Te Mahana Submission **by the Social and Recreation Subgroup of the Accessibility Advisory Group 3/5/13**

1. Yes. Overall, we do support this dual approach.

2a. Yes, as the 9 priority areas are all admirable.

2b. Which priorities are particularly important to you?

Priority One: The AAG advises on accessibility for those with impairments, so we consider that accommodation overall for the homeless be accessible as particularly important. This includes doors wide enough for wheelchairs and walkers, level access wet showers, ramps, rails, etc. We also consider it particularly important that there is enough appropriate accommodation available with proper support and that such accommodation be affordable.

We would like to be assured that "accessible" in this context means not only merely available, but truly accessible in that it is usuable by everyone in the community. This includes: the able bodied, people pushing strollers, the elderly and people with impairments and disabilities.

By proper support, we mean adequate support networks for the homeless.

It is very likely that the homeless may have impairments [physical, visual, auditory, intellectual, etc]. These impairments may affect, among other things, their strength, balance and mobility, etc. These factors all need to be taken into account in providing them with "truly"accessible accommodation.

This refers to level access/ minimal steps at doorways, smooth paths with gentle gradient increases, handrails for steps and lifts wide enough for wheelchairs, etc. This also means clear signage in Plain English in easily visible colours whatever the light level. This means too that there be insulation to soundproof rooms. This would decrease the chances of loud, intrusive noises from other tenants or from the outside making wearing a hearing aid tiring and tiresome.

Homelessness can also refer to inappropriate accommodation, e.g., in uninhabitable housing. There needs to be improved data collection about this.

Priority Four: We have concerns about how appropriate accommodation will be made user-friendly and tolerant for the chronically homeless, also for Mental Health Consumers. They particularly find it difficult to live in a flat with a group. According to representatives of Kites, such people would find that accommodation inappropriate for them. They specifically need appropriate accommodation with proper support. This is to ensure they eat healthy food and take their medication regularly or they may become homeless again. They also may end up back at Wellington Hospital`s acute mental health ward, Ward 27.

Priority Five: Again, we do have concerns about the certainty of enough accessible, appropriate and affordable accommodation with proper support even with the development of pre-discharge protocols and guidelines. The minimum wage has gone up, but rents are still very high in Wellington. These pre-discharge protocols and guidelines are of paramount importance or else you have a revolving door of admissions to A&E, hospital, Ward 27 and prisons.

Priorities Six and Eight: Data collection certainly needs improving to avoid the homeless/those vulnerable to homelessness in the system falling through cracks or being placed in uninhabitable housing. There definitely needs to be improvement in data collection and information co-ordination on housing options. Teamwork would avoid overcrowding and enclaves/ghettos of the homeless.
Data collection also needs to be improved about Housing New Zealand waiting lists. People should not just be bumped off these waiting lists by being housed in inaccessible, inappropriate and unaffordable housing to make the data look good.
The problem of homelessness in Wellington should not be solved by just moving the homeless out of sight to appear somewhere else, e.g., in shop doorways, sleeping rough, etc.

2c Are there any other priorities we should consider?

All the other priorities, which are:

Priority Two: Decreasing evictions is important, as the homeless often have nowhere else to go, so sleep rough outside or in doorways and get sick when it is cold and wet. This will just pass on Housing NZ costs to the Capital & Coast District Health Board. Who is responsible? Where does the buck stop for the homeless and Mental Health Consumers desperately needing an adequate supply of accessible, appropriate and affordable accommodation with proper support?

Priority Three: Appropriate, targeted health support is essential – especially for those with mental health issues, who find it hard to cope alone.

Priority Seven: Everyone involved needs to work together as a team in developing an interconnected and people-centred case management scheme not only for those actually homeless, but also for those experiencing homelessness, e.g., in inaccessible accommodation.

Priority Nine: A co-ordinated approach is the most effective way for the homeless to have access to crisis management and support services.

3a. Yes. We certainly do think these 10 initiatives will contribute greatly to the vision. All the initiatives are admirable and overarching. They are broad in scope and a basis to start with before moving onto the specifics.

3b. Other initiatives the WCC should look at.

a] How will these initiatives be measured?
b] The means and timeframes of data collection should have set dates to judge results by.
c] There should be a pamphlet in Plain English and other languages with information for the homeless about where and how they can get accessible, appropriate and affordable accommodation with proper support. It could be available at WCC`s i-site, libraries, Citizen Advice Bureau, ferry terminals, the railway station, backpackers, YHA, A&E, the emergency numbers section of phone books, on-line, etc.
d] There should also be an updated `Out and About in Wellington' booklet in Plain English for the homeless to find out where they can go for help and advice, the location of Citizen Advice Bureau/Budget Advice/ free Legal Advice, etc.

e] Screening for homelessness/vulnerability to homelessness could be done at A&E at the District Health Board level. There would need to be a pathway for reporting the results of this screening.

3c. How can the AAG help to deliver any of these initiatives?

- The AAG will help by continuing to advocate to the WCC to increase the supply of accessible, appropriate and affordable accommodation with proper support networks for the homeless and Mental Health Consumers.
- We will be available to advise about accessibility and suitability of appropriate and affordable longterm, short term, emergency and crisis accommodation being offered to those with impairments/mental health issues
- We will provide recommendations on best practice to meet accessibility standards if accommodation is available, but needs to be modified to be suitable for those with impairments and mental health concerns.
- We can also help with checking on the accessibility of the accommodation with advice during walk throughs , e.g., handrails on steps, handholds on baths, wheelchair height of benches and handles, ramps, doors also lifts big enough for wheelchairs, etc.
- We can help as well with advice about Plain English and Braille on signage, Braille pads on lifts, pressure pads on cut throughs and suitable colours on signage for those with visual impairments.
- We will have input into The Wellington Regional Affordable Housing Strategy.
- We will help too with ensuring this advice is put into action (and not just filed) by following it up.

4a. What signs will tell us we`re on the right path?

Less visible homeless people on the streets or sleeping rough.

4b. How will we know when initiatives deliver results?

This is a problem, as how are results being measured? There needs to be more research about this. Some think that certain homeless people give character to Wellington, e.g., The Bucket Man and Blanket Man.

If there is enough accessible, appropriate and affordable accommodation for the homeless, the results will show in less demand for crisis accommodation, fewer on Housing NZ waiting lists and lower admission numbers to A&E and Ward 27.

There will also be less homelessness.

4c. How will we know when we have achieved the vision?

Research it.
Hopefully, no homelessness in Wellington in 2020.

5. Any other comments?

A} Extending the hours of The Soup Kitchen and Drop-In Centres – especially in the Autumn and Winter when it is often cold and wet.

B} Having Health Professionals on-site, e.g., after breakfast and dinner at The Soup Kitchen.

C} Having far more than 5 emergency beds in Wellington specifically for homeless women than in the new "home" in Opera House lane (`Hope for homeless women', The Wellingtonian, pg 9, 4.4.13.)

D} Addressing the problem of how and where do the homeless find out about the availability of accessible, appropriate and affordable accommodation with proper support if they are itinerant, refugees and Non English speakers.

E} Where is the money coming for all these priorities and initiatives? There is an expectation by The Government and WCC that more and more will be done by volunteers.

F} What are the WCC`s priorities for funding homelessness? So much is being spent on other projects, e.g., The Memorial Park for the dead [where so many homeless live and sleep rough!]

G} The money spent on `Greening Taranaki Street' would be better spent now on the ever increasing problem of homelessness before it becomes a critical problem in the near future.

H} WCC, Housing NZ and Government Departments are putting pressure in the homeless, which is not helpful and can tip them over the edge back into A&E and Ward 27.

I} How realistic is it to hope to end homelessness by 2020?

In conclusion,

Great Job and Kia Kaha to all the WCC staff, e.g., Jaime Dyhrberg, for this Draft Strategy to end homelessness in Wellington by 2020.