



and ETAIN ASSOCIATES

**Housing Needs for People With
Disabilities In The Bay Of Plenty
And Lakes Region**

**A Desk Top Analysis Prepared for the
Project Steering Group: Second Milestone
Report - Draft**

Contents

1. INTRODUCTION	3
2. DEMOGRAPHICS	6
Population trends.....	11
People with disability	13
National profile	13
Chronic illness.....	16
3. THE REGIONAL PICTURE	17
Mental illness	19
Age and ethnicity	20
Families	20
Children born with disability.....	21
4. RESOURCES.....	22
Income	23
Deprivation	24
Housing.....	24
Market trends	25
5. CONCLUSIONS.....	36
About this section.....	36
Issues of future need	36
Research gaps	38
Questions for consultation.....	38
Final remarks.....	39
The Search for regional data on housing and disability	39

List of tables

TABLE 1: GENERAL POPULATION.....	7
TABLE 2: POPULATION AGE AND ETHNICITY BOP	8
TABLE 3: POPULATION AGE AND ETHNICITY LAKES DISTRICT	8
TABLE 4: GENERAL POPULATION BY MAIN CENTRES	9
TABLE 5: GENDER DISTRIBUTION BY MAIN CENTRES	9
TABLE 6: ETHNIC DISTRIBUTION BY MAIN CENTRES	10

TABLE 7: AGE DISTRIBUTION BY MAIN CENTRES	10
TABLE 8: POPULATION CHANGE BY DISTRICT 1996-2001	11
TABLE 9: NATIONAL PERCENTAGE OF DISABILITY BY AGE AND GENDER	14
TABLE 10: DISTRIBUTION OF DISABILITY BY AGE FOR THE MAORI POPULATION.....	14
TABLE 11: LEVEL OF DISABILITY BY AGE FOR THE GENERAL POPULATION.....	15
TABLE 12: ADULTS IN HOUSEHOLDS BY MAIN DISABILITY TYPE AND LEVEL OF DISABILITY.....	16
TABLE 13: DEATHS FROM CHRONIC DISEASE NATIONALLY	17
TABLE 14: NUMBERS WITH DISABILITY BY AGE FOR MAIN BOP AND LAKES REGION.....	18
TABLE 15: NUMBERS OF ADULTS WITH DISABILITIES BY LEVEL OF DISABILITY FOR SIX CENTRES	19
TABLE 16: ESTIMATED NUMBER OF PEOPLE WITH MENTAL ILLNESS IN BAY OF PLENTY AND LAKES REGIONS WHO MAY HAVE DISABILITY RELATED HOUSING NEEDS.....	20
TABLE 17: MEDIAN INCOMES IN MAIN CENTRES AGAINST NATIONAL AVERAGE	23
TABLE 18: PERCENTAGE OF HOUSEHOLDS THAT WERE UNABLE TO PURCHASE A HOUSE.....	25
TABLE 19: PERCENTAGE OF DWELLINGS OWNED IN EACH MAIN AREA OF BAY OF PLENTY AND LAKES REGIONS IN 2001.....	26
TABLE 20: AVERAGE RENTAL COSTS FOR AUG. 2005 – JAN. 2006 ACROSS THE REGION.....	27
TABLE 21: HOUSING NEW ZEALAND CURRENT (AT JANUARY 2006) PROPERTIES BY NUMBER OF BEDROOMS	29
TABLE 22: HOUSING MODIFICATIONS BY TYPE AND AGE FOR BAY OF PLENTY AND LAKES DISTRICT BY HOUSING NEW ZEALAND CORPORATION.....	30

1. INTRODUCTION

McKinlay Douglas Ltd (MDL) with Etain Associates has been commissioned by the sponsors of a project on the housing needs of people with disabilities in the Bay of Plenty and Lakes region to report on current and future needs.

The project has four components, a literature review – presented as the first milestone report (18th January, 2006); a desktop data analysis second milestone that constitutes the current report; a stakeholder consultation phase and further milestone report; and the final report containing options for future action.

Each component takes its cue from the overall objectives of the project, and is informed by the vision and mission of the steering group.

Objectives:

- to build a picture of the current and future housing needs of people with disabilities in the region to improve understanding and underpin future planning
- to identify practical responses that could be made at the regional level to meet unmet need.

Vision and mission:

- vision - housing for life
- mission – all people with disabilities in the Bay of Plenty and Lakes region have access to housing that is affordable, sustainable and appropriate to need.

The present report is the second milestone report of the project and follows the literature review. It is designed to link to the literature review and, as a milestone report from which stakeholder consultation will proceed, is not intended to be conclusive.

At the conclusion, potential sources of information that could be extracted from raw data if requested specially for the project, but which are outside the scope of a desktop analysis, are listed in case the Steering Group wishes to consider them for further work.

Aims

For any picture of housing needs for people with disabilities to provide a sound basis from which to identify practical responses, we will need to gain insight into the extent of housing needs, the nature of those needs, and the social and economic factors that may impact on demand and supply. The primary aim of the desk top analysis is to provide an informed estimate of the extent of current and future need for housing people with disabilities in the Bay of Plenty and Lakes region.

The literature review highlighted a number of themes that indicate the nature of housing needs, and factors that impact upon individual needs and choice in relation to housing for people with disabilities. These have provided clues about what ideally we would want to know in order to propose practical, reasoned responses in ensuring housing needs for people with disabilities will be met now and in the future.

Guided by the brief of the steering group, and insights from the literature, the desk top analysis aimed to provide:

- an estimate of numbers of people with disabilities who currently face housing challenges in the Bay of Plenty and Lakes region – differentiating by type and severity of disability
- an estimate of future numbers of people with disability who will face housing challenges in the region – again with some differentiation by type and severity of disability
- an estimate of current housing available and the likely suitability of that housing for people with disabilities in the region
- a snapshot of some trends in the region that are related to housing, and that may impact on housing for people with disabilities in the region – income, the housing market, services for people with disabilities, housing providers (particularly those catering for people with disability), government and local body providers.

The desk top analysis also identifies gaps in data and together with the background information provided in the literature review, seeks to establish a meaningful focus for the consultations that follows in the next stage of the project.

Finally, the focus of the desk top analysis is primarily on quantifiable data that will guide and underpin the qualitative information around the experience of providers, and of people with disabilities in the region.

Scope

The primary focus for the desk top analysis was **regional**. The intention was to provide a broad view of the current and likely future situation, in the Bay of Plenty and Lakes region.

As with the literature review, the analysis started from the **social model of disability**, and has attempted to look at data that relates to the relationship between people with impairments, and the social (including economic) and physical environment.

It is recognised that the Bay of Plenty and Lakes region has many districts with distinctive characteristics. Where possible this has been taken into account in presenting data.

The literature suggests that an individual's experience of the social environment will vary in relation to the type and level of disability that they are perceived to have. Where possible the factors of type and level of disability were considered in gathering and presenting data in order to take this factor into account.

Other characteristics of the population were also identified where possible. In particular information on Maori and disability was specifically sought.

The desk top analysis maintained a focus on **quantifiable** data in attempting to provide an informed view of relevant social and economic issues.

Sources

By definition a desk top analysis is considered to be the gathering and analysis of data and information that can be achieved via the desk top. Given the time frame within which

the analysis was to be achieved, information was obtained mainly through thorough electronic searching, and through email and telephone requests to individuals and organisations thought likely to have relevant information on *their* desk tops. A snowball technique was applied whereby likely sources were identified by reference within obvious websites or through discussion with organisations in the process of gaining access to their data. This ensured the inclusion of both *external* (ie data generated about but outside of the organisation) and *internal* (ie data generated within the organisation) data. A full list of the primary sources of data is provided at the end of the report.

As the analysis of secondary data was conducted to provide a picture of current and future demands for housing in the disability sector in the Bay of Plenty and Lakes region, not all available data was used. In some instances data informing reports was itself secondary. Where possible the primary source was checked, but for convenience and to meet time constraints primary sources were not always used.

The following criteria were applied - currency, objectives, nature, dependability and likely error - when selecting data for the final collation and report. Where possible the process of triangulation was applied, ie where data on the same subject was available from more than one source it was compared across sources to establish reliability and validity.

Limitations and opportunities

A number of caveats must be applied to the desk top analysis.

- Regional data was scarce and in many instances not available. Where this was the case an estimate was constructed from national data – the basis for any estimates is clearly explained where necessary.
- The 2001 census proved to be the most readily available data and was also the basis for many reports from which information could be drawn. This has the drawback of being somewhat outdated – especially with a census due in March this year.
- The 2001 Statistics NZ report *Disability Counts* may have some significant flaws in terms of how disability has been defined. It is, however, one of the few reports from which reasonably reliable data could be accessed.
- There was no doubt that further data was likely to have been available had there been time to follow-up, and to allow for [internal to organisations concerned] development of data sub-sets from complex data bases. Such information would need to be generated from raw data and was beyond the scope of the desk top analysis. It may be useful to revisit these sources and, through the Steering Group, make a request for such work to be undertaken.
- There were many frustrations in obtaining accurate data, especially at regional level. There is discussion, including an indicative list of organisations approached for the desk top analysis, in the final section of this report.

While these factors placed some limitations on the picture developed through the desk top analysis, it must be remembered that the analysis is one part of a set of insights, including the literature review and the more in-depth qualitative data from the consultation phase that will make up the final report.

The exercise of obtaining data for the desk top analysis has highlighted gaps in information that point to issues that should be explored in the consultations with providers and with people with disabilities. The process of completing the desk top analysis has also highlighted areas where data collection could usefully be improved in order to better inform practice in the future.

The literature review has shown housing need for people with disabilities to be a complex issue with many variables. Despite the limitations of the desk top analysis, a picture has emerged that sheds some light on the path through this complexity.

The structure of this report

Part two of this report begins with general population trends in the region and relates these to issues of housing. It then turns to a description of the population of people with disabilities in the Bay of Plenty and Lakes region.

Part three looks at key resources - housing and incomes – starting with the general picture and then more specifically as this relates to people with disabilities.

Where appropriate reference is made to the themes that emerged from the literature review to extend and explain the relationships between the data and the issues.

The report concludes in part 4 with a discussion of the relevance and meaning of the data to future needs, and to questions that have emerged that should be addressed in the consultation phase. The issue of gaps in the data is considered.

2. DEMOGRAPHICS

It is important to be able to quantify the extent of need for housing for people with disabilities for sensible planning to proceed. As one individual commented when consulted about the availability of data, “Planners need numbers – population figures. These are rich ground from which to build scenarios.” Here a collection of statistics around the general population, the population of people with disabilities, and trends in population growth and change are presented to provide a picture of actual and potential demands in the region. Part two moves from the more general population and trends to specific data on people with disabilities.

General population

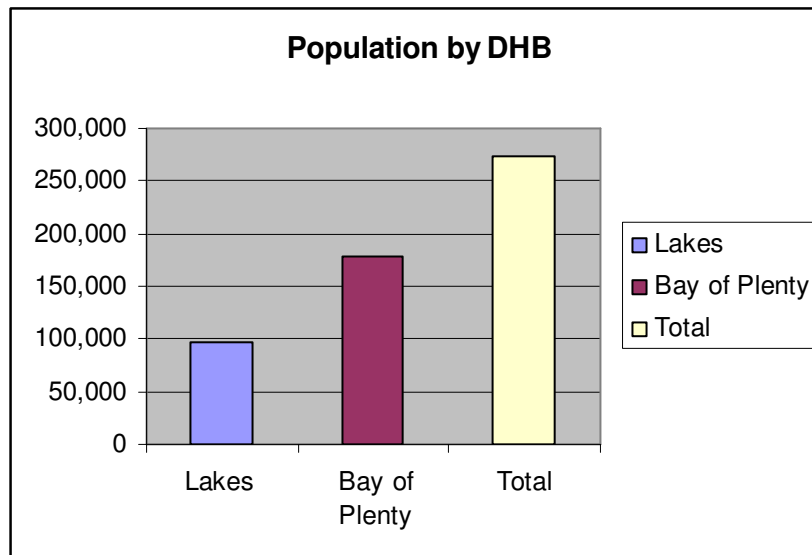
The social model of disability emphasises the environment within which people with disabilities live rather than the nature of individual disability. The shift from a medical model places emphasis on the economic and social integration of people with disabilities and raises issues about the intersection between the wider social, physical and economic environment and provision for, and the experience of, people with disabilities. As stated in the literature review, attention shifts from collecting data that measures deficits in individuals to measuring deficits in society, identifying and quantifying disabling barriers.

As a starting point for understanding the extent and nature of need for housing among people with disabilities in the Bay of Plenty and Lakes region, a snapshot of key social and economic features of the region has been developed. The nature of the population, numbers of people, their age, ethnicity and gender will have a number of implications for resources and demand on resources in the region.

Using data from the 2001 Census as presented in the Midland regional health and addictions needs assessment documents and based on the District Health Boards' catchment areas, the following picture emerges.

The combined population of the Bay of Plenty and Lakes region in 2001 was 274,170 of which approximately 35% resided in the Lakes district (see table 1.)

Table 1: General population



There are some features of this population that are worth noting. Nationally the proportion of Maori is approximately 15%. In the Lakes district the proportion of Maori overall is approximately 35%. In the Bay of Plenty district the proportion of Maori, though less than in the Lakes district, is notably higher than the national average at 23.9%. There is also a significant population of Pacifica people in the Lakes district population (3,500).

The *general* age structure of the populations is similar. The largest age group for both regions being 25 – 64 years and younger people (under 15) outnumbering older (64+) by almost double.

Approximately one quarter of the population is under 15 years (25% in Lakes and 24% in BOP); overall approximately 12% are between 15 and 24 (13% in Lakes and 11% in BOP). Fifty percent are in the 25 – 64 range and 13% over 64, with more (15%) being in the older range in Bay of Plenty compared to Lakes (11%).

There are some important differences when age groups are broken down by ethnicity (see tables 2 and 3). Most notably, for both districts, people under 15 are the most significant group after those aged 25-64 for Maori, Pacifica and Asian populations. Those over 65 are the least significant for these groups; whereas for the European population the under 15 and over 65 groups are almost equal and those over 65 represent a significant number.

Table 2: Population age and ethnicity BOP

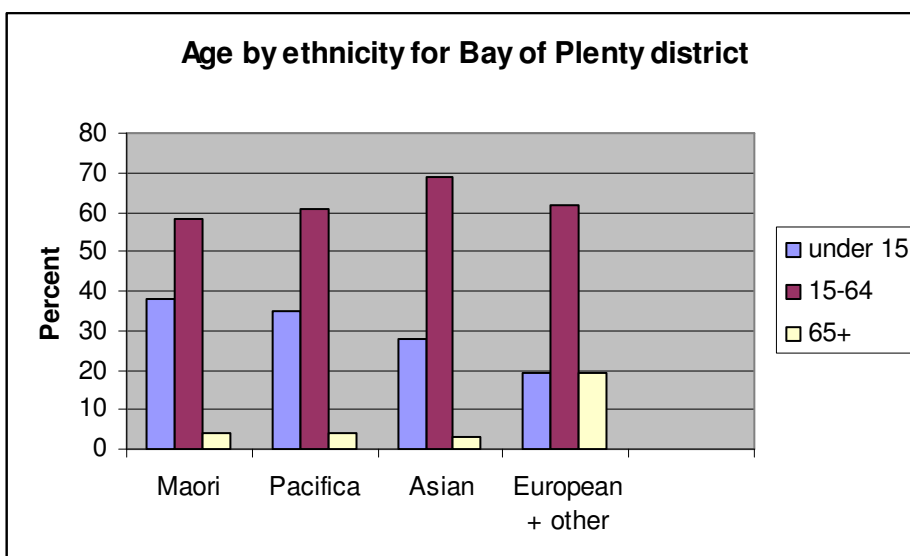
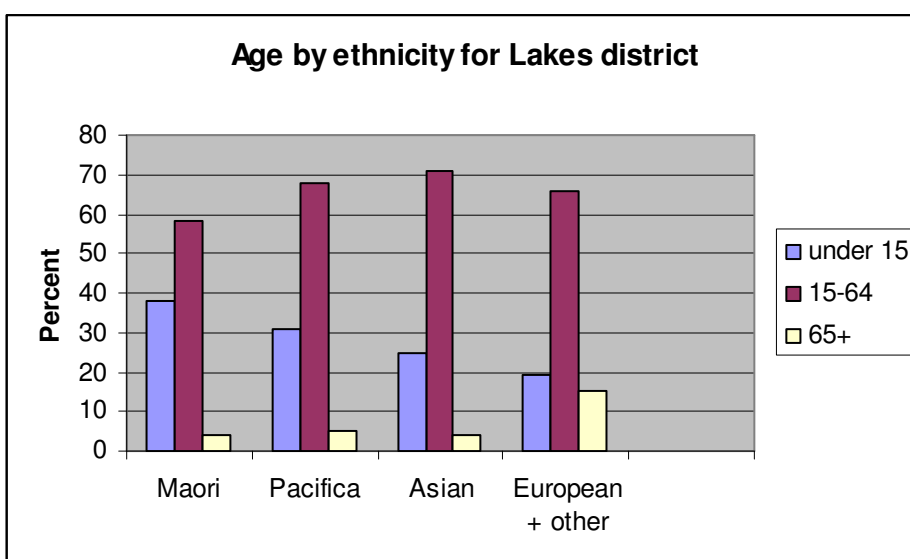
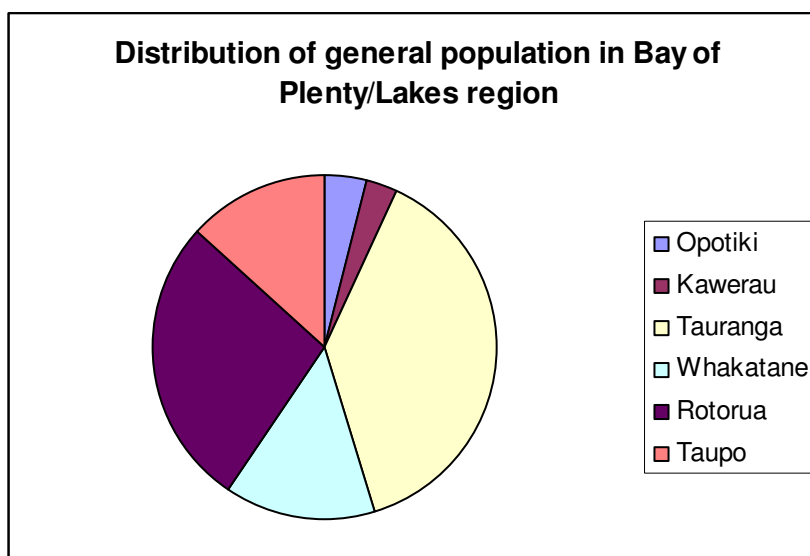


Table 3: Population age and ethnicity Lakes district



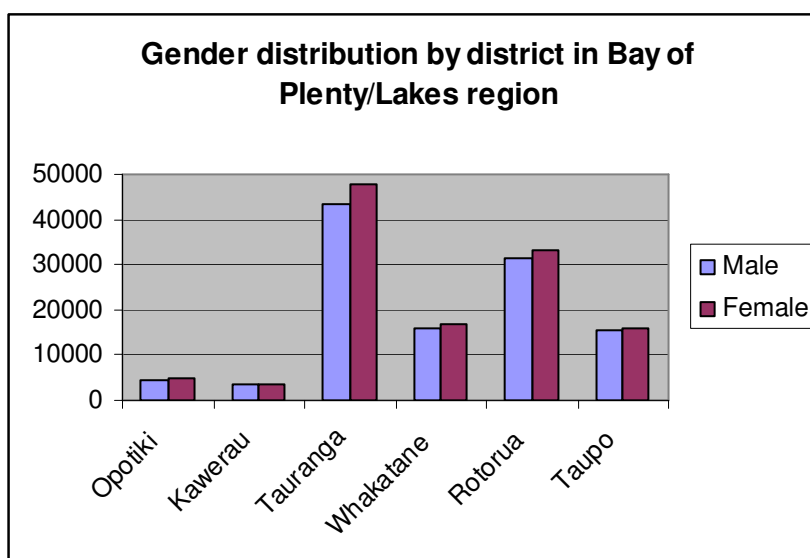
The Bay of Plenty and Lakes region covers approximately 19,219.9 km². It is a diverse region encompassing six main centres. The following tables (4 – 7), constructed from Statistics New Zealand community profile data provide a more detailed picture of the population across the region by looking at key demographics by these six centres. As table 4 indicates, Tauranga and Rotorua form the largest centres with Taupo and Whakatane accounting for most of the remaining population.

Table 4: General population by main centres



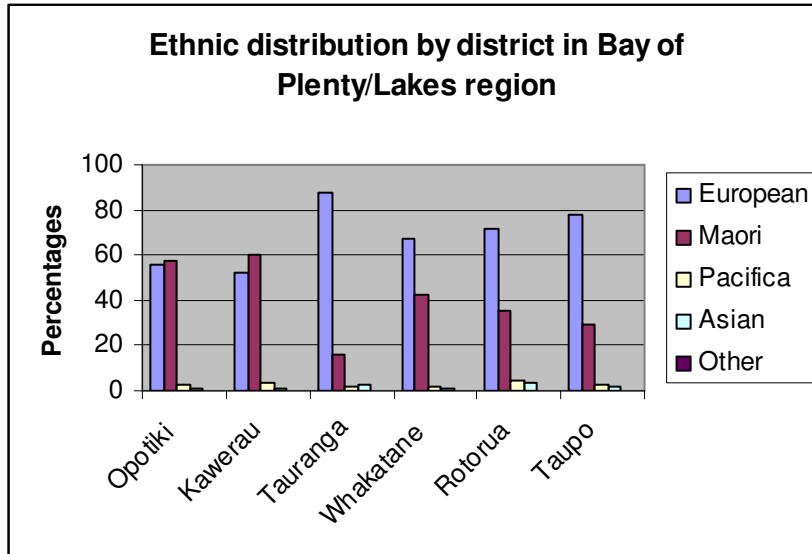
Gender distribution is almost equal in all centres although there is a slightly larger population of females in the larger centres, most notably in Tauranga.

Table 5: Gender distribution by main centres



The European population is considerably larger in the main centres and especially in Tauranga, the largest centre. The Maori population is slightly larger than the European in the two smallest centres. This is important in considering the delivery of services and housing as Maori may have some special needs, and the more remote and smaller centres may lack some resources.

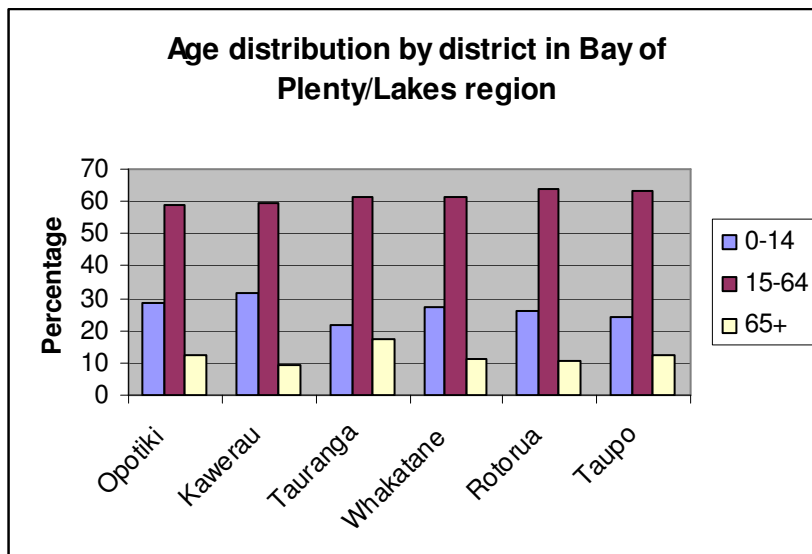
Table 6: Ethnic distribution by main centres



Finally, the distribution of age groups across the centres shows some differences. Tauranga, perhaps because of the greater percentage of European in the population, shows a more even split between the very young (under 15) and very old (over 65) indicating a greater aged population than other centres. The two smaller centres of Opoitiki and Kawerau, again most likely as a reflection of their greater percentage of Maori, show a reverse situation with a somewhat greater percentage of the very young and fewer very old people.

Again, these differences, although apparently minor, may have implications for planning services and housing. They indicate likely differences in need and demand both for the general population and for people with disabilities who reside in these communities.

Table 7: Age distribution by main centres



Population trends

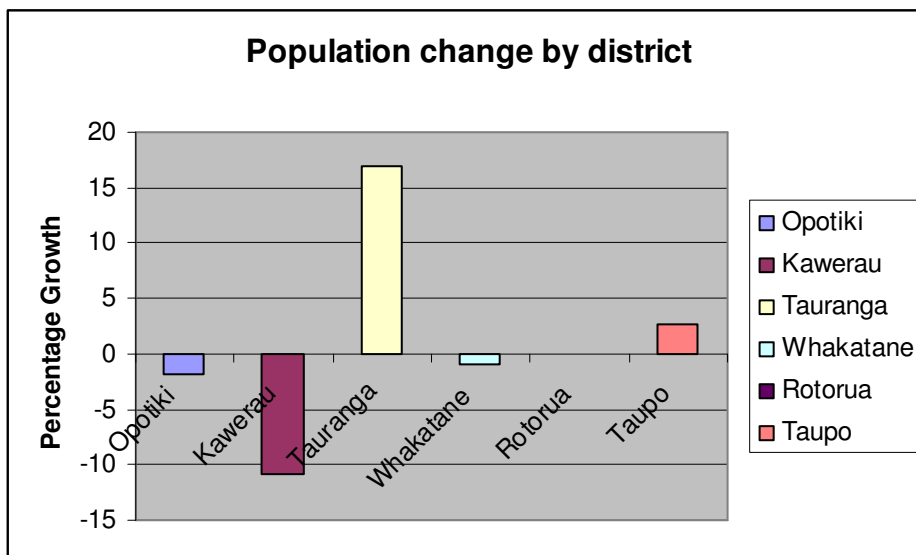
It is not sufficient to know the state of the population currently (or based on census data that is now 5 years old). If the regional growth rate is high the implications for planning are likely to be different than for a population with slow growth or even negative growth.

Labour market statistics (www.labourmarket.co.nz) for Bay of Plenty indicate the likelihood that the population of the Bay of Plenty region will increase to 277,900 by 2011. This represents an increase of approximately 13% over a ten year period.

SmartGrowth (a collaborative project involving Environment Bay of Plenty, two district councils, local Maori and business interests to develop strategies for regional growth) in a fact sheet for Tauranga and Western BOP suggest a much greater rate of growth at the equivalent of 41% across 20 years. This indicates a higher growth rate for the Tauranga and Western Bay of Plenty.

Statistics New Zealand in their community profiles provide a percentage population change figure based on the 1996 – 2001 Census. Table 8 below shows this estimate for each of the six major centres. It appears to support the prediction that, if the growth pattern continues, Tauranga will experience the greatest growth at well above the national average, with Taupo also experiencing strong growth at or approaching the national average. The remaining centres will hold their level (Rotorua) or experience a falling population. The picture presented relates to the period up to 2001, and is useful primarily in identifying those areas that have, or may experience the greatest growth as well as those where growth may have or will slow or reverse.

Table 8: Population change by district 1996-2001



The Midland region mental health and addictions needs assessment documents for Bay of Plenty and for Lakes districts offer population predictions that suggest an overall increase in population for the Lakes district of 11.6% over 10 years to 2011, and 28% for Bay of Plenty over the same time span. Taken together with the census data (table 8) the strong indication is that much of this growth will be in the main centres, particularly Tauranga and Taupo.

Of equal importance are likely changes in the composition of the regional population, especially in terms of age and ethnicity. A general indication of projected changes in the **ethnic** composition for the Bay of Plenty comes from labour market statistics. These suggest that over the 10 years to 2011, the European population will drop by approximately 2%, Maori will remain stable and Asian and Pacifica residents will increase by 1% each.

Predictions regarding changes in the age distribution in the population are presented in the Midland region mental health and addictions needs assessment documents based on Statistics New Zealand data in *Older New Zealanders – 65 and beyond*. These suggest that the age structure of both the Bay of Plenty and Lakes districts will change considerably by 2011, from a younger to an older overall population. The extent of this change is not clear but the prediction relies on the wave of “baby-boomers” that will affect the entire nation. This is supported by the existing figures for age in the region (see table 7), which show that in 2001 the overwhelming number of people were in the 15 – 64 age group, by 2011 those in the upper range of this group will be 65 – 74.

A significant proportion of population growth in the Western Bay comes from net migration rather than from natural increase. Migration is the major driver of population growth in the sub-region – 70% of the total. This is high. By comparison, 60% of the Auckland region’s growth is migration driven.

A SmartGrowth report says that contrary to accepted ideas about the age profile of people coming into the Western Bay, “a majority of in-migrants are in the 30 - 45 age bracket accompanied by children”. The same report highlights the long-term implications of an aging population and says:

“This includes a large increase in the size of older age groups. For example, the number of people in the 80+ age group is forecast to increase seven-fold, reaching 35,000 by 2051. The implications of changes of this kind for delivery of services such as health care are significant. Aging trends will see a three-fold increase in single and two person households, compared to a doubling of family-type households.”¹

From the same report we learnt that the Maori population has a different composition than the population at large. This has implications for forecasting future growth. Differing community needs also necessitate some separate consideration of change in their population. In 2001, the Maori population in the region was 20,510 – an increase of 51% since 1991. By 2051, Maori population is expected to reach 60,000.

Many issues arise from this growth, including access to housing and services, and pressure on cultural resources.

¹ Source: Growth in Population and Households: A 50 Year Forecast. A Summary Report prepared for SmartGrowth based on demographic research by the University of Waikato’s Population Studies Centre, 2002. Page 2.

People with disability

Constructing a picture of the population of people with disabilities proved more challenging. A Ministry of Social Development report on mental health and independent housing needs (2002) identified a significant difficulty, commenting that, “No currently available statistics are available for this purpose.” In a more recent progress report the Ministry acknowledged that, “In particular, there is a lack of detailed and consistent information across agencies on how many people access services, how much they access and how frequently.”

The brief for the current project also adopts a very broad view of disability, physical (containing a number of sub-categories), intellectual, sensory, psychiatric, age related infirmity, and chronic illness. Potentially relevant to housing need are people at any level of disability, from mild to severe. As we noted in the literature review, the correlation between housing need and disability is strongest for people with moderate to high levels of disability. An interesting report regarding the issue of catering for people with disabilities in the US highlights the challenges that such diversity presents commenting that in regard to the distribution of “ability” in society, “individuals do not fall at the lower end of the distribution overall, but generally fall into different positions depending upon the particular ability being measured.” Those statistics that are available must therefore be treated with caution as being more or less indicative of the population in question at a given point in time. Predicting future trends against indicative data is likely to be hazardous!

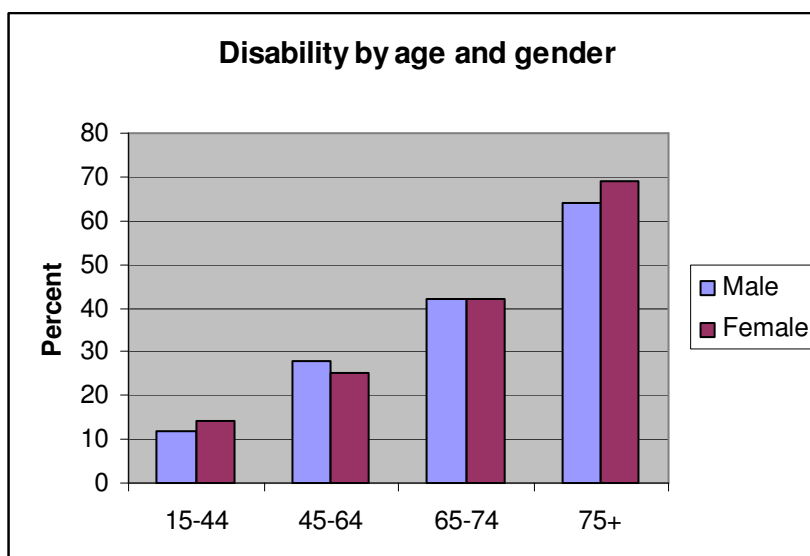
With these factors in mind the following approach has been adopted. National statistics primarily from Statistics NZ data with the addition of data from ACC and regional health boards has been taken as a baseline. This data is mostly from 2001. Although the government has approved funding for the post-census Disability Survey to be repeated in 2006 and 2011, McDermott Miller in their report on housing choices for disabled New Zealanders commissioned some specific sets of tabulated results from the Household Disability Survey that have proved especially useful because these authors caution that the broad definition of disability and lack of ability to distinguish people with disability on socio-economic and household indicators means the core data available from *Living with a Disability in New Zealand* and *Disability Counts* can give no more than limited indications.

An examination of national statistics for disability over time indicates that the proportion of people with various disabilities in the general population remains fairly constant and on this basis it is reasonable to assume that the proportions will be similar in the regional population taking the age, gender and ethnic profile of the region into account. On this basis an informed estimate of the regional figures has been made. This has been partially tested by relating estimates constructed in this manner with the small range of regional data presented by the local health boards. A similar approach has been taken to provide a view of likely trends ie the estimated numbers have been used with currently predicted changes in the general population to suggest the likely growth in numbers of people with disabilities. The following profile must be approached with some caution as it is indicative only. The likely numbers of people with disabilities in the region does *not* mean that this is the extent of demand for housing assistance. This will be discussed in more detail in part 3 – Resources.

National profile

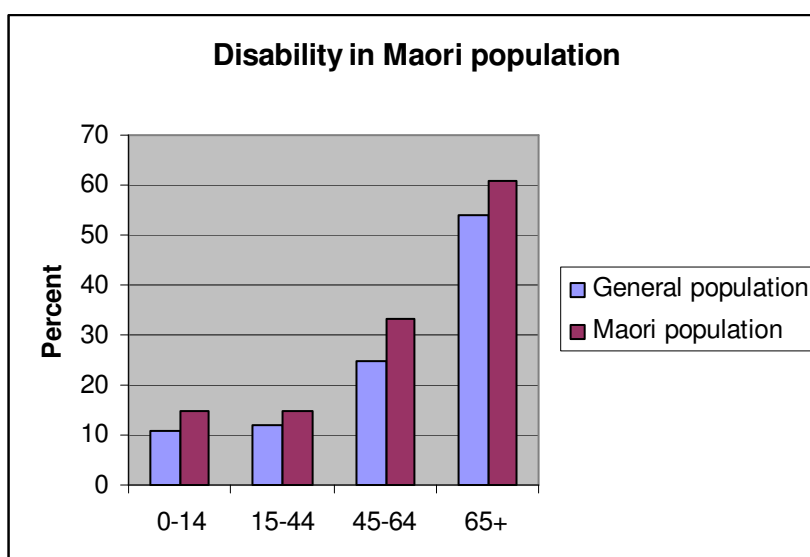
It is estimated that the proportion of New Zealanders with a disability is 20%. This rate does not vary significantly by gender but there are some gender differences across age groups as table 9 below shows.

Table 9: National percentage of disability by age and gender



Eleven percent of people aged 14 years and under has a disability, close to the average for the 15 – 44 age group. There is little gender difference in the incidence except for the Pacifica population where more males (10%) than females (6%) in the 0-14years age group are affected. The overall rate of disability in the Pacifica population is lower than for the general population at approximately 14%. McDermott Miller suggest a slightly greater prevalence of disability in the higher age group (but with a similar pattern of significant increase in incidence with increasing age) and an important age related variation between Maori and the general population (see table 10 below). This table also shows that there is a higher incidence of disability in the Maori population compared to the general population with the difference varying from 4% greater at 0-14 years to 9% at 65+.

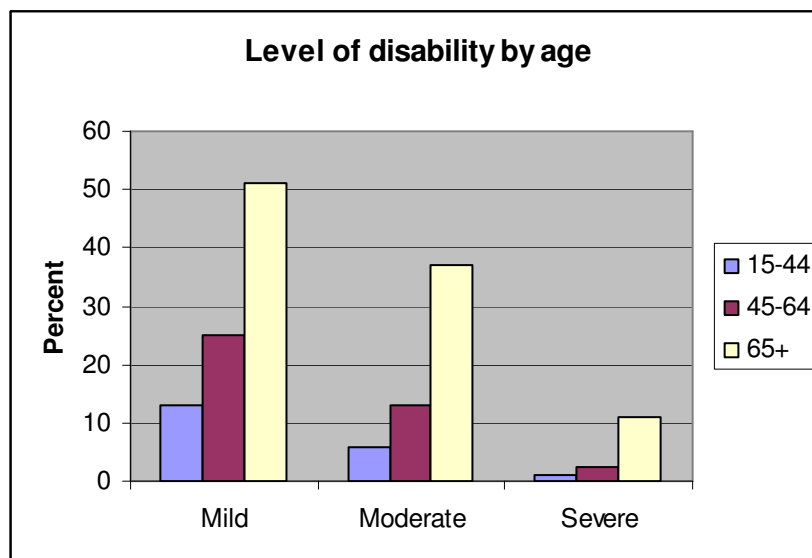
Table 10: Distribution of disability by age for the Maori population



While the rates of disability do not vary significantly between rural and urban areas across those under 65, for the 65+ age group more (52%) live in urban areas compared with 45% living in rural settings.

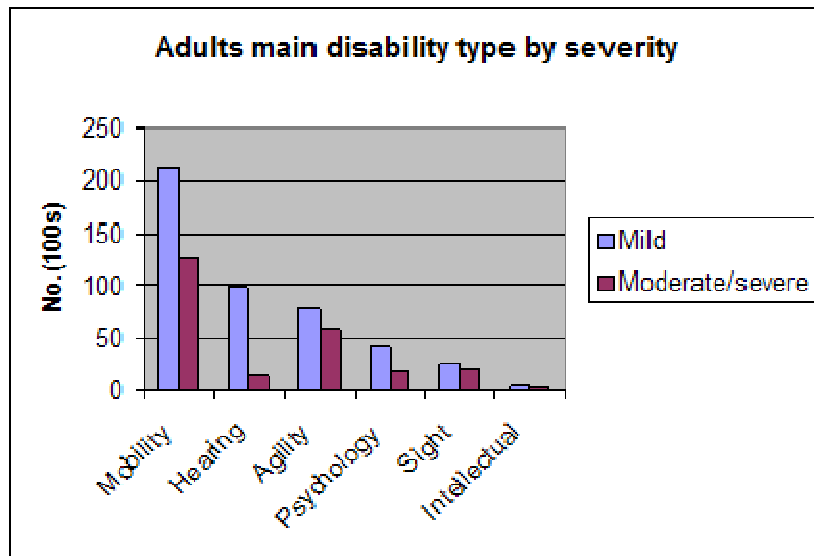
We also need to understand something of the severity of disability in the general population. This appears to be related significantly to age as table 11 shows. Twenty-three percent of adults (compared to the average of 20% overall) have a disability. Ten percent experience mild, 10% experience moderate and 3% are judged to have severe disability. The incidence of moderate to severe disability increases considerably with age. In the 45 - 64 age range Maori have higher rates of moderate and severe disability than the general population (13% compared to 11% in the total population for moderate and 5.6% compared to 2.6% in the severe category). The same pattern is evident in the 65+ age group where 17% of Maori (compared to 12% in the total population) reported severe disabilities.

Table 11: Level of disability by age for the general population



Finally, the literature review suggests that the housing issues that people face vary depending on the type of disability as well as severity. McDermott Miller provide an informative view of adults *estimated* to be living in households by both level of disability and major type (table 12). This does not capture children, nor does it account for people with a disability who may be living in residential care but who would prefer to be in a household. Nevertheless the picture is indicative and useful for understanding the likely demand for housing in terms of degree of need and nature of modification that may be needed. It is also important to note that many individuals have multiple disabilities. The Statistics New Zealand data relies on the individual nominating their *main* disability ie the condition that causes the greatest need for support or assistance.

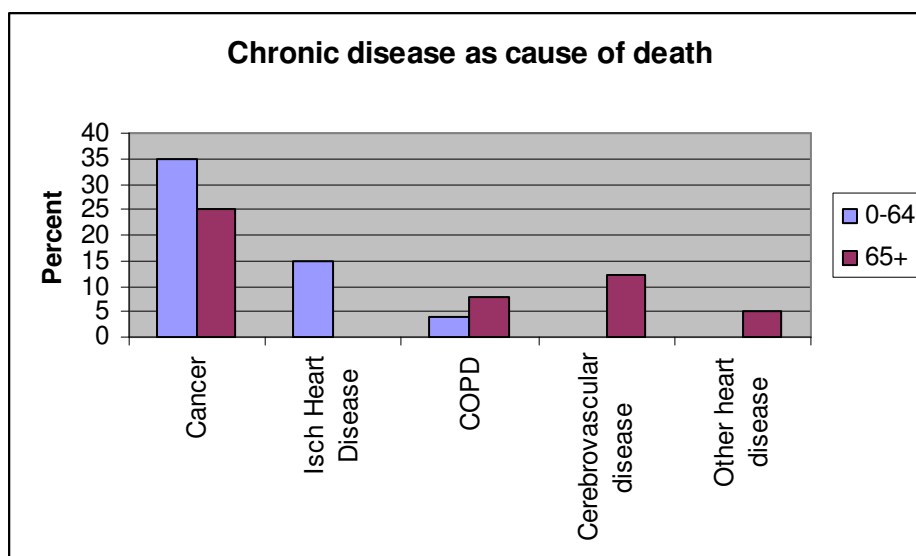
Table 12: Adults in households by main disability type and level of disability



Chronic illness

The project brief includes consideration of people with chronic conditions. Some individuals in this category will have been included in statistics on disability given that their condition may lead to restrictions and needs that are met through disability services. Chronic disease simply means persistent or recurring disease, usually affecting a person for three months or longer. A chronic disease is generally one that is hereditary or one that is the result of factors such as poor diet and living conditions, using tobacco or other harmful substances, or a sedentary lifestyle. The Lakes District Health Board in its needs assessment document point out that chronic disease is currently the major health issue facing adults in all ethnic groups in New Zealand. It is difficult to estimate the numbers in the population that might experience sufficient disability, as the result of a chronic illness, to require assistance with housing. What can be said is that chronic disease is more prevalent in the older population, in the Maori population, and in those populations that experience the greatest levels of deprivation (deprivation in the region is addressed in part 3). Table 13 presents an overview of the incidence of chronic disease in the older population through death rates from chronic disease.

Table 13: Deaths from chronic disease nationally



The most that can be extracted from this is that regions with high levels of elderly, Maori and deprivation are likely to have a greater number of individuals with chronic illness, some of whom will need support for associated disabilities and may not be included in the national disability statistics.

3. The regional picture

Given the tenuous nature of the data on which a regional view can be based caution must be taken in relying on the following views. The aim has been to extrapolate from the national statistics and regional data a general indication of likely demand, potential growth in demand and some indication of the nature of demand for housing for people with disabilities across the Bay of Plenty and Lakes region. Not all people experiencing disability will also experience housing needs. Some who experience housing need will have sufficient personal resources to meet their needs. Some will choose to reside in residential care facilities. Some residing in these facilities might prefer a different housing arrangement if that were possible. For some, housing needs may arise at a specific stage in their lives and may not be a life-long experience. An estimate of actual numbers by age and severity of disability for each regional centre has been calculated. This provides a general regional scenario against which more specific scenarios are constructed when issues of resources and housing are addressed in part 3.

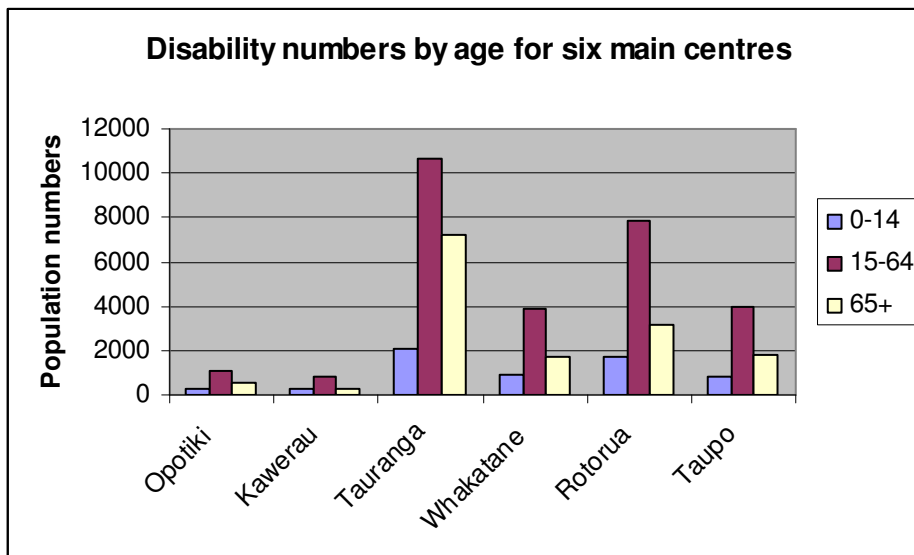
From the work by McDermott Miller 96% of disabled people live in households, those most likely to have specific needs experience moderate to severe levels of disability. However people with mild disability may experience difficulty in housing through lack of resources, possibly for reasons other than their disability. Potentially all people with disabilities could be considered “candidates” for housing, some as children whose families need special provisions.

An extreme measure of demand would be 96% of the estimated numbers of people with disability in each of the regional centres. (Four percent of all people with a disability live in residential care facilities). This assumes that all people with disabilities living in

households require housing assistance, some requiring special adaptations. It also assumes that there is only one person with

a disability in each household and that people in residential care either cannot or do not wish to access alternative accommodation. On that basis the following scenario emerged.

Table 14: Numbers with disability by age for main BOP and Lakes region²

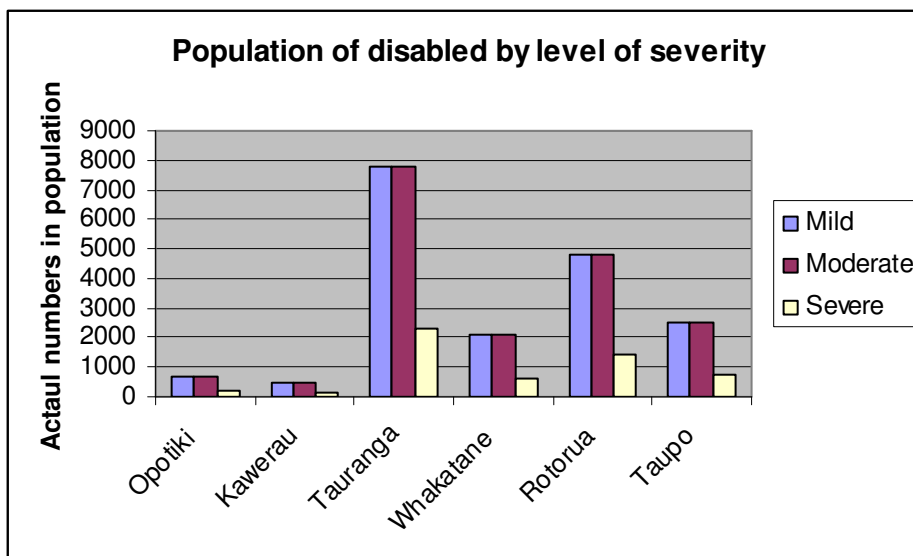


With the exception of Kawerau, all centres face a larger number of elderly disabled than young people with disability. The numbers of aged with disability are likely to be the most accurate in this crude estimation in that a greater number of people over 64 live alone or with one other person, giving a more accurate impression of actual houses required. Not all this group will require special housing or need assistance to find accommodation. Those in the smallest group, those under 15, would live with families who may need assistance with housing and have special needs so long as they have a dependant child with a disability. This group may be less accurately estimated as some families may have more than one child with a disability.

A similarly crude estimate was made to construct a view of level of need based on level of disability (see table 15). This scenario was developed from the data in table 14 using adults only and the average percentages of 10% mild, 10% moderate and 3% severely disabled as quoted by McDermott Miller.

² Calculation based on raw population data from Statistics NZ regional profiles. Using national % of disabled for age groupings by 96% for numbers living in households.

Table 15: Numbers of adults with disabilities by level of disability for six centres



McDermott Miller found that the greatest need was in the moderate to severe levels of disability. Where the population is aging or chronic illness is likely to be high (areas of deprivation, elderly and Maori in particular) the proportions of moderate to severely disabled are likely to be higher.

The most prevalent types of disability nationally are physical (with mobility being the most common) and sensory, particularly hearing though the majority of individuals experiencing hearing impairment have a mild level of disability and may also be more likely to be clustered in Auckland and Christchurch where specialist facilities exist and a culture group has become established. This pattern is likely to be repeated in the Bay of Plenty and Lakes districts.

Mental illness

The Mental Health Commission (1998) reported that "...around 3% of people have serious, ongoing and disabling mental illness..." This places mental illness as being a major disabling condition and one likely to have a significant impact on measurable housing need in the region. In estimating likely housing need a Ministry of Social Development (2002) report estimated that 17% of all people who were receiving services from district health boards would experience housing difficulties. Among these Maori were more likely to experience housing needs and people in rural areas faced specific issues (mainly related to accessing services). The Midland regional mental health and addictions needs assessment provided an estimate of their access *targets* as shown in table 16. The Ministry of Social Development report indicated that only one half of people in the access target would actually access services, so by halving the target figure and taking 17% we have a very crude picture of the extent of "known" housing need in the region for people with mental illness. Statistics for the age, ethnicity, condition and locations within the regions was not available. This does assume that the 50% who do not access services have no housing need which may be misleading – we cannot be sure of the needs for those not accessing services.

Table 16: Estimated number of people with mental illness in Bay of Plenty and Lakes regions who may have disability related housing needs.

Year	Bay of Plenty Access target	BOP estimate of housing need	Lakes Access target	Lakes estimate of housing need
2001	5,354	455	2,880	245
2006	6,056	553	3,066	260
2011	6,436	547	3,128	266
2016	6,803	578	3,178	270

Age and ethnicity

Chronic illness is more prevalent among the elderly. Disability is significantly more prevalent in older populations. Predictions for growth in the Bay of Plenty and Lakes districts vary somewhat but there are clear indications that both Tauranga and Taupo are and will continue to experience strong growth for some years. The trends also suggest that the population across New Zealand and within the region is aging. Internal migration is strongest among the 30-45 group, particularly in Tauranga, suggesting that over the next 20 years the group of elderly will increase proportionally more in this area. Only the more rural communities look likely to remain stable or drop in population. The needs of the elderly in housing, even where levels of disability are mild, are going to feature highly in planning for housing over the next ten years.

The Bay of Plenty and Lakes districts have a higher than average population of Maori. This is particularly marked in the rural centres. A Bay of Plenty District Health Board status update report (2002) showed that 29% of older people in Opotiki were Maori compared with 16% in Whakatane, 14% in Kawerau, 6% in Western Bay of Plenty and 3% in Tauranga. There is a higher incidence of disability and chronic illness within the Maori population suggesting that Opotiki in particular and Whakatane to some extent, are facing particular housing challenges.

Families

It is difficult to estimate the numbers of families who are caring for children or adults with disabilities in the home. The 2001 Disability Survey found that nearly half of disabled children had more than one type of impairment, the most common being learning impairment followed by a chronic condition. This suggests that for each person under 15 in the region with a disability there is a family who may need assistance of some kind with housing, modification of existing house or help into a suitable property. A small number of families may have more than one child with a disability and/or an adult with chronic illness or age related impairment. Families' needs for housing will reflect the resources at their disposal and the extent of the

modification required for the member(s) with disability. Part 3 of the report explores issues of resources and housing.

Children born with disability

An issue identified by the Steering Group was anecdotal evidence of more children being born with disability, and possibly multiple disability, as a consequence of advances in medical intervention and neonatal/premature birth survival. The increased survival rate for very (and extremely) low birth weight neonatal births raises the concern that the rate and severity of disability among children will also increase.

International studies point to increased rates of survival resulting in a steadily increasing prevalence of children with disabilities.

The Ministry of Health (Paediatric Unit) supplied information on children born prematurely and rates of disability.³

Key points from 1998 data on physical disability supplied by the Ministry are that:

- Slightly under 1% of 0-14 year olds use technical aids such as wheelchairs or artificial limbs.
- Most childhood disabilities are caused by conditions at birth or by chronic disease (nearly 40% in each case).
- Up to one in 25 newborns have some kind of congenital condition.
- Among the most common types of perinatal conditions associated with long-term disabilities in children are short gestation and low birth weight.
- Very low birth weight (VLBW) infants (less than 1500 grams at birth) comprise approximately 0.5% of children born each year. This means that although these children's disabilities will have a large impact on the individuals and their families, the small number means a minimal effect on the rates of disability in the general population.
- While VLBW infants will personally have a much higher risk of having a disability than children at large, most of the children with physical disabilities will not have been very low birth weight infants.

The Ministry source also cited a 2002 ministry report on maternal and newborn information presenting figures on VLBW and premature births for the Lakes and Bay of Plenty districts. The figures show:

- For Lakes, 1.4% of births are VLBW.
- For Bay of Plenty 0.9% of births are VLBW.

Approximately 80% of these births survive to be discharged from hospital.

These are very small numbers. Taking into account the fact that not all VLBW infants who survive will have a disability, estimates suggest that as few as one new child a year in each DHB will have a motor disability secondary to their having been VLBW. The level of disability will range from mild to severe.

³ Notes provided to the project team by the Paediatric Registrar, Ministry of Health, February 2006.

The conclusion drawn by the Paediatric Registrar was that: “Hence, even if the rates of survival trebled, there would not be a significant increase in the number of children with special housing needs.”

The Registrar went on to make the following comment which **does** have important associations for the project:

Premature infants do however have other very important housing needs. They are very vulnerable to infections, especially in the first year after discharge and many are re-admitted to hospital with respiratory problems. These infants and their families need warm, dry homes that are not overcrowded to reduce the incidence of respiratory infection.

We did not find any immediately relevant data for other forms of disability resulting from premature/neonatal birth (that is, cognitive, behavioural and educational ability), but results from a 1998 study at the Christchurch School of Medicine, examining cognitive, behavioural and educational outcomes, show the VLBW children had significantly higher rates of problems and poorer levels of functioning across all outcomes. It concluded:

The findings are consistent with a growing body of research evidence suggesting that premature and VLBW infants are at increased risk for longer term morbidity and functional impairment in middle childhood.⁴

Generally, it could be said that disability issues associated with trends in premature/neonatal birth have some implications for housing need, although the numbers affected are very small.

4. Resources

A number of factors other than level of ability impact on housing needs in general. Personal resources, particularly income and the ability to sustain an income, dictate the nature of housing that an individual can source. The overall level of resources within the region will also have an influence. Other factors are current and anticipated availability of housing including the cost of purchase and rental, the specific needs of individuals and families/whanau, and current housing “stock” held by key providers of housing to those who have special needs or reduced means.

In part 3 these factors are examined and related to a tentative scenario relating to potential demand in the region. As previously noted, people with disabilities will experience the same frustrations and difficulties as the general population as well as specific difficulties when sourcing appropriate housing. This became apparent when we looked at issues around income.

⁴ Horwood, J., Mogridge, N. and Darlow, B. Cognitive, ‘Educational and Behavioural Outcomes at 7 – 8 Years in a National Very Low Birthweight Cohort’ In Archives of Disease in Childhood Foetal Neonatal Ed, 1998; 79: F12-F20..

Income

The Statistics New Zealand regional profile for Bay of Plenty notes that it is the 10th largest region by land area in New Zealand and the 5th largest by population but it is 11th highest on average weekly income.

Looking at the specific community profiles (based on 2001 census) revealed only one community (Rotorua) in the region that reached the national median income (see table 17).

Table 17: Median incomes in main centres against national average

Community by main centre	Median income 2001	National median. 2001
Opotiki	12,900	18,500
Kawerau	13,500	18,500
Tauranga	16,800	18,500
Whakatane	15,900	18,500
Rotorua	18,600	18,500
Taupo	17,900	18,500

By 2003 the national *average* weekly income had increased to \$539. In 2004 in the Bay of Plenty region, in general, average incomes by ethnic group (based on Statistics New Zealand Labour Force survey data) were still below average; European \$412, Maori \$355, Pacifica \$456 and all others \$310. The average weekly household income for Bay of Plenty for 2004 was \$1053 against the national average of \$1203.

From a set of Iwi profiles for nine (of approx. 23) Iwi in the region (developed from the 2001 Census) only one Te Arawa has a median income equal to the median for the total Maori population and this is still considerably less than the national median. The median for all Maori was \$15,600, for Te Arawa the median was \$15,000. Income for the remaining Iwi in this set ranged from \$13,600 to \$14,600. So Maori in the region were shown to have a lower income in the region and a lower income compared to all Maori.

In 2001 the unemployment rate was 7.9% for the Bay of Plenty region (labour market statistics 2003), by 2003 it had dropped slightly to 7.4%. Unemployment is not evenly distributed across the region. It is higher in the Eastern Bay of Plenty (Opotiki, Kawerau and Whakatane).

A working paper due to be released by Motu (motu.org.nz), is reported to have found that there is a much greater gap in wealth between Maori and European in New Zealand than income alone suggests. If net worth is considered then on average Maori couples have wealth of less than \$20,000 compared to European couples whose average wealth is \$200,000. This huge gap is likely to be significant in a population with high numbers of Maori families.

Information from the 2001 Disability Survey shows that adults (aged 15-64) are also disadvantaged in terms of income and employment. Thirty- six percent were not in the

workforce while 6% were unemployed and actively seeking employment (slightly less than the national average at that time). Twenty-two percent of those unemployed had been seeking employment for more than a year and almost half of all adults with disability had incomes of less than \$15,000 which was considerably less than the national average income at the time. Seven percent received a sickness benefit, 7% an invalids benefit and 2% a special needs grant. Two percent received the war disablement pension. This suggests that at least 16% (recipients of invalids and sickness plus war disablement benefits) are on fixed and minimal incomes. Those living in areas of significant deprivation and in areas that fall below the national average for income and employment are likely to also, themselves, fall into the lower income and employment segment of people with disabilities.

Deprivation

A valuable measure developed by the Health Services Research Centre of the Wellington School of Medicine using data from the 2001 census, is the Deprivation Index. Using measures of household income, overcrowding, prevalence of income support and unemployment, home ownership levels, education levels, sole parent households and access to motor-vehicle and telephone, an index from 1 – 10 is constructed. One is the 1st percentile and the lowest level of deprivation in a given area. Across the region the level of deprivation is higher than the national average with 57% of the region scoring between 7 and 10 on the deprivation index, nationally the percentage is 42. Areas most effected are Eastern (Opotiki, Kawerau and Whakatane) and Southern (Rotorua and Taupo) Bay of Plenty. This is a clear indication of the areas most likely to have extraordinary housing issues such as overcrowding and low levels of ownership. Given the high proportion of Maori in these areas and the suggestion of such a huge gap in actual wealth between Maori and European households this information suggests also that these areas will have many houses in poor condition.

The picture that emerged from the analysis of income and associated resources is one of a region overall that does not have a surplus of wealth and resources, with large areas of significantly deprived communities. Individually many households and individuals fall well below the national average for income and employment. Eastern Bay of Plenty stands out as having the greatest level of poverty and deprivation. The districts with significant rural areas also show as being likely to have greater needs.

Housing

A study of the housing aspirations of low income clients by the Salvation Army ((2005) concluded that the majority of people on low incomes do aspire to home ownership. Not surprising was the finding that people felt home ownership would provide security, be an asset, set a good example to their children, and be preferable to the “dead” money paid out in rent. People with disabilities are likely to have low incomes. From the literature we know that security is an important issue for both the elderly and for people with mental illness. It has also been noted (from the literature and informal discussions in collecting information), that people who require modifications to their homes face difficulties if they must then move. They may not be eligible for assistance to have similar modifications in their new location. For people with sensory disabilities, especially sight related, remaining in a familiar environment is important. It is reasonable to assume then, that people with disabilities aspire to their own homes in preference to rental property as do most people on low incomes.

The Salvation Army research pointed to four key barriers to home ownership; low income, inability to save and to sustain costs of home ownership, bad credit rating and existing debts, and a lack of knowledge about mortgages and purchasing a home. From the profile of people with disabilities and the Bay of Plenty and Lakes region's population these facts would seem to be likely to apply to those people with disabilities who aspire to home ownership.

Market trends

A Housing New Zealand Corporation publication, *Local measures of home owner affordability*, indicates that home ownership has been declining since 1991. This decline has been most acute in the younger age group and in single parent households. The prediction is that by 2011 home ownership nationally will have fallen to 62.5%. Some relevant factors that were identified in the Corporation report were increased competition between first home buyers and residential property investors at the lower end of the property market, house prices rising faster than household incomes and removal of specific assistance for entry into home ownership. These factors confirm the barriers that low income earners identified in the Salvation Army research.

The Housing New Zealand Corporation *Housing market report* of December 2005 shows that nationally house sales were up significantly in September 2005. House prices had been rising sharply but the national median house price was unchanged between August and September. This was attributed to a growth in sales of homes under \$400,000 rather than a flattening of the market.

Housing New Zealand Corporation in their measures of home owner affordability reported that Tauranga, Western Bay of Plenty, Whakatane and Taupo districts were among those areas with the highest price to income ratios (based on lower quartile house prices to lower quartile incomes). Table 18 below shows the percentage of working households unable to purchase a house in 2001 according to the Corporation report.

Table 18: Percentage of households that were unable to purchase a house

Local Authority	% of working households unable to purchase a house in 2001
Tauranga	34.0
Western Bay of Plenty	33.3
Opotiki	31.0
Taupo	30.5
Whakatane	29.7
Rotorua	22.8

At the 2001 census home ownership in each of the main areas of Bay of Plenty and Lakes districts varied across the region and around the national median (see table 19). The national average was 67.8%. Home ownership was less than the national average in Taupo and higher in Kawerau.

Table 19: Percentage of dwellings owned in each main area of Bay of Plenty and Lakes Regions in 2001

Main centre	% of dwellings owned with or without a mortgage in 2001
Taupo	65
Whakatane	68
Tauranga	67.8
Kawerau	69.9
Opotiki	67.1
Rotorua	66.1

For most low income families rental is the only option. McDermott Miller reported that 56% of people with moderate to severe disability live in dwellings that are owned by the usual occupants – less than the national average. Twenty percent of this group of people with disabilities are living in rental properties.

Market rent information was obtained from the Tenancy Advice and Information service of the Department of Building and Housing. Table 20 shows the average rental for properties in the region for the period August 2005 to January 2006.

It is not surprising to discover that there are more and a greater range of properties in the larger centres. Tauranga as the largest centre is the most expensive. Anecdotal evidence (in discussion with major Real Estate agencies to unearth information) also suggests that availability of properties is an issue in Tauranga. Smaller one and two bedroom properties appear to be less available in Kawerau and Opotiki and in the rural parts of Rotorua.

Table 20: Average rental costs for Aug. 2005 – Jan. 2006 across the region

Location	Flat 1bd	Flat 2bd	Flat 3bd	House 2bd	House 3bd	House 4bd	House 5bd
Kawerau	N/A	\$122	\$137	\$141	\$159	\$179	N/A
Opotiki	N/A	\$133	N/A	\$143	\$156	\$175	N/A
<u>Rotorua</u> Fenton Owhata	\$122	\$152	\$188	\$176	\$222	\$308	N/A
<u>Rotorua</u> Ngongotaha Pukehangi	\$130	\$161	\$183	\$172	\$211	\$253	N/A
<u>Rotorua</u> Sunnybrook Glenholm	\$122	\$181	\$224	\$197	\$225	\$277	\$259
<u>Rotorua</u> Rural	N/A	N/A	N/A	\$179	\$225	\$262	N/A
<u>Tauranga</u> Bethlehem Otumoetai Judea	\$166	\$209	\$230	\$235	\$277	\$341	\$396
<u>Tauranga</u> Mt Maunganui Papamoa	\$189	\$226	\$265	\$236	\$284	\$331	\$365

<i>Table 20 cont:</i>							
Western Bay of Plenty	\$129	\$172	\$176	\$195	\$233	\$285	\$342
Whakatane	\$157	\$193	\$235	\$238	\$267	\$296	N/A
<u>Whakatane Rural</u>	\$137	\$143	N/A	\$153	\$190	N/A	N/A

McDermott Miller quote the National Housing Commission who found that low income was a major constraint to disabled people achieving adequate housing. And that, "The expense of adapting accommodation for the special needs of disabled people and a reluctance by private sector landlords to have their properties altered effectively limits the housing options for people who are disabled to public rental or home ownership" (NHC, 1988: 84). The Salvation Army research found that people renting from "the state" had greater security of tenure. It seems obvious that people with limited income and options are most likely to be relegated to the lower ends of housing stock, those flats and houses that are most likely to be substandard and least likely to be suitable for modification if required. In an upcoming Housing New Zealand Corporation internal report⁵ it is noted that crowding is also of significant concern in the region, especially among the Maori population. This is related to lower income and areas where deprivation is highest.

Stock

Housing New Zealand Corporation is the main provider of public housing. As at 31st January, 2006 their waiting list for the region indicated the following; (category A = severe and persistent housing need, B= significant and persistent need, C = moderate need and D = low level need).

Rotorua: Includes Rotorua and Taupo district council areas with Murupara and Ruatahuna.

Total properties owned and leased (not including community housing) **904.**

A = 12

B = 53

C = 42

D = 38

Tauranga: Includes Tauranga district council to Waihi Beach, Paengaroa and Matata Straights.

Total properties owned and leased (not including community housing) **1169.**

A = 11

B = 91

⁵ Bay of Plenty Regional Profile 2006, for internal use only and kindly provided for research purposes.

C = 66

D = 37

Whakatane: Includes Whakatane and Opotiki district council areas with Kawerau and Waihou.

Total properties owned and leased (not including community housing) **640**.

A = 13

B = 39

C = 29

D = 22

On this basis the Whakatane area containing some of the poorest population and high deprivation has the greatest level of unmet need as expressed by the proportion on the waiting list to the number of properties in stock (only category A & B clients have been considered.) Tauranga has the highest level of unmet need at category B.

A breakdown by number of bedrooms for the above properties gives another view of supply in the region.

Table 21: Housing New Zealand current (at January 2006) properties by number of bedrooms

Number of beds					
Neighbourhood	1	2	3	4	Total
Rotorua	30	333	449	92	904
Tauranga	49	433	603	84	1169
Whakatane	26	207	344	63	640
Total	105	973	1396	239	2713

From the information on waiting lists it is clear that this stock is not keeping up with demand at the more extreme level of need. We asked how much of this stock was suitable for people with disabilities.

A list of all *completed* modification work on houses to February 2005 for people with disabilities, was supplied by Housing New Zealand Corporation. This was broken down by type of modification, age of client and Lakes and Bay of Plenty location (see table 22). It gives an indication of the extent of modification being done but does not show where the properties were or whether they are all general Housing New Zealand Corporation stock. Under the Suitable Homes project from 2003 assistance with home modifications could be accessed through the corporation. Caution should be taken with this information as the data is not validated.

The list seems to indicate that most modifications were for older clients and related to mobility and safety needs. This is not inconsistent with the aging population of the area, the larger number of elderly who have housing needs and the predominance of mobility, accessibility and security issues that this group presents.

Table 22: Housing modifications by type and age for Bay of Plenty and Lakes District by Housing New Zealand Corporation

Bay of Plenty

	Up to 16	Over 16	Over 64	Total
Wet area shower	1	13	27	41
Handrails external	0	16	66	82
Ramp	2	8	15	25
Hand-held shower	0	3	13	16
Handrails internal	1	13	46	60
Bidet	0	4	0	4
Easy steps	0	1	5	6
Fences./gates	1	0	0	1
Toilet	0	0	2	2
Shower/bath	0	1	0	1
Door widening	0	2	1	3
Miscellaneous	0	1	2	3
Installation	0	2	0	2
Easy steps – handrails internal & external	0	1	0	1
Low rise platform list	0	0	1	1
Doorways	0	1	0	1

Lakes District

	Up to 16	Over 16	Over 64	Total
Wet area shower	1	6	9	16
Handrails external	0	5	15	20
Ramp	1	2	0	3
Hand-held shower	0	0	3	3
Handrails internal	0	8	21	29
Fences./gates	1	0	0	1
Shower/bath alter existing	1	0	0	1
Easy steps	0	0	3	3
Shower/bath install	0	1	0	1

Housing New Zealand Corporation also supplied information that all *new* houses will have the following features:

- Wider halls
- Wider doors
- Wider front door lobby
- Lever door handles
- Easy grip lever or capstan taps
- Light switches and door handles at 1000mm
- Power sockets at 500mm or above floor level.

Properties in housing especially for **older people** have features such as:

- Level entry or wet area showers with sliding shower heads (baths are a common accident zone)
- Grab rails in the shower and beside the W/C which is positioned at 450mm from the side wall

Accessible housing is designed to accommodate those in wheelchairs. There is a **target** for 10% of Corporation housing for older people to be accessible on appropriate level sites. Accessible housing includes all the above features plus:

- external door thresholds of 20mm maximum
- 1500mm wheelchair turning circle in kitchen, lounge, bathroom and bedroom
- seat in shower as required
- wall hung vanity unit.

Kitchens are installed to specific client needs as these vary.

Large houses on accessible sites are designed with at least one double bedroom with adjacent bathroom with wet area shower on the ground floor to be suitable for elderly parents or a disabled family member.

Housing New Zealand Corporation reported that Corporation dwellings are provisionally planned to increase by 197 across the region by 2009. This would result in a holding of 2910 dwellings by 2010. Theoretically, if the Corporation target of 10% accessible buildings was to be reached this would result in at least 33 being accessible and over 300 with a minimum standard of suitability for people with moderate disability, however as reported by Housing New Zealand Corporation, there are likely to be very few new builds and increase in stock is most likely to be from buy ins and leases. Under these circumstances it is difficult to estimate the percentage or numbers of HNZC properties that will actually be accessible or fully modified over the next 10 years. There was no indication given of how the properties will be distributed across the region, or of the proposed size of the dwellings ie will they be mainly 2 or more bedrooms, or some other configuration?

We then asked what other providers there were in the region. It appears that there are no housing services specifically for people with disabilities in the region. The largest providers are IDEA and SILC (also catering for people with intellectual disability) but their services are more properly considered to be either residential or community house services. As well as sourcing stock from the public sector they may rent or purchase property via Housing New Zealand Corporation. Currently the Corporation is providing 66 homes to community living groups. It has not been possible to get an accurate indication of the numbers of people living in residential and community care facilities in the region. It cannot be assumed that the majority of people living in these facilities are happy doing so, however the more that IDEA and SILC or others in this field are able to meet housing needs for a sector of the disability community, the less demand there will be on the private and public housing sectors. Nevertheless in the present climate it is reasonable to suggest that were suitable housing available some people from residential and community housing would wish to access this. This needs to be considered when estimating demand for housing for people with disabilities.

Although local councils provide some rental housing (mainly for elderly and with minimal or no modification) they have no data on needs or the extent to which they may be able to meet any needs for people with disabilities. Taupo has 53 pensioner units but with no support or adaptation. Tauranga City Council has a stock of 254 units of pensioner housing and have (according to the council website) recently both increased the weekly rents and been making improvements primarily around updating and increasing safety

and security. Rotorua District Council owns 146 units and has been successful in obtaining funding from the Corporation to rebuild approximately 20% of its stock. The Western Bay of Plenty District Council has approximately 90 units which it regards as a non-core activity. Whakatane District Council owns 79 units of pensioner housing.

Common to all the councils is the policy that this housing is only available for low income older people and that the housing should be self funding (with the cost of capital effectively treated as zero).

A Bay of Plenty District Health Board background paper on older people (2002) indicated that the Eastern Bay of Plenty had the lowest availability rate of aged residential care in the region and the Western Bay of Plenty the third lowest. Eastern Bay of Plenty had a higher number of Maori elderly and we have already shown that this district also has a high level of deprivation. Where residential care is not meeting demand, the demand on the private and public housing sectors will be even higher, and will need to meet more acute or severe needs.

Tauranga Community Housing Trust is the only organisation focused solely on housing. It helps people to get through the door into a house by assisting with the process eg filling in applications for finance. They will also supervise the tenancy if necessary. They have reported anecdotally (when approached for data) that their services are stretched and they have been getting a call a day from people needing housing. This is an indicator that those services that either directly or indirectly deal with housing for people in the region, are being stretched and perhaps not meeting the needs.

Needs

Part 3 is completed by summarising the information on demand (or potential need) and supply (housing stock) in the region. Information from Housing New Zealand Corporation on applicants through Suitable Homes provided a reasonable summary of the overall nature of demand. This data showed that:

- More Maori made applications than any other ethnic group
- The largest single group were single and over 25
- The next largest group were couples with none or only one child
- Most were in private accommodation
- Overwhelmingly they were from the lowest income bracket
- The single most frequent disability type was full wheelchair, mobility (restricted or walking aided) were the next most frequent
- The age of the primary applicant was generally between 31 and 50
- The specific housing needs related mostly to access, either to and within the home or to services (or both)

As at June 2002 nationwide the types of disability that were most common in Housing New Zealand Corporation properties were spinal cord injuries, multiple sclerosis, cerebral palsy and strokes.

An informal communication with a representative of ACC elicited further clues to the types of need for housing among people with disabilities in the region. We were told that there is a shortage of already suitable homes. For people with disabilities who currently rent in the private sector, they would typically approach Housing New Zealand Corporation as they are likely to have reduced ability to pay market rates. The Corporation has a shortage of properties suitable for people with disabilities without the added pressure of ACC clients. ACC can pay for modifications to private sector properties if the landlord approves – the McDermott Miller work suggests that many landlords are reticent about this. Our informant pointed out that while ACC will modify owner occupied homes subject to entitlement, it is the people who cannot afford to keep renting the house they are in and cannot get into a Housing New Zealand Corporation house who fall between the gaps.

Another consideration concerns people's willingness to move within the region or outside the region to access suitable housing. This is especially relevant to the Maori population a significant number of who live in the least well serviced areas. A short piece on geographical mobility of Maori published on Motu's website (www.motu.org.nz) suggests that Maori are more mobile than is often thought but that where they are living within the geographical area of their own iwi they are least likely to be prepared to move from the area. The profiles of nine iwis from the region show that a significant number of Maori in Bay of Plenty and Lakes districts are living in the geographical area associated with their hapu or iwi. This may have a significant impact on the likelihood that they will be prepared to move to more adequately serviced areas.

We made inquiries through a leading real estate agent with 1200 homes under management, and found no evidence of actual knowledge of people with disabilities accessing homes. This could be partly explained by people with disabilities choosing to avoid or play down disclosure of this information if possible. It does mean that a potentially useful source both of information on need, and of ideas on how best to meet need, is underutilized especially as there was a willingness to assist in this particular agency at least.

From the literature we know that people with mild disability have few if any special housing needs. This group is more likely to experience the effects of low income and lack of resources which is a concern across the region as a whole.

Again, the literature (in particular that based on good New Zealand research) suggests that the vast majority of people with moderate disabilities also do not perceive themselves to have special housing needs, but this group is somewhat more likely to be on fixed low incomes.

The group with severe disabilities is very small and has the greatest proportion in residential care situations.

People experiencing mental illness are one group whose needs are not being well met currently, and who do have special needs, primarily in terms of needing to be near to services but also to being able to live alone, and to security.

The elderly infirm are a sector that is increasing in numbers rapidly and whose needs are likely to be unmet on current predictions. This group is also the most effected by chronic conditions.

Families caring for children with disabilities that require special housing are most likely to have a child with physical or intellectual disabilities. There will be a small number of families who have needs for housing that is suitable for the frailties of premature babies.

The evidence also seems to suggest that people with mobility and other physical disabilities are the largest group needing modifications to houses, this includes people with chronic conditions, the elderly infirm and clients from ACC.

As a whole the groups in most need are also those least likely to own their home or be living in an owner-occupier household.

When looking at the areas within the region the measures that are most important in understanding housing need are the distribution by age and ethnicity in the population, and the approximate numbers living in the area. The deprivation index gives a general idea of the level of existing resources in terms of wealth and income, housing conditions, and delivery of services.

All areas will face the steep rise in numbers of elderly of whom up to 50% may be infirm. The areas in and around Kawerau and Opotiki may be the least effected by this trend, at least for the immediate future. But these areas have high deprivation scores and this is a concern as it indicates poor quality housing with overcrowding as well as low service delivery, low incomes and low overall wealth. These are also places with a high proportion of Maori and large rural areas. The combination of deprivation and housing quality may mean that the housing needs of those older people living in these areas will be proportionately more severe than in other parts of the region.

Tauranga and to some extent Taupo have a greater rate of growth, more elderly and a fast growth rate for this sector. Although Tauranga does not feature in the extreme levels of deprivation the Taupo area does. Both areas have high housing prices and shortages of general housing stock in the private sector.

Currently Housing New Zealand Corporation is effectively the only provider of affordable public housing in the Bay of Plenty and Lakes regions (some of their stock is modified and they will work with ENDABLE and ACC to access funds for modifications where appropriate). Local councils have some housing stock but do not focus on modifications for people with disability or meeting needs that individuals cannot themselves meet.

From the evidence we have been able to piece together it would seem that housing provision will need to focus first on ensuring that the overall standard of housing, especially in the most deprived areas, is brought up to a minimum standard. Initiatives to ensure minimum requirements of accessibility and suitability are attained in Housing New Zealand Corporation properties will go some way to ensuring a pool of housing that is suitable for people with disabilities, given the likely needs of this group. However the evidence suggests that the Corporation is not, and will not in the foreseeable future, be able to keep up with demand.

To meet the needs of those people with disability that are likely to need assistance with housing the evidence suggests that more housing suitable for single occupants is required; that security of tenure is needed and that minimum standards for warmth, weather tightness and location with easy access to medical and other services are important. Safety and accessibility need to be addressed in order to ensure that the growing numbers of elderly infirm can be accommodated – these requirements would also meet the need of a significant number of other people with disabilities.

The evidence also shows that the focus in modifications and minimum standards tends to be towards the needs of people with physical disabilities and to a large extent has been carried out on an as needed basis. The focus on physical disability does reflect the

evidence that this is the group most likely to need modifications and housing assistance (outside of those with mental illness).

Consideration must also be given to the needs of Maori with disabilities as they constitute a much higher than average proportion of the population in this region. There is also evidence to suggest that they are more likely experience high levels of deprivation, and may be less willing or wish to move from their current place of residence. Although they have a lower proportion of elderly at present, the elderly in this group have higher levels of chronic illness and severity of disability. At the other end of life, Maori in the region have a higher proportion of children. This will need to be considered along with culturally preferred housing arrangements such as larger houses with some provisions for elderly and family members with disabilities that may be more appropriate for this group. The group among Maori that would be most likely to require smaller housing units are those with mental health problems.

Overall there is a sense from the evidence gathered and presented in this analysis, that the extent of need for modification and specific types of accommodation among people with disabilities in the region is very small in comparison with the need created by high levels of deprivation and low incomes. Where there is special need, this is not being met and cannot be met within the current projection of housing stock. The actual numbers of individuals and families in need is likely to be relatively small in many areas of the region but the growth of elderly will increase pressure on existing agencies and housing stock as their needs overlap those of the most needy people with disabilities.

5. Conclusions

About this section

The desk top analysis is concluded by drawing together the evidence gathered from the available data to highlight the issues for future need, identify research gaps and identify questions for the upcoming consultation phase. We end by listing some potential sources of more reliable regional data. These might be useful resources if there is a willingness to take the time needed to access the information.

The insights provided will also assist in development of recommendations in the final report. We intend that the sponsors' and Steering Group feedback points will be incorporated where possible as we move through to the final phases of this project. As we began by saying, this is a *stage* in the overall project, we expect that it will contribute to setting the scene for both feedback and consultation.

Issues of future need

To a large extent the desk top analysis has confirmed the issues identified in the literature review;

- The question of affordability as a major issue for people with disabilities in accessing suitable housing
- The lack of significant change in the situation of people with disabilities in regard to housing provision
- Lack of suitable rental housing stock, especially single units

It is in some ways reassuring to note that the desk top analysis confirms the literature review as this suggests a level of validity and reliability in the evidence despite the fairly major limitations on data available for the analysis.

In addition, the desk top analysis has highlighted;

- Differences in levels and type of need between areas within the region. The quite diverse demographics of areas within the region give rise to quite different issues and needs. For example Opotiki has a larger group of young people and less proportion of elderly. The area has a high level of deprivation, isolated rural aspects and minimal housing stock available to people who are unable to meet their own housing needs. Tauranga faces high levels of growth and a rapidly aging population. There are pockets of deprivation and the urban area that is predominant has high housing costs. There are more services and the housing stock is slightly more varied but mostly unsuitable for the current and upcoming demand for smaller units suitable for single occupants. Rotorua has an overall higher level of housing ownership and somewhat better income levels but the high deprivation index suggests that the standard of housing for people in the lower income bracket, of which people with disabilities are a significant group, is likely to be questionable, and current housing stock looks mismatched to needs.
- The intersection of deprivation and disability. It is difficult to discern the point at which disability becomes the major concern in housing need over lack of income and resources. The evidence suggests that where the two intersect most resoundingly is in areas where general deprivation is high. This would have implications for determining where to target scarce resources and what interventions might be most appropriate.
- The lack of agencies other than Housing New Zealand Corporation that can offer assistance and practical solutions to housing, and housing modification. Currently Housing New Zealand Corporation is the primary provider of housing for people who are unable to meet their own housing need. Other agencies provide “wrap-around” care ie care and support of which housing (residential or community units) may be a part. One agency provides assistance in housing but does not provide actual housing units. In fact many of the community care units provided by others are sourced from Housing New Zealand Corporation, which is in addition to standard Housing New Zealand Corporation stock. This situation reduces variety and choice and places undue pressure on a single agency. Local bodies do not have housing needs as a priority either.
- The extent to which current housing stock fails to match the actual needs. There is a current and growing need for housing that will accommodate people living alone. The growing numbers of elderly and the unmet needs of people with mental illness are evidence of this. The examination of Housing New Zealand Corporation stock showed a notable bias towards houses with at least 3 bedrooms. Plans for acquiring additional stock do not indicate the type of housing that this will be, but if it was to be primarily single bedroom units that would meet the demand but reduce the numbers of actual beds available through the Corporation – getting the appropriate balance will be crucial. This is compounded by both the current stock parameters and the variety of need across the region.
- The role, or lack of role, of the private sector. In the desk top analysis the private sector was conspicuously absent ie there was little evidence that private landlords

had specific interaction with or made provision for people with disabilities. There was evidence in the literature that suggests private landlords may prefer not to be involved with this sector of the population and were less than cooperative about having modifications to dwellings, even where they would not be paying for them. Unless the private sector can be drawn upon easily by the people with disabilities that have the means, the demand on public providers such as Housing New Zealand Corporation will continue to exceed ability to supply.

Research gaps

The most obvious and important gap in current research relate to *regional* knowledge. The desk top analysis has been constructed primarily from national data due to a lack of accessible regional data. Where regional level data is being collected it is often inaccessible or uses a diverse range of variables, definitions, boundaries and database parameters. This serves to reduce its usability as there is no potential for merging or comparing datasets.

A solid and reliable estimate of the extent of need in the region, that would be adequate to underpin future planning, will require a dedicated research project focusing on regional data only and establishing a common set of variables and boundaries. The investment in such a data set would be invaluable as it could be accessed by a range of agencies and maintained easily to provide up-to-date reliable estimates for planning purposes.

Questions for consultation

The desk top analysis has both confirmed many of the questions for consultation that arose from the literature review, and extended them in interesting ways. For example;

- To what extent are our conclusions about the different needs across the region born out in people's experience?
- Are we correct to suggest that there is a point at which the issues associated with disability become the drivers in housing needs (rather than other socio-economic factors that may also be in play), and if so at what point or what issues signal this?
- What are the specific needs and differences in experience for Maori with disabilities?
- How do people provide for their own needs in housing when living with a disability ie what, if any modifications or special requirements must they meet and how do they meet these?

In addition there are questions that arise around providers and support groups. These relate to;

- The capacity of providers and agencies to significantly assist people with disabilities to overcome their housing needs
- What role and what relationship agencies and providers envisage, or would like to have with major providers
- The role that local bodies could take
- What is needed in the private sector to contribute to assisting people with disabilities with their housing needs?

Final remarks

The main sources that were eventually used in the desk top analysis are listed at the end of this report.

The desk top analysis has been a useful and informative exercise that will lead nicely into the consultation phase. Despite the limitations in available data, and being aware that it would be unwise to place too much emphasis on the estimates given, the overview that has emerged both confirms existing more qualitative or “general” knowledge”, and serves to highlight specific regional issues.

Central to the project is the desire to obtain detailed **regional** statistics and quantitative information on housing need for people with disabilities. As reiterated earlier in this report, extrapolating from national data and non-specific regional data produces limited results and our work on the data collection reinforces the view of the Steering Group that extrapolating from national data has only limited value for gaining a quantitative understanding of housing and disability in the Bay of Plenty and Lakes region

The Search for regional data on housing and disability

To source data that might offer detailed regional statistics and insights into housing need for people with disabilities in the region, we investigated a number of possible sources. While some of these drew a blank, other sources suggested that data could be extracted from raw material if requested specially for the project. Work of this kind was outside the scope of a desktop analysis but the sources are worth recording in case the Steering Group wishes to consider them for further work.

The sources we inquired into concerned Public Health Organisation data, data from the District Health Boards, ACC and the local authorities, information on the private housing market and information on Maori housing and on Maori health.

We comment on each in turn. In each case, the particular constraint was the lack of desktop data on the interface between housing and disability.

We also comment below on information that is expected to come through in research that is in the ‘pipeline’ but not yet available.

PHO data

The Western Bay PHO was approached with a request to provide what data it might be able to access on the extent and nature of disability amongst its enrolled patients (who total nearly 130,000). The PHO's response was to consider the possibility of extracting data from what is known as the Read Codes. These were developed for the UK National Health service and are described on its web site as

“The development of a standard set of clinical terms has been identified in the Information Strategy *‘Information for Health’* as an important part for developing national clinical data standards and clinical data management tools. Clinical terms will also play a significant role in the development of electronic patient records and electronic health records.

The NHS Information Authority produce and maintain the data that is the Clinical Terms (The Read Codes) and are supplied on CD-ROM as flat ASCII (text) files for incorporation into the user or developers electronic record software. When the ASCII files are implemented in a software system the files can be used for storage, retrieval, cross mapping and analysis of patient information.”

The Read Codes are used in New Zealand both by DHBs and by a number of PHOs as a means of recording patient information. As the NHS web site emphasises, the primary purpose is to record clinical information.

"The Clinical Terms are intended for use by healthcare professionals. A comprehensive list of terms to describe the care and treatment of patients, they enable computer systems to firstly capture and then retrieve on demand patient information in natural clinical language."

Initially the prospect of being able to analyse patient data across the whole of the enrolled patient base of a major PHO appeared very attractive. After further discussion both with the PHO and with staff of the DHB involved in the use of Read Codes within their emergency department environment, we concluded that the Read Codes, at least as currently utilised, would not provide useful information. The first reason is that they are structured to provide clinical information on the specific conditions which a primary or secondary health care provider is treating. They are not designed to provide easy access to information on matters such as disability. The second reason is a concern that, because data is entered by each practice, the quality of data entry can be highly variable - one experienced practitioner has been quoted as saying that the Read Codes are not worth the paper they're written on because of the variability of input quality.

This raises the issue the need to address the obvious information gap. The immediate question is how best to do so. There is no ready equivalent, for people with disabilities, to the role that the primary health care practitioner plays in respect of people with an illness or other condition which needs medical treatment. In the absence of such an equivalent, the best option may be for data on disability to also be collected by primary health care practitioners. This is a matter which clearly requires further consideration but needs to be addressed as a matter of some urgency if funders and providers of services for people with disabilities are to have the information they need for forward planning.

DHB data

We would have valued information on numbers in the region, by services provided. Our goal was to attempt to get a more accurate picture of people with chronic illnesses who would be likely candidates for housing modifications, or have significant housing issues. A great deal of data is kept in the District Health Board's systems but is not readily manipulated for refined use of this sort. It might be possible given sufficient time to extract the data required, but would take much longer than the current project allows.

ACC data

ACC's involvement in housing for people with disabilities relates to house modification. Advice received from ACC is that housing needs for claimants are automatically assessed along with other needs, and options such as renting, modifying or buying are considered.

ACC posts injury statistics 2005 on its website. The statistics are not designed to be region-specific, but may be able to be manipulated for this purpose.

The category of claimant for whom ACC provides housing support through house modification will typically relate to people with serious injury (spinal cord, brain, multiple amputations). These are people who will qualify for entitlements beyond medical fees, including housing modifications.

Clients are not 'counted' in terms of how many have modified houses at any one time. The information is in the system but not reported in a readily accessible form, nor is trend information kept. We are advised it could be obtained by asking each ACC branch in the

region (they would get the information from their serious injury cases)

Local authorities

Local authorities within the Bay of Plenty and Lakes region do not appear to have had a practice of collecting information on the extent of disability within their communities or on the housing needs of their resident populations, although this is beginning to change. The

Taupo District Council is currently developing a housing strategy. As part of this it recently undertook a postal survey of 1500 households within its district, designed to ascertain housing preferences. It received 450 responses nine of which indicated a preference for disability friendly housing.

The Local Government Act 2002 with its requirement for councils to facilitate the identification of community outcomes, and to work with groups and organisations capable of influencing the identification or implementation of those outcomes, provides an opportunity for the disability sector to use local government processes as a means of improving understanding of need and means of addressing it.

Private housing market

We held discussions with a major real estate group to determine the extent of their knowledge, from both their rental and residential sales activities, of the extent of disability amongst people seeking property, and of how the market responded to this. After consulting with the managers, the response was that they had virtually no recollection of people with disabilities seeking housing through their services.

This is a very significant gap. For most people with disabilities, or households with a member with a disability, the real estate industry will be the obvious intermediary between them and the ultimate provider, whether they purchase or rent. We see merit in further discussion with the real estate sector to determine whether and how it might be possible for real estate agents to capture information on the housing needs of people with disabilities, and to look at options for meeting those needs. It is possible to envisage commercially viable options which could be developed through the sector for this purpose.

Maori housing and Maori health

Two possible sources may help fill the gap in systematic, regional information on housing and disability for Maori. One is a small research project just getting underway under the auspices of a local iwi. The other relates to work that was part of a sustainable development initiative for Maori, begun in 1998, with research undertaken by the University of Waikato and funded by the NZ Foundation for Research, Science and Technology. A planned component of the research was to use GIS mapping, in conjunction with other computer databases that track tribal demographics and monitor changes in tribal resource status over time, to create a comprehensive resource inventory for two tribal authorities, Te Arawa Maori Trust Board and Tauranga Moana Trust Board. The information was to include housing and health. It may be possible to access information from the University researcher involved in the work.

Pipeline research

The literature review undertaken for the project and reported to the Steering Group in January listed two important sources of forthcoming research through the Centre for Housing Research, Aotearoa New Zealand. These are repeated here, for completeness.

Two particularly valuable new research projects are being funded by CHRANZ in the 2005/06 financial year:

- Accessible housing for the future ageing and disabled population in New Zealand, which will look at supply and demand for accessible housing for New Zealanders with a physical disability, generate projections of future need for accessible housing, and consider the policy implications.
- Affordable housing in the Bay of Plenty region. This will investigate the links between housing, work and educational opportunities across the Bay of Plenty region. The research findings will be used to design and present a range of options aimed at alleviating any identified mismatches and arising stresses.

Other potentially relevant CHRANZ projects are:

- Pacific Island housing experiences, which aims to better understand the particular housing experiences and aspirations of Pacific Island communities, and identify emerging trends, issues and solutions to current and future housing problems.
- Housing and economic adjustment in New Zealand, which aims to: explain movements in house prices across territorial local authorities as a function of demographic and economic drivers; link housing supply responses to price and other determinants of supply; indicate near-term house supply responses; and identify any significant regional variations. Due for publication in February 2006.
- The future of home ownership and the role of the private rental market in Auckland. The research will build on the Housing Tenure Aspirations and Attainment research commissioned by CHRANZ published in July 2005. It will include an analysis of future home ownership by ethnicity (Māori, Pacific and new settlers) and income (low to moderate) in Auckland, and look at the role of the private rental market in meeting the housing demands of those for whom owner occupation is not an option financially.

CHRANZ is managing two other potentially relevant research projects, to be published this year:

- The Future of Housing in New Zealand
- Māori Housing Experiences.

Appendix

The following is a selection of the main sources used in the desk top analysis. This is not an exhaustive list and a full bibliography including data sources will accompany the final report.

Papers

Davey, J. de Joux, V, Nana, G, Arcus, M. *Accommodation options for older people in New Zealand*. Centre for Housing Research, Aotearoa New Zealand. June, 2004

Centre for Housing Research, Aotearoa New Zealand. *Housing tenure aspirations and attainment*. DTZ New Zealand. July, 2005

Housing New Zealand Corporation, *Can't work, can't buy; local measures of the ability of working families to become home owners in New Zealand*. 2004

Lakes District Health Board, *2004 Health needs assessment full technical report*. 2004.

McDermott Miller, *Housing choices for disabled New Zealanders*. Centre for Housing Research, Aotearoa New Zealand. March, 2005

Peace, R. Kell, S. Pere, L. Marshall, K. Ballantyne. *Mental health and independent housing needs*. Ministry of Social Development, August, 2002

Midland District Health Boards, *Midland Region mental health and additions needs assessment*. May 2005.

Ministry of Health, *Living with disability in New Zealand*. 2004

Ministry of Social Development, *Mental health and independent housing needs*. 2002

Salvation Army, *A home I could own: The housing aspirations of low-income clients of the Salvation Army*. September, 2005.

Tauranga and Western Bay of Plenty District Councils and Environment Bay of Plenty, *SmartGrowth: the Western Bay of Plenty sub-region 50-year strategy and implementation plan*. 2004

Organisations and websites

ACC www.acc.co.nz

Housing New Zealand Corporation

Ministry of Health Paediatric Unit – personal communication.

Motu www.motu.org.nz

NZ Department of Building and Housing; Tenancy services.
www.dbh.govt.nz/housing/tenancy

Statistics New Zealand www.stats.govt.nz