

# **Select Committee Bill: Kāinga Ora—Homes and Communities**

**11 July 2019**

For more information please contact:  
Jane Murray  
NMDHB Public Health Service  
Email: [jane.murray@nmdhb.govt.nz](mailto:jane.murray@nmdhb.govt.nz)  
Phone: (03) 543 7805

## Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMH appreciates the opportunity to comment from a public health perspective on the Kāinga Ora—Homes and Communities Bill.
2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. This submission sets out particular matters of interest and concern to NMH.

## General Comments

4. Housing is a crucial determinant of health. Housing quality can directly impact physical health, e.g. through health effects of cold, damp, mould, noise and the transmission of infectious diseases through overcrowding. Affordability and stability can impact mental health. Concerns over the stability of one's housing situation and poor control over the conditions of one's home can result in distress and subsequent mental health disorders. As housing conditions are tied to economic factors, vulnerable populations (i.e. ethnic minorities, families with young children, the elderly, and low-income households) are most likely to experience housing insecurity and suffer health consequences related to poor housing conditions, residential instability and unaffordable housing expenses.<sup>1</sup> Between 2014-2017, 159 children in Nelson and 108 children in Tasman were hospitalised with a disease that was related to the poor housing conditions in which they lived.<sup>2</sup> In addition, renting is associated with poorer health outcomes, including increased risk of mortality, while high levels of home ownership are associated with improved community cohesion due to neighbourhood stability,

---

<sup>1</sup> Hernandez, D., Suglia, S., (2016) *Housing as a Social Determinant of Health*, Columbia University, Mallman School of Public Health retrieved from <https://healthequity.globalpolicysolutions.org/wp-content/uploads/2016/12/Housing2.pdf>

<sup>2</sup> Nelson Marlborough Health figures



social ties and investment.<sup>3</sup> The connection between mental health and housing was highlighted in the recent Mental Health and Addictions Inquiry Report<sup>4</sup>.

5. NMH welcomes the introduction of the Kāinga Ora because it is hoped that these changes will bring about better health outcomes in relation to housing.
6. NMH supports requirements that Kāinga Ora provides a platform for good quality rental housing, to support tenants to be connected to their communities, and to live independent lives, and for landlords to be a fair and reasonable.
7. NMH supports the introduction of a Government Policy Statement (GPS) on housing and urban development. NMH is pleased to see that the tenets of the GPS are required to promote a housing and urban development system that contributes to the current or future well-being of New Zealanders. In addition, it is pleasing to see that Kāinga Ora-Homes and Communities must give effect to the GPS when performing its functions.
8. NMH is pleased to see that there is a specific focus on Maori interests and that the intent of the Bill is to uphold the Treaty of Waitangi, and understand, support, and enable Maori interests in relation to housing and engage meaningfully with Maori.
9. Rising housing costs have contributed to declining home ownership rates and greater housing instability.<sup>5</sup> Homeownership rates for Maori were 43.1% and for Pacific Islanders were 33.1% (Census 2013). The cost of housing has grown significantly compared with wages. Tenants now generally pay a higher proportion of their household income on housing than do home owners<sup>6</sup>. Consideration now needs to be given to increasing the number of affordable homes across New Zealand and this could be done through shared equity/ownership schemes or rent to buy schemes, both of which are prevalent in the United Kingdom.<sup>7</sup> NMH recommends that Kāinga Ora enables the introduction and promotion of these type of schemes.

---

<sup>3</sup> Canterbury District Health Board (2012) *Housing, home heating and air quality: a public health perspective*. Community and Public Health. Retrieved from <https://www.cph.co.nz/wp-content/uploads/housingheatingairphperspective.pdf>

<sup>4</sup> Government Inquiry into Mental Health and Addiction. 2018. *He Ara Oranga: report of the Government Inquiry into Mental Health and Addition*. Crown: Wellington.

<sup>5</sup> Johnson, A., Howden-Chapman, P., Eaqub, S. (2018) *A Stocktake of NZ Housing* <https://www.beehive.govt.nz/sites/default/files/2018-02/A%20Stocktake%20Of%20New%20Zealand%27s%20Housing.pdf>

<sup>6</sup> Ibid

<sup>7</sup> Price Water House Cooper (2018) *New Zealand's affordable housing dilemma* <https://www.pwc.co.nz/pdfs/2018pdfs/affordable-housing-publication-nz-18.pdf>

10. New Zealand's population is ageing and the housing stock may not sufficiently meet the needs of an ageing population. Older people have more sensory and physical limitations than younger people. Housing that does not meet their needs exacerbates existing health conditions and heightens the impacts of impairment. This triggers dislocation from their communities, admission to an unnecessarily high level of care and support, and shifts the cost of what is primarily a housing problem onto the health and social services sectors.<sup>8</sup> It is important that people are able to easily access accessible/universal housing.
11. BRANZ research<sup>9</sup> has shown that it is considerably cheaper and less disruptive to incorporate universal design features into a new build than retrofit the same house later. Universal housing suits a family's needs over a lifetime and can easily be adapted with minimal cost to meet individual and specialist needs. Dwellings have long lifetimes and at some stage in a dwelling's life it will be either occupied or visited by someone with mobility issues.<sup>7</sup> Universal design ensures a home is sustainable and can be adapted to meet the life-time needs of the resident from the stage where they have young children in pushchairs to when they are elderly and/or have a disability.<sup>10</sup> Specifically, it 'describes the concept of designing housing features to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life'.<sup>11</sup> Universal design and the concept of accessibility need to be included in the remit of Kainga Ora.

### Specific Comments

12. Health and housing are intertwined. In order to achieve good wellbeing and health outcomes in housing, it is important that there are board members of Kainga Ora that have knowledge of the housing as a health determinant. NMH recommends that an additional statement is added to the Membership of the

---

<sup>8</sup> Saville-Smith K, Saville J. 2012. *Getting accessible housing: Practical approaches to encourage industry take-up and meeting need*. Centre for Research, Evaluation and Social Assessment for the Office for Disability Issues and the Ministry of Business, Innovation and Employment.

<sup>9</sup> Stuff. 2016. *No houses available for disabled New Zealanders*. Accessed 16 November 2017  
<http://www.stuff.co.nz/national/health/82528058/no-houses-available-for-disabled-new-zealanders>

<sup>10</sup> Lifemark. 2017. Positive changes: More access to more homes. Accessed 16 November 2017  
<http://www.lifemark.co.nz/news/positive-changes-more-access-to-more-homes/>

<sup>11</sup> BRANZ. N.d. *Universal Design*. Accessed 14 November 2017  
[https://www.branz.co.nz/cms\\_display.php?sn=215&st=1](https://www.branz.co.nz/cms_display.php?sn=215&st=1)



board of Kāinga Ora clause to ensure that public health perspectives are included.  
Proposed additional wording: (10)(2)(j) *perspectives on public health*.

13. NMH also recommends that an additional clause is added to (11)(1) Additional collective duties of board (1) The board must ensure that Kāinga Ora (c) *liaises closely with relevant district health boards*.

14. NMH notes that Clause 11.1.(b)(iii) relating to Kāinga Ora board “*has the capacity to be able to engage with Maori and to understand perspectives of Maori*”. This clause could be broadly interpreted. NMH recommends that this clause is strengthened so that Maori can participate more fully in board decision making.

15. NMH supports Kāinga Ora objectives (12) to “contribute to sustainable, inclusive and thriving communities that:

- a. provide people with good quality, affordable housing choices that meet diverse needs; and*
- b. support good access to jobs, amenities and services; and*
- c. otherwise sustain or enhance the overall economic, social, environmental and cultural wellbeing of current and future generations.”*

16. As iterated in paragraph 10, it is important that accessible housing is incorporated into the Bill. NMH recommends that (12) Objective is altered as follows:

- a. Provide people with good quality, affordable, accessible housing choices that meet diverse needs*

17. In addition, NMH recommends that the wording relating to Functions and Operating Principles (13)(1)(b) be altered to reflect the importance of accessibility as follows: *to provide appropriate accessible accommodation, including housing, for community organisations and*

*(13)(1)(f)(i) [to initiate or undertake any urban development... including] development of housing, including public housing, affordable housing, accessible housing, homes for first home buyers, and market housing.*

18. Some of the housing stock is old and needs repair in order for people to stay warm and healthy. This will be especially important as our population ages and some people may struggle to fund maintenance. NMH recommends that an additional function is added to provide financial assistance for immediate home repairs S(13)(1)(ee)

19. Consideration needs to be given to the location of housing in relation to existing infrastructure, in particular transport links, and amenities and services. Housing intensification within existing towns close to town centres and key transport routes is encouraged so that people can easily access goods and services, education and employment. As recognised in the *2007 Nelson Richmond Intensification Study*<sup>12</sup>, good quality intensification can encourage community participation which is good for people's wellbeing and the environment through reduced transport-related impact. NMH recommends that an additional line is added to the Urban Development (13)(1)(f-j) that *ensures that urban development supports and utilises existing infrastructure, and enables connections to community facilities.*
20. NMH recommends that the wording relating to Operating Principles (14)(1)(f) be altered to reflect the importance of accessibility as follows: *ensuring that the housing it develops is appropriately mixed (with public, affordable, and market housing) and is of good quality and accessible.*
21. NMH notes that Clause 16 in relation to the ability to investigate circumstances of an applicant for financial assistance for home ownership is extended to "any person who is the spouse, civil union partner, or de facto partner of the applicant". The clause itself is written in broad terms and not limited to specific information relating to financial circumstances, this could lead to vulnerable applicants being further disadvantaged. NMH supports the Canterbury District Health Board's recommendation that "a detailed process and parameters around collection of specific information for the purpose of assessment is included. The Bill needs to ensure any investigations of an applicant and/or their significant other is justified, reasonable, proportionate, not intrusive and that only information of relevance is able to be accessed as per principles of the Privacy Act 1993. Additionally a review and complaints procedure for applicants needs to be included."

---

<sup>12</sup> <http://www.nelsoncitycouncil.co.nz/assets/Our-council/Downloads/Nelson-Richmond-Intensification-Study-Stage1.pdf>

## Conclusion

22.NMH thanks the Select Committee for the opportunity to comment on the consultation on Kāinga Ora—Homes and Communities Bill.

Yours sincerely

A handwritten signature in dark ink, consisting of a large, stylized loop followed by a long horizontal stroke that tapers to a point.

Peter Bramley  
**Chief Executive**  
peter.bramley@nmhs.govt.nz

DRAFT

