

He Iwi Kāinga Horomātangi St Taupō Ph: 0800 889 427

**Date** 

### <u>Mihi</u>

Nau mai, Haere mai Welcome to our Sustainable Tenancies Programme.

Thank you for joining this service, here at Tūwharetoa Settlement Trust, we are looking to work together with our people to help prevent and reduce homelessness and housing stress, by helping you to build a good foundation with a Kaupapa Māori approach.

Having a stable place to call home can make it easier to get ahead and deal with other issues in your life. Homelessness is more than rough sleeping. It includes people who are without shelter, in emergency and temporary accommodation, and living temporarily in severely overcrowded accommodation. At times we are all just one life event away from homelessness whether it be the passing of a loved one, redundancy, an illness or an unexpected cost.

Our Senior Kāinga Coach will ask to learn more about you. This information will help us to gain a greater understanding of your whanau, your living situation and the realities that are impacting your tenancy and in return we offer a Kaupapa Māori approach to not only respond to the physical realities of homelessness but a holistic overall approach helping to both educate and connect you to the right people. For in the end the most important thing in the world is He Tangata, He Tangata, He Tangata.

| Office Use | - Consent Matrix  |
|------------|---|
|            | Whanau provided with clear information about the Programme including the kaupapa and process involved |
|            | Roles of Kāinga Coach explained   |
|            | Level of commitment of the client and whanau discussed and agreed upon                                |
|            | Written Informed consent form obtained and understood   |
|            | Whanau understands Disclosure Statement and that their information may be shared                      |



## **Referral To HIK - Sustainable Tenancies**

| First Name(s):                        |                                 | Surname:                    |           |  |  |
|---------------------------------------|---------------------------------|-----------------------------|-----------|--|--|
| Gender:                               |                                 | DOB:                        |           |  |  |
| Email:                                |                                 | NHI No:                     |           |  |  |
| Phone number:                         |                                 | Mobile No:                  |           |  |  |
| Address:                              |                                 |                             |           |  |  |
| Registered with TST: Y / N            |                                 | Languages Spoken:           |           |  |  |
| Hapu:                                 |                                 | Marae:                      |           |  |  |
| Current Living Situation:             |                                 | ncy Housing/ Boarding /Othe | r:        |  |  |
| Employment Status:                    | Employed/ Benefit/ ACC          | C/Other:                    |           |  |  |
| Location:                             |                                 |                             |           |  |  |
| No. in Household                      | Adults:                         | Children:                   | (0-14yrs) |  |  |
| Pets & Description:                   |                                 |                             |           |  |  |
| Emergency Contact:                    | Name:                           |                             |           |  |  |
|                                       | Address:<br>Number:             |                             |           |  |  |
|                                       | Relationship:                   |                             |           |  |  |
|                                       | Referrer                        | r details                   |           |  |  |
| Referrer:                             |                                 | Organisation:               |           |  |  |
| Email:                                |                                 | Contact No:                 |           |  |  |
| Mobile:                               |                                 | Date of Referral:           |           |  |  |
| Key Worker:                           |                                 | Contact No:                 |           |  |  |
|                                       | Medic                           | al Info                     |           |  |  |
| Medical Alert / Concerns              |                                 |                             |           |  |  |
| GP:                                   |                                 | Contact No:                 |           |  |  |
| Place of Practice:                    |                                 |                             |           |  |  |
| Reason for Referral: Please s         | hare as much detail as possible |                             |           |  |  |
|                                       |                                 |                             |           |  |  |
|                                       |                                 |                             |           |  |  |
|                                       |                                 |                             |           |  |  |
|                                       |                                 |                             |           |  |  |
|                                       |                                 |                             |           |  |  |
| Specific Needs/ Considerations:       |                                 |                             |           |  |  |
| (Spiritual, Cultural, Gender Specif   | ic Staffing, Dietary)           |                             |           |  |  |
|                                       |                                 |                             |           |  |  |
| Safety Risks / Concerns:              |                                 |                             |           |  |  |
| (e.g., violence, gang affiliation, do | g on property).                 |                             |           |  |  |
|                                       |                                 |                             |           |  |  |
|                                       |                                 |                             |           |  |  |
|                                       |                                 |                             |           |  |  |

Please send all referrals to heiwikainga@tst.maori.nz



## <u>Whānau</u>

About the Whanau in your whare – The information you provide here will assist us to support your priorities and to identify other areas of support for your Tenancy needs.

| Name   |                      |
|--|----------------------|
|  |                      |
| First  | Last                 |
| Date of Birth                                  |                      |
|  |                      |
| dd-mm-yyyy                                     |                      |
|  |                      |
| Name   |                      |
|  |                      |
| First  | Last                 |
| Date of Birth                                  |                      |
|  |                      |
| dd-mm-yyyy                                     |                      |
|  |                      |
| Name   |                      |
|  |                      |
| First  | Last                 |
| Date of Birth                                  |                      |
| dd mm yaaay                                    |                      |
| dd-mm-yyyy                                     |                      |
| Name   |                      |
|  |                      |
| First  | Last                 |
| Date of Birth                                  | Lust                 |
|  |                      |
| dd-mm-yyyy                                     |                      |
|  |                      |
| Name   |                      |
|  |                      |
| First  | Last                 |
| Date of Birth                                  |                      |
|  |                      |
| dd-mm-yyyy                                     |                      |
|  |                      |
| Notes: (to record such details as whether kids | are in school etc.). |
|  |                      |
|  |                      |
|  |                      |
|  |                      |



## <u>Hauora</u>

| Does your whahau have any of the following | , nearth issues?                           |
|--|--|
| Asthma                                     | Substance misuse                           |
| Respiratory problems                       | Gambling issues                            |
| Obesity                                    | Trauma                                     |
| Eating disorder                            | A learning disability                      |
| Heart Disease                              | Development issues                         |
| Cancer                                     | Cognitive impairment                       |
| Mental Health                              | Acquired brain injury                      |
| Personality disorder                       | Social issues                              |
| Disability                                 | Experience of domestic and family violence |
| Physical Health issues                     |  |
|  |  |

#### Does your whanau have any of the following health issues?

#### Health & Medical Notes:

Disclosure: It is important that we are aware of diagnosed health concerns, please tell us if any named whanau members have diagnosed health or medical issues, examples may include mobility, rheumatic fever GAS+ tests, hearing etc. but are not limited to the above

Office Use – Strengths and Needs Assessment - Health

- 1 More than 5 health related issues currently un- addressed
- 2 3-5 issues related issues currently un-addressed
- 3 1-2 health related issues currently un-addressed
- 4 No Known health issues that are currently un-addressed



## <u>Whare</u>

Is the whanau homeless? Y/N Is the whanau in Emergency Housing, for how long?

0-12 months 1-2 years 2+ years

#### Expand in detail:

#### Is the whanau

| Renting: | Public | Private | Landlord or Property Manager |
|----------|--------|---------|------------------------------|
| Boarding |        |         |                              |
| Other    |        |         |                              |

## Expand in detail: (Payments/ Frequency/ Arrears/ Disputes/ Rent Increases/ Risks)

Does the house comply with the World Health Organization (WHO) Standards for maximum number of whanau members living in a single household?

| Yes   | No- b | No- but adequate space for whanau |  |  |  |  |  |  |
|---|-------|-----------------------------------|--|--|--|--|--|--|
| How safe and hazard free is the home?         |       |                                   |  |  |  |  |  |  |
| Very Poor Poor Average Very Good Excellent    |       |                                   |  |  |  |  |  |  |
| How safe and hazard free is the surroundings? |       |                                   |  |  |  |  |  |  |

#### How safe and hazard free is the surroundings?

| Very Poor P | Poor | Average | Very Good | Excellent |
|-------------|------|---------|-----------|-----------|
|-------------|------|---------|-----------|-----------|



| How clean is the home? |      |          |           |            |  |  |  |
|------------------------|------|----------|-----------|------------|--|--|--|
| Very Poor              | Poor | Average  | Very Good | Excellent  |  |  |  |
|                        |      | , weruge |           | Externelle |  |  |  |

#### How clean is the surroundings?

| Very Poor | Poor | Average | Very Good | Excellent |  |  |  |
|-----------|------|---------|-----------|-----------|--|--|--|

#### Expand in detail: (Property/ Maintenance Obligations)

| Early Intervention Strategies   | Effective Communication  |
|---|--|
| 5 I   | Client encouraged to make contact if having problems paying rent in order to<br>explore options for support<br>Explanation given to client to understand eviction process, reasons |
| Vulnerability Assessment  |  |
| Identified level and type of complex needs<br>Identified appropriate service(s) to refer client<br>Provided information to client about relevant services available<br>Referral made to relevant service(s)<br>Tenancy Response Plan created with client which outlines actions/<br>outcomes for whanau to address rent arrears | Realistic, affordable and achievable repayment plan in place for whanau  |
| Outcome   |  |

#### Office Use – Strengths and Needs Assessment – Housing & Environment

- 1 Serious housing and safety issues / whanau is homeless
- 2 Existing conditions have caused injury or illness
- 3 Current housing and environment present potential hazards to health, safety and well-being of whanau
- 4 Whanau has adequate housing and a safe environment



# <u>Āhuatanga Putea</u>

| Have there been times during | the last 12 months w | when the family could no | ot afford: |
|------------------------------|----------------------|--------------------------|------------|
|------------------------------|----------------------|--------------------------|------------|

|  | Never        | Sometimes Of                                      | ten      | Always                       | NA                 |
|--|--------------|---|----------|------------------------------|--------------------|
| Food   |              |   |          |                              |                    |
| Clothes  |              |   |          |                              |                    |
| Petrol/Transport                               |              |   |          |                              |                    |
| Mortgage/Rent                                  |              |   |          |                              |                    |
| Power/Gas                                      |              |   |          |                              |                    |
| Telephone/Mobile                               |              |   |          |                              |                    |
| Expand on Detail                               |              |   |          |                              |                    |
| What category best describ<br>only one option) |              | ross family income during t<br>Less than \$10,000 |          | 2 months? (Ple               |                    |
| \$15,000 - \$24,999                            |              | \$25,000 - \$34,999                               | \$3      | 35,000 - \$49,999            | 1                  |
| \$50,000 - \$74,999                            |              | \$75,000 - \$99,999                               | \$1      | 100,000 or more              |                    |
| What is the total family inco                  | ome per w    | eek after tax?                                    |          |                              |                    |
| What is the source(s) of the applicable)       | e family ind | come in the last 12 months                        | ? (Pleas | e check at least             | one option that is |
| Child Support Payments                         |              | Domestic Purposes Benefit                         | In       | valids Benefit               |                    |
| No Source of Income                            |              | NZ Superannuation Pensior                         | ns 🗌 Pa  | aid Parental Lea             | ve                 |
| Regular payments from A                        |              | Self-employed or Business<br>Income               | Si       | ckness Benefit               |                    |
| Student Allowance                              |              | Unemployment Benefit                              |          | ages, Salary or<br>ommission |                    |
| Other  |              |   |          |                              |                    |



Do you find yourself always behind in trying to make payments? (Please select one and only one option)

 $\bigcirc$  Never  $\bigcirc$  Sometimes  $\bigcirc$  Often  $\bigcirc$  Always

If you have been behind in payments, how far behind are you?

- 🔘 A Week
- 🔵 1-2 Weeks
- 🔘 2-4 Weeks
- A month of more

#### Expand in detail:

| _ |
|---|



## Whakaea Taurewa

Needs: These are the costs that are necessary for your life, like a roof over your head, food, electricity, transportation, credit card and loan repayments... basically anything that can't be skipped and must be paid.

|  | Amount \$ | Frequency | Credit/ Arrears | Supplier/Notes |
|--|-----------|-----------|-----------------|----------------|
| Rent   |           |           |                 |                |
| Insurances – Contents<br>Vehicle<br>Health<br>Life |           |           |                 |                |
| Power/ Gas   |           |           |                 |                |
| Internet   |           |           |                 |                |
| Phone/ Mobile Phone                                |           |           |                 |                |
| Groceries  |           |           |                 |                |
| Transport  |           |           |                 |                |

Wants: These are the things we enjoy but could go without if we had to. Things like new clothes, eating out, entertainment and social outings.

|                           | Amount \$ | Frequency | Notes |
|---------------------------|-----------|-----------|-------|
| Lunches                   |           |           |       |
| Coffees                   |           |           |       |
| Memberships               |           |           |       |
| Dining Out -<br>Takeaways |           |           |       |
| Subscriptions             |           |           |       |
| Clothing                  |           |           |       |
| Health & Beauty           |           |           |       |
| Charity/ Tidings          |           |           |       |
| Gifts                     |           |           |       |
| Other                     |           |           |       |

Debts: These are costs or contracts you have signed up to.

|                | Amount \$ | Frequency | Notes |
|----------------|-----------|-----------|-------|
| Overdraft      |           |           |       |
| Car Loans      |           |           |       |
| Personal Loans |           |           |       |
| Credit Cards   |           |           |       |
| Hire Purchases |           |           |       |
| Store Cards    |           |           |       |
| After pay      |           |           |       |



| Other |  |  |
|-------|--|--|
|-------|--|--|

# Expand in detail:

| <br> |
|------|
| <br> |
|      |
| <br> |
|      |
|      |
|      |
|      |
|      |
|      |



## Rawa Whaipūtea

Does your household have Savings: whether you are saving up for a house, a holiday or if you want to have a rainy-day fund for unexpected expenses, share what you currently have in place

| House Deposit                     | Amount \$ | Notes |
|-----------------------------------|-----------|-------|
| Holiday                           |           |       |
| Emergency Funds                   |           |       |
| KiwiSaver                         |           |       |
| Work Provided Superannuation Fund |           |       |
| House Deposit                     |           |       |
| Other Investments                 |           |       |

## Are your whanau currently protected? Do any/ all adults have?

|                    | Yes - supplier | No – not affordable | No – Lack of info/ |
|--------------------|----------------|---------------------|--------------------|
|                    |                |                     | awareness          |
| Contents Insurance |                |                     |                    |
| Health Insurance   |                |                     |                    |
| Vehicle Insurance  |                |                     |                    |
| Life Insurance     |                |                     |                    |



## **Oranga Pūtea**

Who do you currently bank with? How do you currently assess your funds? In branch / Eftpos / Visa Debit / Internet Banking / Mobile App / Phone Banking

Are you currently paying fees on your accounts?

Do you often find your account in unarranged overdraft? Do you have a clear understanding of where your money goes each week, fortnight, month? Do you feel confident in your ability to manage your money well?

How confident do whanau feel to approach financial services?

|                                      | Not Confident | Somewhat Confident | Quite Confident | Very Confident |
|--------------------------------------|---------------|--------------------|-----------------|----------------|
| Bank                                 |               |                    |                 |                |
| Budget Services                      |               |                    |                 |                |
| Financial Advisor                    |               |                    |                 |                |
| Online websites such as Sorted.co.nz |               |                    |                 |                |
|                                      |               |                    |                 |                |

#### Additional Comments

| <mark>Office Use – Stre</mark> | ngths and Needs Assessment – Adequacy of Income                       |
|--------------------------------|---|
| 1                              | Family is in Financial Crisis   |
| 2                              | Income is insufficient: Unable to meet basic needs                    |
| 3                              | Family income is sufficient to meet only basic needs                  |
| 4                              | Family income is adequate to meet needs as well as whanua aspirations |
|                                |   |
| <mark>Office Use – Stre</mark> | <mark>ngths and Needs Assessment</mark> – Income Management           |
| 1                              | Family needs extensive support (Financial Crisis/ No Income)          |
| 2                              | Family is not managing income well and needs education/ advice        |
| 3                              | Family managing reasonably well but could do with some support        |
| 4                              | Family income is adequate managed, and members are financially savvy  |



## <u>Mahi</u>

What type of employment do members of the whānau have? (Please check all option(s) that are applicable)

|   | Full-time | Part-time | Casual on-<br>call | Seasonal | N/A |
|---|-----------|-----------|--------------------|----------|-----|
| Rangatahi (School Leavers to 18<br>years old) |           |           |                    |          |     |
| Pregnant and Breastfeeding Wāhine             |           |           |                    |          |     |
| Pakeke (18 years old and older)               |           |           |                    |          |     |
| Kaumātua and Kuia                             |           |           |                    |          |     |

What type of employment status do members of the whānau have? (Please check all option(s) that are applicable)

|   | Perm | Temp | Contract/ Self<br>Employed | Not<br>working | N/A |
|---|------|------|----------------------------|----------------|-----|
| Rangatahi (School Leavers to<br>18 years old) |      |      |                            |                |     |
| Pregnant and Breastfeeding<br>Wāhine          |      |      |                            |                |     |
| Pakeke (18 years old and older)               |      |      |                            |                |     |
| Kaumātua and Kuia                             |      |      |                            |                |     |
| Unemployment Status                           |      |      |                            |                |     |

# What are the reasons for unemployment? (Please check all option(s) that are applicable for each group)

| Rangatahi (School leavers to 18 | years old)                       |                         |
|---------------------------------|----------------------------------|-------------------------|
| Caring for other whānau         | Education<br>(Course/University) | Expensive Childcare     |
| No Jobs Available               | Illness or Disability            | Time Flexibility Issues |
| N/A                             |                                  |                         |
|                                 |                                  |                         |
| Pregnant or Breastfeeding Wāhi  | ne                               |                         |
| Caring for other whānau         | Education<br>(Course/University) | Expensive Childcare     |
| No Jobs Available               | Illness or Disability            | Time Flexibility Issues |
| N/A                             |                                  |                         |



| Pakeke (18 years or older)                |                                  |   |
|---|----------------------------------|---|
| Caring for other whānau                   | Education<br>(Course/University) | Expensive Childcare                             |
| No Jobs Available                         | Illness or Disability            | Time Flexibility Issues                         |
| N/A                                       |                                  |   |
|   |                                  |   |
|   |                                  |   |
| Kaumātua and Kuia                         |                                  |   |
| Kaumātua and Kuia Caring for other whānau | Education<br>(Course/University) | Expensive Childcare                             |
|   |                                  | Expensive Childcare     Time Flexibility Issues |

## Expand in detail:

Office Use – Strengths and Needs Assessment – Employment Status

- 1 Unemployed with no immediate prospects
- 2 Underemployed or Unemployed but seeking employment
- 3 Employed but not satisfied (not employment of choice)
- 4 No employment issues



## **Manaakitanga**

#### When required, how confident is whanau that they can get themselves seen by the following services:

|                  | Not Confident | Somewhat Confident | Quite Confident | Very Confident |
|------------------|---------------|--------------------|-----------------|----------------|
| Social Services  |               |                    |                 |                |
| Health Providers |               |                    |                 |                |
| Housing Agency   |               |                    |                 |                |
|                  |               |                    |                 |                |
|                  |               |                    |                 |                |

Social Services include but are not limited to OT, MSD, Family Start, Whanau Ora, Budgeting

#### How well is the whanau able to find their way around the following services:

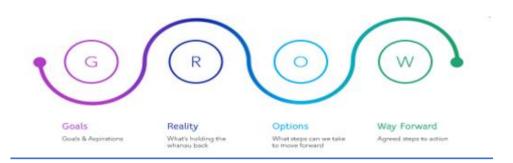
|                  | Not Confident | Somewhat Confident | Quite Confident | Very Confident |
|------------------|---------------|--------------------|-----------------|----------------|
| Social Services  |               |                    |                 |                |
| Health Providers |               |                    |                 |                |
| Housing Agency   |               |                    |                 |                |
|                  |               |                    |                 |                |
|                  |               |                    |                 |                |

Social Services include but are not limited to OT, MSD, Family Start, Whanau Ora, Budgeting

Have your whanau used any of the services available in the past - how did you find this experience?



## **Whakamana**



#### **Goals & Aspirations**

| What the whanau want to achieve<br>Short Term / Long Term | It's important because                                |
|---|---|
| Ranking of goals 1-10                                     | When we reach our goals, it will look like/ feel like |

#### Reality

| Things going on for us are          | What we'd like to see happen |  |
|-------------------------------------|------------------------------|--|
|                                     |                              |  |
|                                     |                              |  |
|                                     |                              |  |
|                                     |                              |  |
| What is different about these times | When has problem been better |  |
|                                     |                              |  |
|                                     |                              |  |
|                                     |                              |  |



| Options  |   |  |
|--|---|--|
| If something wonderful happened, things would be like this | If the improved situation is now a 10, we are now |  |
| Times when it was closer to a 10                           | Things were better when we were                   |  |

| Ways Forward                                     |                                    |
|--|------------------------------------|
| Plan to move one step closer to our goals we can | Confidence in doing so             |
| Support we need to make this happen              | If things become difficult, we can |



# <u>Kāiarahi Notes</u>

## Contact Points

| Date | Method – email/ phone/ face to face | Notes |
|------|-------------------------------------|-------|
|      |                                     |       |
|      |                                     |       |
|      |                                     |       |
|      |                                     |       |
|      |                                     |       |
|      |                                     |       |
|      |                                     |       |

| APPLICANTS: What are the risks associated with Sustaining a Tenancy |                  |                     |             |  |
|---|------------------|---------------------|-------------|--|
| TENANTS: What are the Tenancy Issue(s)?                             |                  |                     |             |  |
| Recommendations and Referrals                                       |                  |                     |             |  |
| Goals   | Actions Required | Who (Whanau/<br>Me) | Review Date |  |
|   |                  |                     |             |  |
|   |                  |                     |             |  |
|   |                  |                     |             |  |
|   |                  |                     |             |  |
|   |                  |                     |             |  |
|   |                  |                     |             |  |

|                       | SN Score |
|-----------------------|----------|
| Health                |          |
| Housing & Environment |          |
| Adequacy of Income    |          |
| Income Management     |          |
| Employment            |          |
| Services Navigation   |          |
| Total SN Score        |          |

| Lev | el of Care Required      |
|-----|--------------------------|
|     | 1 - 7 Level 1 (High)     |
|     | 8 – 14 Level 2 ( Medium) |
|     | 15 – 24 Level 3 ( Low)   |

Date of Initial Assessment

