Time	Topic	Purpose	Presenter(s)	Format	Time allocated
11.45am	**Development Contributions Policy direction**	The purpose of the session is for Elected Members to consider the DC policy provisions that are up for review on the 30 June 2024 and to seek any further policy direction.	Greg Carstens Blair Bowcott	Open Briefing	60 mins
12.45pm	**LUNCH**				60 minutes
1.45pm	**Waikato Housing Initiative Affordable Housing Discussion**	The purpose of the session to provide the opportunity for various external parties to speak with Elected Members concerning affordable housing.	Aksel Bech and Lale Ieremia (Waikato Housing Initiative), Mark Rawson (Kainga Ora) Thomas Gibbons (WCLT), and Julie Nelson (Wise).	Open Briefing	180 minutes
SESSION ENDS					

DISCUSSION TOPIC SUMMARY

Topic: Development Contributions Policy direction

Related Committee: Council Committee

Business Unit/Group: Growth Funding & Analytics

Key Staff Contact/s: Greg Carstens/Tiki Mossop

Direction Discussion/Drop in Session recommended? Status: Open

PURPOSE OF TOPIC/INFORMATION

The purpose of this session is to set out the process and to receive direction where required from Elected Members for reviewing Councils Development Contributions (DC) Policy alongside the 2023-34 Long Term Plan.

WHAT KEY THINGS SHOULD MEMBERS THINK ABOUT/ CONSIDER IN UNDERSTANDING THIS INFORMATION?

It is important for elected members to understand the process for reviewing the DC Policy, how DC charges and DC revenue projections are arrived and any financial and operational impacts on potential policy options. Members also need to consider which areas that are open to policy decisions by Elected Members and which parts of the DC Policy are driven by statute.

KEY SUMMARY POINTS

DC Policy Charges

- The DC model is the calculation tool that takes various inputs such as capex, DC revenue collected to date, inflation/interest rates and growth projections, and returns DC charges outlined in the policy and DC revenue projections for the long-term plan.
- The DC Charges will firm up leading up to public consultation in February/March as the Council makes decisions on its capital programme, and which projects are in and which are out.

Policy intervention options

- Capping charges (setting to a maximum), phasing the increase of charges over time, and remissions (reduction in charges where development meets a criteria) are typical areas that are open to policy intervention by Elected Members (for example, decisions on where options cease existing, continue with existing or newly introduced).
- Caps will reduce Council's future DC revenue, and any DC revenue foregone via capped charges becomes paid for through rates. When the scale of the DC charges is more indicative, caps will need to be reviewed in the Policy.
- As part of the 2021/22 DC policy review, DC charges were also phased for residential developments in selected catchments, between 1 July 2021 and 30 June 2024 so that developers are eased into higher charges over three years. This scheme is ending and needs to be considered for this review.

Remissions

- Examples of remissions currently in the Policy that are well aligned with the purpose and function of a DC Policy include our Actual Demand remission and CBD remission.
- The 2022/23 operative DC policy also has a Social Housing remission and a State integrated schools remission.
- The CBD remission ends 30 June 2024 and will need to be considered by elected members to extend, amend or remove.

- If remissions are introduced (or existing ones extended) to the DC Policy, Council should carefully consider whether the remission aligns to the purpose and function of the Policy – which is to recover growth infrastructure costs based on estimated demand for services, as the remission means that the ratepayer funds the foregone revenue that results from remissions.
- Staff will present alternative options for elected members to consider such as broadening its CBD remission to the larger Stage 1 area and introducing a DC grant scheme instead of a remission.

Three waters reform

- On 1 July 2026 Council would no longer be able to collect DCs for water, wastewater, and stormwater (although there is debate about stormwater activities that may remain with Councils). This would be done by uploading the Council's amended capital programme into the DC Model.
- The three waters reform is uncertain and further legislation needs to be passed. Consideration needs to be taken with decisions relating to introducing remissions as the DIA will need to have oversight given waters assets will be transferred to the entity.

WHERE CAN MEMBERS FIND MORE INFORMATION?

- Development Contributions Policy 101 information session slides - 3 May 2023
- Council's operative Development Contributions Policy 2023-24 can be found here.
- More information on Development Contributions can also be found on Council's webpage.
- Development contributions Deliberations Council report from the 3 June 2022 Council meeting outlining consideration for partial community remission can be found here.

WHAT DIRECTION/FEEDBACK/INPUT DO YOU NEED FROM ELECTED MEMBERS

Staff want direction provided by Elected Members on policy options where required for the 2024/25 DC policy, where staff will report back on with analysis and recommendations at the upcoming 3 August Council meeting.


Development Contributions
Policy Direction
Council workshop
31 May 2023
Hamilton
City Council
Te kaunihera o Kirikiriroa

Purpose of this workshop

To set out for Elected Members:

- the process for reviewing its DC Policy alongside the 2024-34 Long Term Plan
- what are the current DC charges and DC revenue projection, and how they are arrived at
- which parts of the DC Policy are driven by statute and which are open to policy decisions by Elected Members
- describe the financial impacts and effectiveness of various policy options (where known)

And, to receive direction from Elected Members:

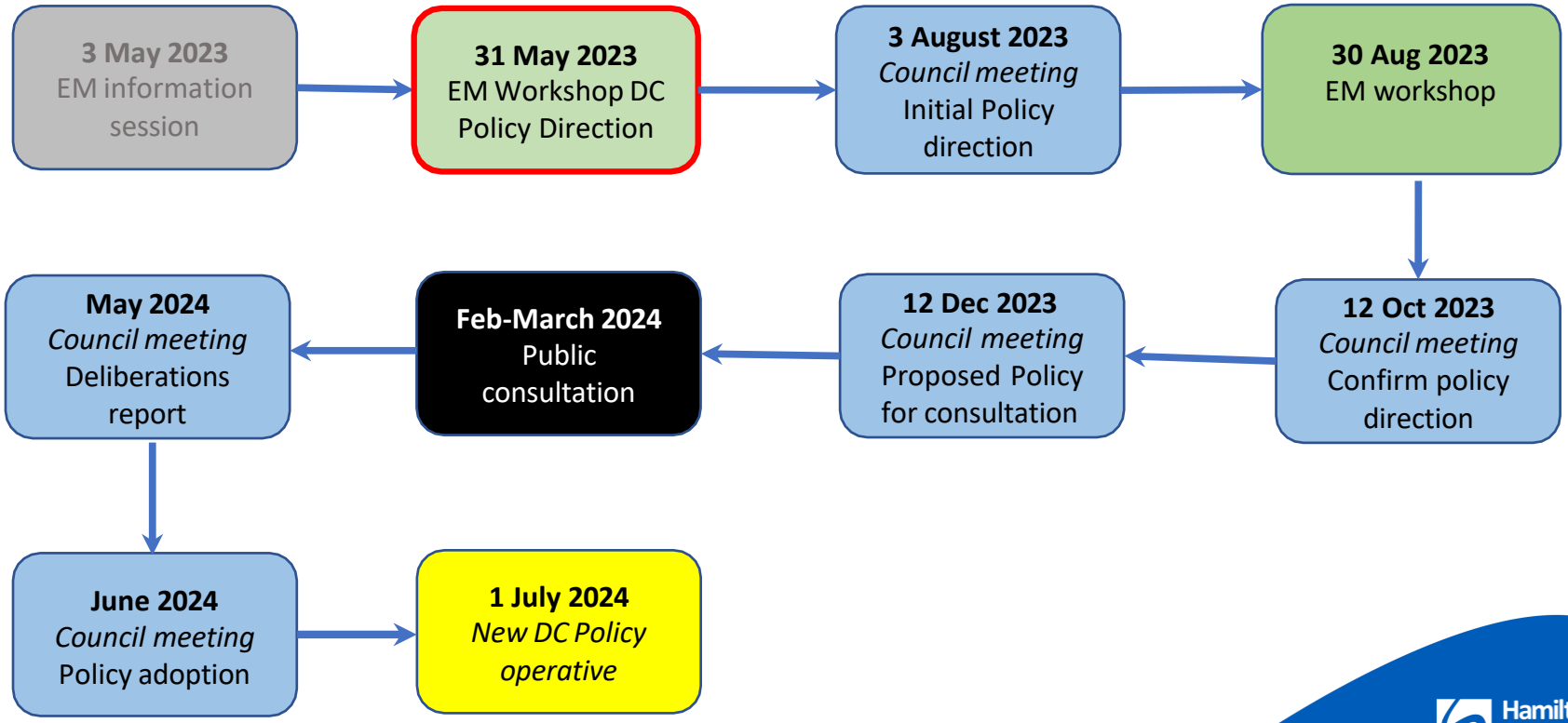
- on policy options for the 2024/25 DC Policy,
- staff will report back to Council with analysis and recommendations at the upcoming 3rd August Council meeting.

Hamilton City Council
Te kaunihera o Kirikiriroa

Contents

Hamilton City Council
Te kaunihera o Kirikiriroa

Timeline


3 May 2023
EM information session
31 May 2023
EM Workshop DC Policy Direction
3 August 2023
Council meeting
Initial Policy direction
30 Aug 2023
EM workshop
12 Oct 2023
Council meeting
Confirm policy direction
12 Dec 2023
Council meeting
Proposed Policy for consultation
Feb-March 2024
Public consultation
May 2024
Council meeting
Deliberations report
June 2024
Council meeting
Policy adoption
1 July 2024
New DC Policy operative

Background

- The Local Government Act (LGA 2002) requires councils to review their DC Policy at least once every three years.
- HCC's DC policy will be reviewed alongside the 2024-2034 Long-Term Plan and will incorporate its new capital programme and growth projections.
- As part of the DC policy review,
  - DC Charges will be updated based on updated inputs to the DC model (see next slide)
  - Any legislative changes and Judicial decisions will be incorporated – including three waters reform
  - Elected Member policy direction will be incorporated
  - Legal review and technical peer reviews
  - Public will be consulted alongside the LTP
  - Will include other changes for technical or policy improvement reasons

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DC Policy Charges

- DC charges will firm up leading up to public consultation in Feb/March as:
  - Council makes decisions on its capital programme – projects that are in/out and timing.
  - Council confirms certain policy positions
  - we review and update cost allocations
  - Detailed growth modelling is completed
  - Interest rates are confirmed

- Current residential DC charges vary from $18,023 to $93,226 for a standard (three bedroom) dwelling.

- Current Industrial DC charges vary from $6,133 per 100m2 to $15,283 per 100m2.

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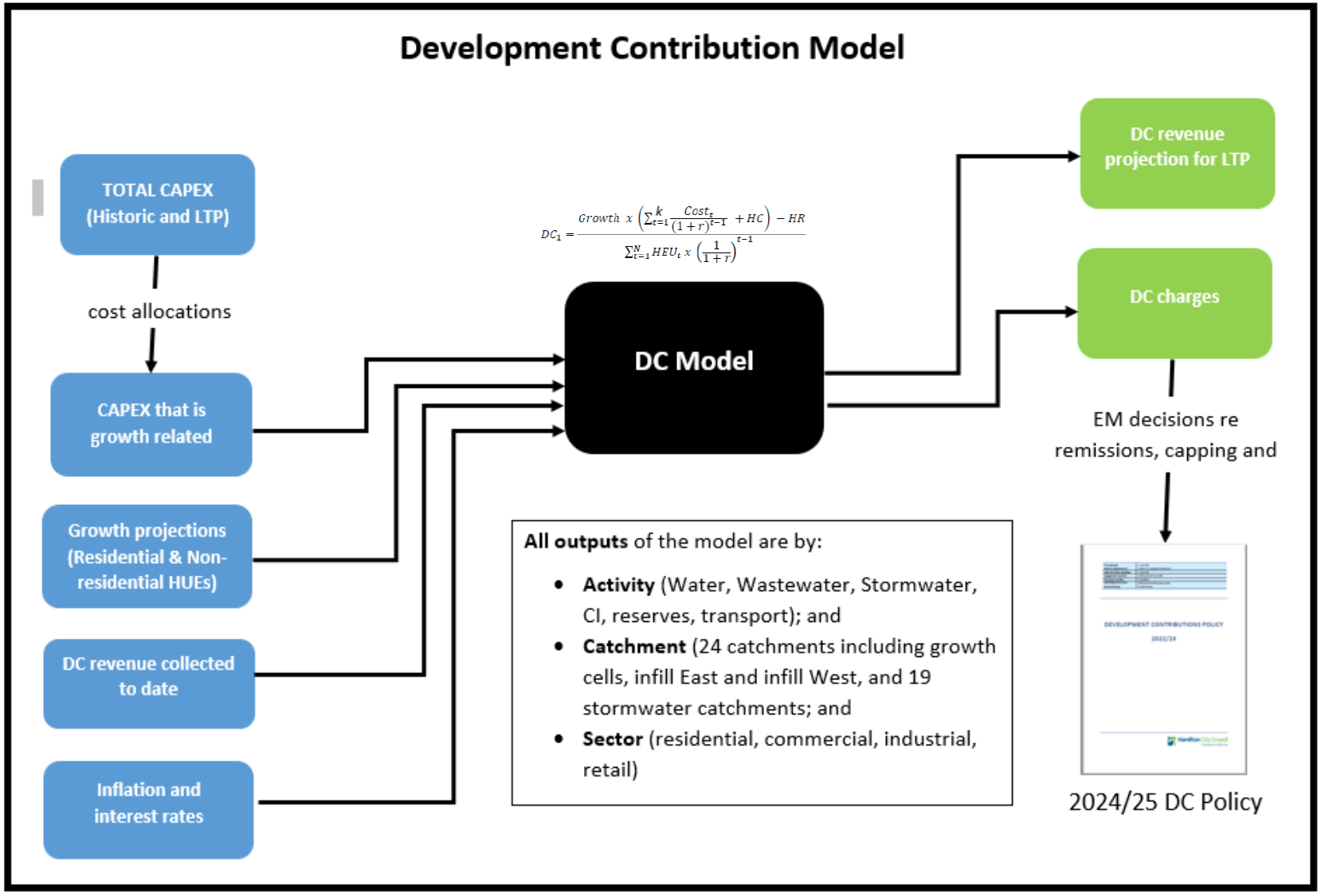
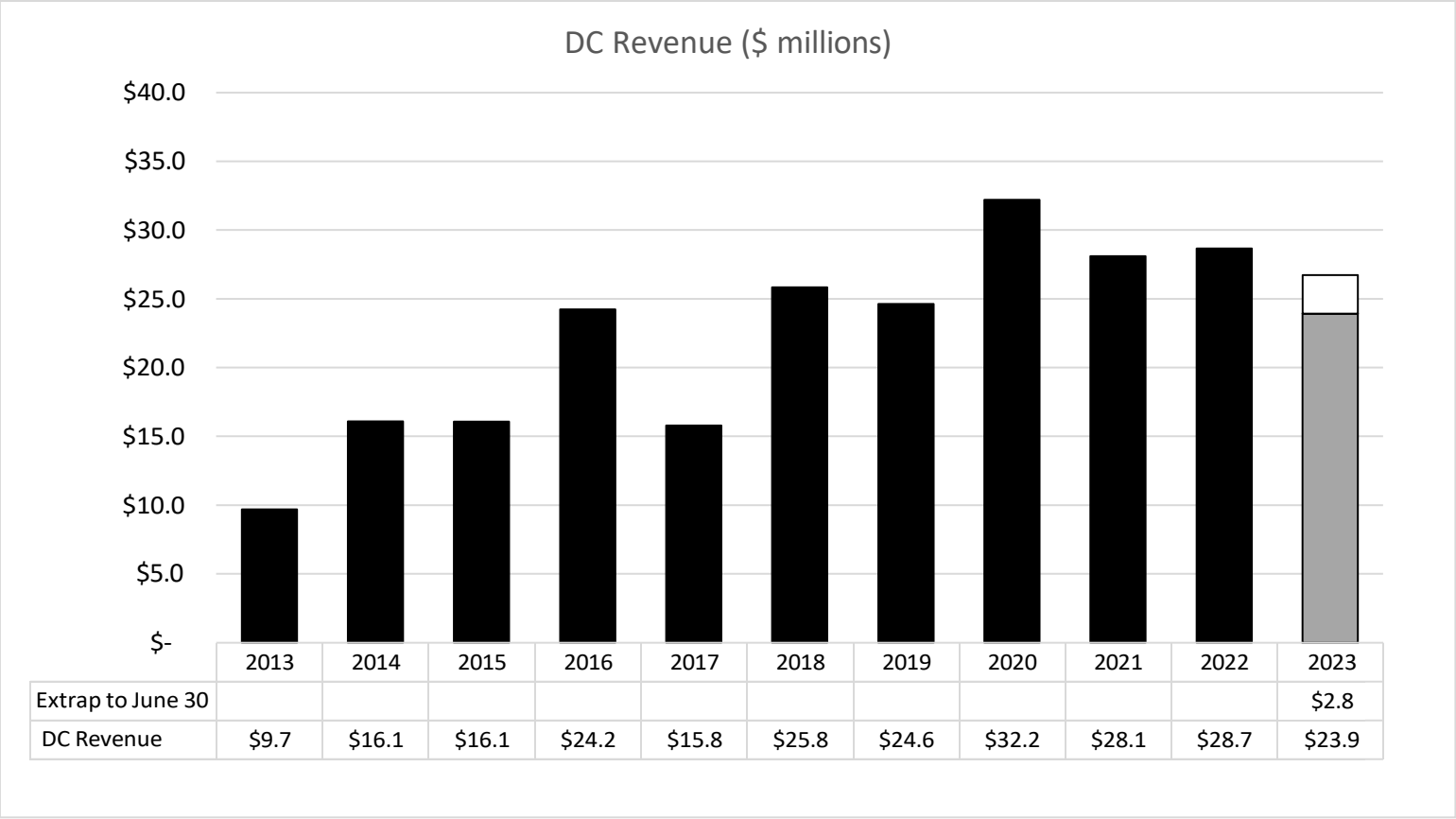
DC Model

The DC model is the calculation tool that takes the various inputs and returns DC charges and DC revenue.



DC Revenue – how much is collected?



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Extrap to June 30											$2.8
DC Revenue	$9.7	$16.1	$16.1	$24.2	$15.8	$25.8	$24.6	$32.2	$28.1	$28.7	$23.9

If/when 3-waters reform happens, 3-waters revenue will be no longer be collected by Council

Note: 2023 extrapolation 16/5/2023 to June 30 is for illustrative purposes – not an official Council financial forecast

Elected Member DC Policy direction

- The DC model and its charge outputs are largely driven by statute and the technical response in the modelling.
- However, there are areas that are open to policy intervention by Elected Members (e.g. cease, continue, or introduce new)
  - Capping charges (setting a maximum charge)
  - Phasing charge increases over a period of time
  - Remissions – reduced charge where a development meets certain criteria
- By law, a council can only artificially reduce charges, not increase them
- Direction provided by Elected Members on policy options will be reported back with detailed analysis and recommendations at the upcoming 3 August Council meeting

Hamilton City Council
Te kaunihera o Kirikiriroa

Option – Capped charges

- As the Council's capital programme increases over time, so do DC charges.
- Caps will reduce Council's future DC revenue and be funded through rates
- Caps, if strategically and effectively deployed, caps can induce development, increase economic activity, and support Council strategic direction.
- Developers generally support, non-developers oppose
- In the 2020/2021 DC Policy review, capped (maximum) charges were introduced to the policy to selected greenfield catchments with substantially higher non-residential DC charges, to prevent the development of neighbourhood centres being priced out
- These caps only impacted the top end of high charges

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Option – Phased DC charges

- As part of the 2020/2021 DC policy review, DC charges were phased in for residential development in Peacocke 1 & 2, Rotokauri, Rototuna and Ruakura.
  - Charges in 2021/22 included only 1/3 of the increase in charges
  - Charges in 2022/23 (current Policy) include only 2/3 of the increase in charges
  - Charges in 2023/24 will be at the full 2020/21 Policy rate

- Phased charges are intended to:
  - lower the initial impact on developers of higher charges in a new DC Policy, and
  - provide greater certainty of the level of development contributions charges payable by developers

- Phased charges result in significant foregone DC revenue, which is ultimately funded by the rate payer

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Te kaunihera o Kirikiriroa

DC Remissions – considerations for inclusion

- The Local Government Act 2002 allows Councils to adopt a DC Policy with no provision for remissions (e.g. Auckland, Waipa, Waikato District). But, many councils do (incl. HCC).
- This capital cost recovery is based on demand for services (e.g. litres of water and wastewater, impact on the transport network, population demand for new greenspace etc).
- If remissions are introduced (or existing ones extended) in a DC Policy, Council should satisfy itself that:
  - the remission aligns to the purpose and function of the DC Policy – which is to recover growth infrastructure costs based on estimated demand for services
  - The remission will have a sharp influence desired strategic outcomes, and broad in its beneficiaries
  - that influence on desired outcomes is financially justified, noting that the ratepayer funds the foregone revenue from remissions.
  - That the financial benefits accrue to the public, and not for private profit via market forces

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DC Remissions

Examples of remissions that are well aligned with the purpose and function of a DC Policy include:

- Granting a remission where a large development uses substantially less services than assumed (e.g. HCC's Actual Demand Remission), and it has a material impact on Council's network
- To support economic growth in line with a Council strategic priority (e.g. CBD remission)

- Remissions that are less aligned with the purpose and function of a DC Policy include:
  - remission that favour a narrow portion of the community or certain parties ("why not us")
  - remissions of community or not-for profit developments – important and valuable, but not well aligned to policy purpose. Suggest alternative mechanisms be used
  - affordable housing remission – concern about profiteering at the expense of ratepayers

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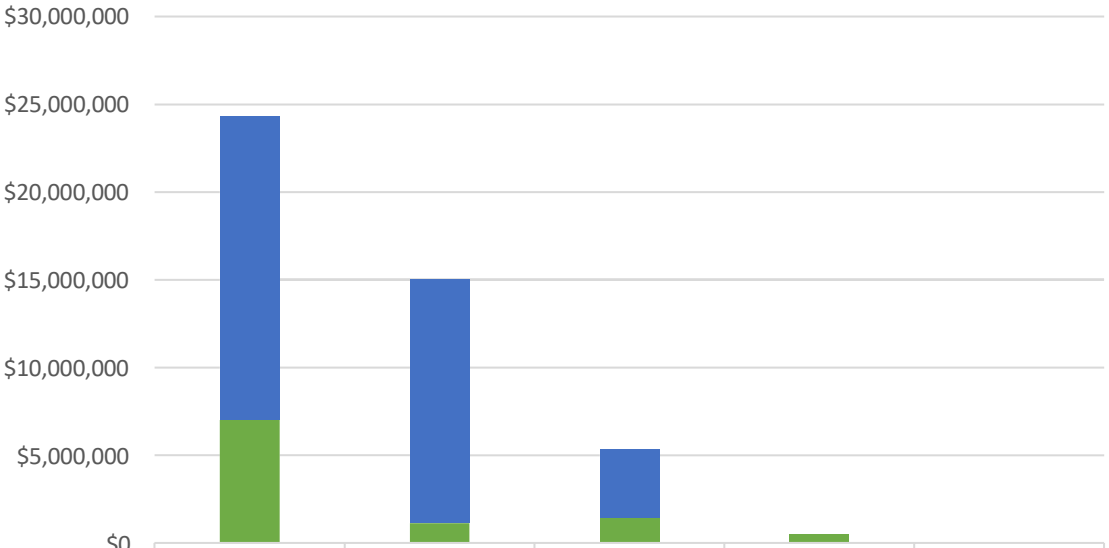
HCC Remissions summary



	Actual demand	CBD	Private Developer Agreement	Social housing	State integrated schools
Prior Policies	$17,312,952	$13,894,217	$3,910,493	$0	$0
Current Policy (21/22 & 22/23)	$7,006,364	$1,138,305	$1,449,456	$504,546	$0

Remission provisions can lead to substantial foregone DC revenue - The current LTP DC Policy has provided $10M in remissions, and $45M in total since 2009.

Current Policy (21/22 & 22/23) Prior Policies

Central city remissions (current)

50% CBD remission

- introduced on the 1 July 2021 and ends 30 June 2024
- Subject to criteria, applies to development in the current Central Business District and was first introduced in 2013 to incentivise and to increase development feasibility to help to transform Hamilton's central city.

100% High rise remission

- Also introduced on the 1 July 2021 and ends 30 June 2024
- a 100% remission applies to developments in the CBD with 6 or more storeys

Infrastructure Acceleration Fund (IAF) –

- In November 2022, Council was successful in securing a non-repayable grant of $150.6m for infrastructure to support housing outcomes in the central city.
- Nine developers have signed IAF Incentive Side Agreements, which confirms their commitment to deliver substantial number of houses in the Central City, with HCC promising limited remissions of DCs.

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Social Housing & S.I. Schools remission (current)

Social housing remission

- Introduced in the 2020/201 DC policy offering a remission of up to 100% for registered housing providers and charitable trusts providing social housing.
- One social housing remission has been approved to date totaling $505K (Salvation Army)

State integrated schools remission

- Introduced in the 2022/23 DC Policy
- Provides a partial remission for developments undertaken by state-integrated schools that provide public access and community benefit.
- No state integrated school remissions have been approved to date.

Community remission (option)

- When the DC policy was undergoing review in 2022, elected members requested staff to investigate the opportunities and challenges of implementing a remission for community organisations. At the 5 June 2022 Council Meeting, staff provided an analysis of this.
- The potential scope for a remission for community organisations is large and would require Council to be able to define what types of developments are eligible for the remission. This is complex and will inevitably lead to some organisations feeling unfairly treated.
- Financial impact could be substantial
- One other council in NZ exempts not-for-profit organisations from paying DCs; however, they are still assessed on a case-by-case basis.
- Staff do not recommend Council introduce a (conventional) remission for community projects to its DC Policy for reasons including:
  - mis-alignment with the purpose of a DC Policy,
  - Uncertainty around what the ratepayer liability might be over time, and because it may be substantial
  - Challenges defining eligibility and managing disputes

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Community remission (alternative option)

- Instead of a remission, a grant scheme with a link to the DC policy could be introduced with allocated funding in the LTP
- It could cover just community organisations or all of council's current community related remissions.

The benefits of a grant scheme include:

- Council can set criteria it wants staff to assess applications on but make the final decision
- It limits financial exposure
- It gives council the ability to support projects that benefit the community
- It reduces complexity for DC assessments

- Tauranga city council currently offer a grant scheme for DCs on community housing and Papakainga housing.

Plan Change 12 ‘Stage 1’ remission (option)

- A potential remission candidate for Council to consider is broadening its CBD remission to the larger Stage 1 area, which could apply to different specified types of development.
- This is included as a suggested candidate because:
  - It has strong strategic alignment
  - The intention would be to direct development into areas where growth is desired
- These would need to be weighed against
  - Large sums of remissions borne by the ratepayer not the developer
  - Goes against broad ‘growth pays for growth’ principle
  - Whether provisions could effectively deliver the desired benefits at an acceptable cost
  - Equity issue – developers in other growth areas would likely see this as an inequitable policy position

Staff will wait for Elected Member direction before making any further investigation on this option.

Other technical changes

Three waters reform

- From the 1 July 2026, Council would no longer be able to collect DCs for water, wastewater, and stormwater (although there is debate about stormwater activities that may remain with Councils).
- Councils DC Policy would be two years into the typical three-year cycle of DC Policies which align with Council LTP's.
- There is significant uncertainty - further legislation needs to be passed.
- Potentially the DIA could use its oversight to influence policy decisions for the 2024/25 DC Policy. For example, any decisions in remissions implemented will need to be considered by the DIA.

Other (minor) amendments to the DC Policy include:

- Any minor changes to clarify, update information, dates and grammar.
- Stormwater approach refined to reflect higher density development or multi level residential dwellings to give effect to a Judicial decision.
- Technical changes as the modelling progresses

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Questions or further direction?

FURTHER INFORMATION

Hamilton City Council
Garden Place, Private Bag 3010, Hamilton

/HamiltonCityCouncil
@CouncilHamilton
07 838 6699

hamilton.govt.nz

DISCUSSION TOPIC SUMMARY

Topic: Housing Briefing

Related Committee: Information Session

Business Unit/Group: City Planning

Key Staff Contact/s: Mark Davey

Direction Discussion/Drop in Session recommended? Status: Open

PURPOSE OF TOPIC/INFORMATION

- Elected members have identified a focus on affordable housing for the current triennium and have requested a briefing on what Hamilton City Councill, and others are currently doing in this space.
- We have invited key stakeholders to attend this briefing including the CEO of the Waikato Housing Initiative (WHI), Trustees of the Waikato Community Lands Trust (WCLT), the Regional Manager of Kainga Ora (KO), Ministry of Social Development (MSD) Regional Commissioner, and the WISE group.
- These stakeholders will outline their purpose, roles, and current actions that they are undertaking in the housing space.
- The briefing will also include a group discussion about the role that HCC should play in housing taking into account the actions already underway across the ecosystem.

WHAT KEY THINGS SHOULD MEMBERS THINK ABOUT/ CONSIDER IN UNDERSTANDING THIS INFORMATION?

- Members should consider the role that HCC should/could play in contributing to affordable housing, with consideration of the roles played by other stakeholders across the region.
- There is an opportunity to ask key staff and stakeholders questions to increase understanding of the issues, opportunities and potential next steps.
- Members can enhance their understanding of HCC's current Housing Strategy and Action Plan and whether changes or refinement are needed moving forward.
- Members will be provided with current housing data that will inform discussions about next steps.

KEY SUMMARY POINTS

Affordable housing continues to be a priority for the City and wider region.

Hamilton continues to be comparatively more affordable that Auckland and Tauranga.

The housing system can be explained in the diagram below.

There are a number of players in the housing ecosystem across the region looking to deliver/influence housing affordability.

Some of those key players include the WCLT, WHI, Wise Group, MSD and Kainga Ora.

Hamilton City Council has a role to play in that we set the rules and policy frameworks in which development can occur.

We also have an influencing and collaboration role.

There is now an opportunity to have a detailed conversation around HCC's role in the housing ecosystem into

the future given the other players in this space.

WHERE CAN MEMBERS FIND MORE INFORMATION?

Include:

HCC

- Advancing Affordable Housing Outcomes in Hamilton SUMMARY DOC 2023 – Essentia Consulting (attached)

WCLT

- WCLT update

WHI

- WHI Letter (attached)and Action List (attached)
- New models with Integrated affordability for sustainable (attached)
- waikatohousinginitiative.org

WISE

- Womans Homelessness – Fraser, White et al 2020 (attached)
- Elsevier – Publication June 2019 – Phase one(attached)
- Two-Year Post-Housing Outcomes for a Housing First Cohort in Aotearoa NZ (attached)

WHAT DIRECTION/FEEDBACK/INPUT DO YOU NEED FROM ELECTED MEMBERS

Staff are keen to get EM direction on the role that HCC could/should play in affordable housing, and whether a review/refinement of the Housing Strategy and Action Plan are needed.

Advancing Affordable Housing Outcomes in Hamilton - Summary Recommendations & Next Steps

Hamilton City Council

February 2023

Essentia Consulting Group Limited

Background and Introduction

HCC engaged Essentia Consulting Group (Martin Udale) and tasked it to undertake a review of HCC's role in the housing market, with a particular focus on 'affordable' housing. The scope of the review was focused on gaining a high level understanding of the current housing landscape in Hamilton and surrounding region and HCC's current role involvement in this. In particular we have been tasked to address how HCC might better enable and facilitate the delivery of more affordable housing. Subsequent to Recommendations from the review HCC will then separately consider how it might best organise itself with internal and other resources to respond to these and agree next steps

Executive Summary

We have identified a series of themes and possible actions under each theme that Council may consider to enable and facilitate AH outcomes more effectively. These are:

1.0 Regulatory Tools and Levers including: - Inclusionary Zoning - Development Bonuses - District Plans rules and Development Controls - Consenting Processes - A Sub-regional Response	**3.0 'Direct' Action** including: - Exemplar Projects - City Centre revitalisation/IAF - Strategic Land Acquisitions - Effective Partnerships - Grow Council Capability in development
2.0 Financial Tools & Levers including: - Infrastructure Investment - Development Contributions - An Affordable Housing Fund	**4.0 Fairfield-Enderly** including: -Redevelopment vs Regeneration - An Effective HCC KO Partnership - Council LTP and Resource Alignment

A number of Other Issues were also identified through the review process and are addressed in section **5.Other Issues**.

These 'themes' and associated actions identified in the main paper are summarised in the following Table 1:

Table 1: Short, Medium & Long Term Actions

	Action	Short Term 1-2 Years	Medium Term 3-5	Long term 6 - 10 Years
1.Regulatory Tools & Levers	Inclusionary Zoning	Voluntary - by agreement	Mandatory - amend DP	Ongoing
	Development Bonuses	By negotiation	DP Amendments	Review as needed
	DP Rules/Dev Controls	Review	DP Amendments	Review as needed
	A Sub-regional response	Test appetite for sub-regional IZ initiative	Develop / implement common IZ approach	Maintain
2.Financial Tools & Levers	Infrastructure Investment	Voluntary agreements		
	Development Contributions & Rating	Review DC policy and potential for targeted rate	Amend following review	Review as required
	Affordable Housing Fund	Options, preferred, implementation plan	Implement	Maintain
3.Direct Action	Exemplar Projects	Review site opportunities, develop 'go to market'	Deliver first project(s) Identify further sites	Known pipeline and forward commitments
	City Centre revitalisation/IAF	Overall strategy and implementation plan developed to leverage IAF/others funds	Establish collaborative partnerships with Crown, Iwi, private investors/developers to deliver CC outcomes	Maintain revitalisation focus
	Strategic Land Acquisition	Review policy and funding, identify land	Acquire land Rezone/other	Bring to market
	Effective partnerships	Identify willing partners, agree basis of any AH partnership arrangements	Maintain/grow ongoing partnerships - CHP's, developers, Iwi, Crown et	Maintain
	Grow capability and knowledge	Develop understanding of development process / project viability - apply	Empowered team, permission to act, scope to develop	In house capability in development drivers and partnering developed
4.Fairfield-Enderley	Redevelopment or Regeneration	Agree principles & scope of FE programme, expectations, roles 7 responsibilities	Implement/maintain regeneration focus & outcomes	Regeneration programme complete
	Effective HCC KO partnership	Re-set partnership principles, parameters, management, governance	Maintain	Maintain

3

	HCC LTP / Resource alignment	Align HCC resources & investment in FE to Annual Plan/next LTP	LTP includes long term investment in FE	Review/update AP/LTP as required
5.Other Issues	Community Lands Trust	Decision on ongoing HCC support and purpose	Subject to decision	Subject to decision
	Waikato Regional Housing Initiative	Clarify role & purpose of WRHI Clarify partnering and collaboration WRHI/HCC	Maintain relationship	Maintain relationship
	HCC resourcing	Review internal resourcing and structure for effective impact	Grow effective partnerships Grow capability	Maintain
	Location Matters	Location considerations to address 'affordable living'	Maintain	Maintain

Recognising that these 5 main themes with a total of 19 actions cannot all be initiated at the same time, and that human and financial resources are always scarce, we have identified those key actions within each theme that we consider could and should be the initial focus with others to follow as time and resources allow. We would note that there are a number of actions that carry across more than one theme or action.

These key actions are identified as they can potentially be activated in the short to medium term and are considered likely to have a positive impact on advancing AH outcomes in Hamilton. Briefly these are:

1. Develop and implement an Inclusionary Zoning (IZ) plan - initially on a voluntary basis and then in time through mandatory provisions within the District Plan. Recent proposals in QLDC in this regard, along with similar provisions in South Australia provide possible models to follow
2. Recognise infrastructure enablement as a key leverage point develop for new development areas and develop funding mechanisms and approaches in concert with IZ provisions
3. Identify and bring to market exemplar projects including within City Centre linked to IAF and LTP funding to enable housing outcomes
4. Reset the partnership expectations, management and governance of the Fairfield-Enderly project with Kainga Ora to ensure long term alignment
5. Decision required on ongoing support by HCC of Community Lands Trust; clarify relationship with and role of the WHRI
6. Review internal resources and organisation structure to enable effective implementation focused on delivering agreed outcomes

The following Table 2 short-lists the suggested focus actions from the long list in table 1

Table 1: 'Short-List' of Short, Medium & Long Term Actions

	Action	Short Term 1-2 Years	Medium Term 3-5	Long term 6 - 10 Years
1.Regulatory Tools & Levers	Inclusionary Zoning	Voluntary - by agreement	Mandatory - amend DP	Ongoing
	A Sub-regional response	Test appetite for sub-regional IZ initiative	Develop / implement common IZ approach	Maintain
2.Financial Tools & Levers	Infrastructure Investment	Voluntary agreements	Voluntary/mandatory	Voluntary/mandatory
	Affordable Housing Fund	Options, preferred, implementation plan	Implement	Maintain
3.Direct Action	Exemplar Projects	Review site opportunities, develop 'go to market'	Deliver first project(s) Identify further sites	Known pipeline and forward commitments
	City Centre revitalisation/IAF	Overall strategy and implementation plan developed to leverage IAF/others funds	Establish collaborative partnerships with Crown, Iwi, private investors/developers to deliver CC outcomes	Maintain revitalisation focus
4.Fairfield-Enderley	Redevelopment or Regeneration	Agree principles & scope of FE programme, expectations, roles 7 responsibilities	Implement/maintain regeneration focus & outcomes	Regeneration programme complete
	Effective HCC KO partnership	Re-set partnership principles, parameters, management, governance	Maintain	Maintain
5.Other Issues	Community Lands Trust	Decision on ongoing HCC support and purpose	Subject to decision	Subject to decision
	Waikato Regional Housing Initiative	Clarify role/purpose of WRHI Clarify partnering and collaboration WRHI/HCC	Maintain relationship	Maintain relationship
	HCC resourcing	Review internal resourcing and structure for effective impact	Grow effective partnerships Grow capability	Maintain

From: Nicky Swan
To: Nicky Swan
Subject: WCLT update 16 May Exec Update
Date: Monday, 22 May 2023 3:40:04 pm
Attachments: image001.gif
image002.gif
image003.gif

WAIKATO COMMUNITY LANDS TRUST UPDATE

The Waikato Community Lands Trust has provided an update for elected members on recent progress. Trustees will also attend a Housing briefing session, alongside other key housing stakeholders, on 31 May 2023 where Elected Members will have a chance to ask questions and discuss progress.

The WCLT is in the process of entering into an MOU with Habitat for Humanity (Central Region) to provide property management and operational support to the Trust.

WCLT has committed to the purchase of four units in Firth Street, Hamilton, within a block of eight. Settlement is scheduled for 26 May. Habitat's assistance will be useful to progressing further arrangements in terms of affordable housing, including potentially leasehold/secure home arrangements.

The WCLT are undertaking amendments to the Trust Deed to provide for a minimum of three trustees (it currently requires a minimum of five trustees) and seeking refinement of the appointments process to make it easier and more efficient. This will be discussed in more detail at the May briefing.

Nicky Swan
Executive Assistant to Blair Bowcott | General Manager | Growth
Kaiaawhina Manahautuu Whakatupuranga

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Ben Scott (Hamilton City Council)

24 March 2023

WHI Affordable Housing Discussion - resulting Workstreams

Thank you for your attendance at the meeting on 25 January 2023 and apologies for the delay in coming back with the summary outcomes.

The feeling from all participants was that it was high time we moved from problem definition and ideas to actions - so we at WHI took the time to come back to you, not with a set of Minutes, but rather with a refreshed set of action focused items within our existing Workstream framework, with confirmation of Leads for each area.

The Leads will now reach out to our stakeholders to progress within each Workstream (including the many generous offers for collaboration at our meeting).

As discussed, I (often supported by one Trustee) will be making times with your respective democracy teams for workshop dates to seek Mayoral and elected member support for the items or areas within the Workstreams each Council wishes to support.

The outcome of this will be a direction and mandate for staff to progress (or not) work in this affordable housing area -and consequent LTP implications for allocation of time and resources as appropriate.

We have already attended a Housing Strategy Workshop at Waitomo District Council and have a second workshop booked with Waikato District Council later this month. We look forward to arranging the remaining workshop slots at a timing that suits Council calendars.

Through the recent sessions, the Affordable Housing Summit held last month hosted by BridgeTrust, good support for the Momentum Affordable Housing Fund and indeed the Hearing Panel deliberations underway by Hamilton City along with Waipa and Waikato District Councils regarding Inclusionary Zoning submissions to their RMA Amendment Act - WHI remains confident that there is new progress and regional alignment that will see us with results in the near term.

With thanks

Aksel Bech

CEO – Waikato Housing Initiative

WHI - Workstream ACTIONS and Leads

1. INTEGRATED AFFORDABILITY (Overall Lead = Lale Ieremia)

A. Crown and Council land in strategic positions made available (already held or rationalised with new acquisitions).
B. Work with Iwi to understand if they have land that can be made available (leasehold and papakainga basis) for descendants/tribal members only or those plus others that do not whakapapa to the land (but contribute financially back to the landowner: Lynmore Rise retirement example from Rotorua, Owhatiura South 5 Inc Land, where generating employment opportunities was key driver).
C. Papakainga to co-housing "morph" on maaori freehold land where land owners want that outcome (explore license to occupy models).
D. Revising and achieving broad agreement around a Waikato definition for Affordability (may be a range to match the differing types of tenure)
E. Integrated affordability – with security of tenure models developed and supported
F. Quantify data on typology required in the Waikato -establish based on regional needs (informed by industry & KO/MSD data on social housing)
G. What is the Land Trust role and is it structured correctly to achieve that? *See also 6F below.*
H. Affordable Housing Pipeline established

2. POLICY & REGULATION *(Overall Lead = Thomas Gibbons)*

A. Inclusionary Zoning (IZ) provisions to be adopted.
B. Put affordability within Policy documents and have legislation that incentivises Affordable Housing.
C. Develop affordability provisions to present and drop into District Plan with direction given in RPS
D. Explore enabling provisions for long-run leasehold options (current barrier of 35yr+ being treated as sub-division under RMA).
E. Review of options for on-site treatment of sewage (with current requirement for 2.5ha minimum by Regional Council) as potentially out of step with modern treatment options commercially available.
F. Intensification "bonus" for integrating affordability (incentives valued by developers) over and above RMA Amendment Act in applicable areas OR in areas not covered but identified in growth plans as appropriate for intensification
G. Waikato wide adoption of the WHI led Strategy – following on from the Mayoral forum acknowledgement- including FutureProof focus area
H. Overall direction of RMA reform; NPS-UD directs consideration of supply and price –(ie, affordable housing); also need a broader toolbox around leasehold and tenure reform.

3. FUNDING *(Overall Lead = Aksel Bech)*

A. Clear overview of available options (including new Affordable Housing Fund, IAF, IAG, TPK etc) and role of philanthropics plus new Momentum fund and regional bond that WEL started. WRC retro-fit improvement fund also in this space.
B. Development Contributions and rating treatments, incentivising integrated affordability toolkit.
C. Connect PPPP to affordability prioritised project pipeline (promote use of ScoreCard)
D. Integrated affordability – integrated government investment plans into pipeline (Pipeline of funding)

4. QUALITY *(Overall Lead = Nic Greene)*

A. Certification of new materials (automatic recognition of CE Mark etc)
B. Universal design for greater accessibility (with Accessibility Waikato and Aged Care)
C. Agreement on applicable "standard" -I.e. have Healthy Homes, HomeFit, HomeStar and LifeMark as examples.
D. Review of regulations/standards to ensure are enabling for kitsets/modular/off-site and other pre-fabricated standards -not hindering. Includes multi-storey off-site and Modular builds.
E. Support programs – Central and local government – KO Developments
F. Development of Waikato Regional sustainable home scheme

5. DATA LAKE / STOCKTAKE *(Overall Lead = Gill Henderson)*

A. 2023 refresh of 2018 datalake and stocktake. KO and Councils offered support.
B. New interrogatable dashboard style front end to datalake
C. Accessible and reliable source of the truth

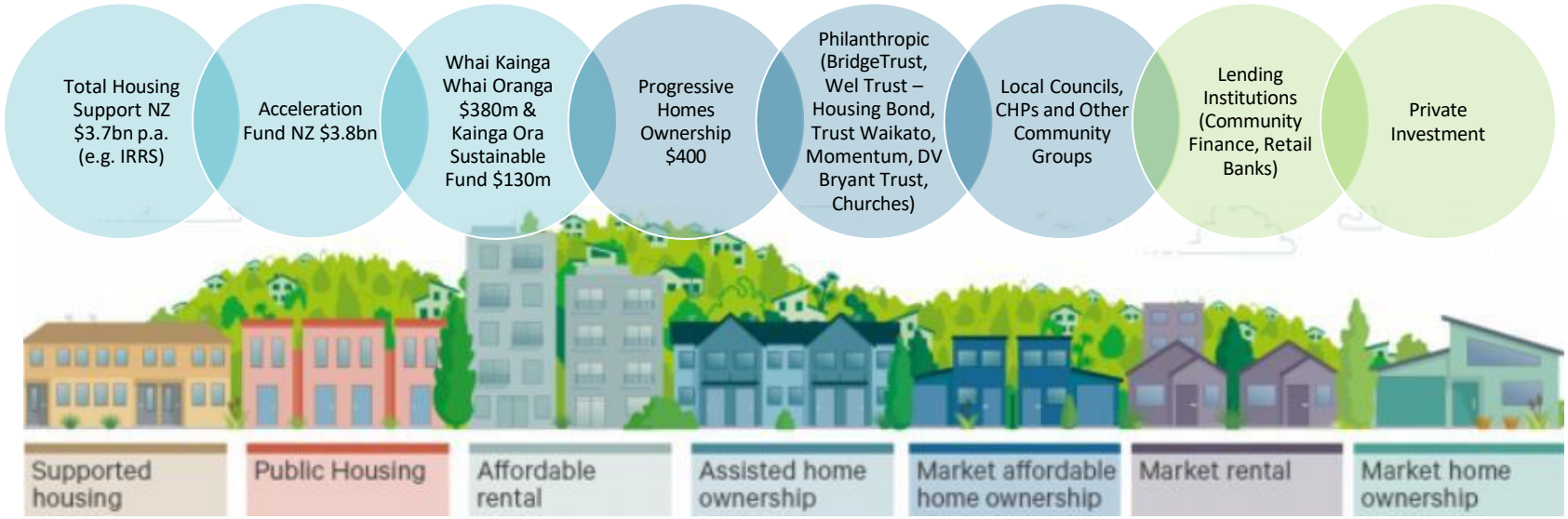
6. TOOLKITS *(Overall Lead = Aksel Bech)*

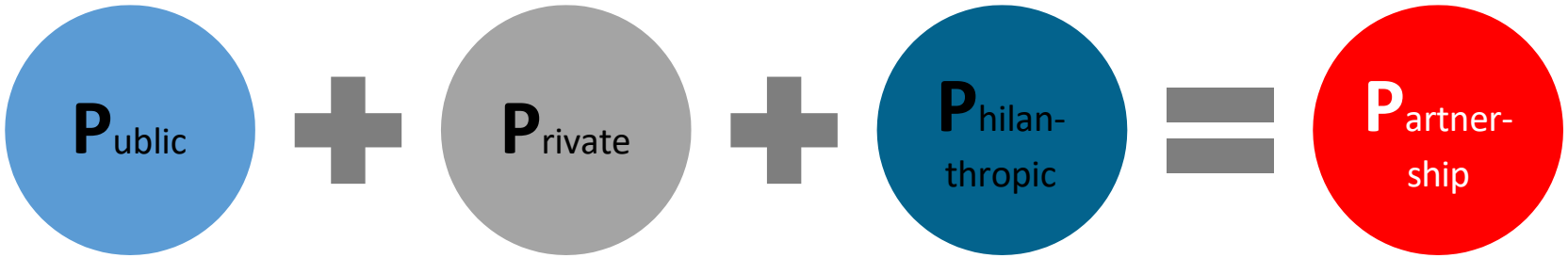
A. Promote use of SCORECARD -look to funders and Councils to require. WHI IP developed and run by Deloitte at arms length.
B. Creating a systems matrix to connect the housing continuum with current providers
C. Continue to develop the programme of housing
D. Continue to develop the programme funding
E. Road maps for projects and groups to models and framework for master planned communities and integrated affordability
F. Work with Waikato Community Lands Trust (WCLT) to ensure regional applicability (including donor "tags" on land and/or funds to be observed as well as Trustee composition reflecting regional mandate)

7. OTHER ACTIONS *(Overall Lead = Aksel Bech)*

A. Master planning principles/urban renewal vs regeneration principles; shared agreement on urban design "minima" principles.
B. Mindset shift/culture change conversation with communities; advocacy and education supporting mindset change to embrace mixed types of secure tenure and typology of housing as part of the continuum.
C. Collaborative approach with necessary parties: TLA, Central Govt, Community Groups, Iwi & Cultural Groups, Business and Philanthropic: complete Communication strategy and plan to then turn workplan including regular scheduled touchpoints with stakeholders.
D. Advocacy and education -continue to be independent voice in this space.

New models with Integrated affordability *for sustainable, flourishing and connected communities*





SSM - Population Health 15 (2021) 100842

Contents lists available at ScienceDirect

SSM - Population Health

journal homepage: www.elsevier.com/locate/ssmph

Service usage of a cohort of formerly homeless women in Aotearoa New Zealand

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ARTICLE INFO

Keywords:
Homelessness
Housing first
New Zealand
Women
Linked data

ABSTRACT

Purpose: The aim of this paper is to explore government service usage across the domains of health, justice, and social development and tax for a cohort of formerly homeless people in Aotearoa New Zealand, focusing specifically on the experiences of women. The Integrated Data Infrastructure is used, which links our de-identified cohort data with administrative data from various Aotearoa New Zealand Government departments.

Results: Of the cohort of 390, the majority (53.8%) were women. These women were more likely to be younger (57.1% were aged 25–44), indigenous Māori (78.6%), and have children (81.4%). These women had lower incomes, and higher rates of welfare benefit receipt, when compared to men in the cohort and a control group of women from the wider population.

Conclusions: The cohort were primarily female, younger, Māori, and parents. They earned much less than their non-homeless counterparts, and relied heavily on government support. The neoliberalisation of the welfare state, high rates of women's poverty, and the gendered nature of parenthood means that women's homelessness is distinct from men's homelessness.

1. Introduction

This paper provides a quantitative exploration of the service usage of a cohort of homeless women[1] in a small city in Aotearoa New Zealand. It shows that homeless women are more likely to be younger, Māori, and parents. It builds on prior work conducted by He Kāinga Oranga (Pierse et al., 2019).. The experiences and needs of homeless women remain under-researched, despite a growing effort to address this disparity of information (Bretherton, 2017; May, Cloke, & Johnsen, 2007; North & Smith, 1993; Phipps, Dalton, Maxwell, & Cleary, 2018; Pleace, 2016; Reeve, 2018). The focus is usually on single men who are rough sleeping and are often dealing with addiction or poor mental health (Hagen & Ivanoff, 1988; Phipps et al., 2018). Definitions of homelessness derived from male experience has excluded the types of homelessness that many women experience (such as staying with friends and family), as well as the impact of domestic violence, motherhood, and responsibility for children (Bretherton, 2017; Pleace, 2016). Women's experiences of homelessness are different, and must be treated as such; comprehensive research is needed to explore this diversity.

The aim of this paper is to investigate gender differences in a subsection of the Aotearoa New Zealand homeless population. This is done by analysing service usage prior to being housed by a cohort of formerly homeless people who have been re-housed by Housing First (HF) services. De-identified and integrated administrative datasets have been used in this analysis. Housing First is an holistic approach to addressing homelessness, which is premised on the idea that complex issues are best addressed from the starting point of permanent housing (Tsemberis, 2010). This contrasts to more traditional models of addressing homelessness in which sobriety or other requirements must be met in order for clients to obtain and maintain housing (Pierse et al., 2019). This paper

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[1] We use the term women in this paper for the reader's ease, however, due to most government data sources only collecting data about sex assigned at birth, the analysis is of those who were assigned female at birth; 90% of the women in the cohort had their sex identified by Births, Death, and Marriages registration data and the remaining 10% from alternative government datasets. We were unable to tell how many of these people identified as women. Thus, it may be that there are some non-binary people or transgender men included in the analysis without our knowledge. Additionally, the analyses will not include any transgender women.

https://doi.org/10.1016/j.ssmph.2021.100842
Received 17 December 2020; Received in revised form 1 June 2021; Accepted 5 June 2021
Available online 8 June 2021

builds on previous research by He K¯ainga Oranga, which showed that previously homeless people who were housed by The People's Project (TPP), a HF provider in Aotearoa New Zealand, had consistently higher rates of government service usage over a long time period prior to being housed (Pierse et al., 2019). 53.8% of the cohort of 390 discussed in this earlier research—and further investigated here—were female (n = 210), compared to 46.2% who were male (n = 180) (Pierse et al., 2019). This paper expands on this original analysis to explore the gendered experiences of homelessness amongst our HF cohort.

There is limited published research that focuses specifically on homeless women's lives in Aotearoa New Zealand and that which does exist is qualitative (Bukowski & Buetow, 2011; Groot, Hodgetts, Waimarea Nikora, & Leggat-Cook, 2011). Both quantitative and qualitative research is needed to fully understand women's homelessness. Rates of homelessness in Aotearoa New Zealand have been steadily growing over the past two decades, with these rates highlighting disproportionate experiences of homelessness by M¯aori, Aotearoa New Zealand's indigenous people (Amore, Viggers, & Howden-Chapman, 2020). Aotearoa New Zealand is a settler-colonial country, and the current and historical colonisation of Ma¯ori has served to dispossess Ma¯ori from their land, destroy their economic base, and threaten their culture and language (Lawson-Te Aho et al., 2019). This has led to them experiencing homelessness at disproportionately high rates, which is reflected in the following data used in our analysis.

2. Methods

This paper is a continuation of earlier analysis on the service usage in the HF cohort that utilised administrative and service-based records linked in the Integrated Data Infrastructure (IDI). This allows for linking of de-identified data for the 390 individuals in this group across a wide range of government interactions (Black, 2016). More detail on the IDI, including the datasets used, can be found in this original paper (Pierse et al., 2019). See Section 6 for the Statistics New Zealand (SNZ) disclaimer.

2.1. Study and comparison populations

The results are presented separately for the 210 women and 180 men in the HF cohort. This paper has used the same control group representative of the general population (n = 33,666) as in the initial analysis (hereafter referred to as the Estimated Resident Population, or 'ERP') (Gibb, Bycroft, & Matheson-Dunning, 2016; Pierse et al., 2019). There were 16,884 women in the ERP (50.2%).

2.2. Datasets

The demographic information presented in Table 1 was obtained using an IDI composite table with the most reliable estimate of that person's sex, age, and ethnicity. Information on parenthood was sourced from a government-maintained set of life events that links people to individual children's birth certificates which list them as a parent (Statistics New Zealand, 2015).

The rates and types of service usage by sex are presented for datasets that have been grouped into one of three domains:

- **Health** includes all publicly funded hospital discharges, subsidised pharmaceutical dispensings, and outpatient events from secondary mental health and addiction services.
- **Justice** includes alleged criminal offences, all laid criminal charges, all convicted criminal court charges, and all correctional events.
- **Social development and tax** information is sourced from two income datasets recorded monthly: wages and salaries, and main working-age welfare entitlements. Information on benefit type is sourced from administrative records about new benefit spells.

Table 1
Demographics of the men and women in the HF and ERP cohorts.

Variable		Relative percentage (%) Housing First (n = 390)		Relative percentage (%) ERP (n = 33,666)	
		Women (n = 210)	Men (n = 180)	Women (n = 16,884)	Men (n = 16,785)
Age (years)	Under 25	18.6%	13.3%	13.8%	15.8%
	25–44	57.1%	45%	35.6%	36.5%
	45–64	24.3%	41.7%	35.3%	33.6%
	65+	S[1]	S	15.4%	14.1%
Ethnicity (total response, multiple ethnicities allowed)	Ma¯ori	78.6%	66.7%	14.4%	14.1%
	European	32.9%	48.3%	71.5%	69.3%
	Pacific	7.1%	6.7%	6.5%	6.6%
	Asian	2.9%	S	13.8%	14.2%
	Middle Eastern, Latin American, African	4.3%	6.7%	2.2%	2.7%
	Other	S	S	1.5%	1.9%
Number of children, as listed on child's birth certificate	None	18.6%	38.3%	55.9%	57.1%
	1	17.1%	21.7%	16.2%	16.9%
	2	21.4%	16.7%	16.4%	16.7%
	3	15.7%	8.3%	7.2%	6.6%
	4+	27.1%	15%	4.3%	3.7%

[1] Any count of an associated statistic with an underlying count of people or events below six (or 20 for a mean) are suppressed by SNZ for privacy and confidentiality reasons (as indicted by S in the tables).

2.3. Reference period

The findings presented by sex are for events prior to the date first housed for HF individuals (between October 2014 and June 2017) and the median date at which the HF cohort were first housed (June 9, 2016) for the ERP (the ERP were not in any housing programmes, hence why we use the HF median date for their results). Results are presented for the five year and one year periods prior to the relevant baseline. That is, baseline here with respect to the HF individuals means the point at which those in the cohort were housed and the June 9, 2016 for the ERP.

2.4. Analysis

For each cohort of interest, the results are presented as exact numbers, means and, where appropriate, relative percentages. All analysis was done on de-identified records in a secure Data Lab environment and the necessary privacy, confidentiality, and security measures for IDI research have been observed. The ERP data comes from the 20181020 refresh of the IDI and the HF data from the 20190420 refresh; the HF data is from a later refresh due to data coverage quality and lags in updates.

3. Results

The results are presented below, first by comparing the key demographics of the HF women and men. We then move on to explore rates of service usage by different dataset domains, comparing the HF women to the HF men *and* to the ERP women. Finally, we look at the types of welfare recipiency and compare the difference between the HF women and men.

There were 390 people in the HF cohort, 210 (53.8%) of whom were women. Chi-square tests[2] showed the women were more likely to be

[2] Chi-square tests are a statistical method used to determine whether or not there are statistically significant differences between variables.

Table 2
Comparative rates of service usage.

Dataset domain	Data source	Mean in 5 years before baseline				Mean in 1 year before baseline			
		Women		Men		Women		Men	
		HF	ERP	HF	ERP	HF	ERP	HF	ERP
Health	Hospitalisations	3.8	1.1	2.5	0.8	0.8	0.2	0.7	0.2
	Maternity-related hospitalisations[1]	1.3	0.3	S	S	0.2	0.1	S	S
	Pharmaceutical dispensings	128.0	64.9	157.5	53.2	32.2	14.9	31.9	12.5
	Mental Health & Addiction - Outpatient events[2]	69.0	5.8	76.6	5.9	16.1	1.3	21.0	1.2
Justice	Police offences	2.2	0.1	5.6	0.5	0.4	<0.1	1.2	0.1
	Criminal charges, laid	1.8	0.1	5.5	0.5	0.3	<0.1	1.1	0.1
	Criminal charges, convicted	1.2	0.1	4.0	0.3	0.2	<0.1	0.8	<0.1
	Prison sentence, days	22.3	0.4	213.3	10.1	0.77	0.04	41.7	1.6
	Community Service sentence, days	95.6	5.0	214.8	26.7	28.3	0.9	44.6	10.5
Social Development and Tax	Months in which tax paid on wages and salaries	8.4	29.1	10.1	30.6	1.3	6.3	1.4	6.7
	Total income from wages and salaries	$18,886	$105,681	$23,953	$161,961	$2279	$23,999	$2645	$36,802
	Months in which a benefit was received	44.7	7.1	38.9	5.1	10.2	1.4	8.9	1.0
	Total income from benefit receipt	$56,829	$8222	$41,135	$5195	$13,557	$1692	$10,041	$1131
	New benefit spells	2.1	0.4	2.9	0.3	0.6	0.1	0.8	0.1

[1] All hospitalisations with primary diagnosis classification of 'Complications of pregnancy, childbirth, and the puerperium' or supplemental classifications V20–V39 ('Persons encountering health services in circumstances relating to reproduction and development,' 'live-born infants according to type of birth').

[2] Outpatient rates of mental health and addiction service usage have been found from a single source of national-level data about contacts, activities, and services for secondary-care mental health and addiction service providers.

young ($p < 0.001$), Mā ori ($p < 0.008$), and have one or more children ($p < 0.001$) in comparison to the men. The most common age bracket for women in the cohort was 25–44, with 45–64 the next most common age bracket. However, there was a higher percentage (57.1%) of women aged 25–44, in comparison to the men (45%).

As Table 1 shows, 78.6% of HF women were Mā ori, which is higher than the 73.1% of the entire HF cohort who identified as Mā ori. HF women had more children (as listed on a birth certificate) than men: 81.4% of women had children in comparison to 61.7% of men.[3] HF women were more likely to have four or more children (27.1%), whereas men were more likely to have only one child (21.7%).

Overall, women in the HF cohort had more children than the men. HF women had an average of 2.6 children, with a quarter of them having four or more children. In comparison, HF men had an average of 1.6 children, and a quarter of them had two or more children.

The HF cohort had significantly higher rates of service usage than the ERP. We compared women and men within the HF cohort, and HF women to ERP women; Table 2 shows these results for both five years and one year before baseline. We present both numbers to show the prolonged high rates of service usage that the cohort experienced prior to receiving support from TPP. Overall, within the HF cohort, women and men had comparable rates of healthcare usage; men had higher justice interactions; and women earned significantly less from wages and salaries. Additionally, when comparing the HF women to ERP women, we see that the HF women had much higher rates of service usage across all domains, and considerably higher welfare recipiency and lower wages.

Healthcare service usage was the first domain explored. Overall, there was not a significant difference between the healthcare usage of women and men; however, both had significantly higher usage than their ERP counterparts. For example, in the five years prior to baseline, the mean number of hospitalisations was 3.8 for HF women versus 1.1 for ERP women, and 2.5 for HF men versus 0.8 for ERP men. HF women were 3.5 times more likely to be hospitalised than ERP women. Both HF women and men had higher rates of healthcare usage than the ERP. However, in comparison to women in the ERP, HF women had distinct healthcare usage. For HF women, for example, maternal hospitalisations in the five years prior to being housed had a mean of 1.3, whereas during the same period the ERP had a mean of 0.3; HF women were 4.3 times more likely to experience maternal hospitalisations. Furthermore, if we look at the hospitalisation rate per birth, we find that the HF women have higher maternal hospitalisations per birth than the ERP women. HF women had an average of 1.17 hospitalisations per birth, while ERP women had an average of 0.83 hospitalisations per birth. This suggests that the HF women have distinct, more acute, healthcare needs, particularly in relation to maternity care; they are not simply seeing more maternal hospitalisations than the ERP because they have a higher number of children—each birth, on average, sees them hospitalised at a higher rate than for ERP women. While HF women had distinct healthcare usage, their overall usage was not significantly different to HF men, it did, however, differ to the ERP women. These trends remain similar in the year prior to becoming housed.

The second domain explored was justice. As Table 2 shows, HF women had significantly fewer interactions across justice datasets than the men, although they had higher justice interactions than ERP women. HF women spent a vastly smaller number of days in prison (22.3) than the men (213.3). This difference was slightly less pronounced for days spent doing community service. Additionally, HF men were 2.5 times more likely to have a recorded police offence than HF women.

The third domain explored was social development and tax. HF women had significantly less time in paid employment than ERP women and HF men; they were more likely to be receiving income from a benefit. Both women and men in the HF cohort earnt significantly less from wages and salaries than their counterparts in the ERP, and had higher rates of benefit receipt than the ERP. In the five years before baseline, HF women's total income from wages, salaries, and benefits was a mean of $75,715 compared to a mean of $113,903 for ERP women. Women spent more months receiving a benefit than men, with a mean of 44.7 months in comparison to 38.9 months in the five years before baseline. We also see in the year prior to becoming housed that the HF cohort—particularly the women—had incomes far lower than the ERP.

Data on the distinct types of benefits that the HF cohort had received as primary[4] recipient, based on administrative records of new spells

[3] In Aotearoa New Zealand a parent, i.e. particularly a father, is able to be left off the birth certificate.

[4] Primary recipient here either means a sole recipient, or the main recipient when a partner has been declared.

Table 3
Types of benefit receipt and counts of weeks and people receiving entitlements, by five most common (in weeks) benefit types in the HF cohort in the five years and one year before housed.

Type of benefit	5 years before housed				1 year before housed			
	Women (n = 210)		Men (n = 180)		Women (n = 210)		Men (n = 180)	
	Number of people in receipt[1]	Average number of weeks per person (n = 210)	Number of people in receipt	Average number of weeks per person (n = 180)	Number of people in receipt	Average number of weeks per person (n = 210)	Number of people in receipt	Average number of weeks per person (n = 180)
Sole Parent	123 (58.6%)	85	12 (6.7%)	6	93 (44.3%)	17	9 (5%)	2
Invalids	45 (21.4%)	38	54 (30%)	47	39 (18.6%)	8	48 (26.7%)	12
Sickness	75 (35.7%)	22	14 (63.3%)	56	41 (20%)	6	69 (38.3%)	12
Jobseeker	81 (38.6%)	25	111 (61.7%)	45	51 (24.3%)	8	81 (45%)	11
Caring Sick Infirm	9 (24.3%)	2	S	S	S	S	S	S

[1] These equate to more than 100% of the cohort as individuals can be on more than one benefit at a time.

commenced, is displayed in Table 3. For this analysis, we grouped benefit receipt into 11 types of benefits capturing similar purpose entitlements over time. Table 3 displays the results for the five most common benefit types. There were stark gender differences in our HF data; for women, the most common type of benefit was Sole Parent support—which indicates the women had dependent children living with them—and for men it was the Jobseeker benefit.[5]

Many more HF women than men were sole parents in need of financial support. In the five years prior to baseline, there were 123 women receiving a Sole Parent benefit, compared to only 12 men. This meant 58.6% of the HF women were receiving a Sole Parent benefit, suggesting large numbers of women with children were living in poverty in the five years prior to being housed. As will be raised in the Discussion (section 4), benefit rates in Aotearoa New Zealand are incredibly low. Gender norms mean that overall, women do more child-rearing, and experience more poverty (Statistics New Zealand, 2013, 2014a). Welfare states were created, in part, to support women and children in instances where husbands were unable to support their families (Orloff, 1996). However, despite changing gender norms such as women's increased participation in the labour force, and it being somewhat more socially acceptable to raise a child as a single mother, the neoliberalisation of the welfare state has demonstrated the continued vulnerability of women to gendered systems that devalue domestic labour. The data presented shows the starkest end of this dynamic, in which women's experiences of homelessness differs to that of men's; in particular, that they are much more likely to be reliant on government support for sole parents. Benefits rates must be increased to ensure that people are not trapped in poverty, and gender norms need to continue to be challenged to better support an equal division, and valuing, of domestic labour.

4. Discussion

Homeless women in Aotearoa New Zealand experience a number of hardships and frequently find themselves receiving inadequate support from the welfare system. The data presented builds on previous research from He Ka¯inga Oranga by showing these women have a higher rate of interactions with government agencies than the ERP women in the years leading up to them needing housing assistance from TPP (Pierse et al., 2019). We present data from both the five- and one-year periods prior to being housed in order to highlight that the needs of this group do not suddenly occur, and that they are not necessarily "hard to reach." If government systems were functioning as intended, our cohort should not have required assistance from TPP. In particular, the welfare system is clearly not providing adequate income support, as we see that the women in this cohort had very small incomes in the years leading up to their engagement with TPP. There are repeated points in the entire five years prior to needing support at which vulnerable women present with needs that are not adequately met, resulting in them becoming homeless and needing the support of TPP. In particular, many women with children are living in poverty and ultimately become homeless.

The primary limitation of this paper is that while the administrative data used allows for many unique and interesting analyses, there is likely to be an undercount of the service usage of the cohort. This is due to the likely possibility of some data being missing due to a lack of records; the mental health data, for example vary greatly in how they are reported by individual agencies. Additionally, the analyses presented may not be applicable to the entire homeless population in Aotearoa New Zealand, as the HF cohort is relatively small. However, the demographics of our cohort are similar to that of the broader population of people who experience homelessness in Aotearoa New Zealand; they are roughly 50% women, younger, and more likely to be Ma¯ori (Amore et al., 2020).

As mentioned above, the wider homeless population in Aotearoa New Zealand, which includes people living in overcrowded and emergency housing, sees a roughly 50/50 split between men and women (Amore et al., 2020).[6] This differs from the international literature in which homelessness—particularly rough sleeping—is generally presented as an issue primarily affecting men (Bretherton, 2017; North & Smith, 1993; Phipps et al., 2018; Pleace, 2016; Reeve, 2018; Velasquez & Larose, 2015). Within the existing homelessness literature, domestic violence, which is more often experienced by women, is frequently found to be a precursor to homelessness (Hagen, 1987; Hagen & Ivanoff, 1988; May et al., 2007; Tessler, Rosenheck, & Gamache, 2001; Wardhaugh, 1999). For this paper, we have not been able to contribute to this body of evidence due to limitations in identifying domestic violence from the available administrative and service-based data in the IDI. Motherhood has an enormous influence on the circumstances in which women become homeless. The existing literature reports mothers were more likely to be homeless than women without children, but were homeless for shorter periods of time (Johnson & Kreuger, 1989). As shown throughout this paper, 81.4% of the HF women were mothers,

[5] Sole Parent support does not increase with the number of children a family has.

[6] Internationally, it is rare for homeless populations to see such a high proportion of women. One of the main reasons for Aotearoa New Zealand seeing such a high proportion of women experiencing homelessnesss is due to our comprehensive definition of homelessness, which picks up on so-called "hidden" homeless populations. The definition is a national one utilised by SNZ, and counts are conducted during censuses. For more about how homelessness is defined and measured in Aotearoa New Zealand, refer to the work of Dr. Kate Amore. We also believe that other factors such as colonisation and an inadequate welfare system contribute to this, however, we also know that these are not unique to Aotearoa New Zealand. More research is needed to investigate this.

many of whom had multiple children, and were receiving the inadequate Sole Parent benefit (*Whakamana* T¯angata, 2019).[7] One positive aspect of homeless women's lives when viewing their service usage in other studies is that they have lower rates of incarceration and felony convictions than homeless men (Calsyn & Morse, 1990; North & Smith, 1993). As discussed, this data showed similar findings; the HF women had fewer interactions across justice datasets than HF men and spent far less time in prison than HF men.

Ma¯ori, particularly Ma¯ori women, were over-represented in the HF cohort. As a whole, Ma¯ori women are at a high risk of poverty and discrimination (Statistics New Zealand, 2014b). In the context of homelessness, M¯aori women face significant discrimination in the housing market, and high rates of imprisonment, which are both drivers of homelessness (Cormack, Harris, & Stanley, 2019; Smale, 2020). This, alongside the data presented showing the disproportionate number of M¯aori in our cohort, indicates a need for M¯aori-centred and Ma¯ori-led support that accounts for the cultural aspect of homelessness in Aotearoa New Zealand, with a particular focus on M¯aori women (Lawson-Te Aho et al., 2019).

Most HF women were aged 25–44, which is the age range at which women are most likely to be having, or caring for, children. This aligns with the data that indicated most of the HF women (81.4%) were parents. It is not possible to tell how many of these women had children in their custody at the time of being housed by TPP, but international literature indicates that homeless women are more likely to have their children in their custody than homeless men (North & Smith, 1993). Supporting this, the benefit data showed that the majority of HF women who were receiving a benefit in the years before being housed were on Sole Parent benefits, indicating that a large number of them had children in their custody.

In liberal welfare states (such as Aotearoa New Zealand, the United Kingdom, and Australia), neoliberalism and consequent decreases in state support have resulted in high levels of poverty (Stephens & Fitzpatrick, 2007). In social democratic welfare states (such as the Nordic countries) that have maintained high levels of welfare support, poverty has remained relatively low (Stephens & Fitzpatrick, 2007). Liberal welfare states see fewer women in full time employment, alongside high childcare costs, whereas social democratic welfare states see more women in full time employment (Stephens & Fitzpatrick, 2007). Social democratic welfare states are also more likely to provide support for single mothers than liberal welfare states (Bretherton, Benjaminsen, & Pleace, 2017). These robust welfare systems are protective factors in preventing homelessness. Aotearoa New Zealand can be categorised as a liberal welfare state, which as per Stephens and Fitzpatrick (2007) means poverty, income inequality, and homelessness are likely to be high. As has been shown, our results reflect this.

Benefit and income data show that these women were low-income earners in need of government support. A 2019 government mandated Welfare Expert Advisory Group (WEAG) review of the welfare state in Aotearoa New Zealand reported that the "current welfare system is no longer fit for purpose and needs fundamental change" (Whakamana T¯angata, 2019, p. 5). Amongst the 42 recommendations the WEAG gave was an urgent request to raise main benefit rates by up to 47%; stating "current levels of support fail to cover even basic costs for many people, let alone allowing them to meaningfully participate in their communities" (*Whakamana* Ta¯ngata, 2019, p. 7). The current structuring of the welfare state in Aotearoa New Zealand does not allow for beneficiaries to live lives as dignified or respected as their non-beneficiary counterparts. Benefits in Aotearoa New Zealand are low, and there is a strong association between receiving a benefit and living in poverty (*Whakamana* Ta¯ngata, 2019). The WEAG's report noted Aotearoa New Zealand has a high rate of sole parenthood, sole parent benefit receipt, *and* a high rate of poverty amongst sole parent families (*Whakamana* Ta¯ngata, 2019). Additionally, the rate of sole parent benefits does not change if a person has multiple children, which further pushes women into poverty. At present, aspects of the welfare system in Aotearoa New Zealand do not support women's role as carers, despite women's high rate of benefit receipt (*Whakamana* Ta¯ngata, 2019). Additionally, a greater number of Ma¯ori women receive benefits than non-Ma¯ori, and Ma¯ori men (*Whakamana* Ta¯ngata, 2019). Thus, lifting benefit rates will help to lift children and families out of poverty (Whakamana Ta¯ngata, 2019). As discussed earlier, the neoliberalisation of the welfare state has demonstrated the continued vulnerability of women to gendered systems that devalue domestic labour. Lifting benefit rates is one way in which this can begin to be addressed.

5. Conclusion

Women's homelessness is a pressing issue both globally and in Aotearoa New Zealand, yet there remains limited scholarship about the phenomenon. This paper contributes to the knowledge base by exploring the service usage of a cohort of formerly homeless people in an Aotearoa New Zealand city. The IDI provides us with a unique ability to be able to look at interactions with government services for various subsets of Aotearoa New Zealand's population. These data have been used to explore the gender differences of homelessness amongst a Housing First cohort and a comparison with women in a control group representative of the general population. The wider HF cohort were primarily women, young, Ma¯ori, and parents. This paper has focused specifically on the women in this cohort in order to explore the gendered nature of homelessness. They faced significant poverty, earning much less than their non-homeless counterparts, and relied heavily on government support. The data presented shows that the neoliberalisation of the welfare state, high rates of women's poverty, and the gendered dynamics of parenthood are factors contributing to women's homelessness being distinct to men's homelessness.

6. Statistics New Zealand disclaimer

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI) which is carefully managed by Stats NZ. For more information about the IDI please visit https://www.stats.govt.nz/integrated-data/.

The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes, and is not related to the data's ability to support Inland Revenue's core operational requirements.

Funding

This paper was supported by funding from the New Zealand Ministry of Business Innovation and Employment, Endeavour Fund.

Ethics statement

Ethics Ethical approval was given by the University of Otago Human Research Ethics Committee ref HD16/049.

[7] Our research partners at TPP note that they are not sure why the cohort is primarily women, but that they think it is in part due to one of their first successful clients being a woman. TPP believe she then told other women about their services, leading to an increase in women accessing their services. However, we do not necessarily feel that women with dependent children were more likely to be accepted in the programme. This is because while TPP initially accepted anyone who asked for support, they quickly became overwhelmed and began using the VI-SPDAT and their own knowledge of the local context to triage clients, and to help them to deal with funding requirements and resourcing constraints. This meant that they were required to direct families to other agencies and teams focused solely on supporting families experiencing homelessness.

Acknowledgements

We acknowledge the 390 individuals that are discussed in this paper, each of whom has their own unique story to tell. We also acknowledge our research partners at The People's Project and the University of Waikato, without whom this research would not be possible.

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SSMPopulationHealth8(2019)100432

Contents lists available at ScienceDirect

SSM - Population Health

journal homepage: www.elsevier.com/locate/ssmph

Article

Service usage by a New Zealand Housing First cohort prior to being housed.

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ARTICLE INFO

Keywords:
New Zealand
Housing first
Homelessness
Service usage
Linked data

ABSTRACT:

Background: The Ending Homelessness in New Zealand: Housing First research programme is evaluating outcomes for people housed in a Housing First programme run by The People's Project in Hamilton, New Zealand. This baseline results paper uses administrative data to look at the scope and duration of their interactions with government services.

Methods: We linked our de-identified cohort to the Integrated Data Infrastructure (IDI). This database contains administrative data on most services provided by the New Zealand Government to citizens. Linkage rates in all datasets were above 90%. This paper reports on the use of government services by the cohort before being housed. We focus on the domains of health, justice and income support.

Results: The cohort of 390 people had over 200,000 recorded interactions across a range of services in their lifetime. The most common services were health, justice and welfare. The homeless cohort had used the services at rates far in excess of the general population. Unfortunately these did not prevent them from becoming homeless.

Conclusion: These preliminary findings show the homeless population have important service delivery needs and a very high level of interaction with government services. This highlights the importance of analysing the contributing factors towards homelessness; for evaluation of interventions such as Housing First, and for understanding the need for integrated systems of government policy and practice to prevent homelessness. This paper also provides the baseline for post-Housing First evaluations.

1. Introduction

This paper analyses interactions between homeless people in New Zealand and government services. The baseline data presented in this paper are the service usage prior to housing of a cohort who has since received Housing First services in New Zealand. New Zealand's homeless population was estimated to number 41,705 in 2013, with 4,170 living without shelter. In that same year, one in every 100 New Zealanders did not have adequate housing on Census night (Amore, 2016). This was a rise of 15% since the 2006 Census, which in turn had risen 9% since the 2001 Census. Increased homelessness and people living without shelter in New Zealand is likely the result of an increasing lack of affordable and social housing, with a shortage of existing supply as well as affordable new builds, a rapidly-inflating property market, significant increase in demand for private rentals, and previous policy to reduce the state housing stock (Johnson, Howden-Chapman, & Eaqub, 2018). Māori, the indigenous people of New Zealand, as well as Pacific peoples, are overrepresented amongst those in severe housing deprivation (Amore, 2016), reflecting the ongoing effects of colonisation and discrimination for these communities (Groot & Peters, 2016). Correspondingly, these groups carry a greater burden of ill health, material poverty, poorer educational achievement, and shorter life expectancy (Anderson et al., 2016). Inequities in homelessness reflect the rougher end of these cumulative systemic inequities.

There is a global issue with rising homelessness, and despite some differences in context and circumstance, homelessness affects people who are already vulnerable in connected ways such as poverty (Busch-Geertsema, Culhane, & Fitzpatrick, 2016). While there are challenges

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https://doi.org/10.1016/j.ssmph.2019.100432
Received 23 January 2019; Received in revised form 10 June 2019; Accepted 11 June 2019

unique to particular contexts (e.g. the pressure of the refugee crisis in Europe is not directly applicable to countries like New Zealand), there are global patterns of deprivation and discrimination that drive homelessness. The most effective responses to homelessness are holistic approaches that encompass all services and deliver a joined up approach (Pleace, 2017). An important step in bringing services into a holistic approach is to point out the interactions that are already occurring and the missed opportunities for prevention. Housing First is a holistic approach to homelessness services (Tsemberis, 2010). Originating in the U.S., versions of Housing First have since been implemented across North America, Europe, Australia and New Zealand (Australian Housing and Urban Research Institute, 2018; Goering et al., 2014; Padgett, Henwood, & Tsemberis, 2016; Pleace, 2016). The model is premised on housing being a human right, and on the idea that complex issues are best addressed from within the stability of permanent housing (Tsemberis, 2010). There are no preconditions or barriers to entry, such as sobriety or treatment compliance requirements. Once housed, people are linked with services such as health and social welfare, with the ongoing close support of their Housing First case worker. There is strong international evidence that the Housing First approach improves outcomes, including for tenure stability and health (Padgett et al., 2016).

In response to rising homelessness, the New Zealand Government is now funding Housing First services. Both the previous National-led (centre-right, 2008–2017) and the current Labour-led (centre-left, 2017-current) governments have shown support for funding Housing First programmes. In 2017, the central government funded a pilot Housing First programme in Auckland (Adams & Minister for Social Housing, 2017b), and in 2017/18 funding was extended into other main centres across the country (Adams & Minister for Social Housing, 2017a). In the 2018 Budget the new Labour-led coalition Government announced a further expansion of funding for Housing First, both to continue to fund existing services, and to fund services in more areas (Twyford, Minister for Housing and Urban Development, 2018). Prior to government support, The People's Project (TPP) in Hamilton was the first organisation to implement the Housing First model on a large scale in New Zealand. TPP is a collaborative of community and government agencies and was largely privately-funded (McMinn, 2017; The People's Project, 2018) for the first four years.[1] Hamilton, New Zealand's third-largest city, had a visible homelessness issue in its central city (Leaman, 2014). Since being established in 2014, The People's Project has been credited with a noticeable reduction in rough sleeping in Hamilton (Māori Television, 2016), and has anecdotally reported significant positive outcomes for the health and wellbeing of the people housed.

The People's Project approach follows the example of successful Housing First programmes in Canada, the U.S., Europe, and the U.K (The People's Project, 2019). Clients are engaged through a walk-in office in the central city (situated where many had been rough sleeping), by on-street outreach efforts, and referrals from government and community agencies. The service aims to assist all who come through the door, appropriate to their level of need. Staff are highly-skilled and experienced (Aspinall, 2018). By evaluating 390 of the first people housed by The People's Project, the research programme hopes to provide evidence that will support the ongoing and depoliticised funding of Housing First, by showing that investment in Housing First services is beneficial in terms of cost savings to government services, as well as in terms of the health, wellbeing and social outcomes of those who have received and are receiving Housing First services.

New Zealand is in a unique position to evaluate the efficacy of social good policies through linked administrative data available in the Integrated Data Infrastructure (IDI), developed and managed by Statistics NZ (Statistics New Zealand, 2017b). The IDI is the most comprehensive linked governmental dataset internationally, allowing for wide-ranging evaluation of social and governmental policies. Traditionally, these types of evaluations are best achieved through large-scale randomised controlled trials that involve significant time, resource, and cost (Howden-Chapman et al., 2007; Howden-Chapman et al., 2008; Keall et al., 2015; O'Campo et al., 2016; Stergiopoulos et al., 2015). The IDI provides a new opportunity for more efficient and far-reaching evaluations of policies or interventions as they are implemented or piloted, as well as having the potential to work alongside qualitative evaluation in new ways (Culhane, 2016). The high linkage rate that we have been able to achieve in the IDI is testament to the ability of research using the IDI to evaluate policy interventions.

Service usage prior to housing is an essential component of the story of homelessness and Housing First. This can indicate the cost of homelessness in terms of government-funded service usage (Ly & Latimer, 2015; Parsell, Peterson, & Culhane, 2016), the history of life and systemic/structural circumstances that lead towards homelessness (Pleace, 2010; Wood, Batterham, Cigdem, & Mallett, 2015) and the level, type, and complexity of need. Some rhetoric, including from previous New Zealand Governments, has framed people like those discussed in this paper as “hard to reach” (Flanagan & Hancock, 2010; McFarlane et al., 2017). This paper shows interactions with government-funded services by the cohort of 390 people who were homeless, up to the date housed. Despite many interactions with government agencies, homelessness up to this point in this cohort had not been prevented.

Previous research has shown that people experiencing homelessness - particularly chronic homelessness - are more likely to have increased interactions with government services than the general population, due to a higher level of need, and higher use of emergency and acute services. A study of psychiatric service usage in San Francisco, for example, found that people who were homeless accounted for 30% of all episodes of service, and were more likely to have multiple episodes of service and to be hospitalised after the initial visit (McNiel & Binder, 2005). Whilst this study covered a number of patients (n = 2,294), it was able to look at a period of only six months. A quasi-experimental study of 1,811 people in Eastlake in Seattle (a project-based Housing First programme) looked at cost and use of services before and after housing. The study found that in the year prior to housing, individuals who were homeless accrued a median of $4,066 per month of use costs. After the Housing First intervention, costs were offset by a mean of $2,449 per month per person in reduced service use (Larimer et al., 2009). A Philadelphia study looked at costs for psychiatric care, substance abuse treatment, and incarceration for 2,703 individuals experiencing chronic homelessness over a three year period. They found that costs totalled around $20 million annually, with an average of $7,445 per individual; 20% of the individuals accounted for 60% of the total costs, with an average annual cost of $22,372 (Poulin, Maguire, Metraux, & Culhane, 2010). In each of these studies, the cohorts studied were predominantly male.

The research programme, and its aims and methodologies, are the result of a research partnership between the University of Otago Wellington, the University of Waikato, and The People's Project (Ombler et al., 2017). The research partnership is based on the primacy of telling the story of the people housed through the work of The People's Project. This paper is an outcome of the relationship between the research partners, and reflects a shared overarching aim to improve the systemic issues that contribute to ongoing homelessness and its attendant problems.

2. Methods

The IDI links microdata about people and households sourced from government administrative data, official surveys, and selected non-

[1] In December 2018 The People's Project was contracted by the Ministry of Housing and Urban Development to deliver Housing First services in Hamilton.

governmental organisation datasets. This research database is made available in de-identified form to approved researchers for specific 'public good' projects. Data from different sectors and agencies is linked together probabilistically using a central dataset in the IDI called the 'spine' (Black, 2016). The spine is created using tax, births, and visa data and is a person-level dataset to which all datasets link, and through which datasets from different sectors (e.g. justice and education) can be linked to each other. It has a single unique identifier for every member of the target population (the ever-resident New Zealand population), which allows us to use the IDI to obtain individual level, longitudinal de-identified data. Outputs can then be generated and approved on an aggregated level to show rates and trends across government interactions for different groups.

2.1. Study population

For this research, Statistics NZ[2] liaised with our community partner, The People's Project, to link their initial cohort of previously homeless people who were housed into the IDI. The People's Project supplied a dataset with the name, date of birth and National Health Identifier (NHI) together with the data of first interaction, the date housed and categorisation of homelessness type. SNZ then linked this dataset to the IDI by replacing the NHI with an encrypted identifier used across the health datasets in the IDI, and removing names and dates of birth to de-identify records. This dataset could then be linked to the unique identifier for each person in the spine, allowing for linking de-identified data across a wide range of government interactions to individuals in this group (hereafter referred to as 'HF cohort').[3]

2.2. Comparison population

The linked administrative datasets in the IDI allow for the identification of residents in New Zealand at a given time based on the individual's records of activity in the various administrative datasets (Gibb, Bycroft, & Matheson-Dunning, 2016). Specifically, this excludes all members of the usually resident population of New Zealand who had died, emigrated or otherwise had no activity in a range of administrative datasets in the 12 months before the reference date. The national population identified in this way is the Estimated Resident Population (ERP). Using a reference date of 31 June 2016, we restricted the group to those with full demographic information, who were in the same age range as our population and took a one percent random subsample of this group. We have then used this subsample (n = 33,666) as a national comparison group in our analysis.

2.3. Reference period

The 390 individuals in our cohort were clients of The People's Project between October 2014 and June 2017, with a median date when first housed of 9 June 2016. To identify pre-housed patterns and trends, all interactions across different government services prior to the date when each individual was first housed were examined. In order to make comparisons about rates of service usage over a similar time period for the ERP, the median date housed of 9 June 2016 was used as an arbitrary baseline for this group. For both the HF cohort and the ERP, the time between each individual's baseline date and the date of any linked events prior to this was found. In this way, the date first housed for the HF cohort and the median date housed for the ERP is what is represented as time 0 in figures included in the Results section.

[2] Statistics NZ is the New Zealand Government's central statistics agency.

[3] The People's Project data is available for research and evaluation use on the IDI, provided the applicant is approved by The People's Project. This applies to government agencies as well as external researchers.

2.4. Datasets

A brief overview of the 11 datasets we have used to compare the extent and usage of different types of government services is given below. These have been grouped together according to one of three key dataset domains: health, justice, and social development (i.e. welfare services) and tax. Full information on all datasets is available from Statistics New Zealand (Statistics New Zealand, 2017a). The demographic information we present in Table 1 was obtained using a composite table in the IDI. This applies Statistics NZ standard rules to derive from the IDI the most reliable estimate of a person's sex, birth month and year, and ethnicity.

2.5. Analysis

Unless otherwise specified, all available data were used for linking to individuals in the HF cohort as well as our control population, and to compare coverage in different dataset areas between the two groups and assess rates of service usage. The exception to this is the summary statistics of event rates for notifications and findings data from CYF (datasets 8 and 9 in Table 1, respectively), where we have chosen to restrict the study populations to those born after 1986 in both instances in an attempt to minimise the confounding effect of age on the reference period for these datasets. All summary statistics in both of these instances are derived from linked datasets of events that belong to only those members of each population group that were at most 5 years old in 1991. This excludes older members of each population that would have been outside of CYF's duty of care when the dataset reference period began. Numbers are exact for the HF cohort and for the ERP. The results are presented as means, quintiles, and histograms. The histograms show the rate of events in each of the 15 years before baseline for both HF and ERP (superimposed).

2.6. Ethics and confidentiality measures

All People's Project cohort participants gave informed consent to record linking and research into past and future usage of government services. Ethical approval was given by the University of Otago Human Research Ethics Committee, reference HD16/049. All analysis was done on de-identified records in a secure Datalab environment. As part of the privacy, confidentiality, and security measures required for research using the IDI, all values reported in this paper have been approved by SNZ as meeting the necessary confidentiality rules. Any count or associated statistic with an underlying count of people or events below six (or 20 for a mean) are suppressed. All values are randomly rounded to base three and summary statistics have been derived from these rounded counts.

3. Results

This section first gives an overview of key demographics of the HF cohort (n = 390) and the ERP (n = 33,666). It then presents results of the data linking; an overview of rates of service usage; and some analysis of selected datasets.

The demographics of the HF cohort and ERP are shown in Table 2. The HF cohort has a higher proportion of females (53.8%) than males (46.2%), with approximately 50% aged between 26 and 44 years. There was a much higher proportion identifying as Māori (73.1%) than in the general national (14.5%) or Hamilton City (21.3%) populations.

We examined the rate of data linking in each of the three domains of health, justice, and social development/tax (Table 3). Despite this cohort being commonly described as a "hard to reach" group, Table 3 demonstrates that higher proportions of the HF cohort than the ERP appear in each domain. For the areas such as justice where only part of the population have any interaction with the government, the HF

Table 1
Data sources.

Dataset domain: Health		
1	Hospitalisations	Discharge and event data about all publicly-funded hospital admission events. There is a single record for each inpatient or day patient discharge, although transfers within or between hospitals are recorded as separate events.
2	Injuries	All claims made due to a unique work-related or non-work related accident. These claim records are managed by the Accident Compensation Corporation (ACC), a government-owned universal no-fault injury compensation service in NZ. Multiple instances of a claim being lodged for the same accident were counted once.
3	Pharmaceuticals	Information on all subsidised pharmaceutical dispensings issued through NZ pharmacists. Multiple prescriptions on the same script and repeat prescriptions are counted as separate instances of a pharmaceutical being dispensed.
4	Mental health and addiction service usage	Records of the contacts, activities, and services for referrals to secondary mental health and addiction service providers. These include assessments, inpatient and outpatient bednights, and treatment. There is full coverage for nationally funded service providers, and selected coverage of non-government organisations. Multiple activities provided as part of the service for any one referral are counted separately.
Dataset domain: **Justice**		
5	Alleged criminal offences	Records of court and non-court proceedings against alleged offenders by Police, as described in the NZ Police National Recording Standard (New Zealand Police, 2016). Multiple offences from a single criminal incident are counted separately.
6	Sentencing and remand data	All records from the national department that manages corrections. These relate to custodial and community sentences imposed by judges, as well as people serving custodial remand while they await trial or sentencing. Orders imposed by the court for prisoners upon early release from custodial sentences are also included. Remand, sentences, and parole board orders that relate to each other are recorded as separate events.
7	Criminal court charges laid	Ministry of Justice records for all criminal charges filed by Police, Corrections, local authorities or a number of other government agencies. A single charge record usually refers to one offence charge. All charges with linking information are counted, including those that were withdrawn or not proceeded with for any other reason.[4]
Dataset domain: **Social development and tax**		
8	Notification of care and protection concern (as a child)	This dataset is a records of reports made to Child, Youth and Family (CYF[5]) or Police where there is concern about the care or behaviour of a child. Each notification of concern for a child or young person's behaviour or care is included.
9	Finding of abuse (as a child)	These records detail the assessments made by a Child, Youth and Family social worker about whether or not a child (defined as 0 to 16) has been subject to abuse.
10	Main benefit assistance	Working-age social welfare records for main benefits relate to the commencement of a new administrative spell as the single or primary recipient of main benefit assistance, as well as any associated partners. Main working-age benefits support those that are unemployed, in caring roles, as well as those living with a health condition or disability or in other need of welfare support.
11	Reported income from wages and salaries	We used data provided from the Inland Revenue database to identify taxed earnings from wages and salaries on a monthly basis. (Not counted in total events).
12	Recorded income from main benefit assistance	Data from the Inland Revenue database also records aggregate benefit payments for main working-age welfare entitlements on a monthly basis. (Not counted in total events).

Table 2
Demographics of the Housing First and Estimated Resident Population cohorts.

Variable		Relative percentage (%)	
		Housing First cohort (n = 390)	Estimated Resident Population (n = 33,666)
Sex	Female	53.8	50.2
	Male	46.2	49.9
Age (years)	Under 25	15.4	14.8
	25–44	51.5	36.1
	45–64	32.3	34.4
	65+	≤ 1.5	14.7
Ethnicity (total response, multiple ethnicities allowed)	Māori	73.1	14.2
	European	40.8	70.4
	Pacific	6.9	6.6
	Asian	3.1	14.0
	Middle Eastern, Latin American, African (MELAA)	4.6	2.4
	Other	≤ 1.5	1.7

Table 3
Numbers appearing in administrative datasets for Housing First population and Estimated Resident Population.

% of population linked to at least one event type in each dataset domain	Housing First	Estimated Resident Population
Health	99.2%	96.2%
Justice	83.8%	23.6%
Social Development and Tax	97.7%	92.5%

cohort are much more likely to be linked than the controls. Overall, 97% of the HF cohort was in over five of the 11 datasets, compared to 44% for the ERP.

The HF cohort had a high and sustained use of all government services (Table 4). These data do not equip us to pinpoint when homelessness has occurred in the period leading up to engaging with Housing First services, but the trend clearly suggests increasing vulnerability.[6] The most common service was for pharmaceuticals (with antidepressants and antipsychotics the most common type of pharmaceutical given in the five years before baseline), followed by benefits and mental health services. For mental health services and justice sector services the cohort had over ten times the rate of service usage in the last five years than the ERP. There were also much higher rates of welfare, pharmaceuticals and hospitalizations and a relatively slight increase in injury claims. Even with the limited historical data on child abuse, there is a strong suggestion that the Housing First cohort suffered an elevated level of abuse compared to the ERP.

While service usage was higher for the HF cohort as a whole this is not evenly distributed amongst the individuals, with 25% of the cohort having less than the average usage of most services and some users having extreme levels of service usage.

[4] Court suppression orders prevent the linking of charges with name suppression to identities in the IDI. This suppression affects around 2% of charges, primarily for sexual offences and homicide and those with particular charge outcome types.

[5] Child, Youth and Family was changed to Oranga Tamariki – Ministry for Children in 2017. In this paper we refer to it as CYF, given that the data we are presenting were predominantly collected under the ministry known as CYF.

[6] Identification of homelessness in national statistics is currently in development, through a research partnership between He Kainga Oranga/Housing and Health Research Programme and Statistics New Zealand.

Table 4
Comparative rates of service usage.

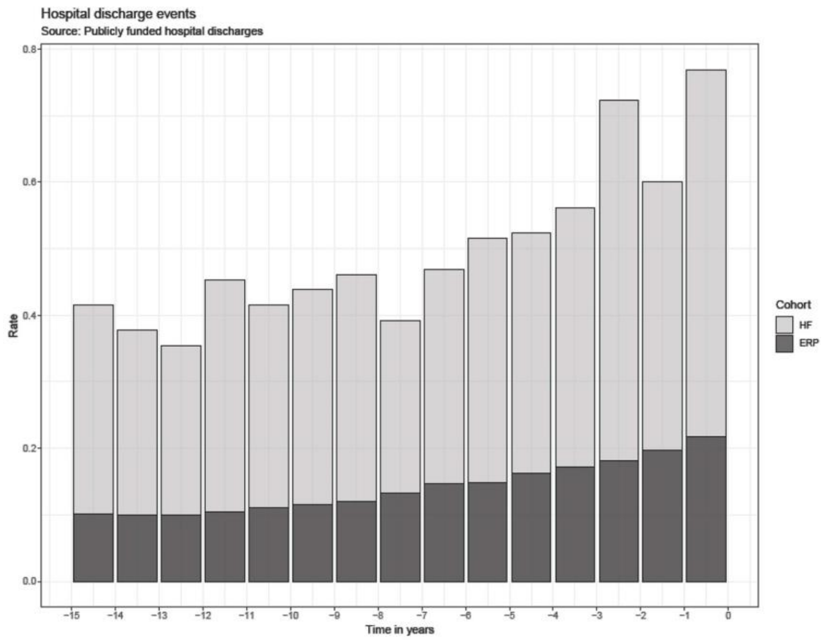
Data domain	Earliest date records available from	Data source	Total Occurrences (HF)[a]	Mean from all available data (HF)	Mean in 5 years before housed (HF)	Median (HF) in 5 years before housed (HF)	75th percentile (HF) in 5 years before housed (HF)	Mean from all available data (ERP)[b]	Mean in 5 years before 09-June-2016 (ERP)
Health	1988	Hospitalisations	4,317	11.1	3.2	2	4.0	3.3	0.9
	1994	Injuries	3,660	9.4	2.2	1	3.0	6.7	1.7
	2005	Pharmaceuticals	88,131	226.0	141.6	29	89.5	103.3	59.1
	2008	Mental Health - Outpatient events[c]	37,299	95.6	72.5	6	52	7.9	5.9
	2008	Mental Health - Inpatient periods	399	1.0	0.79	0	0	0.04	0.03
Justice	2009	Police offence	1,980	5.1	3.7	1	5.8	0.5	0.3
	1990	Criminal charges	7,395	19.0	3.5	1	5.0	1.5	0.3
	1998	Sentencing and remand	11,616	29.8	9.1	0	6.0	2.2	0.7
Social Development	1999	Months in which tax paid on wages and salaries	15,114	38.8	9.2	2	12.8	87.5	29.9
	1993	Months in which a benefit was received	44,469	114.0	41.9	49.5	60.0	19.3	6.1
	1993	New spells on a benefit	4,515	11.6	3.3	3	5	2.1	0.5
	1991	Notification of care and protection concern (as a child)[d]	660	5.9	NA	NA	NA	0.7	NA
	1991	Finding of abuse (as a child)[d]	252	2.3	NA	NA	NA	0.2	NA

[a] HF refers to Housing First cohort.

[b] ERP refers to Estimated Resident Population.

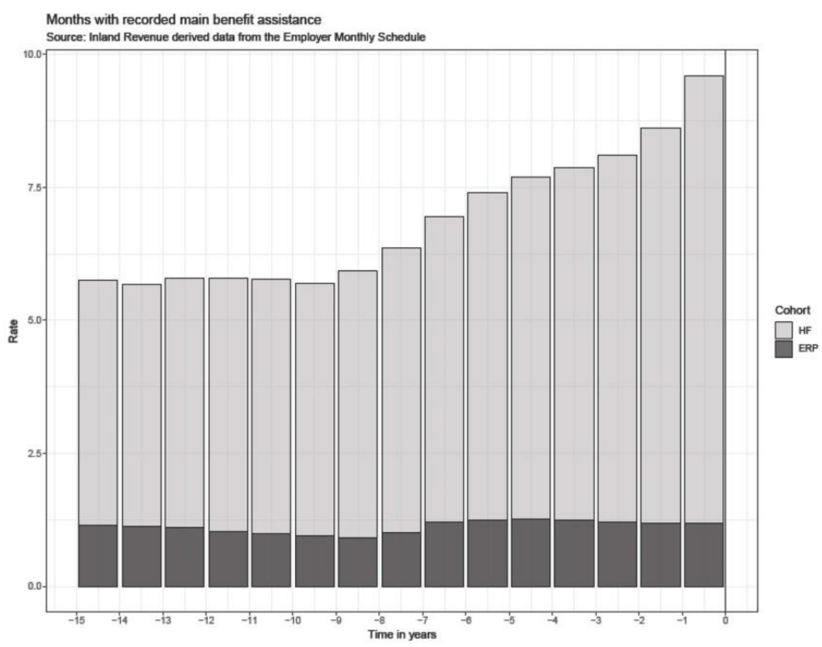
[c] Both inpatient and outpatient rates of mental health and addiction service usage have been found from a single source of national-level data about contacts, activities and services for secondary-care mental health and addiction service providers.

[d] Restricted to those born after 1986 (n = 111 for HF).



*Note Time Zero is the relevant baseline date.

Fig. 1. Hospitalisation history at baseline.
*Note Time Zero is the relevant baseline date.



*Note Time Zero is the relevant baseline date.

Fig. 2. Benefit history at baseline
*Note Time Zero is the relevant baseline date.

For some datasets, such as for hospitalisations and benefit receipt, a long history prior to baseline was available (Fig. 1 and Fig. 2). These datasets showed a high and increasing level of service usage over a long time period compared to the ERP. For hospitalisations 375 out of the 390 (96%) in the cohort population had at least one recorded hospitalisation in their lives prior to being housed. Overall the cohort has a high ongoing rate of hospitalisations for a long period of time. This rose steeply over the last decade before they were housed by The People's Project.

Like hospitalisations, there is a detailed history of benefit receipt for the HF cohort. This showed a high level of benefit usage with many repeated periods on benefits; for some the payments for income support are at least 18 years before the date people were housed. There is a clear rise in the number of interactions for the decade before people were housed, which peaked in the final year prior to the Housing First intervention. In the 5 years before baseline, the cohort had earned $8,277,639 in wages and salaries and were paid $19,305,078 in benefits with 54% having paid tax on wages and salaries and 96% having received benefits. The average monthly income for those who had taxable earnings recorded during this time was $2,307 for HF compared to $4,480 among the ERP. For benefits, the average monthly income was between $1,100–1,200 for both HF and ERP.

Overall, our results show a high level of interactions with government agencies preceding homelessness. In the five years before they were housed by The People's Project, the HF cohort had 93,615 recorded interactions with government services, and had spent 10,440 bed nights in mental health facilities. Despite these interactions, few were able to be officially linked to housing services and in cases where they were, this may have been to temporary or emergency accommodation. That all 390 required housing after so much interaction with government services reveals a lack of a systems approach that ultimately fails some of our most vulnerable.

4. Discussion

This research shows that high quality administrative datasets can provide insight into the unmet needs of vulnerable populations. These preliminary findings are significant because we demonstrate how a cohort that is supposedly 'hard to reach' is highly traceable across a range of government records. The HF cohort is not 'hard-to-reach' with over 200,000 individual recorded and linked interactions with government services, an average of over 500 each. Rather, they are likely victims of inadequate systems.

The findings in this paper echo those of a 2015 report by New Zealand's Productivity Commission, which found that for people with complex problems, government services were poorly coordinated, leading to inefficient use of government funds, and exacerbation of issues for the people concerned. They found that this was particularly true for people who were the most disadvantaged (New Zealand Productivity Commission, 2015, p. 2). People who are facing multiple challenges have been required to navigate a siloed system, in which each service only attends to a particular need, and in which there are few referrals between services. The Commission's report recommended that people with severely complex needs require a central navigator to assist them to access the services they are entitled to (New Zealand Productivity Commission, 2015, p. 17). The Housing First approach attends to this gap by having a case worker liaise with multiple agencies alongside, or on behalf of, the client. However, there are few mechanisms in current New Zealand policy that allow for the navigation and collaboration across these siloed systems prior to a crisis such as homelessness.

The amount and extent of service usage before being housed is an essential component of the story of homelessness and the policy solution of Housing First. The logic of Housing First emphasises the social cost of not having effective systems in place to prevent and address homelessness. Despite high government inputs, needs for this population have not been met. This evidence of inadequate systems integration provides a prompt for government services to evolve to better meet the needs of this population. The concept of "joined-up government" has dominated public policy discourse for many years; it refers to the idea that implementing policy programmes necessitates government departments to collaborate in order for policy to succeed (Exworthy & Hunter, 2011). The Productivity Commission report noted that previous efforts to better coordinate between agencies had been focused at Ministerial and Chief Executive levels (New Zealand Productivity Commission, 2015, p. 8), yet it also argued that top-down approaches were particularly inappropriate for people with complex problems who require a more tailored approach (New Zealand Productivity Commission, 2015, p. 10).

The demographics of the HF cohort mostly reflected already-understood characteristics regarding homelessness, with one notable exception being a higher number of females than males. Consistent with well-known inequities, there was an over-representation of Māori amongst the cohort experiencing homelessness. The ongoing effects of colonialism and discrimination are evident in this over-representation, a situation for which the New Zealand Government has a responsibility for as part of its Treaty of Waitangi obligations (Orange). New Zealand is unique in this sense, with existing legal precedents and frameworks to enable compensation where there have been found to be breaches of The Treaty by the Crown against Māori. At the time of writing, a Kaupapa (thematic) Inquiry on housing is being undertaken by the Waitangi Tribunal, a standing commission of inquiry which makes recommendations to Government on Treaty claims (Waitangi Tribunal, 2015). The findings of this inquiry may have implications for homelessness. Pacific peoples in the HF cohort matched the ERP, but the rate of 6.9% is slightly higher than the Hamilton Pacific population at 5.1% (Statistics New Zealand, 2013).

One notable demographic characteristic was the greater number of females in the HF cohort. Rough sleeping populations are often portrayed or understood as being predominantly male,[7] however research on the severely deprived housing population in New Zealand suggests that females may be more likely to be in 'hidden homelessness', staying with family or friends, rather than more visible places such as the street or city night shelters (Amore, Viggers, Baker, & Howden-Chapman, 2013). It is possible that the higher level of females in the HF cohort is due to inadvertent selection or outreach bias, or more active seeking of support by women, though without more evidence it is difficult to speculate. This reinforces suggestions that female homelessness is poorly-understood. Further research is needed to look into any differences between females and males regarding trajectories into homelessness, and experience of housing services.

The HF cohort's most common interaction with government was with the health and mental health systems, with rates vastly in excess of the general population, despite being younger. This indicates the need for the health system to take active responsibility for the social determinants of health including housing. Despite having universal publicly-funded healthcare, a key system failure is that there has been no referral pathway from health to housing services, despite the District Health Boards being created with the purpose of integrating health in the community (New Zealand Parliament, 2000). Such systems require a means to screen for and identify homelessness and/or risk of homelessness, and provide coordinated referral points to local housing and housing support service providers. Previous research in New Zealand has shown that people with severe mental illness also experience poorer physical health and premature death from comorbid conditions such as cancer (Cunningham, 2016; Paterson et al., 2018). Our cohort has high mental health needs, so may also be disadvantaged regarding comorbidity. Interestingly, extensive welfare reforms in 2013 introduced

[7] For example, see (Bretherton, 2017; Homeless Hub, 2018; Homelessness Australia, 2016; Schneider, Chamberlain, & Hodgetts, 2010):

obligations for beneficiaries with health condition and disability deferments for unemployment-related benefits to visit a doctor every four weeks for the first two months, then every thirteen weeks, in order to remain eligible (Work and Income New Zealand, 2018). This has likely increased interactions with general medical practitioners and has potentially had the effect of driving higher prescription rates. Yet, high rates of prescriptions for pharmaceuticals do not address the underlying and environmental drivers of poor health and homelessness. We make the point in this paper that the rate of prescriptions dispensed to the HF cohort prior to being housed shows they have a very high level of need, and that secure housing should be considered an essential part of a treatment protocol.

The HF cohort also had high rates of interaction with the justice system. This is consistent with international experience, in which homelessness and higher rates of incarceration are linked. Time spent in the justice system has ramifications for housing stability. Even short periods in prison can lead to leases being discontinued, and there is no clear policy of ensuring permanent housing for those leaving prison. People who are newly-released from prison are often reliant on temporary, emergency, or inadequate accommodation (such as poor-quality boarding houses), and are vulnerable to added discrimination and lack of opportunities. In New Zealand, consistent with many examples internationally (Jeffries & Bond, 2012), the indigenous Māori population is over-represented in those incarcerated, with around 51% of the prison population being Māori compared to 15% of the total population[8](Department of Corrections, 2018; Workman & McIntosh, 2013). Moreover, Māori are over-represented at all stages of the justice system, including being apprehended, prosecuted, and convicted at higher rates (Morrison, 2009; Statistics New Zealand, 2018). The types of need present in the prison population also indicate high need, with 91% of prisoners having a diagnosis for mental health or addiction problems (Indig, Gear, & Wilhelm, 2016), and high rates as victims of abuse (Gluckman, 2018). This points to a need for the justice system to work closely with the health and social development systems to ensure that people are well-supported during and after prison-time, and ultimately to prevent high rates of imprisonment.

Reducing poverty is an important factor in reducing homelessness. Homelessness results from, and causes, a multitude of factors of which poverty is a central element (Gaetz, Donaldson, Richter, & Gulliver, 2013). In a context such as New Zealand with a centrally-funded health system, the effects of poverty are a significant burden on the health budget, manifesting in part in preventable conditions related to a lack of minimally-acceptable housing conditions (Oliver et al., 2018). The state welfare system has moved towards a more obligation-heavy system in recent years, and benefit payments have not kept pace with the cost of living (Boston, 2013; O'Brien, 2013). Simultaneously, there is a high rate of 'working poor' (Ministry of Social Development, 2017). As a result, more of our most vulnerable are living in poverty, in very poor housing conditions, and are at risk for homelessness. The current government has committed to reducing poverty, with a particular focus on children (Ardern, 2018). Investment in reducing poverty and economic inequality, as well as addressing the quantity and quality of the housing supply, will reduce the risk of homelessness (Shinn, 2007), and will improve wellbeing.

The story inferred by these results is one of slippage in between government services, reflecting poor linkage between agencies, and a lack of mechanisms by which to address complexity (New Zealand Productivity Commission, 2015). It is clear that homeless people are looking for help and that this help has not been provided (Tsemberis, 2010). As a cohort this group has had high needs over the entire time-frame of available data. Health and benefit data shows that this group has needed high levels of support going back over 20 years before they were housed. This high level of need worsens over the long time-frame presented, and rises rapidly in the approximately five years before being housed. This indicates a substantial level of need, and opportunity for better-integrated systems across the broad categories of health, justice and social development. The system evident in our results is a siloed approach, which does not address complex needs, and is not equipped to respond to environmental and social determinants of poorer outcomes. The international literature on responses to homelessness strongly supports more holistic systems-integrative approaches, enacted earlier, which have the opportunity to enhance well-being and resilience before homelessness occurs (Turner, 2014; Worton et al., 2017).

International examples of evaluations of Housing First have demonstrated a strong evidence base. These results also demonstrate the ability of the IDI to enable effective cross-government evaluation of policies and interventions. We have been able to establish a high rate of linkage into the IDI's main spine, as well as access a wide range of longitudinal government data. This research adds substantially to the evidence on the cost of homelessness to government and to wellbeing.

4.1. Limitations

Administrative data are used, and while for the 390 people in the HF cohort we were able to find 219,807 items listed, this is likely to be an underestimate of the true lifetime need of the cohort. Data will have been missed due to lack of records or poor linking with potentially some false positives. Mental health data in particular have a variable standard of reporting, underestimating interactions. We are unable to ascertain how long or how often people have been homeless using these data. It is possible that the higher rates of service usage in the years prior to being housed reflect a crisis point.

4.2. Future work

Future work is needed to see if Housing First has delivered a broad-based change in usage of government services. It will of course take time for changes to be apparent in the administrative data. The next research steps are to find appropriate controls and compare the change in interactions between the intervention and control groups.

5. Conclusion

This paper highlights the consequences and some potential drivers of homelessness, and builds on a now large body of work that shows housing is a key determinant of health, justice and social development outcomes. These in turn directly affect economic and housing security. Government systems therefore need to react to these interconnected problems in a systematic way that includes housing as a key component. Housing First is likely to be a crucial element in addressing chronic homelessness in New Zealand, but a systems-wide strategy is needed to prevent future homelessness, and to ensure that complex needs are properly addressed in government services. This story is not unique to New Zealand, and where wide-ranging and well-supported strategic approaches have been implemented, there have been significant reductions in homelessness, and improvements in wellbeing (Pleace, 2017). The data presented here add to international evidence around the drivers and ramifications of homelessness. Despite differences between countries, in terms of particular challenges, homeless demographics, and housing and types of welfare systems, this is a familiar story of silos over systems. This research therefore adds to the international evidence that indicates the importance of integrated approaches to addressing the complex needs of those experiencing chronic homelessness, with an emphasis on housing.

[8] This ethnic disparity is more pronounced for women, with Māori women making up 63% of the female prison population.

Funding

This paper was supported by funding from the New Zealand Ministry of Business Innovation and Employment, Endeavour Fund.

Disclaimer

The results in this paper are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI), managed by Statistics New Zealand. The opinions, findings, recommendations, and conclusions expressed in this paper are those of the authors, not Statistics NZ.

Access to the anonymised data used in this study was provided by Statistics NZ under the security and confidentiality provisions of the Statistics Act 1975. Only people authorised by the Statistics Act 1975 are allowed to see data about a particular person, household, business, or organisation, and the results in this paper have been confidentialised to protect these groups from identification and to keep their data safe. Careful consideration has been given to the privacy, security, and confidentiality issues associated with using administrative and survey data in the IDI. Further detail can be found in the Privacy impact assessment for the Integrated Data Infrastructure available from www.stats.govt.nz.

The results are based in part on tax data supplied by Inland Revenue to Statistics NZ under the Tax Administration Act 1994. This tax data must be used only for statistical purposes, and no individual information may be published or disclosed in any other form, or provided to Inland Revenue for administrative or regulatory purposes. Any person who has had access to the unit record data has certified that they have been shown, have read, and have understood section 81 of the Tax Administration Act 1994, which relates to secrecy. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes, and is not related to the data's ability to support Inland Revenue's core operational requirements.

Acknowledgements

We acknowledge the 390 individuals that are discussed in this paper, each of whom has their own unique story to tell. We also acknowledge the staff of The People's Project for their invaluable role. Without their permission and support this work would not be possible. Ngā mihi nui.

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Two-Year Post-Housing Outcomes for a Housing First Cohort in Aotearoa New Zealand

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\ **Abstract**_ *Housing First (HF) is an approach that improves outcomes for people who have experienced homelessness. Housing provision in HF is immediate, non-conditional, and permanent, with open-ended wraparound support offered. This paper reports one-year and two-year post-housing outcomes for 387 people housed by the first HF programme in Aotearoa New*

ISSN 2030-2762 / ISSN 2030-3106 online

Zealand. We linked the de-identified cohort to Statistics NZ's (StatsNZ) Integrated Data Infrastructure (IDI). This database contains administrative data on services provided by the New Zealand Government. This paper reports on interactions with government services by the cohort both before and after being housed. We focus on the domains of health, justice, and income. The cohort experienced a sizeable drop in healthcare service interactions. Average bed-nights in both mental health inpatient (-59%) and residential units (-50%) more than halved in year one and maintained the reduced average in year two (-41% and -51%). Outpatient events increased 15% in year one and 31% in year two. The average person in the HF cohort had almost NZD$3 000 more in overall total income across benefits and wages/salaries in the two years after being housed. Our findings show promising early changes in mental health outcomes and income rates for those housed, demonstrating that the HF approach is likely to have had early positive impacts. In a dynamic policy context, support and coordination of services is still needed at two years post-housed.

\ **Keywords**_ *Housing First, homelessness, integrated data, Aotearoa New Zealand, outcomes, policy*

Introduction

This paper presents one and two-year outcomes for people housed by a Housing First (HF) programme in Aotearoa New Zealand (henceforth referred to as Aotearoa NZ [1]). This programme, The People's Project (TPP), has made a demonstrable impact on the lives of those they have housed, and this paper quantifies this impact in terms of the rate of government service usage. TPP was New Zealand's first large-scale HF programme, established in 2014 (The People's Project et al., 2021). This paper is an outcome of a research partnership between TPP, He Kāinga Oranga/Housing and Health Research Programme at the University of Otago in Wellington, and the University of Waikato. It focuses on the first cohort of people who were housed by TPP in Kirikiriroa-Hamilton, between October 2014 and June 2017, prior to central government funding. HF has now been funded for $430m [2] by

1 We use 'Aotearoa NZ' to acknowledge the central place of Te Reo Māori and Te Ao Māori in Aotearoa NZ.

2 All dollar amounts are in NZD.

the Central Government across 10 regions in Aotearoa NZ, and the HF approach is a central component of the Government's overarching Homelessness Action Plan (Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development, 2020a).

The People's Project was established in 2014 to address concerns about the growing number of people living and sleeping on the streets in Kirikiriroa-Hamilton, Aotearoa NZ's fourth largest city. A large health and wellbeing provider, The Wise Group, initiated a collective approach that involved government agencies, local government, local iwi (indigenous Māori tribal authority), and local businesses. At the time, HF was not funded by government, so TPP was able to take a local-specific approach that aimed to assist anyone who sought help, combined with a widespread outreach effort. At this time, TPP was funded by the Wise Trust Board, philanthropic funding, local businesses, and support from the local council through provision of premises in the central city. When focused government funding to alleviate homelessness was introduced in 2018, TPP became funded to deliver a Rapid Rehousing approach to supporting single adult homelessness in Kirikiriroa-Hamilton, specialising in supporting adults 18 years of age or older, without dependent children, and with high and complex needs. TPP utilise a VI-SPDAT survey (Vulnerability Index and Service Prioritisation Decision Assistance Tool) to assist in assessing the level of immediate and ongoing support a person may need. Even if people do not meet the criteria for funded intervention, TPP offer a free advisory service (The People's Project et al., 2021). Despite the evolution in focus, TPP's model has consistently been to provide housing without preconditions first, and then provide wraparound support, in accordance with the five principles identified in the Pathways HF model. TPP's staff have a combination of skills, with experience and expertise, including social work, psychology, occupational therapy, mental health, and problematic substance use. Drawing from the clinical and housing expertise of staff and management, TPP primarily operates with an Assertive Community Treatment approach to service delivery, with 70% or more of support being provided in the community by specialist care managers. Individuals from relevant government agencies and the local iwi have spent time based in TPP offices working directly with case managers and clients to ensure that wider systems are responsive and involved. TPP houses most of its clients (approximately 60%) in scattered site private rental housing. The remainder are housed in governmental public housing provided by Kāinga Ora, in housing provided by community social housing providers, and other types of housing. In this respect, TPP is an outlier amongst HF providers in Aotearoa NZ, the majority of which are also community housing providers. TPP works to actively support tenancies, leveraging off strong, well-established relationships with local landlords.

HF is a model of providing support for people who are experiencing homelessness; it works by housing people in permanent housing and offering wraparound support (Tsemberis, 2011; Tsemberis et al., 2004). Internationally, HF has been shown to deliver greater security of tenure and improved outcomes across a range of domains, such as health and justice (Aquin et al., 2017; Aubry et al., 2016; Baxter et al., 2019; Groton, 2013; Patterson et al., 2013; Rezansoff et al., 2017). HF is effective in improving wellbeing, reducing use of acute services such as emergency department usage, reconviction rates, and improving housing stability (Baxter et al., 2019; Leclair et al., 2019; Somers et al., 2013). HF can positively impact recovery trajectories and provide enhanced access to care and services (Patterson et al., 2013). There have been only a small number of studies that evaluate the short-term (up to 24 months) impacts of HF on its participants' social and health outcomes. So far, these reviews (Baxter et al., 2019; Leclair et al., 2019) did not find significant differences in health and social justice outcomes for HF participants.

Previous research showed a large unmet need for this HF cohort before they were housed by TPP, and inequities in the prevalence of experiencing homelessness were starkly visible, with a very high proportion of clients identifying as Māori, the indigenous people of Aotearoa NZ (Pierse et al., 2019). With over 200000 recorded and linked interactions with government services before being housed, this cohort had been seeking help for an extended period, and were therefore far from the commonly described 'hard to reach' population. Instead, they had been failed by inadequate, poorly co-ordinated systems. The most common interaction with government services was with the health sector, with far higher rates of interaction than a random subsample of the general population (NZpop). Rates of service interaction by the HF cohort in the mental health and justice sector services were more than 10 times that of the NZpop in the five years leading up to being housed. In this study we examine the short-term (up to two years) outcomes after 387 clients were housed by TPP in Aotearoa NZ, providing early insight into potential medium and long-term outcomes.

Methods

This is a before and after cohort study of 387 people in a HF programme in Kirikiriroa-Hamilton, Aotearoa NZ, using linked government administrative data. The Integrated Data Infrastructure (IDI) is a large-scale database containing linked microdata about people in Aotearoa NZ. It consists of administrative records of services provided by various government agencies, Statistics New Zealand (StatsNZ) surveys including the New Zealand Census, and data collected by multiple non-governmental organisations (NGOs). The IDI is maintained and regularly updated by StatsNZ, the government data agency (Black, 2016; Gibb et al., 2016).

Within the IDI, individuals are assigned unique, anonymised identifiers that researchers can link across interactions with government agencies. TPP was one of the first NGOs to link data into the IDI. Through our research partnership, the authors were granted access to a de-identified list of the first 387 clients of TPP in order to analyse their interactions with government agencies before and after being housed. Ethics approval was granted by the University of Otago Human Research Ethics Committee, reference HD16/049.

This paper builds on our 2019 baseline study of TPP clients, which offers a more detailed description of our methods [3] (Pierse et al., 2019). The results below summarise service interaction rates in the one-year and two-year periods before and after the clients were first housed. For comparison, the same analysis of the estimated Aotearoa NZ resident population (NZpop) is presented (n=3388338). The NZpop includes everyone who resides in Aotearoa NZ in the same age range as the HF cohort (18-67). The analysis periods for the NZpop were the periods before and after the median date when TPP first housed the HF cohort (9 June 2016). The pre and post two-year outcomes were compared between the two groups using Wilcoxon rank sum test in R. A total of 21 people in the HF cohort passed away during the data period, and they are included in the rate calculation until the day after their death is recorded, as they would not have had any service interactions beyond this point. The September 2020 version of the IDI datasets has been used for this paper.

Outputs are grouped into three domains: health, justice, and income and social development. Health outputs include hospitalisations in publicly-funded hospitals (Manatū Hauora – Ministry of Health, 2021; Telfar Barnard et al., 2015), injuries recorded in Aotearoa NZ's no-fault universal accident insurance scheme, attended outpatient events (excluding emergency department visits), and pharmaceutical prescriptions filled in community pharmacies. Mental health outcomes are reported in three categories: community-based activities attended, inpatient unit bed-nights, and residential unit bed-nights. Justice outcomes include interactions reported to the police as victims or offenders of crime, police charges laid, criminal court sentences received, and corrections events such as remand and sentencing. Income outcomes were counts of the month in which the client received government benefits or wages, and the gross income received from each source.

[3] The cohort in our 2019 paper (n=390) is slightly larger than this current paper; this is due to a refresh of the IDI, which resulted in data linkages for some people being lost. The 2019 comparison group was only a subset of the Nzpop; however, this paper uses the whole NZpop as the comparison cohort for greater coverage.

Results

Table 1 presents the demographics of both the HF cohort and the NZpop comparison group. Compared to the NZpop, the demographics of this cohort reflect known health and socioeconomic inequities, yet challenge existing perceptions about people who experience homelessness. For example, there are slightly more females in the HF cohort than in the NZpop, whereas populations of people experiencing homelessness are often perceived to be mostly male (Fraser et al., 2021; Hagen and Ivanoff, 1988; Phipps et al., 2019). The cohort is somewhat younger than the NZpop, which could in part be due to the younger age structure of the Māori population, and of people who have experienced homelessness (Amore et al., 2020; Statistics New Zealand, 2018). As described, Māori are significantly over-represented in the HF cohort, reflecting structural inequities that systemically disadvantage Māori (Lawson-Te Aho et al., 2019).

Table 1. Demographics of the HF cohort and NZpop

Variable		Relative percentage (%)	
		HF (n=387)	NZpop (n=3 388 338)
Sex	Female	53.5	50.2
	Male	46.5	49.8
Age	Under 25	14.7	14.9
	25-44	52.7	36.1
	45-64	31.8	34.6
	65+	S[4]	14.5
Ethnicity (total response, multiple ethnicities allowed)	Māori	71.3	14.8
	European	38.8	71.4
	Pacific	7.8	6.9
	Asian	2.3	14.5
	MELAA[5]	2.3	1.6
	Other	S	2.2

Table 2 shows interactions with government services for the HF cohort. [6] The average number of bed-nights in mental health facilities is more than halved in year one (-59% in inpatient facilities and -50% in residential units). This reduced average was maintained in year two (-41% and -51%). The average number of attendances to community-based mental health activities also decreased in the first year (-16%) and the second year (-18%) post-housing.

4 'S' indicates a suppressed number below the minimum count (6) that is able to be reported from the IDI for confidentiality reasons.

5 MELAA is the StatsNZ ethnicity classification 'Middle Eastern/Latin American/African.'

6 See Appendix A for the same results for the general population.

Changes in physical health measures (i.e., changes in hospitalisations, emergency department visits, injuries, and pharmaceutical prescriptions) were relatively small. However, outpatient events (such as diabetes and outpatient clinic attendance) increased significantly with a 15% increase after one year of housing than the one year prior, and a 31% increase in the two years comparison.

In the first year after being housed, there was a decrease in the average number of encounters with police and courts. The number of police offences and charges also decreased in both years. However, the overall number of people appearing in these data showed no change by the second year after being housed, and rates of events with corrections systems increased both years after being housed. It is worth noting that interactions with services are not evenly distributed between individuals in the study cohort and further breakdown within the cohort could provide a more accurate picture. Reported victimisations also showed an increasing trend, despite a slight drop in the first year; two years after being housed, the average number of victimisation events increased by 14%.

Income from wages/salaries increased after being housed. Table 2 presents the cumulative means for the two-years pre- and post-being housed. Before being housed, income from wages/salaries dropped from $5100 in the second to last year before being housed to $2 500 in the year before being housed (with a mean of $7600 total in the two years before being housed). There is an increase to $3 000 in the first year after being housed and a more significant jump to $5 400 in the second year after being housed (with a mean of $8400 in the two years after being housed). For welfare benefits, there is an immediate and sustained rise of nearly 10%. Overall, the average person in the HF cohort had almost $3000 more in overall total income across benefits and wages/salaries over the two years after being housed compared to the two years prior ($p < 0.01$).

Table 2. Changes in rates of service usage (HF, n=387)

Data domain	Data source	Mean from 2 years before being housed	Mean from 1 year before being housed	Mean from 1 year after being housed	Mean from 2 years after being housed	Rate of change between 1 year before and after	Rate of change between 2 years before and after
Health	Hospitalisations	1.4	0.8	0.7	1.5	-6%	5%
	Injuries	0.9	0.5	0.5	0.9	3%	1%
	Outpatient events	4.6	2.8	3.2	6.2	16%	34%
	Pharmaceuticals	62.5	32.2	34.1	65.4	6%	5% **
	Mental Health— Community-based activities	30.9	16.6	14	25.4	-16%	-18%
	Mental Health— Inpatient unit bed-nights	5.6	3.9	1.6	3.3	-59%	-41%
	Mental Health— Residential unit bed-nights	12.1	8.8	4.4	5.9	-50%	-51%
Justice	Police offences	1.6	0.8	0.7	1.4	-20% *	-11% *
	Criminal charges	1.5	0.7	0.7	1.5	-4%	-2%
	Corrections events	0.5	0.3	0.3	0.5	23%	21%
	Victimisations	0.4	0.3	0.3	0.5	-6%	14%
Income and Social Development	Months in which tax paid on wages and salaries	3.6	1.4	1.6	3.8	10%	4%
	Income received from wages and salaries (cumulative over the whole period)	7 600.00	2 500.00	3 000.00	8 400.00	20%	11%
	Months in which a benefit was received	18.2	9.6	10.0	19.3	5% **	6%**
	Income received from benefits (cumulative over the whole period)	22 200.00	11 900.00	12 600.00	24 300.00	6%**	10%**

* Indicates $p < 0.05$; ** indicates $p < 0.01$;

Table 3 shows the differences in the one- and two-year changes for the HF cohort over and above the changes in the NZpop. The HF cohort has markedly high service interaction levels before and after being housed compared to the NZpop. The biggest difference between the two groups is the much greater fall in the mental health service usage, especially for inpatient unit bed nights and residential bed nights ($p < 0.01$) for the HF cohort. There are relative improvements in the HF cohorts' level of income ($p<0.01$) and outpatient events ($p<0.01$), and an increase in criminal victimisation ($p<0.01$).

Table 3: Difference between the changes over one and two years for both the HF and NZpop cohorts

Data domain	Data source	HF 1 year difference	HF 2 year difference	NZpop 1 year difference	NZpop 2 year difference	HF-NZpop 1-year difference	HF-NZpop 2-year difference
Health	Hospitalisations	-6%	5%	8%**	12%**	-14%**	-7%**
	Injuries	3%	1%	-1%**	0%	4%**	1%**
	Pharmaceuticals	6%	5%*	8%**	14%**	-2%**	-9%**
	Outpatient events	16%	34%	7%**	13%**	9%**	21%**
	Mental Health—Community-based activities	-16%	-18%	-1%	-2%	-15% **	-16%**
	Mental Health—Inpatient unit bed-nights	-59%	-41%	-4%	-10%	-55%	-31%
	Mental Health—Residential unit bed-nights	-50%	-51%	-16%	-29%	-34%**	-22%**
Justice	Police offences	-20%*	-11%*	-2%	-5%	-18%**	-6%**
	Criminal charges	-4%	-2%	-3%**	-5%**	-1%**	3%**
	Corrections events	23%	21%	7%**	15%**	16%**	6%**
	Victimisations	-6%	14%	-2%	-3%**	-4%**	17%**
Income and Social Development	Months in which tax paid on wages and salaries	10%	4%	2%**	3%**	8%**	1%**
	Income received from wages and salaries (cumulative over the whole period)	20%	11%	6%**	11%**	14%**	0%**
	Months in which a benefit was received	5%**	6%**	-2%**	-5%**	7%**	11%**
	Income received from benefits (cumulative over the whole period)	6%**	10%**	-7%**	-4%**	13%**	14%**

* Indicates $p < 0.05$; ** indicates $p < 0.01$;

Discussion

Our results show both substantial and subtle changes in service interaction in the short-term period post-housing for a HF cohort in Aotearoa NZ. It is important to acknowledge that 21 people passed away in the HF cohort during the study period. [7] These deaths represent the ongoing cumulative burdens of systemic failures, and a lack of early support for people experiencing multiple challenges such as homelessness and poor health (Charvin-Fabre et al., 2020; Fransham and Dorling, 2018). For those remaining in the cohort, health issues remain a significant issue. The most striking result in these analyses post-HF intervention is the substantial and rapid reduction in the length of stays in inpatient and residential mental health facilities. This considerable drop suggests that mental health needs are both being increasingly met by TPP services and that being housed and supported is alleviating acute mental health crises. Additionally, housing with TPP support may be facilitating discharges from mental health facilities that might otherwise keep a person 'housed' if the only alternative was homelessness. A drop in service interactions at this scale is rarely seen at two years post-HF intervention in international literature; however, mental health improvements are consistent with international findings (Aquin et al., 2017; Aubry et al., 2016; Baxter et al., 2019; Groton, 2013; Patterson et al., 2013).

Despite a promising drop in mental health service interactions by the HF cohort, there has also been a modest drop in the general population's use of the same services, indicating that there may be a wider context influencing mental health service usage. There has been consistent underfunding of the mental health sector in Aotearoa NZ over two decades. A governmental inquiry into mental health and addictions services, commissioned in 2018, reported significant failings including: a lack of continuum of care; difficulty accessing services; a lack of cultural competency; under-capacity; and over-reliance on medicated responses (Government Inquiry into Mental Health and Addiction, 2018). Given this context, the overall drop in inpatient and residential service interactions in both the HF cohort and the general population could indicate improvements in mental health, but could also indicate greater reliance on outpatient services which are generally cheaper (Parthasarathy et al., 2003; Zentner et al., 2015), or even greater difficulty accessing specialist services. One of TPP's strengths is that it is led by an experienced provider of community mental health and addictions services that had pre-existing relationships with local District Health Boards and other relevant health and

[7] The most up-to-date number from the IDI at the time of writing (per the September 2020 refresh), which we used throughout this paper, says 21 people have passed away. Since then, TPP have confirmed a further five people have passed away. That will not be visible in these results, but we still wish to acknowledge their passing.

wellbeing services. Whether TPP has been able to bridge services and provide continuum of care, even in the context of systemic underfunding, will be more apparent in longer-term results.

A subset within the health domain results is an increase in outpatient events, which is the most notable physical health result. Outpatient events usually refer to specialised healthcare and is most often provided in a hospital setting; it is important for early and ongoing management of acute and chronic health conditions. The long-term care of chronic disease amongst people experiencing homelessness is typically lacking, despite their increased risk for physical illness (LePage et al., 2014; Wiersma et al., 2010). Earlier results echo this trend, showing a high level of health need for a long period of time, with increasing use of acute services (Pierse et al., 2019). A major difficulty in providing healthcare to people experiencing homelessness is that they do not necessarily have the resources or capacity necessary to engage with appointment-driven health care services (Chelvakumar et al., 2017; Lewis et al., 2003; Ramsay et al., 2019). Lack of engagement with outpatient care leads to poor ongoing management of chronic conditions, difficulty providing care continuity, and increases the likelihood people will present to emergency and acute services (Han and Wells, 2003; Moe et al., 2017). TPP enabling their clients to engage with ongoing outpatient healthcare is a notable achievement.

There was a small initial drop in offending in the justice sector. Once the HF cohort has been housed, it is potentially easier for the justice system to find and interact with them, which could be why there is only a small reduction in charges, and why victimisations increased in the two years post-housing. Increases in victimisation is in line with a recent report by Vallesi and Wood on a similar HF programme in Perth, Australia; they note the increased victimisation as unsurprising considering the vulnerability of HF clients (Vallesi et al., 2020). TPP also support clients to report and seek redress for victimisations where they might not have otherwise done so prior to being housed. Additionally, there is a high proportion of Māori in this cohort, who are generally over-represented at all levels of Aotearoa NZ's justice sector, including charges, sentencing, and incarceration (Bold-Wilson, 2018; Fernando, 2018; Jackson, 1987; Lambie and Gluckman, 2018). This systemic issue means that the high proportion of Māori in the cohort and the racism they face are likely to influence justice interactions.

The wages and salaries data we have presented shows a steep decline from already inadequate income levels ($5100 per year) two years before the cohort were housed by TPP to a very low $2500 in the year before being housed – which was a time of acute housing crisis for this group. The small but increased income level in year one post-housing ($3000) shows how difficult an immediate recovery is, but there is a rise to $5 400 in the second year. The income received by benefits between two

years also increased by 10% ($2 100) (p< 0.01) and an increase in months the benefits were received by 6% (p<0.01). However, this is still an inadequate income, even when combined with benefit receipt.

The increase in the amount of welfare benefits for the HF cohort signals that TPP have been able to link people with more appropriate financial support. Significant changes were made to the benefits system just prior to the establishment of TPP in 2014. These changes made it more difficult for people to access benefits, and made the welfare system more punitively-oriented (Kia Piki Ake Welfare Expert Advisory Group, 2019). Further, discrimination against women and Māori in the benefit system and the service agencies involved in assessing and delivering benefits and social supports have been demonstrated (Gray and Crichton-Hill, 2019; Kia Piki Ake Welfare Expert Advisory Group, 2019; Satherley, 2020). The rise in benefit receipt we observed indicates the vital role of advocates for people interacting with government agencies that are difficult to navigate and discriminatory (Hodgetts et al., 2013). In 2019 the Welfare Expert Advisory Group (WEAG) recommended benefits rates be increased by up to 40% in order for people receiving benefits in Aotearoa to be able to live dignified lives (Kia Piki Ake Welfare Expert Advisory Group, 2019). A recent assessment of the Government's progress in implementing the 42 key recommendations made by the WEAG found that none of the recommendations have been fully implemented; and of the WEAG's 126 detailed recommendations, only 11 have been fully implemented (Neuwelt-Kearns et al., 2021). The combined average income from wage/salaries and benefits of the HF cohort in the second year of being housed ($17100.00) is still just under 40% of the living wage salary. [8] International literature indicates that countries with less-extensive welfare regimes see higher levels of poverty and homelessness (Benjaminsen and Andrade, 2015; Fitzpatrick and Stephens, 2014; O'Sullivan, 2010). While countries with more-extensive welfare regimes do still see homelessness, it is often less as a result of poverty and more arising from an individuals' personal needs which require specific support (Stephens and Fitzpatrick, 2007).

As described in the preceding paragraphs, a significant part of TPP's work has been coordinating and effectively linking people with the range of services the clients are entitled to receive. Affecting wider systems change is also a strong focus of TPP's model, consistent with the wider paradigm shift that HF thinking advocates (Demos Helsinki and Housing First Europe Hub, 2022; Padgett et al., 2016). Senior manage-

8 Based on the Living Wage 2020/2021 in Aotearoa NZ. Assumed 37.5 working hours per week.

ment and governance of TPP, including their Governance Group [9], directly engages with policy agencies with the explicit intent of affecting systems change. Ongoing commitment from TPP's Governance Group has been instrumental in shaping TPP's policy, and has, in turn, embedded knowledge within their member organisations about the importance of housing to health and broader wellbeing. As discussed earlier, TPP is also subject to top-down policy changes that affect the services their clients can access, indicating that systemic policy and operational change is required to support the greatest possible outcomes from an intervention like HF.

In order for systemic change to have the greatest possible impact, it is necessary to understand the demographics and life circumstances of those who experience homelessness and require housing support. In contrast to populations identified in international literature on homelessness that largely focus on single adult males, over half of this cohort is female (Pierse et al., 2019). Statistics on the wider severely housing deprived population in Aotearoa NZ also show a higher proportion of females than is commonly seen in international literature (Amore et al., 2020). In addition, a significant proportion of this cohort are Māori, the indigenous peoples of Aotearoa NZ, far in excess of the general population. Again, statistics on the wider severely housing deprived population show a significant overrepresentation of Māori; however, not to the same extent (33%) as this cohort (71.5%). Intersectional and systemic drivers for homelessness such as poverty, discrimination, and the ongoing effects of colonisation are likely contributors to the notable proportions both of females and of Māori in this cohort (Lawson-Te Aho et al., 2019; Pierse et al., 2019). Previous research has looked at the experiences of women in this cohort, showing that they were more likely to be younger, Māori (78%), and have children (81%) (Fraser et al., 2021). They tended to be heavily reliant on government support, making them vulnerable to the effects of the neo liberalisation of the welfare state. In contrast to men in the same cohort, they had fewer justice interactions and far less income from wages and salaries. For the women in this cohort, who are largely Māori, parenting responsibilities combined with low welfare provisions, may have contributed to housing insecurity, and ultimately homelessness (Perry, 2022).

In many cases, these two-year outcomes are indicative of a larger picture that will continue to emerge over time. The overarching policy context over the period covered in this paper saw significant policy changes that impacted the ways in which TPP were able to support their clients, as well as how government services

[9] On their governance board, TPP has representatives from the organisations that interact with people experiencing homelessness in various capacities: the Ministry of Social Development, Oranga Tamariki—Ministry for Children, Te Puni Kōkiri—Ministry for Māori Development, Kāinga Ora Homes and Communities, the Waikato District Health Board, New Zealand Police, the Department of Corrections, Waikato Tainui, Hamilton City Council, Hamilton Central Business Association, and Pinnacle Midlands Health.

interacted with this cohort. The mental health care context discussed above is one example. Additionally, some welfare payments were increased slightly in 2016 (Tolley, 2016), and minimum wage payments were raised each year that we are looking at (Employment New Zealand, 2020). However, larger structural changes to the welfare system were mostly seen to have moved toward a more punitive system which was antithetical to the HF model. Similarly, pressures on the housing market and rising homelessness were under-acknowledged and only began to be addressed due to increasing public pressure before the 2017 election (Schrader, 2018). Our next set of findings will bridge a change in government, from a centre-right government to a centre-left coalition government, as well as the introduction of a Homelessness Action Plan (Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development, 2020b) by the Central Government. Any differences between the results presented here and subsequent results will highlight the impact of HF, as well as the ways in which policy changes and advocacy from groups like TPP, can impact on people's lives.

Conclusion

This paper presents short-term post-housing outcomes for people who have experienced homelessness and consequently been housed by a HF programme. These early results indicate promising changes in mental health outcomes and income rates for those housed. Consistent with international findings, the results we present show that HF has led to an improvement in service interactions particularly in mental health. However, most gains in wellbeing are likely to take longer than the two years we have been able to look at so far; our previous work showed this group had very high and increasing needs for the 15 years prior to engagement with TPP. It is thus likely that, for most, any wellbeing gains will continue to improve with longevity of HF support, consistency of funding for HF programmes, as well as supportive structural policy changes. Longer-term, positive impacts of HF will come from enabling a shift in the trajectory of people's lives and enabling government services to work effectively.

Acknowledgements

We would like to acknowledge the people that are discussed in this paper, each of whom has their own unique story to tell. We also acknowledge the staff of The People's Project for their invaluable role. Without their permission and support, this work would not be possible. We also acknowledge the work now underway by our many partners in Aotearoa New Zealand to help make homelessness, rare, brief, and non-recurring. Ngā mihi nui.

This research was funded by the New Zealand Ministry of Business, Innovation, and Employment Endeavour Fund Grant.

Statistics New Zealand Disclaimer

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI), which is carefully managed by StatsNZ. For more information about the IDI, please visit https://www.stats.govt.nz/integrated-data/.

The results are based in part on tax data supplied by Inland Revenue to StatsNZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes, and is not related to the data's ability to support Inland Revenue's core operational requirements.

Data Sharing

The data is available to those who have access to the StatsNZ IDI. The IDI can be accessed in Aotearoa New Zealand by researchers working on public good projects.

Appendix A: Changes in rates of service usage (NZpop)

Data domain	Data source	Mean in 2 years before 9-June-2016	Mean in 1 year before 9-June-2016	Mean in 1 year after 9-June-2016	Mean in 2 years after 9-June-2016	Rate of change between 1 year before and after	Rate of change between 2 years before and after
Health	Hospitalisations	0.4	0.2	0.2	0.5	8%**	12%**
	Injuries	0.7	0.4	0.4	0.7	-1%**	0%
	Outpatient events	2.3	1.2	1.3	2.6	7%**	13%
	Pharmaceuticals	26.2	13.6	14.7	29.7	8%**	14%
	Mental Health—Community-based activities	2.1	1.1	1.1	2.1	-1%	-2%
	Mental Health—Inpatient unit bed-nights	0.2	0.1	0.1	0.2	-4%	-10%
	Mental Health—Residential unit bed-nights	0.3	0.1	0.1	0.2	-16%	-29%
Justice	Police offences	0.1	0.06	0.06	0.1	-2%	-5%
	Criminal charges	0.1	0.06	0.06	0.1	-3%*	-5%*
	Corrections events	0.3	0.2	0.2	0.3	7%**	15%**
	Victimisations	0.07	0.04	0.04	0.07	-2%	-3%**
Income and Social Development	Months in which tax paid on wages and salaries	12.7	6.5	6.6	13.1	2%**	3%**
	Income received from wages and salaries	58 200.00	30 200.00	32 000.00	64 600.00	6%**	11%**
	Months in which a benefit was received	2.3	1.2	1.1	2.2	-2%**	-5%**
	Income received from benefits	2 700.00	1 400.00	1 300.00	2 600.00	-7%**	-4%**

Appendix B: Standard Deviation

		Housing First			NZ pop				
Data domain	Data source	**Standard Deviation from 2 years before being housed**	**Standard Deviation from 1 year before being housed**	**Standard Deviation from 1 year after being housed**	**Standard Deviation from 2 years after being housed**	**Standard Deviation from 2 years before being housed**	**Standard Deviation from 1 year before being housed**	**Standard Deviation from 1 year after being housed**	**Standard Deviation from 2 years after being housed**
Health	Hospitalisations	2.24094	1.341487	1.65433	2.627012	0.515	0.51	0.51	0.518
	Injuries	1.311832	0.851768	0.867383	1.48695	0.508	0.504	0.504	0.508
	Outpatient events	221.0174	116.871	120.8606	242.5728	44.7	27.7	29.5	50
	Pharmaceuticals	28.7	19.9	19.8	36.3	0.515	0.507	0.509	0.516
	Mental Health—Community-based activities	75.50504	40.66792	32.03123	61.02173	7.29	5.23	5.26	7.73
	Mental Health—Inpatient unit bed-nights	58.48	55.4	14.148	19.011	18.8	14.8	14.6	18
	Mental Health—Residential unit bed-nights	97.46	93.81	46.65	46.65	18.6	17.5	25.4	21.8
Justice	Police offences	2.74	1.747	1.994	3.278	0.523	0.53	0.532	0.535
	Criminal charges	2.805624	1.653318	2.282178	3.506707	0.543	0.54	0.525	0.544
	Corrections events	2.39326	1.451	1.48103	2.35184	0.831	0.771	0.784	0.917
	Victimisations	0.8625	0.63544	0.5774	0.917	0.503	0.504	0.502	0.503
Income and Social Development	Months in which tax paid on wages and salaries	6.049648	2.794665	3.217279	6.652	6.38	3.55	3.94	7.93
	Income received from wages and salaries (cumulative over the whole period)	17 061.43	65 22.942	77 63.375	18 552	33 158	18 760	37 487	68 221
	Months in which a benefit was received	7.597655	3.74938	3.568	7.414151	9.04	5.15	4.42	8.63
	Income received from benefits (cumulative over the whole period)	11 473.31	5 912	5 821	11 897	11 459	6 949	5 866	11 173

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31 May 2023
Housing Briefing
Hamilton
City Council
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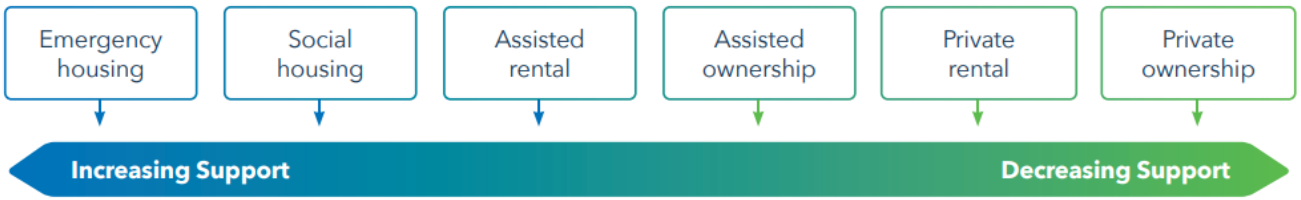
Why are we here?

Objectives for the session:

1. Understand context
2. Understand current players and their roles
3. Clarity of roles and actions going forward



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HCC Housing Data

How are we performing?

- Median price (price trends over time)
- Current construction stats (breakdown of dwelling types and location)
- Affordability indexes
- Comparative against other major NZ centres

Hamilton consenting trends – 12 mths to March 2023

- Residential consenting slowed in Q1, pulling down the annual total further.
  - Both infill and greenfield consenting has fallen
  - This is a slowdown but comes on the back of historic highs in 2021 and 2022 for infill development.
- Infill made up 70% of all new dwellings consented for the first time
- Townhouses/duplexes continue to make up most dwellings consented

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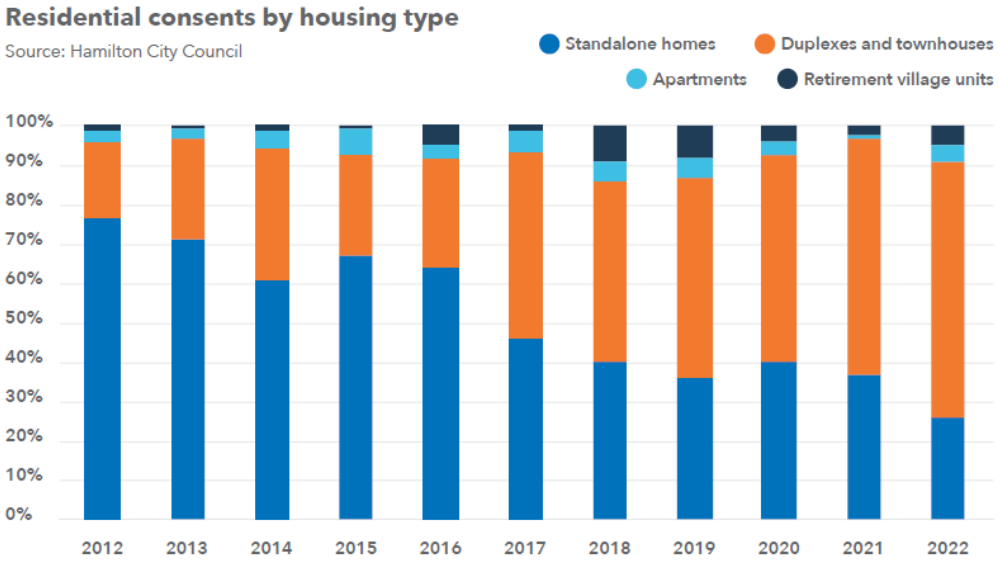

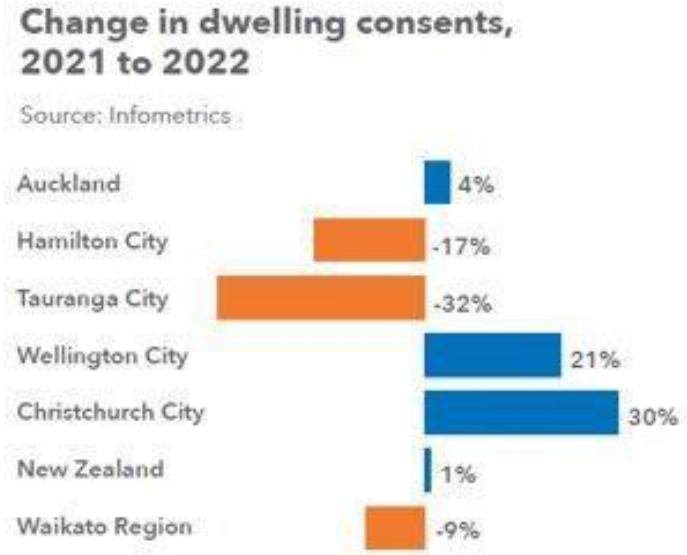

- Attached dwellings are now two-thirds of new homes consented in Hamilton.
- Nearly half of all new dwellings in Greenfield are attached or apartments now
- Houses are getting smaller and the difference between attached and standalone dwellings has closed over the last 6 years.

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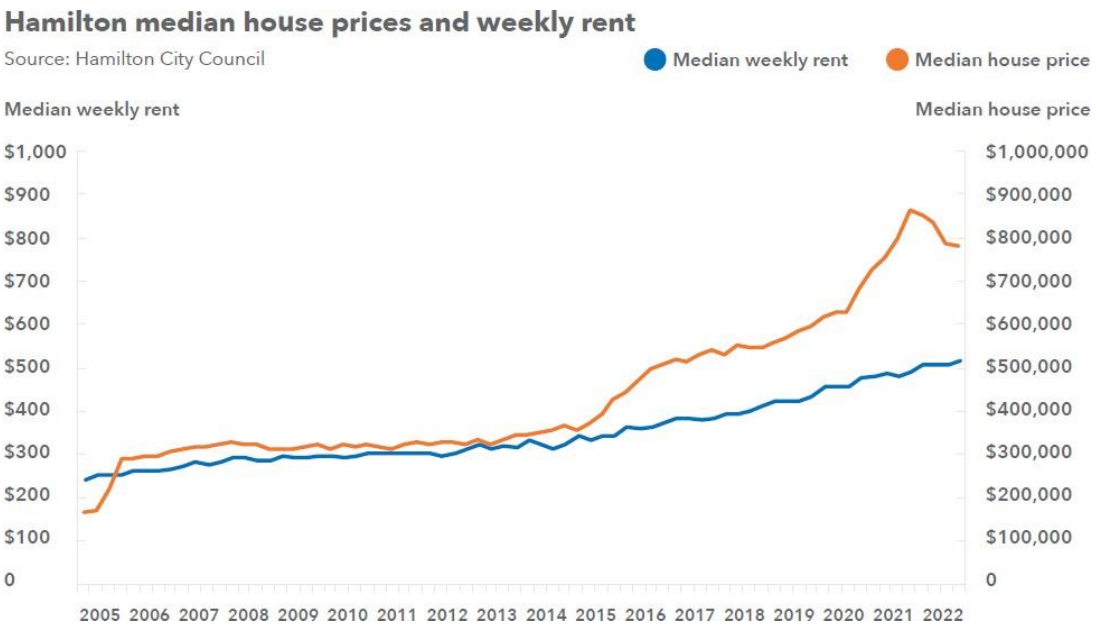
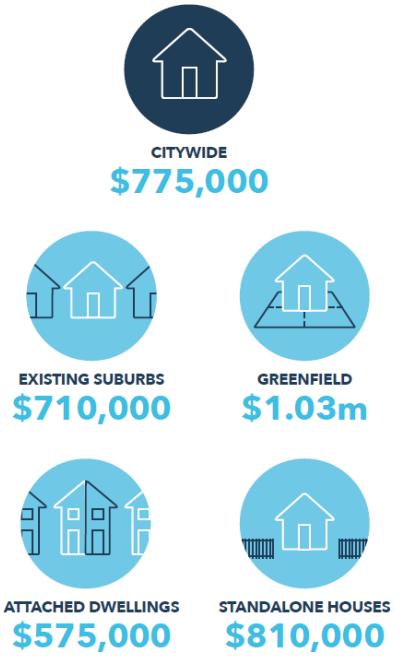
Hamilton house prices and median rent





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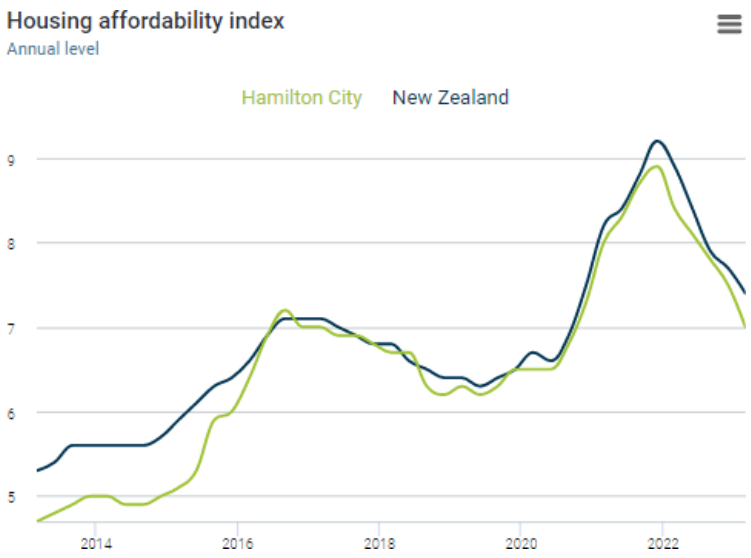
Affordability indexes



- Affordability is calculated using average house price and annual average household income.
- A lower number means its more “affordable” – a lower proportion of household income is needed to housing
- Note Tauranga has a high retiree population that skews the data as their household income is often low.
- Source: Informetrics

Intros: Who is who

Name, role, organisation

Who is doing what in the Hamilton and Waikato housing market?

- Ministry of Social Development (MSD)
- Waikato Housing Initiative (WHI)
- Kainga Ora (KO)
- Waikato Community Lands Trust (WCLT)
- The Wise Group (WISE)
- Hamilton City Council (HCC)

Ministry of Social Development

Market Segment

- Emergency Housing (EH) is temporary accommodation for whaanau who have nowhere to stay
- Transitional Housing (TH) is temporary accommodation with contracted providers who provide wrap around support for whaanau, working towards longer term accommodation

Desired Outcome

- Whaanau are housed in longer term accommodation that is safe, warm and dry.

Key Work Programmes

Composition and Alignment:

- We are visiting all Hamilton Metro EH suppliers for visibility and to strengthen relationships.
- Compiling composition of each EH supplier to align whaanau with the right supplier
- Aligning Integrated Services Case Manager Housing to EH supplier as point of contact
- Ensuring suitable cohorts of whaanau for each EH supplier
- Strengthening relationships and supporting Youth Providers who support young people in EH

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Waikato Housing Initiative

Market Segment

- Affordable* sector in the housing spectrum with mandate from the Waikato Mayoral Forum.

Desired Outcome

- Every person and every family in the Waikato region is well housed living in sustainable, flourishing and connected communities.

Key Work Programmes

- Working with Councils across the region on specific housing initiatives within the councils control; HCC is 4000+ homes short now and has ability to prioritise and enable integrated affordability to ensure a target of 20% affordability is achieved. Tracking progress by way of updated dashboards and regional stocktake so visible to all working within the housing spectrum.

Need for Greater Housing Investment (GOVT & Councils as lead enablers)

- WHI is working toward a programme of funding over many years (irrespective of the government of the day) to achieve 15,000 affordable homes across the Waikato region by 2043 according to projections –over half of these are needed in HCC.

*WHI uses the UN definition of not more than 30% of household earnings to be spent on housing related costs including heating, or purchase price in ownership models of not more than 3 times median household income.

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Kainga Ora

KO Waikato Regional Plan

- Strategic drivers of our investment

Public Housing Supply Work

- Key Focus Areas
- Emergency Housing Impact
- Enabling our customers to live well in their homes (housing support services)

Urban Development Role

- Enderley Fairfield master plan
- Affordable housing and home ownership tools

Waikato Lands Community Trust

Market Segment

- We aim to achieve affordability in perpetuity by being a land-holding vehicle.

Desired Outcome

- Affordable housing; inclusionary zoning; solutions to housing affordability in the Waikato; perpetual land ownership to assist affordability outside the market.

Key Work Programmes

- We settle on the purchase of 4 units in Hamilton East on 26 May.
- We aim to provide secure affordable homes through leasehold tenure.
- We also continue to advocate for inclusionary zoning
- We are also working to update our trust deed to make it more fit for purpose.

Need for Greater Housing Investment (GOVT)

- Local government should start with inclusionary zoning.

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WISE – The Peoples Project

Market Segment

- Supporting homeless, single adults, 18+ without children
- Partner with Workwise, a supported employment service.

Desired Outcome

- Help people sustain permanent tenancy in appropriate housing.
- 60% of our permanent housing outcomes outcomes are in private rental properties

Key Work Programmes

- Housing First Approach
  - Housing
  - Support

Need for Greater Housing Investment (GOVT)

- Shortage of affordable, safe single persons housing in Hamilton.

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Market Segment

- HCC has a role across all segments due to regulatory functions

Desired Outcome

- More affordable housing options for Hamiltonians

Key Work Programmes

- Inclusionary zoning
- Central City – Stage 1
- Enderley-Fairfield master-planning
- New housing enablement (eg Peacocke, Rotokauri)

Need for Greater Housing Investment (GOVT)

- Greater funding tools provided to local government

Current HCC housing strategy actions

Action 1: Investigate the use of the Municipal Endowment Fund (MEF) for housing projects. These could be delivered in partnership with other public or private entities.

Action 2: Develop a housing advocacy plan.

Action 3: Undertake changes to the District Plan in parallel with National Policy Statement – Urban Development intensification changes. Changes will include investigating how the District Plan can best achieve the outcomes identified in this Strategy.

Action 4: Enhance the strategic partnerships and investigate support of the Waikato Community Lands Trust.

Action 5: Undertake a report examining the potential to introduce inclusionary zoning policies into the District Plan.

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HCCs role in housing

1.0 Regulatory Tools and Levers including:

- **Inclusionary Zoning**
- Development Bonuses
- District Plans rules and Development Controls
- Consenting Processes
- A Sub-regional Response
- moderate incomes.

2.0 Financial Tools & Levers including:

- Infrastructure Investment
- Development Contributions
- An Affordable Housing Fund

3.0 'Direct' Action including:

- Exemplar Projects
- City Centre revitalisation/IAF
- Strategic Land Acquisitions
- Effective Partnerships
- Grow Council Capability and Knowledge of Development

4.0 Fairfield-Enderly including:

- Redevelopment vs Regeneration
- An Effective HCC KO Partnership
- Council LTP and Resource Alignment
- Location matters. The location of AH with ready access to local amenities and services (schools, healthcare, retail, open space), proximity to work opportunities, and with accessible and affordable transport options all make for more affordable living for those on low to moderate incomes.

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Round table discussion regarding HCCs role in housing

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