



2 April 2026

Tēnā koe

Official Information Act request

Thank you for your email of 11 March 2026, requesting documents relating to the Ministry of Social Development (the Ministry)'s Tactical Plan for Rough Sleepers.

I have considered your request under the Official Information Act 1982 (the Act). Please find my decision on your request set out below.

Please find attached the following documents in scope of your request.

- **Appendix 1: Emergency Housing Policy Settings and Tactical Plan**
- **Appendix 2: Tactical Plan Guidelines**
- **Appendix 3: Tactical Plan Slide Deck**
- **Appendix 4: Memorandum of Understanding for Co-location**
- **Appendix 5: Health and Safety.**

The Ministry's Tactical Plan was developed and implemented at pace to address an urgent need. As part of the Tactical Plan, the Ministry engaged with clients in key locations, as outlined in Appendices 1 and 3. In key Service Centres we have the following in place: walk-in services, outreach support, dedicated staff, and a clear referral process.

Importantly, staff have found that almost all the rough sleepers they've engaged with have been willing to work with the Ministry and contracted support services.

The Ministry has contracted an additional 14 Navigators to support Rough Sleepers in response to the Government's short-term actions aimed at addressing rough sleeping. These roles will work closely with frontline staff and housing first providers, across key regions identified as high risk:

- Enabling providers to access rough sleepers.
- Ensure there is access to assessments from the Ministry.
- Including rough sleepers being on the public housing register.
- Prepares and supports rough sleepers for accommodation options.

The Ministry works in partnership with outreach providers and navigators to ensure rough sleepers can access Work and Income services. Drop-in clinics at both community locations and Work and Income offices, co-located staff with providers, and ability for clients and providers to engage virtually via email and/or phone.

Strong regional relationships between the Ministry and homelessness service providers, foster trust with clients who may otherwise be hesitant to engage. By meeting people where they are — physically and relationally — the Ministry helps reduce the stigma and complexity associated with accessing Ministry services.

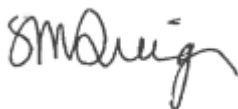
Please note that in **Appendix 3: Tactical Plan Slide Deck**, some information and data may be outdated. It is a summary of information available at the time.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

pp. 

Anna Graham
General Manager
Ministerial and Executive Services

Memorandum of Understanding for Co-Location (previously Terms of Engagement (ToE))

This page provides information, expectations, and requirements about having Ministry of Social Development (MSD) staff co-located with other organisations/agency partners.

On this Page:

Details

MSD have a number of staff that co-locate at co-location sites to support clients where there is a regular, ongoing arrangement in place that allows us to deliver services to clients without the need to come into a service centre (weekly, fortnightly, monthly etc).

This will provide staff with consistent expectations that align with Client Service Delivery's Operating Model.

It will ensure our staff, the organisations/agencies that we partner with and MSD as a business are kept safe, while understanding our role and boundaries.

These include, but are not limited to:

Providers,

Iwi/Marae,

Community organisations,

Not-for-profit legal entity,

Other agencies

Department of Corrections (Ara Poutama Aotearoa)

Police (Nga Pirihimana O Aotearoa)

Memorandum of Understanding (MoU)

Outlines the framework for collaboration between MSD and an agency, including the co-location of MSD staff within the agency partners premises. It clarifies the roles, responsibilities, and expectations of both parties, covering procedures for co-location, information sharing, and managing conflicts of interest, and compliance with health, safety, and security requirements.

The document will be reviewed regularly for compliance and updates.

Note: While the MoU serves as a guide to ensure smooth collaboration, it is not legally binding.

[Memorandum of Understanding \(Word 1.5MB\)](http://doogole/documents/business-groups/helping-clients/work-and-income/our-service/case-management-services/memorandum-of-understanding-for-co-location.docx), [<http://doogole/documents/business-groups/helping-clients/work-and-income/our-service/case-management-services/memorandum-of-understanding-for-co-location.docx>]

Memorandum of Understanding Supporting Letter - Regional Commissioner

To accompany the MoU, the responsible Regional Commissioner must complete the letter template which supports both the MoU and reinforces the key arrangements for the MSD staff member(s) that will be co-locating, and any additional principles, commitments, values that may be needed at our partners location

Note: This agreement does not replace any of MSD's current policies and procedures i.e. Code of Conduct and Health and Safety requirements

[Memorandum of Understanding Supporting Letter - Regional Commissioner \(Word 836.11KB\)](http://doogole/documents/business-groups/helping-clients/work-and-income/our-service/case-management-services/co-location-letter-for-region-commissioners.docx), [<http://doogole/documents/business-groups/helping-clients/work-and-income/our-service/case-management-services/co-location-letter-for-region-commissioners.docx>]

Principles and Commitments

Is to apply a shared values and mutual responsibilities to provide great support on the collaboration with the partner agency and protect the integrity of our work.

MSD already have our own set of mahi that we work towards every day.

These include [Our strategy](https://doogole.ssi.govt.nz/about-us/strategies/index.html) [<https://doogole.ssi.govt.nz/about-us/strategies/index.html>] and [Our purpose, values and focus areas](https://doogole.ssi.govt.nz/about-us/purpose-and-values/index.html) [<https://doogole.ssi.govt.nz/about-us/purpose-and-values/index.html>]. These should be followed whether a staff member is working onsite, or co-location at the partner agency.

In addition, we've included other "Shared Values" in the MoU to reinforce further commitments as a partnership to share. These can be amended to reflect the co-location premises.

Health, Safety and Security

Health, Safety and Security remains a top priority. Currently, site managers complete the 'Offsite Risk Assessment'. This still must continue to be completed when a staff member is going to co-locate at a location outside of MSD sites.

For current risk assessments, when a staff member changes, or where they will be 'set-up' at the co-location, this must be reviewed by the Manager and a new template completed where applicable.

[Offsite Risk Assessment \[https://doogle.ssi.govt.nz/working-here/keeping-healthy-and-safe/health-and-safety-in-the-workpalce/safety-out-of-the-office/offsite-risk-assessment.html\]](https://doogle.ssi.govt.nz/working-here/keeping-healthy-and-safe/health-and-safety-in-the-workpalce/safety-out-of-the-office/offsite-risk-assessment.html)

[MSD Offsite Safety and Security \[https://doogle.ssi.govt.nz/working-here/keeping-healthy-and-safe/health-and-safety-in-the-workpalce/safety-out-of-the-office/index.html\]](https://doogle.ssi.govt.nz/working-here/keeping-healthy-and-safe/health-and-safety-in-the-workpalce/safety-out-of-the-office/index.html)

[Off site safety and security policy \[https://doogle.ssi.govt.nz/resources/helping-staff/policies-standards/health-safety-security/off-site-safety-and-security.html\]](https://doogle.ssi.govt.nz/resources/helping-staff/policies-standards/health-safety-security/off-site-safety-and-security.html)

MSD's staff co-locating Operational Parameters and Role Boundaries

Co-located MSD staff must only access necessary information, keep MSD system access separate from Partner staff, maintain boundaries between MSD and Partner work, manage and declare any conflicts of interest, stay within their MSD role, provide services only to external clients, and maintain professional boundaries without getting involved in Agency disputes.

It's also good to note that we're not providing advice or services on MSD matters to partner agency staff or their immediate whānau where they're already engaged with MSD have received or awaiting decisions. These should be directed through MSD's official channels. However, may share "general" information about the products and services available through MSD.

Where there any concern's, staff must discuss with their Manager.

Staff set up

While co-locating, the site manager will continue to complete Health, Safety and Security assessments.

In the first instance, staff should be situated in a private room to prevent privacy breaches. Where this is not possible this should be recorded.

Staff must be booking all their appointments/interviews into Q-Manager to align with the current Case Management Guidance.

Where you are getting general MSD queries these should be noted and provided to your Manager.

[Client Service Delivery Hub - Case Management Guidance \[https://doogle.ssi.govt.nz/business-groups/helping-clients/work-and-income/our-service/case-management-services/index.html\]](https://doogle.ssi.govt.nz/business-groups/helping-clients/work-and-income/our-service/case-management-services/index.html)

[Q-Manager \[https://qmanager.ssi.govt.nz/ords/f?p=223%3A1%3A14928983237747%3A%3A%3A%3A\]](https://qmanager.ssi.govt.nz/ords/f?p=223%3A1%3A14928983237747%3A%3A%3A%3A)

Information management & privacy

MSD staff must handle personal information according to the *Privacy Act 2020*

keep confidential information secure,

report data breaches immediately, **and**

ensure all information sharing is done with client consent or legal reasons.

any data breach should be reported to their Manager, investigated, and addressed quickly.

client information should only be shared through formal channels with written, specific consent.

privacy boundaries must be communicated clearly, and all information sharing requests must be documented and audited regularly.

all client information including MSD forms, and verification received should be placed into their MSD sites destruction bins at the end of the day.

Utilise "Appointment of Agent" form for ongoing information

Privacy Consent for one-off information

Where the partner agency is contacted regarding any media queries that relate to MSD, and where the MSD staff member has been approached by the partner

This also includes

where the partner agency may ask for personal information where the client has not completed a consent form, they would like to know about process' that are not public, or

ask for personal information (family, friends etc)

Contact must be made with a Manager immediately

The partner should be contacting the designated 'Relationship Manager' who will go through the appropriate channels to deal with this

[Reporting a Privacy or IT Security Breach \[https://doog.le.ssi.govt.nz/helping-you/information-hub/notify-a-privacy-or-it-security-incident.html\]](https://doog.le.ssi.govt.nz/helping-you/information-hub/notify-a-privacy-or-it-security-incident.html)

[Media policy \[https://doog.le.ssi.govt.nz/helping-you/communications-advice/media/media-policy.html\]](https://doog.le.ssi.govt.nz/helping-you/communications-advice/media/media-policy.html)

[Releasing information under the Official Information Act \[https://doog.le.ssi.govt.nz/helping-you/information-hub/managing-ministry-information/releasing-information.html#WhatsthedifferencebetweenanOfficialInformationActOIArequestandaPrivacyActrequest2\]](https://doog.le.ssi.govt.nz/helping-you/information-hub/managing-ministry-information/releasing-information.html#WhatsthedifferencebetweenanOfficialInformationActOIArequestandaPrivacyActrequest2)

[Co-Location one-off privacy consent form \(PDF 116.58KB\) \[http://doog.le/documents/business-groups/helping-clients/work-and-income/our-service/case-management-services/co-location-one-off-privacy-consent.pdf\]](http://doog.le/documents/business-groups/helping-clients/work-and-income/our-service/case-management-services/co-location-one-off-privacy-consent.pdf)

Review & monitoring

The MoU will be reviewed every three months, or when there are major changes to either organisation's operations, covering the effectiveness of the co-location, privacy compliance, operational restrictions, incidents, and improvement recommendations.

It should be noted that the MSD staff members site and their operations should be thought of first and consideration for the value add of co-locating.

Term and Termination

The MoU outlines a co-operative relationship between the parties and is not legally binding.

It starts on the date confirmed and continues until terminated by either party, with early termination possible for serious breaches or if the co-location is not beneficial, in addition it will set out that MSD at times may need staff to work from their own site due to circumstances i.e. unexpected leave and short staffed, but also to provide clear and early communication.

It will also outline disputes that will first be addressed by operational managers and then escalated to senior management if needed.

All disputes and resolutions must be documented, and learnings will be applied in future reviews.

Storing completed MoU and RC letter

Make sure to store the completed documents that have been signed off into your regions S Drive, and a folder created, named "Co-Location"

Content owner: [Client Service Delivery](#) Last updated: 07 October 2025

Health and Safety

All staff are responsible for health and safety in the workplace. This page explains what Budget Managers need to do to ensure their health and safety obligations are met.

On this Page:

Safe and Secure Workplace

Everybody in the Ministry has a part to play in ensuring that their workplace is healthy and safe. The Ministry is committed to providing a safe working environment by identifying, isolating, eliminating, or minimising workplace hazards.

Managers need to ensure compliance with all statutory health and safety requirements within the Health and Safety at Work Act (HSWA) 2015. HSWA ensures that everyone has a role to play and makes everyone's responsibilities clear.

For more information about the Act, go to the WorkSafe website. Further information about health and safety in the workplace is available on the Keeping Ourselves Healthy and Safe page.

[Go to the Worksafe website \[https://worksafe.govt.nz/\]](https://worksafe.govt.nz/)

[Keeping ourselves healthy and safe \[http://doogole/working-here/keeping-healthy-and-safe/index.html\]](http://doogole/working-here/keeping-healthy-and-safe/index.html)

Incidents and Accidents

We need accurate incident and accident information to comply with Health and Safety statutory requirements. These incidents and accidents may also have financial implications for the Ministry.

Staff must record all accidents/injuries, near misses, pain and discomfort, and security incidents when they occur. Record all incidents in the STAR system. If the incident or accident is critical and serious, report this immediately to the Health, Safety Security and Wellbeing team.

[STAR – health, safety and security notification system \[http://doogole/working-here/keeping-healthy-and-safe/reporting-a-health-safety-security-event/index.html\]](http://doogole/working-here/keeping-healthy-and-safe/reporting-a-health-safety-security-event/index.html)

[Health, Safety and Security team \[http://doogole/working-here/keeping-healthy-and-safe/health-safety-and-security-contacts.html\]](http://doogole/working-here/keeping-healthy-and-safe/health-safety-and-security-contacts.html)

Health and Safety Scheduler

Complete the monthly tasks as specified in the Health and Safety Scheduler. This ensures that we meet the legal and the ACC Accredited Employer Programme audit requirements.

The current year's Health and Safety Scheduler is available on the Health Safety and Security review, scheduling and audit information page.

[Health and Safety Schedulers \[https://doogole.ssi.govt.nz/working-here/keeping-healthy-and-safe/health-and-safety-audits-and-reporting/index.html#AnnuaIsafetySchedulernbspanannualplanning2\]](https://doogole.ssi.govt.nz/working-here/keeping-healthy-and-safe/health-and-safety-audits-and-reporting/index.html#AnnuaIsafetySchedulernbspanannualplanning2)

Who to Contact for Support

If you have any questions about health and safety, contact the Health, Safety, Security and Wellbeing Team.

[Health, Safety, Security and Wellbeing team \[http://doogole/working-here/keeping-healthy-and-safe/health-safety-and-security-contacts.html\]](http://doogole/working-here/keeping-healthy-and-safe/health-safety-and-security-contacts.html)



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

ROUGH SLEEPERS Tactical Plan

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PURPOSE

There is a raising concern re the numbers of people sleeping rough, particularly those without any form of shelter.

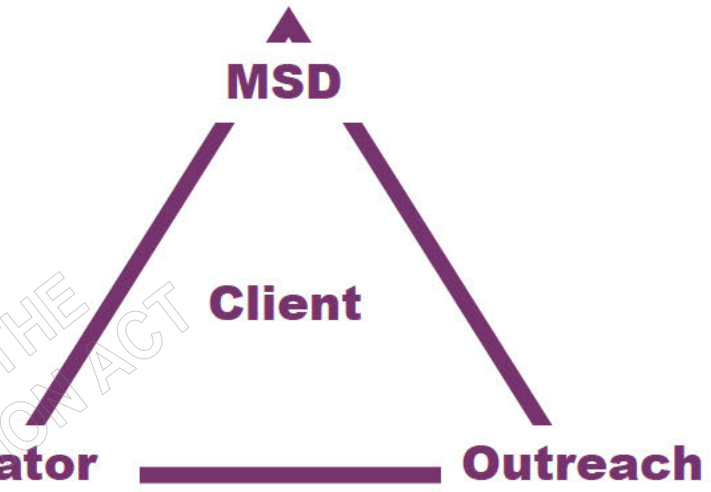
We have identified opportunity to build on the work MSD currently does with Providers in key locations to support ensuring those sleeping rough are on the public housing register, where appropriate are assessed and referred for emergency housing and transitional housing.

There is also a group of NZ's that may be opting to sleep in their cars, many are in employment, we are wanting to reach out and ensure those particularly vulnerable woman know what services and products are available to them.

Alongside this we are providing additional guidance to ensure our staff are using the discretion allowed for within the EH Grant to support those sleeping rough.



TACTICAL PLAN



Our tactical plan is to immediately respond by proactively connecting with local Homelessness Outreach Services to identify and support people without shelter to access MSD Income and Housing related products and services.

ENABLERS INCLUDE

(But not limited to)

The following documents outline the key guidelines that support the successful delivery of this tactical plan. They are designed to provide staff with the necessary direction and assistance as required.

In certain situations, co-location may not involve direct client interaction. With appropriate consent, it may instead involve receiving information on behalf of the client and entering it into the MSD system. Dedicated and skilled MSD staff will be critical to the success of this plan.



Guidelines Document

Details the approach to delivering this tactical plan
(Attached)



Co-location Guide

Existing MSD guidelines on co-location
[Terms of engagement for Co-Location](#)



Health and Safety Plans

Existing MSD guidelines on health and safety
[H&S](#)

TASKS INCLUDE

(But not limited to)



The following outlines the responsibilities for each role.

Client information must always be captured and shared with their consent to ensure access to services such as the Public Housing Needs Assessment. Support Services and MSD staff may need to take a more flexible approach when working with clients who have low trust or are unlikely to present at an MSD office. Where appropriate, a referral to Transitional Housing (TH) or an Emergency Housing (EH) Grant should be considered.

Manager Regional Housing

- Holding weekly Housing Hui with:
 - HUD Relationship Managers
 - Navigators
 - Outreach Providers
- Referrals to navigators
- Daily connect with ISCM
- Collating the data
- Track TH Vacancies

Intensive Service Case Manager

- Emergency Housing assessments and applications
- Transitional Housing Referral
- Public Housing Assessments
 - Initials
 - Reassessments
- Income Support
- Referrals to other Support Services

NGO Support Services

- Work to facilitate engagement with MSD
- Work closely with ISCM
- Emergency Housing Navigators regularly collaborate with Case Managers to help clients with complex needs maintain stable housing solutions.
- Obtain consent from clients to engage with MSD staff

AUCKLAND



Location



1x dedicated ISCM (flexible where needed)	North / West Sites Waitakere & Albany
1x dedicated ISCM	Central/ East Sites Queen Street
2x dedicated ISCM	South Sites Papakura Manuerewa

Co-location



2x Case Managers	ACM (existing)
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Outreach & Funding source



- Auckland City Mission - MSD
- Lifewise - HUD
- Link People - HUD
- Kāhui Tū Kaha - HUD
- Vision West
- The Salvation Army – Henderson
- Manaaki Tangata – Council funded

EH Navigator



- Auckland City Mission
- Kickback
- St Vinnies
- Emerge
- MUMA
- Papakura Marae

Housing First Programme



Households in service in region

2044

Providers:

- Auckland City Mission
- Kāhui Tū Kaha Ltd
- Linkpeople Ltd
- The Lifewise Trust
- Visionwest Community Trust

WAIKATO



Location



1x dedicated ISCMs

Kirikiriota Service Centre

Outreach – HUD Funded



- Peoples Project

EH Navigator



- Te Kohao Health
- Te Runanga o Kirikiriota
- Te Whare Korowai Taangata o Kirikiriota
- Hamilton Multicultural Services Trust
- Mana Services Aotearoa Limited

Co-location



1x ISCM
(Flex between)

- Te Kohao Health (existing)
- Mana Services Aotearoa Limited (existing)

1x ISCM's
(3 days a week)

- Peoples Project (Started 11 August 2025)

1x ISCM

- Te Runanga o Kirikiriota (existing)

1x ISCM

- Te Whare Korowai Taangata o Kirikiriota (in progress as of 04 August 2025)

Housing First Programme



Households in service in region

193

Providers:

- Mental Health Solutions

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ROTORUA



Location



2x Case Managers

Rotorua

Outreach & Fund Source



- Housing First - Te Taumata O Ngāti Whakaue Iho Ake Trust. - *HUD funded*
- Rapid Housing Provider - Te Taumata O Ngāti Whakaue Iho Ake Trust. - *HUD funded*
- City Guardians – Rotorua Lakes Council.
- Feeding Rotorua – *MSD funded via food network.*
- Love Soup – *MSD funded via food network.*
- The Salvation Army Rotorua
- CBD Police Unit

EH Navigator



Contracts Pending

- Te Taumata O Ngāti Whakaue Iho Ake Trust

Co-location



2x Case Managers (existing)
1x Dedicated ISCM

Rotorua
Te Pokapū

Housing First Programme



Households in service in region

316

Providers:

- Te Taumata o Ngati Whakaue Iho Ake Trust
- Mental Health Solutions

NAPIER



Location



1x dedicated ISCM	Napier
1x dedicated ISCM	Hastings

Outreach – HUD Funded



- Whatever it Takes (W.I.T) - Napier
- Āhuru Mōwai

EH Navigator



- Te Kupenga Hauora, Ahuriri
- Te Roopu A Iwi Trust

Co-location



- | | |
|-------------------|-----------------------------|
| 1x ISCM | • Whatever it Takes (W.I.T) |
| 1x dedicated ISCM | |
- Additional co-location with Navigation providers being discussed.

Housing First Programme



Households in service in region

64

Providers:

- Whatever It Takes Trust Incorporated

WELLINGTON



MSD Clinics – Colocation



Willis Street

1x dedicated ISCM

DCM - 1x full day
(confirmed)

Newtown

1x dedicated ISCM

Māori Woman's refuge - half a day a week
(existing)

Co-location at Providers



1x dedicated ISCM
1.5 days

Wellington City Mission (existing)

1x dedicated ISCM
half a day a week

Newtown union Health (existing)

1x CM (connects with ISCM)
half a day a week

Te Pā Pori (TH) (existing)

1x dedicated ISCM
half a day a week

Tākiri Mai te Ata Trust (confirmed)

Outreach



- Downtown City Mission

EH Navigator



- Emerge Aotearoa
- He Herenga Kura Trust
- Tākiri Mai te Ata Trust
- Te Runanga O Toa Rangatira
- Incorporated
- Downtown City Mission

Housing First Programme



Households in service in region

341

Providers:

- Downtown Community Ministry
- He Herenga Kura Trust

CANTERBURY



Location



MRH & RHA will provide dedicated role until staff are freed up

New Brighton (Considering a clinic)

Outreach



- Christchurch City Mission
- Housing First
- Comcare Charitable Trust

EH Navigator



- Used for lower need clients
- Emerge Aotearoa
 - Comcare Charitable Trust

Co-location



1x dedicated ISCM	Housing First (existing)
1x ISCM TBC	City Mission (TBD)
1x dedicated ISCM	Comcare – Mental Health needs (TBD)

Housing First Programme



Households in service in region

322

Providers:

- Christchurch Methodist Central Mission

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Tactical Plan

Implementation guidelines for
addressing rough sleeping
concerns



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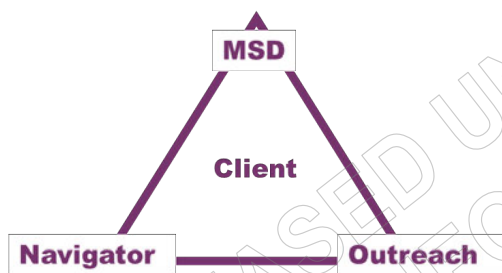
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Purpose

This document outlines a short-term tactical approach in MSD regions and sites identified as having high levels of rough sleepers located nearby. This plan compliments and accelerates existing work to ensure that those sleeping rough are supported through the provider network to access MSD products and services. It provides clear guidelines for implementation and ongoing management, with a strong focus on ensuring individuals experiencing homelessness receive the support and services they need.

Short-term initiative (tactical plan)

Our tactical plan is to immediately respond to rough sleepers by proactively connecting with local services to identify and support people without shelter to access MSD Income, Housing and Employment related products and services.



This is a short-term initiative aimed to understand in more detail regions identified as of concern with rough sleeping.

Duration of co-location initiative will be determined by the regional environmental situation. There is no set timeframe, and this can be ended if required no longer required.

There is an expectation this is stood up immediately.

Target Cohort

Individuals who are experiencing housing instability or homelessness, may include those who:

- Rough sleeping

And,

- Do not have a permanent shelter to return to

This cohort may also be less likely to engage with MSD.

Dedicated case management

As part of this initiative, case management of those who are identified as part of the target cohort will be managed entirely by select few ISCM's. This includes, Social Housing assessment initial and re-assessment, emergency housing assessment and placement, Transitional housing referral. Income support and referral to support services.

Dedicated staff will be assigned to case management to ensure that vulnerable clients receive comprehensive support, timely access to resources, and a safe, inclusive environment that prioritises their wellbeing.

Co-location and dedicated contacts

We believe co-location of staff and support services will offer several benefits:

- Some whānau feel more comfortable discussing their concerns with community groups and navigation support services.
- It helps reduce the need for whānau to repeat their stories multiple times.

Co-location can take different forms, depending on what works best for the whānau. Potential options include:

- The Integrated Services Case Manager (ISCM) is based at the community support or navigation provider's location.
- The community support or navigation provider is based at the MSD site.
- Both the ISCM and the community support or navigation provider are located at an outreach site.

Some certain circumstances may not be client facing but receiving information on behalf of the client and entering into the system with their consent for those clients who may not be able to engage directly with services. It is expected that this works as it would when working with a client's who has an agent.

Dedicated staff numbers for direct contact from agreed providers and their staff will support this plan and some products and services may be able to be assessed and processed via phone and/or email.

Roles and Responsibilities

Outlined below are the key roles required to effectively implement this plan, and high-level roles and responsibilities.

Capturing and sharing of client information must always be done with client consent to ensure that clients are for example able to get on the PHNA support services and MSD staff may have to have a flexible approach for those with low trust and are least likely to present at an MSD office.

Regional Directors	<ul style="list-style-type: none"> Oversee all regional operational matters Provide leadership and champion the initiative.
Manager Regional Housing / Leadership Roles	<ul style="list-style-type: none"> Holds a strong relationship with <ul style="list-style-type: none"> Navigation supports HUD TH Provider HUD Outreach providers Supports and assists ISCM as required
Dedicated ISCM's	<ul style="list-style-type: none"> Social Housing assessment initial, re-assessment, emergency housing placement, Transitional housing referral. Income support referral to other supports Holds a strong connection in with Navigation supports, Complete required reporting
Other Staff in site (including ISCM direct line manager)	<ul style="list-style-type: none"> Understands this initiative, chosen cohort, divide of responsibilities Understands and refers clients within cohort to dedicated ISCM
NGO Support Services	<ul style="list-style-type: none"> Facilitate engagement with MSD
EH Navigators	<ul style="list-style-type: none"> Meet regularly with case managers to support clients with complex lives sustain housing options
National Office	<ul style="list-style-type: none"> Provides appropriate support including guidelines and ad hoc support.

Tasks

The table below outlines the tasks and their required frequency to support successful implementation of this initiative:

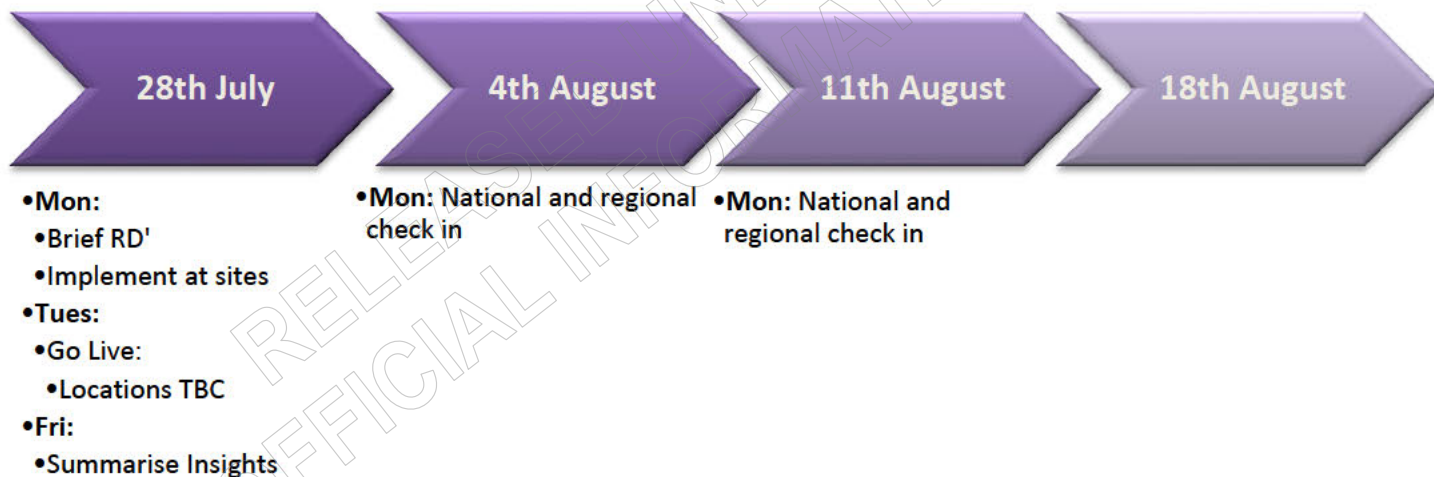
Frequency	Role	Task
Daily	MRH/ Leadership Role	Connects with ISCM
	Navigation supports	Connect in with rough sleepers
		Work closely with ISCM
		Act on referrals
	National office	Provide guidance to regions implementing initiative
		Support regions in an ad hoc basis
		Collates data
ISCM	Emergency Housing	
	Transitional Housing Referrals	

		Public Housing Assessment, Initial and reassessment
		Income and Employment Support
		Referrals to support services
Weekly	MRH/ Leadership Role	Holds hui with <ul style="list-style-type: none"> - HUD relationship manager - Navigators - Outreach Providers

Timeline

Below outlines a timeline for Implementation:

ACTIONS FOR WEEK BEGINNING:



Capturing of Information

ISCMs are required to track their engagement with this cohort. A dedicated template has been developed to record the support provided and the outcomes achieved, ensuring visibility of progress and impact.

This includes recording details of supports in place, Public Housing Needs assessment, outcomes of referrals to EH, TH. Other supports provided to the client.

[Appendix G](#) outlines instructions on how to capture the information.

Appendices

Appendix A. Co-location guidelines

MSD have a number of staff that co-locate with a number of co-location sites to see clients where there is a regular, ongoing arrangement in place that allows us to deliver services to clients without the need to come into a service centre (weekly, fortnightly, monthly etc). This will provide staff with consistent expectations that align with Client Service Delivery's Operating Model. It will ensure our staff, the organisations/agencies that we partner with and MSD as a business are kept safe, while understanding our role.

These include, but are not limited to:

- Providers,
- Iwi/Marae,
- Community organisations,
- Not-for-profit legal entity,
- Other agencies
 - Department of Corrections (Ara Poutama Aotearoa)
 - Police (Nga Pirihimana O Aotearoa)

Full guidelines are available on the MSD Doogle Page located here [Terms of Engagement for Co-Location - Doogle](#)

These guidelines include

- Terms of Engagement (ToE)
- Regional Commissioner (RC) Letter
- Health, Safety and Security
- MSD's staff co-locating operational framework & restrictions
- Information management & privacy
- Reporting a Privacy or IT Security Breach
- Media policy
- Releasing information under the Official Information Act
- Co-Location one-off privacy consent form (PDF 116.58KB)
- Review & monitoring
- Term and Termination

Appendix B. Health and Safety

Full information on Health and Safety can be found on the MSD Doogle Page located here [Health and Safety - Doogle](#)

This page covers general Health & Safety information, including link to STAR - Safety and Security Notification System (Safety, Threats, Accidents, Risks).

Appendix C. Public Housing Needs Assessment (PHNA)

Full information on Public Housing Needs Assessment (PHNA) can be found: [Public housing assessment - Doogle](#)

This page covers the basic information for Public Housing Assessment.

Appendix D. Transitional Housing (THVM)

Training materials can be found: [Temporary Housing Vacancy Management Tool \(THVMT\) - Doogle](#)

Overview of the THVM tool and guidelines can be found :[THVM User Guide | MSD Staff](#)

This guide covers the information:

How to use THVM to view vacancy, create referrals, getting notification for placement decisions. Referrals to TH providers will need to be coordinated across regions to ensure people are being referred to the right providers and may require additional support from their trusted existing navigator.

Appendix E. Emergency Housing (EH)

Training Materials

[Emergency Housing Guidelines - Doogle](#)

This is the home page for all information related to Emergency Housing (qualification, decision making etc.)

[Emergency Housing Resolution Framework - Doogle](#)

A newly refreshed resolution framework, that provides guidance for:

- New decline escalation pathway for whānau with children
- Guidance on EH application from victim of family violence
- Guidance on EH application received at Front of House (FoH)

Appendix F. HUD Outreach Services

Homelessness Outreach Services

[Homelessness outreach services - Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development](#)

Rapid Rehousing

[Rapid rehousing - Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development](#)

Housing First

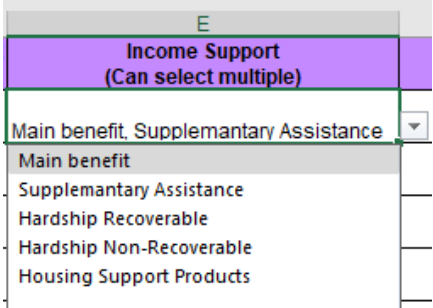
[Housing First - Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development](#)

Appendix G. Capturing of Information Instructions

A shared file will be sent to each region individually. The information captured in the spreadsheet is for internal use only and is intended to support tracking and monitoring of progress against the tactical plan. It is not considered official documentation.

Most columns have a dropdown list to choose from. There are three columns for comments. These are:

- EH comments
- TH comments
- Other comments

1.	Open your regions excel sheet and <ul style="list-style-type: none"> • enable editing • enable macros 	
2.	When engaging with providers and clients, capture the information in columns A-M.	
Explanation of each column		
C. Current Living Situation	In this column, from the dropdown list select their current living situation.	
D. How has engagement come about	In this column, capture how the client has engaged in the process e.g. Through provider, Walk-in, etc	
E. Income Support	In this column, you can select multiple options from the drop down list by: <ul style="list-style-type: none"> • selecting your first option • clicking the drop down and selecting another option <p>Repeat (if applicable)</p>	
F. Emergency Housing	Capture if EH is granted, decline or if it's a subsequent grant. Leave blank if alternative options were the resolution.	
H. Transitional Housing Referral	Capture if there was a referral or not.	

	Leave blank if alternative options were the resolution and if no referral was made.	
K. Social Housing Assessment	Capture if its current in progress, completed or booked.	

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Emergency Housing Policy Settings

Policy Settings

Eligibility Rules

- Residency
- Income
- Assets
- Meet their benefit obligations
- Have an immediate need for emergency housing
- Agree to meet the EH responsibilities framework (e.g. meet with budgeting services, engage with support services)
- The person must also meet the commercial supplier motel rules.

MSD **must** consider:

- the client's ability to meet their immediate emergency housing need in another way e.g. TH available, Private Rental available, able to sustain current accommodation, other housing support products, employment or financial assistance.

Compared to the previous EHSNG, the EHG programme has a clearer rules-based eligibility framework, but MSD still retains some discretion when assessing applications

- Income and assets (MSD may, in exceptional circumstances, grant a EHG when an applicant has income and/or assets above the limits).
- Duration of grant (MSD may determine the duration of a grant – up to 21 days)
- Consideration of whether a person has contributed to their homelessness

Discretion

You have asked for us to explain what 'caused or contributed to your immediate need' means.

Operational Policy

Client has caused or contributed to their immediate need

A client has caused or contributed to their immediate EH need if:

- Their situation is a result of their own actions (or actions of people they are responsible for) **and**
- They were reasonably able to predict and prevent the situation.

MSD **may** consider the client has caused or contributed to their immediate emergency housing need if they had to leave their emergency housing/transitional housing or public housing because they:

- Did not meet the supplier/provider rules of stay
- Intentionally damaged the property
- Caused theft or loss or
- Showed anti-social behavior (e.g. threats or intimidation)
- Not paid rent for no good reason
- Giving up your public house or private rental with no good reason
- Moving region without a plan or somewhere to stay.

Note: If a client does not meet the eligibility criteria for a grant but is a victim of family violence or harm this counts as exceptional circumstances for the case manager to grant.

Examples where discretion was applied

Set out below are some examples demonstrating where MSD has exercised discretion and the EH application is either approved or declined.

The need can be met in another way

Approval: A household has been accepted into TH but their move in date is not for another three days. MSD approved a short stay grant (1-3 nights) to meet the cost of temporary accommodation until the whānau was able to move into TH.

Caused or contributed to immediate need

Approval: A client with complex mental health needs was discharged from their local mental health unit and had nowhere else to stay. The client is supported by another organisation for their mental health needs and had tried to apply for other accommodation. EH was granted.

Decline: A household that was staying in EH and asked to leave by the motelier due to excessive damage to the motel unit, they have 'contributed to their immediate need while in emergency housing' and were declined at the next EH application.

The cash assets or income are over the limit

Approval: A client was receiving ACC payments for an enduring medical/disability issue in excess of the income threshold for EH. MSD considered there were exceptional circumstances and applied discretion (i.e. waive the income limit) to approve EH.

Decline: A household comprised of two adults and three children with no particular social functioning or housing barriers earned \$1,600 in the week they applied for EH. MSD considered that the whānau had sufficient resources to meet the cost of temporary accommodation and declined the EH application.

Responsibilities, Activities, and Warnings

All clients in emergency housing have the same three responsibilities:

- pay the emergency housing contribution and,
- make reasonable efforts to get other housing and access other sources of housing assistance and,
- engage with support services – navigator, ready to rent
- Accept reasonable offers of more suitable accommodation

EH responsibilities will be met through agreed activities.

A client will receive a warning when they have not completed an activity. Once a client has received two warnings, if they fail to meet their responsibilities for a third time, they will receive a 13-week non-entitlement period. Clients are also expected to meet their benefit obligations such as job seekers.

Decline Insights

Of all applications declined between (6 months of 2025) January 2025 and June 2025.

One quarter (**25%**) were declined because '**the need could be met another way**' – i.e. because the Ministry was able to support the person into a more suitable alternative such as transitional housing or housing support products.

25% of declines are because they have otherwise **contributed to their current circumstances**.

Alternative Assistance

A review of EH applications declined during July 2025 shows the Ministry offered those clients the following alternative assistance:

4%	13%	43%
Accommodation Supplement	At least one Housing Support Product	At least one hardship assistance

The data above captures assistance granted over the three days prior to a decline and for up to 7 days afterwards. Clients may have received other assistance outside of that timeframe. These percentages do not capture situations where a client has been declined assistance for emergency housing and their partner has applied for other MSD support or been referred to Transitional Housing.

Tactical Plan – Engaging Rough Sleepers

Context

There is a narrative across the sector that there are hundreds of NZs without shelter and there is a lack of willingness to engage with MSD. There is no evidence to validate these statements, however MSD want to ensure that those who are sleeping rough are on the public housing register, thus improving their ability to secure housing. Alongside for those that can, engaging in employment opportunities and ensuring they are receive correct benefits.

Summary

To support dispelling any myths and ensure those without shelter are not disadvantaged MSD have put in place a short-term Tactical Plan for Rough Sleepers in targeted locations across six MSD regions.

This builds on existing colocation services and EH Support Service funding for some of the key providers who do outreach.

ISCMs are co-located with various providers for different periods, ranging from full-time to 1-3 days per week, depending on the needs and agreements with each provider. Additionally, when Housing First Providers or Rough Sleepers come into the Service Centre, we have the following in place: walk-in services, outreach support, dedicated staff, and clear referral processes in place.

As at last Friday we had engaged with 70 rough sleepers resulting in placements in EH, TH and public housing needs assessments being completed.

Auckland

Has staff co-located with provider (ACM – 2x Full time CMs) to provide immediate support, with dedicated ISCMs available at multiple MSD service centres.

Waikato

Has three existing co-locations with providers (Te Kohao Health & Mana Service Aotearoa Limited – 1x Full time ISCM across two providers) and Te Runanga o Kirikiriroa – 1x Full time ISCM) and two new setups (Te Whare Korowai Taangata o Kirikiriroa – 1x Full time ISCM and People's Project – 1x ISCM 3 days per week) for this plan – five in total.

Napier

Has dedicated ISCMs at outreach providers (Whatever it Takes – 1x Full time ISCM and Āhuru Mōwai - TBC) and service centres.

Rotorua

Has dedicated ISCM at outreach provider (Te Pokapū – 1x Full time ISCM) and two Case Managers at service centre.

Wellington

Has dedicated ISCMs co-locating and rotating around 4 provider locations (Wellington City Mission – 1x ISCM 1.5 day, Newtown Union Health 1x ISCM 0.5 day, Te Pā Pori (TH) – 1x CM 0.5 day and Tākiri Mai te Ata Trust – 1x 1 ISCM 0.5 day, with clinics being setup at MSD service centres (Willis Street – 1x Full Time ISCM with Downtown City Mission and Newtown – 1x CM 0.5 day with Māori Woman's Refuge).

Canterbury

Has co-locations with providers (Housing First – 1x ISCM one day per week and Comcare – 1x ISCM 0.5 day per week) and service centres, with plans to set up a new MSD clinic at New Brighton service centre.