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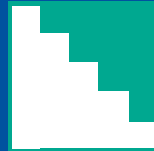
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# HOUSING AND HEALTH IN AUCKLAND



**Auckland Regional Public Health Service**

Working with the people of Auckland, Counties Manukau and Waitemata

*“Everyone has the right  
to a standard of living  
adequate for the health and wellbeing  
of themselves and their family ...  
including housing”*

*Universal Declaration of Human Rights, Article 25*

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*ARPHS sees this as a useful resource for informing people and  
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# HOUSING AND HEALTH IN AUCKLAND

A SUMMARY OF SELECTED RESEARCH








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# CONTENTS

<b>Executive Summary</b>	<b>5</b>		
<b>Relationships between housing and health</b>	<b>6</b>		
<b>1 Introduction</b>	<b>7</b>		
 <b>2 Swings in national housing policy</b>	<b>8</b>	 <b>6 Cold, damp and mould</b>	<b>25</b>
Statutory responsibilities for housing	9	Cold, damp, mould and health	25
Treaty of Waitangi	9	Occupant behaviour	26
International obligations	9	Initiatives about cold, damp and mould	26
Possible actions	9	Possible actions	27
 <b>3 Affordability - the high cost of housing</b>	<b>11</b>	 <b>7 Hazards and injury</b>	<b>28</b>
Affordability and health	11	Vehicle injuries	28
The scope of the problem	12	Fire	28
Affordability and the Accommodation Supplement	13	Heating and hot water hazards	28
Stuck in a rent trap	13	Poisoning	29
Buying on a low income	14	Falls	29
Housing gaps for mental health service users	14	Glass hazards	29
Affordability initiatives	14	Electricity	29
Possible actions	15	Safety initiatives	29
 <b>4 Crowding</b>	<b>16</b>	Possible actions	29
When is a house overcrowded?	16	 <b>8 Beyond monocultural housing</b>	<b>30</b>
Crowding and health	16	Designing appropriate housing for	
Official statistics underestimate crowding	18	Maori whanau	30
Populations facing the most crowding	18	Initiatives about Maori housing	30
Other characteristics related to crowding	19	Designing houses for Pacific families	31
Locations most affected	19	Initiatives about housing for Pacific people	31
Mobility	19	Possible actions	31
Initiatives about crowding	20	<b>9 Conclusion</b>	<b>32</b>
Possible actions	20	<b>Appendix 1 - Key concepts</b>	<b>33</b>
 <b>5 Substandard housing</b>	<b>21</b>	Health	33
Substandard housing and health	21	House	33
Poor housing over a lifetime	21	Household	33
The scope of the problem	22	Home	33
Initiatives about substandard housing	23	<b>Abbreviations</b>	<b>34</b>
Possible actions	24	<b>Notes</b>	<b>34</b>
		<b>References</b>	<b>39</b>



# EXECUTIVE SUMMARY

**T**HIS report summarises selected recent research into housing and health in the Auckland urban region. It was commissioned by Auckland Regional Public Health Services, which has a housing brief. It is written for public health and health promotion workers, local government, Housing New Zealand Corporation (HNZC) and non-governmental organisations with an interest in housing issues.

## Policy and rights

- Changes in government housing policy have had a negative impact on the supply and quality of housing in Auckland, especially for households on low incomes. Policy has swung from a high level of state provision, to reliance on the market, sale of state housing stock, and subsidy of market rents for people on low incomes. It swung back to income-related rents for state houses and an attempt to build state housing levels, while maintaining rent subsidies in the private market.
- There is no right to adequate housing under New Zealand law.
- One group of non-government organisations (NGOs) considers that the government is in breach of the clauses on discrimination in the UN International Covenant on Economic, Social and Political Rights, which it has ratified, because of the concentration of housing deprivation among Maori and Pacific people.

## Affordability

- Affordability is commonly defined as a percentage of housing cost, usually 25%, to income, rather than by whether there is enough money left over for basic living after paying housing costs.
- In 2001, 23% of Auckland households were paying 40% or more of their net income on housing.
- Families in unaffordable housing often do not have money for food, especially nutritious food, or health services.
- Unaffordable rents force families into substandard, overcrowded or unhealthy housing, where they cannot afford heating in winter and which may force them to move often or endure periods of homelessness.

## Crowding

- Crowding is a persistent and increasing problem in deprived areas of Auckland.
- Crowding is strongly associated with a range of infectious diseases, including meningococcal disease, tuberculosis, acute rheumatic fever, respiratory infections and illness, and *Helicobacter pylori* (bacteria that cause stomach ulcers).
- Crowding is stressful for children and adults, and in children also increases emotional problems and bed-wetting, delays development and reduces school achievement.
- Census figures for small area units of around 90 households give the closest official indication of the

extent of crowding, although official statistics underestimate crowding.

- Crowding in Auckland is getting worse for Pacific children, and for what Statistics New Zealand calls the 'Other' ethnic group - mostly recent African and Middle East migrants - while it is improving for Maori and Pakeha.

## Substandard housing

- There is no single set of agreed criteria for assessing housing quality.
- The poorest people, facing the most discrimination, are more likely to be forced into substandard housing. The number of Auckland people living in garages and caravans is likely to be severely underestimated.
- Living in a substandard house is an independent and additional source of stress; it also affects physical health through allergens, pest infestation, poorly functioning heaters or stoves and toxic chemical exposure.
- Long periods in poor housing during childhood has a negative effect on adult health.

## Cold, damp and mould

- One in four New Zealand houses (300,000) are uninsulated.
- New Zealand houses are cold by international standards, and people on low incomes are more likely to live in uninsulated and cold houses.
- People living in damp and mouldy houses are more likely to have respiratory conditions and a wide range of other medical symptoms than those in dry homes, regardless of other factors.
- Fitting insulation to older New Zealand houses improves residents' health, reduces GP visits, absenteeism at work and school, and saves more than it costs.

## Hazards and injury

- Poor housing increases the risk of injury from lack of fencing, unflued gas heaters and exposed heating sources, unprotected high windows, balconies and stairs, faulty wiring or appliances, poor storage, breakable window glass, flammable materials and lack of functioning smoke alarms.
- The longer people live in poor housing, the more it affects their mental and physical health; children are particularly vulnerable.

## Beyond monocultural housing

- Housing policy, regulation and design have assumed Pakeha cultural norms, and have consistently been viewed as discriminatory by Maori.
- Housing and health initiatives for Maori should be based on rights guaranteed by the Treaty of Waitangi.
- Existing state housing stock is particularly poorly suited to housing large Pacific families.
- Maori and Pacific people have identified design alternatives to existing monocultural housing.



## Table 1 - Relationships between housing conditions and health

	INFECTIOUS DISEASES	RESPIRATORY HEALTH	OTHER CHRONIC CONDITIONS +	INJURIES POISONING	PSYCHO-SOCIAL HEALTH	CULTURAL HEALTH
AFFORDABILITY			✗			
SUBSTANDARD HOUSING	✗	✗	✗	✗	✗	✗
CROWDING	✗	✗	✗	✗	✗	
COLD		✗	✗	✗	✗	
DAMP AND MOULD	✗	✗	✗		✗	
FAULTY HEATING SOURCES #		✗	✗	✗		
POLLUTANTS AND PESTS			✗			
NOISE					✗	
MONOCULTURAL HOUSING					✗	✗
LACK OF SHELTER	✗		✗	✗	✗	✗

+ Includes heart and circulatory conditions; gastric and nutrition problems; headaches and skeletal problems.

# Includes stoves and unflued gas heaters

**Source:** Chiefly from Ministry of Pacific Island Affairs, *Scoping Report on Status of Housing for Pacific Peoples*.

*Note: Throughout this report, decimal points have been rounded to the nearest whole number.*



# 1 INTRODUCTION

*The Auckland Regional Public Health Service  
is undertaking work on housing  
as a determinant of health  
in the Auckland region.*

**T**HE Auckland Regional Public Health Service commissioned this summary of existing research about the relationship between housing and health in the region to contribute to this work.

This report has been written for public health and health promotion workers, local government and organisations interested or involved in housing issues. It aims to summarise current knowledge, identify gaps and list interventions which have been suggested, tried elsewhere or trialled in the region.

Much of the research assumes a common understanding of key concepts, including families, households, houses, homes and health. However, this is not the case. Different cultures in Aotearoa understand and live these concepts in different ways. These meanings are explored in Appendix 1.



*Much of the  
research  
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However, this  
is not the case.*



Several sources identified government housing policy as a major influence on housing-related health and social problems. The report starts by describing changes in this policy over the last 14 years.

The affordability of housing is identified as a direct influence on health, summarised in section three. It is also an indirect influence, as unaffordable housing prices force households into substandard, crowded, cold, damp, mouldy and hazardous accommodation, which poses additional health risks. These factors overlap, but for clarity have been separated and are summarised in sections four to seven.

Many sources identified a public housing stock designed for Pakeha norms and small families as a problem for large families, Maori and Pacific households. The report describes the results of recent consultations with these communities about their housing needs in section eight.

At the end of each section, the report lists existing housing initiatives and other possible actions suggested in the research.

This report is not an exhaustive summary - it draws from only those sources listed in the references.



## 2 SWINGS IN NATIONAL HOUSING POLICY

*Housing policy has zigzagged sharply in the last 14 years. From broad state provision of subsidised housing and accommodation benefits, policy changed to market rents and sales of state housing, followed recently by diminished state provision.<sup>1</sup>*

In 1990, people on low incomes received different levels of assistance, depending on whether they were state or private tenants. The Housing Corporation subsidised mortgages and rents (at 25% of household income), and the Department of Social Welfare provided an accommodation benefit for private tenants.

In 1992 the government replaced the Housing Corporation with a state-owned and commercially-oriented company, Housing New Zealand. It also raised rents to market levels by July 1996, which breached some state house tenancy agreements.<sup>2</sup>

The Accommodation Benefit was replaced in 1993 by an Accommodation Supplement (AS) available to all low-income tenants. Its complex formula was adjusted for need, income and location; at first it paid 65% of the difference between 25% of tenants' total income and their rent, raised to 70% in 1997.

The Accommodation Supplement initially appeared to be much more generous than the previous benefit, but it led to rapid rent increases and left many tenants worse off. For example, in South Auckland between 1993 and 1997, rents rose at four times the rate of inflation and house prices climbed even more, while there was little growth in the number of houses. Johnson's report for the Child Poverty Action Group (CPAG) says: "...the Accommodation Supplement has proved to be a landlord subsidy ... increasingly burdensome for taxpayers."<sup>3</sup>

The change to market rents in state houses fostered overcrowding and has had a strong impact on housing in Auckland, and especially on families with low incomes.

Between 1992 and 1999, the government sold huge amounts of state housing assets. The number of state-owned rental



*"The situation for low-income families renting private houses is unlikely to change from where it was in 2000."*

units dropped from nearly 70,000 to 59,000 as they were sold to private buyers. The state-owned mortgage fund was ended in 1992 and by 2000 sales of state mortgages to private buyers had reached \$4 billion. This revenue was not re-invested in social housing. No new state housing was built or bought in the 1990s and maintenance of existing houses was reduced.

In 2000 the government re-introduced income-related rents for just over 50,000 households living in state houses. At that time "a further 150,000 households or 400,000 people remained in private rental housing, living in financial circumstances similar to those of state tenants".<sup>4</sup>

Current housing policy has been described as "minimal state involvement couched in the rhetoric of state support".<sup>5</sup> In 2003, 58% of households on Housing New Zealand's waiting list were in Auckland, and the number of families in high or urgent need of a state house topped 4,000.

The Government plans to build, buy or lease more than 3,300 state houses to 2007, 73% in Auckland.<sup>6</sup> This level of supply will barely match population growth. A third of this new stock will be leased, reducing the supply for low income families who do not qualify for state houses.

This means the situation for low-income families renting private houses is unlikely to change from where it was in 2000. At the rate of government spending on additional state housing, it will take up to 20 years to replace the 10,000 houses earlier sold in less than seven. The stress of this under-investment in housing is being felt most in Auckland, which in 2001 had 31% of the New Zealand population and the highest demand for housing.

The Accommodation Supplement (AS) has become built into property values and the expectations of landlords and tenants. The AS cost taxpayers \$352 million in the 1993/4 financial year, but within six years it had reached \$864 million, twelve times the rate of inflation. Johnson says this rise results directly from the inequality between rich and poor which grew during the 1990s, and which is maintained by current housing policy.<sup>7</sup>

Total AS payments are likely to double over the next 20 years to more than \$1,000 million a year in 2021. This amount would build around 5,000 state houses, enough to house the families currently in high need of a state house and with some left over to get the Government off this financial treadmill.

Johnson and CPAG says this gives the government a choice. It can funnel



around \$50,000 per household to landlords through AS payments over 20 years, or it can spend this amount on alternatives to help solve the housing shortage.

New Zealand has a low level of state and other social housing (6%) compared with many European countries, where it makes up to 40% of the total.<sup>8</sup> Housing policy has largely ignored the non-government social housing sector, which is underdeveloped compared to European countries.

The Government is reviewing the Residential Tenancies Act 1986. *Building the Future: The New Zealand Housing Strategy* was released in May 2005. This sets the direction of housing policy and outlines a ten-year programme of action.

The strategy's priorities are to improve access to affordable and sustainable housing and home ownership, improve housing quality, develop the private rental sector, strengthen housing sector capability and meet diverse needs. Recommendations from the strategy's discussion document are included in other parts of this report.

## Statutory responsibilities for housing

There is no right to adequate housing under New Zealand law. The Health Act 1956 and the Building Act 1991 require local councils to monitor housing conditions and building standards, contain overcrowding and act on substandard housing.

However, councils rely on complaints from tenants to act on dangerous or unhealthy rental housing. Councils cannot require upgrading unless a fire hazard, for example, is likely to cause almost certain death.

A former chief executive of Housing New Zealand described this regulatory regime as lax and discriminatory, with inadequate penalties that deal only with crowding.<sup>9</sup>

The Local Government Act 2002 may enable councils to play a more important role in meeting housing needs.

The recent leaky building crisis - rotting frameworks needing complete replacement in many nearly-new buildings - resulted from changes introduced in the Building Act 1991. This crisis has sparked public debate on "excessive deregulation" about new buildings in the Act, but not about substandard older housing.<sup>10,11</sup>

## Treaty of Waitangi

Under Article 3 of the Treaty, all Crown agencies should ensure that Maori citizens

*"New Zealand has a low level of state and other social housing (6%) compared with many European countries, where it makes up to 40% of the total."*

enjoy the same rights as others. However, Maori have been substantially disadvantaged by housing markets and policies.<sup>12</sup> The translation of monocultural policy into housing design has produced a stock of small state houses that are unsuitable for extended Maori families.

Housing policy has also assumed that the family unit is independent, autonomous and self-supporting. This is less common in Maori or Pacific households, where household bills often come second to extended family expenses (see Appendix 1).

Criticism of the way government housing policy has failed Maori has been longstanding and consistent (See Beyond Monocultural Housing). One report said that treating everyone the same had failed to achieve equal outcomes for Maori and Pakeha.<sup>13</sup>

## International obligations

There is consistent evidence of discrimination in private and state rental housing, and there have been no recent policy initiatives to counter this. Tenants are reluctant to take action due to a shortage of houses, fear of eviction and lack of knowledge about how to complain. This impacts particularly on Maori, Pacific peoples, those with mental health problems, and other stigmatised populations.<sup>14,15,16,17,18</sup>

Although the New Zealand Government has signed the UN International Covenant on Economic, Social and Cultural Rights (ICESCR), which includes a right to adequate housing, it has not included this right in our laws.

A group of NGOs argues that the Government is in breach of the Covenant's clause banning discrimination because of the concentration of housing deprivation among Maori and Pacific people.<sup>19</sup>

## POSSIBLE ACTIONS

- ➔ Include the right to adequate housing in law by either –
  - Amending the Bill of Rights
  - Including in housing or human rights legislation a specific requirement that all people, including homeless people, are adequately housed
  - Including ICESCR rights in a New Zealand constitution
  - Including rights and minimum housing standards in a Housing Charter.<sup>20</sup>
- ➔ Develop a major role for social housing in the New Zealand Housing Strategy, with partnerships between HNZC, local government, third sector NGOs, iwi, Pacific communities, charitable trusts and other providers.<sup>21</sup>
- ➔ Assess the health impacts of major new housing policy initiatives during their development, using the Health Impact Assessment guidelines adopted by the Ministry of Health.



## POSSIBLE ACTIONS *(continued)*

- ➔ Provide Government incentives for NGO social housing providers, including shared equity, revolving loan funds, mortgage guarantees and advisory services.<sup>22</sup>
- ➔ Fund the NZ Housing Strategy with \$500 million a year for a decade to increase the supply of social housing.<sup>23</sup>
- ➔ Involve Maori in developing a Maori housing strategy.<sup>24</sup>
- ➔ Create a Maori Housing Authority.<sup>25</sup>
- ➔ Require local bodies by law to retain their current overall level of direct provision of social housing.<sup>26</sup>
- ➔ Revise the Health Act to include and enforce minimum housing standards.<sup>27</sup>
- ➔ Monitor more effectively the safety standards, building regulations and tenants' rights in boarding houses.<sup>28</sup>

Other policy-related possible actions follow other sections of this report.



### 3 AFFORDABILITY- THE HIGH COST OF HOUSING

*Housing is affordable if it is –*

- *Adequate – this includes the quality of the house, whether it suits the household's needs, and whether it is in reach of work, shops, schools and community facilities;*
- *And if households have enough income left over from mortgage or rent to cover other basic living costs, and provide an acceptable standard of living.*<sup>29</sup>

**C**OMMON definitions focus on the ratio of housing costs (usually a maximum of 25-30%) to gross income, rather than whether households have enough money left over for basic living after rent or mortgage payments.

The AMP Housing Affordability Index (HAI) is an ongoing measure of affordability for house buyers. It compares wages, house prices and mortgage interest rates to work out how many years it takes to buy a house on the average wage.

It shows that affordability in late 2003 was better than in the mid-1990s and not greatly different to the late 1990s. However, the deposit gap has increased and crossing the threshold to home ownership has become more difficult.<sup>30</sup>

A report by Business and Economic Research Ltd (BERL) found that in 1996 at least 23,000 Auckland tenant households, or 6%, were paying unaffordable rents and predicted this would rise.<sup>31</sup> This figure did not include households in sub-standard, crowded or unsuitable accommodation, or those paying unaffordable mortgages.

The 2000/01 Household Economic Survey found that 23% of Auckland households were paying 40% or more of their net income on housing. Tenant households were paying a larger proportion than owner-occupiers.<sup>32</sup>

The 2003 NGO submission says the extent of the unaffordable housing problem cannot be overstated.



*“I’ll pay  
the bills first  
and then if  
there’s money  
left over  
I’ll buy food.”*

### Affordability and health

Unaffordable housing costs encourage crowding, force people into substandard houses or to live without heating. All of these also impact on health and are dealt with in the following sections.

Renting is bad for your health – renters have higher death rates from cardiovascular conditions and other causes than owner-occupiers, even when other socio-economic variables have been taken into account.<sup>33</sup>

Renting and owning also lead to differences in how people rate their own health, levels of long-term illness and how often they go to their GP. This may be because owner-occupiers can afford better homes in better locations, making them less stressful to live in.<sup>34</sup>

Households that are paying more than 30% of their income in housing costs often do not have enough left to pay for items essential to good health, including nutritious food and health services.

Low-income households tend to buy food high in fat, sugar and salt because it provides more energy per dollar than low-fat food.<sup>35</sup> One Auckland mother of four “spoke of wanting to be able to give her children ‘healthy food like apples’ but instead having to buy a box of mutton flaps and a 20 kilo bag of potatoes with which to feed her family for a week”.<sup>36</sup>

The 1997 National Nutrition Survey found that 12% of households report feeling stressed because of not having enough money for food; almost a third of these households were Pacific people.

“I have no money set aside for food. I’ll pay the bills first and then if there’s money left over I’ll buy food... we don’t make a list or check the cupboards before shopping because there’s nothing in them to begin with. There’s nothing in the fridge.”<sup>37</sup>

A survey of a random sample of low-income households throughout New Zealand found that 44% paid at least 40% of their net income on housing and one in four paid at least half.<sup>38</sup> Lack of money meant that at least once in the previous three months, three out of five had not been able to buy essential foods. Over half had not been able to visit a doctor when they needed to. Two out of five had been unable to visit the doctor at least three times.

“Your kids’ health suffers. Prescriptions - they just come up out of the blue. Well, there’s your meat money because it has just gone on prescriptions.”<sup>39</sup>

Several participants described having



to choose between food, heating, medical care and obligations to their whanau or families in the Pacific (see Appendix 1), and sometimes having to choose who could eat and who could do without.

“The amount of money we have for food changes each week depending on what cultural occasions come up. If there’s none then there’s more money for food. If there’s many, then its back to jam and bread... Ideally it would take about \$150 to feed everyone well, but even on weeks when there’s no cultural things, we still don’t have that much.”<sup>40</sup>

Medical and dental care are frequently sacrificed in these situations.

The availability of health services, shops that sell cheap, healthy food, and affordable facilities for physical exercise are important for health in deprived neighbourhoods where people may not be able to travel far.

## The scope of the problem

Housing affordability became rapidly worse during the first half of the 1990s, then steadied and has not improved since.<sup>41</sup> By 1998, 8% of households were below the poverty line (half of the median household income) solely because of their housing costs. The steep increase in housing costs was caused by the Government’s introduction of the Accommodation Supplement and market rents in 1996,<sup>42</sup> as well as the cost of first mortgages and immigration.<sup>43</sup> Migrant populations are heavily concentrated in Auckland.

Those least able to compete in the housing market are squeezed into sub-standard, overcrowded or unhealthy housing when housing costs rise and have slightly more options when costs fall. They often cannot afford heating in winter and may have to move frequently or endure periods of homelessness.

More families on low incomes are applying for Special Benefits to pay for their unaffordable housing. Of those on Special Benefits, an estimated 37% are receiving the maximum AS.<sup>44</sup>

In 1996, Auckland City had the highest number of households paying rents over 30% of their income (12,000 or 9%) followed by Manukau City (5,541 or 7%).<sup>45</sup> These figures are acknowledged to be substantial underestimates.

In 2001, two out of five Auckland households in the bottom 20% income band were paying unaffordable rents, more than double the proportion in 1988. Households which include Maori and Pa-

cific peoples, people in what Statistics NZ calls the ‘Other’ ethnic group, families with children, solo parents, single person households, and people with disabilities and chronic illnesses are much more likely to live in unaffordable housing.

In November 2003, the HNZC had more than 3,200 high-need applicants in Auckland waiting for a house, but only 219 houses became free in that month.

In 2003 CPAG worked out the difference between affordable (25% of household income) and market rents for typical South Auckland households who were receiving an Accommodation Supplement.

A family of two adults and three children in a three-bedroom house on the lowest 25% of household earnings was paying about \$170 a week more than they could afford. A single parent family on the Domestic Purposes Benefit in a two-bedroom flat was paying \$100 a week more than they could afford.<sup>46</sup>

‘Alatini’s 2004 survey of 103 Tongan households in Otara also illustrates the extra costs facing private tenants on low incomes. Two-thirds of the state house tenants in the survey were paying 25% or less of their income on rent, while 54% of private tenants were paying between a quarter and a half. Fourteen percent were paying more than half.<sup>47</sup>

The research also says emergency housing is insufficient. Women leaving domestic violence refuges and people with long-term mental illness leaving hospital have difficulty finding adequate housing.

*“Well, there’s  
your meat  
money because  
it has just  
gone on  
prescriptions.”*

**Table 2 - Households on Housing NZC waiting lists in April 2005**

Area	Severe Need	Significant need	Moderate need	Low need	Total
Glen Innes	1	141	264	131	537
Grey Lynn	4	137	120	59	320
Henderson	1	423	401	165	990
Mangere	17	370	178	54	619
Manurewa	3	181	276	81	541
Mt Albert	2	82	133	132	349
Mt Roskill	1	287	291	84	663
New Lynn	4	258	253	87	602
Onehunga	1	188	114	58	361
Otahuhu	9	142	131	31	313
Otara	1	112	154	50	317
Panmure	1	110	218	95	424
Papakura	1	38	47	51	137
Takapuna	5	97	109	72	283
Auckland Total	51	2566	2689	1150	6456



## Affordability and the Accommodation Supplement

The Accommodation Supplement (AS) pays up to 70% of the difference between 25% of tenants' total income and their rent, depending on need, income and location.

Just over half of all Auckland tenant households receive the AS. The average value of the supplement did not drop when income-related state rents were re-introduced, which suggests that private tenants receiving the AS had similar incomes to public tenants. Across New Zealand, three in every four people needing the AS are private tenants paying market rents. Most are on a benefit and the majority are households with children.

The New Zealand Poverty Measurement Project calculated that despite the introduction of the AS, between 1993 and 1998 the number of households below the poverty threshold nationally increased from 18.5% to 19.3% after housing costs were taken into account. Most of the increase in poverty came from renters paying market rents. The project estimates that in 1998 housing costs made up around 60% of the income shortfall for families living in poverty.<sup>48</sup> The poverty gap trebled for private renters and more than quadrupled for state tenants.

A higher proportion of Maori and what Statistics NZ calls people of 'Other' ethnicities (mostly recent African and Middle East migrants) receive the AS than Pacific and Pakeha people. Johnson estimates in the CPAG report that an extra 1,500 Auckland households each year will need the AS to help pay their housing costs.

## Stuck in a rent trap

Housing markets have been described as "powerful engines of inequality" which take income from renters and give it to owners through tax exemptions, tax deductions and subsidies.<sup>49</sup> New Zealand's private rental market is made up of a large number of small investors, each owning only a small number of properties.

Historically, New Zealanders have been proud of their comparatively high level of home ownership. In 1991, almost three-quarters of Aucklanders were owner-occupiers. More adults lived in homes with a mortgage than without, and only 27% of households rented.<sup>50</sup>

Home ownership has dropped since then, more in Auckland than elsewhere. By 2001, only 64% of Aucklanders were owner-occupiers and 36% were renting.

Home ownership dropped more among the poorest communities than the wealthiest. Only about 12% of the new Auckland households in that decade were owner-occupied; almost all new households on the lowest incomes were renting.

Between 1991 and 2001 Auckland renting levels rose most (10%) in Waitakere City, where home ownership dropped by 15%. Manukau City was second with a 13% drop in ownership and an 8% increase in renting. Auckland City has the highest level of renting at 40%. This city also has a large student population on low incomes and young professionals and couples with no children who do not want to buy a house.<sup>51</sup>

Home ownership tends to be lower among Maori and Pacific populations in the eight largest cities than in the rest of the country. These groups are more likely to have younger populations, have larger and younger families and to be on lower incomes. According to 2001 census data, in the four Auckland urban council areas, 56% of Pakeha households owned their home, compared to 26% of Maori and 24% of Pacific households.<sup>52</sup>

Although most people over 65 live in their own homes, ethnic differences in older people's ownership rates have increased. In 1996, three-quarters of Pakeha older people lived in their own mortgage-free homes compared to half of older Maori and 25% of older Pacific people.

Sixty-two percent of Pacific people live in rented houses; in Auckland Pacific people make up 44% of HNZC tenants.<sup>53</sup>

The majority of Tongan tenants in 'Alatini's 2004 Otara survey predicted they would never be able to save enough money to buy their own home.

"No, never with the income we have, which is mainly shared amongst medical bills. I guess that is why they call it a dream."<sup>54</sup>

Crowded households are less likely to own and more likely to rent. In 2001, 68% of uncrowded households owned their own house, but only 38% of crowded households were owner-occupied.<sup>55</sup>

It is almost impossible for the poorest quarter of New Zealand households to get a mortgage to buy a house because of the lack of low-income state loans and a drop in their real wages. This rent trap is particularly difficult for populations such as Pacific peoples, who have significantly lower individual and household median incomes than the general population.

Rent and house prices have grown faster than income since 1993.<sup>56</sup> Total housing costs for renters increased by 166% from 1987, while tenants' incomes

*"Housing markets have been described as 'powerful engines of inequality' which take income from renters and give it to owners.."*



rose by only 59%.<sup>57</sup>

These steep rises in Auckland have trapped low-income households in renting. The tax system combined with the abatement regimes for the AS and other benefits discourages people from moving off benefits to low-income employment. “At its most extreme, the current regimes produce an effective marginal tax rate of 125% for some people.”<sup>58</sup>

The AS formula ensures that most recipients’ housing costs are well over 30% of their income, up to 40% in the cities. AS does not help households save enough deposit for a mortgage. For many families, this has been the case for decades.

The fall in home ownership rates is likely, over time, to result in higher housing costs for retired people and increased government spending on accommodation supplements.<sup>59</sup>

## Buying on a low income

Low income people lucky enough to be able to save a deposit can get only small loans, so they can afford only housing that is substandard, of poor quality or would need major repairs in the near future.<sup>60, 61</sup>

The Auckland Regional Council’s Affordable Housing Strategy suggested that \$175,000 was the minimum price in 2003 for a reasonable quality, entry-level, commercially-built new brick and tile house and section in Auckland.

According to the Regional Growth Forum, in 1999 nearly two out of five Auckland households had an income of \$30,000 or less.<sup>62</sup> A \$175,000 house is out of the reach of a household on \$30,000. Assuming this household was able to save a 20% deposit (a very difficult thing to do) and was receiving the AS, they could afford only a \$155,000 house at 8.5% interest with a 25-year mortgage.

Without the AS, this household could afford only a house costing \$116,000. While the AS does increase the purchasing power of this household, it is not enough to buy a new entry-level home. And even these modest prices would be out of the reach of the 30% of households earning under \$30,000.

Research with Maori indicates that most want to own their own home, but for a substantial proportion this has been an unachievable dream for more than a decade, and it was impossible to raise the amount needed for a deposit in Auckland City and South Auckland.<sup>63</sup>

One literature review suggests that the most effective overseas government home ownership initiatives have focussed on the

availability and cost of mortgage finance for people with low incomes.<sup>64</sup>

## Housing gaps for mental health service users

An estimated 3% of New Zealanders, or around 240,000 people, have serious, ongoing and disabling mental illness needing treatment from mental health or alcohol and drug services. More than half do not get treatment. One study estimated that up to half of people with ongoing and disabling mental illness may have problems with their housing.<sup>65</sup>

Most mental health service users interviewed for this study reported major problems finding affordable housing. They did not want to live long-term in clustered or group housing for people with mental health problems. They found the move from residential mental health treatment to independent living to be a major hurdle.

Most transitional short-term housing requires rent in advance, a bond payment, or a mental health needs assessment, all of which were problems for interviewees. They also said there is little housing for older people who have been in mental health institutions for a long time and who will always have high support needs.

Owing money to the Department of Work and Income was common among mental health service users, as they may need grants for bond and rent advances more than once a year if they move in and out of hospital.

## New Zealand affordability initiatives

➔ In 2003, the HNZC Housing Innovation Fund was established for iwi, community, church and ethnic groups who want to provide housing in Special Housing Action Zones such as South Auckland. They must target low income groups and meet at least 15% of the project cost.

➔ Non-profit organisations using volunteer labour, such as Habitat for Humanity (HFH), could build a new brick and tile house for \$130,000 in 2003. HFH provides no-interest mortgages and uses 500 hours of labour from the eventual low-income owners to build its houses. It is currently building up to 29 houses in Clendon. However, its resources are limited. In the Auckland region HFH has been able to build only 42 houses for 227 people in the last 11 years.<sup>66</sup>

➔ Some similar projects have been less successful. One Group Self-Build Pro-

*“In 1999  
nearly two out  
of five  
Auckland  
households  
had an income  
of \$30,000  
or less.”*



gramme resulted in buildings which did not meet resource consent, leaving participants owing mortgages on unliveable houses.<sup>67</sup>

→ The Auckland Regional Affordable Housing Strategy proposes a raft of affordable housing action areas and tools for adoption by local authorities. One commonly used overseas tool is inclusionary zoning, which requires up to 30% of all developments over a certain size to include an affordable housing component.

The NGO submission noted that the only councils which had agreed to develop their own action plans were Manukau and Waitakere City. The Manukau City Affordable Housing Strategy proposes support for affordable living in the large new Flatbush area, and in the retail precincts of Manurewa and Papatoetoe.

→ Housing New Zealand has developed some initiatives aimed at commercial developers and landlords. It has promoted lease arrangements with the private sector, guaranteeing owners a ten-year, risk-free market rental from HNZC. The HNZC does not disclose the extent of the scheme due to commercial sensitivity; the NGO submission sees it as an expensive intervention which will worsen house affordability in the long-term.<sup>68</sup>

→ HNZC also sponsored a new Community Development Award category in the Registered Master Builders 2004 House of the Year Awards, to recognise affordable, good quality housing built to meet a community and social need.

→ HNZC and Kiwibank are piloting a mortgage insurance scheme, for those able to afford repayments but unable to qualify for mortgage finance through other banks. There were 279 approvals by December 2003 from 9,000 enquiries.

→ The energy-efficient Now Home demonstration project is being planned for New Lynn, using current sustainable technologies and funded by the Foundation for Research, Science and Technology. This partnership project involves Waitakere City Council and other organisations, and the house is expected to sell for approximately \$180,000.<sup>69</sup>

→ The inaugural meeting of Housing Aotearoa, a national umbrella group for social housing organisations, was held in October 2004. It defines community-based housing as “communities working together to define their housing needs and to meet those needs, using public and private funds where necessary”.

→ An Affordable Housing Project is planned in the Urban Form Design and Development Work Strand of the Sustainable Auckland Cities Programme. It will

involve local and central governments in sustainable approaches to Auckland region affordable housing.

## Overseas affordability initiatives

→ The USA has introduced the Low Income Housing Tax Credit programme, and local grants or low-interest loans for non-profit organisations that build or rehabilitate affordable rental housing.<sup>70</sup>

## POSSIBLE ACTIONS

→ Create an aggressive building programme of new affordable housing in areas of high demand, by the HNZC, local councils and NGO social housing providers.<sup>71</sup>

→ Trial the use of inclusionary zoning and developer incentives to increase the Auckland supply of affordable housing for rent or purchase.<sup>72</sup>

→ Require Auckland councils to implement the Auckland Regional Affordable Housing Strategy.

→ Explore regional trusts, housing associations and other structural options to improve local council provision of social housing.<sup>73</sup>

→ Create direct Government incentives for local bodies to expand social housing in areas of emerging need, such as refugees and mental health service clients.<sup>74</sup>

→ Encourage mortgage lenders and businesses to invest in social and affordable housing.<sup>75</sup>

→ Change the AS to a level which ensures that only 25% of household spending goes on housing.<sup>76</sup>

→ Introduce capitalisation of the AS by non-profit community groups using shared equity between the group and the household.<sup>77</sup>

→ Funding adequate home ownership programmes for low-income families, which could include –

- Rent-to-buy arrangements
- Deposit assistance
- Mortgage guarantees and top-ups
- Programmes tailored for women on low incomes, Maori, Pacific people, and other financially disadvantaged groups.
- HNZC-brokered bulk mortgage agreements with main stream lenders.<sup>78, 79</sup>

→ Encourage state and community partnerships using models such as housing co-operatives, community land trusts and co-housing.<sup>80</sup>

→ Plan a common Auckland housing strategy jointly between state and local government.<sup>81</sup>

→ Purchase of Auckland land now to ensure a future supply of land for social housing.<sup>82</sup>

→ Establish an annual locality-based housing needs assessment by government with local councils, including the level of demand for extra housing, the condition of existing houses and whether there is enough affordable housing.<sup>83</sup>

→ Develop low-cost communal and supported housing for older people.<sup>84</sup>

→ Increase provision of suitable rental houses near mental health and other support services.<sup>85</sup>

→ Carry out a national education campaign about tenant and landlord rights and obligations to counter discrimination.<sup>86</sup>

→ Develop and monitor agreed measures of housing affordability.<sup>87</sup>



## 4 CROWDING

*Crowding levels are gradually falling in New Zealand, as they are in most industrialised countries. However, this is not true for Auckland, where it is a persistent and increasing problem in deprived areas.*

**C**ROWDING increases when housing becomes less affordable for people on low incomes, and the research indicates that it will only decrease significantly when enough housing is provided to bring demand and prices down.

### When is a house crowded?

There is no objective measure of crowding; standards usually reflect the assumptions of dominant rather than minority groups. For example, there has been no research into Maori or Pacific concepts of crowding. Using the lounge for sleeping was mentioned by Maori and Pacific people in several studies, but would count as crowding in most definitions (see Beyond Monocultural Housing). Some definitions use the number of usual residents divided by the number of rooms or bedrooms; others take into account the age, gender and composition of the household.

The Statistics NZ 2003 report uses the Canadian National Occupancy Standard (CNOS), which has not been validated in research with New Zealand parents but enables comparisons with Canada and Australia. It assumes that -

- There should be no more than two people per bedroom.
- Couples share a bedroom.
- Children under five years of either sex, and children under 18 years of the same gender, can share a bedroom.
- A child aged five to 17 should not share a bedroom with one under five of the opposite gender.
- Single adults 18 years and over and any unpaired children require a separate bedroom.

Over 70% of New Zealand houses have three bedrooms or less. Rented houses are likely to be smaller; for example, only 2% of rented Otara East houses in the 2001 census had five bedrooms compared to 11% of owned houses. The



*“The small size of most lower-priced rental houses ensures that any large household will fit at least one official definition of crowding.”*

majority of rented houses in three of the most crowded area units in South Auckland had three bedrooms. Houses with four or more bedrooms are usually in more affluent suburbs.

The small size of most lower-priced rental houses ensures that any large household will fit at least one official definition of crowding.

### Crowding and health

People who live in housing defined as crowded have poorer physical and mental health than people in uncrowded housing. It is difficult to prove that crowding is the direct cause, due to the interrelated effects of poverty and poor quality housing, but the link is compelling. There are strong associations between housing defined as crowded and meningococcal disease, tuberculosis, acute rheumatic fever, respiratory illness and *Helicobacter pylori* (bacteria that causes stomach ulcers).<sup>88</sup>

“My third daughter has asthma [from] the condition of this house.

The Housing know the total number of our family but they still not do anything about it like transferring us to a bigger house of four bedrooms. These rooms are too small and also the space inside of the whole house.”<sup>89</sup>

Crowding was the most important risk factor for meningococcal disease in Baker’s study of Auckland children from 1997 to 1999.<sup>90</sup> Figure 1 illustrates the relationship from 2000 to 2004.

Baker found a four-fold increase in rates for children under five in the most crowded 20% of houses compared to the least crowded 20%, and a five-fold increase for those aged 5 to 14 (see Figure 2). Reducing overcrowding was the key preventive measure recommended.

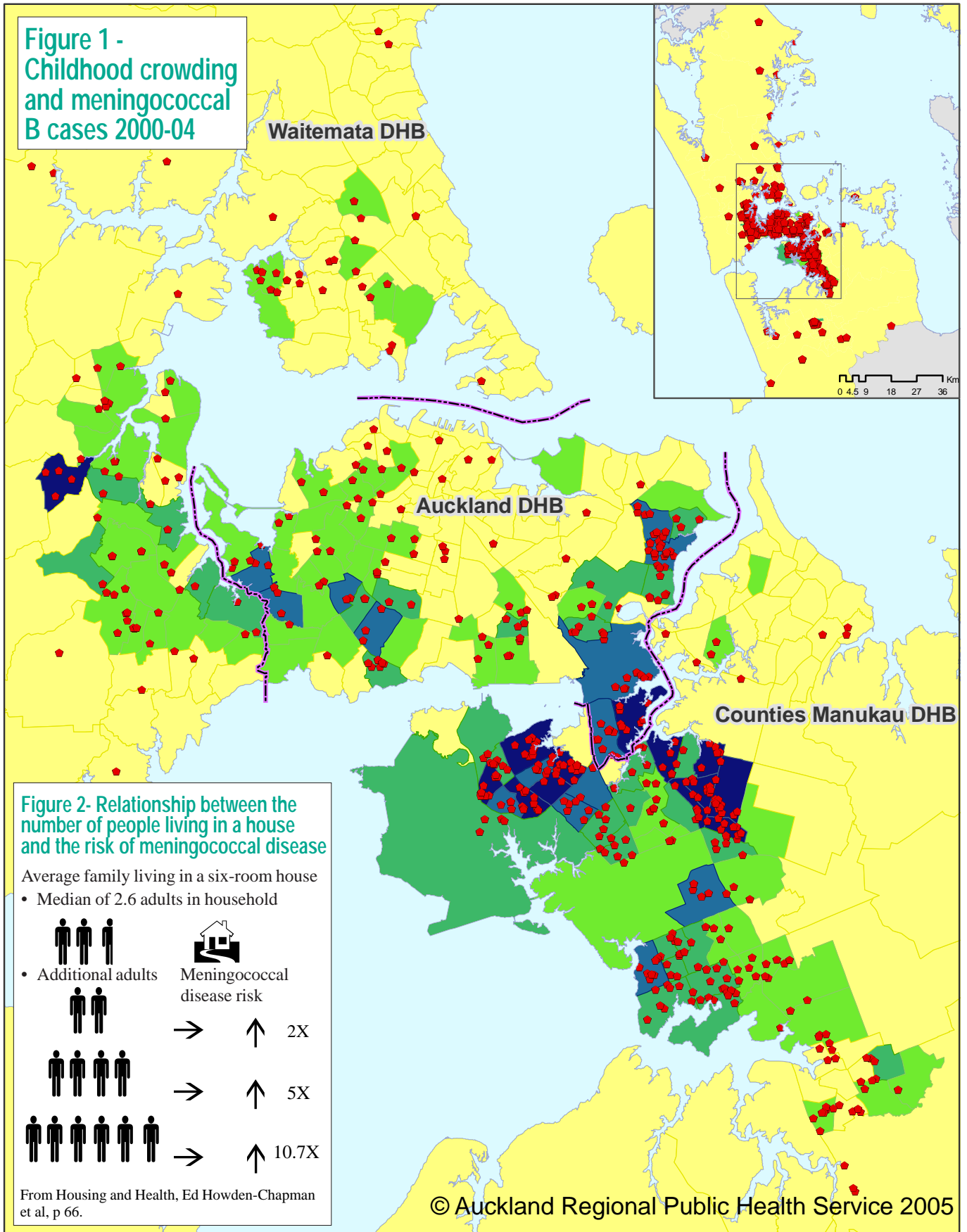
“Overcrowding can be a health risk simply because people are cramped into spaces too small for them to be able to avoid illness or disease.”<sup>91</sup> Having more than five people in a New Zealand house is associated with hepatitis B infection.<sup>92</sup> Other crowding-related conditions are –

- Cellulitis, an infection of the skin surrounding a scratch or insect bite that is most common in children under five and adults over 60.<sup>93</sup>
- Bronchiectasis, a permanent widening of the airways leading to regular serious lung infections.<sup>94</sup>

There is consistent evidence that crowding is stressful for children and adults.<sup>95, 96, 97</sup> According to Lynch’s 2000 Healthful Housing study: “After a period of time of living in overcrowded accom-

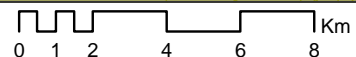
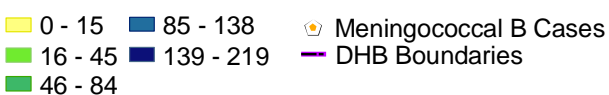


**Figure 1 -  
Childhood crowding  
and meningococcal  
B cases 2000-04**



**Childhood Crowding and Meningococcal B Cases (2000-04)**

Number of Childer Under 8 by CAU in Crowded Households



Sources: Statistics New Zealand  
ESR



modation the stress of overcrowding becomes so overwhelming that people no longer have the emotional strength to move out of the situation.”<sup>98</sup>

One couple who moved to Auckland found housing in a two-bedroom state unit already occupied by two of their older daughters, a granddaughter and five others. Moving in with their three teenage children increased the number of people living in the house to 13.

“It was terrible actually. ... It was really stressful then, cos there were a lot of them, and they were all young. ... And they would come over during the day and the house was full. ... Oh it was terrible.”<sup>99</sup>

Crowding is also related to disturbed sleep and poorer results at school for students.

## Official statistics underestimate crowding

In 2001, according to the Canadian National Occupancy Standard (CNOS), 8% of Auckland households (29,211) were crowded compared to 5% nationally. Almost 9% of the region’s children lived in households defined as crowded. However, all sources acknowledge that the census and other official data underestimate the amount of crowding in New Zealand. The most crowded households are often the most reluctant to tell officials about their living arrangements, especially if they include overstayers or illegal immigrants.

Johnson’s CPAG report cites an estimate of 50,000 overstayers between 1995 and 2003, mostly living in Auckland. Crowded households may also fear cuts to their benefits or removal of their children because of unhygienic conditions. Pakeha are most likely to be counted in official statistics about crowding and Pacific people most likely to be undercounted.<sup>100</sup>

The NGO submission, and qualitative studies using visitors who gained the trust of crowded households, suggest that the census probably severely underestimates crowding in Auckland.

For example, in 2001 Housing NZ Corporation staff used rental data about crowding and estimated that 8% of households selected for the Healthy Housing Programme would be overcrowded. The *End of Pilot Report* found the actual rate was 54%.

*“Official statistics of crowding in Auckland are improving for Maori children, but worsening for Pacific children.”*

## Populations facing the most crowding

Pacific peoples are far more likely to be living in households defined as crowded than other ethnic groups.<sup>101</sup> Several researchers stressed that overcrowding is forced on Pacific people and is not a choice.<sup>102</sup> In 2001, 43% of Pacific people lived in households defined as needing extra bedrooms (23% needing one and 20% at least two). Of those living in households defined as needing at least two extra bedrooms, 41% were Pacific people.

Pacific people were the most likely of all ethnic groups (37%) to live in extended families. Pacific people whose living conditions were defined as crowded were twice as likely (74%) to live in an extended family. Around 28% of Pacific people lived in households with seven or more usual residents in 2001.

‘Alatini’s 2004 survey of 103 Tongan households in Otara found that approximately 16%, mostly state house tenants, regularly had occupants sleeping in the living room because there were not enough bedrooms. One resident said:

“New Zealand houses and New Zealand society does not accommodate for Tongan way of living. Instead, it causes large families to live in overcrowded homes.”<sup>103</sup>

The correlation between “an unaffordable housing market and the overcrowding of households” was a dominant theme in the study.<sup>104</sup>

One in four households in what Statistics NZ calls the ‘Other’ ethnic category - mostly recent African and Middle East migrants - were defined as needing at least one extra bedroom, 23% of Maori and 20% of Asian people. Five percent of Europeans lived in houses labelled crowded. Maori (38%) were the second biggest group among those defined as needing at least two extra bedrooms.

Official statistics of crowding in Auckland are improving for Maori children, but worsening for Pacific children.<sup>105</sup> Up to one in three Pacific children in Auckland lives in a house defined as crowded; “..the number of Pacific children living in overcrowded conditions increased by nearly 8% from 1996 to 2001, while the number of Maori children ... dropped by 7%, and Pakeha children ... fell by 15%”.<sup>106</sup> The small ‘Other’ ethnic group has had the sharpest increase in crowding according to the census.



**Table 3 - The 20 most crowded area units in New Zealand**

Area unit (all except one are in Manukau City)	Households needing one or more extra bedrooms	
	Number	Percent
1 Harania North	273	43.5
2 Otara West	231	41.8
3 Flat Bush	306	41.3
4 Viscount	303	41.2
5 Ferguson	294	40.8
6 Otara East	324	38.6
7 Otara North	114	38.4
8 Otara South	246	38.1
9 Clover Park	300	37.9
10 Arahanga	135	37.5
11 Mangere Central	210	36.8
12 Harania East	339	36.2
13 Harania West	297	34.7
14 Mascot	222	31.6
15 Wiri	261	30.3
16 Walmsley	255	29
17 (Rotorua)		
18 Grange	111	28.5
19 Aorere	273	27.9
20 Favona	312	27.4

Statistics  
New  
Zealand,  
2003

## Other characteristics related to crowding

Households defined as crowded paid a higher proportion of weekly rent in relation to income in 2001, and were more likely to receive government benefits than non-crowded households.<sup>107</sup> Six percent of houses in the bottom 20% of household income were defined as needing at least one extra bedroom compared to 2% of those in the top 20 percent.<sup>108</sup> Private landlords owned 60% of housing defined as crowded and the state owned 34%.<sup>109</sup>

Households labelled as crowded were more likely to include two or more families (42%), solo parent families sharing with others (35%), and households of a couple and children and others (28%). Over half of one-parent Pacific families living with others were defined as crowded, and over 43% of Maori solo parent families living with others.

In 2001, over 31% of households defined as crowded contained extended families, compared with only 3% of non-crowded households. One in five Pacific households consisted of extended families; 13% of Asian; 11% of Maori; 9% of 'Other' and 3% of Pakeha households.

*“Housing NZ estimated that 8% of households in the Healthy Housing Programme would be overcrowded. The actual rate was 54%.”*

## Locations most affected

Fifteen percent of houses in Manukau City were defined as crowded compared with around 2% in North Shore City. However, as crowding is concentrated in small areas, these averages are misleading. At the level of council wards, crowding ranged from 0.8% in North Shore City to 30% in Mangere.

Since 1986, the census has identified Manukau City households as consistently the most crowded. Nineteen of the 20 census area units (containing approximately 90 households) in the country defined as the most crowded are in Manukau City (see Table 3). Between 1986 and 2001, the number of households defined as crowded in Manukau City increased by 37% compared with a national decline of 11%. The number of households labelled as crowded also increased in Waitakere City by 22% and Auckland City by 12%.

“In 2001, nearly 13,000 children living in [Otara, Mangere, Papatoetoe and Manurewa] were living in overcrowded conditions ... one-fifth of all the children living in overcrowded houses nationally. Furthermore, the problem of overcrowding appears to have worsened in these suburbs .. while it remained stable or improved” in the rest of the Auckland region and the country.<sup>110</sup>

In 2001, Manukau City had the highest proportion of Maori and Pacific households defined as crowded. Auckland City had the highest proportion of Asian households that were defined as crowded.

## Mobility

High housing costs, the stresses of crowding, and evictions mean that Auckland people on low incomes and those with a mental illness are much more likely to move house frequently.<sup>111</sup>

Tenants are more mobile than owner-occupier households, and private renters more mobile than state tenants.<sup>112</sup> Johnson reports that a 2002 CPAG survey of 31 South Auckland primary schools found that nearly one in three children in the poorest (decile one) schools are likely to change schools in any given year. This is twice the transience rate of schools rated decile three or higher.

The average length of all tenancies in 2002 was less than 15 months, with more than half ending within ten months.<sup>113</sup> The introduction of income-related rents in 2000 contributed to a drop in the mobility of state housing tenants, from a national average of 33% in 2000 to 15% in 2003, and by 70% in some areas of Auckland.



One study found that many young Maori people move from one household to another and have no permanent address. “They stay with family until relationships become strained or overcrowding is at its limit and move on to the next house where the cycle is repeated.”<sup>114</sup>

## New Zealand initiatives about crowding

→ The Healthy Housing Programme pilot supplied health information, insulation, ventilation and in some cases extra rooms to houses in Mangere, Otara and Onehunga from 2001 to 2002. It aimed to reduce crowding by building larger homes, extending houses and rehousing families in more suitably-sized accommodation. Hospital admissions dropped, while outpatient visits, use of the emergency department and GPs increased as a result of programme referrals.

This successful intervention is being applied in Glen Innes, Point England, Otara, Mangere and Wiri.

→ The five-year Housing, Crowding and Health Study began in 2003, involving all HNZC tenants and applicants, about 85,000 households. He Kainga Oranga, the Housing and Health Research Programme in Wellington, will match tenant information with NHIS information about overnight hospital visits.<sup>115</sup>

## POSSIBLE ACTIONS

- Establish nationally validated standards for crowding, with input from tangata whenua, Pacific people, and other key stakeholders.<sup>116</sup>
- Ensure that new state housing and private developments include sufficient large houses to cater for the proportion of larger families in the Auckland region.
- Ensure that housing planning in Auckland takes into account the needs of changing population demographics.
- Introduce five-yearly monitoring by health sector staff of census data about the pockets of greatest crowding impact, followed by distribution to local bodies for discussion with community committees to encourage a targeted focus.<sup>117</sup>
- Establish three-yearly reporting on the status of regional housing and health by district health boards (DHBs) and HNZC.
- Re-establish channels for public health staff to recommend priority for housing assistance on health grounds.<sup>118</sup>
- Introduce programmes which address the economic pressures driving informal immigration from the Pacific, to help relieve housing pressure on Pacific families.<sup>119</sup>



## 5 SUBSTANDARD HOUSING

*“It is the poorest populations, most prone to forms of discrimination, who have least control over their housing circumstances and thus are most afflicted by housing-related health problems.”<sup>120</sup>*

**S**UBSTANDARD housing includes those which are cold, damp and mouldy. These issues are described in the next section. This section deals with other aspects of poor housing.

### Substandard housing and health

The National Health Committee said in 1998: “The poor physical condition of some rental properties, including some owned and administered by local and central government, are compounding [the problem of disease associated with overcrowding].”<sup>121</sup>

Estimates of the proportion of people with chronic mental illness living in substandard or inappropriate housing in New Zealand range from 20 to 35%.<sup>122</sup>

Kearns et al in 1993 found that the mental wellbeing of people with psychiatric conditions was correlated with the quality of their housing. Poor housing, lack of money and limited social contact contributes to depression and anxiety in this population, and made them more likely to be re-hospitalised. A study of the mental health of people on the edge of homelessness found a significant improvement when they were re-housed in state houses.<sup>123</sup>

Kearns also found that living in a substandard house is an independent and additional source of stress for people on low incomes, and said “...the despair among these populations cannot be adequately described in a series of statistical tables and conceptual diagrams”.<sup>124</sup> Substandard housing conditions may lead to social isolation because occupants are reluctant to invite guests into their homes.

UK research has found an association between mental disorders and structural problems in rented housing.<sup>125</sup>



Gil Hanly

*“The longer people live in poor housing, the more it affects their mental and physical health.”*

Physical health is affected by old, dirty carpet, which contains dust, allergens and toxic chemicals and is often found in substandard housing. This can result in allergic, respiratory, nerve and blood-related illnesses.

Pest infestations are associated with asthma. Cockroaches can cause allergies and have become an important trigger for asthma in inner-city America.<sup>126</sup> Children with asthma who are exposed to cockroaches are more likely to be admitted to hospital. Mice are also an important cause of allergy and asthma.

Poorly functioning heaters or stoves can expose residents to nitrogen dioxide, which is associated with asthma. They also result in increased levels of carbon monoxide, which causes headaches and fatigue, and poisoning from oxygen starvation at higher levels.

Portable gas heaters have produced up to five times the acceptable outdoor levels of nitrogen dioxide inside homes in an Australian study. This toxic gas worsens respiratory and asthmatic conditions.<sup>127</sup>

Leaded paint has been found in state houses during the Healthy Housing Programme.<sup>128</sup> Lead exposure can cause permanent damage in children’s brains and is associated with high blood pressure.<sup>129</sup>

Noise contributes to irritability, sleeplessness and feelings of helplessness.

Several local and overseas studies have found that moving to better quality housing improved the mental and physical health of people living in substandard accommodation.<sup>130, 131, 132, 133</sup>

### Poor housing over a lifetime

The congregation of poor people in areas of poor housing creates a neighbourhood effect. For example, primary health care is less available in areas with high Pacific and Maori populations.<sup>134</sup>

However, one recent study of North Shore City and Waitakere City found that, while neighbourhoods on the more affluent North Shore had better overall access to community resources than Waitakere neighbourhoods, within each city deprived areas had on average better access to community facilities as a whole than more affluent areas.<sup>135</sup> More research is needed to establish how this positive feature can be replicated.

The longer people live in poor housing, the more it affects their mental and physical health, and children are particularly vulnerable. Housing conditions in childhood have a long-term health effect independent of socio-economic conditions



and even if housing conditions later improve.<sup>136</sup> A number of adult conditions including *Helicobacter pylori* (bacteria that cause stomach ulcers), disability, stomach cancer and severe ill-health have been linked to recurrent crowding or poor housing in childhood.<sup>137</sup> There is an association between poor housing conditions as a child and death from common adult diseases that is independent from other social and economic deprivation.<sup>138</sup>

## The scope of the problem

There are few reliable statistics about substandard housing. For example, the government ICESCR report to the UN uses a 1993 figure of 3,000 substandard dwellings nationally, with a high incidence in the East Coast and Northland. However, in 2003 the Co-operative Housing Association of Aotearoa NZ, with extensive hands-on experience in Northland communities, cited the number as 5,000 in Northland alone.<sup>139</sup>

Compared to housing in other OECD countries, New Zealand housing is more often built of wood, which requires frequent maintenance to keep up to standard.

The Building Research Association of New Zealand (BRANZ) carried out two national house condition surveys in 1993/4 and 1999/2000. In the more recent survey, it found that one in four buildings was in poor condition and the cost of repairing the more serious defects averaged \$4,000 per house. Auckland houses were generally in the worst condition in both surveys.

Structural problems found in the survey included -

- ➔ Leaks from roofs and around windows causing major structural damage.
- ➔ Rotting floors.
- ➔ Disintegration of interior cladding; exterior cladding flapping in the wind because it was not properly connected to the frames.
- ➔ Clearance not maintained around stoves.

Other reports suggest a low standard in rental housing. In 1988, HNZN said that low income housing in Auckland is of poorer quality than in most other parts of New Zealand. In 1998 Parliament's Social Services Committee criticised delayed maintenance in state rental houses. The 2001 *Our Home Our Place* hui agreed that neglected maintenance of Otara state housing in the 1990s had resulted in falling housing standards.

The economic recession in the 1990s also delayed maintenance in private rental houses. Local councils have deferred

*“In a scarce housing market, few tenants want to risk their accommodation by [complaining about substandard housing].”*

maintenance and modernisation of their housing;<sup>140</sup> in 2000 a national summary found that local council housing for older people, much of it older bedsitting rooms, was inadequate.<sup>141</sup>

Older people on fixed low incomes do not want their rent to go up, so may be forced to accept lower standards at a cost to their health.<sup>142</sup>

Qualitative studies also support this picture. People in Auckland emergency housing said in a 1998 survey that they commonly found new tenancies in a poor state of hygiene and repair, with broken windows, cracked hand-basins and leaking toilet pipes.<sup>143</sup> Four out of five state tenants in the 1999 Mercy House Glen Innes survey were dissatisfied with the poor condition of their houses and the lack of response to maintenance calls.<sup>144</sup>

“My house always has something to be fixed. When I report it to Housing most of the time they never come and I live with things broken. They come when I keep reporting four or five times.”<sup>145</sup>

“I rang up HNZN for their help when it's heavy rain, plus any rainy day it's leaking in my living room.”<sup>146</sup>

Otara households reported rat and cockroach infestations in 1999<sup>147</sup> and in 'Alatini's 2004 survey of Tongan households. Six out of ten state house tenants in that survey, nearly half the home owners and one third of private tenants, had problems with pest infestations.

Four out of five of Glen Innes households reported pest infestations such as cockroaches, rats, mice or fleas in 1999.<sup>148</sup>

In 2004, the Otara tenants also reported a major difference in the response of private landlords and HNZN to structural problems.<sup>149</sup> Three-quarters of private landlords responded efficiently and reliably to problems, whereas more than half the HNZN tenants expressed some dissatisfaction with its response time. Almost one in five had been waiting two years or more for resolution of complaints including phone lines, carpeting and insulation.

“I have a leak in the ceiling for over two years and reported it to Housing NZ and still no-one has come.”<sup>150</sup>

While much New Zealand research has focussed on state housing, overseas studies suggest that the private rental sector may have more substandard housing.<sup>151</sup> New Zealand landlords are required under the Residential Tenancies Act 1986 to maintain their houses to an acceptable standard, but enforcement relies on tenant complaints. In a scarce housing market, few tenants want to risk their accommodation by doing this.



The 2001 census reported the number of people living in tents, caravans, sheds and boats in Manukau City as 204, with 198 in Auckland City, 168 in Waitakere City, and 33 in North Shore City.<sup>152</sup>

This is likely to be a severe underestimate. Otara residents reported “typically” sleeping in uninsulated garages and caravans in a 1999 report.<sup>153</sup> One in five Tongan households in ‘Alatini’s 2004 Otara survey used garages for accommodation, and said this was common among other Pacific households.

The census counts this temporary housing only on residential sites, when householders declare it, but does not include people who have been living for some time in licensed camping grounds. There are indications that people in housing difficulty live in caravan parks despite regulations against this.<sup>154</sup>

## New Zealand initiatives about housing standards

➔ In 2000, a local initiative involved mature Otara residents visiting door-to-door to distribute information about dealing with pests, moisture, mould, health and safety, tenancy issues and benefit entitlements. This Otara Ambassadors’ Programme was repeated in 2002. Manukau City Council has since funded two community health workers to continue this work.

➔ The Healthy Housing Programme partnership between DHBs and the HNZC has upgraded insulation and ventilation, carried out maintenance and acted on families’ health and social needs in state houses in six Auckland suburbs (see Crowding, page 20).

➔ The HNZC Energy Efficiency Project is upgrading damp and uninsulated housing (see Cold, damp and mould, page 26).

➔ HNZC’s Local Government Housing Fund provides 50:50 matching funds for local councils to modernise or buy social housing.

➔ Housing New Zealand’s Community Renewal Programme aims to reduce social exclusion, foster communities, and improve the physical assets and appearance of neighbourhoods. It started in 2001 and is under way in Clendon, Talbot Park and Northcote Central.

➔ The Building Research Association of New Zealand and Wellington School of Medicine researchers are developing a Healthy House Index, using a



*“The 2001 census reported the number of people living in tents, caravans, sheds and boats in Manukau City as 204 .. This is likely to be a severe underestimate.”*

combination of existing research, health data from the BRANZ House Condition Survey, surveys of resident’s views of their own health, general practice and hospital data. It aims to provide a common language for inter-agency communication.

➔ The Building Act gives the Building Industry Authority more power and will require local councils and private housing inspectors to be certified.

➔ Statistics New Zealand is developing a database of the incidence of substandard housing and is surveying housing quality across the country.

➔ Standards New Zealand is developing building industry standards.

➔ The HNZC Development Guide includes universal design features, making new properties suitable for a wider range of tenants.

➔ The Government has started a whole-of-government initiative on substandard housing. The NGO submission criticised its approach and the lack of progress beyond talks within government agencies.<sup>155</sup>

## Overseas initiatives about housing standards

➔ The Housing for Health programme is an Australian initiative with Aboriginal communities. It involves home visits to assess the impact of housing on health, fixing safety faults and providing health-related items the same day as the visit, or training community members to provide them.<sup>156</sup>

➔ The UK and the USA have several useful approaches to improve substandard housing. The UK Government has adopted an aim to make all public housing up to standard by 2010. It has introduced a Housing Health and Safety Rating System, where trained building professionals identify health hazards and rate them using tables of probable health effects. The system requires local authorities to repair any house rating over 1,000 points.

➔ The USA Residential Lead-Based Paint Hazard Reduction Act 1992 provides federal funds to state and local health departments to determine the extent of childhood lead poisoning, screen children, develop neighbourhood-based prevention projects and remove lead from houses.<sup>157</sup>



➔ One USA project is repairing private houses with public health funding. Public Health Seattle is replacing mould and water damage, installing exhaust ventilation, repairing leaks and replacing carpet in 70 houses. It has negotiated an agreement with private landlords that the rent will not increase and tenants can remain for at least two years afterwards.<sup>158</sup>

➔ Some countries have introduced compulsory inspection schemes that require owners to disclose outstanding repairs when they sell their houses.<sup>159</sup>

➔ The Lifetime Homes checklist of 16 design features, developed in 1991, is required in all new social housing in Northern Ireland and Wales and is being considered in UK legislation. It includes provision for wheelchairs and other accessibility features, and is proven to save money in later adaptations and by reducing the need for older people to move to residential care.<sup>160</sup>

➔ The Netherlands adopted the Senior Citizen Label as a consumer quality certificate for older people's housing. Housing has to satisfy 31 basic requirements based on flexibility, cost, neighbourhood and local needs.<sup>161</sup>

➔ Smart homes are being trialled in a UK support programme for older people. These houses use electronic and computer-controlled technology to operate doors, windows, heating, lighting, taps, security devices, phones and surveillance. They also save money by helping older people stay in their homes despite increasing disability. Without subsidies, however, this technology is not affordable for older people on low incomes.<sup>162</sup>

## POSSIBLE ACTIONS

➔ Introduce uniform national codes which cover housing ventilation, moisture, carpeting, mould, injury hazards, exposure to toxic substances, privacy, noise, lighting, energy efficiency, accessibility and other factors affecting health.<sup>163, 164</sup>

➔ Introduce licensing, quality marks and energy-efficiency ratings for private rental properties which depend on meeting minimum standards for health.<sup>165, 166</sup>

➔ Introduce renewal grants, loans, tax relief and other incentive schemes to encourage private landlords to rectify structural problems and maintain their rental houses.<sup>167, 168</sup>

➔ HNZC ensure that its housing stock is up to a set standard by 2015.

➔ Increase housing inspections by local councils.<sup>169</sup>

➔ Use Health Impact Assessments by local council public health workers to evaluate the health implications of new zoning decisions and housing developments. Permission could be denied to developments that do not include necessary infrastructure such as shops, schools, recreation space, parking and transport systems.<sup>170</sup>

➔ Adequately fund home improvement assistance for older people.<sup>171</sup>

➔ Strengthen the Residential Tenancies Act to provide more proactive and effective monitoring and enforcement of housing standards.



## 6 COLD, DAMP AND MOULD

*Compared to housing in other OECD countries, New Zealand housing is inadequately heated and usually cold.*

THE World Health Organisation (WHO) recommends an indoor temperature of 18°C, or 21°C for young, elderly or disabled people. The NZ Building Code requires temperatures to be able to be maintained above 16°C in old people's homes and childcare centres. Older people often do not notice temperature changes as quickly as younger people.

Below 12°C, cold hands and feet and slight lowering of core temperatures can create a short-term rise in blood pressure which is dangerous for older people.

One million New Zealand homes, more than two out of three, were built before minimum insulation was required in 1977. In 2001, one in four (300,000) had no insulation, and about half are only partly insulated.<sup>172</sup>

New Zealand houses are cold. The temperature in almost a third of New Zealand homes is below WHO recommendations.<sup>173</sup> A 1989 survey of 36 units for older people found that minimum daily temperatures in the living room were below 16°C more than one third of the time during the year.<sup>174</sup> The BRANZ Household Energy End-Use Project (HEEP) from 2002 found that average house temperatures do not seem to have risen since the 1970s. The mean temperature in Auckland houses was 16.5°C. Uninsulated houses were on average 1.4°C colder.

Those who need to heat their homes for the longest are often least able to do so because of low incomes and inefficient housing. Living in healthy temperatures would take more than 10% of their income.

Some older people and other low-income households may therefore keep their room temperatures too low for comfort, enduring 'voluntary hypothermia' to save money. In the 2001 census, 36,000 people did not have any form of heating. In 1996, 18 in every 1,000 New Zealanders and 31 in every 1,000 Maori women lived

in a dwelling where no heating was used.

### Cold, damp, mould and health

Dampness and cold are the most common health hazards of poor housing. "A damp dwelling is more difficult to heat and a poorly heated dwelling more susceptible to damp. Cold air has a higher relative humidity, increasing the risk of condensation indoors and providing a more favourable environment for the growth of moulds and micro-organisms."<sup>175</sup> Overcrowded housing is more likely to be damp, especially if poorly aired or shut in bad weather.

Portable, unflued gas heaters, common in New Zealand homes, carry their own health risks (See Substandard housing and health, page 21).

In poorly insulated houses, moisture from cooking, drying and cleaning will condense as dampness. In bedsits or when a bedroom door is open, if the room is colder than other parts of the house this dampness will condense on the bed.

Howden-Chapman cites English, USA and Dutch studies which found that the damper the houses were, the more likely their occupants were to be ill with a wide range of medical symptoms, regardless of smoking, income or crowding.<sup>176</sup>

Children living in damp houses are more likely to have respiratory problems, fevers, sore throats, headaches and skin problems than those in dry homes. Adult symptoms include nausea, vomiting, constipation, blocked noses, breathlessness, backache, aching joints and fainting. Elderly people are more vulnerable.

Maori and Pacific households were more likely to report cold and damp in their homes, and had higher rates of respiratory illnesses than Pakeha households.<sup>177</sup>

More than half the Otara residents in a 2004 survey believed the condition of their houses could affect the wellbeing of a healthy person, largely due to cold and mould from lack of insulation. During winter, families who could not afford heating were forced to huddle into one room in the evening. A higher proportion of private tenants reported problems with cold than state tenants.

"Poor ventilation in my house causes the asthmatic person to constantly have asthma attacks."<sup>178</sup>

Dust mites, tiny parasites that live in carpets and mattresses, are an asthma trigger. Dust mites need moisture to breed and rarely survive under 50% humidity. Asthmatics who live in damp housing have more asthma attacks, use more asthma



*".. insulating cold houses more than pays for itself by improving people's health and saving electricity."*



drugs and have to go to the hospital more often.<sup>179</sup>

A UK study found that using steam and heat to eradicate house dust mites reduced asthma symptoms for people in the house, and improved allergic reactions. For people who had a ventilation system installed in their bedroom, this improvement continued for 12 months.<sup>180</sup>

Damp houses encourage the growth of moulds and fungi, which are strongly associated with respiratory problems and asthma.<sup>181</sup> Everyone is exposed to some mould spores every day, but in large numbers mould spores usually cause health problems. A third of New Zealand households reported visible mould in a 2002 national survey.<sup>182</sup>

Mould can produce allergic reactions, respiratory problems, nose and sinus congestion, eye or throat irritation and skin rashes. People who already have asthma are at greater risk, as even a small number of spores could trigger an asthma attack.

Certain types of greenish-black moulds produce toxins that cause coughing, runny nose, burning sensations in the mouth or nose, nose bleeds, headache, fatigue and skin irritation at the site of contact.

There are few standards for judging acceptable quantities of mould; it is usually measured by the size of visible mould patches. Active mould is easily smelt. One study found the amount people worried about mould affected their reporting of respiratory symptoms.<sup>183</sup>

“Like the mould’s black marks on the wall, in the bedrooms and that, cos it smells.”<sup>184</sup>

Cold houses have been associated with poorer general health and increased use of health services. Indoor temperatures under 16°C significantly increase the risk of respiratory infections. One study of 1,376 South Auckland children in Pacific families found that more than half had cold homes and 37% reported damp, which were associated with asthma and probable depression for the mothers.<sup>185</sup>

New Zealand has greater seasonal fluctuations in death rates, particularly in those aged over 65, than countries with more extreme climates. More than four out of five deaths at home from a drastic drop in body temperature (hypothermia) are in people over 65. One Auckland study found that cold stress was the dominant climatic factor in cardiovascular deaths.<sup>186</sup>

Concern about family health in a damp and mouldy home, a reluctance to receive guests, and the cost of repairs can cause emotional distress. Women are more likely than men to be emotionally upset due to



*“Indoor temperatures under 16°C significantly increase the risk of respiratory infections.”*

disturbed sleep and frustration from trying to keep a mouldy house clean and organise repairs.

## Occupant behaviour

People’s actions can be as important as the construction of the house in making homes damp. Leaving the window open during a shower, drying wet clothes outside and airing a house regularly will lower the level of dampness in the air compared to an identically built house where people do none of these things.

A series of Otara hui in 1998 found that many residents did not understand the importance of insulation and ventilation. Some people did not know how to use heaters or set temperatures. The importance of ventilation to reduce dangerous levels of carbon monoxide from unflued gas heating was not widely known.

The British Medical Association concluded in a major report: “A warm, damp-free healthy indoor environment requires adequate ventilation, heating and insulation. Strategies that do not address all three factors are unlikely to succeed.”<sup>187</sup>

## New Zealand initiatives about cold, damp and mould

➔ The Housing, Insulation and Health Study found that insulating cold houses more than pays for itself by improving people’s health and saving electricity. It involved 1,400 households in Otara and six other locations around the country. The people in the houses reported that their health improved, adults visited their family doctor significantly less and both adults and children took fewer days off. These benefits were valued at \$3,640 per house, twice the \$1,800 cost of installing insulation.<sup>188</sup>

➔ HNZC started its 10-year Energy Efficiency project in 2001. It aims to improve the living environment of all state houses built before 1977. It involves installing or improving ceiling and floor insulation, hot water cylinder and pipe wraps, adjusting thermostats, improving housing heating and ventilation and redressing dampness under houses.

➔ Since 1995, the Energy Efficiency Conservation Authority (EECA) has installed insulation in ceilings and under floors, wrapped hot water cylinders and pipes, put in draught stopping on doors and windows, energy-efficient light bulbs and damp proof groundsheets in 12,000 older homes. This has cost the Govern-



ment \$15 million. Projects work in partnership with local community groups using previously unemployed local people to do the work. Current projects are running in South Auckland and Waitakere City.

Since 2002 EECA has focused on low income households, with some partnerships with HNZC. EECA is seeking more funding partnerships with other government agencies and the private sector, as the savings in health are greater than those in energy.

→ A Winter Heating Information Pack has been developed in Christchurch for residents and agencies that carry out home visits.

→ Researcher Cameron Grant is carrying out a study in central and west Auckland about the relation of childhood pneumonia to crowding, damp, mould, leaks, heating, nutrition and primary care. Results are expected in late 2005.

## Overseas initiatives about cold, damp and mould

→ The UK has introduced several initiatives to help low income households in cold homes. The Home Energy Efficiency Act 1995 requires local councils to have plans for improving the energy efficiency of housing in their area and to report progress to government.<sup>189</sup>

→ The UK Government has adopted a Fuel Poverty Strategy, which includes grants to households in rented and owner-occupied homes to improve the energy efficiency of their houses and winter fuel payments for people over 60.<sup>190</sup>

→ The UK National Heart Forum's Fuel Poverty Toolkit educates primary health workers about the links between lack of money to afford heating fuel and ill health, helps them identify people suffering from this fuel poverty and refer them to available grants.<sup>191</sup>

→ California passed the Toxic Mold Protection Act in 2001, which calls for standards for permissible levels of mould and requires information about mould contamination to be provided in housing sales.

→ The New York City Department of Health has also issued Guidelines on Assessment and Remediation of Fungi in Indoor Environments.

## POSSIBLE ACTIONS

→ Expand retrofitting programmes which provide insulation and ventilation in older houses.

→ Implement policies to improve energy efficiency in households with low incomes.<sup>192</sup>

→ Improve state rental housing standards, including ventilation, dehumidifiers or air-conditioning, extraction fans and good insulation.<sup>193</sup>

→ Require all properties to display an energy-efficiency warrant of fitness or rating before being rented out or sold.

→ Apply building regulations about insulation retrospectively to private landlords.<sup>194</sup>

→ Use passive solar building design rather than building houses off the ground.<sup>195</sup>

→ Provide households in high-risk accommodation with information about how to reduce damp and cold.<sup>196</sup>



## 7 HAZARDS AND INJURY

*The vast majority of accidents and injuries to New Zealanders over 65 happen at home.*

ONE UK report stated that more than one-third of all adult injuries happen in the home. However, the literature surveyed for this report concentrated on injuries to children. Every year 15,000 New Zealand children are hospitalised because of unintentional injuries, most commonly in their home.<sup>197</sup> Many more are treated at hospital or private emergency clinics or by GPs.

The vast majority of these injuries are preventable and predictable. Safekids says it is more effective to remove hazards or separate children from them than to rely on constant supervision around hazards.

The UK British Medical Association said that household injuries were highest in the private rental sector, indicating inadequate monitoring and maintenance by landlords.<sup>198</sup> Comparable information for New Zealand was not available in the research surveyed.

In the UK, injury rates for children in poor families are more than three times those of children in affluent families. Preventing injuries is a low priority for families living in poverty, who do not have enough food or money to pay bills.<sup>199</sup>

Poor housing can increase injury risks through exposed heating sources, unprotected upper windows, high balconies and stairs, breakable window glass in high-traffic sites, flammable materials and lack of functioning smoke alarms. The 1999 Mercy House Women's Advocacy Group study concluded that unintentional injuries for children were inevitable in Glen Innes state houses due to the high numbers of young children, poor housing design, lack of safety features and lack of tenant income to fix them.

### Vehicle injuries

Nearly every day a New Zealand child is hospitalised after being hit by a vehicle and around 20 child pedestrians die every year. Two out of five of these children are reversed over in their own or a neighbouring driveway. Shared driveways or a lack of fencing between driveways and play

areas triple the risk of injury.

In the Glen Innes survey, four out of five houses had inadequate fences around driveways; some had none and most were partially fenced and easy for children to climb over. One third shared a driveway.

"We asked Housing NZ for a fence to stop the children from going on the road, but no reply. We are so close to this busy road."<sup>200</sup>



*"In the UK, free window guards, a mass media campaign, home inspection and landlord regulation led to a 50% decrease in falls and a 35% drop in child deaths in two years."*

### Fire

Fires are a major cause of mortality, particularly among poorer people who are more likely to smoke. Five New Zealand children on average die in house fires each year, and another 20 are injured.

Children in rental properties seem to have a higher risk than those in owner-occupied homes. In 70% of fatal fires, a smoke alarm would have helped the victims to escape.<sup>201</sup> In 1999, 10% of Glen Innes houses surveyed had no smoke alarms and another 10% were faulty.

Tenants who do not know how smoke alarms work may also disconnect them from the battery when the batteries run down, or not replace batteries.

Two Auckland emergency housing clients in the Healthful Housing study spoke of fire hazards in rental houses from a poorly installed wood-burning heater and a stove with faulty wiring.<sup>202</sup> Both asked for the hazards to be repaired but they did not feel they got satisfactory responses.

Housing NZ Corporation is currently installing smoke alarms in its houses but there is no requirement for private landlords to do this. People who have their power disconnected due to money shortages have to use candles, increasing the risk of fire.

### Heating appliances and hot water hazards

Around 640 New Zealand children are hospitalised for burns and scalds every year, most under five. Around one in four is from household water which has come out too hot from the tap. Almost one third of the Glen Innes tenants said in 1999 that their water was too hot when they held their wrists under the hot tap for more than a few seconds.

The majority of older New Zealand houses have water coming out of the tap at 60°C or higher, which will burn a child's skin in one second. New houses have had tempering valves installed since 1993, which enable water to be stored at 60°C



and come from the tap at 55°C. At 55°C it takes ten seconds for water to burn a child or older person. However, the HEEP study of 217 houses reported inaccurate thermostat and valve control in up to one third of houses in 2002.

Each year ovens are involved in burn and scald injuries to children when they touch hot elements, pull pots off stove tops or climb on oven doors so that ovens tip hot food. More than one in three Glen Innes houses surveyed by Mercy House in 1999 did not have their ovens chained to the wall or the floor, making them a tipping hazard.

Open fires and unflued gas heaters release small particles which irritate the lungs and may reduce people's resistance to illness. Poorly maintained gas appliances can release carbon monoxide, high levels of which may be deadly.

## Poisoning

On average, three New Zealand children will be hospitalised every day as a result of unintentional poisonings from medicines, cleaning or garden chemicals, most in their own home.

## Falls

More than a child a day is hospitalised due to a fall from stairs, steps, a balcony, deck or window. In the Mercy House survey of Glen Innes houses, more than a third had windows with a fall height of two metres or more. Most of these windows had no safety catches to prevent children climbing out. Several balconies had inadequate hand rails, usually with concrete surfaces below.

A 2004 survey of Otara households identified ongoing safety concerns among state housing tenants.

"The steps going upstairs are too dangerous for my kids. I even got a letter from my family to give to Housing New Zealand describing our situation and the need for us to move to a one-storey building."<sup>203</sup>

## Glass hazards

On average, five children a week are hospitalised for injuries from plate glass, mostly at home. Most of the glass in pre-1991 houses is not safety glass, so it shatters into jagged edges. Safety glass is much stronger, breaks less easily and either fractures into pieces too small to injure or stays in place. It is also more ex-

pensive. Tenants are responsible for the replacement of broken glass in rented houses. However, glass only needs to be replaced to pre-existing quality, which in most homes is ordinary glass even in doors, side panels and low-level glazing.

## Electricity

Every two weeks on average, a child is hospitalised due to contact with an electric current, usually as a result of a faulty appliance or wiring, or poking metal objects into live sockets or appliances.<sup>204</sup> Insufficient power points can lead families to use multiboxes, which will not cut the electrical flow in a fault. None of the Glen Innes houses surveyed by Mercy House had safety shutters on power points and one in five tenants reported either exposed wires or electrical cabling they considered unsafe.

## Safety initiatives

→ The HNZC Modernisation Programme started in 2001 and aims to improve around 15,500 houses built before 1979. It involves modernising kitchens and bathrooms, installing additional power points, adding driveways, parking and fencing, adding rooms and installing heating devices.

→ Safekids is working with HNZC on safety issues in state houses following its *Safe as Houses* report.

→ In the UK, free window guards for people living in high-rise buildings, together with a mass media campaign, home inspection and local regulation for landlords led to a 50% decrease in falls and a 35% drop in child deaths in two years.<sup>205</sup>

→ Preventive home visits required by Denmark cities contributed to a marked reduction in the hospital bed occupancy rate among people over 75.<sup>206</sup>

## POSSIBLE ACTIONS

→ Require public health representation on all bodies setting building standards.

→ Improve monitoring of health and safety standards in rental housing.<sup>207</sup>

→ Require a warrant of fitness that includes safety checks for all rental properties before they are rented out.

→ Adequately fund preventive safety audits of older people's housing.<sup>208</sup>



## 8 BEYOND MONOCULTURAL HOUSING

### Designing appropriate housing for Maori whanau

Housing policy, regulations and the design of houses have largely assumed Pakeha cultural norms, and regulatory bodies may be resistant to Maori housing initiatives.<sup>209</sup> See Appendix 1 for Maori perspectives about housing.

“...these houses were designed by English people who are happy to have their washing machine next to the sink or even wash their pants in the sink ... well I wasn't going to be happy washing my babies' nappies in there ... they (Housing Corporation) acted as if it was my problem and then I had to go to the bottom of the list and there was nothing I could do...”<sup>210</sup>

Maori have consistently criticised state housing policy and practice for failing Maori, and not including Treaty of Waitangi principles.<sup>211</sup>

Maori researchers have also identified health initiatives as failing Maori if they do not take into account Maori people's poorer access to social resources, and if they are based on whole population analyses.<sup>212</sup> They have argued for health promotion initiatives to be based on Treaty rights, using Maori needs as a starting point.



*“..these houses were designed by English people who are happy to have their washing machine next to the sink..”*

which allow good opportunities for outdoor living, communal gatherings, gardens and safe tamariki play space.”<sup>214</sup>

Design features include -

- Flexibility to adapt to residents' changing needs and fluctuating occupancies. Allowance needs to be made for future extensions and additional buildings such as a garage, wing addition or kaumatua flat. These flats need two bedrooms so that a grandchild or caregiver can live in.
- Large living rooms able to accommodate a whanau gathering of up to 20 people. This can be likened to a marae wharenui (meeting house) where visitors are received, welcomed and sleep, where meetings and celebrations are held and sometimes where a tupapaku (deceased family member) will lie.
- Kitchens able to comfortably accommodate two or more people, especially when catering for gatherings, and kitchen storage which allows for bulk foods and big pots.
- Outside preparation and washing areas for seafood and other food preparation, cooking and eating.
- Distinctions between tapu (sacred or prohibited) and noa (common or profane) functions. For example, all food facilities must be separate from bathrooms, toilets and laundries. The dining room or kitchen should not be next to the laundry, toilet or bathroom and nor should a living or dining room. The laundry and bathroom should generally be kept separate.

### Initiatives about Maori housing

→ Housing New Zealand is developing Maori housing strategies and in 2002 released design principles for Maori housing. (See Appendix 1 for Maori perspectives about housing.)

→ Maori architects have worked on plans for the Healthy Housing Programme in Auckland.

→ Five current pilot Maori housing projects are underway, including a house in Blenheim.<sup>213</sup>

“Maori whanau generally prefer low density residential developments

Table 4 - Tapu and noa relationships for rooms in a house

	Main entry	Laundry	Toilet	Bathroom	Living room	Dining room	Kitchen
Bedroom	✗	~	~	~	~	✗	✗
Kitchen	~	✗	✗	✗	✓	✓	
Dining room	~	✗	✗	✗	✓		
Living room	✓	✗	✗	✗			
Bathroom	✗	~	✗		~ Neutral ✗ Conflict ✓ Desirable relationship		
Toilet	✗						
Laundry	✗						

From HNZC Design Guide Ki te Hau Kainga



## Designing houses for Pacific families

State houses from the 1960s and 1970s are particularly poorly suited to Pacific families, lacking the space to adequately entertain guests during Pacific gatherings (see Appendix 1 for Pacific perspectives about housing).<sup>215</sup>

## Initiatives about housing for Pacific people

→ Housing New Zealand is developing Pacific housing strategies and in 2002 released design principles for Pacific housing.<sup>216</sup>

→ The Tokelau Community Housing Project is refurbishing an existing state house and designing and building a new state house in East Porirua for a multi-generation family.<sup>216</sup>

→ Pacific people have identified some basic needs -

- Larger family homes.
- A large, square main room which can be used for meeting, eating, sleeping and relaxing.
- Big kitchens so several people can cook at once, with large, high up storage areas.
- Separation of private family spaces from the rooms used by visitors.
- More and larger toilets and bathrooms.
- Larger bedrooms.
- Fences for children.
- No shared driveways so families can line up in their own driveways, especially for family gatherings.
- An outdoor food preparation area.<sup>217, 218</sup>

## POSSIBLE ACTIONS

- Establish a Maori Housing Authority.
- Provide training and other programmes to enable iwi, hapu other Maori organisations, and Pacific groups to provide housing services.
- Ensure Maori and Pacific input into community renewal, urban design and sustainable development initiatives.
- Develop programmes allowing collective ownership; for example –
  - Collective ownership of land and individual ownership of mortgages, with loans secured against the house rather than the land
  - Whanau-owned homes with whanau-based mortgages
  - Iwi, hapu or whanau-owned rental housing.<sup>219</sup>



## 9 CONCLUSION

THE RESEARCH summarised in this report indicates that ill-health and poverty related to poor or crowded housing have become entrenched in deprived areas of Auckland.

Many sources stressed the seriousness of housing poverty as a contributor to poor health and social problems. Professor Mason Durie said that housing is more important to Maori health than the delivery of health services.<sup>220</sup> A group of NGOs said in 2003 that “..the extent of the unaffordable housing problem cannot be overstated.”<sup>221</sup> The Child Poverty Action Group refers to the re-appearance of “a widespread cycle of social disadvantage reinforced by housing poverty”.<sup>222</sup>

There are many gaps in the research summarised here. For example, there is no locally validated measure of crowding, little local research about crowding and health, and almost no longitudinal research.

Although affordability and discrimination in housing are major issues for mental health service users, there is little information about health impacts for this population. This summary did not include adult domestic injury figures or the relationship between household injuries and tenure.

This report lists several recent housing initiatives, almost all relating to the state housing sector. There are very few initiatives in privately-owned rental housing.



Gil Hanly

*“..only a co-ordinated and sustained effort, backed by significant additional and long-term funding, will be able to shift the correlation between poor housing in deprived areas of Auckland and poor health..”*

Evaluations have shown that the Healthy Housing Programme and the EECA insulation retrofitting programme, for example, have had a positive effect on residents’ health. Several other initiatives are too recent to have been evaluated.

Interventions suggested by the research fall into five broad categories – policy changes; funding increases for provision of social housing; improved housing standards; incentives and sanctions for private landlords; and improved monitoring.

Many suggestions from the research are included in the Government’s *Building the Future: The New Zealand Housing Strategy* and some positive housing initiatives such as the Healthy Housing Programme have been given ongoing support.

The Strategy is potentially far-reaching and exciting; however, many of its proposed strategies are broad and exploratory and lack any specific outcomes or measures.

Until now, there has been no national co-ordination or prioritisation of housing interventions, so they have tended to be ad hoc. *Building the Future* provides a more co-ordinated overview, but there is no guarantee that any housing strategy will last beyond its originating government.

The research reviewed here stresses that only a co-ordinated and sustained effort, backed by significant additional and long-term funding, will be able to shift the correlation between poor health and poor housing in deprived areas of Auckland.



Gil Hanly



# APPENDIX 1 - KEY CONCEPTS

## Health

In 1948 the World Health Organisation defined health as a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity. The 1986 Ottawa Charter lists the prerequisites of health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. These definitions are commonly used in New Zealand.

Despite these holistic understandings, almost all the literature reviewed concentrated only on the physical and, less often, mental health effects of housing on individuals. They did not question the nuclear-family design of houses.

Common models of Maori health go beyond individual physical health to include whanau health as well as spiritual, mental and physical health. “To be a total person ... in one’s own right is from a Maori perspective to be in an unhealthy state.”<sup>223</sup>

For many Pacific people, illness is seen as directly related to the disruption of a kin-based social order, and both the cause and the cure are sought in the realm of the family.

“Consequently, Samoan and Cook Islands people seek to ameliorate the ill health linked with living in New Zealand by attempting to maintain good family relationships over long distances. They do this by sending money, food and clothing ‘back home’, by attending family occasions in the Islands, and by hosting family members in New Zealand.”<sup>224</sup>

These concepts of health make housing that isolates Maori and Pacific people from their whanau or wider family less likely to contribute to their wellbeing.

*“These concepts of health make housing which isolates Maori and Pacific people from their whanau or wider family less likely to contribute to their wellbeing.”*

## House

Housing policy assumes that a house is a building which can be rented or bought to accommodate a family or as a money-earning investment. When the family changes or moves, the house can be sold.

One Maori study said that an essential role of all houses was to support the “continued collectivity of whanau, hapu and iwi, and their ability to sustain a cul-

ture”.<sup>225</sup> This study supported collective home ownership as a model for Maori, as individual home ownership reduces whanau strength and creates dependency on the state.

## Household

New Zealand laws and policies about housing have assumed that households are independent economic units and families are made up of only parents and children. This is often not true for Maori and Pacific families, and may not be the case for many other families.

Modern whanau are responsible for -

→ The organisation of “gatherings to mark important events in the lives of individual members or the whole whanau”, the most important of which are tangihanga (funerals).<sup>226</sup>

→ The management and care of group property, such as marae, whakapapa or family history, and taonga or heirlooms.

→ The support of individual members and parent-child families.

“One of the values associated with the whanau is that one’s home should be open to one’s kin. Having people to stay, often for long periods, is part of life.”<sup>227</sup>

Maori households often view contributions to tangihanga and other whanau obligations as calls on their income which come before household bills. Maori households are therefore not always independent economic units, but part of the wider whanau economy.

Pacific households usually have extensive obligations to their church and the extended family around New Zealand and in their country of origin. Their economy may be based on the extended family rather than the household. Money earned by members of a household is often a resource for the extended family. How it is spent may be decided by a senior family member who does not live in the household.<sup>228</sup>

In the mid-1990s, Pacific peoples were the most likely of the main ethnic groups to live in extended families, often of three generations.<sup>229</sup>

## Home

Emergency house clients in Auckland in 1998 said five things turned a house into a home -

→ Having a secure tenancy or ownership

→ Being able to personalise it

→ Being able to offer hospitality

→ Being able to set the rules

→ Being able to choose where to live.<sup>230</sup>



Older people see “home” as a place of security and refuge, where they can retain control over their lives and remain independent.<sup>231</sup>

For Maori people, home usually has additional meanings, expressed as *turanga-waewae* – “a place to stand from which one can whakapapa back to the land”.<sup>232</sup> Depending on tribal affiliation, Maori people may have more than one *turangawae-wae*.

In this sense, home is a place which must be maintained for future generations. “The individual basis of ownership, the capital investment and the realisable asset that can be sold when no longer required, represents almost the direct opposite of [this] Maori concept of home.”<sup>233</sup>



Robert Graham

## NOTES

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## ABBREVIATIONS

AS - Accommodation Supplement  
 BERL - Business and Economic Research Ltd  
 BRANZ - Building Research Association of New Zealand  
 CHR - Centre for Housing Research/Kainga Tipu  
 CNOS - Canadian National Occupancy Standard  
 CPAG - Child Poverty Action Group  
 DHB - District Health Board  
 EECA - Energy Efficiency Conservation Authority  
 GP - General practitioner, family doctor  
 HEED - Household Energy End-Use Project, BRANZ  
 HNZA - Housing New Zealand Corporation  
 ICESCR - International Covenant on Economic, Social and Cultural Rights  
 NGO - Non-Government organisation  
 OECD - Organisation for Economic Co-operation and Development  
 WHO - World Health Organisation



Robert Graham



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