DCM welcomes the opportunity to make a submission to the inquiry into homelessness launched by the Labour Party, the Green Party and the Māori Party. We would like to speak to the inquiry panel to support our submission in person.

DCM works with people in the city of Wellington who meet the New Zealand definition of homelessness or are at risk of homelessness. We support them to find and sustain housing, to access their correct benefit entitlements and manage their money, and to connect to primary, mental health and specialised alcohol and drug services, as well as to whānau and other supports.

DCM has established a vibrant hub, Te Korowai Nui o Te Whānau (“the large cloak that envelops the family”), at our building in Wellington. At Te Korowai, DCM offers people experiencing homelessness, mental illness and addictions an opportunity to engage with skilled staff and receive assistance to identify their needs and the support they require to achieve wellbeing. Te Korowai also includes DCM’s Te Hāpai service (a safe space where people have opportunities to participate in recovery-focused programmes and support to reconnect with themselves, their whānau and their cultural roots), the new DCM Dental Service, two Te Aro Health Centre health rooms (a primary health clinic with a strong focus on providing outreach services to homeless people) and other collaborations and partnerships.

DCM works with the people whom the Productivity Commission has identified as Quadrant D, people with high complexity of need and low capacity to coordinate services by themselves. “Current outcomes for the disadvantaged New Zealanders who fall in quadrant D are not good – and in turn these poor outcomes have large negative impacts across society.”

1. Consider whether the official definition of homelessness needs updating and recommend accordingly.

“The New Zealand definition of homelessness was developed to be adopted and applied by a wide range of users. In a country where housing services are delivered by a range of providers in both government and the community, the definition aims to assist those diverse organisations develop consistent approaches to collecting and reporting data.”

DCM applauds the fact that we have such a definition and has kept data consistent with the definition since 2009. This means DCM has a robust data set and evidence base for people who use our services. It is important that the definition retains the inclusion of temporary /boarding house accommodation as a homelessness category because the poor quality of New Zealand’s boarding houses and the precarious tenure of this type of accommodation should continue to be seen as ‘homelessness’ rather than ‘homed’.

There are gaps in the areas of:

- Understanding and use of the definition – this is apparent, for example, when the media and/or government officials use the term ‘homelessness’ synonymously with ‘rough sleeping’
- Evidence/Data gathering – there is little indication of evidence being collected against this definition, particularly by government policy-makers, resulting in a lack of agreement as to the actual scale of homelessness in New Zealand.
2. Assess the evidence on the current scale of homelessness, whether it is changing and how, and what the causes of the change might be.

Evidence indicates that the situation is getting worse and has reached crisis proportions.

**Otago School of Medicine research**

Dr Kate Amore, from the Health Research Council-funded He Kainga Oranga/Housing and Health Research Programme, conducted research based on the latest census (2013).iii The research concluded that:

“Homelessness is worsening in New Zealand in terms of both numbers and as a proportion of the population. This upward trend accelerated between the 2006 and 2013 censuses, compared with the 2001 and 2006 period.”

Amore found that at least one in every 100 New Zealanders was homeless at the latest census in 2013, compared with 1 in 120 in 2006, and 1 in 130 in 2001. Based on the official New Zealand definition of homelessness, she noted that if the homeless population were a hundred people, 70 are staying with extended family or friends in severely crowded houses, 20 are in a motel, boarding house or camping ground, and 10 are living on the street, in cars, or in other improvised dwellings.

**DCM evidence**

At DCM, we collect evidence using the New Zealand definition of homelessness for the people who come to us for support (see Appendix 1). Our evidence indicates that the homelessness situation is getting worse. Over the last year, for example, the number of unique individuals coming to DCM for support increased by 13%, from 860 people in the year to 30 June 2015, to 969 in the year to 30 June 2016. Over the last 5 years, the overall number of people experiencing all forms of homelessness has increased by 35%; however the increase in the numbers of people coming to DCM who are “without shelter” (sleeping rough or living in cars and sheds) is most concerning: over the last 5 years this number has doubled - from 100 people per year to 203 people.

Why is this occurring?

- The single largest factor driving homelessness is an inadequate supply of affordable, appropriate rental accommodation
- ‘Welfare Reform’ has seen more people reassigned to benefit types that pay a lower weekly rate, an increase in sanctions and an increase in people without any income for longer periods of time
- Increases in living costs of rent and utilities means people are struggling to sustain the cost of a tenancy
- Cuts to mental health services have left some people without vital supports and more vulnerable to experiencing benefit lapses leading to evictions due to non-payment of rent.

3. Evaluate possible policy responses to homelessness, including international best practice, and recommend accordingly.

Best practice recommends a three pronged approach to ending homelessness and the adoption of a *Housing First* model.

As the **Te Mahana** strategy to end homelessness in Wellington notes, international best practice calls for collaborative work at three levels:
• to stop homelessness happening
• to deal with it quickly when people become homeless
• to stop people becoming homeless again.

There is strong evidence to indicate adopting a Housing First approach, which prioritises moving people quickly from homelessness into permanent housing and then immediately providing wrap-around services to address the other issues in their lives and ensure people sustain housing, is the most effective way to address homelessness. Housing First grew out of the work of Dr Sam Tsemberis, a clinical psychologist from Pathways to Housing NYC where their focus is on housing those who are chronically homeless. For Tsemberis, Housing First means treating homeless people as human beings and members of the community who have a basic right to a home and health care: “the idea is to give the chronically homeless a place to live, on a permanent basis, without making them pass any tests, attend programmes, or fill out forms, then work with them on the health care, therapy, counselling and more that they may need.” iv

This will not happen without an adequate supply of affordable, appropriate housing to ensure people can move from homelessness into the permanent housing of their choice as soon as possible. For best practice to succeed, it must be underpinned by a significant and rapid growth in affordable, specifically rental, accommodation.

Due to New Zealand’s affordable housing crisis there are now lengthy delays in accessing permanent accommodation. This compromises best practice approaches to end homelessness and has led to an increase in the ‘management’ of homelessness. There is a current risk that New Zealand will now reactively grow our emergency/transitional housing supply. While there will remain a need for emergency housing, primarily resources must be directed towards growing affordable permanent accommodation and the provision of wrap-around services to support people to sustain housing.

Best practice also requires collaboration. This collaboration must go well beyond community agencies working together as it is vitally important that all government departments commit to the three-pronged approach described above: stopping the flow of people into homelessness (e.g. exiting foster care, hospital or prison); providing realistic resources to ensure housing is available and the right level of wrap-around support is provided to sustain tenancies; and preventing homelessness reoccurring as a result of eviction or the loss of housing (e.g. due to the sale of accommodation or any other reasons).

4. Consider how homelessness is experienced by different groups in society and evaluate policy responses that respond to that experience.

As Appendix 1 indicates, a high proportion of the people experiencing homelessness or at risk of homelessness are Māori, and Māori is the largest ethnic group DCM works with who are experiencing homelessness. Last year 46% of the people who came to DCM for support were Maori; more than half of these were homeless in the physical sense, but many are also disconnected from their roots.

DCM has a holistic approach; we explicitly embrace being whānau, manaakitanga and working in ways which enhance mana, taking our lead from our Māori staff and our cultural advisor (Neavin Broughton) who is Te Ātiawa. We have entered into a formal partnership and collaboration with kaupapa Māori service Ngāti Kahungunu ki Poneke Community Services.

Our experience of working with Māori tells us that we must develop culturally appropriate models of housing that are unique to our New Zealand context. Discussion in this arena has previously been focused around home ownership options, but it is well overdue that we explore different models for rental accommodation.
that recognise the cultural requirement to provide manaakitanga and hospitality and/or provide for more communal living situations.

Recognising that there is a dearth of options, and that different responses are needed to meet the needs of different groups, DCM has also publically called for a diversification of housing options. Most controversially DCM has been a long-time supporter of harm reduction accommodation for people experiencing long-term homelessness and long-term substance use.

In 2007 DCM’s director, supported by a Winston Churchill Memorial Trust award was able to research and visit what are colloquially referred to as ‘wet housing’. There is now ample evidence to indicate the efficacy of these types of housing models, the best of which combine Housing First with a harm reduction approach to alcohol use. New Zealand lags behind other nations that have developed these essential models of housing.

New Zealand can also learn from Australian programmes and experience, numerous examples of which have been documented in the magazine Parity that is produced by the Council to Homeless Persons. The Australian experiences evidence the need for intensive case management and note the importance of low caseloads, particularly when supporting people with long homelessness histories to permanently exit homelessness.

In conclusion, we reiterate our support for this inquiry. DCM remains firmly committed to our tagline .... ‘Together, we can end homelessness’.

Stephanie McIntyre, director
August 2016

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1 New Zealand Productivity Commission “More effective social services”, September 2015
2 http://www.stats.govt.nz/browse_for_stats/people_and_communities/housing/homelessness-definition.aspx
3 This study was funded by a Lottery grant and follows an Official Statistics Programme report published in 2013, Severe housing deprivation: The problem and its measurement, available from www.stats.govt.nz
5 Housing First was pioneered by Dr Sam Tsemberis, a clinical psychologist and CEO of Pathways to Housing, an organization he founded in 1992 based on the belief that housing is a basic human right. The Pathways’ Housing First program has been successfully replicated across the United States, Canada, Europe and Australia. There is a substantial research evidence base documenting its effectiveness and the programme has received recognition and numerous awards. See also Sam Tsemberis, Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction (Hazelden, 2010), and Appendix 2 (Fact Sheet “Housing First”).
7 www.chp.org.au/parity
## Appendix 1

### DCM Data and Evidence

<table>
<thead>
<tr>
<th>Year ended 30 June</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Change over last year</th>
<th>Change over 5 years</th>
</tr>
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<tbody>
<tr>
<td><strong>New Zealand definition of homelessness</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Total number of people experiencing homelessness at some point during the year</td>
<td>366</td>
<td>394</td>
<td>425</td>
<td>412</td>
<td>493</td>
<td>+20%</td>
<td>+35%</td>
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<td>Number of people without shelter at some point during the year</td>
<td>100</td>
<td>129</td>
<td>162</td>
<td>146</td>
<td>204</td>
<td>+40%</td>
<td>+104%</td>
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<tr>
<td>Number of people supported to sustain housing</td>
<td>474</td>
<td>422</td>
<td>425</td>
<td>433</td>
<td>459</td>
<td>+6%</td>
<td>-3%</td>
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<tr>
<td>Number of people with unknown housing/homelessness status</td>
<td>13</td>
<td>0</td>
<td>5</td>
<td>433</td>
<td>459</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total coming to DCM for support</strong></td>
<td>853</td>
<td>816</td>
<td>855</td>
<td>860</td>
<td>969</td>
<td>+13%</td>
<td>+14%</td>
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<tr>
<td>Māori</td>
<td>43%</td>
<td>44%</td>
<td>42%</td>
<td>46%</td>
<td>46%</td>
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<tr>
<td>Pakeha</td>
<td>43%</td>
<td>40%</td>
<td>41%</td>
<td>38%</td>
<td>38%</td>
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<td></td>
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<tr>
<td>Other</td>
<td>14%</td>
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<td>17%</td>
<td>16%</td>
<td>16%</td>
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<td></td>
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<td>Male</td>
<td>75%</td>
<td>76%</td>
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<td>25%</td>
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<td>28%</td>
<td>27%</td>
<td></td>
<td></td>
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