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Practice Perspective Article

"*Plaster solutions*" – Providing support for children residing in emergency housing motels in Hamilton, Aotearoa New Zealand

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ABSTRACT

Since the COVID-19 pandemic, motels have become increasingly used as sites for emergency accommodation in Aotearoa New Zealand. Consequently, children now reside in motel rooms intended for seven day emergency stays for much longer periods of time. Ten key-informant interviews were conducted with service providers supporting children residing in motels in the Waikato region. Thematic analysis generated five themes relating to child wellbeing: 1.) Living conditions, 2.) Physical and psychological safety, 3.) Inappropriateness of existing service models, 4.) Disjointed collaboration between service providers, and 5.) Imagining emergency motels as a "site to build strengths". The findings suggest the motel environment restricted children's access to nutrition, safe physical activity and health care. In addition, proximity to adult residents could increase exposure to adverse experiences. Participants suggested creative ways to collaborate and use motel facilities to build family strengths. However ultimately, long stays in emergency housing motels create an environment where systemic barriers to child health, development and education are likely to be entrenched rather than alleviated. Initiatives that significantly reduce the time children spend in motels, and appropriate support for children in these contexts are urgently required to prevent widening health inequities for the "motel generation".

1. Introduction

Aotearoa New Zealand has one of the highest homeless populations amongst member countries of the Organisation for Economic Co-operation and Development (OECD) (OECD, 2021). Over the last decade, historical under – investment in public housing, minimum protection of renters, sale of state homes, and tax systems which favour owners and property investors have contributed to a housing crisis. Emergency housing was introduced in 2016 as a major initiative to tackle homelessness, and is defined as '*short-term accommodation (usually motels) for individuals who have an urgent need because they are unable to remain in their usual place of residence*' (Ministry of Social Development (MSD), 2023). The use of emergency housing has surged since the COVID-19 pandemic, and is heavily relied upon as an initiative to address homelessness compared to the prevention, re-integration and wellbeing attuned approaches that have demonstrated long-term effectiveness internationally (Pleace, 2018). The New Zealand government has acknowledged that the current demand for emergency housing was not envisaged in 2016, but that '*pressure in New Zealand's housing market has led to increased demand for all forms of assistance*' (Human Rights Commission (HRC), 2022). Emergency housing is administered via the Emergency Housing Special Needs Grant (EH SNG), and a transitional housing scheme delivered by accredited and contracted housing support providers. In some locations, motels are supported by EH SNGs to provide emergency accommodation for those in need while other government agencies find suitable long-term options (Ministry of Housing and Urban Development, 2023; HRC, 2022). During the COVID-19 pandemic, the use of motels for emergency housing rose rapidly due to loss of employment and escalating private rental costs. The motels are often not equipped with appropriate cooking and laundry facilities, or larger sleeping and living spaces that would be required for long term residence (HRC, 2022).

In March 2023, 3357 children were in emergency housing in Aotearoa New Zealand. The majority of these households (780) resided in the Waikato region (MSD), 2023). Aotearoa New Zealand's definition of emergency housing specifies it being short term accommodation (no more than seven days); in March 2023, 597 households had resided in emergency housing for three to six months, and 678 households for six to twelve months (MSD, 2023). Māori are overrepresented in emergency housing with 63% as the primary applicant, followed by 35% NZ European/Pākehā and 12% Pacific people (respondents may identify

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with multiple ethnicities). Forty one percent (41%) of households requiring emergency housing were single parents with dependent children, and 8% were couples with children (MSD, 2023). There is no age specific data for children who are homeless and staying with a primary applicant. Children's needs are not a clear strategic priority within public housing and homelessness planning (Children's Rights Alliance Aotearoa, 2022).

It is well established that housing is linked to social and environmental determinants which intersect with health and wellbeing. Children residing in emergency housing are potentially exposed to a range of adversities that may impact their health both in childhood, and across their lifespan (Mwoka et al., 2021; Howden-Chapman et al., 2021). From a public health perspective, it is imperative that temporary housing measures for families are designed with consideration for the conditions that children need to be healthy and thrive. The aims of this study were to 1) investigate the challenges service providers face when supporting the needs of children residing in emergency housing motels, and 2) consider service provider's imaginings for programmes that optimally support child and family wellbeing.

2. Methodology

This study was set in the city of Hamilton, in the Waikato region of Aotearoa New Zealand. A purposive sample of key informants were recruited from both government and non-governmental service providers engaging with children in emergency housing. Ten participants were recruited and employed in various roles inclusive of education, health and community support (see Table 1). This sample size was considered sufficient for representing a range of perspectives from within a small, specialised sector of human services in Hamilton.

Qualitative, in-depth interviews were conducted, using a semi-structured interview guide (See Appendix 1). Interviews were held in March 2023 on Microsoft Teams or face-to-face, and lasted between thirty to 60 minutes. Interview data were analysed in an iterative manner using the six phases for thematic analysis outlined by Braun and Clarke (2006). Analysis was informed by the socio-ecological model of mental health and wellbeing (University of Minnesota, 2021). Five themes emerged from the interviews that illustrate rich accounts of participant experiences.

Ethics approval was gained from the Massey University HREC (reference number 4000025856). All participants were given a number to maintain confidentiality.

2.1. Limitations

This study was conducted in a specific place and time within New Zealand's housing crisis, and as such there are limitations to how the qualitative findings can be interpreted and applied. A broad range of service providers were interviewed, however some key stakeholders, such as moteliers, did not participate in this research, and could have contributed additional valuable perspectives.

Table
1Participant characteristics.

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

2.2. Theme one: Living conditions

Participants explained that many children resided in emergency housing motels for longer than anticipated (i.e. many months) in properties unsuitable for long term stays. 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)

Participants expressed frustration from working in a context that could lead to health inequalities, food insecurity and missed opportunities for child development. They gave examples of larger families residing in damp, mouldy units *"There's three or four children living in a one-bedroom place",* and rooms lacking cooking facilities*:*

> *"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 were concerned this was incongruous with the core purposes of their organisations, which aimed to support children to stay physically and mentally healthy, and facilitate access to healthcare:

> *"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 … 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).

2.3. Theme two: Physical and psychological safety

The socio-ecological model outlines how community factors such as 'neighbourhood' context influence child development and wellbeing. Participants described how the layout of motel complexes created a social environment where children were potentially more exposed to physical and psychological risks. They explained how children who reside in emergency housing are often situated next to adult "neighbours" in similar precarious conditions. These residents may be involved in substance abuse or dealing, exhibit violence, or be other families overcrowded in a room or apartment. This social environment, along with a lack of fenced outdoor space to play often led parents to confine children inside their motel room for their own safety:

> *"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).

Residence in emergency housing motel complexes may indeed compound children's exposure to adverse childhood experiences rather than providing protection from them.

2.4. Theme three: Inappropriateness of existing service models

Participants observed that the unique social positioning of children in emergency housing created many barriers to accessing mainstream health and social services. In response, service providers often described going "above and beyond" in order to ensure services were offered, sometimes on-site:

> *"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." (Participant 8).

Participants highlighted how their usual ways of working did not always meet the complex needs of children growing up in emergency housing. Participants who were educators noted challenges in their classrooms:

"(the behaviour) it's not acceptable in society …. 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).

Participant 9, who worked in school administration, has no school hall and identified 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 create a hub where the community can access services such as nurses and a psychologist in the same space. They expressed:

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

Community services with strong local partnerships can enhance child wellbeing (University of Minnesota, 2021). Yet, the lack of resourcing (both human and financial) to enable these partnerships was identified as major barrier to collaborative service delivery. Service providers struggled to provide children with the services they were entitled to in a way that was effective and accessible. As such, they devised creative solutions using the resources available, but acknowledged these were rarely sufficient or sustainable.

2.5. Theme four: Disjointed collaboration between service providers

Cross-sector and organisation collaboration can strengthen service outcomes, access and referrals (University of Minnesota, 2021). Participants described individual, personal relationships that they had built with other organisations through the nature of their work, and by educating themselves on what other services could assist families. However, if their main form of inter-organisation collaboration was a relationship with a particular person, it would break down if the contact left:

"(it used to be) … 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).

To meet the needs of children residing in motels, participants started novel collaborations to support and promote child wellbeing outside of mainstream service provision models. A participant working at a school with a high proportion of students living in emergency housing motels reported:

"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 …." (Participant 9).

The school discussed opportunities to utilise emergency funding offered due to COVID-19 in an innovative way, and employed a counsellor and a social worker to aide with pastoral care. They also considered approaches to promote positive neighbourhood experiences and ensure children's cultural needs were met. As participant 9 was Māori and knew that many of the families in emergency housing were also Māori, he emphasised being relational with families. They would often be in the car park greeting families during school pick up or drop off times or in the reception area engaging with students and their caregivers.

"The counsellor and the social worker, they have the skills and the mindset, 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).

As a result of this collaboration, the school no longer expels or suspends children as a repercussion to bad behaviour, and aims to support the child and their family by building strong relationships and connections.

"The kids we get and the whānau (family) 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).

Participant 4 described an external education provider who ran a pilot programme to provide additional classes and a meal twice a week 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. 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)

Such examples illustrate how services can adapt and collaborate to more effectively meet the needs of families in emergency housing motels.

2.6. Theme five: Imagining emergency hotels as a "site to build strengths"

All participants expressed grave concerns about the living conditions of emergency motels and constraints to service provision. However, the situation cannot be instantly fixed. Therefore participants provided ideas for how motels could temporarily become sites that promote child empowerment and community connection. They suggested fostering an on-site presence at motels by creating "hubs" for connection with services, providing more opportunities for engagement. This would relieve the pressure on families who were already experiencing barriers to accessing services, and would mean support was literally at their doorstep. Participants imagined such 'hubs' could utilise facilities already available at the motel (e.g., conference or seminar rooms) for services such as budgeting support, employment support, upskilling courses, cooking lessons, basic health checks, and a breakfast club for children. Such a co-ordination of services would be an opportunity for all providers to collectively support children living in motels, and also create a space to receive care to enhance their wellbeing. 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 … we try and get the parents involved and see how we can help them to make changes in their life*." (Participant 3).

Participant 5 recalled a school holiday programme for children in a motel that fostered community belonging. Participants described that one of the most powerful events 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, a volunteer was found to teach the children. This activity highlighted how most of the children were used to being on a Marae (complex of grounds and buildings belonging to a Māori family, tribe or group) with family and helping in the kitchen. Once the children had cooked their food, they could take it home.

"They all got to take home this kai (food) 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).

A sense of empowerment was felt by those children who prepared food for their family. Service providers found that engaging with the whole family and treating them with love and respect helps gain trust with the children and their families. Many participants have built their reputation within communities through word of mouth, or by supporting other family members in the past. Once trust has been established, families are then able to reach out for support and ask for help.

"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).

This theme highlighted participant's imaginings for how the communal facilities at the motel could be used for programmes to foster family strengths, and enable a regular, on-site presence of trusted service providers. These imaginings create possibilities for ways that emergency housing motels could become sites that are more supportive of children's wellbeing and developmental needs. However, such suggestions still need to be considered in light of the fundamental inappropriateness of using motel complexes for long-term family residence.

3. Discussion

The findings of this research highlight the reality of children who are residing in emergency motels in Hamilton for much longer than the intended seven days. A range of adverse childhood experiences, all of which were documented as occurring in emergency housing motels, are known to impact health across the lifespan (Mwoka et al., 2021; Howden-Chapman et al., 2021). In addition, the intersecting social positions of children residing in emergency housing motels rendered mainstream models of service provision inappropriate. Such living situations, coupled with barriers to accessing essential services, are likely to entrench child health inequities rather than support childhood flourishing (HRC, 2022). The New Zealand government has recently announced it will "end large-scale use of emergency housing", and move families with dependent children to the top of social housing waitlists, with a target of a 75% reduction of those residing in emergency housing by 2030 (The Beehive, 2024). However, further details for how this will occur are still forthcoming.

The socio-ecological model outlines how organisations, and higher level policy and societal forces influence child mental health and wellbeing (University of Minnesota, 2021). In Aotearoa New Zealand, the right to a decent home must be considered alongside Te Tiriti o Waitangi, which affirms Tangata Whenua rights, including housing rights and self-determination; and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) which New Zealand has committed to implement. Long-term, context focused approaches that reinforce Te Tiriti rights are required, rather than homelessness initiatives that are short-term, technique-dominated, and technician centred (HRC, 2022). Māori-led approaches to dealing with homelessness don't just respond to the physical realities of homelessness, but also cultural, emotional and spiritual disconnections from *kāinga* (homes) and *whenua* (land) (Ministry of Housing and Urban Development, 2023). In addition, Aotearoa New Zealand aspires to a dynamic, inclusive multiculturalism grounded in Te Tiriti o Waitangi, where expressions of cultural identity and diversity are guaranteed as part of defining a "decent home". For example, Māori, Pacific people and refugees and migrants may have models of living that include extended family, and this must be considered in housing initiatives (HRC, 2022).

4. Conclusions and recommendations

It is strongly recommended that children be prioritised in responses to the housing crisis, and resources be provided accordingly (Children's Rights Alliance Aotearoa, 2022). Long-term strategies that support the swift reduction of families with dependent children in emergency housing are urgently required. In order to meet children's needs, health and education providers went "above and beyond" their job description to support children with few resources. Participants described creative ways of supporting children by strengthening collaborations between service providers, educators and community organisations in spaces such as motel facilities and schools. During the transition away from the use of motels for emergency housing, it is recommended that to fully support child wellbeing these initiatives be considered. Te Tiriti obligations must be upheld through housing policy approaches that are inclusive of Iwi leaders, local council, and government and non-government stakeholders (HRC, 2022) and of course, families and children as well.

Declaration of interest

There are no known conflicts of interest.

CRediT authorship contribution statement

Bernadine Williams: Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Linda Murray:** Writing – review & editing, Supervision. **Bevan Erueti:** Writing – review & editing, Supervision.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

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