

FAQ Healthy and affordable housing



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Q1: How is housing related to child poverty?

Most New Zealand children in poverty live in unhealthy housing, partially because they are poor. Families with insufficient income for all essential needs may have to crowd in with other families to afford accommodation. State or private rental accommodation may be substandard (cold, damp, mouldy), and as a rule of thumb, the cheaper (or more affordable) the accommodation, the more likely this is. Families in poverty are unable to influence the landlord to improve it.

However, poverty is not linked quite so tightly to substandard housing elsewhere. New Zealand and the UK have similar rates of child poverty, yet the UK has better quality of housing, and enough housing, for low-income families. As a result, the UK does not have the high rates of preventable diseases in children found in New Zealand (rheumatic fever, for example is almost unknown in the UK) (1).

Moving house unexpectedly stresses families. The longitudinal Growing Up in New Zealand study found that moving house is a frequent event in the lives of New Zealand families. In fact, the level of residential mobility described in the Growing Up in New Zealand cohort in children under 2 years is greater than that demonstrated in other comparable cohorts (such as that of the Millennium Cohort in the UK). The key determinant of mobility between birth and the age of nine months, and between nine months and two years of age for the Growing Up in New Zealand cohort is the housing tenure that families are living in. Families living in private rental accommodation are the most likely to move in this early period of life. Improving the security of housing tenure in New Zealand, particularly in the private rental market, may protect families from undesired moves (2). Quotes from some affected families include *“We lost our support network when we moved”*, *“When we move house so many times we have to constantly adapt to new circumstances,”* *“We have moved three times in 12 months and that has been really unsettling for our kids.”*

Q2: In what ways are children and young people affected by bad housing?

Substandard housing can have a major impact on children and young people in many important areas of their lives, including health, educational achievement, emotional well-being, ability to take up paid work and overall life chances.

Q3: How does bad housing affect their health?

There are three different ways in which housing can affect health

- Firstly, overcrowding: this can affect the ability of infectious organisms to spread more readily to more people. Other challenges that overcrowding can cause include disturbed sleep and lack of quite space for issues such as homework.
- Secondly, cold and/or damp housing, and unhealthy fuel used for heating can directly affect lungs, weaken the immune system response and worsen allergic conditions.
- Thirdly, insecure housing and shifting house frequently can affect overall stress levels which lead to poor outcomes for many aspects of physical and mental health.

A World Health Organisation workshop reported that *“crowding is a major risk for social pathologies and mental symptoms, and increases the risk for infectious disease transmission”* (3).

Q3.1 How does overcrowding cause disease?

New Zealand has high rates of preventable diseases, and these are associated with crowding (4).

More than 136,000 children under 15 and around 90,000 young people between 15-24 years live in overcrowded housing (5).

How is crowding defined? Crowding in households relates to situations where the number of people residing in a household exceeds the capacity of the household to provide adequate shelter and services to its members. The simplest measures of crowding provide comparisons between numbers of people and either rooms or bedrooms. Statistics NZ considers definitions of crowding carefully (<http://www.stats.govt.nz/methods/classifications-and-standards/classification-related-stats-standards/number-of-rooms-bedrooms/definition.aspx>). The key measure is that there should be no more than 2 people per bedroom. However this is modified by the age, sex and relationship of the people concerned, in the common-sense ways you might expect. Overcrowding is having at least one bedroom too few in the house, and severe overcrowding is having at least 2 bedroom too few in the house

Overcrowding causes increased spread of infection. Infections are mainly caused by viruses and bacteria. These germs pass from one individual to another when people are in close contact, and when good hygiene measures are not used. If several people are sleeping in one room, then infection will quickly spread from one person to another.

The spread of respiratory germs person-to-person is through coughing, sneezing or touching unwashed hands or other parts of the body or clothing contaminated with the germs. Examples of diseases spread by this route include: sore throats which can cause rheumatic fever; viruses which can cause influenza, bronchiolitis (a serious wheezy chest infection of babies) and pneumonias and can trigger asthma attacks; bacteria which can cause pneumonia; and some bacteria which cause meningitis.

The spread of tummy bugs (gastroenteritis) is through touching people with the germs, or eating food with the germs. Being able to wash hands thoroughly and drying them after going to the toilet, and before eating is essential to preventing the spread of tummy bugs.

If the house has inadequate bathroom space, inadequate numbers of toilets for the number of occupants, inadequate kitchen space and cooking facilities, no soap or clean towels then spread of infection is much more likely.

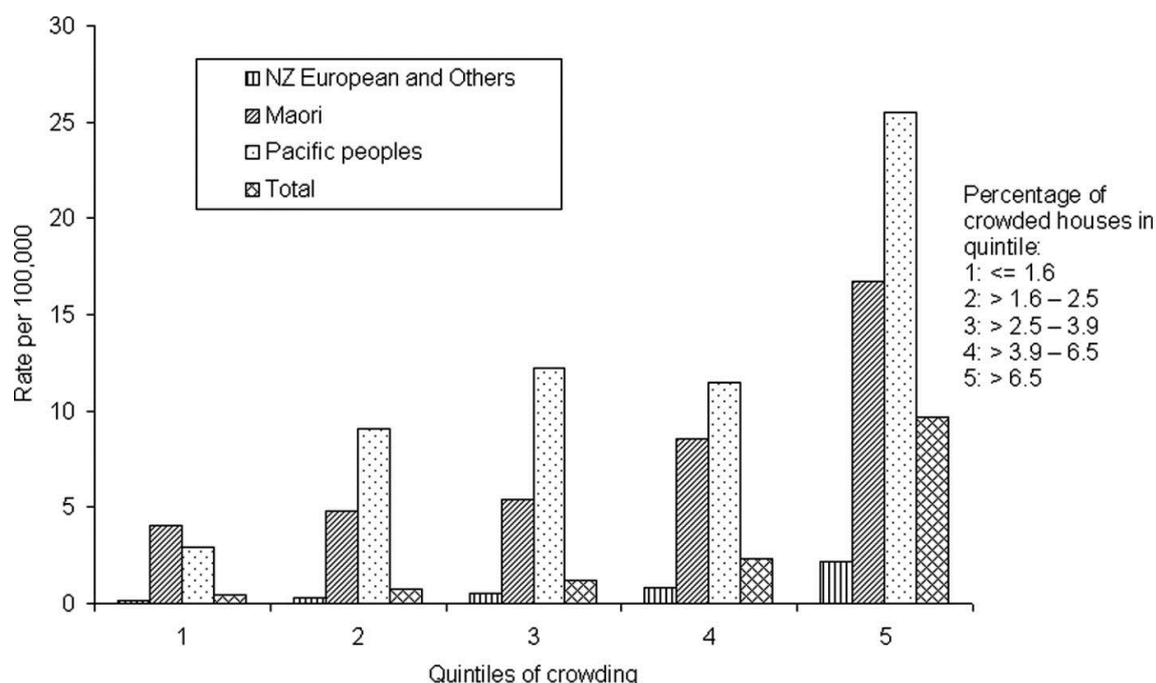
The spread of serious skin infections is caused by physical contact with infected skin, or clothing or linen which has been in contact with infected skin. Examples of diseases spread by this route include: school sores (impetigo) which can lead to serious kidney disease; cellulitis; abscesses; infected eczema, and scabies.

Overcrowding increases the risk of serious diseases. A New Zealand study found that children have at least twice the risk of being admitted to hospital for pneumonia if they lived in a crowded house (6).

Overcrowding has been identified as the most important risk factor for rheumatic fever (7) as shown in Figure 1. and meningococcal disease (8). The government has a Better Public Service goal to reduce the incidence of rheumatic fever by two thirds from June 2012 to June 2017 (9).

Figure 1: Increased risk of acute rheumatic fever with increased quintile of crowding (7).

The rate for the most crowded quintile of 9.6 per 100,000 was 4 times higher than the rate of the second most crowded quintile and greater than 23 times the rate of the least crowded quintile. This association was consistent regardless of age group or ethnicity.



Q3.2 How does a cold house affect health?

A cold house can have many ill-effects. Emma-Lita Bourne died at the age of 2 years in Aug 2014. In his report the Coroner found that the cold, damp house she lived in contributed to her death from pneumonia (10).

If a home is unheated and uninsulated, then in cold weather it will be approximately the same temperature indoors as outdoors, whether that is 1, 5, 10 or 15 degrees C.

Recent research suggests that respiratory viruses can reproduce more efficiently in cooler temperature, probably due to a person's poorer immune response at cooler temperature (11).

For people of all ages to keep healthy, and especially those with a chronic illness, house temperatures in winter should be kept around 18 degrees or higher (12).

A recent New Zealand study suggests that the airways of people with asthma narrow when they sleep in bedrooms with low temperatures (9 to 12 degrees), and as the temperature increases by 1 degree or more the airways open up more (13).

In New Zealand, cold homes have been linked to cardiovascular disease and respiratory illness (14).

Q3.3 How do damp and mould in the house affect health?

Damp encourages mould to grow. Inhaling mould particles and chemicals can cause airway inflammation.

A New Zealand study found that children have at least twice the risk of being admitted to hospital for pneumonia if there is mould in their bedrooms (6).

Damp spots in the walls or ceiling of the child's home or visible moulds or fungus on the walls or ceiling is associated with more frequent asthma-related symptoms, including wheeze, cough, phlegm and rhinitis (15).

Damp housing is also associated with rheumatic fever (14).

Q3.4 How does unhealthy fuel in the house affect health?

Our Ministry of Health advises against the use of unflued gas heaters (16). Unflued gas heaters burn gas to produce heat and have no flue or chimney to carry the combustion products outside or away. Some are portable and are plugged into a gas outlet through a wall or floor socket with a flexible hose, or may be LPG cabinet heaters. Others may be fixed to the wall.

Such gas heaters are commonplace in many New Zealand homes. They may be preferred by families who cannot afford electricity (prepaid electricity is more expensive per unit for low income families using GLOBUG (17) than power from the grid) or who have had their electricity supply cut off.

Unflued gas heaters produce a number of pollutants as a result of combustion, including pollutants that can harm your health such as nitrogen dioxide and carbon monoxide. They also produce water vapour that can indirectly affect health by making a house damper, increasing the growth of moulds and dust mites.

Nitrogen dioxide is odourless and invisible at levels that may harm your health. People with asthma are particularly susceptible to the effects of nitrogen dioxide and may experience symptoms more often when using or exposed to an unflued gas heater. Carbon monoxide is also invisible and has no odour or taste. It deprives the body of oxygen, leading to impaired thinking and reduced alertness.

Q4: How does poor housing affect children's educational achievement?

Poor housing affects children's ability to learn at school and study at home through many mechanisms – through recurrent or chronic illness, stress, and overcrowded conditions making study and concentration difficult. As a result they may have lower educational attainment, and greater likelihood of unemployment later in life, and poverty.

As rents have increased in New Zealand in the last few years, families seek more affordable accommodation. Children living in substandard and crowded homes miss school more frequently due to illnesses and infections.

Moving school often (transience) is bad for children's education and social wellbeing. Rented accommodation can be precarious for families, with families sometimes moving several times per year into and between temporary accommodation. When children experience this kind of disruption they are more likely to move school often (transience) or be absent from school more than other children.

As part of the CPAG survey on transience in South Auckland, schools were asked what they thought lay behind high rates of transience (18); accommodation was the most common reason given.

Over the ten years to June 2014, the annual turnover of tenancies has averaged 51%, while the turnover of the housing stock through sales has averaged just 14%. This means a tenant household shifts house on average every two years, while an owner-occupier household does so on average every six years (19)

Q5: How does bad housing affect the emotional well-being of children?

Overcrowding causes stress, through too many people living in a small space, frustration at inadequate space and privacy for close interpersonal relationships, being forced to live with people that you don't feel safe with (or aren't as familiar with), inadequate bathroom and toilet space, insufficient washing and cooking facilities, and chronic ill health.

There is an increased chance of suffering mental health problems and of children and young people having problems with behaviour.

Children from homeless households are more likely to suffer from bullying, unhappiness and stigmatisation. About half of the families taking part in one study (20) said their children were frightened, insecure, or worried about the future as a result of their homelessness.

Q6: How does bad housing affect the ability of a young person to take up paid work?

Bad housing can adversely affect a young persons' work future in many ways. A young person who has grown up in bad housing may develop permanent physical damage to their heart (eg rheumatic fever) or lungs (eg bronchiectasis) or brain (eg meningitis) and be too sick to work, and even die at a young age. The chronic stress they have experienced may have resulted in life-long mental health problems like depression, which make it difficult for them to take up or sustain paid work. Inadequate educational experiences and qualifications due to moving frequently may limit the type of job that they are able to do.

If they are still moving homes it may be difficult to commit to a particular location of employment.

Q7: How does bad housing affect children's overall life chances?

Children's overall life chances can be damaged by bad housing. Children and young people who have been adversely affected by bad housing may have poor physical and/or mental health, poor educational achievement, be chronically stressed and have difficulty taking up paid work. These outcomes may be long term, and may last for the rest of their lives. Premature death is a possibility particularly through chronic illnesses such as bronchiectasis (chronic lung damage).

Q8: What evidence is there that there are insufficient houses for low income families in NZ?

There is ample evidence that there are insufficient houses for low income families.

The waitlist for 'social housing' has severely worsened over 2013-2015. "A Priority" is allocated to households whose housing need is considered "at risk". The Ministry states that their housing need is severe and persistent and one "that must be addressed immediately". As at 1 April 2013 those on priority list "A" totalled 1,107. On 1 April 2015 the figure on this list was more than double the 2013 figure – namely 2348. (21).

Normal shelter for some children in New Zealand now appears to be garages (22) and, for some, vehicles (23) or camp grounds.

There have been several commentaries on the reasons for the housing shortage and ways of addressing it (5, 20).

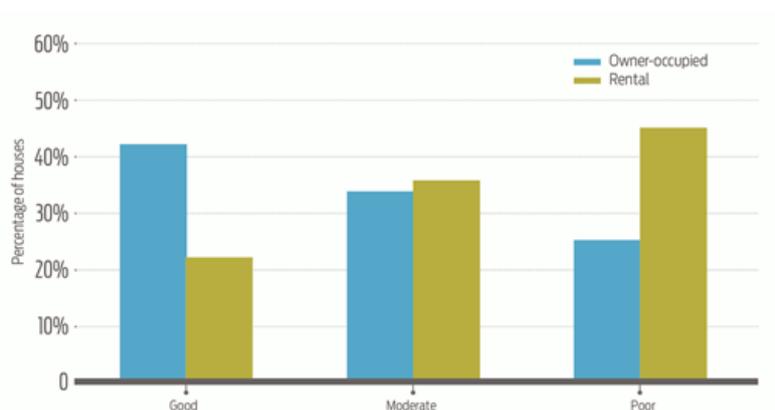
Q9: What evidence is there that NZ rental housing is in poor condition?

Nearly half of tenants report physical problems with their homes, with private rentals being on average worse than state rentals. Results from Statistics New Zealand's New Zealand General Social Survey for 2012 suggest that nearly 50% of tenants report problems with their housing, compared with just over 25% of owner-occupiers. Such perceptions are supported by a 'housing condition' survey undertaken by BRANZ in 2010, which showed that 44% of rented dwellings were assessed as being in a poor state of repair, compared with 25% of owner-occupied dwellings (Figure 2). The survey has been completed every 5 years since 1994 which shows this is a consistent pattern of rental housing conditions.

He Kainga Oranga has had the quality of several thousand houses assessed by trained building assessors using the Healthy Housing Index and has found a consistent pattern, with private rental housing being on average of poorer quality than state housing, which in turn is on average of poorer

quality than houses that are owner-occupied. Similar results were found in the BRANZ House Condition Survey (24). The litany of problems is now familiar: poorly insulated, inadequately heated, damp and mouldy housing. Added to this is the stock of 'leaky' homes which have severe weatherproofing issues (25). Owner-occupied houses were nearly twice as likely to be in good condition as rented houses.

Figure 2: A nationwide housing condition survey from 2010 shows nearly twice as many rented houses than owner-occupied houses are in poor condition.(24)



Q10: Why is it so important to get rental accommodation up to healthy standard?

Increasingly, children's housing fortunes, and especially poor children's housing fortunes, are tied to the changes in rental housing markets and to physical conditions offered by this housing. Rental housing is in general of lower quality than owner-occupied housing. Those living in rental housing are more likely to have children and to be living in financial stress caused by high housing costs relative to income. Perhaps due to this stress, these households move more frequently than owner-occupier households, and such shifting creates further stress on the households and their children.

More than half (53%) of all children in relative poverty live in private rental housing.

The 2006 census shows that rented housing is three to four times more likely to be overcrowded than owner-occupied housing.

Children in rented housing tend to move more frequently than those in owner-occupied housing due to financial stress of high rents especially in Auckland and Christchurch. This movement has a domino effect on the disruption in children's schooling and socialisation.

NZ's Household Economic Survey show that tenants are more likely than owner occupiers to be living in financial stress. For example, a far larger proportion of private sector tenants (23%) pay more than 40% of their incomes in housing costs than do owner occupiers (6%).

Table 1 gives an indication of the likely housing tenure of poor children's households. Applying the various percentages both to the total number of children and to those judged to be living in relative poverty suggests that of New Zealand's poorest children, 45,000 to 50,000 (19%) are likely to be living in HNZA housing, 130,000 to 135,000 (53%) in private rental housing, and 65,000 to 70,000 (28%) in owner-occupied housing.

Table 1. Composition of child poverty by housing tenure 2011-2013 (26). This table gives an indication of the likely housing tenure of poor children's households. Applying the various percentages both to the total number of children and to those judged to be living in relative poverty suggests that of New Zealand's poorest children, 45,000 to 50,000 (19%) are likely to be living in HNZC housing, 130,000 to 135,000 (53%) in private rental housing, and 65,000 to 70,000 (28%) in owner-occupied housing.

	Children below the poverty line (21% of all children): 222,600 children		All children (0-17 years): 1,060,000 children
Tenure	Proportion of children with this tenure below poverty line	Proportion of children below poverty line with this tenure	Proportion of all children with this tenure
Housing NZ	54%	19%	9%
Private rental	38%	53%	33%
Own home	12%	28%	59%

Q11: What evidence is there of the health benefits of improving housing?

New Zealand now has compelling research evidence about, firstly, the advantages to health and wellbeing of reducing exposure to household crowding and, secondly, the benefits of home insulation and healthy heating on health and school attendance. Studies have shown that making substandard housing into healthy housing results in occupants suffering less wheezing, fewer days off school and work, fewer visits to GPs and fewer hospital admissions for respiratory diseases (27-32).

These studies include the Housing New Zealand Corporation Healthy Housing Programme. This programme focussed on housing improvements (insulation, ventilation, heating, crowding reduction) and improved access to primary health care and social services. The largest proportion of households receiving this intervention were in Counties Manukau District Health Board. Two separate evaluations showed that this programme was extremely effective at reducing rates of hospitalisation for children living in intervention households and underscored this is as a critical area for further investment.

Q12: What is the Accommodation Supplement and why does housing support need to be reviewed and updated?

The Accommodation Supplement is the main housing subsidy programme and costs taxpayers over \$1.3 billion each year. Around 240,000 households receive housing assistance in this way, including about one third of all tenants. Over 2010-2015, the Government quietly squeezed the amount paid out to tenants by not adjusting for increases in rents. In fact the Supplement is based on rent levels set in 2005. What this means is that for more and more tenants, the Supplement no longer increases with rent. This of course makes rents more and more expensive for low and modest income households. This is especially so in Auckland and Christchurch where rents have run ahead of wages and salaries for 2013-2015. CPAG believes that the current head-in-the-sand approach of Government needs to change and it needs to acknowledge the impacts of rising rents on low income families. Ideally we need a complete review of how we provide housing support and the mechanisms we use to do this, rather than a small catch-up measure.

Q13: How would having a housing Warrant of Fitness protect children?

Children spend most of their time at home, and the state has a duty to strive for healthy houses for them. Before it is deemed fit to live in, any rental or social housing would be required to pass a Warrant of Fitness (WOF) which indicates that it passes the standards of a health, safety and energy efficiency rating scale such as the Healthy Housing Index. Most OECD countries already have an Energy Efficiency Rating Scale.

An effective WOF housing policy needs to be implemented, regulated and monitored by governments.

On 19 February 2014, the Housing Minister announced the start of a trial Housing WOF scheme for HNZN homes:

This Government is committed to improving the quality of housing to help achieve our goals of better social, health and educational outcomes for New Zealanders. Our first step was to insulate every state house that could be insulated. This was completed last year. The next step is developing a practical minimum standard and applying this to our state houses.

Although these housing WOF and housing insulation programmes are commendable, the use of a child-centred or humane approach would deem that a house that cannot be insulated is not 'fit for purpose' and should not receive a WOF. At the very least, such houses are likely to induce fuel-poverty.

Q14: Why does the government need to offer subsidies to insulate rental properties if there is already a policy to insulate all rental houses by 2019?

Many rental properties remain uninsulated despite several programmes, whose reach has clearly not been adequate. Research carried out in 2010 showed that around 45% of New Zealand homes had no insulation. This was around 750,000 houses. Since then the excellent Warm Up New Zealand insulation and clean heating programme has offered subsidies to insulate around 250,000 houses but only about 40% of these were occupied by low and modest income households. In 2013 Government provided a further \$100 million to run a more targeted programme for low-income households through to 2017. This was expected to insulate a further 46,000 homes. Recently Government has emphasised subsidies of up to 60% to landlords and more stringent requirements around reporting insulation standards in tenancy agreements. While this is a good start it goes nowhere near to ensuring that all rental properties in New Zealand are adequately insulated. CPAG believes that the current insulation scheme should be expanded and extended as part of a lead up to requiring all rental housing to have warrants of fitness by 2019.

Q15 Would a comprehensive strategy to improving housing be a good investment for the country?

The problems of poor quality housing and insufficient houses are damaging the potential of hundreds of thousands of New Zealanders: children, young people and their families. Our people are our future. It would be cost-effective for New Zealand in the long term to develop a cross-party comprehensive strategy to improve housing (33, 34).

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were lodged each year against an average of 310,000 active bonds giving a turnover rate of 57%. House sales data from the Real Estate of New Zealand reports that over the same 10 years annual sales (through a licensed real estate agent) averaged 78,400. Statistics New Zealand's estimates for occupied dwellings suggest an average number of dwellings of 1.7 million over this period representing an annual turnover of 4.7%. Most likely the turnover would be higher than this on account of house sales being undertaken without a licensed agent.

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