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The wellbeing of children in emergency housing motels: Service providers' perspective

Bernadine Williams

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Bernadine Williams

ABSTRACT

Children who are homeless experience compounding social vulnerabilities including unhealthy and/or insecure housing, food insecurity and disruptions to education and medical care. Homeless children require appropriate, collaborative and holistic interventions to ensure wellbeing. Despite extensive national and international research, child homelessness continues to persist (Bornman & Mitchell, 2020). The New Zealand Government defines child homelessness as those children residing in "temporary accommodation" and spends a significant amount on emergency housing every financial quarter; with the Waikato Region spending more than other regions in New Zealand to house children and their whānau in emergency housing motels.

This qualitative research used an intersectional approach to investigate the wellbeing of children in emergency housing motels in Hamilton City, Waikato. The aim of the research was to identify what service providers in Hamilton provide in terms of health interventions and wellbeing measures for children residing in emergency housing motels, including barriers and enablers to providing services. The perspectives of service providers supporting children who are homeless were explored through in-depth interviews. Inquiry was guided by the following research questions (1) how are children who reside in emergency housing motels in Hamilton currently supported? (2) are there social factors which strengthen or undermine these support services? and (3) are there opportunities for collaboration between various stakeholders to deliver services at emergency housing motels? Thematic analysis was used to inductively identify themes to form the research findings.

The findings identified that living conditions, personal safety, barriers between service providers and whānau, and collaboration hinder the wellbeing of children residing in emergency housing motels and that it is important to support whānau through strengths-based education. The responses of service providers to children residing in emergency housing is complex and may inadvertently lead to the compounding of disadvantage. Service systems require a collaborative approach to improve the living conditions and personal safety of children, and to promote co-ordination between services in order to support the wellbeing of children residing in emergency housing motels.

Aotearoa New Zealand can learn from international models such as those used in Finland to address and minimise homelessness through purpose-built housing with proactive services, such as health and social services located within the residence. It is recommended that further research be conducted to understand the first-person experiences of whānau, and children living in emergency housing and explore how they perceive the influence of various social support services on their wellbeing.

CHAPTER ONE: INTRODUCTION

1.1 Chapter Introduction

Despite decades of research into the wellbeing benefits of healthy housing, children continue to reside in emergency housing in Aotearoa New Zealand[1]. Living in safe and secure housing is a basic need that is currently not met for many children nationally. According to the Ministry of Social Development (2023); 3357 children were in emergency housing as of 31st March 2023 along with 3807 adults. Nationwide, the Ministry of Social Development (MSD) spent $29.7 million on emergency housing for the month of March 2023, which was $4 million more than February 2023. For the month of March 2023, 3417 households resided in emergency housing motels nationwide, with the majority of these households (780) residing in Waikato, 90 more households than in Auckland, the largest city in Aotearoa New Zealand (Ministry of Social Development, 2023). The Ministry of Social Development (2023) defines emergency housing as:

> *Short-term accommodation (usually in motels) for individuals who have an urgent need because they are unable to remain in their usual place of residence. It is funded through Special Needs Grants that clients apply for when they cannot access accommodation and we've explored all the other options available to them. Grants can cover between 1 and 21-nights' accommodation at a time.* (p. 1)

Although the definition of emergency housing specifies it being short term accommodation; in March 2023, 597 households resided in emergency housing for three to six months, and 678 households resided in emergency housing for six to twelve months (Ministry of Social Development, 2023). Māori are overrepresented in emergency housing with 63% as the primary applicant followed by 35% NZ European/Pākehā and 12% Pacific people. The Ministry of Social Development (2023) note that 41% of households requiring emergency housing were single parents with dependent children, and 8% were couples with children. This data highlights the fact that there is a significant percentage of whānau with children residing in emergency housing motel settings, and this informed the focus of this research. The Ministry of Social Development (2023) only collect information about homeless youth who are a

[1] The Māori name for New Zealand, translated as 'Land of the Long White Cloud'. For this thesis the unified term of Aotearoa New Zealand is used, hereafter Aotearoa NZ.

primary applicant over 16 years of age. Therefore, there is no age specific data for children who are homeless and staying with a primary applicant.

The context of one's housing is linked to a range of social and environmental determinants of health (Mwoka et al, 2021; Howden-Chapman et al, 2021). A lack of housing or housing that is of poor quality can negatively impact an individual's health and wellbeing as housing is influential in social, macro economical, public policies, politics, education, income and ethnicity which all intersects in shaping the health and wellbeing of individuals and communities (Mwoka et al, 2021). Similarly, Maslow's theory of the Hierarchy of needs illustrates the concept of a five-tiered pyramid which represents human hierarchy of basic needs and human fulfilment. These needs are physiological needs, safety, love, self-esteem and self-actualization (see Appendix 1). The physiological needs are inclusive of basic needs such as food, water and shelter. Fleury et al (2021) utilised a mix-method guided by Maslow framework to conduct research to identify and compare major areas of met and unmet needs reported by homeless and recently homeless individuals in Canada. Their study found that interventions and continuity of care could satisfy individuals needs through integration (Fleury et al, 2021).

When considering the needs of families experiencing homelessness, it is important to implement measures which ensure children are in a good position physically and mentally to set them up for future success and independence (Ross-Houle & Porcellato, 2020; Lightfoot et al, 2018). However, children who experience homelessness are potentially exposed to a range of adversities that may impact their health both in childhood, and across their lifespan. Due to stigma, stereotypes and social profiling, there is much more to homelessness than the absence of housing. Homelessness is often associated with the products of addiction (e.g. alcohol addiction), with homelessness being framed in public discourse as an individual's fault or their own doing (Ross-Houle & Porcellato, 2020). In addition to such experiences of stigma, children who are homeless may have been through adverse childhood experiences such as violence (physical and/or sexual assault), imprisonment of caregivers, along with additional challenges meeting basic needs due to poverty (Turmaud, 2020). Such adverse childhood experiences (ACEs) are well documented to contribute to a range of health outcomes across the lifespan (Koh & Montgomery, 2021). Living in circumstances that create states of chronic stress can contribute to adverse health outcomes. The neurophysical effects of exposure to chronic stressors, which are a consequence of being in constant 'survival mode', may result in impulsive thinking, neglecting basic needs, anxiety, exhaustion, and difficulty focusing, all of

which can affect family functioning (Griffith, 2022; Koh & Montgomery, 2021). From a public health perspective, it is imperative that temporary and emergency housing measures for families are designed with consideration for the conditions that children need to be healthy and thrive.

1.2 Emergency Housing in Aotearoa NZ and Hamilton City

The Housing First is a national initiative which focuses on housing the homeless directly into permanent housing instead of transitional housing. There is evidence this is a cost-effective outcome in the long-term. Whilst Housing First may be considered the optimal approach to addressing homelessness, the government funds a range of housing initiatives including emergency housing. Housing support has cost central government $1,018.3 million for the quarter ending 31 March 2023. This comprised of:

- $506.1 million Accommodation Supplement
- $322.8 million to Income related rent subsidies
- $79.1 million Emergency Housing Special Needs Grants
- $103.8 million Temporary Additional Support
- $6.5 million Housing support products

For the Waikato Region, $27,841,770 was spent on Emergency Housing Special Needs Grants in the last quarter ending 31 March 2023, with 5,724 applications approved. Waikato is the highest spending region in Aotearoa New Zealand in terms of emergency housing. In comparison, Auckland, which has a higher population than the Waikato spent $17,689,205 on emergency housing grants for the quarter ending 31 March 2023 (Ministry of Housing and Urban Development, 2023). These figures highlight the need for appropriate and economical interventions in the Waikato to reduce homelessness and support whānau into suitable and sustainable housing through multiple agencies, and with a Kaupapa Māori approach. Addressing homelessness “wounds” rather than using a band-aide fix of providing a roof over one’s head temporarily is important to end homelessness, and to heal those wounds through ongoing holistic support and sustainable housing.

Ulster Street in Hamilton City is known as the site of many of the motels contracted as emergency housing. The motels, lined on both sides of a road once frequently used by tourists and visitors have now become associated with crime and poor behaviour (Moore, 2023). Hamilton City’s population is estimated at 179,900, for the year 2022; with a regional growth

of 0.4%, higher than the national growth for New Zealand which is 0.2% (Infometrics, 2022). The mean income as of 2022 for Hamilton City is $69, 372 (in comparison to New Zealand where the mean income is $69,585); whilst the average household income is $114,439 (compared to $125,217 in New Zealand) (Infometrics, 2022a). The average current house value in Hamilton City is $806,675 according to Infometrics (2023); whilst nationwide the average house value is $928,656 (Infometrics, 2023). Approximately 47.9% of income is spent on a mortgage in Hamilton City compared to 50.4% of income spent on a mortgage nationwide (Infometrics, 2023a). The average rental cost in Hamilton City is $459 compared to a national average of $525 (Infometrics 2023b).

According to Stats NZ (2018), the Māori population in Hamilton City was 38 112 with the median age for Māori being 23.8 years. 45.5% of Māori were employed full time, 30.2% were not in the labour force (receiving social welfare support), 14.1% were employed part time and 10.3% of Māori in Hamilton City were unemployed (in between jobs). Amore et al (2021) accumulated data on homelessness for each regional council in New Zealand. From the data, it is clear there is insufficient housing supply, especially in cities such as Auckland, Hamilton and Wellington. For Waikato, there are 489 people without shelter according to the authors, which equates to a prevalence rate of 10.7 per 10 000 people. The prevalence for those in temporary accommodation was 8.9 per 10,000 people (407 individuals) and 58.7 (2688 individuals) for those sharing accommodation in the Waikato Region. This comes to a total of 3584 people who are severely deprived from accessing affordable and sustainable housing (8.7%) in Waikato (78.2 per 10 0000 prevalence rate) (see Appendix 2).

Low-income households in Hamilton face a range of disadvantages, as high housing costs contribute to financial difficulties, which can lead to insufficient income for other basics such as food, clothing, transport, medical cost and educational costs. Unaffordable housing may lead to whānau overcrowding in shared accommodation as a necessary strategy to reduce the expense that housing costs incur (Perry, 2021). Bond et al. (2012) established that where an individual resides and how it makes one feel in relation to the wider society is important. The quality and aesthetics of housing, and the neighbourhood an individual lives in are associated with mental wellbeing. The exterior appearance of a home and neighbourhood, and the attractiveness of the local environment are associated with social status, which if positive, can make one feel good about themselves and their position in society (Bond et al, 2012). Therefore, housing has a significant influence on a range of health outcomes. Improved housing conditions reduce disease, increase quality of life and reduce poverty and therefore are a crucial

point of entry for intersectional public health and prevention programmes (World Health Organisation, 2023). This study aims to establish what service providers in Hamilton provide in terms of health interventions and wellbeing measures for children residing in emergency housing motels.

1.3 Study Justification: Positionality and Significance

While South Africa has a disturbing history, I had a privileged upbringing, largely due to my dual heritage – identifying as a 'half-cast', 'mixed race' or 'coloured' South African acknowledging both my Malawian and German descent. Regardless I was not immune to the deficit treatment of second-class citizenry, notably in my first-hand observations of seeing family members and friends affected by mental health, the impact of poverty, and living in low social economic environments stirred an innate drive to challenge the status quo. After completing high school, I enrolled to study full time into a Bachelor of Arts Degree double-majoring in Psychology and Communication Science through the University of South Africa. I worked fulltime in retail management to help contribute to the household, constantly motivated by my initial curiosity in health and by the detrimental health social impacts I had personally experienced.

I became discouraged after being unsuccessful in several job applications to pursue my line of work and blamed it on not being the 'right' colour - neither 'white' or 'black' enough, and therefore unaccepted by either. Seeing my disappointment, my mother secretly submitted my application for a retail manager position for Farmers Trading Company in Aotearoa NZ that had been advertised in a local Cape Town newspaper. To my surprise, I was successful in obtaining an interview and I met with the recruitment team who flew to South Africa. I had not heard any feedback on my interview for a couple of months and had assumed that I was unsuccessful. On Christmas Eve of 2010, I received a notification that I was indeed successful, and at the tender age of 22, anxious and somewhat unprepared, I migrated to Aotearoa NZ, leaving my partner and one-year-old daughter in South Africa.

My knowledge of Aotearoa NZ was quite narrow, limited mostly to the All Blacks, due to my father's fanaticism of Rugby. I arrived safely with only $150 in my back pocket and before long befriended a fellow South African elderly couple who provided me with boarding accommodation. They were like my 'whānau away from whānau', always making sure I was safe, fed and supported, but most importantly affirmed in my identity, heritage and culture.

Within nine months and feeling financially secure and settled, I was reunited with my daughter and my mother, and one month later we were joined by my partner.

Eleven years later, our life in Aotearoa NZ has flourished. I achieved my career goals, we have a strong support network of friends, many whom we would call 'whānau', and welcomed our latest addition to the family in July 2022. However, my husband and I and our children have not returned to South Africa since immigrating here. Our children do not speak Afrikaans, and neither have they met their grandfather. But it is our hope to return to South Africa so that our parents can see their beautiful grandchildren and that our children can hear, see and feel their South African heritage.

While the topic of Emergency Housing seems somewhat removed from my experiences, it is the intersectional component of displacement, (re)connection and (re)affirmation of identity that directs the motivation for this study. I am eager to understand how children who are residing in emergency housing motels can be supported and their wellbeing kept at the forefront through collaborative approaches with various stakeholders. Undoubtedly, influenced by the role I have with the Ministry of Social Development as the Regional Health Advisor in the Waikato Region. Living in a safe, healthy and secure home is a basic right every child should have access to in support of their physical, mental, spiritual, moral and social development. However, in Aotearoa New Zealand, too many children miss out on this due to the housing crisis (Save the children, n.d). I feel it is pivotal that various systems communicate and collaborate to support our most vulnerable children in Aotearoa NZ with a strong sense of advocacy for Māori whānau and communities.

1.4 Study Aims and Methodology

Despite the most recent data indicating that 3357 children reside in emergency housing, little is known about the effects of homelessness on children's overall health and wellbeing. Losing a home is accompanied with loss of possessions, changes in family relations and daily routines, which is very unsettling for school-aged children, impacting growth, development, milestones and social roles outside the family (Gultekin et al, 2020). This could lead to children who experience homelessness having higher malnutrition, poorer health, diminished social and educational outcomes, higher rates of vaccine-preventable infectious diseases and obesity compared to children who have stable housing (Schetzer, 2020; Gultekin et al, 2020). Additional preventable services are required to address the physical, mental and behavioural

health needs of children experiencing homelessness to build on family and child strengths and reduce housing instability (Gultekin et al, 2020). Children in emergency housing motels are particularly vulnerable due to lack of appropriate facilities, overcrowding and health and safety risks. However, to date, little is known about how service providers' co-ordinate to effectively provide services to children in emergency housing motels in the Hamilton region. This study aims to establish what service providers in Hamilton provide in terms of health interventions and wellbeing measures for children residing in emergency housing motels.

To seek an appropriate response to this inquiry necessitated a theoretical position that would inform Child Homelessness from a position of discrimination, equality and human rights monitoring. The work of Kimberle Crenshaw (1989) an American civil rights activist, appeared a 'best fit' via her work of *Intersectionality*, given that children experience vulnerability in different ways. That is, intersectionality considers how social positioning shape the experiences of vulnerable children while acknowledging that discrimination is often systemic, environmental and institutionalised. Qualitative, in-depth interviews were employed for exploring service provider's views on their practice, and address questions such as "what works for whom, when and why" (Busetto et al, 2020, p.2) identifying the enablers and barriers of current support structures for children in emergency housing.

1.5 Thesis Organisation

This thesis is made-up of five chapters. This initial chapter will outline the amount the national government spent on emergency housing for the quarter ending March 2023. The data indicate that the Waikato Region has significantly higher expenditure on special need grants for emergency housing compared to other regions. At the time of writing, 3357 children reside in emergency housing nationwide, and little is known about the impact and adverse effects residing in emergency housing motels have on children. Chapter two, the literature review, provides the framework and foundation for the research. It provides a position from which the research journey was able to begin with an overview of current knowledge, relevant themes, methods and gaps in existing research. This chapter summarises the literature on international policy approaches to homelessness from Europe, the United Kingdom, Australia and the context of homelessness in Aotearoa New Zealand are explored with recommended interventions to support the reduction of homelessness in Aotearoa New Zealand. Chapter three outlines the methodology guiding this qualitative study, informed by the theoretical framework of Kimberle Crenshaws' concept of Intersectionality. This framework was used to help

understand service providers' experiences working with vulnerable children and their families residing in emergency housing motels. Ten participants were interviewed for data collection and thematic analyses analysed collected information. Chapter four presents the findings from chapter five discusses the impact and adverse childhood experiences children may face due to long term stays in emergency housing motels. This chapter also identifies its limitations and provides suggested recommendations to support the wellbeing of children residing in emergency housing motels.

Chapter six concludes that equitable health outcomes for children residing in emergency housing motels should be a top priority; however, there are substantial barriers to this currently occurring. Where possible, emergency housing motels stays should be rare and brief to safe guard the long-term wellbeing of children.

CHAPTER TWO: LITERATURE REVIEW

2.1 Chapter Introduction

Homelessness has made the headlines on numerous occasions in the Waikato region, a few selected titles include:

- "Plans to eliminate homelessness in Hamilton by 2016." – (Leaman, 2015)
- "Hamilton homeless man talks about living rough."- (Moorby, 2016)
- "Hamilton's homeless: From the city centre to the suburbs." – (Biddle, 2017)
- "Report reveals deep pockets of deprivation in the Waikato" – (Biddle, 2018)
- "Hamilton's Struggle Street: city motels now home for hundreds of families." – (Leaman, 2021)
- "Waikato's house price continues to surge." – (Leaman, 2021a)
- "Doing time in emergency housing worse than jail, says Hamilton man." – (Moore, 2022)
- "'One day we'll get a house': Hamilton city's nearly 700 emergency housing children." – (Rolleston, 2023)

Homelessness is complex and those who are homeless often face stigma, food insecurity, violence, economic instability, and poor health. Hence, the importance of early intervention to reduce the social, emotional and health factors faced when homeless is key. However; due to potential negative experiences, young people may lack trust in other people or services. This literature review will define homelessness and highlight existing interventions and the responses of various countries. A summary of interventions and policies is provided by highlighting the effective strategies that address homelessness, including strengths-based approaches that identify a set of culturally responsive set of values and principles that may address the disparity experienced by Māori. Additionally, effective strategies for individuals, families and communities (inclusive of disabled and rainbow communities), data and statistics which exist on homelessness is pertinent to Hamilton City.

There appears to be some variability when defining homelessness. For instance, the New Zealand Government defines it as "an individual or whānau living situation where there is no other option to obtain a safe and secure home". This includes individuals or whānau with no shelter, those in temporary accommodation, those sharing accommodation with another

household and residents living in an inhabitable home (Wellington City Council, 2012; Statistics New Zealand, 2009; Lawson-Te Aho et al., 2019). However, this broad definition lacks consideration of Indigenous/Māori definitions of homelessness (OECD, 2020; Memmott, 2015; Lawson-Te Aho, 2019).

Literature Review: Methodology

A search on just *homeless** AND *intervention** resulted in 12 592 hits; albeit half were duplicates. These results tended to be about specific intervention types or specific cohorts. If *systematic review** was added to the search, there were a result of 850 hits of which half were duplicates. When searching *homeless** AND *housing intervention**; there were 412 hits; half of which were duplicates. A search of *homeless** AND *intervention**: OR policy OR policies AND *Zealand** resulted in 153 hits. Lastly a search of *homeless** AND *"local government*"* OR *"city council*"* OR *municipal government*"* OR *"local authority*"* resulted in 1063 hits of which half were duplicates.

A search through Discover which is inclusive of Medline, PsychINFO and CINAHL, Scopus, Web of Science since 2011 and many other resources resulted in 41 articles. "Housing crisis" was not included in the search strategy and actioned separately. The abstract and a preliminary scan guided the review of the articles or book chapters. Themes and sections allowed for organisation of profiles, lived experiences, risk factors, protective factors, mental health, physical health, education, schooling, exiting homelessness, utilization of services and preventative measures with appropriate solutions to homelessness. The results of this search reveal there is indeed further research required to understand Māori homelessness, and the existing literature recommends that more inquiry be conducted with Māori communities.

2.2 International Policy Approaches to Homelessness

Comparing homelessness internationally can be challenging as there is no common definition of homelessness and data collection varies in method, scope and frequency. According to the Organisation for Economic Cooperation and Development (OECD) (2020, pg. 5) less than one percent of OECD country populations including Brazil are affected by homelessness. This may seem insignificant; however, it equates to 1.9 million people who are homeless spread over thirty-five countries. Europe, United Kingdom, Australia and New Zealand have varied approaches and strategies form reducing homelessness to accommodate their population, funding and policy. These policies are explored further below:

Europe

Two major policy approaches need to be adopted to successfully address homelessness according to Fitzpatrick & Stephens (2007):

- Emphasis on prevention to reduce the need for crisis services,
- Growing and diverse housing which is affordable.

Western European countries are incorporating prevention and re-integration into their homelessness policy. As an example, Germany uses preventative measures to avoid eviction, and this has proven to be successful. US, Canada and Australia use the Housing First approach successfully as part of their integration strategy. The usual policy models see the central government setting national strategies, legal and funding frameworks whilst local government act as enablers for NGO service delivery targeting and prioritising at local discretion. As an example, FEANTSA is a European Federation of National Organisations and the only NGO which exclusively focuses on fighting homelessness in Europe. Their goals are to:

1. Engage with multiple agencies to promote development and implement valuable measure to reduce homelessness.
2. Research and collect data to better understand homelessness.
3. Exchanging information between relevant stakeholders to help improve policies and practices.
4. Raise awareness to the public of the complexities of homelessness.

Appendix 3 provides an overview of the FEANTSA structure and internal functioning which comprises of members, governance, European observatory on homelessness, secretariat, clusters (Migration, health, gender, LGBTQIA+, employment, youth and participation) and platforms (Housing First, Housing solutions platform and human rights watch) (FEANTSA, 2010). FEANTSA is of the opinion that policies should attempt to end homelessness instead of trying to manage homelessness. Temporary accommodation is usually the predominant response to ending homelessness in most countries; however, what is required is adequate housing, appropriate supports and services which invest in preventative initiatives. This has encouraged FEANTSA to develop a 10-point toolkit to end homelessness through integration strategies. The toolkit highlights ten approaches to help guide policy makers, NGOs and other stockholders pursuing to end homelessness which are:

Approach	Defined
Evidence based	Monitoring and documentation of trends of those who are homelessness, researching and analysing causes and solutions to homelessness and regular revision of policies will provide a good understanding of homelessness and provide key information to develop effective policies.
Comprehensive	Integration and prevention should be the objective for those who are homeless with a holistic approach to the individual's needs.
Multi-dimensional	An interagency collaboration will be required as those who are homeless have complex needs and require many organisations working together to support their needs.
Rights based	Homelessness tackled by promoting access to suitable housing through the development of a housing policy that focuses on enforcing housing rights and acknowledges interdependence of housing and health.
Participatory	All stakeholders need to be involved in collaboration to address homelessness in policy development, policy implementation, evaluation and allowing those with lived experience to participate in consultation.
Statutory	Consistency and accountability of national and local government through legislation.
Sustainable	Adequate funding, political commitment and public support is crucial to ensure sustainable solutions for homeless.
Needs based	The needs of an individual needs to take priority when developing policy with regular revision.
Pragmatic	Achievable and realistic objectives through thorough adequate research to understand the scope, needs and evolution of homelessness.

Bottom-up	Service delivery needs to be accessible with tight collaboration with local authorities for strategic collaboration.

Various events are run by FEANTSA to support progress in tackling homelessness. These include annual policy conferences, annual research conferences, ad-hoc seminars and workshops. Milestones that FEANTSA have achieved include but are not limited to:

- The launch of the European Journal of homelessness, which is the only transnational academic journal on homelessness,
- The creation of the Housing Rights Watch which is a European network of interdisciplinary group of associates, lawyers and academics from different countries committed to housing rights for everyone and supports FEANTSA strategic use of litigation to fight against homelessness and
- The launch of a complaint against the European Commission in June 2017 where it was identified that the UK government deported EU rough sleepers, which was found to be unlawful in the UK High Court in December 2017.

Finland has had a continuous reduction of homelessness since 1989 and this has been recognised internationally as a model country for homelessness (see Appendix 4). The Housing Finance and Development Centre of Finland (ARA) (2021) have the responsibility of implementing Finnish housing policy to decrease homelessness and support the state to reduce homelessness with various programmes. One example of its success is the funding of investment grants, which have been used to build 2200 apartments for long term homeless people, as well as related grants and housing advice services. The Housing First concept has contributed to the reduction in homelessness through small apartments and counselling provided with no preconditions (Pleace, 2018). The Housing First approach provides people who are experiencing homelessness with immediate, independent and permanent housing instead of accommodation which is temporary. Finland's goal is to end homelessness by 2027 which is achievable given the steady progress Finland has been making over the years to reduce homelessness. Finland has illustrated the advantage of integration and collaboration across housing and social assistance programmes. A balance of demand and supply of housing and continuity in policies can reduce homelessness. Finland's successful outcomes were not purely achieved out of luck or quick fixes but are rather the result of a sustainable and well-resourced national strategy, which has been driven by the Housing First approach.

United Kingdom

The Homelessness Act 2002 in the UK places responsibility on local authorities to house the homeless with themes of prevention, employment and training strategies, providing health care and providing housing by removing barriers to rentals and improving the quality of temporary accommodation (UK Public General Acts, 2002). A study completed in the UK by Pleace (2018) highlights the cost-effective nature of appropriate preventative strategies such as Housing First compared to the cost of emergency housing. High intensity accommodation services have expensive costs to support the homeless in comparison to Housing First. The support costs in 2014/2015 for intense accommodation-based services such as wet hostels were on average £17,160 per annum in contrast to Housing First costing between £4,056 and £6,240 per annum.

Australia

As with New Zealand Māori, Aboriginal Australians are disproportionately overrepresented and affected by homelessness as "westernised" or "traditional" approaches do not acknowledge systemic racism and the failure of housing models to recognise the importance of relationship or kinship. Systematic racism for Indigenous people is widespread in areas such as employment, housing, education, healthcare and justice which can negatively affect health impacts, and increase contact with health-damaging exposures such as toxic substances (Paradies, 2018). An Australian study identified that a third of Indigenous people choose to ignore racism, another third confronted their offender; whilst two thirds avoided situations often due to racism (Paradies, 2018). In Perth, Western Australia, the Wongee Mia project provides an example of customising the Housing First model for Indigenous Australians. Vallesi et al (2020) highlights the key elements when working with Indigenous, including the ability to connect and build relationships with Aboriginal people, the importance of a culturally competent workforce and working together with family elders to support individuals or families into suitable housing. It is acknowledged that this project is in its infancy, however much historical research indicates that multi agency integration is pivotal when working with the homeless community, and a holistic approach is required when working with Indigenous populations based on their individual needs.

2.3 The Context of Homelessness in Aotearoa New Zealand

Under – investment historically in public housing, minimum protection of renters, sale of state homes and tax systems which favour owners and property investors are settings which contributed to the housing crisis (Save the children, n.d). Emergency housing was a National Government initiative in 2016 to tackle homelessness. During the COVID-19 pandemic the use of motels for emergency housing had risen rapidly becoming a long-term option for many due to various reasons such as job loss and escalating private rental cost. Emergency housing motels are contracted to home whānau who have no place to stay with the intention that whānau stay for a short period; however, recent data reveals that the average stay in an emergency housing motel is three to six months. Motels were designed for short term stays such as get-away holidays and therefore may not be equipped with appropriate facilities such as cooking facilities and larger sleeping and living spaces that would be required for long term stays.

A Māori Approach to Homelessness

An Indigenous definition of homelessness should be inclusive of connection and relationship. For instance, in Canada, the definition of homelessness is inclusive of individuals, families and communities who are isolated from a relationship with their land, water, place, family, animals, culture, language and identity (Memmott, 2015 & Lawson-Te Aho, 2019). This highlights that "home" can have wider and layered meanings for Indigenous people. Westernised interventions may cause a disconnect and fail to address the wider aspect of homelessness for Māori/Indigenous people.

Lawson-Te Aho et al (2019) places a Māori lens on homelessness to develop a principles framework to homelessness interventions for Māori by incorporating Tino Rangatiratanga (Māori sovereignty and self-determination) and Whānau Ora (governmental policy of family and housing first). The authors utilised a Kaupapa Māori approach to identify how Māori homelessness should be solved and which principles underpin Māori housing and homelessness, policy, research and action. Interviews were conducted with a small group of 20 participants with themes being analysed and coded. The article highlights numerous opportunities to respond to Māori homelessness in ways which strengthen and rebuild Māori collective cultural practices through communal housing. As an example, the article highlights Te Puea Marae located in urban Auckland, which opens its doors as a shelter to whānau during the winter months or Ngāti Whatua in Orakei Marae which creates belonging and connection

through a shared communal kai (food) garden for the homeless (King et al, 2015). The authors also highlight how whare oranga principles can be utilised to implement action on Māori homelessness. The framework consists of three models which focus on the whole person, the whānau and Māori collective/society. It not only focuses on Housing First, but also whānau ora and Māori cultural house collectives with fluidity within the model to enhance empowerment for Māori individuals and their whānau to move between the models (see Appendix 5).

A summary of Māori Housing in regard to Māori wellbeing requires the consideration of Māori values such as kaitiakitanga (exercise of rights and obligations of mana whenua), whānaungatanga (kinship and connections), manaakitanga (hospitality and kindness) and rangatiratanga (exercise autonomy, self-determination and leadership). The supplementary report to Housing in Aotearoa: 2020; Te Pa Harakeke: Māori housing and wellbeing 2021, analysed the connection between housing measures and wellbeing outcomes for Māori. Housing is more than economic outcomes and material for security for Māori (Stats NZ, 2021). The data in the report highlight the decline over time of Māori who own their homes. 8.7% of Māori have moved at least five or more times within the last five years because they were renting, and Māori are less likely to purchase their own home compared to the European population. The main reasons Māori moved from rental properties was due to tenancies being ended by their landlord, moving closer to whānau, or experiencing a relationship change. Other factors included housing being unaffordable, housing habitability, suitability and crowding (Stats NZ, 2021).

In essence, homelessness to Māori is more than just the absence of shelter. Knowing where and how Māori belong is extremely important to wellbeing, and their turangawaewae (a place to stand) where empowerment and connection are felt (Reid et al, 2016; Lawson- Te Aho, 2019). Groot and Mace (2016) argue that homelessness amongst Māori is structurally endemic due to experiences of colonisation; not only personally but to the members of hapū and iwi. The term "spiritual homelessness" recognises the various degrees of homelessness experienced amongst Indigenous people, and the disconnect in the community, not merely the literal experience of homelessness. Memmott et al (2011) defines spiritual homelessness as:

> *"a state arising from separation from traditional land, and from family and kinship networks (noted earlier because of historical governmental policies) and involving a crisis of personal identity wherein a person's understanding or knowledge of how they*

> *relate to country, family and Aboriginal identity systems is confused or lacking." (p. 47)*

Māori, similarly, not only encounter homelessness as a loss of physical shelter; but the loss of whānau, iwi and hapū leading to disconnection culturally and spiritually in variable degrees. Tensions of homelessness can be evoked for Māori between the profound sense of shame and humiliation (whakama) for being displaced from family (whānau) and ancestral homeland (hau kāinga) with the hope of reconnecting back with traditional places and relationships and connecting with a new life (Groot and Mace, 2016, p. 5).

Johnson et al (2013) highlights how a humanistic and culturally informed approach is essential in Aotearoa NZ when providing support to Māori with mental health needs who are also homeless. The authors emphasise that we need more than the "short-term, technique-dominated, technician centred" approaches to mental illness as this has proved to be less effective compared to long-term context focused approaches. The authors explored the experiences and service use of six homeless Māori, and the way six mental health professionals interact with, provide care for and build relationships with Māori homeless clients. Narrative interviews were conducted with both groups given the oratory traditions of Māori. Participants' stories were used to strategically capture situational dimensions of Māori homelessness, mental illness and care. Participants expressed a desire to see more Māori practitioners delivering traditional Māori healing practices and how important relationships are when working with Māori. Practitioners should be able to engage with homeless Māori in a culturally approved manner which includes respectful relationships, acknowledging the importance of history, trust and a desire for practitioners to deliver traditional Māori healing practice. There would be a negative impact if the importance of the Māori culture is not understood and respected, which would deter Māori who are homeless from accessing services (Johnson et al, 2013). The health practitioners involved in the study have acknowledged that services are not holistic, and places responsibility on the individual, leading to individuals falling through the cracks and not accessing services. Government organisations have put measures in place to ensure their services are more accessible to those who are most vulnerable such as integrated services, information sharing and digital access to apply for services (Pomeroy et al, 2013; Public Service Commission, 2022).

Hamilton City

Appropriate wage and benefit increases would decrease the chances of a house becoming unaffordable and allowing people to be able to pay their rent. Stats NZ (2022) announced that New Zealand's annual inflation rate is at 7.2% in the September 2022 quarter. The main driver for the annual inflation was housing and housing utilities as a result of rising construction cost, home rentals and local authority rates (Stats NZ 2022). Private rentals in New Zealand had an annual increase of 4.6%, local authority rates had an annual increase of 7.3% and construction cost for a new build increased 17% in the September quarter in comparison to wage cost inflation of 4.3% in the year March 2023 (Stats NZ, 2023). It seems clear that the mismatch of inflation can place families in situations where they may find themselves homeless.

Hamilton comprises of 34 suburbs where the average house price went from $165 000 to $791 550 in the period of January 2000 and December 2022.The most expensive suburb is Flagstaff with a median house price of $ 1 161 700 and most affordable suburb Bader with median house prices of $613 700. It is anticipated that Hamilton Cities population will grow by approximately 33.25% from 467 200 to 548 500 between 2018 and 2038, which would be the third highest population growth in the country behind Auckland and Canterbury. Waikato-Tainu has an estimate of $1.45 billion in assets inclusive of 52% invested in property with long term infrastructure inclusive of a large shopping centre Te Awa The Base, multiple hotels and an upcoming Ruakura Inland Port which is anticipated to contribute an additional $5 billion to the economy (McKnight, 2023).

There are current initiatives in place through the Ministry of Social Development for children residing in emergency housing in the metro area of Hamilton. This includes the following:

- *Flexible funding for families/whānau with children in emergency housing.*

Flexible funding assistance helps support whānau with dependent children who reside in emergency housing. The flexible funding assistance is a last resort, non-taxable and non-recoverable financial assistance fulfilling a need to meeting wellbeing needs of dependent children due to the direct result of residing in emergency housing accommodation (Work and Income, n.d). This is inclusive of education costs such as school lunches, transport to school or afterschool activities, wellbeing needs such as access to healthcare services that are closer to the emergency housing accommodation than the child's usual healthcare provider and/or outdoor activities and transport costs and additional childcare costs in order for parent(s) to attend property viewings.

- *Te Māpura/StudyFit*

Te Māpura is a local Hamilton business that provides academic support to students in Science, Maths and English. Their main base is in Fairfield, but they also provide lessons digitally to students across the country. Alongside this, Te Māpura work with teachers to offer professional development, run courses and workshops in schools (including wharekura and kura kaupapa Māori), support educational initiatives of iwi and hapū, and compile and write teaching and student resources.

Te Māpura provide literacy, numeracy and NCEA support to tamariki and rangatahi living in emergency housing (EH) in Hamilton who may have a number of barriers to their learning. These barriers may include educational, behavioural, or social barriers that are impacting their learning pathways. These sessions are held every Tuesday, Wednesday and Thursday from 4.00pm to 5.30pm and 5.30pm to 7.00pm at a local motel. Tamariki are also provided with a meal at these sessions. Te Māpura have been providing educational support to tamariki living in EH since May 2021.

- *Pukete Neighbourhood House Holiday Programme*

The holiday periods are always a difficult time for children staying in motels where they are in confined spaces for long periods of the day. Opportunities for holiday programmes within close geographical proximity to Ulster Street where approximately 20 motels are used for emergency housing were explored. There were two close options, neither of which catered for the total number of children in emergency housing on Ulster Street.

Pukete Neighbourhood House was able to tailor a holiday programme to meet the needs of the children. They are a seasoned Out of School Car and Recreation (OSCAR) provider who are also Ministry of Social Development accredited. The programme is based at Hamilton Junior High School. A nutritious morning tea, lunch, afternoon tea, water and fresh fruit are provided to the children every day. Pukete have provided school holiday programmes at the end of every end of school term for children in emergency housing since January 2021 (Pukete Neighbourhood House, 2022).

- *Te Huarahi Hou – after school programme for tamariki in emergency housing*

Te Huarahi Hou is an afterschool programme facilitated by Blue Light Youth Services and the Hamilton Police Prevention Team (Blue light, n.d). The programme is run out of Whitiora School and commenced in May 17th, 2022.

Te Huarahi Hou runs every Tuesday and Thursday from 3.00pm to 4.30pm catering for up to 60 tamariki (5-13 years and 14-17 years) per week. The aim is to have most, if not all tamariki in Emergency Housing currently attending Whitiora School enrol onto the programme. Tamariki attending other schools who are in EH can also attend the programme. Activities include mentoring, blast activities, exercise and fitness, Kapa Haka, cooking etc.

It is acknowledged that Hamilton City have organisations such as The Peoples Project and LinkPeople who help to support homeless families with housing. However, these programmes do not exclusively provide a service to whānau in emergency housing.

- *The Peoples Project*

The Peoples Project have been operating since August 2014 to address homelessness in Hamilton and Tauranga through the Housing First philosophy with the emphasis on ending (and not managing) homelessness. The peoples project currently have a case load of 203 active clients and have supported 106 people into housing. Since the establishment 1st August 2014 to 15th December 2022 they have achieved 1233 housing outcomes to date with 55% single males, 32% single females and 13% families supported into a home of which 357 were children. The peoples project does not own a supply of housing and rely on their relationships with public, private and community landlords to find rental properties. They have supported 62% of their case load into private rentals, 29% into Kāinga Ora and 9% into community housing (The Peoples Project, 2023).

- *LinkPeople.*

The LinkPeople follow the Housing first philosophy and their priority is to help people find permanent, stable housing and work with individuals to access health, social and wellbeing support to help them stay housed. They run services in South Auckland, Waikato, Lakes Region, Tauranga, Taranaki, Whanganui, Greater Wellington and Christchurch. The link people hold strong community relationships with various organisations, landlords and property

investors to create connections and work collaboratively on strategic solutions to end homelessness in New Zealand (LinkPeople Limited, 2023). LinkPeople offer the following services in the Waikato Region:

- **Ahikāroa community housing support service**: Referrals received from Te Whata Ora mental health and addictions services or Hauora Waikato for the coordination and residential services and support to help individuals find and sustain permanent housing.
- **Rapid permanent housing service:** Working alongside families to support them out of transitional or emergency housing into permanent homes. Referrals are received via the Ministry of Social Development.
- **Sustaining tenancies at risk (STAR):** A homelessness prevention programme delivered alongside the Ministry of Housing and Urban Development. They work with individuals and families at risk of losing their tenancies to keep them housed, addressing any underlying issues that impact on their tenancy and wellbeing.

Immediate action is required to address and prevent whānau from becoming homeless, and this can be achieved through the right support at the right time to prevent whānau falling through gaps with no appropriate support (Te Puna Kokiri, 2015). Appropriate actions need to be taken to prevent homelessness, supply housing to people experiencing homelessness, supporting people experiencing homelessness and enabling local initiatives (Housing and Urban Development, 2023a).

2.4 Minoritised Populations Experiencing Homelessness in Aotearoa NZ

Evictees

Chisholm et al (2021) investigates how eviction affects New Zealanders lives and health. The article argues that prevention of eviction and minimising its adverse effects such as mental health, physical health and post-eviction living conditions should be a priority. The authors utilised qualitative descriptive studies to explore perspectives individuals had. Audio recorded interviews were conducted on 15 participants to establish how the participants perceived their eviction and the effect it had on their mental and physical health. The findings of the article identified three themes (grieving the loss of their home after eviction, stress caused by eviction and post-eviction housing experience) that lead to poor health outcomes for individuals. Eviction prevention is a step towards health equity especially for those amongst economically and racially marginalised communities who are negatively affected by the rental housing crisis

(Ramphal et al, 2023; Holme, 2022). This makes it clear that the grief of losing a home, stress and poor housing conditions lead to poor health outcomes (Burns et al, 2018; Chisholm et al, 2021; Ramphal, 2023). In addition, whānau are finding themselves homeless due to a lack of available houses, lack of finances and a competitive rental market (Holme, 2022).

Chisholm et al (2021) highlights that by mitigating evictions adverse effects, policies need to be put in place to prevent eviction and its effects on health such as changes to tenancy laws to make rental housing more secure and supporting individuals and families to sustain tenancies. The article highlights the example of the law changes in 2020 where "no cause" evictions became illegal and extended to providing private tenants with support through budgeting and life skills advice for tenants and landlords. However, if the landlord has a desire to use the property for a different purpose such as a sale of a house, family moving into the house or renovation, tenants have no recourse as this would be deemed legal.

Untimely Mortality

Mortality rates for homeless individuals vary between studies, however according to Charvin-Fabre (2020), homeless individuals die 15-30 years younger with the median age of death being 45 years old. Cardiovascular disease, diabetes, substance abuse and mental health were recorded as the main causes of death. Anderson et al (2016) conducted research on the relationship of housing and health on Indigenous people. Their findings indicate that housing is potentially a key intervention point for improving health of Indigenous people, which merits targeted research and policy attention. Participants involved in the focus group expressed their belief that housing issues negatively affected their physical health, social health and wellbeing, especially for children and the elderly. Additional problems are faced for those with disabilities, with a lack of available accessible housing (where housing design is not suitable). This causes difficulties for the disabled community (Mills et al, 2015).

LGBTQIA+

The Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA+) community is an under explored area of homelessness, and little is known about the effects on the LGBTQIA+ community. Fraser et al (2019) completed a literature review to develop well-informed, culturally appropriate support programmes. The authors used an intersectional

systems approach to examine the key themes, namely poverty, ethnicity, racism, substance abuse, mental health themes, sexual abuse, foster care, discrimination, stigma and family which are bi-directional. Interventions need to be designed with consideration of the impact on the mental wellbeing of the LGBTQIA+ community and ensure that the intersectional nature of such issues is acknowledged. The article argues that the system has failed the LGBTQIA+ community, hence their experience of poor mental health and the need for inclusive and intersectional systems to prevent homelessness for this community. The authors highlight changes such as the upskilling of workforce in shelters need to be addressed. Changes include private showering facilities, low-occupancy limits, housing programmes that prevent discrimination based on sexual orientation, and sensitivity training for staff. Ormiston (2022) argue that targeted interventions should be the core of any change for the LGBTQIA+ community such as specific protections in government policy and cultural competency working in the related field. If the needs of the LGBTQIA+ community are not met, it could result in inequity and high rates of homelessness representing a failure in both policy and social wellbeing. McCann & Brown (2019) identify that heterosexual attitudes and reactions can have a negative effect on young people who identify as LGBTQIA+ as they seek to affirm their sexual identity. Stigma, trauma, discrimination, victimisation, heterosexism, homophobia, biphobia, transphobia and social exclusion could result in greater physical or mental health including sexual behaviour that is unsafe or substance abuse. The authors argue that clear and specific policies need to be in place with realistic guidelines that are responsive and achievable that address stigma and discrimination.

Hospital Discharge and Service Provision for People who are Homeless

The relationship between poor health and lack of appropriate housing is significant, and the homeless community experience many health inequalities. A literature review was completed by Wellington Emergency Department nurse, Desmond Low, who studied research in care and management of homeless patients to the emergency department as part of his nursing science master's programme at Victoria University of Wellington. Low (2015) argues that people who are homeless face more than health issues, and requires a multiagency approach, as emergency departments face challenges every time a person who is homeless presents; and with limited resources it is difficult to overcome these challenges. When an individual who is homeless presents to the emergency department, an opportunity should be created to ensure appropriate

social agencies are involved. It is pivotal that both central and local government agencies are involved in collaboration to create interventions to reduce homelessness. Low does acknowledge that not all individuals who are homeless may declare "no fixed abode" when seen, hence the importance of clinical staff asking about an individual's housing status to establish and identify risk, address factors and improve their living conditions through appropriate support services. In essence, Low established that an individual who is homeless may have many complex issues which requires follow-up and review. A multidisciplinary and collaborative approach is required to improve care for the homeless who present to the emergency department and effective discharge policies need to be in place to promote continuity of care. A discharge plan needs to be in place for those who are homeless with a two-way communication between hospital-based and community-based providers to ensure a smooth transition of care when being discharged (Davies & Wood, 2018; Jenkinson et al, 2020). A discharge plan could include improving physical accessibility of existing housing or coordinating care within the community. Too many homeless have been discharged from hospital care when still very unwell to survive on the streets resulting in unexpected readmission (Davies & Wood, 2018; Jenkinson et al, 2020). Ethical issues could be raised when a homeless individual is being discharged by health professionals to no fixed abode when their health would adversely be affected (Hodson & Glennerster, 2020).

Released from Prison

Mills et al (2021) critically reviewed post-prison housing in New Zealand and examined substantial barriers for prisoners to find stable accommodation, with a strong argument that there is inadequate provision, especially for Māori. The authors highlight that Māori-led whānau centred interventions need to be introduced to break the cycle of homelessness and prevent reoffending and imply that the Department of Corrections are neglecting policy and practice. Māori are over-represented in prison, and account for 52% of the prison population and 67% are reconvicted within two years (Department of Corrections, 2020). Ongoing intergenerational legacies of colonisation inclusive of land theft, loss of economic basis, Māori urbanisation and undermining of tikanga Māori (Māori protocol and custom) have influenced the over representation of Māori in the prison population and recidivism statistics (Andrae et al, 2017; McIntosh & Workman, 2017; Webb, 2017). Unresolved psychological trauma and emotional harm are consequences of these events. Stable housing post-prison, as international

literature suggest, can be associated with a reduction of reoffending compared to post-release homelessness (Ellison et al, 2013; Lutze et al, 2014). There are various barriers limiting housing options post release such as discrimination, stigma, overcrowding or unsafe environments and feeling shame and therefore homeless individuals not reaching out to appropriate supports.

2.5 Recommended Interventions

Health and social services need to be part of the same system through the provision of integrated primary medical and social care to enhance the wellbeing of their clientele. The cultivation of trust and cooperation is pivotal between healthcare professionals and staff of service providers and the way they treat the homeless. The advocacy of medical professionals on behalf of the homeless remain powerful within the health sector. Comprehensive medical care can be difficult to access if individuals are transient and often moving. The homeless community would benefit with a range of services which are followed up with trained professionals who have well established relationships with the homeless community (Davies & Wood, 2018). According to the Ministry of Housing and Urban Development (2023a), the following actions provide a balanced approach to address prevention and reduction of homelessness:

Prompt actions	Long term action
Partnering with Māori, Iwi, hapū and Marae.	Develop further interventions for at risk groups such as whānau experiencing family violence, disability, Pasifika, youth and LGBTQIA+ communities.
Plans in place for those who are exiting prison.	Courageous conversations initiated by frontline services around housing and support available.
Plans in place for those discharged from mental health, addiction and long-term hospital stays.	Improve discharge plans for those leaving hospitals or released from prison to ensure suitable housing is available.

Plans in place for overseas offenders returning to Aotearoa New Zealand.	Improve information sharing between agencies to ensure support is provided where it is required.
Plans in place to support young people/youth leaving Oranga Tamari care.	
Sustainable tenancies which provide a wide range of support to whānau to prevent eviction and maintain existing tenancy.	

The demand for public housing is increasing, and whānau may find themselves on the waitlist for years due to the "waitlist shuffle" and priority changes of the waitlist. Whānau spend months in emergency housing due to no avail of transitional housing, social housing or discrimination when applying for a private rental. It is acknowledged that emergency housing motels are not ideal in the long run, however they are places where whānau are finding themselves residing for longer than anticipated. It would be beneficial to utilise the motels and create a space where it is not just a roof over an individual's head, but a home with a sense of community.

Prompt actions	Long term actions
Utilise emergency housing motels and create a community space with appropriate services provided at the emergency motel to support whānau.	Public housing to be increased in areas with high needs.
Urgently increase housing supply through transitional housing.	Access to affordable housing and private rentals through housing brokers regardless of income.
Involve Māori Community Housing providers and iwi to expand supply of available land for transitional housing or long-term housing.	Better opportunities to transfer from emergency housing or transitional housing to more permanent long-term housing.

Addressing needs holistically when working to awhi (support) Māori is essential. It is important that appropriate supports are available and whānau are made aware of supports available so that they can decide what is best for them. This will help address the need and provide appropriate tailored services and on-going supports in place based on the whānau's needs.

Prompt actions	Long term actions
Expand and provide appropriate supports to whānau residing in emergency housing in a holistic manner. For instance, providing health and disability support, housing support, budgeting and employment support.	Housing First roll-out to continue.
Increase the Māori workforce in the homelessness sector in both service delivery and top leadership roles in government agencies to advocate for the Māori community at a strategic level.	Healthcare services for homeless to be improved regardless of where they reside.
Provide educational sessions or programmes for whānau to retain private rentals.	Allow whānau to access support for as long as required with no time limitation or obligations to access support.

Prevention of homelessness requires a cohesive response where multiple agencies work together to best support whānau, increase capacity to provide service, increase workforce and have access to data which can depict trends and highlight the need for intervention.

Prompt actions	Long term actions
Build the capacity of Māori providers to enhance their ability to provide services to whānau.	Continue collaboration with iwi and Māori providers.
Support Kaupapa Māori approaches.	Supporting capability and capacity development.

Involve those with lived experience to provide peer support and influence change at a local or national level.	Explore opportunities for legislative changes to strengthen homelessness prevention initiatives.
	Assessment processes to be enhanced to ensure whānau receive appropriate supports for their needs.

Local governments have an important role in championing high quality housing and urban environments at a localised level. It is important that local government work closely with local communities to understand their needs, and partner with local iwi to ensure that the local communities have a voice in all development.

How can local government agencies contribute to homelessness? (Beer & Prance, 2013)
To advocate on behalf of vulnerable groups within the community.
Take the lead as convener to utilise resources strategically rather than working in siloes.
Raise awareness amongst councillors and the local communities about the nature, causes and consequences of homelessness.
Build relationships and connections with human services.
Training elected officials in local government on the topic of homelessness. Training modules could consist of human rights, benefits of formal policies with respect to homelessness, planning and community service impacts.
Local government should address potential broader policy with Central Government to drive change.
Create incentives for public housing tenants to take up employment opportunities as part of capacity building.
Create a reform for efficient supply of housing.

Summary

Homelessness, housing and health are inter-related, and housing is a social determinant of health. Housing instability and health needs have an ongoing cycle of cause and effect. Physical health conditions, mental health conditions, addiction or substance abuse disorders and adverse childhood experiences are considered risk factors for homelessness. The experience of homelessness increases the risk of poor physical and behavioural outcomes. Programmes which provide long-term, safe and stable housing for people who are homeless can help to improve health outcomes inclusive of reducing emergency department visits and appropriate reintegration into the community (Low, 2015; Ellison et al, 2013 & Lutze et al, 2014).

Rights-based frameworks are required to ratify decolonisation and to guide policy. Māori worldviews, principles and processes need to be anchored in rights-based frameworks and culturally aligned with Māori practices. The inequalities Māori face with homelessness need to be addressed through Te Tiriti o Waitangi and Whānau Ora. Root causes to Māori homelessness, income, colonisation and historical trauma and future research is needed to develop and implement practical frameworks to end homelessness for Māori (Lawson- Te Aho et al, 2019).

Recidivism needs to be addressed through key interventions such as improved identification of housing insecurity, reinforced relationships between various service providers and improved discharge planning to reduce the revolving door of homelessness (Franco et al, 2021). Those who are discharged from hospital or were formally incarcerated face barriers to accessing housing such as discrimination and stigma.

Local government leaders can contribute to an effective homelessness system by establishing a systematic response in the community. A transparent, inclusive, goal-oriented and accountable system would be beneficial to ensure homelessness in the community is rare, brief and nonrecurring. A system which is focused on reducing homelessness, reducing the length of homelessness experienced and reducing whānau returning to homelessness would be effective outcomes. Local governments need to monitor data on how homelessness is trending in their community. This includes monitoring outcomes of existing programmes and allocating resources effectively. Often people who experience homelessness interact with other agencies such as Oranga Tamariki, Ministry of Social Development, Ministry of Justice, Ministry of Education and NGOs; it would be beneficial if coordinated strategies and resources are used in integration to achieve better outcomes for our homelessness community. It is equally important

to evaluate existing resources to ensure that they support interventions and activities as well as making progress to end homelessness.

Māori housing aspirations need to be enabled by partnering with Māori to build on Kaupapa Māori approaches for Māori to access housing. Whānau need to be at the centre to achieve a holistic and strength-based approach to housing Māori whānau. Partnerships with other agencies such as local iwi, hapū, local government agencies and whānau experiencing homelessness is crucial to provide effective service delivery for Māori. By utilising a Kaupapa Māori approach we are not only addressing the physical aspect of homelessness; but indeed, also the cultural, emotional and spiritual detachment from kāinga (home) and their whenua (land) (New Zealand Government, 2020).

In the interim, a trial can be run at Emergency Housing Motels where multiple agencies engage and provide a holistic approach to support children and their whānau in emergency housing. For example, when placed in emergency housing, whānau need to renew their stay every one to twenty-one days, and the individual or whānau are expected to find housing within that period. This causes undue stress given the current housing market. By deterring the weekly renewal for emergency housing for three to six months and providing appropriate services to support tamariki and their whānau back to independence and stability within the three to six month period that they are in emergency housing with additional supports services upon entering emergency housing inclusive of budgeting advice, employment support programmes, appropriate health services, Kāinga Ora, local council, Ministry of Housing and Urban Development and Māori community providers to support and influence positive empowerment. It is beneficial to provide a tailor-made service for Māori health improvement and cultural expectations by incorporating Māori values, customs, ensuring affordability and a holistic intervention including trusting and respectful relationships with Māori when delivering a service (Johnson et al, 2013; Lawson Te-Aho et al, 2019). It is also acknowledged that the Ministry of Social Development have incorporated additional support programmes for children in emergency housing in Hamilton and they are working in collaboration with other agencies to provide services to children through their flexible funding, Te Māpura/StudyFit programme, Pukete Neighbourhood House Holiday Programme and Te Huarahi Hou – after school programme for tamariki (children) in emergency housing.

2.6 Chapter Summary

Gibson and Johnson (2010) conclude in their report that children's voices are largely muted in literature about their experience of homelessness. The authors establish that there are opportunities to hear directly from children about their needs, and what will improve their wellbeing. Information directly from children is important for informing the development of policy and practice. Bland & Shallcross (2015) identified common reported impacts that affect homeless children's short and long-term wellbeing. These impacts include engagement with education and learning, relationships with immediate and wider family and connectedness to their community. The authors summarise the needs of children and their whānau as identified through literature; these needs include difficulty obtaining accommodation than others, appropriate space for children, close to facilities such as shops and school, basic material assistance (food, clothes, toys etc.), transport, legal assistance, on-site or off-site playgroups, art therapy, social activities, excursions, education and health services at educational providers such as kindergarten or preschool or school. The authors identify programs which are framed around early intervention and prevention which have had positive effects on children's wellbeing such as establishing play centres in family shelters with trained and screened volunteers who provide activities, healthy snacks, play and learn opportunities on a weekly basis. Stable housing is the core outcome for children and their families with safe and reliable accommodation that is a place for them to call home; however early intervention and prevention with support from local authorities, local council, education, welfare and justice systems need to work collaboratively to ensure when a child or youth are housed, that they will not become homeless again. Investing and building the capability of local communities is beneficial for effective social and health outcomes and the enhancement of public health related work. (Casswell, 2001; DeCorby-Watson et al, 2018).

It is clear from the literature that a multi-agency strategic approach is required to reduce homelessness in New Zealand, particularly for those of Māori descent who would benefit form a Kaupapa Māori approach. Auckland City Missions' Home Ground Development has been built for this purpose. The development has 80 supportive housing apartments with 24-hour support, a communal space, 38 car parks, café, pharmacy, Auckland City Mission reception area and medical treatment centre which includes general practitioners, dental and a detox facility. This facility aims to support the chronic homeless community in Auckland with purpose built housing and social services readily available. This setting was adapted from the Common Ground Model for integration of services which is successfully operating in USA,

Australia and Canada (Heart of the City Auckland, 2018, Western Australia Government, 2023). Empowering interventions provide a sense of control and responsibility to those who find themselves homeless and provide them with an opportunity to be treated as rights-bearing citizens with an opportunity to undertake positive changes that could impact their lives as well as their tamariki (O'Shaughnessy & Greenwood, 2020).

CHAPTER 3: METHODOLOGY

3.1 Chapter Introduction

This study aims to establish what service providers in Hamilton provide in terms of health interventions and wellbeing measures for children residing in emergency housing motels. A qualitative methodology was used to identify the strengths and barriers regarding service provider support for children in emergency housing. To answer the research questions posited by this study, qualitative, in-depth interviews were considered the most appropriate method for exploring service provider's views on their practice, and address questions such as "what works for whom, when and why" (Busetto et al, 2020). The study is exploratory as it sought to describe factors unique to Hamilton City and the way service providers within the city provide wellbeing interventions to children residing in emergency housing. As such, the results will not be generalisable, but rather specific to particular applications in the Hamilton housing sector.

One-on-one semi-structured qualitative interviews were conducted to gain insight from a service provider perspective to identify barriers and limitation to supporting children in emergency housing. Participants were asked a series of open-ended questions which had an interactive advantage and allowed for topics which are not expected to arise. The semi-structured qualitative research interviews provided rich information about participants' experiences through story telling; allowing opportunities where complex phenomena were unravelled and responsive approaches to stakeholder's needs (Regoli, 2019; Tenny et al, 2022). Interviews were held on Microsoft Teams or face-to-face for participants who did not have access to Microsoft Teams. Voice and video recordings were transcribed and included in data analysis for this research study. This particular study focuses on children's' wellbeing who are homeless in emergency housing.

3.2 Theoretical Framework: Intersectionality

Kimberle Crenshaw, an American civil rights activist introduced the concept of intersectional discrimination in 1989. According to Crenshaw (1989) the definition of intersectionality is:

> *Intersectionality is a metaphor for understanding the ways that multiple forms of inequity or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking.*

Intersectionality can be a powerful analytical tool for equality and human rights monitoring and was initially developed to illustrate what immigrant woman of colour were facing in the 1980's. Society can be more empathetic and equal if intersectionality is understood by educating oneself about different communities and asking people questions without assumptions. This framework will be used to help understand service providers' experiences working with vulnerable children and their families residing in emergency housing motels.

Intersectionality is an appropriate approach to this research, as it calls for further understanding of how aspects of social positioning informed by factors such as ethnicity, gender, class, sexual orientation and other characteristics contribute to or compound disadvantage (Vaughan et al, 2015). Social justice movements can unintentionally or intentionally leave out the most marginalised groups without intersectionality (Sullivan, 2020). Although intersectionality is often used in relationship to feminism, it seems fitting to use this framework with this particular research as all children are not equally oppressed and not all children face the same challenges. Some children face more serious harm and injustice because of how their identity and family circumstances intersect with their childhood. For example, children who experience homelessness may live within the intersection of a number of unique forms of disadvantage (e.g. housing status, educational opportunities, exposure to racism, barriers to health care access). Children are vulnerable, some more than others; hence the intersectionality framework takes into account how social positioning shape the experiences of vulnerable children. One advantage of using intersectionality is how it acknowledges that discrimination is often systemic, environmental and institutionalised.

A popular critique of intersectionality is that it creates a hierarchy of victimhood where those who are most oppressed are given more attention, and those who experiences fewer forms of oppression receive less attention, which is perceived as unfair (Sullivan, 2020). It is important to acknowledge that the intention behind the intersectionality framework is to think about those who are still left in inequitable circumstances despite wider societal attempts to address

inequity. Intersectionality sheds light on the fact that mainstream one-issue social movements do not always adequately facilitate complete liberation for those experiencing multiple forms of oppression (Sullivan, 2020).

This research will examine how service providers in Hamilton respond to the needs of children in emergency housing. Analysing provider experiences of service delivery to children in emergency housing through the frame of intersectionality will provide insight into the compounding forms of inequity that create barriers to wellbeing for children in this context. Most services require individuals to self-refer for basic physiological needs, and the services on offer may not be known to those living in emergency housing. In addition, accessing these services is often hindered by policy or procedures (Henderson et al, 2013). It is already documented that children in homeless families have increased vulnerability to poor mental health, infections and education barriers which increase the risk of poor performance in school (Gultekin et al, 2020; Sleet & Francescutti, 2021). There is also evidence that emergency housing motels are not suitable living spaces for children as they increase the chance of exposure to negative behaviours within the motel complex, such as illegal drug dealing, domestic abuse and violence (Andelane, 2021; Patterson, 2021). Traumatic events such as abuse, neglect or household dysfunction which occurs before a child reaches the age of seventeen years old could predict negative health outcomes into adulthood (Koh & Montgomery. 2021).

3.3 Ethics Approval

The study was reviewed and approved on the 25th November 2022 by Massey University Human Research Ethics Committee; application number SOB 22/26 (reference number 4000025856). Consent forms were sent to participants to complete prior to interview together with formal invitation and information sheet. Participants were informed of their rights to withdraw at the initial contact and were reminded of their rights at the beginning of their interview. Service providers were offered a debriefing session and were provided with contact details of the researcher and supervisor if they had further questions or concerns. Confidentiality was of utmost importance and was ensured throughout the process. All participants were given a number, which was used when attributing quotes in the results section in order to maintain confidentiality. Information was stored on a secured Iron Key USB flash drive which is password protected.

3.4 Participant Recruitment

Qualitative methodologies can provide a voice for those silenced by dominant social orders and can be used to inquire about the "what, how and the why" a social phenomenon occurs, by allowing individuals to express feelings and experiences (Hesse-Biber & Leavy 2005, pg. 28; Liamputtong 2020, pg. 18i). According to Liamputtong (2020) qualitative inquiry discovers and describes the everyday lives of individuals and what their actions mean to them. Qualitative methods can provide insights into complex human behaviour and health issues that cannot be obtained through existing literature and allows direct insight of lived experiences in an investigative manner (Baum, 2016; Grypdonck 2006, pg. 1379 & Liamputtong 2020, pg. 18j). As such it is important that individuals participating in the research have an in-depth understanding of the issues under question and that they can provide rich accounts of their experiences in their own social setting (Liamputtong 2020, pg. 1897k). Government and non-government service providers were selected for this research study. These service providers were all located within the Waikato Region. Participants were recruited via a purposive sampling strategy by outbound email invitations through formal and informal networks. The key criterion for sample selection was that all service providers are in some way engaging with children in emergency housing. Systematic capture of email responses of those who did not want to participate, or refusal rates and responses could not be allowed for; although it is acknowledged that some could not participate due to involvement with other academic institutions and their research or no volunteers wanting to participate.

Participants worked in or around Hamilton City and were employed in various roles and a variety of backgrounds inclusive of education, health and community support. Below is a table summary of participants:

Participant #	Role	Gender	Years' experience in role
001	Public Health Nurse	Female	5 years
002	Midwife	Female	9 years
003	Health Improvement Advisor	Female	16 years
004	Coordinator	Female	6 years
005	General Manager of a Community House	Male	7 months
006	General Practitioner	Male	45 years
007	Police Sergeant	Male	5 years
008	Child Health Nurse	Female	4 years
009	School Principal	Male	1 year
010	Kaimahi/ Support Worker	Female	1 year

3.6 Data Collection and Analyses

Interviews were arranged through MS Teams or face to face and were recorded with consent. Each interview was between thirty to sixty minutes long and was held over two weeks in March 2023. A semi-structured interview guide was used to undertake in-depth interviews with

service providers about their work with homeless families in emergency housing motels; their perception of their role; exposure to children in emergency motels, barriers service providers may face; and opportunities that may exist to better support children in emergency housing. All participants received a $50 voucher for participating. None of the participants reported any discomfort during the interview or decided to withdraw from the study. Ten participants were interviewed according to the participant's preference. The participants were asked a range of questions which were guided with an interview questionnaire guide (see Appendix 6). All interviews were recorded with participant's consent.

Thematic analysis was used to identify common themes, topics, ideas and patterns within the data. Thematic analysis is a method which is commonly used to analyse qualitative data in various disciplines and fields such as social, behavioural, clinical, health, education and sciences (Braun & Clarke, 2006). Data was analysed from interviews in an iterative manner through the six phases for thematic analysis outlined by Braun & Clarke (2006). The six phases include:

- ***Familiarisation with the dataset***

Recorded data was listened to before being sent to be transcribed. Active listening enabled the development of understanding primary areas addressed for each of the ten interviews. All recorded interview data was sent to an independent agency for confidential transcription. Transcribed data was then thoroughly read through so the researcher could become familiarised with the data.

- ***Coding***

All transcribed data was exported to NVIVO (version released March 2020) (qualitative software) and thematic analysis was undertaken. Sections in the transcribed interviews were highlighted and codes created to describe the content. Eleven initial codes were generated (participant information, cost of housing, barriers for families, safety concerns, barriers service providers experience, addressing homelessness, collaboration, free support to families, experience visiting families, contact with families and going above and beyond). Coding provides the fundamental building blocks for creating themes in thematic analysis. Succinct and short descriptive or interpretive "labels" are produced so that information from interviews can be added under the label in relevance of the research questions (Byrne, 2022). A systematic approach needs to be undertaken, with each data item being considered and identifying information of interest which may be informative in the development of the themes. The codes

need to be brief, but with enough detail to inform commonality amongst data items of the research subject (Braun & Clarke, 2012; Braun et al, 2016). All items of data that was useful in addressing the research questions was coded which aided in identifying codes to interpreting themes and which data could be discarded (Byrne, 2022).

- ***Generating themes***

The coded data was reviewed and analysed to identify codes which could be combined if they had shared meanings in order to form themes and sub-themes. Quotes from participants were chosen which had exemplified the particular focused themes. Multiple codes are then collapsed if they shared similar concepts. Five content themes were initially identified through coding. The relationship amongst the different codes were interpreted and examined to inform the narrative of the themes created (Byrne, 2022). Patterns of the codes and the data items promulgate meaningful communication which aided in answering the research questions (Braun & Clarke, 2013). It is important for themes to link together to produce logical and comprehensible concepts of the data. Prospective themes were discarded if it did not fit within the overall analysis (Byrne, 2022).

- ***Developing and reviewing themes***

A recursive review of themes was conducted in relation to coded data (Byrne, 2022). Additional sub-themes were created within a theme to provide more context and clarity. The five themes were then named and interpreted. A series of questions was proposed by Braun and Clark (2012, pg. 65) that should be addressed by a researcher when potential themes are reviewed. These questions were:

  - Is this a theme (or just a code)?
  - If it is a theme, what is the quality (does it provide useful information about the data set and the research question)?
  - Are there boundaries of the theme (what is included and excluded)?
  - Is there meaningful data to support the theme?
  - Is the data too diverse (does it lack coherence)?

There are two levels of review (reviewing the relationship amongst the data and reviewing candidate themes in relation to data (Byrne, 2022). Themes need to provide a fitting interpretation of the data which answers the research questions. It is not uncommon for codes and themes to be revised or removed to promote meaningful interpretation of the data. Data

may be re-examined, recoded, collapsed or removed to promote themes or sub-themes. Amending codes contribute to the reinterpretation of data and final thematic analysis.

- ***Defining and naming themes***

  The analyses was completed and thematic summaries were produced based on five main themes (living conditions, safety, barriers, collaboration and supporting whānau capability). Each theme and sub-theme needs to demonstrate the data and the research questions. Each theme will provide a logical and consistent description of the data which cannot be told by other themes however themes should create a comprehensible narrative consistent with the data and research questions (Patton, 1990). Each quote was interpreted in relation to its theme and the broader context of the research questions which created an analytical narrative which informs the reader of the thought-provoking quotes (Braun & Clarke, 2012).

- ***Production of report***

This is the completion and final inspection phase. At this stage themes should make logical sense in a meaningful manner which builds a convincing narrative of the data. Themes should build upon previously mentioned themes whilst remaining consistent and effective in communicating its own narrative if secluded (Braun & Clarke, 2012).

3.7 Rigour

Rigour demonstrates integrity and capability within the research (Maher et al, 2018). The trustworthiness of the data collection and analysis is pivotal, for the interpretation of the findings to be meaningful. In depth planning, paying attention to the phenomenon under the study and productive results is required to postulate logical consistency. Reflections from participants conveys the strength of the validity and credibility of the research (Fereday & Muir-Cochrane, 2006). Participants interviews were audio and/or video recorded to ensure all information was captured according to the participant's experience. Interviewed participants adequately represented stakeholders who were working with children and their whānau in emergency housing to contribute to their wellbeing. Once all data was captured; participants received a copy of the transcription to have an opportunity to amend, comment or correct information within their transcript. All transcribed data was exported to NVIVO to be thematically analysed and iteratively analysed codes to form appropriate themes. Supervisors

Dr Linda Murray and Dr Bevan Erueti also validated the researcher's interpretation of the data to confirm findings.

CHAPTER FOUR: FINDINGS

4.1 Chapter Introduction

The aim of this research study was to investigate:

- How are children who reside in emergency housing motels in Hamilton currently supported?
- Are there factors which strengthen or undermine support services?
- Are there opportunities for collaboration of various stakeholders to deliver services at emergency housing motels?

The analyses identified five main themes:

1. Living conditions
2. Physical and psychological Safety
3. Barriers between service providers and whānau
4. Collaboration between service providers; and,
5. Motels as a site for supporting whānau capability

Several main themes contain a set of sub-themes - each which emerged from the verbatim interviews that illustrate the intersectional interpretation of each theme and providing a rich account of participants experiences and challenges.

4.2 Theme One: Living conditions

Emergency housing motels were described as having negative effects on children with all participants concerned about the living conditions and the duration that children are residing in emergency housing motels. Participants described children residing in emergency housing motels for longer than anticipated (i.e. many months rather than the intended maximum of seven days). Motels are meant to be a treat, a break away from home while on vacation. As such, these properties are not purpose built for long term stays. Participants in our study witnessed how hard it was for families to be residing in motels long-term and were often asked to complete support letters for their application for stable social housing. These were described as “desperate pleas” to leave emergency housing for a safer and stable home.

The work of Blake-Person (2021) describes fear of the emergence of a “motel generation” as the emergency housing need continues. This highlights the realities of children experiencing long-term stays in emergency housing motels, rather than the intended maximum of seven days.

One participant described the sombre reality of engaging with a child who had been residing in different emergency housing motels in the same street.

> *This young girl sitting next to me, she would've been about seven…. she points out the motel, and she goes oh there's my house… and there's my old house, and there's my house before that and my house before that…… and you quickly realise that this child…. all she knows is that she's lived in motels".* (Participant 5)

Physical Environment Unsuitable for Children's Daily Routines

Participants described instances where overcrowding in a motel room seemed to be the norm. Larger families residing in a one-bedroom unit could lead to damp and mouldy homes causing illness. *"There's three or four children living in a one-bedroom place".* Participants 2 & 9 described some emergency motel rooms as *"filthy"* with *a "stench", "disgusting"* and *"messy"* acknowledging that families who reside in emergency housing do not have adequate housing for their activities of daily living. Participants described looking "*past the mess*" and focused solely on supporting the family with what they needed at the time. Daily routines were described as unstructured when families are overcrowded in an emergency housing motel, as there is limited physical space within the motel room.

Due to overcrowding, service providers reported seeing health conditions such as head lice, school sores and respiratory viruses more often affecting everyone in the family. Participant 6 leads a local health practice who predominately treat patients of low socioeconomic status. The health practice does not charge patients a fee to see a general practitioner if they have a community service card. This participant estimated that they may see most of the whānau residing in emergency housing; however, they were not sure how many of them were children, as families did not always disclose that they were living in a motel. Participants 6 recounted instances where a child is residing in emergency housing presented with skin and respiratory infections due to the living conditions.

Often emergency housing motel rooms do not have cooking facilities for basic meals to be prepared. One participant described having to purchase an electric frying pan for a family residing in emergency housing, as their organisation had arranged a kai parcel; however, the family had no way of cooking the food and therefore usually ate take out. The participant had

then approached social services to provide an electric frying pan for the family so they could prepare meals.

> *"...there are not always proper cooking facilities there…"* (Participant 1).

> *"I took some food to these people and the man said, I don't know how to cook it because we got no stove….so we got the electric frying pan so at least they could cook food."* (Participant 2).

Participants highlighted the restrictions that living in emergency housing motels imposed on children, such as no backyard to play in and safely enjoy. Concerns were raised as most emergency housing motels in Hamilton City were located on a busy main road, and children may be in an unfortunate situation where they could be involved in a pedestrian versus car accident which could be fatal.

> *"I don't think they [kids] understand the magnitude of the space that they are living in".* (Participant 9).

Participants on numerous occasions described the children as resilient and making do with what they had given the circumstances.

Effects on Health

It was important for participants to support children to have access to healthcare so that they stayed physically and mentally healthy.

> *"We know what the levels of stress does to a child's brain… they have more health inequalities when they grow up, when they've had a lot of stress in the formative years."* (Participant 8).

Participants expressed concern about the length of time spent in emergency housing motels and child development:

> *"We know that some stay in emergency accommodation for months or years, and the first three years particularly is when the child's brain forms. What are we doing to protect them?"* (Participant 8).

Children may miss hospital appointments as healthcare may not be a priority when homeless, and could lead to a deterioration of physical and mental health. There were instances where the

local hospital reached out to families to schedule appointments with unsuccessful contact as the hospital contact number displays as a private number, which deters families from answering the call. Participants provided examples that illustrated missed opportunities for health treatment for children. Families may change their contact numbers regularly, and in turn a health care provider is unable to reach families emphasising an unmet need due to a lack of a permanent and stable housing.

> *"They [children] may be doing well while you're working with them, but you've got to work with the parents too"* (Participant 3).

Providers found themselves working with the wider whānau and not only the children as this comes hand in hand. In order to create better circumstances for children; the service providers need to ensure their families are well too. It was acknowledged that service providers who work with children also involve the parents to encourage positive changes such as support with employment, upskilling, retraining, budgeting or referring to other services for support.

> *"… we try and get the parents involved and see how we can help them [parents] to make changes in their life… I've brought a work broker in too…... we might be able to create employment for their parents…."* (Participant 3).

4.3 Theme two: Physical and Psychological Safety

Participants described how the physical layout of motel complexes created a social environment where children were potentially more exposed to physical and psychological risks. Those who reside in emergency housing are often situated next to "neighbours" who are also in emergency housing situations. This could vary from a single family, substance abuser, gang member or a family overcrowded in a room or apartment. This unsafe motel environment often led parents to confine children inside the motel room for their own safety. Whānau had no control over this other than to look for other forms of housing such as private rentals.

Participants stated that children were exposed to the negative behaviours of other adult residents in the emergency housing motels. Participants recounted how children who witnessed socially inappropriate behaviour by adults may then display behavioural problems at school or other social settings.

> *"Kids have seen things they shouldn't in terms of drugs, alcohol, violence, stabbings…. I just shudder to think what it is going to be like for our children in ten years' time*." (Participant 10).

Often providers would have safety concerns for children residing in emergency housing but would not know who to escalate these concerns to.

> *"it's hard to know who to escalate to. There isn't an escalation process… and that we get feedback when we do escalate things."* (Participant 1).

Participant 2 acknowledged that living in a small space can exacerbate family violence, and one participant reported ringing Oranga Tamariki directly if there were concerns.

Reports of concerns are often forwarded to Oranga Tamariki due to various reasons. These concerns are reported by service providers where there is a concern on a child's safety and wellbeing. One participant described how some of the reports of concern for some children do not come as a surprise as they may have worked with the whānau before.

> "*You have children who are exposed to family harm, and then you have children that are victims, and you also have children and young people who are perpetrators of family harm…. While the greatest number or percentage are affected or witness family harm, we do have those other children that fall into those other areas as well*." (Participants 7).

Children may often "fall through the cracks" of the system if there are not sufficient resources in place through government and non-government sectors. Various service providers have identified that it is difficult to contact whānau in emergency housing as they are often transient or non-contactable via telephone. This could potentially be a missed opportunity for a service provider to connect with a family where there may be family violence to ensure that the wellbeing of the child is a priority. Participant 8 described a personal practice of ensuring an open dialogue between the whānau and the participants concerns.

> *"I feel just feel like if you're open about it then you're still trying to hold on to that therapeutic relationship that you're trying to build with this family. Whereas if I went and did it behind their back. I'm never going to get that [trust] back."* (Participant 8).

4.4 Theme three: Barriers between Service Providers and Whānau

Participants found that the frequent changes of their client's contact details were frustrating especially when they knew that the whānau were entitled to the services they could provide.

> *"Often you get there, all the windows* are *closed, you know they're home, and they don't answer the door because they don't know who we are…. sometimes they think we are Oranga Tamariki…. maybe they had bad experiences with Oranga Tamariki coming in and maybe removing their children from them.".* – Participant 1

Competing priorities

Participants observed that health care was not considered a priority by whānau when other pressing issues, such as housing, needed to be addressed. Participants found that necessities such as food, housing and keeping children safe within emergency housing was a priority. Therefore, whānau may be missing important health interventions through the public health system.

> *"I find it's just that we're [service provider] not on top, they've got other stuff to worry about."* (Participant 8).

> *"I often will do home visits for my families that are in emergency accommodation. I don't usually book clinic visits because I know that it just reduces one barrier. Even trying to get out the door when you've got so much on is quite hard, especially when they don't have transport, so it's easier to go to them [whānau]."* (Participant 8).

Transport and getting to services have proven to be difficult for whānau due to various reasons such as other priorities. "*It's harder for people to come into the main town rather than going to places in their own town*." (Participant 3). It would be beneficial to provide services within the community where whānau can easily access the support they need for their wellbeing.

Building Trust Between Whānau and Service Providers

Participants found that time constraints were limiting their ability to be able to support more whānau in emergency housing often finding themselves spending more time with whānau in emergency housing due to their complex needs. Often service providers are referring to

services that may be pivotal for the whānau; however, the whānau do not want to engage with the services.

> *"You can put in all your effort, time and resources into somebody, but if they don't want to take the help, it's not going to go anywhere."* (Participant 2).

Participant 2 felt that trust was a barrier as sometimes people would look at them and think *"you're a rich skinny white girl that's got a medical profession"* and instantly underestimate the participant's ability to support the whānau. This could be due to many social services having their roots in colonial systems and the consistent failing of health systems to achieve health equity for Māori. Once trust and a solid relationship between a service provider and whānau had been built; the participants found it easier to work with and support whānau, especially when they had worked with other family members, and participants had gotten to know the wider whānau.

> *"Not being judgemental about the way they dress or talk, or formula feed, or bed share …. It's trying to give them the information, but without them feeling shame about what to do."* (Participant 2).

> *"a relationship of trust…. for a lot of these families that takes a lot longer to build… to build rapport. They're used to moving around… use to people being there and then not being there…".* (Participant 5).

> *"it's quite hard to develop that ongoing relationship when you can't always get in the door."* (Participant 8).

Resources not "fit for purpose".

Participants highlighted how their usual resources and ways of working did not always meet the complex needs of children growing up in emergency housing. Participants who were educators noted that children display the behaviour they have inherently learnt, and this could lead to antisocial behaviour in school settings. Participant 9 had described how it had become challenging for educators to work with children in their class who displayed antisocial behaviour such as swearing in class.

> *"Our teachers sometimes don't understand than when a kid swears at you, that kids not swearing at you because he or she is being malicious. The kid is swearing because*

> *that's the only way he or she knows how to express themselves at that time…. It's not acceptable in society, but it doesn't mean you interact with them [child] there…. Let them be angry just as long as they don't hurt each other… then have the conversation with them about it later…"* (Participant 9).

Resourcing and funding were identified as major barriers for many participants. Participants 6 sees between 50-70 patients a day as the only health practitioner in the practice along with administration staff and a nurse. The school Participant 9 worked for has no school hall and indicated funding as a barrier to having something as basic as this facility. The school wanted a hall not only to serve the student population, but also to serve the community by creating a hub where the community can access services such as nurses and a psychologist in the same space. However as this was currently not available, they expressed:

> *"we're providing plaster solutions, not sustainable solutions for the challenges we have."* (Participant 9).

4.5 Theme four: Collaboration Between Service Providers

Despite the barriers mentioned in the aforementioned theme, participants played various roles in ensuring children in emergency housing motels were supported; this included creating programmes to support and promote child wellbeing. Participants often tried to liaise between organisations and work in collaboration to support children in emergency housing; but this often proved to be challenging.

Participants relationships with other service providers

None of the services participants worked for shared a database with information about children in emergency housing motels and their support needs. Some information sharing occurred if organisations were involved in a "round-table" discussion about the most vulnerable children, whilst others were involved in shared monthly meetings. These monthly meetings were held with various service providers involved who work with complex whānau collectively.

> "*Once a month they do a monthly meeting with child protection services, Oranga Tamariki, Family start, a bunch involved…. have conversations about who is on the radar, what's being done to help them…*" (Participant 2).

However even then, protocols to what can be disclosed or discussed due to privacy inhibited much information sharing. Participants described individual personal relationships that they had built with other service providers through the nature of their work, and by educating themselves on what services were available to families in the area. Participants did this so that they could inform families about where to get further support that their organisation may not offer. Often service providers had a relationship with a particular person in an organisation, and this was their main form of collaboration with other providers. However, if their contact left due to various reasons, the participant would then lose this connection, and there would be no follow up with a new representative from the other organisation. This then left the participant with no contact details of the new person to contact, and the inter-organisation collaboration would break down.

> *"…. let me know if there is any issues and we'll see what we can do……. Now I haven't had any contact because I don't know who the manager is and I don't know who to contact".* (Participant 1).

Participant 3 indicated that most schools do school lunches, and some have a breakfast club. However, even though these services are free for children to access, they may feel shy or embarrassed to access them. This could be alleviated through a breakfast club or similar programme at the motel a child resides in as this may remove barriers to accessing food, they are eligible to without feeling embarrassed doing so in front of other peers at school.

> *"Some get shy I think, but we've got to help them overcome the shyness because it's something they're entitled to have".* (Participant 3).

Participant 6 highlighted the fact that their employer is passionate about supporting children and that children are eligible for free health, dental and ear care through the health practice. This forms part of a collaborative approach to support and address children with health, dental and ear needs at one practice; this prevents whānau from having to engage with multiple services agencies, improves communication, improves relationship with whānau and provides a better experience.

Intersections between education and children's wellbeing

There is a school located in close proximity to emergency housing motels. The school at the time of the interview had 265 students enrolled with 92 of these children residing in emergency

housing. Pre COVID-19 in 2020 the school had a handful of students in emergency housing, and this has raised post-COVID-19:

> *"…what had happened is that we saw a lot of behaviours coming to school, whether it was from the environment that they [children] were in, or they were demonstrating the anxiety and stress that their families were experiencing…. It became very hard for our teachers to manage the behaviour, to even connect with the kids…. we would have kids swearing randomly, kids who would leave their classroom and not go back…."* (Participant 9).

The Ministry of Education was offering schools urgent response funding to support schools during COVID-19. The local school discussed opportunities to utilise the funding in an innovative way and employed a school counsellor and a social worker to aide with pastoral care. As participant 9 was Māori and knew many of the whānau in emergency housing were also Māori, he emphasised being relational with whānau, and would often be in the car park greeting whānau during school pick up or drop off times or in the reception area engaging with whānau.

> *"… the counsellor and the social worker, they have the skills and the mind-set, the knowledge to work in this space. As educators… we get so overwhelmed with everything else that our position asks of us that we don't do a really good job of it and our response may be different…."*. (Participant 9).

There was a religious organisation who had approached the school to collaborate with the school and form a breakfast club for children three days a week. This idea had eventuated Mondays, Wednesdays and Fridays at the local school. This merely started off as an interaction between the children and the religious organisation; which had soon changed as time went on. Relationships and connections formed between the children and the religious organisation to a point where children's names were known and conversations were held with children during breakfast club.

Intersections between the police, education and children in emergency housing

The school offers an after-school programme run by a local youth organisation four times a week at no cost to whānau as a form of respite for the children and their whānau. The organisation incorporates collaboration with police. Many kids had seen police in a negative

light; however, whist the children were attending the afterschool care programme they had grown to see police in a positive light.

> "*They [children] don't see them [police] in the light of being really choice. They [children] were quite wary of the police when they first come here…… months later I saw a big change in the way the kids interacted with the police, understanding that actually they're [police] just here to keep themselves [children] safe*." (Participant 9).

The school no longer expels or suspends children from school as a repercussion to bad behaviour and rather addresses the behaviour and try to support the child and their whānau by building strong relationships and connections.

> *"One of the things we need to remember is that our community is our community and we can't change that. The kids we get and the whānau that we have are the kids and whānau we have. And as professionals, we have a responsibility to connect, to teach, and to learn alongside them.".* (Participant 9).

Flexible funding as a resource for supporting whānau wellbeing

Participant 4 described flexible funding which was available and specifically designed to support whānau with dependent children. If whānau move into emergency housing and it disrupts the schooling arrangement, the flexi fund is available to access for support with travelling to get the child to their school.

> *"If they are living in Melville and they, for one or other reason become homeless, went into emergency housing at the North end of [address]…. we would want these kids going to their normal school so that they have that normality…. flexible funding assistance can help with topping up B cards for the bus or weekly petrol vouchers."* (Participant 4).

The flexible fund could also assist whānau with other recreational activities for children. As an example, participant 4 explained that there were young people residing in emergency housing that were getting into trouble with police. One of the police offers identified that one of the children were interested in kick boxing as this was the child's way of venting. Participant 4 had then received approval for funding to have the child enrolled in a three-month gym membership.

> "*We want to keep these kids away from the police. We don't want them [police] knowing their [children] names….".* (Participant 4).

Participant 4 described an external education provider who had placed a proposal for a pilot programme to provide additional educational classes twice a week for an hour and a half at one of the emergency housing motels. They found that some children were not attending school during the day however attended the extra classes in the evening. These classes included food for the children. The children were involved in preparing paperwork and set the tables for class and helped tidy after the class which gave the children a sense of purpose. This reflected in the children's behaviour at school.

> *"…the teachers there noticed an improvement in those children by attending this evening thing.".* (Participant 4)

The flexible funding assistance has supported children in various ways inclusive of safety gates for parents with young children residing on the second floor in an emergency housing motel, and the occasional scooter for children to travel to and from school. The funding has no rigid tick boxes to be completed to be eligible for funding and is purely based on whānau circumstances especially for child wellbeing with flexibility to fund various needs.

4.6 Theme five: Motels as a site for supporting whānau capability

Providers tried to support basic life skills by educating families upon their visit to develop daily routines such as doing the washing the night before or teaching parents to clean the bathtub the night before, or to fold washing whilst they are watching television so that families are not overwhelmed the next day. Providers also encouraged families to involve their children to be a part of the chores if they are old enough, so that they can contribute to the household in this manner.

All participants except for two preferred to provide services for children (and potentially their wider whānau) in a holistic manner at the emergency housing motel where the whānau resided. This meant the emergency motel environment could then become a "hub" for connection with services and more opportunities for engagement would be on offer in this environment. They suggested that this would relieve the pressure on families who were already experiencing barriers to accessing services and housing and would mean support was literally at their doorstep. This could be in the form of utilising facilities at the emergency housing motel (e.g.,

conference or seminar rooms) for services such as budgeting support, employment support, upskilling courses, cooking lessons, basic health checks, a breakfast club for children residing in the emergency housing motel and housing support or education. Participants suggested such a co-ordination of services would be an opportunity for all providers to collectively support children in emergency housing motels, and also creating a safe space to receive care to enhance their wellbeing. This in turn would also provide an opportunity to influence whānau mind-sets, motivating whānau to improve their circumstances, and whānau being proactive to better their circumstances and children receiving the care they need. As a participant pointed out:

> "*You can't just help the kids. They might be doing well while you are working with them, but you've got to work with the parents too because they're [children] going to the same old same old…… we try and get the parents involved and see how we can help them to make changes in their life*." (Participant 3).

Many participants have indicated that they would utilise kai when visiting the home as a way to build a relationship with the families. A simple check-in can be hard for service providers to achieve as the service they are providing may not be top priority for whānau at that time.

> *"You have to be relational. You have to have those connections with these families".* (Participant 9).

Service providers often encouraged whānau to engage or self-refer to various services that they are aware of that can provide support to the family. This may prove difficult if whānau are embarrassed or shy to approach services on their own for support as whānau may choose to not reach out due to fear of discrimination and shame. Homeless whānau often face stigma which could make them more vulnerable and isolated. However, one participant acknowledged that families may see service providers visiting other whānau in emergency housing and identify these service providers through their advertising on their vehicle and approach providers to learn about their services. The service provider would then take their details and identify whether the whānau would be eligible for their service or if the whānau is already working with a different service provider. The participant acknowledged that there are not very many whānau that do approach service providers for support. Informal relationships and connections allow participants to know the whānau narrative and understand life through the whānau perspective and could better aide with support. The more service providers are proactive in a whānau life, the more the whānau may be open to sharing information and trusting that the service providers have their best interest at heart. The quality of relationships is fundamental

for effective engagement and change. The ability to have positive social interactions and relationships are beneficial, however many times there are barriers that do get in the way such as traditional care management, long tick box forms or large caseloads (Social care institute for excellence, 2023).

Often service providers found themselves trying to influence whānau mind-sets so they can provide a "better life" for their children by encouraging them to connect with budgeting services, find employment, connect them with an employment broker or upskilling and retraining to enhance their employability and be independent. A participant described how some of the families she works with feel that they are better off on the benefit and find that they may be out of pocket if working; however, the participants try to encourage the parents to be a better role model for the children.

> *"… I'm going to be left out of pocket. They feel they'd be able to stay on a benefit. But then I said you'll be a better role model for your children…".* (Participant 3).

> "*One of them [child] told me they wanted to be a policewoman…. I said well, don't let anybody say you can't…. I'm trying to get her a police hat so she can put the hat on and look in the mirror and say I'm not going to take my life. I am going to be a policewoman*" (Participant 3).

Participant 3 described how they had to address negative perceptions of police and present their role to protect and serve in a positive light, as the child they were working with was suicidal and had police wellbeing call outs, and often fought with police when they arrived for a wellbeing check.

> *"They [children] can come anytime. Kids especially get top priority here, so if there's 50 people [patients] there and there's 3-4 kids waiting; we grab the kids first so they get top priority in this place."* (Participant 6).

Often transport could be a barrier to access health care. Participant 1 and Participant 3 mentioned public funded health shuttle which is free for whānau having to travel to hospital; however, this could difficult when transporting children, appointments being at an inconvenient time or being picked up too early when trying to get children ready for school as not the whole family unit can be transported in the shuttle.

> *"…. They can't take the whole whānau, they can take maybe one other sibling… the parents or their [children] need to have a car seat… often they don't always have a car seat if they don't have transport".* (Participant 1),

There are also already currently funded services such as midwifery visits for infants in their home for the first 6 weeks, Plunket, dental care, immunizations and public health nurse visits.

Participant 5 described how a volunteer collected all the children enrolled to the school holiday programme for the day in her emergency housing motel she was residing in and taking the kids to the bus stop so that they could participate. She would also bring the younger kids along in a local supermarket trolley so that they could get some "*fresh air*" and return them home after dropping the older kids off at the bus. The participant described the lady as the "driving force" to get the children motivated and to get out.

> *"They came up, walked, and she brought this group of kids from her motel, we'll sign them in…. she and the younger one's would go off on their day…. And in the afternoon, they would so the same in reverse"* (Participant 5).

If a programme like this did not exist, one must ponder on the risk involved for children if they are not in a space where they could be children, interact with friends in a safe space and just be kids.

Participants described one of the most powerful things they did on their in-house days was a cooking lesson for the children. The children had requested to cook fried bread and boil up. The participant acknowledged that this was out of their scope; however, the participant found a volunteer to teach the children. This activity highlighted how most of the children were used to being on a Marae with whānau and helping in the kitchen. Once the children had cooked their food, they could take it home to their whānau.

> *"….. they all got to take home this kai pack of fresh fried bread and boil up…to mum and dad and say "don't worry about dinner, I've got that sorted. I have made this today for our whānau*". (Participant 5).

For many of these families' food insecurity is a huge problem, for a child to be able to provide food for their whānau; brings a sense of empowerment to those children who prepared food for their whānau.

The service provider had another example of using food as an empowerment for children through hiring an ice-cream truck as a surprise for the children. The children could choose any ice-cream they wanted and were in total disbelief questioning the monetary value of the ice-creams. The participant then reassured the kids that they could have any ice-cream they wanted; and this totally blew the children's minds. This may seem insignificant, but a simple gesture like this is a lifetime memory for a child. It gives the children the opportunity to just be a kid enjoying the simple things in life.

> *"We had one where I was able to have a Mr Whippy turn up to the program as a surprise and I was able to say to the kids "you can pick any ice cream, anyone". "anyone?" what about the $5 one? $5, $6, $7. Anyone. Pick whatever one you like…… and they're just like wow…."* (Participant 5).

Service providers found that acknowledging whānau and treating them with love and respect helps them to gain trust with the children and their families they work with. Many participants have built their reputation within communities through word of mouth and often supporting other whānau members in the past. Providers find it beneficial when a relationship and trust has been established with whānau and whānau are then able to reach out for support and ask for help. This makes it easier for providers to identify appropriate supports the whānau need or to advocate for whānau to get appropriate support.

> *"One of the benefits is we get to form that relationship with the children and their whānau, and then we are able to then also place some of those social supports around the family."* (Participant 5).

CHAPTER FIVE: DISCUSSION

5.1 Chapter Introduction

This thesis explored the voices of service providers in their various respective roles in the community supporting vulnerable children and their whānau residing in emergency housing motels in Hamilton City. To date, few studies have investigated the social context of children living in emergency housing motels for long periods of time in New Zealand, and the impact this has on child wellbeing. The findings suggest that service provider's roles are complex, and that a deep level of commitment is required to serve children and their whānau in emergency housing. For service providers to fulfil their role and meet the needs of children; strong relationships are required with whānau and other community stakeholders supporting children. Often service providers are advocating to remove barriers to access services and are faced with constraints when trying to fulfil their role. Partnership and collaboration with other agencies at emergency housing motels were mentioned by most participants as a holistic and proactive measure for supporting children and their whānau. This highlights the need to engage and work across systems to bridge the gap between strategy and practice to end homelessness.

5.2 Impact of Living Conditions on Food Security

The living conditions at an emergency housing motel are not equipped for long term stays. Research participants often described emergency housing motel rooms not having cooking facilities for preparing basic meals. This highlights the importance of programmes that provide educational opportunities to learn to prepare meals and the importance of school breakfast clubs and lunch programmes. Those who are experiencing food insecurity are systematically excluded from the vision of a "wellbeing" New Zealand. Having access to food is a basic human right and there is a strong link between food security and wellbeing (Neuwelt-Kearns et al, 2021). Reports show that almost one in five children in New Zealand were experiencing severe to moderate food insecurity in 2015/2016. This was more prevalent amongst children living in deprived neighbourhoods, in a home with low income, residing in public or privately rented housing, two or more children in the household and of Pacific and Māori decent. In comparison to children who reside in food secure households; children in food insecure households we more likely to experience barriers accessing healthcare, not meeting the consumption guidelines of fruit and vegetable intake, eating breakfast fewer than five days per week at home, consuming fast food and unhealthy fizzy drinks more than three times per week, obese or overweight, fair to poor parent rated health status, medicated asthma or eczema,

concerns with development, social, emotional and behavioural concerns (Ministry of Health, 2019). Therefore, ensuring that those in emergency motels have the facilities (whether in private accommodation or shared spaces) to prepare meals should be a priority for child wellbeing.

5.3 The Physical Environment of Motel Sites and Children's Wellbeing

Participants also observed how the physical environment surrounding emergency housing motels are not beneficial for children's wellbeing. Motels were designed for short term stays are not equipped to house children or their whānau long term. Elevated risk of trips, slips, falls, physical injury, limited space to play safely, and close proximity to busy roads are some aspects of poor physical design which make long-term stays in motels a health hazard. A home is meant to be a refuge and provides a sense of security from the world (Dunn, 2020). Emergency accommodation has unfortunately become more permanent than it should be, leading to whānau residing in inappropriate settings instead of moving on from homelessness (FEANTSA, 2010 pg. 9). This causes others who may face crisis due to homelessness not being able to access emergency housing. Long-term stays in emergency accommodation can lead to whānau being institutionalised in environments where they have little influence over their daily activities, and making it difficult for whānau to move on from homelessness (FEANTSA, 2010 pg. 9). Long-term stays in emergency housing is costly to the government and practices should be in place to ensure that when whānau reside in emergency housing motels; that these stays are no longer than required. Internationally; Ireland's strategy insists that emergency accommodation should not be for more than six months, whilst Denmark's goal is limited at three to four months and Norway four months (FEANTSA, 2010 pg. 9). Emergency housing motels lack security of tenure and is an inadequate option for long term stay (FEANTSA, 2010 pg. 10).

The findings of this study confirm other documentation about the physical facilities and environments of emergency housing motels in New Zealand. Emergency housing moteliers are paid for reasonable and actual cost for the use of motel rooms by a recipient and their household. Five hundred and forty emergency housing motels were suppliers in September 2022 and the Ministry of Social Development had reported that most emergency housing suppliers were suitable for short-term accommodation and that moteliers treated occupants that same they would as any other paying customer. However, concerns have been raised by occupants due to poor quality of accommodation, safety concerns and poor customer service

from motelier. Three hundred and seventy-nine complaints were received in the quarter ending June 2022 echoed by third parties such as National Benefit Advocacy Consultative Group, Community Law Centres Aotearoa, Human Rights Commission and other government agencies (Ministry of Social Development, 2022). Occupant complaints raised to MSD over 2021 and 2022 were due to property conditions (cleanliness, pest control issues, broken or missing items and unstable utilities), safety concerns (health and safety of occupants, premises not secure, fire safety matters), poor customer service (allegations against occupants, no servicing of units and inappropriate behaviour by staff working at the motel). Other concerns have also been raised such as theft of property, behaviour of other occupants (Ministry of Social Development, 2022). The Residential Tenancies Act 1996 does not apply to emergency housing motels hence no quality standards being set. There is a complaint process for occupants through the Ministry of Social development who administers Emergency housing, if a complaint is received the Regional Housing Manager investigates and seeks resolution, relocates occupant or notifies relevant authorities such as local council or police (Ministry of Social Development, 2022).

Emergency housing motels and transitional housing sit under Social Security Act, Social Security Regulation 2018 and Social Security (Emergency Housing and Transitional Housing) Amendment Regulations 2020. Tenants in emergency housing or transitional housing do not have the rights or responsibilities as tenants under the Residential Tenancies Act 1989 or the Amendments 2020 (Housing Advice Centre, 2023). This can lead to families experiencing compounding forms of disadvantage as they do not have the rights of tenants in other state housing or tenancy situations. This means if families are exposed to neighbours or others on the property exhibiting harmful behaviours, they have less options to protect their children from witnessing such behaviours in these environments.

Therefore, emergency housing motels are not safe for children to reside in. Children are exposed to trauma and subjected to unsafe environments, violence, abuse, inadequate health care, poor education and food insecurity, all of which can effect children's wellbeing into adulthood and across the lifespan (Centres for Disease Control and Prevention, 2022). The service providers in our study raised concerns about the conditions children are exposed to in emergency housing, and indicate their concerns are not being addressed in an appropriate manner or required time frame, often leaving service providers with no feedback or updates about children's wellbeing. Children need more than just a roof over their head to thrive, and

the motel environment clearly constricts children's abilities to play safely, access health care, be free from violence and abuse, and receive quality education.

5.4 Adverse Childhood Experiences, and Children's Physical and Psychological Safety in Emergency Motels

Residing in emergency housing motels could potentially expose children to more adverse childhood experiences, which are documented to have health impacts throughout their lifespan. The leading causes of the global burden of disease is often associated with adverse childhood experiences (Centres for Disease Control and Prevention, 2022). The stressful and traumatic childhood experiences children may face when in an emergency housing motel are likely to work against service provider's efforts to promote child flourishing, which highlights the importance of minimising the time children spend in emergency motels. Unhealthy behaviours, violence or re-victimization, disease, disability and premature mortality are all consequences of adverse childhood experiences (Webster et al., 2022; Hashemi et al., 2021) and all of which can be experienced whilst in emergency housing motels (Mwoka et al, 2021; Howden-Chapman et al, 2021). Children who are in emergency housing motels may be at risk of mental health impacts across their lifespan into adulthood exposing them to poorer mental health. An elimination of childhood adversity would lead to a reduction in mental health disorders. Lower school attendance or higher absenteeism, poor academic skills, learning disorders and low school achievements are associated with adverse childhood experiences (Klein et al, 2022). If children are transient between motels with no stable housing it would have adverse effects on their education. The findings indicate this as participants have highlighted the unsafe environment children reside in causing children to be unhealthy, displaying negative behaviour and having negative attitudes which is then portrayed in environments in an antisocial manner. Children who are raised in poverty are more likely to experience numerous adversities compared to children who may be raised in favourable conditions (O'Neill, 2020). If poverty is reduced, then the prevalence of adverse childhood experiences would be reduced with interventions such as supplementing income and housing being favourable in adverse childhood experience reduction (O'Neill, 2020).

5.5 Psychological Safety and Engagement with Police

Children may come into contact with police for various reasons; often their attitudes towards police are less positive than that of adults and it often is difficult to change those perceptions

due to intergenerational transmission (Justice with children, 2021). When children engage with police, it is often inextricably related to their experience of a traumatic event, and children who experience ACEs are more likely to have had police contact by the time they reach adolescence (Jackson et al., 2022). These experiences, as well as more "routine" contact such as being stopped and questioned, or warned/cautioned by police can set the tone for a young person and the relationship they have with police for the rest of their life. The consistent mention of police by participants was interesting, however as the links between the constellation of experiences that lead children to have contact with police is complex, they cannot be discussed in-depth from this study. Importantly though, our findings did reveal that community engagement efforts by the police through other service provision (education, mental health services) can be positive when conducted in an appropriate and sensitive way, and police are seen as positive role models. It is important for police to take the time to engage with children formally and informally to create a positive connection early to build meaningful long-term trusting relationships.

5.6 "Falling through the cracks – barriers to service provision"

Often participants are referred to various services by service providers who may not be able to support whānau with a particular need or whānau are asked to self-refer to a service which may not happen as the whānau may be shy or embarrassed to work with a new provider as a new relationship and trust needs to be established. Whānau may also feel hopeless because when they may find themselves reaching out for help; they may not meet certain criteria or tick boxes to be supported. It is important that no matter where whānau reach out for help, "every door should be the right door" (Government of Western Australia, 2021). With every door being the right door; it will prevent provider fatigue. Systems in its current state only reach people who approach for help. We need to be in a position where systems reach out to the whole population and everyone who may need help. We need a system that is proactively providing programs collaboratively with other service providers. Services need to be integrated and coordinated focussing on healthy development and harm reduction (Heluna Health, 2018). A holistic approach is required which is person-driven and family-centred with early intervention to prevent vulnerable children being unwell mentally, physically and emotionally. By transforming systems, we are ultimately transforming lives (McCarthy & Guerin, 2021). Healthy communities promote social inclusion and reduces the impact of disruption due to cultural and economic changes. Networking and partnering can prevent homelessness through

strengthening individual resilience, empowered organisations, generate social and economic resources and encouraging responsibility and collaboration which is shared. If community centres, schools, social services, government agencies, local councils, police, cultural associations, business associates and faith-based organisations work in collaboration; it could ultimately improve the wellbeing of children in emergency housing (Majumdar, 2006).

5.7 Collaboration

Often service providers found themselves having to go "above and beyond" their job description to support children to ensure their wellbeing needs are met in various ways due to constraints such as increased complex needs, budget pressures, continuity of workforce or care. These can be limited if continuous creative practices are in place to proactively support children and their whānau and partnering with other organisations. The education system plays an instrumental role in supporting and protecting vulnerable children especially those who are disadvantages and may be in a position to actively address hardships that children may be facing. Schools would be uniquely placed as a source of care and support for vulnerable children; this in its entirety may not be feasible and would see schools going above and beyond their education mandate; however organically offer support to children in aide of their wellbeing (Skovdal and Campbell, 2015).

Children in emergency housing are not often attending school due to various reasons, and schools play a vital role in ensuring these children are supported in the best way possible. Children thrive on consistency and daily routine, and this is what schools provide; a disruption of this can be unsettling. Participants provided examples of "going above and beyond" to support a child's education, whether in the classroom or other settings (e.g. after school programmes located in motels) to ensure children felt included despite their living situation being far from "normal" (Kelston Group, 2020). The participants involved in this research highlighted how they have had to incorporate creative objectives when working with children who reside in emergency housing. They had fostered a sense of community through working alongside teachers needs to support them with challenging behaviours and how to address these in class as well as increasing whānau engagement through communication with whānau and home visits to deliver items. Schools find themselves creatively utilising their time to meet student learning and emotional needs (NAESP staff communicator, 2021).

Whānau-centred approaches should be applied throughout government and non-government organisations to ensure the complex needs of whānau in emergency housing are met (Controller and Auditor-General, 2023 pg. 7). Often service providers are not only working with children, but also the wider whānau. Whanau-ora place whānau at the centre of decision-making, working towards goals, aspirations and building on existing strengths. Whanau-ora approaches should be embedded by service providers in order to reach whānau aspirations and their capability. Flexible support to whānau is required so that they can move beyond crisis and come to realise their full potential (Controller and Auditor-General, 2023 pg. 8). Collaborative approaches of services enable factors relevant to whānau ora such as economic, cultural, environmental and social issues to be addressed accordingly. Service providers should aim to support whānau to self-manage, lead healthy lifestyles, participate fully in society, support whānau to be economically secure, to responsibly supervise their natural and living environments and confidently participate in Te ao Māori through Whānau Ora initiatives (Controller and Auditor-General, 2023 pg. 14).

This highlights the need for strength-based approaches when services providers work with whānau. According to O'Neill (2020) a sense of connection with culture, traditions or faith have been found to safeguard against the risk exposed by adversity. A positive view of a child's ethnic identity and greater access to cultural traditions is associated with greater resilience and protective against poorer outcomes, especially for Māori. Children with a positive childhood experience are more likely to enjoy good mental health and physical health, communicate with their whānau, feel supported, feel safe and protected by an adult in their home are all key factors to positive childhood experiences because they would be in an environment where they belong and be an active and positive contributing member to society.

5.8 Limitations

The purpose of this study was not to explore the specific experiences of Māori in emergency housing; however, it has been identified by participants and data that Māori are overrepresented in emergency housing motels. Therefore, further research that centres the experiences of Māori is recommended. There was no support identified for Māori in emergency housing motels which was designed and specifically formulated by and for Māori with a culturally appropriate approach. It is acknowledged that the research was undertaken during a time where there was little research related to children in emergency housing motels and after there had been a surge in the number of children living in this context. Therefore, since the research was undertaken there may have been improvements to the way children were supported to ensure their

wellbeing. Whilst a broad range of service providers were included in the study, some, such as moteliers were out of the scope of this research and may have additional valuable perspectives on the wellbeing needs of children in emergency housing. Whilst all reasonable efforts were made to make participants welcome and comfortable, participants may have felt that they were not able to express themselves freely during the interview for various reasons such as trust or fear of how their narrative may have been interpreted. It would also have been beneficial to hear from children and their families residing in emergency housing motels to understand their experience. This could potentially be implemented in further research studies.

5.9 Recommendations

Based on the findings of this research the following recommendations are suggested to support the wellbeing of children residing in emergency housing:

- Improving the wellbeing of Māori children through a cultural lens inclusive of Iwi leaders, local council, government and non-government input.
- Emergency housing motel environments need to reach a set of minimum standards, which are at least similar to those required by other public housing arrangements. A clean, dry, safe and secure environment will aid the wellbeing of children residing in emergency housing and limit adverse effects long-term. Regulation of emergency housing motels need to meet baseline standards to ensure rooms are to a liveable condition ensuring the safety of the children are met and that there is an agency ensuring accountability if standards are not met.
- Emergency housing motels lack essential facilities (e.g. for preparing food) and often do not have enough room to cater for larger whānau for long term stays. Emergency housing motel stays should be short in a plea to prevent whānau from becoming homeless, with wrap-around services to ensure whānau do not overstay in emergency housing. Lessons from other international settings in regards to reducing the lengths of stay in emergency housing may be useful.
- Motel conference rooms should be utilised as an outreach hub facility for service providers to provide basic services such as health checks, educational facilities, enriching workshops or playgroups.
- Deterring the need for whānau to re-new motel stays every seven to twenty-one days to search for alternative housing would be beneficial. An extension of three to six months whilst whānau intensely work with service providers in a holistic and culturally appropriate manner to pursue alternative housing would be beneficial. This will alleviate the burden of

house hunting frequently and being let down due to stigma and discrimination due to living circumstances deterring mental health and morale.

- Human rights standards need to be met. Equity, equality and no discrimination must be a priority. Practices need to be fair, reasonable and culturally appropriate. Service providers need to collaborate collectively and formulate an integrated services response team or an independent advisory and advocacy group who solely focus on advocating for equity, equality and non-discrimination of children and their whānau in emergency housing and coordinating services to reach and meet whānau's complex needs.
- Implement and learn from international approaches to homelessness from countries such as Finland to work towards and potentially achieve a homelessness free Aotearoa New Zealand (ARA, 2021). Purposeful, comprehensive and tailored proactive initiatives would aide to support whānau circumstances holistically. Homelessness is complex and more time is required to research the effects of homelessness on children. Suitable permanent housing is required to meet the demand of homelessness. Apartment style buildings with services on site such as Auckland City Mission HomeGround facilities should be a leading example to future proof homelessness.
- Include those with lived experience to be part of strategic conversations to ending homelessness (Sawyer, 2016; White, 2018).
- Applying a "no wrong door" policy approach when whānau in emergency housing seek support from service providers will ensure systems reach out to the whole population and everyone who may need help. (Government of Western Australia, 2021).

CHAPTER SIX: CONCLUSION

A healthy and safe home allows opportunities for tamariki to settle, belong and grow in their community. In Hamilton City, children are spending long periods of their childhood in emergency housing hotels which were intended as a short-term "band-aide solution" for homelessness. This research reveals that many organisations supporting children in emergency housing consider equitable health outcomes for whānau a top priority but face substantial barriers to providing services to those residing in motels. Indeed, the basic fact that children are living in motels for excessive lengths of time with no appropriate facilities for daily living highlights the depth of this inequity. The findings of this research demonstrate how children in emergency housing motels are uniquely vulnerable to inadequate physical environments, food insecurity, education disruption, and exposure to a range of risk to personal safety which make it difficult to place their wellbeing at the forefront.

Whilst all participants expressed the need for collaboration between services and also those with lived experience of emergency housing, more needs to be done to ensure this is effective in practice (Heerde & Patton, 2020; Bland & Shallcross, 2015). The environmental, behavioural and social determinants of health, and the implications of inadequate infrastructure need to be considered when exploring homelessness and its effects on children through an intersectional approach (Sleet & Francescutti, 2021). Relationships, collaboration, capacity building, sustainability, continuity of care and strength-based approaches are common approaches to effectively work with young people experiencing homelessness and their families. It is recommended that service providers build relationships and trust between themselves, whānau in emergency housing and motel property managers. In addition, "mainstream" social services such as primary care and nutrition interventions need to be uniquely tailored to children living in emergency housing contexts and situated on the motel premises where possible. Resourcing models of delivery in appropriate physical spaces (e.g school halls and conference rooms) and approaches that decrease shame are also recommended. Whilst homelessness is a complex and often intractable problem, national solutions that enable access to permanent housing should be prioritised in order to reduce the time children spend in emergency housing contexts. If children do require emergency housing, their stays should be rare and brief in order to safeguard their long-term wellbeing.

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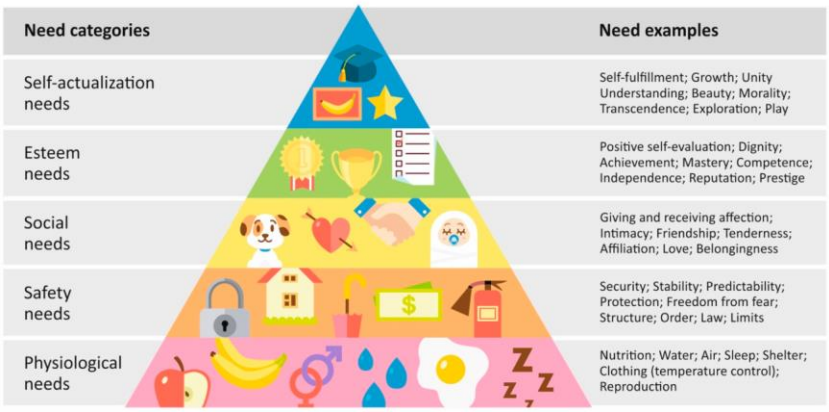
Appendix

1.

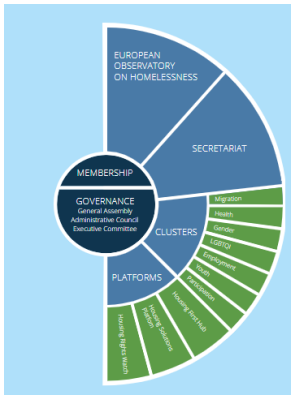


2.

	NZ Definition of Homelessness (NZDH) category						Total severely housing deprived		
	Without shelter		Temporary accommodation		Sharing accommodation				
Regional council	No. people	Preval. rate per 10,000 people[1]	No. people	Preval. rate per 10,000 people[1]	No. people	Preval. rate per 10,000 people[1]	No. people	% of all severely housing deprived people	Preval. rate per 10,000 people[1]
Northland	765	42.7	496	27.7	1407	78.6	2,668	6.4	149.0
Gisborne	42	8.8	78	16.4	450	94.7	570	1.4	120.0
Auckland	510	3.2	2437	15.5	15,210	96.8	18,157	43.8	115.5
Hawke's Bay	123	7.4	366	22.0	1308	78.6	1,797	4.3	108.0
Tasman	129	24.6	231	44.1	174	33.2	534	1.3	101.9
Bay of Plenty	363	11.8	520	16.9	2,244	72.7	3,127	7.6	101.4
Marlborough	75	15.8	175	37.0	171	36.1	421	1.0	88.9
Nelson	33	6.5	250	49.1	144	28.3	427	1.0	83.9
Waikato	489	10.7	407	8.9	2688	58.7	3,584	8.7	78.2
West Coast	102	32.3	90	28.5	45	14.3	237	0.6	75.1
Wellington	228	4.5	843	16.6	2235	44.1	3,306	8.0	65.2
Otago	123	5.5	456	20.2	807	35.8	1,386	3.3	61.5
Manawatu-Whanganui	171	7.2	294	12.3	966	40.5	1,431	3.5	59.9
Canterbury	330	5.5	776	12.9	1779	29.7	2,885	7.0	48.1
Taranaki	84	7.1	93	7.9	348	29.6	525	1.3	44.7
Southland	51	5.2	120	12.3	186	19.1	357	0.9	36.6
Total severely housing deprived[2]							**41,412**	**100**	-

*Severe-Housing-Deprivation-2018-Estimate-Report.pdf (hud.govt.nz)

3.



Organisational structure (feantsa.org)

4.

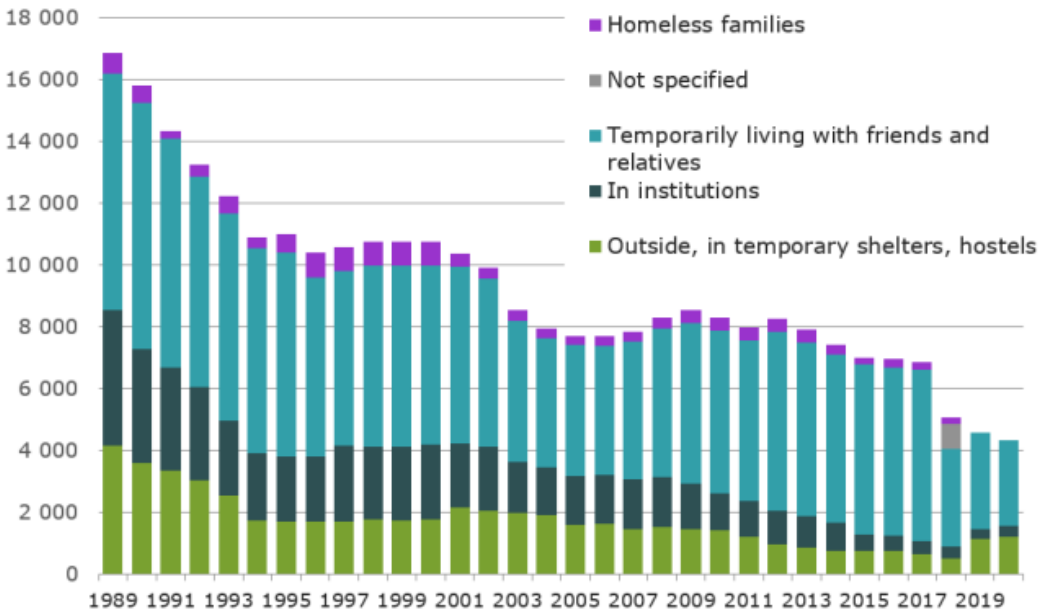
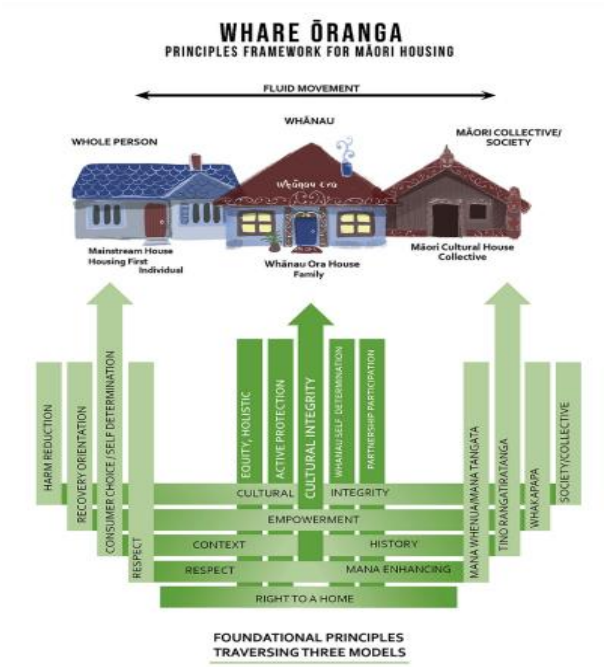


Figure 1. Homelessness in Finland 1989–2020.

Homelessness_in_Finland_2020_ARAs-report (1).pdf

5.



6.

Questionnaire Guide

1. Please explain your role within your organisation.
2. How long have you been in the role and what are your responsibilities within your role?
3. What does a typical day look like in your role?
4. Does your organisation work with children in emergency housing often?
5. What services do you provide to children in emergency housing?
6. What stood out to you when working with children in emergency housing?
7. How do you collaborate with other agencies to support children in emergency housing in your role?
8. In your role, have you come across barriers which limit your ability to support children in emergency housing?
9. How have you attempted to overcome these barriers?
10. As an employee at your organisation have you observed any specific actions by your organisation to address concerns or issues to support the wellbeing of children in emergency housing?
11. Have you ever been in a situation where you went above and beyond to help support children in emergency housing? (The participant may choose to not answer the question if they feel that this may jeopardise their role)
12. How would you describe your overall experience in working with children in emergency housing?
13. How would you "bridge the gap" to improve your role in supporting vulnerable children in emergency housing, what would you implement or change?

Thank you for your valuable time and information you have shared today. Is there anything you would like to add before we end this interview.