a Napier City Council initiative to find out how many are rough sleeping in Napier, and to understand the issues and factors contributing to homelessness here. WIT services are responsible for the research and the Outreach during the 3 month pilot. The old Lighthouse was used for the Outreach and this has supported positive engagement, because some of the rough sleepers are previous Lighthouse consumers. The Outreach is different from other WIT services because mental health challenges are not a prerequisite for engagement, instead being homeless is the criteria for accessing the Outreach service.

### *Research Objectives*

The Outreach Pilot has been created:

1. To gather information on the issue of homelessness in Napier and to make recommendations on effective ways for addressing this by way of a report for the Napier City Council, due on June 17, 2016, and
2. To develop and implement a support service to assist people who are 'rough sleepers' or at risk of becoming so.

### *Method*

An action research approach was used. Service delivery began with tea, coffee and a chat at the old Lighthouse in Clive Square. The Outreach Centre was open daily from 10.30am to 12.30pm to begin with. Regular food was provided throughout the pilot. Referrals to the Outreach WIT support service were made during March and early April 2016. Early discussions with the homeless people were generally around rapport building and dealing with immediate concerns they had. The NZ Ethics Committee confirmed approval for this

---

<sup>1</sup>Appendix 1 The Napier City Council Homeless: Retrieved from <http://www.napier.govt.nz/napier/community-development/homelessness/>

research on the 4<sup>th</sup> April 2016<sup>2</sup>. Information sheets<sup>3</sup> were verbally shared with the homeless people, followed by the filling in of consent forms<sup>4</sup>. The information sheets and one part of the consent form were left with each participant. The NZ Ethics Committee approved questionnaires<sup>5</sup> aligning with the objectives above were used to collect data.

Data collection was completed individually mostly, in a private area at the Outreach Centre in Clive Square. A short questionnaire<sup>6</sup> was conducted with services mentioned by the homeless/rough sleepers<sup>7</sup> later on in May.

## Findings

### 1. Known Number of people in the Homeless Community

- Total number of people who either came to the drop-in or met in the community- i.e. churches, cars, library, soup kitchen, camping ground, cafes, Clive Square– 41
  - a. 10 of these people were family and friends (Some providing casual accommodation)

### Number who Signed up with WIT for the Outreach Support Service

- Total wanting support around housing – 31
  - a. Did not participate in the research – 10
  - b. Without shelter – 19
  - c. Temporary Accommodation – 3
  - d. At risk for losing housing – 4
  - e. Wanting support to maintain current situation – 5

### Contact made: Refused Support- Did not Participate in Research

- Did not want support – 6
  - a. Without shelter – 3
  - b. Temporary Accommodation – 3
  - c. These people would likely be difficult to house unless ready

---

<sup>2</sup> Appendix 2 NZ Ethics Committee Letter of Approval

<sup>3</sup> Appendix 3 Outreach Research Project Participant Information Sheet

<sup>4</sup> Appendix 4 Outreach Research Project Participant Informed Consent

<sup>5</sup> Appendix 5 Outreach Research Project Participant Questionnaire

<sup>6</sup> Appendix 6 Outreach Research Pilot Support Questionnaire

<sup>7</sup> From here on referred to as homeless unless fitting the definition of without shelter or in temporary accommodation.

## Participated in the research – 25

- a. Without shelter – 18
- b. Temporary Accommodation – 7
- c. 3 women- temporarily housed-at future risk
- d. 22 men and constantly changing

### **Actual number of ‘homeless’ people reached during the Outreach Pilot 31.**

#### 1. Gender Breakdown

- Men – 22
- Women – 3

#### 2. Ages

- Youngest – 25
- Oldest – 69
- Average 44.5 years

#### 3. Ethnicity

- Māori 80%
- Tauwiwi 20%

#### 4. Length of time sleeping rough

- Minimum 3 weeks
- Maximum over 40 years

#### 5. Issues they struggle with

- Mental health problems
- Addiction problems
- Lack of support
- Past trauma

#### 6. Contributing factors to sleeping rough

- Cost of housing
- Financial issues
- Health issues
- Relationship issues
- Gang issues
- Family abuse
- Involvement with the law
- Personal choice

#### 7. What supports are desired

- Supported community housing
- Separate from women
- Coordinated services and support from trained staff

#### 8. Barriers to accessing supports

- WINZ and Housing NZ systems are difficult to navigate
- Continuing cycle of referral between agencies leading to nowhere
- Currently no secure housing options available

#### 9. What services/supports would be helpful

- Supported community housing, and coordinated support services.
- Drop-in and Recovery Centre with trained people.
  - Somewhere to be during the day
  - A place to meet friends and family
  - A safe place to have supervised access to their children.
- Counselling courses in parenting and budgeting, grief work, and addiction recovery programmes.

### Key points

- In Napier, 22 men are currently living without shelter. Several women have been in temporary accommodation during this time as well. These women are at risk of becoming homeless in the future. There are others who did not participate in the research and it is likely more have not been identified. This population is constantly shifting.
- The most important need for homeless people is safe, secure, supported community housing. Creativity is needed to meet the short term and transient needs of homeless people. Consideration must include managing circumstances when homeless people are in conflict with the law.
- Homelessness is not just about housing. Trained staff, coordinated services and facilitated service reengagement are also needed.
- Positive relationships are essential for effective service engagement. Building on, and including, currently identified relationships will foster ongoing access.
- The Outreach Drop-in Centre has encouraged hard-to-reach homeless people to engage with others, and for some to access support and services.
- Whiu Carroll is already the most respected person, and WIT the most respected agency, by the homeless.
- Service delivery gaps have been identified. There is a need for interagency case management and better coordination between services.

## Recommendations

- Fund supported community housing, under the management of WIT Outreach, sufficient for 20-25 men at present.
  
- Fund the continuation of the Outreach drop-in centre.
  
- Fund the ongoing development of the Outreach service and a coordinator.
  - To establish an Interagency Register;
  - To facilitate re-engagement with recovery and addiction services;
  - To implement a case management approach to support coordinated service delivery,
  - To build staff capacity through ongoing training,
  - To address currently identified service delivery gaps, *and*
  - To undertake regular evaluation of the Outreach service.
  
- Invite representatives from the homeless community to the Cross Sector Group – Homelessness. Ensure Māori cultural representation is evident in all discussion, planning and evaluation processes.

## Contents

Author .....	2
Executive Summary.....	3
Findings .....	4
Key points.....	6
Recommendations .....	7
Background .....	10
WIT Services.....	10
Homeless Definitions .....	10
Introduction .....	12
The Research Purpose.....	12
The Research Questions.....	12
Method .....	12
Appendix 1: Homelessness in Napier.....	19
Appendix 2: The Outreach Project Research Ethics Approval .....	22
Appendix 3: The Outreach Research Project Information Sheet.....	23
Appendix 4: The Outreach Research Project Informed Consent .....	25
Appendix 5: The Outreach Research Project Questionnaire .....	26
Appendix 6: The Outreach Support Questionnaire .....	28
Appendix 7: WIT services .....	29
Appendix 8: Service Gems for Napier .....	31
Appendix 9: Part 2: Temporary Accommodation .....	32
Appendix 10: Part 2: Homeless.....	36
Appendix 11: Issues and Contributing Factors .....	39

# Table of Figures

---

FIGURE 5: THE OUTREACH PILOT NAPIER: WITHOUT SHELTER BY GENDER .....	14
FIGURE 6: THE OUTREACH PILOT NAPIER: WITHOUT SHELTER BY AGE .....	14
FIGURE 7: THE OUTREACH PILOT: WITHOUT SHELTER BY ETHNICITY.....	15
FIGURE 8: THE OUTREACH PILOT NAPIER: WITHOUT SHELTER BY TIME.....	15
FIGURE 9: THE OUTREACH PILOT NAPIER TEMPORARY ACCOMMODATION BY GENDER .....	32
FIGURE 10: THE OUTREACH PILOT NAPIER TEMPORARY ACCOMMODATION BY AGE.....	32
FIGURE 11: THE OUTREACH PILOT NAPIER TEMPORARY ACCOMMODATION BY ETHNICITY.....	33
FIGURE 12: THE OUTREACH PILOT NAPIER TEMPORARY ACCOMMODATION BY TIME .....	33
FIGURE 1: THE OUTREACH PILOT NAPIER HOMELESS BY GENDER.....	37
FIGURE 2: THE OUTREACH PILOT NAPIER HOMELESS BY AGE .....	37
FIGURE 3: THE OUTREACH PILOT NAPIER HOMELESS BY ETHNICITY .....	38
FIGURE 4: THE OUTREACH PILOT NAPIER HOMELESS BY TIME .....	38

## Background

Homelessness is both an international and national social service and moral concern. Many accounts of transformation and success have been interwoven with stories about transgressions. Philanthropic and charitable interventions are highly fashionable and provide extensive first response actions through food, clothing, companionship and Christianity. Interventions have been in place long enough for evaluation and feedback to inform practice. Some concerns have arisen around help that creates dependency and the potential risk of harm to both the helpers and the helped<sup>8</sup>.

This research is a response to Napier City Council seeking to estimate the size of this problem and to find out what issues influence homelessness and risk for becoming homeless.

## WIT Services

WIT<sup>9</sup> services have a consumer driven approach to providing support for people living with mental health issues. Mental health challenges are not concerns for all the homeless people who participated in this research. Although there was a high number affected by mental illness, this was not necessarily the main challenge. Many were managing their conditions with medical support and compliance with medication. Previous engagement with WIT services has provided excellent access to the Outreach, as the old Lighthouse building was well known to most. WIT services<sup>10</sup> are accredited social housing providers for this area and currently run several supervised residences and numerous supported flatting arrangements. WIT has the potential to respond to the housing need once this has been clearly identified.

## Homeless Definitions

Homelessness is defined by Statistics New Zealand<sup>11</sup> as 'having no other options to acquire safe and secure housing'.

The four categories of homeless are:

- *Without shelter*  
No shelter or makeshift shelter. Examples include living on the street and inhabiting improvised dwellings, such as shacks or cars
- *Temporary accommodation*  
Overnight shelter or 24-hour accommodation in a non-private dwelling not intended for long-term living. These include hostels for the homeless, transitional supported

---

<sup>8</sup> Corbett, S., & Fikkert, B., (2009). *When helping hurts: How to alleviate poverty without hurting the poor and yourself*. Chicago: USA. Moody Publishers.

<sup>9</sup> Appendix 7: WIT services

<sup>10</sup> Appendix 8: Service Gems Napier

<sup>11</sup> Statistics New Zealand (2009). *New Zealand definition of homelessness*. Wellington: Author.

accommodation for the homeless, and women's refuges. Also in this category are people staying long-term in motor camps and boarding houses

- *Sharing accommodation*  
Temporary accommodation for people through sharing someone's private dwelling. The usual residents of the dwelling are not considered homeless
- *Uninhabitable housing*  
Dilapidated dwellings where people reside

The Cross Sector Group – Homelessness wished the numbers in each category to be presented separately to align with Statistics New Zealand definitions. So, in addition to 'homeless' data, I have presented data for those 'without shelter' and 'temporary accommodation' separately to assist discussion at the Cross Sector Group – Homelessness meetings.

Along with the Statistics New Zealand literature other research relevant to this report are:

- Tōku Tūrangawaewae: Culture, Identity, and Belonging for Māori Homeless People<sup>12</sup>
- Te Mahana: Ending homelessness in Wellington: A strategy for 2014-2020
- An insight into the experience of rough sleeping in central Auckland (2015)<sup>13</sup>
- Auckland Council Homeless Action Plan 2012-2015
- Homelessness in Aotearoa: Issues and Recommendations Discussion Paper from, the New Zealand Coalition to End Homelessness (2008).
- Memorandum of Understanding-Auckland Homeless Steering Group
- Citizens Advice Bureau (2015). Spotlight on CAB clients needing emergency accommodation
- MSD National Summary 31 March 2016: Social Housing Register<sup>14</sup>

The issue of homelessness is complex and a much wider community problem than many realise<sup>15</sup>. The multiple disadvantages<sup>16</sup> experienced by homeless people are not helped by having no options to acquire safe and secure housing<sup>17</sup>. Māori people are over represented among the homeless people, and services are fragmented<sup>18</sup>. These points have been well evidenced in this research.

---

<sup>12</sup> Groot, S., Hodgetts, D., Nikora, L. W., & Rua, M. (2010)

<sup>13</sup> Sophia Beaton, Trudie Cain (Auckland Council); Helen Robinson (Auckland City Mission); Victoria Hearn (Lifewise); and ThinkPlace

<sup>14</sup> <http://www.housing.msd.govt.nz/information-for-housing-providers/register/>

<sup>15</sup> <http://www.soupkitchen.org.nz/resources/homelessness/>

<sup>16</sup> [http://nzceh.org.nz/about/Publications/homelessness\\_in\\_aotearoa.pdf](http://nzceh.org.nz/about/Publications/homelessness_in_aotearoa.pdf)

<sup>17</sup> <http://www.parliament.nz/en-nz/parl-support/research-papers/00PLEcoRP14021/homelessness-in-new-zealand>

<sup>18</sup> [http://nzceh.org.nz/about/Publications/homelessness\\_in\\_aotearoa.pdf](http://nzceh.org.nz/about/Publications/homelessness_in_aotearoa.pdf)

Homelessness is not just about housing. Long-term support services are key considerations to maintaining living arrangements. Co-ordinated service delivery is essential for this to be successful. The multiple disparities evidenced in this research means collective interventions, alongside multiple providers, are important. A glimpse of current service provision suggests that Napier has the expertise, the passion and established relationships to work with the homeless people as individuals, and as a community. Work needs to be properly planned and co-ordinated.

## **Introduction**

The Outreach Pilot began in mid March 2016 with a drop in centre at the old Lighthouse in Clive Square. Referral to WIT services<sup>19</sup> for those wishing to enrol with the Outreach was well supported. Many who are living on the streets engaged at the Outreach and enrolment was seen as the council being willing to support some shelter opportunities in the future. Enrolment in the WIT Outreach support service was assisted by this community having previous engagement with Whiu Carroll. In his role as community support case manager he was familiar to the majority of the homeless people. WIT services were seen as a positive provider by the research participants and most were grateful for the opportunity to re-engage.

## **The Research Purpose**

“To provide the Napier City Council with recommendations on effective ways to address homelessness, and to inform the development of a support service to be delivered during the pilot, and to be continued by WIT services following the 3 month trial.”

## **The Research Questions**

1. Number of rough sleepers
2. Gender breakdown
3. Ages
4. Ethnicity
5. Length of time they have been sleeping rough
6. Issues that they struggle with
7. Contributing factors to sleeping rough
8. What support they would like
9. Barriers to accessing this support
10. What services/supports would be helpful.

## **Method**

This Outreach Pilot was an action research project. This means that support services preceded the research. All crisis concerns were dealt with first, and ethics approval preceded the research.

---

<sup>19</sup> Appendix 8: WIT services

Both service delivery, and the research, were voluntary and neither was contingent upon engagement with the other.

## Results

---

Napier City Council and the Cross Sector Group – Homelessness have different requirements (see definitions, p. 10 & 11). To meet these, the results have been presented in three ways.

Part 1 is the ‘Without Shelter’ category that aligns with the Statistics NZ (2009) definition and meeting the Napier City Council brief. This is a snapshot of those living without shelter on the day of their interview.

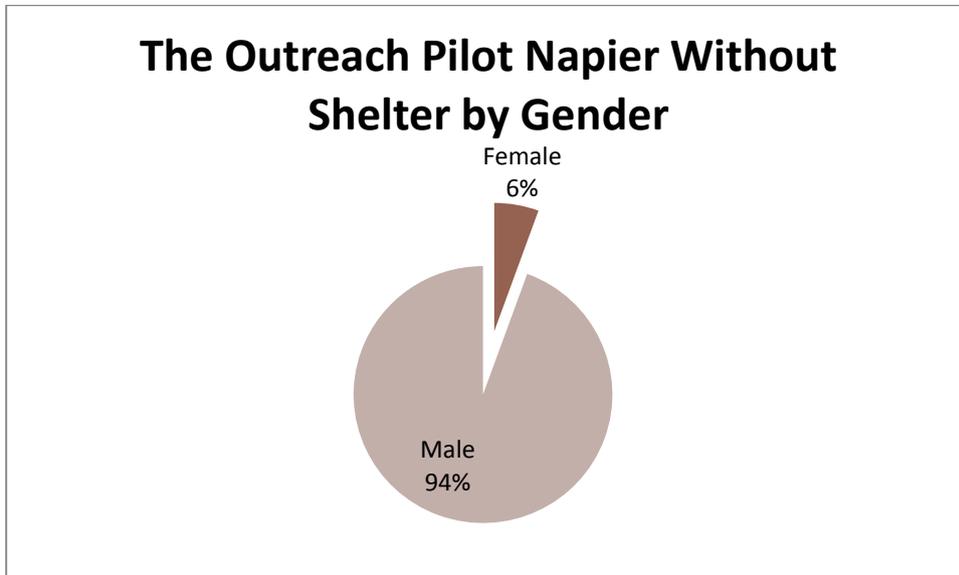
Part 2 in ‘Temporary Accommodation’ category that aligns with the Statistics NZ (2009). These people had temporary accommodation at the time of their interview, but their circumstances changed quickly and homeless for many is a cyclical experience.

Part 3 is the combination of ‘Without Shelter’ and ‘Temporary Accommodation’. They fulfil the requirements of the Cross Sector Group – Homelessness and aligns to the desire to understand those homeless now and those at risk for homelessness in the future. This concept is important for this research as the data was collected at one point in time for each individual. Throughout the Outreach Pilot the circumstances for participants changed constantly. The fluidity of the homeless community can better be understood by reading the discourse explaining current and past living circumstances.

## Part 1: 'Without Shelter'

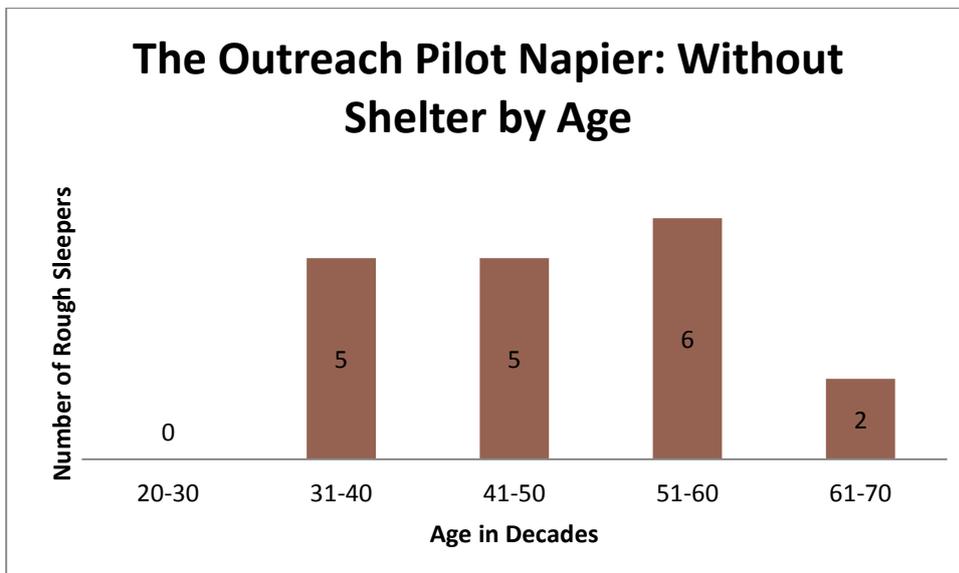
---

**Figure 1: The Outreach Pilot Napier: Without Shelter by Gender**



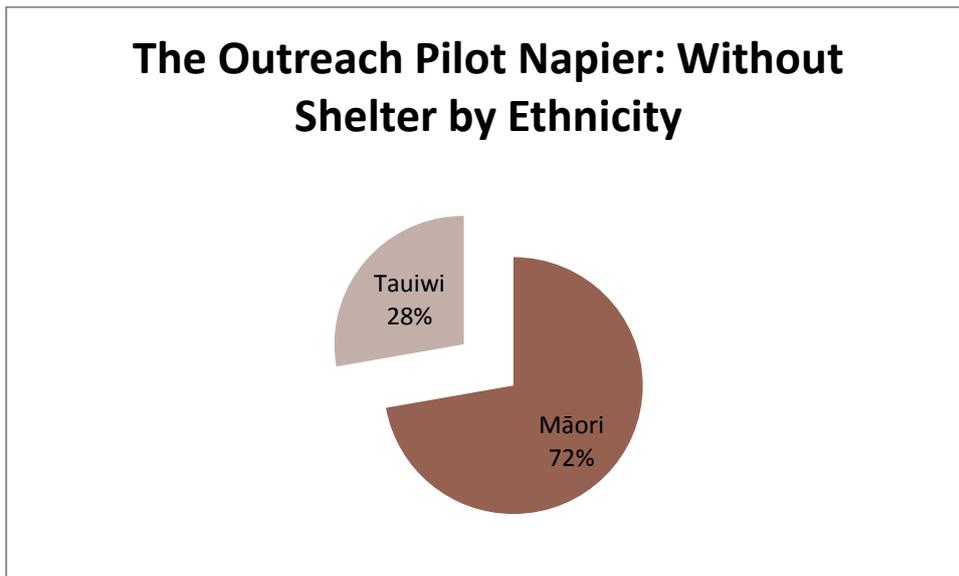
Of the 18 people who fit the without shelter definition, 17 were male and 1 female.

**Figure 2: The Outreach Pilot Napier: Without Shelter by Age**



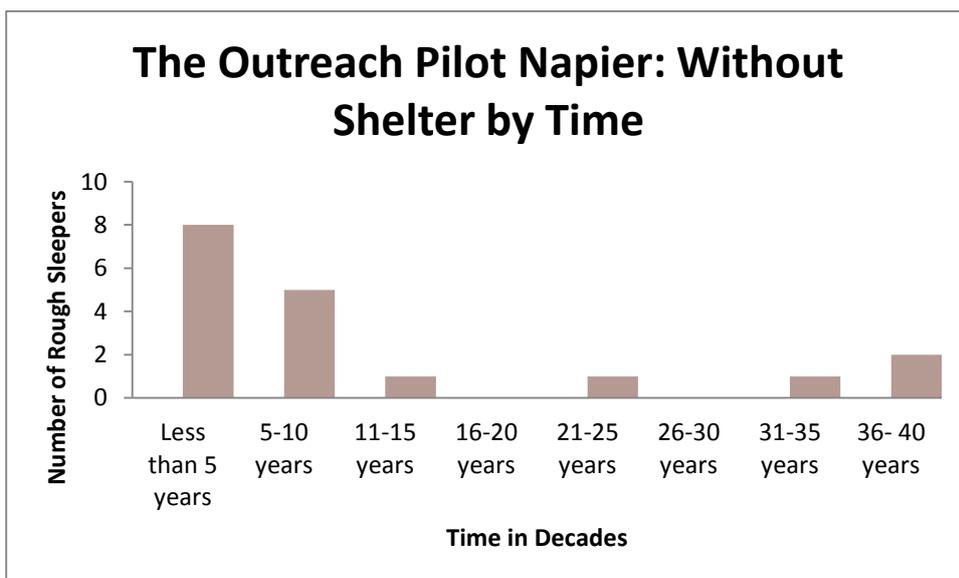
The age range for 'without shelter' in Napier is 31 to 69 years.

**Figure 3: The Outreach Pilot: Without Shelter by Ethnicity**



The ethnicity data for without shelter is 5 Tauwi and 13 Māori.

**Figure 4: The Outreach Pilot Napier: Without Shelter by Time**



For the Napier without shelter group, time for living on the streets is between 9 weeks and 38 years.

## Discussion

---

Most homeless people request supported accommodation, co-ordinated long-term support services, recovery work and trained staff. Most value WIT services very highly, and request that the Outreach drop-in centre be continued, and grown to include recovery and long-term support.

Demand for housing severely outweighs supply for homeless people in Napier. Currently no secure housing options are available. During the Outreach pilot, multiple housing applications were made to Housing New Zealand, the Napier City Council Housing Division, WIT Social Housing, and the Ministry of Social Development Social Housing Register. Only one person was housed during the pilot, and this was a temporary boarding arrangement.

There is a no - outcome cycle of referral between agencies used with people desperate for housing. People go to WINZ and are referred to Housing NZ, Housing NZ refer on the Citizen's Advice Bureau, or back to WINZ or the Salvation Army or Limitless Hope. None of these agencies or organizations has housing available. The process is frustrating for the homeless.

Supported living is the most common request made by those interviewed. A recovery centre with trained people is highly desired. Courses in parenting, counselling, budgeting and addiction recovery programmes are sought. These services already exist in Napier and a closer investigation around barriers to access and engagement is needed in the future. Further work to coordinate these services is needed.

Relationship breakdowns are common for homeless people. Transiency is common, and those interviewed have also been homeless in Auckland, Dunedin, Christchurch, Whakatane and Wairoa. Flexibility in accommodation arrangements is paramount for people who have been homeless. WIT is a valued support service provider and homeless people in Napier want WIT to be part of the way forward. This means doing whatever it takes to provide fluid accommodation arrangements.

Mental health issues do not affect all homeless people, but for those who are affected the severity is high. Physical and sexual abuse and conflict with the law are common. Trauma includes gang beatings, presence at death, and growing up in the context of drugs and violence. Gang behaviour was mentioned as the cause for some people losing housing, as stand over tactics had been used to move residents on. Lack of trust for government agencies, and others in general, is common.

Mental illness, leading to compulsory treatment at the In-patient Mental Health Unit, has meant losing housing and belongings. Long-term, well defined support services are important for maintain security of housing.

The majority requested that the Outreach Centre continue, and spoke highly of WIT services. Whiu Carroll was reported as the preferred staff member of WIT.

The behaviour at the Outreach Centre was good. The homeless people took ownership of daily duties, and there was positive relaxed camaraderie. The only exception occurred when women were present, or when the number of people was very high. On some occasions, nearly thirty people were present at the same time.

Homeless men prefer to be housed separately from the women. They want to be housed in small numbers. They have requested community housing, with support services, in negotiated clusters. Several know of Matariki – a community house run by WIT services and they have requested a similar arrangement for themselves.

To meet the current demand for housing 22 men, several homes with matched residents is suggested. Some people prefer to be alone, or with select others, and most prefer to be housed in a supported flatting situation rather than in institutional type of accommodation like prison or hospital.

Somewhere safe, preferably locked up at night, with a caretaker or custodian in charge, is preferred. Some men spoke of taking medication for schizophrenia, bipolar, and psychosis and how this made them feel vulnerable, as it 'knocked them out'.

Requests for a recovery centre were high. Continuation of the Outreach Centre as a drop-in provides space for recovery has the potential to support referral to existing recovery programmes. Recovery work such as addictions and mental health care and support already exist in the Napier community. Negotiated re-engagement should be a first step.

Service mapping demonstrates that the Napier social service community has the people capacity, and the expertise, to meet these requests. Addiction for many homeless people has been long term; therefore, the investment in recovery needs to be long term as well.

Many men described relationship issues, and not having contact with their children. Many men used rough sleeping to remove themselves from relationship stress. Supervised community residences and the Outreach Centre have the potential to provide opportunities for supervised access, and for a place to foster relationships and re-establish broken links.

A supported home for some women is needed, although currently the number of homeless women is small and changes are frequent. Women without family violence do not fit Women's Refuges' criteria, nor do those who perpetrate violence against others.

Several of the homeless men want to be part of the solution, to be included in discussion, planning and the running of their recovery and accommodation situations. Some men felt that representation at council level would be helpful. An invitation made to representatives of the homeless people to be at the Cross Sector Group: Homelessness might be appropriate. Some thought that Māori representation might be lacking at a strategic level.

These people asked who would represent Māori if the current Outreach Centre members (Whiu Carroll and Gaylene Little) were not at the table.

The Outreach Pilot was a successful three month engagement with the homeless people in Napier. Engagement with 25 people has provided evidence for future planning, informed by the homeless people themselves. The Outreach Centre at Clive Square was easy to access and was familiar for many who have had engagement with WIT services in the past. The homeless people want the Outreach Centre to continue.

During the pilot, 31 people were referred to WIT for housing. None obtained housing.

Options such as sharing accommodation, accessing motels, boarding and faith community supports were discussed, and were unsuccessful for a number of reasons. Most homeless people in Napier have exhausted Housing NZ and private rental opportunities, and have exhausted WINZ emergency support. The most common identified reason for housing loss from the homeless people was that they need long-term support with money management, with mental health and addiction problems, and in maintaining the standards required by rental agents.

Homeless people struggle with multiple complex problems. The services most requested are supported housing, and the continuation of the Outreach Centre with coordinated support services.

## Appendix 1: Homelessness in Napier



Retrieved from, <http://www.napier.govt.nz/napier/community-development/homelessness/>

Like many cities, Napier has a small number of residents who experience homelessness.

A number of strategies are employed across the world to support people who experience homelessness. In New Zealand, there are a range of services and supports available to address housing needs and other issues sometimes affecting people who are homeless. Strategies and supports in New Zealand vary according to the nature and size of the issue and the availability of support services in each location.

Napier has had a small pocket of people 'sleeping rough' for several years. Over the past 12 months, the bus terminal became their destination of choice. Concerns raised by the community resulted in us commissioning a safety assessment of the area (Crime Prevention through Environmental Design).

The assessment found a number of physical changes that could be made to improve safety in this area. It also suggested relocating some of the support services (e.g the Lighthouse and the soup kitchen) to reduce the concentration of these services in the area. Further investigation into the scale of homelessness was also suggested.

Reducing homelessness is not something that can be accomplished by one agency or sector.

Cross Sector Group - Homelessness

A Cross Sector Group comprising several government and community agencies has been established to collaborate and act together to reduce homelessness in Napier.

Napier City Council is the lead agency responsible for coordinating the group. Its current focus is to determine the extent of people living without shelter (sleeping rough or in cars, tents etc) in Napier and to identify what can be done to help people in these situations.

## Outreach Service Pilot

This project has been initiated to help us find out more about those who are living on the street in Napier. The service has three objectives:

To ascertain the nature and scale of those who are without shelter in Napier by gathering information, researching and analysing to produce documented evidence of the current situation.

To develop and implement a service that works alongside individuals who are entrenched 'rough sleepers' or at high risk of becoming so.

To make recommendations on effective actions and/or steps to be taken to address the situation at the end of the pilot.

The pilot will run for three months starting mid March.

When was the Cross Sector Group set up?

Following a community hui in August 2015.

Who is in the group?

The members of the group are from the following agencies:

Citizens Advice Bureau Napier, Hawke's Bay District Health Board, Housing New Zealand Corporation, Ministry of Social Development, Napier City Council, NZ Police, Salvation Army Corp, Trinity Methodist Church and Whatever it Takes (WIT).

How many people are homeless in Napier?

There are no specific numbers on how many people in Napier are homeless. We understand that there are 6-12 people 'sleeping rough', mainly in the CBD. There are others who sleep in cars and tents. These people are considered 'without shelter'. There are people who are living in temporary accommodation such as camping grounds or staying with family/whanau or friends.

Why are people homeless?

There are a range of factors contributing to why people experience homelessness. They range from issues of safety in their normal home, lack of social service support, addiction, physical and mental health issues and financial issues. Often the situations are complex.

What is Council's role in solving this issue?

Council is responsible for making our public spaces accessible, safe and able to be used for what they are there for. We also work with others to help address social issues in Napier.

Why can't Napier have a night shelter?

The extent of the homelessness situation needs to be understood to determine the appropriate response. The Outreach Service Pilot will provide recommendations as to what suitable actions may be taken.

Who is running the Outreach Service Pilot?

Whatever It Takes Trust is providing the Outreach Service Pilot project. For more information about Whatever It Takes Trust see their website [www.witservices.co.nz](http://www.witservices.co.nz)

What happens at the end of the Outreach Service Pilot?

Following the pilot, recommendations will be made to the Cross Sector Group – Homelessness and the Council. The people who have accessed the 1:1 assistance will be supported into ongoing services if they wish.

## Appendix 2: The Outreach Project Research Ethics Approval

# New Zealand Ethics Committee

4 April 2016

Gaylene Little  
Independent Research & Evaluation Contractor  
Whatever It Takes Trust Inc.  
34 Pukekura Place  
Taradale  
Napier 4112  
New Zealand

### **NZEC Application 2016\_5: *Napier Outreach Project***

Dear Gaylene Little

The New Zealand Ethics Committee has reviewed your application for *Napier Outreach Project* and has approved its ethical considerations.

The ethos of the NZEC is to see ethics review as an ongoing iterative relationship. After the formal ethics review the research questions and the research design often change. We encourage you to return to the committee at any time if any ethical dilemmas arise in the future.

This approval expires three years after the date of approval.

We wish you every success in your research.

Kind regards

Sue Fish

NZEC Administrator

[http://www.nzethics.com/  
nzethicscommittee@xtra.co.nz](http://www.nzethics.com/nzethicscommittee@xtra.co.nz)  
48 Glendevon Place, Dunedin 9013

## Appendix 3: The Outreach Research Project Information Sheet

### *Outreach Research Project*

#### INFORMATION SHEET

##### **Project Description and Invitation**

The Outreach Project has been initiated to help the homeless people of Napier to access social support services if wanted, along with providing information for the Napier City Council to find ways to make improvements.

A temporary place to meet and share stories has been made available. This was the Lighthouse, near Clive Square. Whatever It Takes (WIT) Trust Inc. will provide tea and coffee facilities and some shelter here during this research project. This means the Lighthouse will be open and we look forward to seeing you often. This project goes from March until early June 2016.

##### **This is an invitation to participate in some research.**

If you only want our help to improve your current living circumstances that's ok you are not required to take part in the research.

If you want to help us to better understand homelessness in general, we look forward to understanding your views.

The things we would like to know are your age, how long you have been sleeping rough and what help you want to improve this.

##### **The Researchers**

Gaylene Little- SWRB 5424 ANZASW  
Gaylene is the lead researcher and is a qualified, registered social worker.

Whiu Carroll-  
The co-researcher is an experienced community support worker who currently works for Whatever It Takes Trust INC. (WIT) in community mental health.

##### **Participant's Rights**

*You are under no obligation to accept this invitation. If you decide to participate, you have the right to share only the information you choose, you can withdraw from the study up until 1<sup>st</sup> June 2016, you may ask any questions at any time, and you can have a copy of the report when it is completed if you wish.*

*Please indicate on your consent form if you wish WIT to have a copy at the main office in Ahuriri for you when complete.*

*The NZ Ethics Committee provides independent ethics review for non-health, non-tertiary research occurring in New Zealand. Its role is to safeguard the rights, health and wellbeing of consumers and research participants and in particular any persons with diminished autonomy.*

Prepared By Gaylene Little Independent Research & Evaluation

## ***Outreach Research Project***

### INFORMATION SHEET

This research project has been screened by the NZ Ethics Committee in March 2016. The New Zealand Ethics Committee is happy to provide formal ethical approval of the design of your research project on the 3 April 2016.

Therefore the researchers under the auspices of the Whatever It Takes Trust Inc. (WIT) are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research, please contact Caroline Lamm General Manager for WIT at 34 West Quay Ahuriri, Napier or on 027 552 0503

This project is funded by The Napier City Council.

Prepared By Gaylene Little Independent Research & Evaluation

## Appendix 4: The Outreach Research Project Informed Consent

### ***Outreach Research Project***

#### **PARTICIPANT CONSENT FORM**

I have read the Information Sheet and/or have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

You can *withdraw* at anytime from this research.

I agree/do not agree to the use of my details to be part of this research. I understand this does not preclude me from receiving the social support offered by Whatever It Takes (WIT) Trust Inc.

I wish/do not wish to have a copy of the report when completed.

I agree to participate in this study.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name - printed** \_\_\_\_\_  
.....

### ***Outreach Research Project***

#### **PARTICIPANT CONSENT FORM**

I have read the Information Sheet and/or have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

You can *withdraw* at anytime from this research.

I agree/do not agree to the use of my details to be part of this research. I understand this does not preclude me from receiving the social support offered by Whatever It Takes (WIT) Trust Inc.

I wish/do not wish to have a copy of the report when completed.

I agree to participate in this study.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name - printed** \_\_\_\_\_

## Appendix 5: The Outreach Research Project Questionnaire

### **Outreach Research Project**

#### QUESTIONNAIRE

Please fill in the following:

Male.....or Female.....

Age.....

Ethnicity.....

Length of time they have been sleeping rough

.....

Issues that you struggle with

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Contributing factors to sleeping rough

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

What support you would like

.....  
.....  
.....  
.....

WIT Services: Prepared By Gaylene Little Independent Research & Evaluation

# ***Outreach Research Project***

## QUESTIONNAIRE

.....  
.....  
.....  
.....  
.....

Barriers to accessing this support

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

What services/supports would be helpful.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....



## **Appendix 7: WIT services**

This is this WIT service write from the web <http://www.witservices.co.nz/services.html>

### ***Peer Support/Community Support***

This is a service that provides support to clients living in the community to assist them with any aspects of daily living that they may need help with. It includes accompanying clients to appointments at WINZ, Housing NZ, lawyers, doctors, Community Mental Health services, the DHB or wherever they need to be. Our community support workers [case managers] also assist clients with budgeting, shopping, socialising, accessing community groups and organisations and also with accessing safe, affordable housing.

### ***Consumer Leadership, Consultancy and Liaison***

This is a service to the DHB, mental health provider agencies and all mental health consumers in Hawke's Bay. Our Mental Health Advisor assists providers of mental health services to plan and develop services that are appropriate for clients and makes sure that the voice of the consumers of mental health services is heard and considered by those providing mental health services to client's right across Hawke's Bay.

### ***Consumer Advocacy Services***

This service ensures that mental health consumers across Hawke's Bay have appropriate support and advocacy when dealing with clinical services, legal issues, housing, benefit entitlements or any other issue that they might need assistance with. Our advocates can accompany clients to these forums and speak on their behalf if necessary. This is a service for individual mental health consumers to access for assistance.

### ***Consumer Resource and Information Service - The Lighthouses***

The Lighthouses are day centres in Napier and Hastings where clients can go Monday to Friday to meet others, take part in group programmes, access support and information, and utilize the gym and share lunch in the company of others. This is the longest running service at WIT and has been an important social connection for clients for over 20 years.

### ***Residential Care Services***

WIT provides a number of residential care services where clients live supported by our staff. Some of these services are staffed 24/7 while others have different levels of staffing. In some situations clients live in their own units or flats while in others they share a house. All WIT residential care services are tailored to the specific needs of our clients to ensure that they have the very best quality of life possible.

### ***Activity based Recovery Support Service***

This service is run at our centre called Manaia House and clients take part in recovery programmes that are provided to enhance their lives and develop skills for independent living in the community. There are sport and recreation programmes, cooking, walking, art, music, fishing, net-working and waka ama groups amongst others. It is intended for clients to graduate from these programmes feeling confident and independent.

### ***Community Social Housing***

WIT is also a Registered Social Housing Provider with Ministry of Business, Innovation and Employment (MBI&E) and thus provides social housing across Hawke's Bay to mental health clients. This means that we can ensure that our mental health clients have affordable, warm, safe housing on a long term basis. WIT discovered early in our existence that housing was a critical issue for our clients.

### ***Other Information***

We also operate 'Return to Work' programmes for mental health consumers in lawns and cleaning teams. We have strong links with HBDHB staff and services and other government and NGO agencies in Hawke's Bay with whom we work to support our clients.

To deliver all these services WIT currently has 3 residential facilities, 3 day activity centres, a portfolio of 42 rental residential properties and a staff of 70 employees. The services are located in Napier and Hastings and surrounding district. WIT peer support and advocacy staff works across Hawke's Bay. Our head office is based in Ahuriri in Napier.

WIT is a peer support service and thus we have a policy of employing at least 70% of our staff who have themselves had a journey of mental health difficulties. We also employ a number of staff who have a close family member experience mental health difficulties so as a staff team we are able to empathise with our clients and understand the struggles and the difficulties they experience.

WIT primarily operates from a narrative perspective and we are totally client focussed in our service delivery approach. Support and services are tailored to meet clients' needs and hopes for the future as we walk alongside them on their journey to recovery. Our services are strengths based and we work to build clients strengths and abilities to live independently and well in the communities of Hawke's Bay.

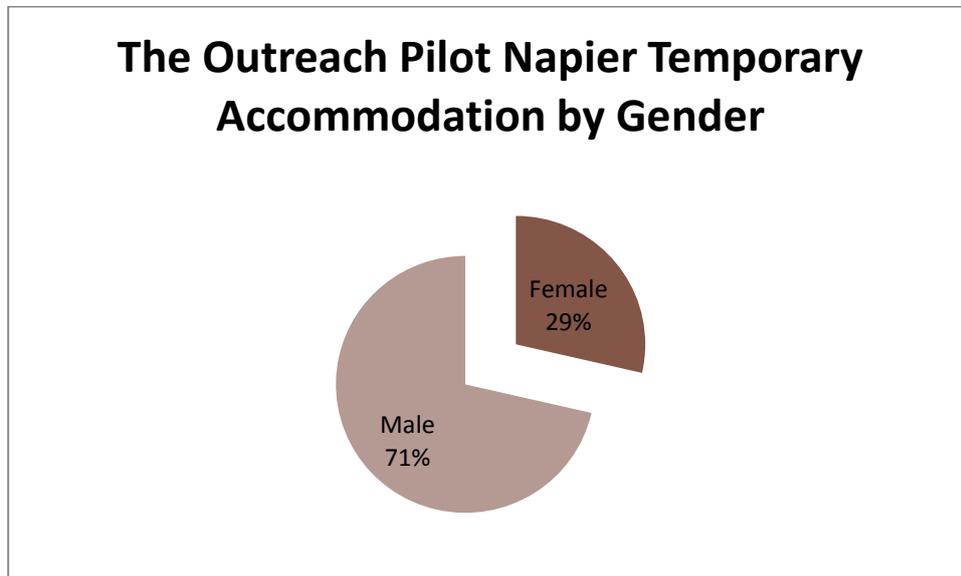
WIT has an on-going focus on professional development and training for all staff. A number of staff continues their on-going educational qualifications at a number of tertiary institutions as well as service specific training being provided by WIT. Regular supervision is provided to all staff and cultural supervision is provided across the organisation to ensure that we work in appropriate ways with our Māori clients particularly as they make up approximately 60% of our client numbers.

WIT has been delivering mental health services in Hawke's Bay for more than 15 years.



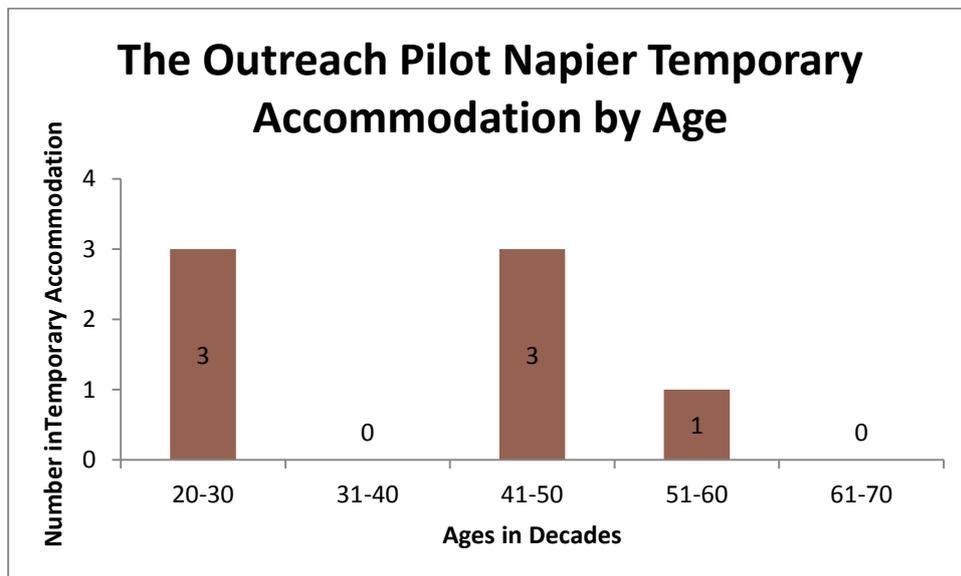
## Appendix 9: Part 2: Temporary Accommodation

Figure 5: The Outreach Pilot Napier Temporary Accommodation by Gender



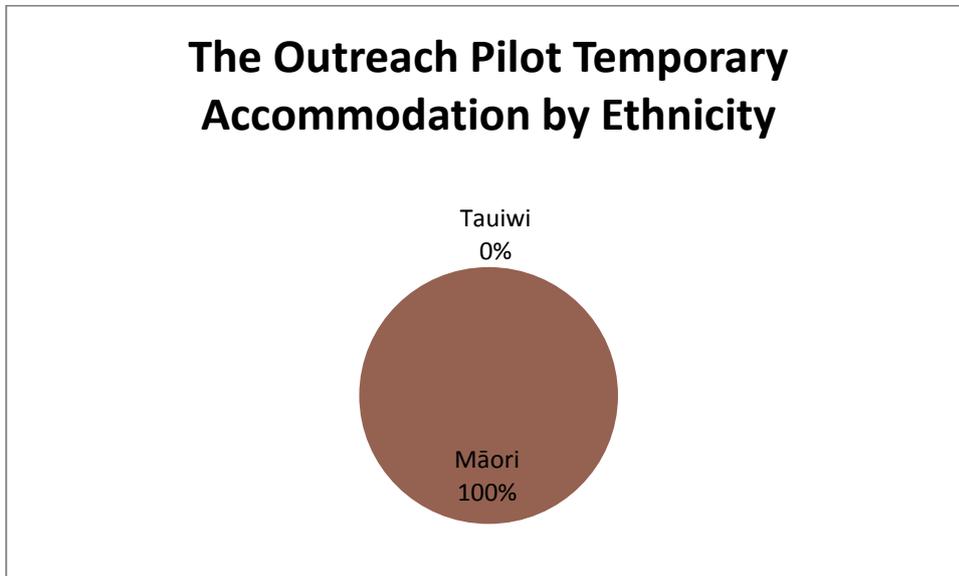
The women to men ratio increased, as time on the streets was less. This means women are living on the streets for shorter periods when compared to the men.

Figure 6: The Outreach Pilot Napier Temporary Accommodation by Age



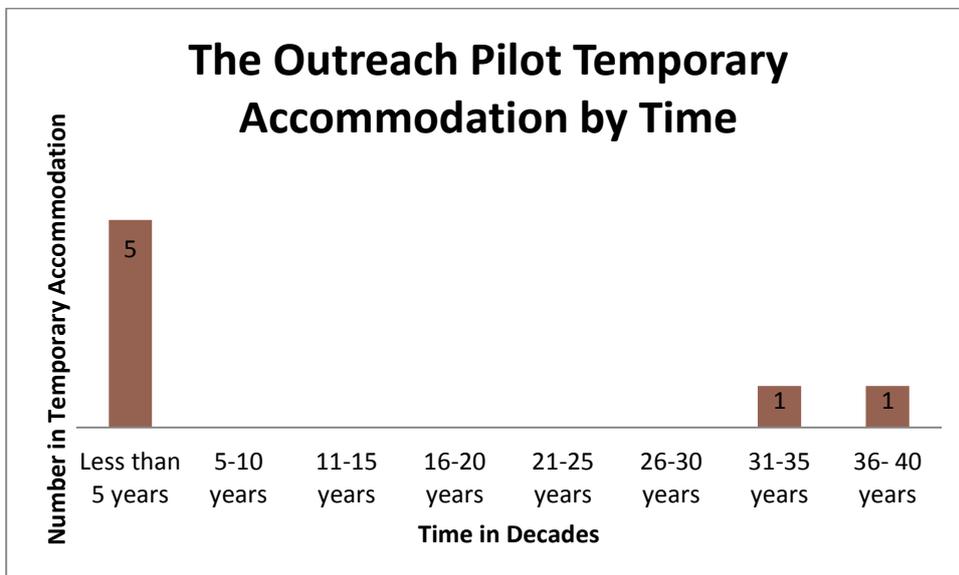
The age range for 'temporary accommodation' is 25 to 60 years.

Figure 7: The Outreach Pilot Napier Temporary Accommodation by Ethnicity



This group were all Māori.

Figure 8: The Outreach Pilot Napier Temporary Accommodation by Time



These people have been in temporary accommodation for 3 weeks to up to 40 years.

## Issues and Contributing Factors (For details see appendix 11)

- Mental health issues
- Physical health issues
- Addiction
- Difficulty managing money
- Lack of housing
- Lack of transport
- Issues with family and children
- Personal choice
- Other issues

## Examples of multiple overlapping problems are:

- *Since father passed away, wanted space, time out from the family, grief over father's death, the family didn't bring him home from Australia, catches up with mum for a week every year over Christmas*
- *Communication, not enough money, gets tired on depo, unwell when not on depo, mental health, no housing, past trauma*
- *Past trauma, lack of counselling, lack of support, tried to run away from the world*
- *Family orientated by me, trust, can't hold flat due to gangs moving in, pushed out of home situation, can't afford flat, high rent*
- *Kicked out of previous accommodation for smoking synthetics, molested in social welfare homes, past contributes to the present, lack of trust for doctors, nurses, people who work in the government, when admitted to the psych unit living place lost, along with fridge, furniture, bedding, TV, everything needed for the flat*
- *Court cases, alcohol, inability to get on with people, budgeting, lack of education, problem socialising with those living on the streets, who do you trust, court cases*
- *Issues with WINZ cost me my house and my relationship, trauma, mum is a morphine addict, ran away from home at 12, hitchhiked to Dunedin at 12 to be with dad, haven't had benefit for six weeks, kicked out of private rental*

Support Wanted (For details see appendix 11)

- Supported housing
- Continue Drop-in centre
- Trained staff, presence of WIT and other support services
- Somewhere to shower, wash clothes, and cook
- Men want to be separate from women

Barriers to Accessing Support (For details see appendix 11)

- Mental health issues
- Being misunderstood
- Difficulties with agencies
- Physical health
- No housing available
- Personal
- No barriers

What services/supports would be helpful (For details see appendix 11)

1. Supported housing, *'like Matariki in Napier'*
2. Continue the Drop-in centre, *'like Sisters of Compassion in Wellington'*
3. Trained staff, presence of WIT, support services, counselling, *'to help with addiction, budgeting, parenting, making better choices'*
4. Somewhere to shower, wash clothes, cook
5. Men want to be housed separate from women

## Appendix 10: Part 2: Homeless

(Including 'without shelter' and in 'temporary accommodation')

---

There were 41 people who came to the Outreach Centre before May 21, 2016, during the pilot. Of these people 10 were friends or family members of people currently living on the streets. Some friends and family provide showers and casual accommodation to those 'without shelter'. There is a wider social system of homeless people and their families forming a community in Napier. This 'homeless' community is connected to other 'homeless' communities elsewhere.

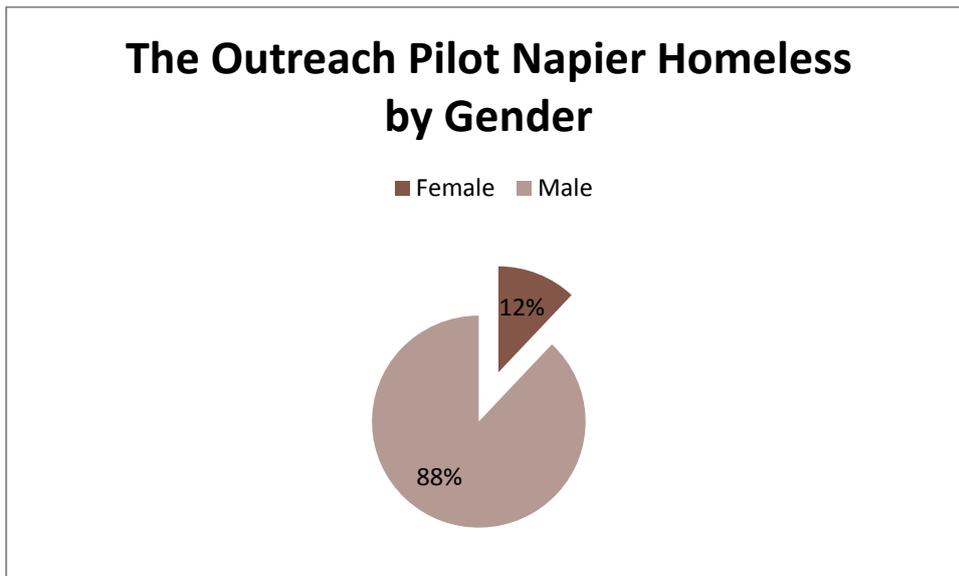
There were 31 people who signed up to WIT for housing support. Not all were 'without shelter' and in 'temporary accommodation'. Some sought support to maintain current living arrangements, to access WINZ entitlements and for support with other issues. Of the 31 people who signed up to WIT, 19 were 'without shelter', 3 were in 'temporary accommodation', 4 were at risk of losing their current housing because they had been asked to leave and 5 wanted support to maintain their current housing situation as they were struggling with tenancy responsibilities or overcrowding.

There were 6 other people who engaged in discussions around current living situations who did not participate in the research or sign up with WIT. Some came to the Outreach with friends or family, and some were met outside the Outreach. Of these 6 people, 3 were 'without shelter', and 3 in 'temporary accommodation'. These people have experienced a lot of difficulty with services in the past and were reluctant to re-engage.

There were 25 'homeless' people who participated in the research. 18 were 'without shelter' and 7 were in 'temporary accommodation'. 3 were women in 'temporary accommodation' and the 22 men were 18 'without shelter' and 4 in 'temporary accommodation'. These numbers are constantly changing. New people arrive at the Outreach every week. One or two have moved on.

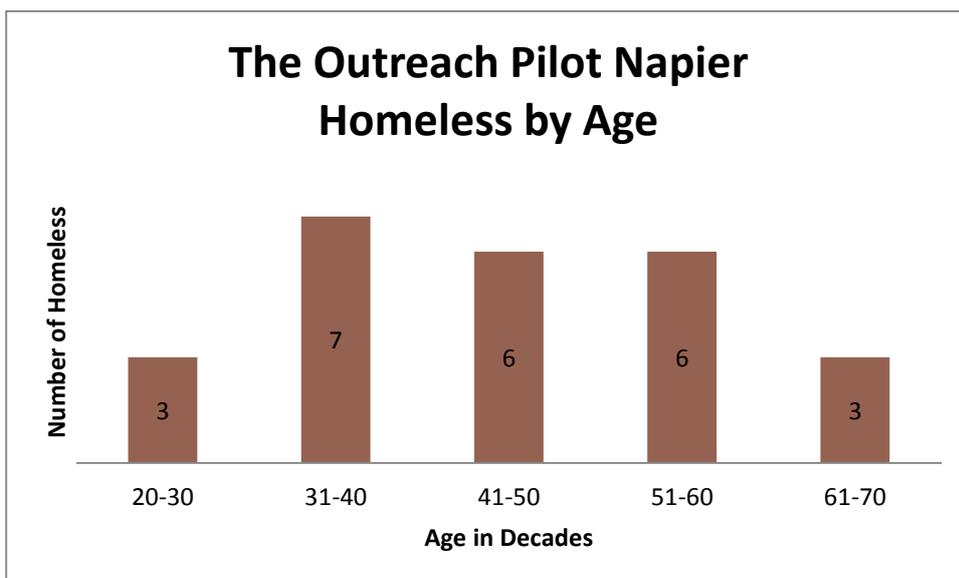
The research identified 31 'homeless' people in Napier.

**Figure 9: The Outreach Pilot Napier Homeless by Gender**



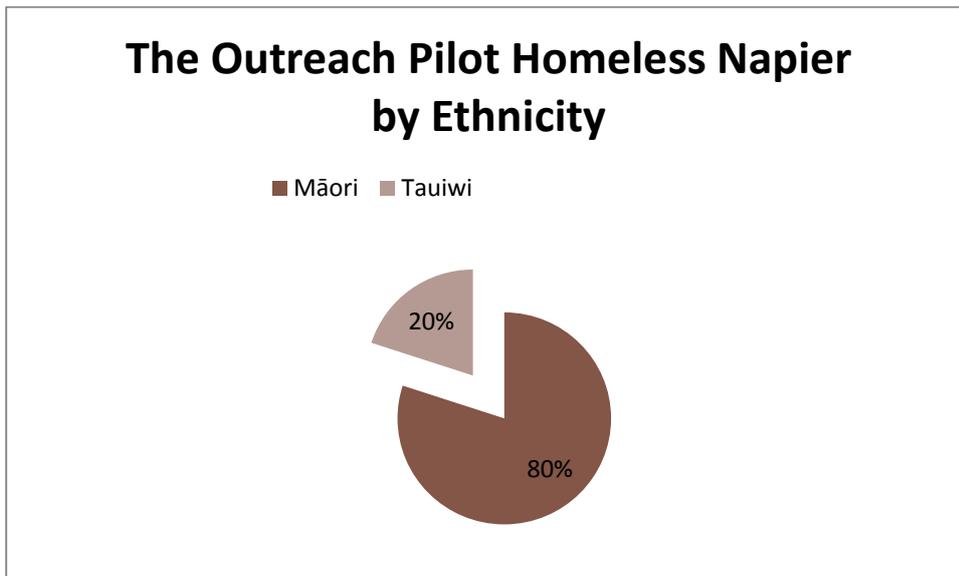
Of the 25 who participated in the research, 22 were male and 3 were female.

**Figure 10: The Outreach Pilot Napier Homeless by Age**



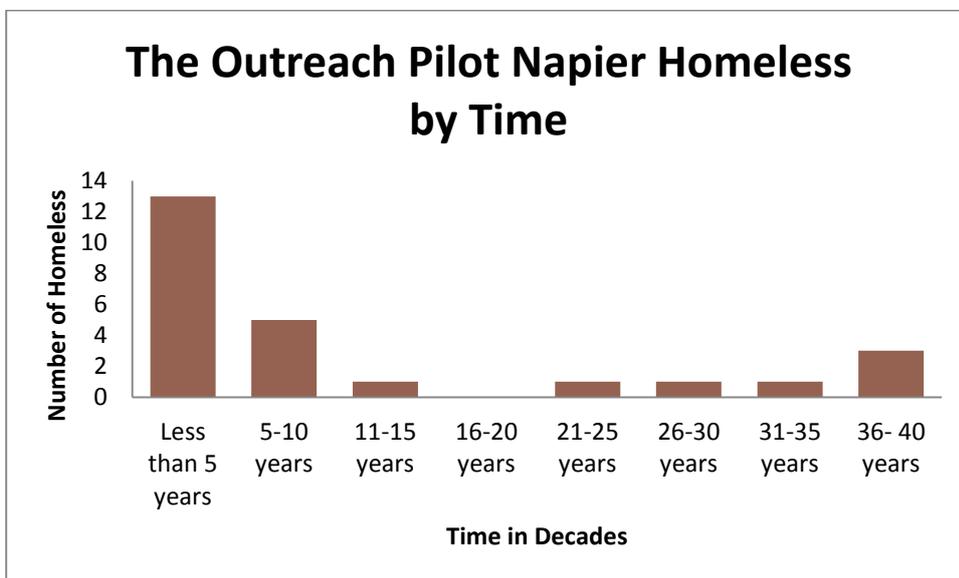
Age range for 'homeless is 25 to 69 years. The average age for men is 50. (45 when women are included).

**Figure 11: The Outreach Pilot Napier Homeless by Ethnicity**



Ethnicity statistics for the homeless in Napier are in-line with the national statistics and these show Māori are over represented.

**Figure 12: The Outreach Pilot Napier Homeless by Time**



## Appendix 11: Issues and Contributing Factors

### Without Shelter: Issues struggled with

The following are the responses given to the question 'What issues do you struggle with?'

- *Mental health addictions*
- *Communication, not enough money, gang pressure, addictions (alcohol, cannabis and synthetic drugs), mental health*
- *Mental health, lack of support and advice, addictions (drug using, gambling, easy going, peer pressure, stand over tactics, managing money)*
- *Wants supported living, no one listens, basic life, voices, mental health, see's God, molested as a child, molested in psych unit, scared of registered nurses authority, has used multiple names in the past*
- *Gets tired on depo, unwell when not on depo, good with money – pays cash for everything, moves from house to house, \$200 cash weekly here and there*
- *Mental health, no housing, past trauma*
- *No money to go to psychiatrist, need a koha, challenges with mental health services coming from out of town, disqualified from driving, had to do corrective training, done time for drink driving*
- *Mental health, depo fortnightly, drug addictions, debts*
- *WINZ, cycle with no resolutions, health, needs to get surgery, no housing*
- *Alcoholism, drugs, heart disease*
- *Struggle with one feed a day when you get \$180 a week, couch surfing is too costly, looking after a mate*
- *Past trauma, lack of counselling, lack of support, tried to run away from the world*
- *Struggle with financial stuff, with no accommodation, no transport, no clothing, trying to work with WINZ*
- *Bipolar, schizophrenia, intellectual disability, asthma*
- *Back aches, asthma, prostate cancer*

- *Since father passed away, wanted space, time out from the family, grief over father's death, the family didn't bring him home from Australia, catches up with mum for a week every year over Christmas*
- *Money an issue sometimes, lucky we've got WINZ, got a bike, transport here, more of an issue than Wellington, no access to showers and washing machines*
- *Health, weak kidney and bladder, struggle to maintain Housing NZ homes, been put in the wrong place too far from town, no transport or vehicle to get to town*

### **Without Shelter: Factors contributing to sleeping Rough**

When asked 'what are the contributing factors to you sleeping rough? The following replies were given by those fitting the 'without shelter' definition:

- *No support from mental health services, family abuse*
- *Financial and family abuse*
- *Family orientated by me, trust, can't hold flat due to gangs moving in, pushed out of home situation, can't afford flat, high rent*
- *Been kicked out of previous accommodation for smoking synthetics, molested in social welfare homes, past contributes to the present, lack of trust for doctors, nurses, people who work in the government, when admitted to the psych unit living place lost, along with fridge furniture, bedding, TV, everything needed for the flat*
- *Unwellness, previously unsupported, people move me out of my living situation and gave away all my things when I went in the unit*
- *Owing money for fines and WINZ*
- *Dodging mental health services, ADHD, supposed to be on Clozapine, non compliant, buying Ritalin on black market, lost place in Hastings sure to mental health, doesn't see his own five children*
- *Spending money on drugs and alcohol, physical problems i.e. spewing all the time*
- *Issues with WINZ cost me my house and my relationship, trauma, mum is a morphine addict, ran away from home at 12, hitchhiked to Dunedin at 12 to be with dad, hasn't had benefit for six weeks, kicked out of private rental*

- *My reparations, chose to be on the street so I could pay my reparations started off with \$18000 now down to \$6000, won't send me to jail or allow community service to pay the fines after automatic deductions nothing to live on if I was paying rent*
- *Inconvenient where, too far from town, no transport, \$180 for a room is too high, not knowing what entitlement is regarding WINZ*
- *Hurt in the past, no resolution, wanting to stay invisible*
- *Lack of money, rent food power more than the benefit, no extras for a bus or anything else*
- *Rent too high, rent was \$230, cost of power, cost of food when full amount is \$300 and having to pay \$50 a week too tight*
- *By choice, money is not an issue, family is supportive*
- *I like the space, working in Christchurch, working while sleeping in the shelter, worked for a year in Christchurch*
- *Enjoy the freedom, expenses involved with staying in a house is too high*
- *By choice, just wanted to experience living on the street*

## **Without Shelter: Supports Wanted**

In general supported living arrangements and access to housing are the most requested supports asked for.

- *Support with accommodation and supported living*
- *Have my own place, supportive health service*
- *Help with finding accommodations, budgeting, counselling, money*
- *Supported accommodation, somewhere to unwind, relax and heal mentally, like WIT Matariki, need the support, too many distractions*
- *Currently getting support managing money, currently no phone, wants support to live independently has name down with Housing NZ, Community Connections were awesome last time – Lynda she helped me a lot*
- *A men's shelter or flat between Napier or Hastings, needs to be locked up, needs to be able to walk everywhere – doesn't drive*

- *Supported accommodation, lived on the streets in Christchurch and Wellington, usually goes out on the fishing boats for work, stabilised on medication*
- *Get my own flat, help with my addictions, budgeting*
- *Need help with housing and WINZ, hangs out in the library*
- *Need help with housing its urgent, only got till the end of this week then in court next week, can't get a bracelet or home detention because I have no home address*
- *Need a house, drop in centre, somewhere to be during the day*
- *Something like Sisters of Compassion in Wellington, a recovery centre or drop in*
- *Someone to get me accommodation, will need support to access bedding and furniture*
- *Support person who knows how WINZ works, and a support person who's more available*
- *No support needed, go to Soundshell for showers, have support at Soundshell to lock up belongings, showers are free, money being spent on drugs and alcohol, no money left for food*
- *Somewhere to stay, men's shelter or hostel, showers available when you want to shower, maybe a workshop or shelter – community driven place*
- *WIT services, signed up with Whiu, to find more permanent work currently seasonal picking, want to work with youth or help in the drop in centre, was volunteering in Wellington at the downtown community centre (DCM). The DCM is a response to Te Hapai and other closures, Courtney's had cooking facilities*
- *Need help with getting accommodation, support to access bedding, furniture and household appliances, will get washing machine and fridge/freezer through WINZ*

## **Without Shelter: Barriers to Accessing Support**

The responses in this section are very honest and these provide the reader a sense of the multiple disparities these people face daily.

- *People think my unwellness is drug induced, no response from mental health services when I ring for support and being Māori*
- *Transport, addictions, being unwell*

- *I have exhausted family and services, lack of understanding my mental health, being discharged from mental health services when I need them, hard to get back through the door*
- *People say I am high functioning, this is not the truth, I struggle everyday because I need a chance to be supported, compliant with medication for five to six years on the injections fortnightly Olanzapine*
- *Lack of houses available, at times unwell, challenging to work with Housing NZ, want to move back to Carnell Street, needs support to be independent*
- *Been in custody several times, wishing to stay invisible, killed someone in the past*
- *Trespassed from Housing NZ, feel Housing NZ think I don't deserve accommodation, major difficulty speaking and being understood, not many people take the time to listen*
- *Finding the right people, services I can trust*
- *Transient moving around, current injury, was working, can't sustain work as ribs keep detaching from the sternum, adverse to taking morphine as mother is a morphine addict*
- *With the change from Clive Square to Onekawa, seems to be lost from WIT, it's tougher at the new Lighthouse, too easy to get trespassed at the new Lighthouse, unreasonable trespassing, receptionist has too much power*
- *Not knowing who to approach, only know about WINZ, nowhere else to go*
- *Whakama, lack of reconciliation*
- *There is nothing currently existing to solve problems, the landlord wants me out, their family are coming back from Aussie, no room in the current living situation, access to resources for living don't exist*
- *Current support worker denies service, thinks I no longer need support services, need better support services*
- *Very resourceful person*
- *We are mana whenua, council forget about people's choices to live how they want to, hard negotiating rules*
- *Facilities are just not there, like the Catacombs in Wellington, not a mental health consumer, just needs facilities*

- *Prejudice towards people (myself), it's not what you are it's who you are, had some conflict in the past in Hastings, getting blamed for stuff, lying around in the bus shelter, people from outside Napier are responsible, Police never intervened, but the Napier City Council staff are mean to the people in the bus shelter*

## **Without Shelter: What services/supports would be helpful**

Supported accommodation is the main service needed with housing availability. Men want to be housed separate from women.

- *Supported accommodation, this would help me with addressing the past issues*
- *Not sure*
- *Napier budgeting, social housing, support person, counselling, someone to talk to*
- *Want to live in a supported home environment like Matariki with my friends, three others, who are coming to this, we would like to set up a supported house together, want WIT services to be there*
- *Accommodation, transport at times, having someone to talk to, will need help with furniture, bedding, blankets and kitchen stuff*
- *Men's shelter somewhere with a shower, kitchen and washing facilities, somewhere to lock up property*
- *Mental health medication, accommodation, need the drop in to continue*
- *Community supports, other services, knowing the right people and WIT*
- *Night shelter, even Whakatane has a night shelter, drop in centre, non judgemental space, somewhere to go during the day, somewhere to charge the phone, somewhere to relax during the day*
- *Support with drug and alcohol, develop a support group, a place to gather, share, discuss, and work through weekly as a collective group, we are not counsellors just know what newcomers are going through, based on maintaining the change, this is not about taking your crap to the floor – rather about sharing work around death, separation etc, showing coping strategies, having the right person with the right attitude, there is a need for positive people*
- *House first, continue to have access to the drop in*
- *Housing, recovery centre, access to a doctor, especially for diabetes*

- *Accommodation, transport, support worker to talk things over with*
- *Better support worker, need someone who is on to it, need someone who can make appointments and keep appointments*
- *To be able to continue the current drop in centre with the Outreach project, would like to start kitchen here at the Outreach, turn it into a day centre, want a special area for drunk people to sleep, want to have a custodian, want somewhere to drink, need to use Māori wardens to supervise people sleeping overnight*
- *A shelter and workshop for men, something like the mission it has a second hand shop, like it here at the Outreach, somewhere to hang out, somewhere with reasonable rules*
- *Want somewhere to be during the day, like the drop in centre, somewhere dry, I hang out at the library, they have WIFI, need somewhere to go for showers, washing, cooking facilities, somewhere to wash the dishes, somewhere to lock up your belongings instead of stashing in the bushes*
- *WIT services, recommend Te Taiwhenua o Heretaunga have more humility, continue to have a drop in like what has been here for this research, this old Lighthouse is better than Onekawa because its more relaxed, more informal rules, respect, respect for current workers, new lease of life in some of the old ones, more comfortable, no stress, more people coming*

### **Temporary Shelter: Issues struggled with**

- *Family breakdown*
- *Mental health*
- *Coping with emotion and feeling, past trauma currently receiving counselling*
- *Health, talking, people laugh and this happens at WINZ, struggle to manage own money, no car, can't drive has a pushbike*
- *Addictions, PTSD, trauma, long term since childhood, OCD*
- *Not having much to do, depression and anxiety interferes with working*
- *Problems, people want to take their lives, not happy, life is a struggle*
- *Family breakdown*

## **Temporary Shelter: Factors contributing to sleeping rough**

- *Loss of house, loss of family, loss of everything like down to kids*
- *Court cases, alcohol, inability to get on with people, budgeting, lack of education, problem socialising with those living on the streets, who do you trust, court cases*
- *Drinking and driving, and smoking have high costs, relationship challenges, left partner to have house, better off on my own*
- *No accommodation available, OCD, no storage, vehicle needs fixing*
- *Lost flat because I got sick, got behind in rent*
- *WINZ are a hindrance, workers can't act on individual cases*
- *Lost housing NZ home, lost custody of the children, lost car due to being sent to jail*

## **Temporary Shelter: Supports wanted**

- *Help with income and having help with what we need*
- *Got plenty on board at the moment, social worker is really good, police were supportive with an incident, have counselling*
- *Support with WINZ, finding own accommodation, transport for some appointments*
- *Need own space, chemically dosed up since seven years old*
- *Access to a gym like Te Kupenga or the Lighthouse, Lighthouse is good enough to hang out in during the day*
- *Doesn't need support*
- *Agency support to awhi to make better choices, counselling, parenting, budgeting, down to seeing the psychologist, someone to understand my life experiences*

## **Temporary Shelter: Barriers to Accessing Support**

- *Seeking help from agencies*
- *Wrongly accused about drug dealing, prevented access to preventative education, stopped access to Jacaranda house etc, accusation not proven, inner self-doubting that people are wanting to listen, can they be bothered to even listen, getting the*

*right personality fit to work with, having a person to share more information i.e. a doctor who reduced Olazepam helped with weight reduction*

- *Language challenges with reading as well*
- *Social barriers, people not understanding what it is like, lack of empathy, lack of understanding, being on the methadone programmes is a barrier to accessing accommodation*
- *Me not knowing where the support is, I wish I knew about the Lighthouse before I got unwell*
- *Well spoken and well able to advocate for themselves*
- *Lack of opportunity, had children young, started family at seventeen years old*

### **Temporary Shelter: What services/supports would be helpful**

- *Help to get an advocate and an agent*
- *Mental health services, knowing sometimes services are abused, having a social worker after hours, secure living conditions, there is a need for homeless shelter, some women's rooms as well, drop in centre with healthy productive things to do*
- *A recovery centre, daily support, support for living for long term, needs ongoing help*
- *Medication, clean needles, clean methadone space to operate in, trained staff with empathy and understanding*
- *Men's refuge or shelter, somewhere to sleepover at night, somewhere to cook, shower and wash*
- *Drop in centre, consumer driven services for people who have been trespassed elsewhere*
- *Agency support when sent to jail*