



“Just one step at a time”

Emergency housing support services evaluation final report

Ministry of Social Development
April 2026



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

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Disclaimer

The views and interpretations in this report are those of the authors and are not the official position of the Ministry of Social Development.

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Executive summary

Emergency Housing Support Services (EHSS) — Integrated Services Case Managers (ISCMs), housing broker and navigator services, Ready to Rent programmes, and Flexible Funding Assistance — aim to help clients exit emergency housing (EH) and move into sustainable, long-term accommodation.¹

This evaluation draws on Ministry of Social Development (MSD) administrative data, a client survey, focus groups with staff and providers, and 10 in-depth client interviews.

Key findings

The evaluation shows that EHSS are effective, valued and associated with sustained exits from EH. The services work best when integrated and relationship-focused, while also being culturally grounded and flexible. The greatest constraints on outcomes relate not to service delivery but to structural housing shortages and unmet mental health and addiction needs. Continued investment in post-placement support, service integration and cross-agency coherence will further strengthen outcomes.

Support services help clients achieve sustained exits from emergency housing

- › Over 99 percent of EH exits were sustained at 180 days, with only 0.5 percent of support service participants returning to EH.
- › At 90 days post exit, 40 percent were in social housing (SH), 24 percent in private rentals (receiving Accommodation Supplement), and 21 percent in transitional housing, with further moves towards stable housing at 180 days (46 percent in SH).
- › Other factors influencing outcomes, such as the Priority One fast-track and fluctuations in SH supply, were out of scope of this evaluation, but are essential context through which to view these results.

Unmet housing need reduces significantly for clients after exit when compared to before or during their spell

- › Most (84 percent) EHSS participants were on the Social Housing Register (SHR) during their EH spell. 90 days after exit, most had left the SHR because they had moved into social housing or rental properties.
- › Most of those remaining on the SHR at 90 days were in transitional housing (which is to be expected), and only 14 percent of participants were on the

¹ We have used the word “clients” to refer to people receiving support from the Ministry of Social Development, in line with the terminology used by the organisation. We acknowledge that many providers and community organisations prefer to use more people-centred terms such as “whānau” to minimise barriers between people and services.

SHR and not in transitional housing at 90 days after exiting EH. This figure falls to 12 percent at 180 days, suggesting stabilisation over time.

There is a high level of client satisfaction with the services

- › Across all services, 79 percent of survey respondents rated support as “good” or “very good”.
- › Gratitude and feelings of being “heard, understood and respected” were dominant sentiments across the client survey and interviews.
- › Clear communication, proactive guidance and culturally grounded practice contributed strongly to positive experiences.

Clients remaining in EH have increasingly complex needs

- › The number of households in EH dropped from 2,880 in January 2024 to 459 in November 2025. Results show that current EH clients are more likely to be either single without children, receiving a Supported Living Payment, have mental health or addiction needs, and/or be older with more varied and complex barriers.
- › Providers noted that achieving sustainable outcomes for this cohort requires more time and flexibility in the nature and type of services offered as clients’ circumstances change.

The different support services cater to different needs

ISCMs, navigators and housing brokers each play distinct roles that support different client needs. ISCMs provide a single point of contact within MSD. Navigators work more intensively with people who have complex circumstances and provide wraparound support, culturally grounded where required, that helps clients with broader wellbeing needs. Housing brokers support those closer to private rental readiness and offer specialist market knowledge.

Support services work best when well-integrated with other services

- › ISCMs and navigators benefit from working closely together with each other, and with housing brokers.
- › They also saw value in being co-located with other services such as mental health or addiction services, budgeting assistance or food security help – providing a “one-stop-shop”.
- › Ready to Rent courses are most effective if run by ISCMs or navigators themselves because they can tailor content to their clients’ situation.

Relationship-based practice is central to effectiveness

Staff and providers emphasised the importance of:

- › Taking time to understand clients’ underlying needs
- › Providing personalised, non-judgemental support
- › Building trust, including using Kaupapa Māori approaches where appropriate.

Clients reiterated that supportive relationships reduced distress, increased confidence and helped sustain tenancies.

Clients had less positive experiences where they felt they were not listened to or they were required to pursue unsuitable or unachievable outcomes (such as performing house searches when no affordable private rentals were on offer).

Post placement support is critical for long-term housing solutions

- › Navigators' ability to support clients for 12 weeks after leaving EH has been welcomed by both providers and clients. Clients described ongoing help with budgeting, managing bills and interacting with landlords as essential to sustaining tenancies.
- › Where clients are not working with navigators, extending similar follow-up to ISCMs and housing brokers will likely strengthen long-term outcomes.

Issues with siloed and complex funding models can make delivering services more challenging

- › The ability of contracted providers to find suitable, sustainable housing solutions for clients is impacted by siloed funding models. This also impacts their ability to maintain those crucial relationships that may extend beyond clients' tenure in a particular housing type.
- › Providers recommended that funding follows the person rather than be tied to the type of housing support (for example, currently different support is available to clients in EH and transitional housing).

Housing supply and affordability remain the largest barriers

Clients most commonly reported issues with:

- › Affordability (59 percent)
- › Unsuitable properties (35 percent)
- › Limited supply in preferred areas (33 percent).

Shortages of accessible, pet-friendly and one-bedroom homes further limit options for many people. A lack of references also rated highly as a barrier.

Mental health and addiction are significant unmet needs

High mental health and addiction needs undermine housing stability and place pressure on support services that are not funded or equipped to meet these needs. Staff mentioned this as a significant system gap affecting clients.

Our findings measure outcomes, but we are not able to provide counterfactual evidence for the effectiveness of the services

Due to the nature of the support services which target nearly all clients in EH, and rapidly declining numbers, there is not a suitable group to compare with participants. Our evaluation is considered to meet the Social Investment Agency's (SIA) Impact Measurement Evidence Standard: Level 2.

It does not include an impact analysis, cost-effectiveness assessment or in-depth consideration of implementation and process. The effects of EH Gateway changes and the Priority One fast-track were explicitly out of scope.

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Frequently used terms and abbreviations

EH: emergency housing

TH: transitional housing

SH: social housing

SHR: social housing register

AS: Accommodation Supplement

ISCM: Integrated Services Case Manager

EH spell: a continuous period in EH without a gap of more than 28 days

EH exit: where a client has not received a subsequent Emergency Housing Grant for 28 days after the end of a spell

current EH cohort: where a client was still in EH at 26 November 2025 or exited less than 28 days prior

participating spells: where the client has shown engagement with the ISCM and/or navigator service during the spell

Preface

The title quote (“Just one step at a time”) came from one young person we spoke to who had spent time in emergency housing between leaving prison and moving into social housing. He spoke of the importance of stability for turning his life around:

“The first goal was: just get a stable house. Somewhere comfortable for my son. Just one step at a time. And now I'm doing a course. And now I'm like, playing sports, doing things I never thought I'd be doing.”

We chose this quote to represent the report because it demonstrates the way that timely housing support can be life-changing, and encompasses the (often lengthy) journey that clients are on when working with support services.

Introduction

The Ministry of Social Development (MSD) offers a range of support services to clients who have received Emergency Housing Grants. These are:

- › **Integrated Services Case Managers (ISCMs)** – this intensive support service provides a consistent point of contact and one-on-one support, focused on entitlements and access to services.
- › **Contracted Navigator services (navigators)** – this service coordinates across community, health, and government services to provide wraparound support.
- › **Housing brokers** – this service works to increase connections between MSD clients seeking a tenancy, private landlords and property managers to support people into rental accommodation.
- › **Ready to Rent courses** – this service provides an internationally recognised programme intended to equip clients with the skills and confidence to gain and sustain private rental accommodation.
- › **Flexible Funding Assistance** – this programme provides non-recoverable financial support to assist with meeting the educational, early childhood and wellbeing needs of families with children where additional costs are incurred because they are staying in emergency housing.

2022 and 2023 process evaluations were largely positive about the services, as was a 2025 evaluation of the overall Homelessness Action Plan.²

² Litmus (2022). *The Intensive Case Manager and Navigators Initiatives Evaluation Report*, msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/intensive-case-management-and-navigator-initiatives; Family Centre Social Policy Research Unit (2023). *Housing Brokers and Ready to Rent Initiatives*, msd.govt.nz/about-msd-and-our-work/publications-resources/research/housing-brokers-and-ready-to-rent-initiatives-process-evaluation/housing-brokers-and-ready-to-rent-initiatives-process-evaluation.html; Litmus (2025). *Final summative and formative evaluation report on the Homelessness Action Plan*, hud.govt.nz/assets/Uploads/Documents/Homelessness-Action-Plan/Homelessness-Action-Plan-evaluation-report-by-Litmus.pdf.

In March 2024, emergency housing support services (EHSS) were funded for an additional two years as part of an “invest-to-save” initiative for Budget 2024, on the condition that MSD and Treasury work together to develop and carry out a monitoring and evaluation strategy to determine the effectiveness of the services (meaning how well they are working to support clients to leave emergency housing (EH) and sustain longer-term housing).

The evaluation aimed to answer the following questions:

How well do EH support services work for clients? For whom? And why?

- › What proportion of support service clients have sustained exits from EH?
- › Are the proportions different for different groups (e.g. when broken down by ethnicity, age, gender, region and so on)? How do they work alongside other supports (such as the Accommodation Supplement)?
- › What are client / staff / provider views and experiences of what helps or hinders most with regard to supporting clients to access sustainable, long-term housing, and why?
- › How coherent is the package of services – where do the services overlap, and what are the gaps / what is missing?

We determined an impact evaluation would not be possible, due to the nature of the services (we are unable to provide counterfactual evidence because there is not a suitable group who are not receiving the services to compare outcomes to). Instead, we opted for a mixed methods approach including:

- › quantitative analysis of improved administrative data relating to the services, showing outcomes for individual households
- › qualitative engagement, consisting of:
 - › focus groups and interviews with staff and providers
 - › a client survey
 - › client interviews.

The evaluation plan was considered to meet the Social Investment Agency’s (SIA) Impact Measurement Evidence Standard: Level 2.³ Following consultation with SIA, the Treasury and the Ministry of Housing and Urban Development (HUD), the plan was approved by Ministers in November 2024. This final report brings together findings from the different data sources to shed light on the outcomes of those who engaged with support services.

³ The SIA’s Impact Measurement Standards sets out three standards to build evidence of outcomes for government programmes:
Standard 1: there is an evidence-based Theory of Change
Standard 2: evidence indicates changes in outcomes and / or impacts
Standard 3: evidence demonstrates programme has caused the outcome and / or impacts.

Background

Before 2016, temporary housing support was available via contracted suppliers. Contracted emergency housing (now known as transitional housing (TH)) was introduced in 2016. Also in 2016, Emergency Housing Special Needs Grants (EH-SNGs) were introduced to cover costs for up to seven days for people who needed help with emergency housing costs and were unable to get a contracted place, or where there was no contracted place available in their region.

After significant growth in the number of people requiring EH-SNGs, changes were made in 2020/2021 under the Homelessness Action Plan,⁴ including:

- > an increase in transitional housing places
- > a trial of contracted EH in Rotorua (this has now ended and was not considered as part of this evaluation)
- > introduction of support services for clients who had received multiple EH-SNGs, which included ISCMs, navigators, housing brokers, Ready to Rent courses and Flexible Funding Assistance.⁵

In August 2024, policy and legislative changes were made to tighten the eligibility settings for Emergency Housing Grants (EHGs),⁶ and the Priority One social housing fast-track for families with children in EH was introduced. The number of households in EH has reduced considerably since the beginning of 2024 (from 2,880 at the end of January 2024 to 459 at the end of November 2025). In 2024, the Government set a target to reduce the number of households in EH by 75 percent by 2030, which was met by the end of 2024 (five years early).

Emergency housing support services received time-limited funding through the Budget 2024 “invest-to-save” initiative and continue to cater for a reduced number of households receiving EHG.

⁴ Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development (HUD) (2019). *Aotearoa New Zealand Homelessness Action Plan 2020-2023*, hud.govt.nz/our-work/aotearoa-new-zealand-homelessness-action-plan-2020-2023.

⁵ Housing brokers and Ready to Rent programmes are also available to eligible clients outside of EH, and play a role in preventing the need for EH in the first place.

⁶ Emergency Housing Grants are no longer referred to as EH-SNGs, as they are no longer administered under the Special Needs Grants Welfare Programme (they are administered under the Emergency Housing Grants Programme).

Overall, the findings about the support services provision are very positive

Evidence from administrative data and engagement with clients shows that support services work well in combination to address the needs of different cohorts and tackle the barriers faced by clients in EH to find sustainable housing.

EHSS participants generally show improvement in their housing situation

All clients in EH for longer than seven days are referred to one or more support service (with a few exceptions including those on the Youth Payment or Young Parent Payment benefits who receive support from a Youth Coach).

94 percent of EH clients show participation with support services.⁷ Outcomes analysis is limited to EHSS participants who have exited EH. 630 clients were “current” in EH at the end of the analysis period, meaning they were still in EH or had exited less than 28 days before the end of the period.

New information was captured about support services following the EH Gateway changes, and we cannot reliably determine participation prior to this period. For this reason, our analysis period is from 26 August 2024 to 26 November 2025.

Analysis of administrative data shows that 99 percent of EH exits are sustained by support service participants for at least 180 days

A “sustained” exit is defined as a client remaining out of EH at 90 or 180 days after exit.

The bulk of EH exits were sustained. Out of a total of 2,574 participating EH spells active since 26 August 2024 and ending 90 days or more before 26 November 2025, there were only 15 spells where the client was back in EH at 90 days, 0.6 percent.^{8,9}

Looking at 180 days post exit, the figure is even smaller, at 0.5 percent (using participating spells ending 180 days or more before 26 November 2025).

40 percent of participating clients are in social housing 90 days after exiting EH

24 percent of clients are receiving Accommodation Supplement (AS) after 90 days and most likely in private rental accommodation.

⁷ See Appendix Two for more details of how participation was determined.

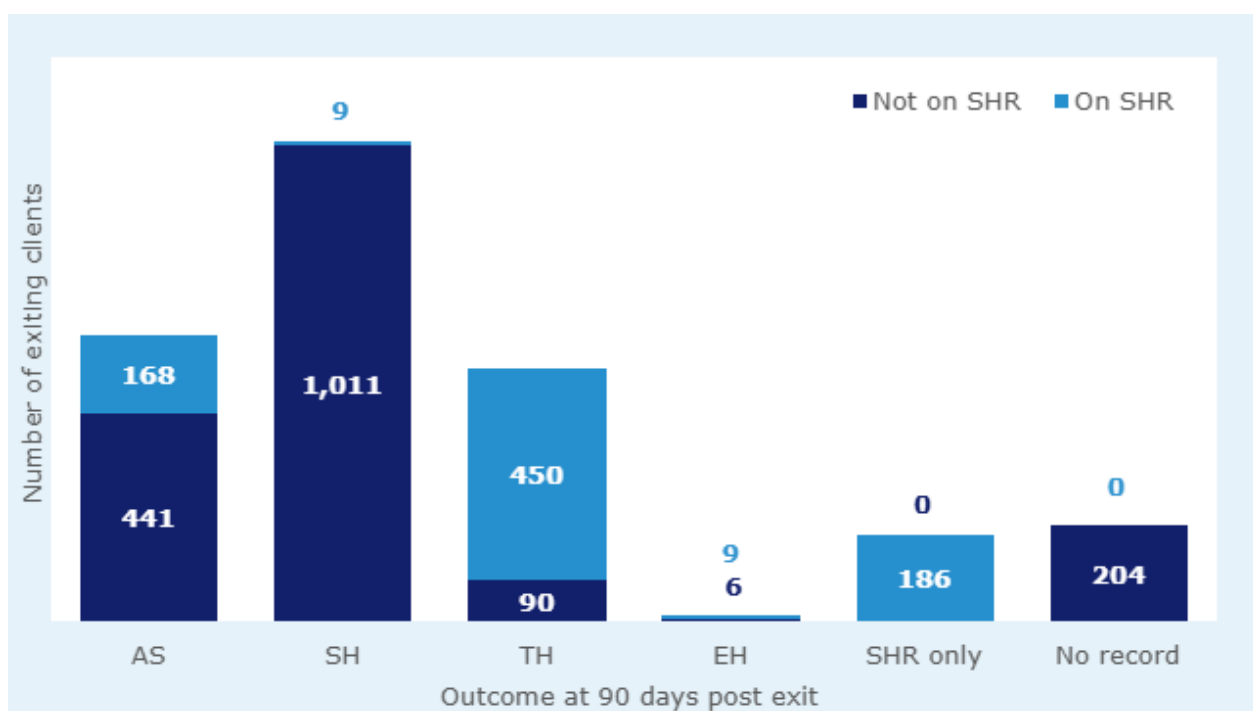
⁸ See Appendix Two and the list of frequently used terms (page seven) for definitions of EH spells and exits.

⁹ However, considering virtually all EH clients receive this or other support, and we do not have a group to compare with, this outcome cannot be causally attributed to the support services.

21 percent of clients are in transitional housing (TH) after 90 days, while 40 percent are in social housing (SH).¹⁰

Figure 1 shows the number of clients in different housing categories at 90 days after exiting EH.¹¹ “SHR only” refers to clients who are not in any of the other categories but are on the Social Housing Register (SHR) at 90 days. “No record” refers to clients who are not in any of the other categories. We only know the housing status of clients when they are receiving AS or in SH or TH, but they may be receiving other support from MSD or other agencies.

Figure 1: Outcomes at 90 days



Measures of unmet housing need are notably reduced for participants after EH

Figure 1 also shows the proportions within each housing category that are on the SHR at 90 days (shown in light blue). If clients are on the Social Housing Register (SHR), they have been assessed for social housing and deemed to have an unmet housing need. It is expected that most clients in TH would be on the SHR, as they are likely to be waiting for a social housing placement.

For participating spells ending in an exit, 84 percent of EH clients were on the SHR at the start of their spell or at some point during the spell. 90 days after

¹⁰ The decrease in numbers of households in EH was influenced by several factors including the Priority One social housing fast-track and changes to EH eligibility settings. The fast-track had a particular impact on the number of families moving from EH into SH.
¹¹ These are mutually exclusive categories based on where clients are 90 days after exiting. See Appendix Two for more details.

exiting, this has reduced to 32 percent, and of those, 55 percent (18 percent of the total) are in TH.¹² Only 14 percent remain on the SHR at 90 days and NOT in TH.

180 days after exiting EH, the results show further moves towards more stable housing

At 180 days after exiting, the AS figure is around the same – 24 percent of clients are receiving AS at 180 days. The proportion of clients in SH at 180 days has risen to 46 percent (from 40), while TH has dropped to 14 percent (from 21); most¹³ of those who have left TH have moved to SH.

The measures of unmet need are also reduced at 180 days

As an indication of unmet need more broadly, 58 percent of the clients receiving AS at 90 days are also receiving Temporary Additional Support (TAS), suggesting they are having difficulty making ends meet on AS alone.

The proportion of people on AS who are also receiving TAS has dropped from 58 percent at 90 days to 54 percent at 180 days.

Overall, the number of clients on the SHR and not in TH has reduced to 12 percent (from 14 percent).

Feedback from clients about the services was mostly positive as well

Most survey respondents said the support services were “good” or “very good”

We had 342 responses to our survey of EHSS participants (see Appendix Five for more details). Survey respondents were asked to rate the support services they had received (case manager,¹⁴ navigator, housing broker and/or Ready to Rent course) on a five-point scale from “very poor” to “very good”. 79 percent of respondents rated the combined services as “good” or “very good”. Figure 2 shows the grouped ratings for the support services.

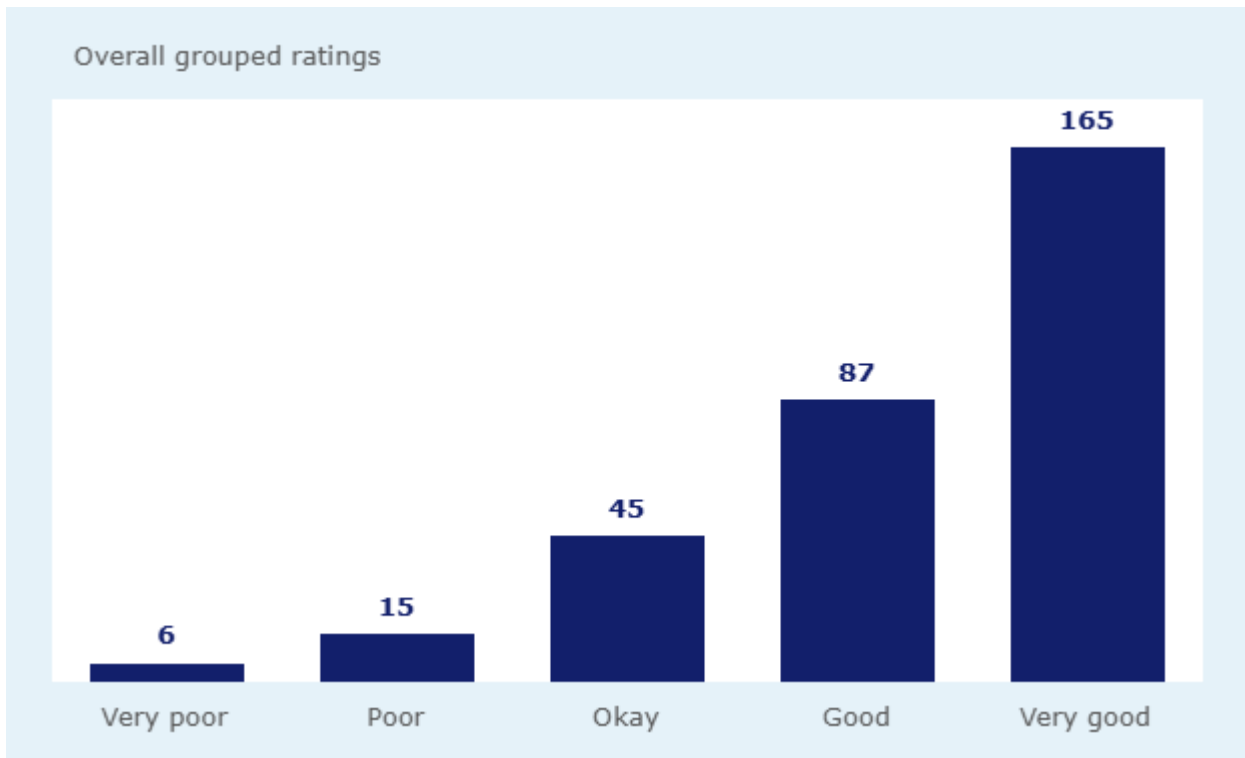
ISCMs/case managers still rated highly, with 75 percent rating them as “good” or “very good”, but this was the lowest rating relative to the other services.

¹² Of the 52 percent who have left the register, 66 percent have moved into SH and 21 percent are receiving AS at 90 days. 9 percent are not in any of the other categories, and we do not know their status, but they may have had a change in circumstances that means they no longer require social housing.

¹³ 61 percent, while a further 18 percent are receiving AS.

¹⁴ All clients who received the survey invitation had engaged with an ISCM or navigator. We did not expect clients to know the difference between an ISCM and a case manager, so we used the term case manager in the survey. Similarly, it was not always possible to determine whether clients we spoke to in interviews were referring to ISCMs or general case managers. As they were all assigned to ISCMs, however, we have generally assumed they are referring to ISCMs. The term is used somewhat interchangeably when reporting findings from clients. We spoke to both general case managers and ISCMs in the staff and provider focus groups, however, so were able to differentiate more precisely with these findings.

Figure 2: Grouped ratings for support services from survey results



Gratitude for the support received was the most common sentiment expressed in both the client survey and interviews

When asked to explain why they gave those ratings, many survey respondents said it was due to the quality of the support they received.

“With a[n] unpredictable and complex situation of my own, they have helped me feel like I belong, like I am important. They have allowed me to see a brighter light through my chaos. THANK YOU.”
[Survey respondent]

“I had been through an extremely traumatic event and I was treated with care, respect and kindness. I appreciate the support I received.”
[Survey respondent]

Clients we spoke to also expressed gratitude for the support, while often reflecting on it being a difficult time in their lives.

“[The navigator is] very good at her job and she really cares about people. And those are the types of people you always remember and in your hard times.” [Interview participant]

The results hold up across different subgroups

From the survey results, differences between subgroups and ratings of services were very minimal. Female clients were slightly more likely to rate the services as “good” or “very good” (80 percent) than males (77 percent), and clients with longer

durations in EH were less likely to rate the services as good than those with shorter durations. Māori clients rated the services at the same rates as non-Māori.

The Priority One fast-track targeted families with children for moves to SH. As such, differences in outcomes for subgroups are strongly influenced by whether or not the household contained children. Outside of this, administrative data shows only small differences across subgroups when it comes to client outcomes.¹⁵

Māori clients remain overrepresented in EH but their outcomes are similar to the overall cohort

Overall, while 62 percent of EH spells in our dataset have a primary applicant who identifies as Māori (as compared with 37 percent European and 11 percent Pacific), the current EH cohort has 59 percent Māori households (and 42 percent European), which is a small decrease.¹⁶ Māori clients remain overrepresented in EH even compared to the benefit population (the benefit population was 39.3 percent Māori as of June 2025, and Māori make up 17.8 percent of the general population).¹⁷

Differences in outcomes for Māori compared to non-Māori clients were small. The only significant difference for Māori clients at 90 days was they were more likely to be on the SHR (34 percent) than non-Māori (30 percent) (but also slightly more likely to be in TH than non-Māori at 22 percent (19 percent for non-Māori)). They were also more likely to be receiving TAS if also receiving AS (59 percent of Māori receiving AS as compared with 57 percent of non-Māori receiving AS). European clients were notably more likely to be receiving AS (28 percent) than non-Europeans (21 percent) and less likely to be in SH or TH.

There have been some regional fluctuations in EH numbers and outcomes

29 percent of current EH spells are in Waikato, which is disproportionately high compared to the general population (10 percent of the New Zealand population lives in Waikato).¹⁸ The proportion of EH spells in Waikato has increased during the analysis period (from 22 percent overall to 29 percent), along with Bay of Plenty (from 8 to 13 percent). EH spells in the Wellington region, on the other hand, have proportionally decreased (from 8 to 3 percent of EH spells), as have those on the East Coast (from 10 to 5 percent).

¹⁵ We compared outcomes for different demographic groups and any significant differences are reported here. See Appendix Two for the full table of results.

¹⁶ These figures use Total Response Ethnicity, meaning clients can appear in more than one ethnic group. Where we refer to the "current EH cohort", this means they were in EH at 26 November 2025 or had a spell ending less than 28 days prior.

¹⁷ MSD (2025). Benefit Fact Sheets, msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/benefit/index.html; Stats NZ (2023). 2023 Census population counts (by ethnic group, age, and Māori descent) and dwelling counts, stats.govt.nz/information-releases/2023-census-population-counts-by-ethnic-group-age-and-maori-descent-and-dwelling-counts.

¹⁸ Stats NZ (2025). Waikato Region, Place and ethnic group summaries, tools.summaries.stats.govt.nz/places/RC/waikato-region.

There is regional variation in housing tenure after exit; for example, clients exiting EH in Northland (51 percent) and on the East Coast (50 percent) are much more likely to be on the SHR at 90 days (compared to 32 percent overall) and less likely to be in SH (24 percent and 28 percent respectively, compared to 40 percent overall). These regions also have much higher proportions in TH. Regional differences are likely explained by differences in supply of different housing types.

Having children (or not) is the biggest determinant for outcomes after exiting EH

Outcomes for families with children were strongly influenced by the Priority One social housing fast-track. As of 30 November 2025, 1,089 households with children had been housed from EH via the Priority One fast-track since 31 May 2024.¹⁹

There were 1,413 households with children in our dataset of spells ending in an exit. Of those, 651 (46 percent) were in SH at 90 days.

47 percent of spells overall involved a single client without children. In the current EH cohort, this has increased to 59 percent (as a point of comparison, the 2023 census figure for “one-person households” is 23 percent).²⁰

From the data, EH clients without children in their care are more likely than parents to be on AS at 90 days (28 percent as compared to 20 percent for those with children), and notably less likely to go into SH (32 percent), while sole parents are more likely to go into SH (46 percent). Having children or not is one of the most impactful variables for outcomes.

There continues to be more female clients than male clients, but the proportions have become more even

64 percent of spells overall had a female primary client, but this has declined to 59 percent female in the current cohort. This is also linked to the decline in sole parent families, as 83 percent of sole parents in EH are female.

Male clients are more likely to be in the “no record” group 90 days after exiting EH (meaning they do not appear in any of the other categories – 13 percent are in this group) than female clients (6 percent), while female clients are more likely to go into SH than male clients (42 percent compared with 36 percent).

¹⁹ MSD (2025). Monthly Housing Update – Nov 2025. Monthly Housing Reporting, msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/housing/monthly-housing-reporting.html.

²⁰ Stats NZ (2023). 2023 Census household, family, and extended family highlights, stats.govt.nz/information-releases/2023-census-household-family-and-extended-family-highlights. The census “one-person-household” category does not include people living in sharing or boarding arrangements. So, there will be more than 23 percent single people without children in the general population, but notably less than 59 percent.

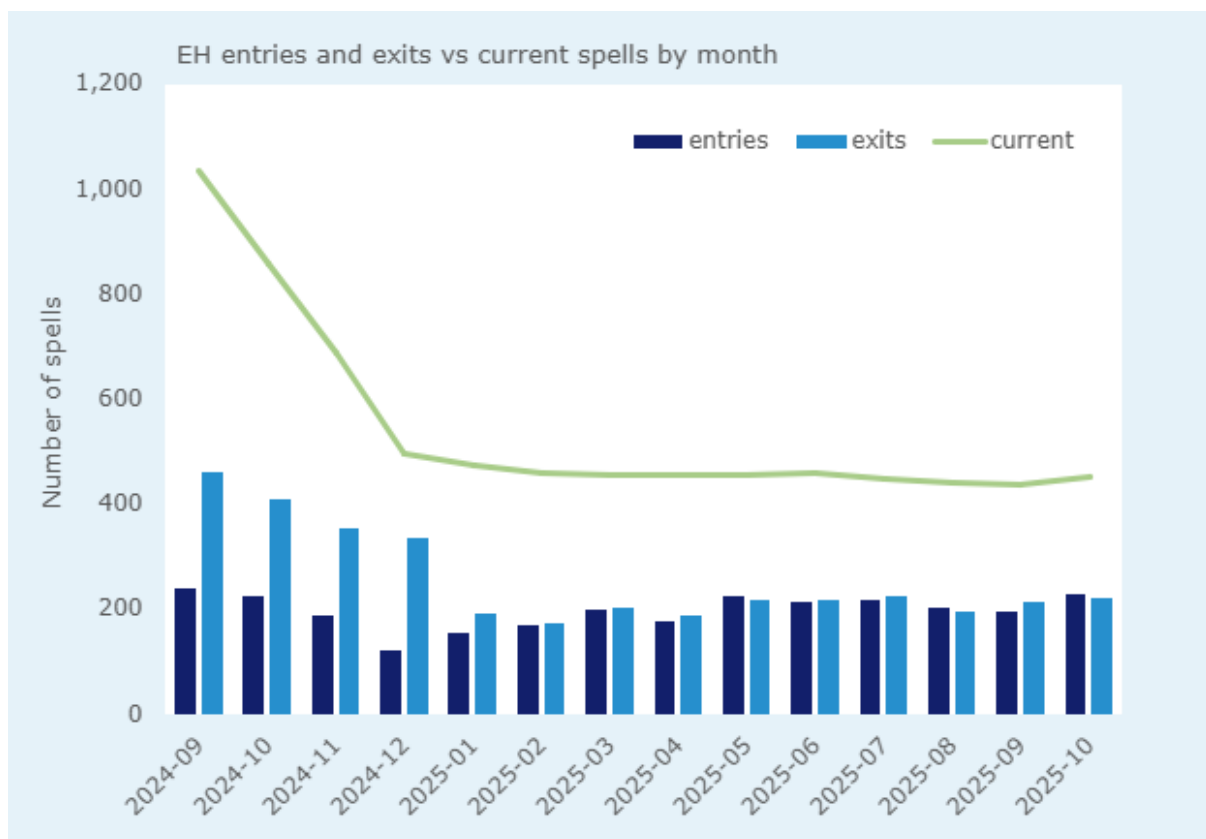
Clients remaining in EH are more likely to have complex needs

The EH context has changed significantly during the analysis period

In the past 18 months, the numbers of clients in EH has dropped considerably (from 2,880 households in EH at the end of January 2024 to 1,215 at the end of August 2024 and 459 at the end of November 2025).

Following a significant rate of exits from EH during 2024, entries, exits and overall numbers in EH have remained relatively steady. Figure 3 shows the monthly figures for EH entries and exits (bars) as well as the current EH numbers (line).

Figure 3: EH entries, exits and current households by month



Clients are now spending shorter times in EH

The average length of time households spent in EH dropped significantly during the analysis period as well. In August 2024, the average consecutive weeks households were in EH was 27 (189 days). This had fallen to 13 weeks (91 days) by November 2025.²¹

²¹ MSD (2025). Emergency Housing Grants Monthly Time Series, msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/housing/monthly-housing-reporting.

Remaining EH clients have a greater proportion of high needs

As noted, there is a much greater proportion of single clients without children remaining in EH. Other indicators suggest this cohort are also more likely to have complex needs.

Looking at different benefit types, clients receiving the Supported Living Payment make up 15 percent of EH spells overall, but account for 20 percent of current EH clients – a proportional increase.²²

Clients on the SHR are assessed using the Social Allocation System (SAS), which is used to ascertain a client’s housing need and assign a priority rating to applications for housing providers. The current EH cohort contains a higher proportion of clients who have been assessed at the highest levels of need at A17 and above (from 31 percent to 34 percent of spells).

There has been a drop in numbers of clients aged 16-34 in the current cohort (from 49 percent of spells to 44 percent) and a corresponding increase in older age groups.²³ Older age groups are more likely to have health or accessibility needs.

Staff and providers in the focus group sessions noted that there was an increase in EH clients who were single without children, and a shortage of single-bedroom accommodation. Because clients often have more than one barrier to finding accommodation, for example health or disability needs, they may not be suitable for shared accommodation.

Survey respondents were asked which barriers they faced when trying to find permanent, stable housing. 31 percent of respondents selected “Health issues (including mental health)” as a barrier. 70 percent of respondents said they faced multiple barriers and 51 percent had three or more.

Looking at broader outcomes further highlighted the challenging circumstances of clients in EH

Many clients in EH are facing challenging circumstances, often long term. A previous study using data on the Integrated Data Infrastructure (IDI, based on 2022 data) showed that clients residing in emergency housing for longer durations are more likely than other clients on the SHR and main benefit clients to have low incomes, health, mental health, and addiction issues, or have spent time in prison.²⁴

Analysis of broader outcomes for EHSS participants in the IDI further demonstrated that clients experiencing EH spells face multiple challenges, and these challenges can continue after exiting EH. The analysis found that EHSS clients had higher rates

²² The Supported Living Payment is a payment for those who have, or are caring for someone with, a significant health condition, injury or disability.

²³ This is also likely linked to age groups more likely to include families with children.

²⁴ MSD (2023). *Insights Reporting Series: Emergency Housing*, msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/insights-reporting-series-docs/emergency-housing-summary-report.pdf.

of offences, hospitalisations and victimisations in the six months following EH exit than clients on the Social Housing Register with high SAS scores. See Appendix Three for the full details.

The different support services cater to different cohorts or needs

All clients who are in EH for longer than seven days are by default assigned an ISCM, and then are referred to navigators or housing brokers as necessary. ISCMs provide a single point of contact within MSD, and are often well connected with other supports, including the navigator services. Navigators generally cater to those with higher needs, while housing brokers may be deployed for those who are closer to being successful in the private rental market.

We developed a Theory of Change as part of the evaluation, which maps out the process for clients accessing support services – see Appendix One.

The representatives of support services we spoke to were enthusiastic about working closely with the other services and see value in what they offer.

Navigators work with more complex clients

Part of the navigators' role is to cater for clients who have previously not engaged well or had negative experiences with MSD. Navigators we spoke to explained this further:

“... people don't like going into MSD. There's the security guards, you're lined up. People have barriers, they have PTSD, they have anxiety, they have all of that. In most cases people in EH have complex needs and if we can eliminate that as a barrier, we're halfway there.” [Navigator]

As people remaining in EH are likely to have increasingly complex circumstances, the navigator role becomes even more important. Around 33 percent of clients showed up in the data as participating in navigator services.

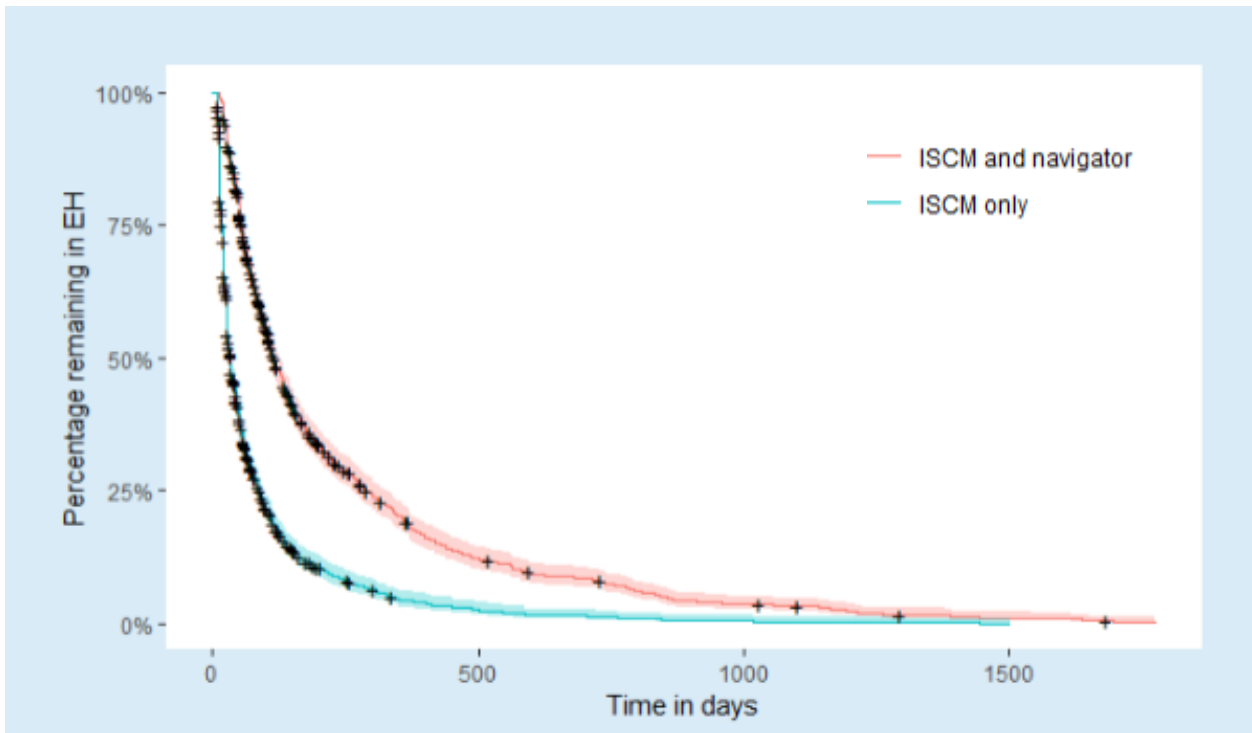
We compared outcomes for clients receiving ISCM support only (1,422 spells) with those receiving navigator and ISCM support (1,152 spells) (clients with a navigator are also assigned to an ISCM in most cases).

The “survival” chart on the next page (Figure 4) shows duration of EH spell for different combinations of support services. Clients with navigator support (pink line) tend to stay in EH longer than those with ISCM support only (blue line), likely due to the more complex nature of their situation.

The data shows that navigators work with people who are more likely to exit into social housing (SH). There are higher proportions of single people working with navigators.

Clients receiving navigator support were notably more likely to be in SH at 90 days than those with ISCM support only (50 percent as compared with 32 percent), and less likely to be in TH or on the SHR. Clients receiving ISCM support only were more likely to be receiving AS at 90 days (27 percent as compared with 20 percent).

Figure 4: Length of current spell for ISCM only vs ISCM and navigator



Navigators provide wraparound support and can be better placed to respond to clients' needs

Navigators work in the community including with clients in their homes. Many of the navigator providers employ Kaupapa Māori approaches or can respond in a culturally specific way to clients' needs:

“we offer karakia – opening karakia, closing karakia. We start off with our whakawhanaungatanga to find out a little bit about that whānau and then we delve into their journey around housing and their particular needs and why they're in the situation they're currently in”.

[Navigator]

Navigators include a mix of Māori-led providers and organisations that are not Māori-led but incorporate Kaupapa Māori elements in their practice.

Clients appreciated navigators' ability to take the time to provide one-on-one support. One young client struggled with feelings of isolation while in EH, but found support from a navigator helpful:

“I got really close with my housing navigator and he was kind of like a counsellor and a friend at the same time. That helped me out. Like with talking to him about everything I was feeling and experiencing and how much I was struggling...” [Interview participant]

Clients described the way navigators supported with more than just their housing needs or finances. Examples included helping them to look into grants or scholarships for further study, and organising for their children to get into the local school.

Housing brokers provide valuable specialist housing knowledge and connections

Around 11 percent of spells show engagement with a housing broker, and 5 percent with a Ready to Rent course. Because these are small proportions, the outcomes analysis largely focuses on the ISCM and navigator services.

We did find, however, that those receiving housing broker support are more likely to be on Accommodation Supplement (AS) at 90 days than those not assisted by a housing broker (36 percent compared to 22 percent). This indicates that housing brokers are achieving results in the desired areas.

Housing brokers were valued by the other staff and provider groups for the specialist housing knowledge they provide, especially for clients who are close to being successful in the private market but need a bit of help to get there.

Clients in EH face discrimination in the private market and/or have characteristics that make landlords reluctant to rent to them. Long-term EH clients or those in unstable housing often have barriers to renting such as bad credit, prior convictions, lack of references or a problematic tenancy history.

“...when I see people, I think they judge me. I don't know if it was judgement or what, but I didn't get a house and I went to like 18 house viewings”.
[Interview participant]

“..because I'm a solo mom with a child on the benefit you're automatically looked at as a lazy non-working individual who potentially could trash a landlord's house even with references.” [Interview participant]

Housing brokers have the right knowledge and property market connections to make sure clients are doing the right things to reassure landlords (such as engaging with budgeting services if they have bad credit). Staff and providers highlighted the importance of tenancy portals and “housing CVs” for success in the private market. Clients often need a lot of help in these areas and do not always know how to best present themselves to property managers. Housing brokers are able to help with this.

Housing brokers (and Ready to Rent programmes) were also the subject of a 2023 process evaluation which found that the initiatives are meeting their service aims and are proving valuable for clients.²⁵

²⁵ Family Centre Social Policy Research Unit (2023). *Housing Brokers and Ready to Rent Initiatives*, msd.govt.nz/about-msd-and-our-work/publications-resources/research/housing-brokers-and-ready-to-rent-initiatives-process-evaluation/housing-brokers-and-ready-to-rent-initiatives-process-evaluation.html.

Flexible Funding Assistance is useful in some circumstances

Flexible Funding Assistance (FFA) has not been a focus of this evaluation. Five percent of spells showed receipt of FFA, but the way the funds are distributed (sometimes through navigator organisations rather than given to individual clients) means that not all recipients will have been captured.

FFA recipients were more likely to be in SH after 90 days (60 percent as compared with 40 percent overall). FFA is offered to clients with children, so this is likely linked to the fast-track moving families into SH, rather than any consequence of the funding itself.

Some navigators we spoke to found FFA useful for meeting clients' immediate needs so they could concentrate on the bigger picture, while others found the funding was too restrictive.

Support services work best when well-integrated with other services

ISCMs and navigators find it useful to be co-located

In some cases, ISCMs work from the premises of navigator organisations. From the ISCM perspective this means that they are aware of what is available and who to contact for different needs. Navigators appreciated this arrangement as well, as it makes it easier to arrange MSD-facilitated support without clients needing an additional appointment.

Most ISCMs and navigators preferred meeting jointly with clients. Provided the client agrees, this arrangement helps everyone be on the same page, accountable, and provides the most appropriate support:

"We found that we were getting very varied stories ... they would tell the ICM WINZ worker something and then us something and somewhere in the middle we're trying to find out what really was the issue" [Navigator].

Where there was not regular communication between navigators and ISCMs, some ISCMs and case managers were concerned that navigators did not engage with the clients as frequently or responsively as they expected. Similarly, some navigators mentioned issues getting the right information from referrals, where connections with MSD were less well established.

Where the services were well integrated, navigators were highly valued by case managers and ISCMs:

“If you get a really good navigator, who’s going to go above and beyond, who actually cares and knows their way around systems, those clients are going to get massive outcomes.” [Case Manager]

Ready to Rent works well when integrated with other services and content is targeted and relevant

Ready to Rent courses equip clients with the skills and confidence to gain and sustain rental accommodation. The courses are sometimes run by ISCMs or navigator organisations themselves (although several navigators mentioned that they had lost funding for this recently).

Ready to Rent courses provide additional value through networking opportunities where landlords/property managers meet clients and get to know them: “Then they might have them in the back of their mind when something comes up and offer them the property because they know their circumstances” [ISCM].

Ready to Rent courses were viewed enthusiastically in most cases, but staff and providers believed they got the best results when they were involved in running the courses. They felt this was more successful because they have an existing relationship with clients, so can tailor the content to their specific clients’ needs, and encourage their clients to attend.

Courses run by external providers were seen as less impactful by support service providers, as they were less likely to meet the specific needs of their clients. The two-day course was also mentioned as a barrier to attendance.

Both survey and interview participants found Ready to Rent courses less useful where they felt their specific needs were not taken into account. For example, in some cases they felt they were already familiar with the content but had barriers to renting such as affordability, poor credit history or discrimination from landlords.

Some providers prefer a “one-stop-shop” model

Navigators spoke of the success of the “one-stop-shop” model, where clients can access a range of other supports from the same premises, such as mental health or addiction services, budgeting assistance or food security help.

ISCMs also appreciated the value of working on-site with multiple services:

“... it’s easier to refer directly to those providers on site, and we get a better understanding of what they provide and find the right support (e.g. mental health, budgeting, finances, housing navigation)” [ISCM].

Building a trusted relationship with clients is critical

During conversations about what works to help clients obtain and sustain housing, staff and providers emphasised the importance of building trusted relationships and taking the time to unpack clients' needs. Many have underlying issues, such as mental health problems, addiction or a history of trauma that has impacted their relationships with housing providers or landlords.

Kaupapa Māori providers noted that establishing connections through whakawhanaungatanga and using concepts and tikanga from Te Ao Māori was helpful in establishing relationships with Māori clients:

"... it works well because it's all-encompassing. We're not making judgments about people. This is their journey. ... We don't talk about our whānau as being a client to us. They are ... extended whānau." [Navigator]

Getting the whole story and understanding the root causes of clients' housing insecurity are crucial to helping them move forward, as is continuity of care.

Helping clients to move forward requires empathy and creative problem-solving

Clients said they appreciate staff and providers who are understanding, treat them like a person and look for solutions. Staff and providers spoke about the importance of clients feeling empowered rather than judged or belittled, and that the support providers are "on their side". Getting this kind of "buy-in" is crucial for the client to move forward – as one housing broker put it: "we need to approach them in a way where they take their ownership, their accountability".

Providers approach clients with empathy and often begin by addressing their immediate needs (such as using Flexible Funding Assistance to help with petrol costs to get children to school) so they have space to concentrate on their housing situation.

Clients appreciated feeling heard, understood and receiving clear communication and expectations

Comments from clients show the important role case managers (likely referring to ISCMs) play:

"I think the best thing for anybody to have in emergency housing is honestly a decent case manager - someone that they're able to rely on, you know what I mean? You can go to them without feeling like a piece of crap." [Interview participant]

"I was blessed to have a positive, beautiful experience because of my supportive case manager at the time. She kept my mental health up and kept me positive" [Survey respondent]

ISCMs were valued for showing care and being supportive and understanding. Clients appreciated feeling heard / listened to, treated like a person and with cultural sensitivity.

"The case worker was very understanding, concern[ed], attentive, supportive. I don't know what I would have done without her."
[Survey respondent]

It was important for clients that ISCMs provided clear information and talked them through the processes and what was expected of them, providing useful and timely information.

"...case management was awesome very clear with instructions for me to complete made me feel not so overwhelmed." [Survey respondent]

Some clients were critical where they felt these attributes were lacking, for example saying that their ISCM was difficult to get hold of or gave them incorrect information.

"[I was] given the runaround ... Being told one thing and ... meaning another is a lot and can really take a toll on you." [Survey respondent]

Clients noted the importance of responsiveness and proactivity from their ISCMs and navigators

While most (68 percent) survey respondents said "No" to the question "Did you need support for anything while in emergency housing that you didn't get?"²⁶, 32 percent said "Yes". When asked to elaborate, the most common aspects clients said they needed more help with was finding enough money for food, transport, medical costs and other expenses.

Several interview participants also described difficulty affording necessities such as food while in EH and transport to support work or house searches.

Another common theme related to issues clients had with EH itself (relating to safety, isolation, accommodation that was not suitable for children or issues with motel staff).

Some ISCMs and navigators were able to anticipate these needs, which was important because clients did not always know what help was available or disliked asking for help.

"[The case manager would] ask me every time, you guys good for food? Do you need any extra help?" [Interview participant]

²⁶ Only asked of clients who were not currently in EH.

Clients appreciated the way their ISCMs and navigators “explored every option” [Interview participant] to try and find solutions.

Nonetheless, some clients found EH to be a challenging environment, and were disappointed they did not get more help from the support services.

Providing appropriate and tailored support

It is important that staff and providers have the time and flexibility to find the most appropriate support for clients. Interview and survey participants spoke of a range of barriers to housing, including affordability, poor credit history and lack of references, and discrimination. ISCM–client relationships worked best when clients felt that ISCMs had taken the time to understand their situation and look for solutions, rather than insisting on fulfilling obligations that seemed inappropriate (such as carrying out house searches when they knew they had no chance of securing the property).

“And I said what? ... you want me to get a piece of paper telling me what I already know ... Like, do you want me to be humiliated?” [Interview participant]

As already mentioned, Ready to Rent programmes are similarly more effective when appropriately targeted and tailored to the specific needs of clients.

Post-placement support is a key enabler for client success

Given the importance of establishing a strong relationship with clients, the ability to continue this relationship after EH is critical for clients’ success in sustaining alternative accommodation.

Support service staff and providers across all groups stressed the importance of following up with clients after they have been housed.

Clients continue to need support after leaving EH

For some clients the transition to social or private housing after a prolonged period of housing insecurity can be difficult.²⁷ They may struggle with managing finances, dealing with a landlord, setting up utilities and so on. This is true for moving into social housing as well as private rental accommodation. Clients may move from a supported environment to one where they have less frequent check-ins from a support person, or none at all.

²⁷ Insecure housing includes living in temporary accommodation, sharing accommodation with a household or living in uninhabitable housing (these categories also come under the broader definition of homelessness used by Statistics NZ).

Both ISCMs and navigators suggested it would be beneficial to continue Ready-to-Rent style programmes after clients are housed, as they continue to need help with day-to-day aspects of renting and running a household.

Sustainable housing solutions need to be the right solution

Although the data shows improvements in unmet need following a spell in EH, there are still clients who appear to be in precarious situations (for example, clients who are receiving AS but on the SHR or receiving Temporary Additional Support).

Some clients we spoke to were still finding it difficult to make ends meet in social housing or private rentals.

While clients were grateful to find long-term accommodation, several interview participants had accepted housing that they felt was not fully suitable, potentially jeopardising their ability to stay long term. One client had accepted a rental that was too expensive for him to manage on his own, forcing him to work (part-time) despite being declared medically unfit due to issues with mental health. Others had accepted social housing that did not meet all of their needs, such as enclosed outdoor space for children to play outside.

Some clients spoke of feeling pressured to accept whatever was offered to them (or risk losing access to EH or their chance to be placed in social housing).

Ideally, support services have been able to find the right solution for clients and then continue to check in with them as they adjust to the new environment.

Support services provide post-placement follow-up officially or unofficially

One client credited the ongoing support of his housing broker and navigator for his success in sustaining his rental property: "I wouldn't have made it so far if it wasn't for the broker and the navigator" [Interview participant]. He also mentioned increased confidence in dealing with the landlord himself following working with the support services.

Navigator contracts were altered in 2024 to allow them to continue working with clients for 12 weeks after they had left EH, if the client agrees.

Case managers, ISCMs and housing brokers recognised the importance of continuing to check in with clients as well, but mostly did this on their own initiative - the practice is informal and something they "do if they can".

With the drop in EH numbers, case managers and ISCMs noted working with a broader range of clients meant they had more opportunity to check in with clients after leaving EH. This was important because they need to know...

"...they are set up, so they're not coming back through the doors. It's not just getting into a house, we also need to check you've got

everything you need - the kids are in school, the GP is set up - or hold on to you for a few more weeks" [Case Manager].

Housing brokers also made themselves available for clients to get in touch with them post-placement, while others scheduled regular check-ins.

"The first three months are very critical, in that, if everything goes smoothly, they will be a really good tenant" [Housing broker].

Providing follow-up support was seen as important by housing brokers as they often use their property market networks to leverage connections to landlords. Being able to assure them the client will have follow-up support may make landlords more likely to rent to EH clients, and increases the clients' likelihood of sustaining the tenancy.

Siloed funding models impede long-term solutions

Contracted providers such as navigators often work with multiple funding streams across different agencies that target the same group of clients. This causes an administrative burden with multiple reporting obligations that are not able to accurately reflect the outcomes being achieved for different individuals and households.

Navigators advocate for a "person-centred" approach.

Navigators we spoke to preferred a "person-centred" approach where the funding follows the person or whānau rather than being tied to a particular service. Current funding models make this challenging, but a person-centred approach would allow providers to effectively respond to needs that may change over time.

Most navigator services receive referrals from outside of MSD, including self-referrals, and several spoke of employing a "no wrong door" approach. Co-located services mean that they can be flexible and responsive to individual clients' needs. Several navigators thought that for this to work most effectively, it would be beneficial for the funding to follow the person as they progress through the system rather than being tied to a particular programme.

Support services work within structural housing affordability and supply issues

Affordability and supply are structural barriers to securing housing that are worsened for certain groups. Staff and providers identified limited options for single people without children, or if clients want to remain in a certain area. Having health or accessibility requirements, such as needing modifications for a wheelchair,

further compounds the problem. Having pets or support animals also limited the options available to people.²⁸

Staff and providers mentioned suggesting ways of getting around these issues (such as finding additional income or flat sharing), but these options are not always possible or appropriate, and they are limited in what they can do to address supply.

Affordability was a barrier for most clients to finding permanent housing

Survey respondents were asked which barriers they faced when trying to find permanent, stable housing.

59 percent of respondents chose “available properties too expensive”. The next most popular answers were “Available properties unsuitable for me/my family’s needs” (35 percent), “I didn’t/don’t have any, or good enough references” (35 percent) and “Not enough properties in my area” (33 percent).

The most common combination of barriers was “properties too expensive” and “available properties unsuitable” (27 percent of respondents had this combination).

Interview participants also spoke of difficulties finding rental properties they could afford.

“... a lady went right through my budget with me [and I was told that] the most I'd be able to afford might be a tiny little studio unit in the middle of town with no transport, with \$60.00 a week left even with help ... I do accounts and I'm telling you now that those numbers absolutely do not add up.” [Interview participant]

Most survey respondents said the support services helped them to overcome barriers

55 percent said “Yes” when asked whether the support services helped them overcome their barriers. 31 percent said “No” (14 percent said “Maybe”). Clients who cited discrimination, lack of references, unstable income or unsuitable properties as barriers were less likely to say the support services were able to help them address their barriers.

One survey respondent reflected on the wider issues at play:

“I appreciate that it was available to me however after learning how much money was spent on my stay I feel that those resources would have been better spent on providing more community housing. Perhaps if this was the case I wouldn't have needed emergency accommodation in the first place.”

²⁸ Changes relating to pets made to the Residential Tenancies Act in 2024 took effect in December 2025, so these findings do not reflect those changes.

Poor mental health is both a cause and outcome of housing insecurity

In some cases, clients saw their time in EH as a welcome respite, and an opportunity to rest and heal from traumatic experiences:

“I had a safe room, my shower, stove and milk and egg in the fridge. I was all good.” [Interview participant]

Several spoke of motel managers who went the extra mile to make their stay comfortable and/or looked out for them:

“the motel, and the motel manager that was there, he was amazing. He was awesome. I had no problems with anything to do with the motel and the people in it.” [Interview participant]

More often, however, this was a traumatic period in their lives due to uncertainty and the restrictions of living in a motel. A common theme from survey responses and interviews related to issues clients had with EH itself (relating to safety, isolation, accommodation that was not suitable for children or issues with motel staff).

“I needed to be in an environment not surrounded by addicts. It was a very depressing time.” [Survey respondent]

The right support services can help mitigate negative impacts on mental health

Clients seeking EH are generally going through a stressful time and are vulnerable to further negative impacts on their mental health. Several clients spoke of the trauma of facing homelessness and the ongoing impacts of this. This was worsened in some cases by difficulty accessing EH until clients were imminently homeless and ongoing uncertainty about accommodation:

“...the whole thing was horrendous - not to know where I was going to sleep on that day.” [Interview participant]

Clients also spoke about feeling isolated in EH motels where visitors are restricted or they were unable to be with support animals:

“It felt like I was back in jail again.” [Interview participant]

ISCMs and navigators provided reassurance where they offered realistic solutions rather than taking a punitive approach. Several clients found regular contact with navigators helpful to lessen the mental health impacts of uncertainty about when they would find stable housing and isolation experienced in EH motels where visitors often were not allowed.

Clients receive help when they need it

Around half of the people we talked to found accessing EH relatively straightforward – case managers were understanding of their circumstances and got them what they needed. Others, however, mentioned the impact of not being granted EH until they were on the verge of being homeless, which added to the stress of the situation.

Mental health and/or addiction support is a gap

The staff and providers we spoke to identified mental health support and addiction services as the biggest gaps for addressing the needs of EH clients.

Poor mental health is exacerbated by housing insecurity, and in turn makes it more difficult to attend to the things needed to find and sustain a tenancy.

“We want to have services engaged before we get to the point where crisis is needed and we’ve got no one to link with. And we’ve noticed that addiction comes hand in hand with mental health. So better support services around mental health and addiction would be glorious” (Case Manager)

Also mentioned was a lack of suitable accommodation for clients with mental health support needs in some areas.

“...they might have a support person but there’s nowhere to house them - we don’t have anywhere to refer them and sometimes EH isn’t the most appropriate place for them.” (Case Manager).

It was also suggested by external providers that MSD internal staff could benefit from more training around recognising and supporting clients with mental health needs.

Discussion and implications

The overall findings from this evaluation point to positive results and meet evidence standards

The evaluation draws together findings from multiple data sources and methods which show positive results for the effectiveness of EHSS to achieve service goals.

The key aspects of support services that enhance their ability to assist clients to achieve long-term housing stability are:

- › The emphasis on taking the time to establish a strong relationship and provide tailored support without judgement
- › The opportunity to continue these relationships post-placement
- › Flexibility to respond to different needs that may not be immediately apparent, and to adapt to changing circumstances.

Our findings overlap with a body of international evidence that highlights the success of intensive interventions in contributing to positive outcomes for participants

There is strong international evidence for the effectiveness of intensive case management for housing outcomes. A meta-analysis drawing on results from over one hundred studies found that "Case management interventions improve housing outcomes for [people experiencing homelessness] with one or more additional support needs, with more intense interventions leading to greater benefits", and that "Those with greater support needs may gain greater benefit".²⁹ Another international systematic review of homelessness interventions found that the approaches that performed best included high intensity case management and critical time intervention.³⁰

While cultural contextualisation is needed when applying international evidence to Aotearoa New Zealand examples, particularly when it comes to Māori recipients of EH, the importance of relationship-building in housing interventions is also backed up by other studies. Another systematic review highlighted the "importance of case managers building trusting, non-judgmental relationships and promoting a feeling of safety with clients".³¹

Our evidence has shown that clients benefit from personalised support from ISCMs and navigators. Clients appreciate advice that is long term, and develop feelings of trust, honesty and openness with service staff. Services such as housing brokers or

²⁹ Weightman et al. (2023). Exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis. Campbell Systematic Reviews, pubmed.ncbi.nlm.nih.gov/37206622.

³⁰ Munthe-Kaas et al. (2016). Effectiveness of Interventions to Reduce Homelessness: A Systematic Review, Report from the Norwegian Institute of Public Health No. 2016-02, pubmed.ncbi.nlm.nih.gov/29553637.

³¹ AHURI (2023). Crisis accommodation in Australia: now and for the future, ahuri.edu.au/research/final-reports.

Ready to Rent courses have more impact if this initial relational aspect has been established.

The change in emphasis to helping people out of EH has implications - positive and otherwise

A previous evaluation of MSD's ISCMs and navigators noted that the services were "not designed to rehouse whānau from emergency housing", and were focused on removing barriers and readying households for transition – and that recipients often found this disappointing.³² Following the introduction of the Government target to reduce the number of EH households, the emphasis is now much more strongly on the contribution of services to helping people out of EH. The cross-agency effort to meet the target has been highly successful and the number of households in EH has already reduced to well under the target of 800.

Previous evaluations caution against taking a punitive approach to housing support

The previous evaluation also suggested that MSD "assess the impact of short-term extensions to [EHGs]" and that "requiring whānau to meet housing search targets does not align with the Initiative's design".

Some of the findings of this evaluation suggested that the pendulum may have swung too far the other way. What we heard from provider and clients suggested that it is important to make sure that prescribed activities are helpful, meaningful and empowering rather than punitive, and acknowledge that failing to find alternative accommodation may not be solely the client's fault.

Other evidence emphasises the importance of extending support post-placement

Supporting the "transition to long-term housing" as well as working with clients while in EH was also identified in the 2022 evaluation of ISCMs and navigators as crucial for whānau to "remain and thrive in their new housing situation". The 2022 evaluation recommended that support be "extended to whānau transitioning to permanent housing, recognising the work already done by many Navigators and some [ISCMs]." As noted, this recommendation has been successfully implemented for navigators who continue working with clients for 12 weeks after leaving EH. It would be beneficial to extend this to ISCMs working with clients as well, as clients would benefit from automatic follow up to ensure they are able to maintain their housing outcomes and have not encountered further issues.

Navigators also noted that some clients need support for much longer than 12 weeks post-placement, and the length and frequency of follow-up required varies for individual clients and families.

³² Litmus (2022). *The Intensive Case Manager and Navigators Initiatives Evaluation Report*, msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/intensive-case-management-and-navigator-initiatives.

The coherence of the support for EH clients is complicated by the involvement of multiple agencies and funding models

The previous evaluation of ISCMs and navigators recommended consideration of “how other government agencies and their partners are responding to whānau need and the level of duplication or gaps in housing services”. This current evaluation has noted that it is difficult to understand the impact of the services in amongst other programmes offered to the same cohort, in some cases through multiple agencies (for example, Housing First or Rapid Rehousing programmes funded by HUD). While outside of the scope of the evaluation, we heard some comments from clients about their experiences in TH where processes are different, and they might be assigned to a different navigator. A more coherent approach would be for clients to continue working with the same providers, assuming the relationship was going well. Navigators advocated for a model where “funding follows the person” rather than individual clients needing to fit into pre-existing models and risking them falling between the gaps and only providing short-term solutions.

The current design of the services acknowledges the need for flexibility to provide for the specific requirements of individual clients and families

A strength of the EHSS model is its ability to be flexible to provide for specific needs of individuals. For example, many navigator organisations apply Kaupapa Māori approaches when working with whānau Māori and/or are designed as Kaupapa Māori-led interventions. Continuing to have these options available for EH clients is crucial to continuing to achieve service aims.

Co-location of services also allows for flexibility and promotes good outcomes. ISCMs and navigators (and housing brokers) do not provide everything clients need, and in many cases act as referral agents to other critical services. In situations where services are co-located, navigators spoke of the advantage of being able to refer clients to the right services immediately. This enhances their ability to sequence supports for maximum effectiveness.

Other research looking at what works to assist those experiencing housing insecurity has highlighted the importance of wraparound services, offering services on-site and well-connected social services.³³

The biggest gaps we heard about were in relation to mental health support and addiction services. Ideally services addressing these needs would be available at the “one stop shop” as well. We also heard about clients benefiting from budgeting services or community support groups outside of what was offered directly by navigators. These additional needs continued after they were housed.

³³ Allen & Clarke (2023). *Review of literature on effective interventions to support secure homes for homeless wāhine*, static1.squarespace.com/static/62981bf9c8eaed3e853c49b2/t/64598e0f8e0c9a22f03dcaea/1683590689282/20230201

Appendix one: Theory of Change diagram

We updated the Theory of Change for the support services based on the evidence from the evaluation

A Theory of Change is a description of how and why a desired change is expected to happen, usually presented in a diagram that shows in simple terms how what you are doing is expected to lead to the changes you intend.

We developed a Theory of Change based on what we knew about the support services at the planning stage of the evaluation. We then revised it based on the evidence found during the evaluation.

Changes made included updating features of service provision, enablers, specific time periods for observing short to longer term outcomes and the evidential references. The Theory of Change layout is also now in line with a standardised design used by MSD Insights.

The updated Theory of Change diagram is provided overleaf.

Emergency Housing Support Services Theory of Change



Problem statement

When clients find themselves with an immediate housing need, supporting them at this critical time is essential for their positive outcomes in the future. Since 2019, MSD has offered a range of support services for people in Emergency Housing (EH) or at risk of experiencing homelessness.



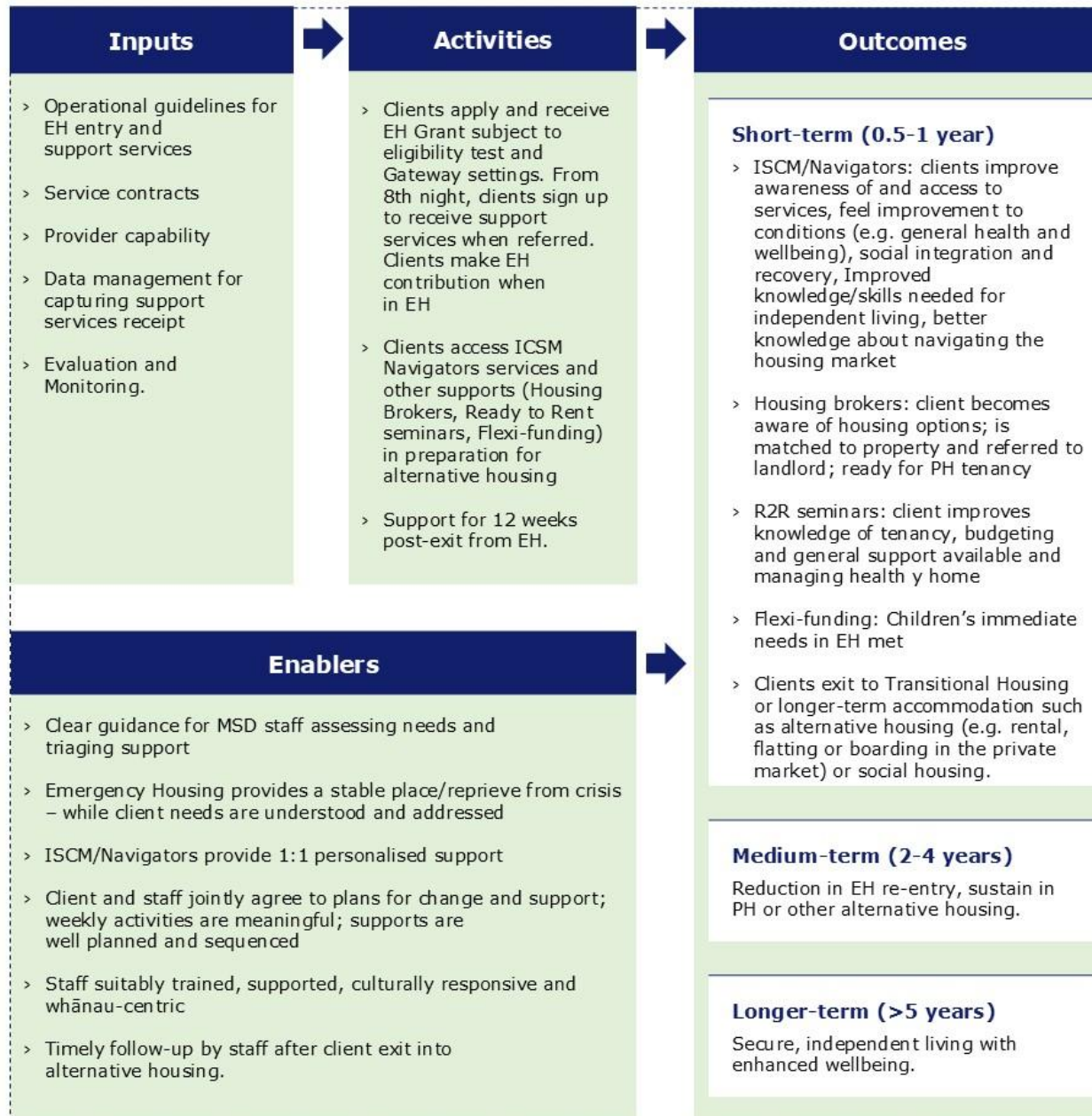
Rationale

Housing Support Services work to prevent the need to enter emergency housing, support people staying in emergency housing to access the right supports, prevent people from staying in emergency housing for long durations, prevent people from re-entering emergency housing and support people to exit emergency housing into suitable and sustainable long-term accommodation.



Coherence

Many clients in EH may have complex needs. Integrated Services Case Management (ISCM), Contracted Navigator services (Navigators), Housing Brokers, Ready to Rent courses and Flexible Funding are therefore part of a support services package.



Assumptions

- > EH accommodation is fit for purpose
- > Availability of services for complex needs
- > Client ability to engage with services
- > Adequate housing supply
- > Price affordability
- > Excluding wider systemic issues



Evidence

- > 2023, Weightman, et.al, "Exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis", Campbell Systematic Reviews
- > Munthe-Kaas et al. 2016. "Effectiveness of Interventions to Reduce Homelessness: A Systematic Review", Report from the Norwegian Institute of Public Health No. 2016-02
- > 2023, AHURI, Crisis accommodation in Australia: now and for the future
- > 2019, Litmus evaluation

Appendix two: Administrative data rules, additional findings and caveats

We developed business rules to determine participation in the support services, allowing us to look at characteristics and outcomes for individual households.

Using these rules, we created a dataset of emergency housing (EH) spells and engagement with support services, along with other variables such as gender, ethnicity, age, region and household type.

The dataset covers the period **26 August 2024 to 26 November 2025**, providing one year's worth of data on outcomes (using the 90-day measure).

Data capture about EH support services: determining participation

We determined client participation for the three main services using the following rules:

Table 1: EHSS participation rules

Evidence	Participation status	Participation field
ISCM/navigator		
Programme tag added at any point during EH spell.	Possible participation	Possible
Programme tag + one other data point indicating engagement with service post 26 August 2024.	Definite participation within analysis period.	Yes
No programme tag at any point or any other evidence of participation in service.	Definite non-participant.	No
Housing brokers		
Housing broker note added to any point during EH spell.	Possible participation.	Possible
Housing broker note + one other data point indicating engagement with service post 26 August 2024.	Definite participation within analysis period.	Yes
No housing broker referral or note at any point or any other evidence of participation in service.	Definite non-participant.	No

- > Programme tags are used to indicate referral to a service, but not necessarily participation. These are not considered reliable on their own.
- > Activity data was added to EH client event notes with the EH Gateway changes on 26 August 2024, providing additional information about clients' engagement with services.
- > Housing broker structured event notes were introduced in October 2023 using a web form. On 9 September 2024, the housing broker notes were integrated into the Client Management System. The three types of notes are referral, client register (upon referral acceptance or decline) and client engagement.
- > Other data points available include appointment data, opportunity tags (for referral to contracted services) and client notes.
- > Where a programme tag (or broker note) is present but no other evidence of participation is available post 26 August 2024, we cannot be sure they are engaging with the service. However, we also cannot be sure they have not engaged with the service prior to 26 August. For this reason, they are categorised as "possible" participants and excluded from the outcomes analysis.

Definitions of "spells" and "exits"

4,329 spells active post 26 August 2024, longer than seven days, were included in the dataset.

A "spell" is defined as a continuous period in EH without a gap of more than 28 days. A spell ends in an "exit" when a client does not receive a subsequent EHG for 28 days after the end of the spell.

630 spells in the dataset did not end in an exit (so the client was still in EH or had exited less than 28 days prior to 26 November 2025). These are referred to as the "current" EH cohort.

Subgroup analysis method and results

Significance testing used Cramer's V and Chi Squared tests to compare variables. Reported differences in the main body of the report are significant to a 95 percent confidence level (p-value less than 0.05) unless otherwise indicated.

Table 2 shows the breakdown of subgroups in the EH spells dataset, with the proportion of overall spells and "current" spells at 90 days for different subgroups. Statistically significant differences in the current cohort are shown in bold and highlighted in blue, while dark grey indicates a result is significant to a 90 percent confidence level. Light grey denotes differences that are not significant.

Table 2: Proportions of subgroups in EH

Subgroup	% of overall spells (4,329 in total)	% of "current" EH cohort (630 in total)
Māori	62	59
European	37	42
Pacific	11	9
Sole parents	42	31
Single without children	47	59
With children	50	37
Without children	50	63
Sole Parent Support	27	19
Supported Living	15	20
Jobseeker	39	43
No main benefit	8	8
Male	36	41
Female	64	59
16-24	20	18
25-34	29	26
35-44	25	23
45-54	14	19
55-65	8	10
65+	5	5
16-34	49	44
35-54	39	42
55+	12	15
Northland	2	2
Auckland	14	13
Bay of Plenty	8	13

Waikato	22	29
East Coast	10	5
Taranaki	5	6
Central	4	3
Wellington	8	3
Nelson	7	8
Canterbury	12	12
Southern	1	>1
A9-12	7	5
A13-16	41	35
A17-20	31	34

Significant result	Significant to 90% confidence	Not significant
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Calculating outcomes for support service participants

94 percent of eligible spells showed engagement with support services.

3,315 unique clients who exited EH (after exclusions) showed engagement with support services during the analysis period. In order to isolate and measure the impact of the support services, we excluded spells for clients who were involved in other government-funded programmes aimed at finding sustainable housing for those in insecure housing (Housing First, Rapid Rehousing programmes and the emergency housing social outcomes contracting trial – HUD funded).

We also excluded spells for clients who receive support from a Youth Coach (those on the Youth Payment or Young Parent Payment benefits – MSD funded).

Our outcomes analysis only includes spells ending in an exit where clients showed engagement in the ISCM service and/or the navigator service (a total of 2,907 spells once exclusions are applied).

In less than ten cases, the spell ended and the client remained out of EH for 90 days because they received a non-entitlement thirteen-week stand-down due to not meeting the responsibilities to continue to receive EH under the EH Gateway changes since 26 August 2024. All of these clients were on AS at 90 days post exit.

Outcomes at 90 and 180 days

Clients were grouped into six categories based on their status at 90 or 180 days post-exit.

The categories are mutually exclusive (so they add up to 100 percent). Although there technically should not be any overlap (for example, a client cannot be in SH and EH at the same time) there are a small number appearing in several categories. Precedence for categorisation was given to EH followed by TH, SH then AS. There are a number of clients who do not fall into any of these categories (marked as “no record”, meaning they have had no further interactions with MSD for any of these supports. The “SHR only” category includes clients on the SHR and not in any of the other categories. Other categories also include clients on the SHR (shown in light blue in Figure 1). A small number of clients in SH are shown as being on the SHR, most likely the Transfer Register.

Table 3: 90-day outcomes for different subgroups

Outcome at 90 days	AS	SH	TH	EH	SHR only	No record
Overall	24	40	21	0.6	7	8
Māori	23	39	22	0.5	8	8
European	28	36	18	0.7	7	10
Pacific	21	43	23	0.4	5	8
Sole parents	21	46	22	0.5	6	4
Single without children	28	32	19	0.7	10	11
With children	20	46	23	0.5	5	6
Without children	28	32	19	0.7	10	11
Sole Parent Support	22	47	22	0.6	4	3
Supported Living	26	38	17	0.8	11	8
Jobseeker	24	37	21	0.5	8	10
No main benefit	22	31	27	0.5	7	13
Male	23	36	18	0.8	10	13
Female	24	42	22	0.5	6	6
16-24	25	32	25	0.5	9	10
25-34	23	40	22	1.1	6	8
35-44	25	42	18	0.3	7	7
45-54	21	42	22	0.3	7	7

55-65	21	45	19	0	6	9
65+	26	35	17	0.8	10	11
16-34	23	37	23	0.9	7	8
35-54	24	42	20	0.3	7	7
55+	23	41	18	0.3	8	10
Northland	16	24	42	0	4	13
Auckland	31	33	24	0.8	5	6
Bay of Plenty	26	42	16	1.7	7	7
Waikato	14	53	12	0.2	10	11
East Coast	15	28	41	0	9	7
Taranaki	39	30	9	0.9	11	10
Central	40	30	17	0.7	4	8
Wellington	20	53	12	0.3	6	8
Nelson	33	31	14	1.6	9	11
Canterbury	21	41	29	0	4	5
Southern	45	20	23	2.3	5	5
ISCM only	27	32	24	0.7	7	10
ISCM + Navigator	20	50	14	0.8	7	8

Significant result	Significant to 90% confidence	Not significant
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Evaluating the impact of services is challenging because of multiple interventions available to the EH cohort and no obvious group to compare them with

All clients in EH for longer than seven days are assigned an ISCM. The other supports are allocated depending on the clients' particular circumstances, so it is difficult to directly compare the outcomes to one another.

There are several other programmes, including some run by other agencies, that include EH clients. Where possible, we have excluded clients involved in Ministry of Housing and Urban Development (HUD) programmes such as Housing First, Rapid Rehousing and the emergency housing social outcomes contracting trial.³⁴

The number of households in EH has decreased rapidly during the analysis period, reducing the number of participants for the study. It is difficult to

³⁴ Trial locations include Hamilton and the Wellington region.

attribute successful EH exits to the support services alongside interventions such as the Priority One social housing fast-track for families in EH.

We are unable to establish counterfactual evidence showing the success of the services, but have instead used a mixed method approach to build evidence on possible correlations between service use and client outcomes.

Data limitations and caveats

- › Participation data covers the period from 26 August 2024, when the Gateway changes were implemented and new information was captured about support services.
- › While the data capture is greatly improved using the new business rules, it will not capture 100 percent of support services participation due to manual reporting errors and delays in indicators showing up with short spells. For this reason, we have focused the analysis on spells which we are certain have received support.
- › Despite the exclusions, there will still be some Housing First (HF) and Rapid Rehousing (RR) participants in our dataset, because providers do not supply the Ministry of Housing and Urban Development with identifying Social Welfare Numbers in all cases. HUD advised that 17 percent of HF and 5 percent of RR participants are missing from the data they provided. Given 327 HF and 162 RR participants are in our overall dataset, this means we are probably including around 55 people who participated/are participating in HF and around 8 in RR.
- › The Sustaining Tenancies (ST) programme funded by HUD primarily supports people to prevent the loss of a tenancy. Housing First and Rapid Rehousing programmes support people to access housing and then to sustain that housing. For this reason, participants in ST were not excluded, but the programme may impact their longer-term outcomes. 60 clients in our outcomes dataset were on the ST list, meaning they needed support to sustain a tenancy at some stage during the analysis period.
- › Random rounding to base three has been applied to all client and spell totals in this report. Client numbers below six are suppressed for privacy reasons.

Appendix three: Integrated Data Infrastructure analysis

IDI analysis of broader outcomes further highlights the complex circumstances of the EH cohort

The Integrated Data Infrastructure (IDI) is an integrated database of data from government agencies, surveys and non-government organisations. The data is linked together, or integrated, to form the IDI. EHSS participation data was included as a one-off upload to the IDI in late 2025.

Using data from the Ministry of Health, Department of Corrections and New Zealand Police, we looked at hospitalisations³⁵, convictions³⁶, sentences³⁷ and victimisations³⁸ in the six months post-EH exit for EHSS participants.

Hospitalisations

- › 20 percent of participants had one or more hospitalisation in the six months after exiting EH.
- › Groups more likely to have hospitalisations were females, those aged 16-34 or over 55, and those with European or Pacific ethnicity.³⁹

Convictions

- › 9 percent of participants committed one or more offence leading to a conviction in the six months post-exit.
- › Groups more likely to have committed offences were males and those with Māori ethnicity.

Sentences

- › 2 percent of participants received one or more sentence in the six months post-exit.
- › Groups more likely to have received sentences were males and those with Māori ethnicity.

³⁵ Where a person was discharged from a public funded hospital (inpatient event).

³⁶ These are offences leading to convictions that were managed by Corrections, rather than offences in general, and excluding traffic offences.

³⁷ Sentences include imprisonment, community detention and life imprisonment.

³⁸ Where a person was reported as a victim of a crime (including violent or sexual crimes, 'Property Damage', 'Dishonesty', 'Burglary' and 'Other').

³⁹ As elsewhere, subgroup differences are only reported if statistically significant to a 95 percent confidence level, unless otherwise stated.

Victimisations

- › 15 percent of participants were the victim of one or more crimes in the six months post-exit.
- › Groups more likely to have been the victim of a crime were females, those with Māori ethnicity and those living in Hawkes Bay or Waikato.

Further breakdowns were not possible. For example, looking at the proportions of participants who committed multiple offences (two or more) or received multiple sentences resulted in numbers too small to be reliable.

Comparisons with clients ranked highly on the Social Housing Register further highlighted the challenging circumstances of clients in EH

We do not have a viable comparison group for EHSS participants, for the same reasons noted in the sections on MSD administrative data analysis.

We looked at comparisons with a cohort from a similar timeframe who were given a Social Allocation Score of A15 or higher on the Social Housing Register.

The SHR cohort had fewer hospitalisations (16 percent), convictions (5 percent) and victimisations (12 percent) than the EHSS cohort, and received slightly more sentences (3 percent).

We do not consider this to be a useful comparison as the EH cohort are known to have more challenging circumstances to begin with, and have experienced a period of crisis where they required emergency accommodation. A separate study using data on the IDI (based on 2022 data) showed that clients residing in emergency housing for longer durations are more likely than other clients on the SHR and main benefit clients to have low incomes, health, mental health, and addiction issues, or have spent time in prison.⁴⁰

Limitations of the dataset, timeframes and service design mean results from the IDI are inconclusive

Without a valid group to compare these results to, we do not learn much more than from MSD administrative data in that we can only describe the outcomes, and cannot attribute causality to the services.

⁴⁰ MSD. 2023. Insights Reporting Series: Emergency Housing, msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/insights-reporting-series-docs/emergency-housing-summary-report.pdf.

Appendix four: Qualitative methods

Qualitative data was gathered from focus groups and interviews with staff and providers, free-text answers from a client survey and interviews with clients.

Recruitment of participants

Focus group recruitment

In May and June 2025, we spoke to 6-8 people from each of the following groups:

- > Frontline case managers who administer Emergency Housing Grants
- > Integrated Services Case Managers (ISCMS)
- > Housing brokers
- > Navigators.

Participants were nominated by MSD Regional Directors, and we selected from the list to get the right number from each group, spread across different regions.

We also conducted two additional in-depth interviews with representatives from navigator organisations in order to probe certain aspects in more detail where we had identified gaps.

Client recruitment (survey and interviews)

We used a combination of a survey and in-depth interviews with clients to gather clients' perspectives of the support they received while in EH.

The invitation to take part in the short survey was sent by email to eligible EH clients in July 2025. Respondents were also invited to indicate their interest in being contacted for further research, which was our method of recruiting interview participants.

We also carried out ten in-person or phone interviews with clients who had been in EH during the analysis period and had participated with support services.

183 survey respondents indicated they were interested in taking part in further research. This list went through a vetting process with MSD Managers Regional Housing to flag anyone who would be unsuitable for interview due to safety concerns or where interviewing may have caused distress to the client.

Participants were randomly selected from the remaining list of 153 while ensuring a mix of regions, ethnicities, durations in EH, genders and household types.

Interviews took place in person or on the phone, depending on the location of the client and their preference.

Limitations

The email method limited client participants to those with access to a digital device and an internet connection. Given the difficult circumstances of those in the EH cohort, it is likely that some would have been unable to participate in the survey (and similarly, would not have had the opportunity to volunteer to be interviewed).

The pool of interview candidates included very few people who were in EH at the time of the survey. As a result, we did not interview anyone who was currently in EH. We did not target clients with specific housing outcomes, and most were in social housing by the time of the interview (although not necessarily at the time of the survey). This meant that we spoke to very few clients who were in private rental accommodation following EH.

Due to the complex nature of the housing support system, we cannot always be certain that clients are referring to ISCMs as opposed to general case managers, and in some cases navigators may come from other organisations.

Informed consent was gathered from all participants

All of these activities went through a process of gathering informed consent from participants. The plans were reviewed by MSD's Ethics Panel and changes made based on feedback.

Participants were provided with an information sheet outlining the activity and emphasising that taking part was entirely voluntary and confidential, they could change their mind at any time and (in the case of clients) saying yes or no would not impact any support they receive from MSD.

Survey participation was based on a voluntary opt-in principle. Eligible clients received an invitation email with information about the purpose of the study, what participation involved and what will happen to the information that they shared.

Once they clicked on the survey link, the survey landing page included the following statement: "by taking part, you confirm you have understood the information outlined in the survey invitation email", and "by clicking 'next' you are agreeing to take part in the survey".

Survey participants were offered the chance to enter a draw to win one of five \$50 supermarket vouchers. Interview participants were given a \$50 supermarket voucher to compensate them for their time.

Questions and topics

The focus group discussions centred around the following topics:

- › Processes of referring EH clients to support services / being referred clients.

- > What has worked well when working with EH clients?
- > What challenges have you encountered (especially if you have been unable to help clients or they have returned to EH)? What would have helped?

The client interviews were semi-structured, and questions centred around the clients' experiences in EH, the support services and the help they had received.

How information was collected and stored

Focus groups and interviews were recorded and automatically transcribed using Microsoft Teams. The transcriptions were edited to remove typos and repetition and sent back to participants for any additional corrections. The transcripts, recording and survey results are stored in a secure internal folder and will be appropriately destroyed one year after the final report is published.

Qualitative analysis method

Analysis of the qualitative material (focus group transcripts, survey free-text answers and interview transcripts) followed the process of inductive reflexive thematic analysis described by Braun and Clarke.⁴¹ Firstly, this involved familiarisation with the data through listening to the recordings and correcting the transcripts, or reading through the survey responses. Next, initial codes were applied to the transcripts or responses, and added to a coding framework which was adjusted iteratively as more codes were added. Potential themes were then drawn from the coded data to summarise the key findings, reviewed and finalised.

⁴¹ Virginia Braun and Victoria Clarke, 'Doing Reflexive TA', *Thematic Analysis*, themicanalysis.net/doing-reflexive-ta.

Appendix five: Survey method and detailed findings

Survey design and implementation

We designed the survey and workshopped questions in consultation with representatives from across MSD. We made minor changes following submitting the survey plan to the MSD Ethics Panel in May 2025 and noted some limitations of the survey method (see Limitations section in Appendix Four).

We worked with the MSD Insights Survey Lead and the Client Experience Team to set up the survey on their Qualtrics platform. The survey was tested on an initial batch of 50 clients to check for any technical issues or unexpected responses.

Setting up and running the survey

All clients who had been in EH (or were still in EH) for more than seven days during the analysis period and had received support from the support services were sent the survey invitation, excluding those known to be enrolled in other programmes (such as Housing First) and clients under 18.

Voucher prize draw

Survey participants were offered the opportunity to go in a draw to win one of five \$50 supermarket vouchers as an acknowledgement of their contribution. Participants could choose whether to take part in the draw or not. Those who chose to participate in the draw were taken to a separate page to provide their contact details. Their responses to the survey were not linked to their contact details.

276 people entered the draw. On 28 August 2025, five were selected randomly and sent vouchers for the supermarket of their choosing.

Privacy and data storage

We provided a list of eligible participants to the Client Experience team, names and contact emails, along with some demographic metadata (such as region, ethnicity and gender). The Client Experience team provided us with a copy of the survey results with the personal contact details removed (as well as going through and redacting client and staff/provider names) to retain the respondents' anonymity.

The survey results were stored in a secure internal folder and will be appropriately destroyed one year after the final report is published.

Survey results

Response rate

The survey had a good response rate (13.9 percent) compared to other, similar, surveys and considering the survey population are known to be hard to reach. The survey went live on 28 July 2025 and was open for two weeks. 342 people responded to the survey out of 2,451 people who were sent the survey invitation. The online Heartbeat survey which goes to the general benefit population has a standard response rate of 7.2 percent by comparison (from the September 2025 quarter).

The demographics of respondents broadly represented the eligible EH population, with two exceptions which were addressed by ensuring these groups were well represented in the interviews:

- > Age (7 percent of respondents were in the 18-24 age group, as compared with 16 percent in the eligible population overall)
- > Gender (24 percent of respondents identified as male, as compared to 33 percent overall).

The short survey included free-text answers to gather qualitative responses from clients, as well as scaled ratings of the services. The questions asked about which supports clients and received, and how they felt the supports had helped them.

Question 1: Where are you living now?

Figure 5: Current housing situation of survey respondents

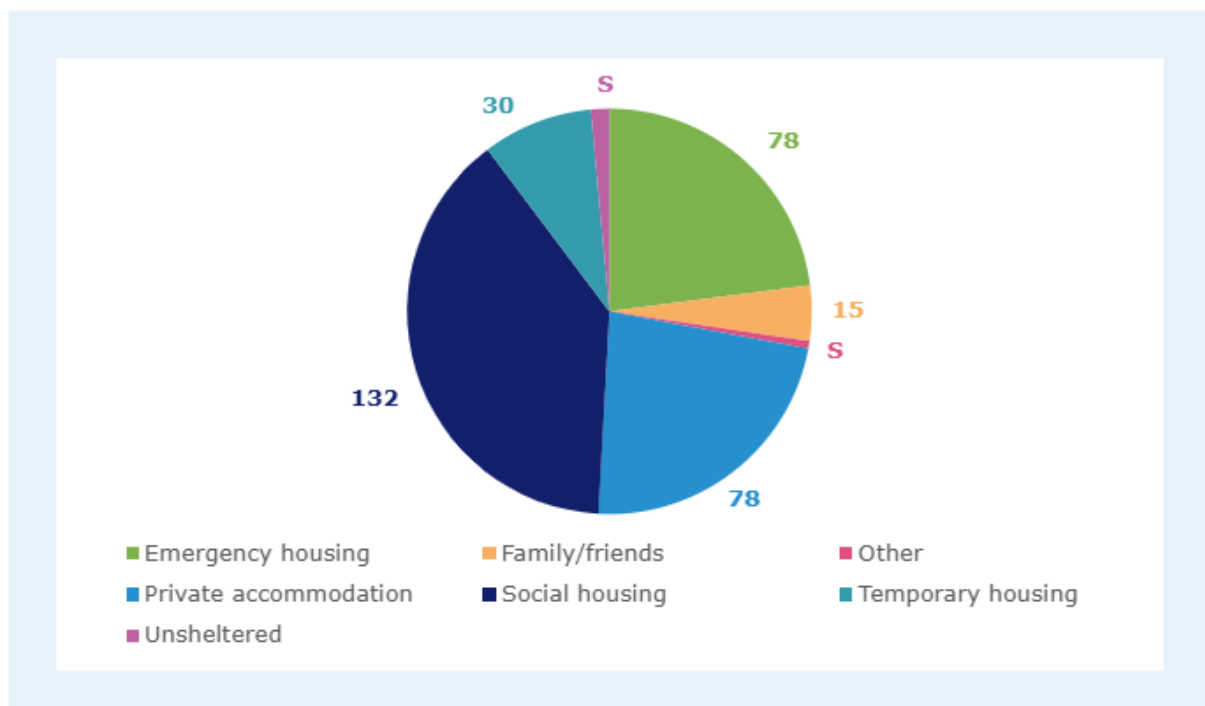


Figure 5 shows the housing situation of survey respondents. A small number of respondents reported living in cars or on the streets, classified as “unsheltered”.⁴²

Question 2: Which support did clients receive?

Overall, 90 percent of respondents said they had received case manager and/or navigator support.

The survey was sent to clients who show in the data as having participated with ISCM and/or navigator services.

Lower than expected self-reported participation rates will to some extent be the result of terminology – we used the term “case manager” rather than ISCM because we assumed clients would be unlikely to differentiate between these roles, and navigators may be more familiar to clients by their organisation names. Housing brokers and Ready to Rent courses had higher than expected participation rates – possibly for similar reasons. 24 respondents said “no” or “don’t know” to all four services.

28 percent of respondents said they had received support from a housing broker, and 35 percent said they had been supported by a Ready to Rent course.

The section was not designed to quantify participation but rather to prompt clients to think of the services we are interested in when rating them and providing comments.

Question 3: Rating of support services

Clients were then asked to rate each support service they had selected on a five-point scale from “very poor” to “very good”. The ratings for each service are provided in Table 4.

Table 4: Ratings for support services from client survey

Number who rated	Service	Good /very good (%)	Okay (%)	Poor / very poor (%)
294	ISCM	75	16	10
210	Navigator	77	16	7
93	Housing broker	80	18	2
120	Ready to Rent	78	17	5

⁴² Exact number suppressed for privacy reasons (numbers less than six are suppressed).

When the ratings are grouped together to provide an average rating score for all of those who rated the services, 79 percent gave overall ratings of good or very good, 14 percent rated the services as okay and 7 percent as poor or very poor.

Question 4: Respondents were asked to say why they gave the services those ratings

264 people left comments. The comments underwent thematic analysis (see Appendix Four) and the key themes are reported in the main body of this report.

Question 5: Which barriers did you face?

Clients were asked: which, if any, of the barriers listed did you face when trying to find permanent, stable housing? (they were able to choose more than one option).

Table 5: Barriers selected by survey respondents

Barrier	Number	Percent
Available properties too expensive	198	59
I didn't / don't have any, or good enough, references	120	35
Available properties unsuitable for me/my family's needs	117	35
Not enough properties in my area	114	33
Health issues (including mental health)	105	31
Discrimination from landlords	90	27
My work and/or income is/was unstable	69	20
Available properties not allowing pets	69	20
Other (please specify)	57	16
I didn't/don't know how to find a rental property	27	8
I did not or am not facing any barriers	18	5

Other barriers specified that were not covered by the other categories included:

- > Credit history
- > Criminal record

- > Debt

Some elaborated on the reasons they felt they had faced discrimination in the housing market, for reasons such as:

- > Having children
- > Not having children
- > Being a beneficiary
- > Age

Analysis of subgroups showed the below small differences between subgroups in terms of their likelihood of selecting different barriers.

Table 6: Significant results for subgroups selecting barriers⁴³

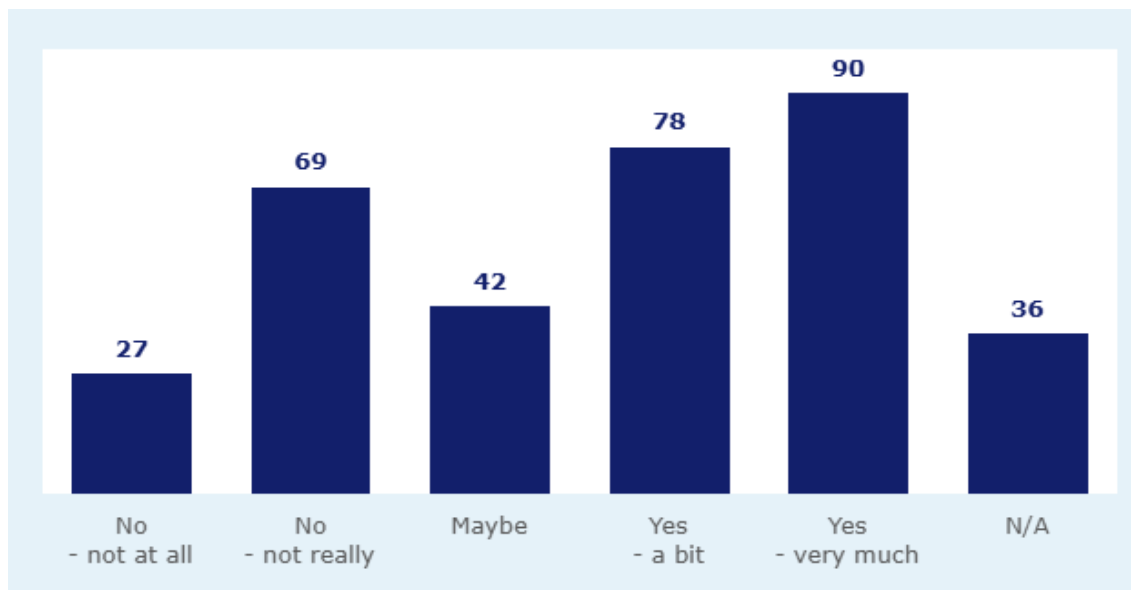
Barriers	More likely	Less likely
Not enough properties in my area	Nelson, female*	In EH, male, Canterbury*
Pets	In SH*, female, Central*, European	Māori, male*
Discrimination	18-34, European	55+*
Health issues	55-64, European, single without children	Māori, sole parent
Expense		65+*
Lack of references	18-34, Waikato	single without children*, 55+*
Unsuitable properties	35-44*	55+*, Canterbury
Finding properties	male	female
Income	male, Wellington*, Pacific	female, In EH*

Question 6: Did the support services help you address those barriers?

Of the 304 people who rated the support services and said they had barriers, 55 percent said 'Yes', 14 percent said 'Maybe' and 31 percent said 'No' to the question about whether the support services helped them overcome their barriers.

⁴³ Statistically significant to p-value 0.05. *Statistically significant to p-value 0.1. "More likely" means that group was more likely to select that barrier than others not in the group, e.g. Europeans were more likely to select "Health issues (including mental health)" than non-Europeans.

Figure 6: Help with barriers from support services



Clients who identified the following barriers were more likely to say the services did not help them overcome those barriers than clients who did not identify those barriers:

- > Discrimination (43 percent no),
- > No references (39 percent no),
- > Unstable income (45 percent no)
- > Properties unsuitable (39 percent no).

Question 7: Did you need any other support?

Question 7 asked clients whether they needed support for anything while in emergency housing that they did not get. Clients who were currently in EH were not asked this question. 32 percent of those asked answered “Yes” to this question.

Respondents were then asked to give details about what they needed additional support for. The comments underwent thematic analysis (see Appendix Four) and the key themes are reported in the main body of this report.

Question 8: Any other comments?

The final question asked clients if they had any other comments or feedback that they would like to share with MSD about their experience in emergency housing and leaving emergency housing (the last part was omitted for clients who were still in emergency housing). As above, the comments underwent thematic analysis and the key themes are reported in the main body of this report.