

**Housing Needs for People with  
Disabilities in the Bay of Plenty  
and Lakes Region**

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**Final report prepared for  
the Project Steering Group**

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McKinlay Douglas Limited  
and Etain Associates

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## Overview and recommendations

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### Overview

This report is the outcome of a brief commissioned by Housing New Zealand Corporation (Bay of Plenty Region) and the Lakes and Bay of Plenty District Health Boards.

The purpose was to undertake research on housing needs of people with disabilities in the Bay of Plenty/Lakes region. The research was to use a broad definition of disability including physical, psychiatric, intellectual, sensory and age-related disability, and people with sustained chronic conditions or frailty that might create particular housing need.

The project had two objectives:

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

The research involved a three stage process.

It began with a literature review canvassing international, national and regional literature dealing with aspects of housing and disability. We found limited material at a national level and very little literature relating to the regional level. This underlined the importance of the major and well funded research programme currently underway through the Centre for Housing Research, Aotearoa New Zealand. The literature nevertheless gave us a sound platform for our inquiry into housing issues for people with disabilities in the Bay of Plenty/Lakes region.

The second phase of the research involved desktop analysis of regional data. By definition, this phase involved seeking out material that was already available within the region, or outside the region but relevant to conditions within the region. The purpose was to learn as much as we could about existing and future need, as far as possible broken down by factors such as age, nature and severity of disability and household size, and about housing provision.

We found there was very little disability-specific data available on a regional basis relating to housing. Overarching responsibility for disability policy is held by the Ministry of Health, with service responsibility held by District Health Boards, all acting under the New Zealand Public Health and Disability Act. Most data collected in respect of individuals or households is collected in relation to health status based on clinical condition at the time the individual presents to a primary or secondary service provider.

As a result, and of necessity, much of our analysis was based on information available from the 2001 Census and the associated New Zealand Disability Survey.

Despite the data limitations, we were able to demonstrate strong evidence of current unmet need. Use of demographic data suggests that the extent of unmet need will increase significantly in the Bay of Plenty region, and at a higher rate than in many New Zealand regions, for two reasons:

- The expectation that the proportion of older people in the regional population will rise faster than the proportion in New Zealand's population as a whole.

- The expectation that the rate of natural increase in the population within the Bay of Plenty/Lakes region will be higher than the national average. The implication is that the number of children within the region will grow proportionately faster than in New Zealand as a whole, thus putting a particular emphasis on the needs of children with disabilities and their families/whanau.

The third phase of the work was consultation. We went out and listened to disability support organisations and to people with disabilities across the Bay of Plenty and Lakes region. This provided the strongest input to understanding the extent and nature of housing needs for people with disabilities within the Bay of Plenty/Lakes region. We were particularly struck by the knowledge and commitment of the people who took part in the consultative process.

Of particular note from the consultation was the extent to which Maori experienced the same issues with disability and housing as other sections of the community we consulted. Housing problems for Maori are, however, compounded by social and economic factors, the relative 'youth' of Maori families and living in rural areas of the region. Distinctive to Maori are the housing issues associated with the importance of whanau links, caring for kaumatua and provision of housing on multiply-owned land.

The consultation process allowed us to identify a number of areas where we concluded that regional initiatives could be put in place that would significantly improve the housing outcomes for people with disabilities. These are initiatives that could be undertaken regionally and within the existing mandates of government agencies and other key stakeholders, or by the disability support sector itself.

Areas we saw as presenting particularly worthwhile opportunities included:

- Improving inter-agency collaboration and information sharing.
- The establishment of specialised advocacy/information broker positions in each of the three principal sub-regions of Bay of Plenty/Lakes. The purpose of these positions would be to manage information flows and improve linkages. We see particular potential in improving the linkages between disability support organisations, and people with disabilities on the one hand, and the private sector housing market on the other.
- The development of new techniques for housing affordability. We identify an American innovation, the Community Land Trust, as especially promising.

A list of all our recommendations follows below. They are discussed fully in Part 5 of the report.

The relative absence of good regional data (that is, data which is robust, has been collected through consistent processes, and is comprehensive) should not be seen as a barrier to moving immediately to implement initiatives to improve housing outcomes for people with disabilities. Rather, it should be seen as a case for improving the quality of regional data. We believe this is something that can be done in parallel with the practical initiatives our report identifies.

Finally, we emphasise there are two facets to the responsibility for reviewing and, as appropriate, implementing, the recommendations of this report:

- At one level, it is responsibility that should be taken up by every organisation and individual with an interest in the needs of people with disabilities.

- At another level, to ensure that the momentum gained by the initiative of the project sponsors and commissioning this research is not lost, lead responsibility for overseeing implementation should be held by a single agency. It should do so with a recognition that the responsibility carries with it accountability to the disability sector for ensuring that each of the report's recommendations is dealt with on its merits.

## Recommendations

### 1 Agency coordination

Rec 1a	<p>That in cases where there is uncertainty as to which agency should be responsible for funding housing support for eligible people with disabilities, an agreed lead agency pick up the immediate funding responsibility without waiting for jurisdiction to be resolved. This could be done either by:</p> <ul style="list-style-type: none"> <li>• determining that, in the case of a jurisdictional uncertainty, responsibility is picked up by a named agency until jurisdiction is resolved</li> </ul> <p>or, alternatively,</p> <p>an individual or agency be tasked with the responsibility of determining which agency should pick up the interim responsibility.</p>
Rec 1b	<p>That once jurisdiction is resolved, responsibility for meeting the needs of the person with disabilities, and the costs incurred, both up-to-date and for the future, are picked up by the agency which is determined to have the responsibility.</p>

### 2 Regional databases

Rec 2	<p>That the funding partners for this project continue their investment in improving the quality and coverage of information on the needs of people with disabilities in the Bay of Plenty/Lakes region. The examples covered in the discussion above would represent a very good starting point.</p>
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### 3 Housing supply for people with disabilities

Rec 3a	<p>That providers of housing for people with disabilities ensure that they understand the location needs of the people for whom the housing is intended and, to the extent possible, make sure those needs are met.</p>
Rec 3b	<p>That the sponsors of this project consider adopting the Community Land Trust model as a means of helping address the problem of housing affordability for people with disabilities.</p>

### 4 'Lifetime Homes' and universal housing design

Rec 4a	<p>That the forthcoming CCS initiative to promote the concept of lifetime homes be endorsed and actively supported by Housing New Zealand Corporation and the other members of the Sponsor Group and Steering Group. Their support should include discussion with local authorities in the Bay of Plenty/Lakes region on facilitating lifetime homes through planning and building procedures and through the promotion of information on designing, building and marketing</p>
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	lifetime homes.
Rec 4b	That regional-level strategies for tackling the housing needs for people with disabilities in the Bay of Plenty/Lakes region be linked into the Healthy Homes initiatives being implemented around the region.

## **5 Information/advocacy**

Rec 5	That at least one position, as outlined in this report, be established in each of the three main areas of the Bay of Plenty/Lakes region. The position would provide information brokerage and advocacy to support people with disabilities in meeting their housing needs. The role would both clarify entitlement from public sector agencies and facilitate access to housing services through the private market.
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## **6 Local Authority Housing**

Rec 6	<p>That Bay of Plenty/Lakes region local authorities collectively consider the future of their involvement in the provision of older persons housing as compared with other possibilities for managing the provision of that housing. In doing so they should separately address the two questions of:</p> <ul style="list-style-type: none"> <li>• what standard of housing is now appropriate</li> <li>• what measures should be put in place to deal with the inevitability that many of their tenants will increasingly become more and more frail.</li> </ul> <p>This should include discussing with the Corporation the contribution it can make through services such as the Housing Innovation Fund.</p>
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## **7 Kaumatua housing**

Rec 7	That, as a first step, the Corporation, in consultation with Maori, put in place a review of the appropriateness of existing kaumatua housing in meeting the needs of kaumatua. That review should involve other interested agencies and should be done with a view to upgrading kaumatua housing to ensure it is suitable for older people with disability.
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# 1 Introduction

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## Background to the project

Early in 2005 Housing New Zealand Corporation, the Bay of Plenty and Lakes District Health Boards and the Tauranga Community Housing Trust decided to combine their resources to commission research on the housing needs of people with disabilities in the Bay of Plenty/Lakes region.

The decision was motivated by awareness that people with disabilities made up a considerable and increasing proportion of the population in the region, and yet at times have difficulty accessing appropriate, sustainable housing that meets their needs. The group was also aware that the region was facing the challenges of substandard housing and areas of decreasing housing affordability.

The four organisations formed a joint Sponsors Group to govern the project, with Housing New Zealand Corporation in the lead role. A Steering Group was appointed to provide guidance to the research process, its members acting as champions for the project within their organisations and providing technical expertise and information. As well as representation from the sponsor organisations, the Steering Group included two local authorities (the Taupo District and Tauranga City Councils) and the Ministry of Health's Disability Directorate. The project thus had a strong cross-sector perspective. Membership of the two groups is listed in Appendix A.

The project had two objectives:

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

The sponsors adopted the vision of “housing for life” and a mission that “all people with disabilities in the Bay of Plenty/Lakes region have access to housing that is affordable, sustainable and appropriate to need”.

A key aspect of the research brief was its regional focus. This made the project unique: as far as known, there has been no similar research undertaken in New Zealand, and certainly no such work relating to the Bay of Plenty/Lakes region. Although other regions in New Zealand face many of the same issues, variations across the country in the key drivers of need, the state of existing housing stock, demographic trends and the state of local economies create a particular set of circumstances in the Bay of Plenty/Lakes region.

The research brief was distinctive for two other reasons: one was the wide range of disabilities it encompassed (including chronic illness and frailty – the latter effectively age-related disability); the other was the sponsors' emphasis on identifying practical solutions to unmet housing need.

The research was undertaken by a project team comprising McKinlay Douglas Ltd (“MDL”) and Etain Associates. MDL is a Tauranga-based specialist in public policy. Etain Associates specialises in social research. Their details are included in Appendix A.

## **Finding your way around this report**

The overall purpose of this report is to present an analysis of key findings from the research work, and from there to present recommendations on options for future action to improve housing outcomes for people with disabilities in the region.

The research process is described in Part 2.

Part 3 provides an overview of current unmet and future housing need for people with disabilities in the region, based on information gathered from the literature review, desktop data analysis and consultation.

Part 4 outlines current housing provision for people with disabilities in the region, to set alongside the evidence on need.

Part 5 summarises the case for change and sets out recommendations for future action.

Part 6 identifies actions that could be taken to maintain the momentum from the research and work towards implementing the recommendations.

The remainder of Part 1 covers the scope of the research, the policy context, the work process, acknowledgements and abbreviations and terms.

## **The scope of the research**

Research of this kind involves canvassing a potentially very wide range of material relating to disability and housing. The two aims of the project - improving understanding of housing need in the region and identifying practical responses to the challenges of unmet need – lent the research a necessary focus. In using evidence from international and national literature and data, the important point was to draw on the ideas and insights these sources might offer in a *regional* context.

The scope of the project was further defined by various ways of thinking about disability in relation to housing.

## **Ways of thinking about disability and housing**

Fundamental to the research as a whole was the primary emphasis on a *social model of disability*, as distinct from a medical model. The medical model of disability focuses on the individual with ‘disability’ – giving the individual’s condition as the reason for their lack of access to housing and leading to interventions designed to address the disability. As observed in a Joseph Rowntree Foundation paper, it tends to leave the person’s real housing needs unspecified and makes it hard to match the person’s housing

requirements with available accommodation. It also impedes the development of strategies to meet the current and future needs of people with disabilities.<sup>1</sup>

The social model “places disability more firmly in the social context. The focus is on the relationship between people with particular physical and mental capacities and their social environment. ... disability has more to do with society’s failure to account for the needs of persons with disabilities.”<sup>2</sup> Put another, very practical, way: “Disability occurs when one group of people creates barriers for another group by designing a world that assumes we can all see signs, can read directions, can hear announcements, can reach buttons, have the strength to open heavy doors, and have stable moods and perceptions.”<sup>3</sup>

There can be a point, however, at which the issues associated with the disability itself become critical to housing need. For some people, housing need is the result of a mix of the social and physical environment, medical issues and the nature of their disability.

Also central to the research was using a *broad definition of disability*. The research brief defined disability to include physical, psychiatric, intellectual, sensory and age-related disability, as well as sustained chronic conditions or frailty that might create particular housing need. Including age-related disability reflects the increasing attention being given to ageing and disability in housing and care research and policy, as our population ages. It also reflects an increasing focus on ‘ageing in place’ as a response to the housing needs of older people.

Within this broad definition of disability, the research was conducted across a *range of disability levels*. A New Zealand study of housing choices for disabled people notes that the disabilities of people with moderate or severe disability have much greater significance to their housing needs than is the case for people with minor disability.<sup>4</sup> Our research nevertheless was inclusive of all levels of disability, for the reasons that mild disability can:

- accelerate into higher disability with ageing
- create a housing need when a young mildly disabled person, living with family, branches out into independent living.

The research was concerned primarily with *people with disabilities living in the community* – that is, people living independently (albeit with support) or with their families, rather than in residential care. It is not uncommon, however, for people with disabilities to be accommodated in places such as rest homes simply because of the lack of alternatives (most often a consequence of cost and availability), but whose preference would be to live in the community.

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<sup>1</sup> The Effect of Community Care on Housing for Disabled People, Joseph Rowntree Foundation. Housing Research 155. September 1995. Retrieved from [www.jrf.org.uk](http://www.jrf.org.uk)

<sup>2</sup> Housing Choices for Disabled New Zealanders, McDermott Miller for the Centre for Housing Research, Aotearoa NZ. March 2005. Page 8.

<sup>3</sup> Ministry of Women’s Affairs at [www.mwa.govt.nz/women-in-nz/womenwithdisabilities](http://www.mwa.govt.nz/women-in-nz/womenwithdisabilities)

<sup>4</sup> McDermott Miller page 26.

One further, and critical, factor regarding the scope of the research was the relevance of *peoples' changing circumstances*, and the housing issues this raises. The research encompassed:

- changes in the lives of families where disability is present
- changes in the severity or nature of a person's disability, and
- changes associated with ageing with disability.

### **Our coverage of the geographical region and the housing and disability sector**

Additional considerations in defining the scope of the research were geographical and sector coverage.

Geographically, the research covered the whole of the Bay of Plenty and Lakes region. (See Abbreviations and Terms, page 10). The aim was to capture, as far as possible, the diversity of the region.

The research considered housing across both the public and private sectors. While housing provision and support for people with disabilities is often thought of as a matter for government, in fact most people with disabilities are in private housing, either owned or rented. A key difference is the targeted nature of public sector provision, whereas people with disabilities are catered for in the private market primarily as general citizens. Only very occasionally does the private market cater specifically for people with disabilities.

The research included local government and the health and disability sector (through the district health boards). Both sectors were represented on the Steering Group. Local government now has a key role in community wellbeing and outcomes, while DHBs are increasingly looking more widely at the determinants of health, and seeing this as including housing.

### **Aspects of housing encompassed in the research**

The literature review provided a starting point for determining what aspects of housing the research would be concerned with. This led us to select a number of topics that would contribute towards building an understanding of issues relevant to the Bay of Plenty/Lakes region. In summary they were:

- housing aspirations, preferences and changing expectations
- barriers to accessing housing for people with disabilities
- housing for people in specific disability groups: the mental health sector; people with age-related disability and Maori
- the link between support services and meeting housing need
- housing and urban design.

All of these topics emerged in the consultation phase of the research. Further, the consultation process added important and relevant housing issues in the region *from the perspectives of people in the disability sector*. Issues included:

- the diverse circumstances and needs of people with disabilities
- changing housing needs arising from life-changes
- children with disability in the context of the family/whanau, and children growing up with disability
- housing design
- getting houses modified
- accessing information on available housing options
- experiences with the different systems and agencies dealing with disability and housing.

### **The policy context**

While the research was specifically intended to have a regional focus, it is pertinent to note the context provided by current government policy relating to housing for people with disabilities.

There has been considerable progress in turning attention to housing for people with disabilities, with a raft of strategies setting out the direction of policy change. There are still major issues associated with achieving the aspirations expressed in the various strategies. Taken together, however, they do represent an increasingly clear framework for considering future planning in the Bay of Plenty/Lakes region. The fact that government strategies have emerged from different perspectives (health, disability generally, mental health and older people specifically, and housing) is important given that people with disability typically require involvement of more than one housing, health or care service provider, and a greater complexity of need often sees a greater array of providers.

Most relevant to this review are the government's current strategy documents relating to disability, housing, mental health, older people and Maori.

### **Disability Strategy**

*The New Zealand Disability Strategy, 2001*. This articulates a 'vision of a non-disabling society' and in particular commits the government to 'increase opportunities for disabled people to live in the community with choice of affordable, quality housing' (April 2001: 22).

*Like Minds Like Mine National Plan 2003-2005*. This report similarly adopts a social model of disability as its informing principle. It scopes ways in which people with experience of mental illness can become increasingly involved in leadership of what is essentially an anti-discrimination campaign aimed at breaking down special/segregated

provision in areas such as housing, in which ‘people with experience of mental illness are separated socially from other people’ (Ministry of Health, 2003: 10).

*To Have an Ordinary Life, 2003.* This report among other things recommends that high priority be given to moving to flexible supported living options for people with intellectual disability that reflect the life goals of the people affected. It starts from the assumption that being able to live an ‘ordinary life involves living in a house normally with people of your own choice and in a way that is consistent with your cultural values and practices’ (NACHD, 2003: 23).

## **Mental Health**

The Ministry of Health is now into its second plan for mental health, *Te Tahuhu: Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan*. The Plan does not specifically address housing need, but provides a connection through its recognition of the impact of social and economic factors, including housing, on mental health and its emphasis on New Zealanders in their communities.

The plan also highlights the need for effective partnerships across health services and other government-funded social services to achieve desired mental health outcomes.

## **Older People**

The housing needs of older people are a key part of the *New Zealand Housing Strategy* which refers to the finding in earlier work (the Positive Ageing Strategy 2001 and the Health of Older People Strategy) that “most older people wish to remain in their homes as long as possible, and that this should be supported by better integration of housing for older people within the wider community”.<sup>5</sup>

With the population ageing, meeting this preference is increasingly recognised as meaning a growing number of older people living with disability in their own homes and requiring services to make this a viable option.

## **Housing strategy**

*Building the Future: the New Zealand Housing Strategy* includes a focus on housing for people with disabilities, as part of the aim of “Meeting Diverse Needs” (Area 7 of the Strategy).

Based on wide-ranging consultation, the strategy provides a national framework for developing housing, and sets out a number of planned initiatives, shown below.<sup>6</sup> These are:

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<sup>5</sup> Page 62.

<sup>6</sup> Page 67.

<b>Primary Initiatives - Disability and Mental Health</b>
Improve tenure security for disabled people and those with mental illness, including those who require residential care or hospitalisation from time to time
Ensure that housing provision is independent of support services wherever possible, but that people can access most levels or types of support within or while retaining their own home, as appropriate.

<b>Supporting Initiatives - Disability and Mental Health</b>
Increase the provision of suitable rental housing close to mental health and other support services, especially housing for people living on their own
Enable easier access to suitable existing state and privately owned housing, through a 'best match' system
Encourage the use of universal design principles in state and private housing
Expand social housing provision, including community-style shared housing developments where appropriate
Work with territorial authorities to respond to the New Zealand Disability Strategy, and other key guidelines and research
Provide increased case management services for disabled people with complex housing needs, ensuring improved integration and co-ordination across agencies
Consider the need to enhance housing support and advocacy services for disabled people and those with mental illness
Provide opportunities for additional training on disability issues and mental health awareness for housing agencies, providers and landlords
Consider ways to address discrimination and promote community integration and meaningful participation.

An addendum to the NZHS itself is the *Report from Stakeholders*. This records the input from disability sector representatives including the broad issues they identified<sup>7</sup>:

- More and better housing options
- A continuum of more responsive, flexible services to support independent living
- Design innovations
- Choice and voice
- Housing partnership with consumers
- Tenant participation
- Tackling discrimination in the housing sector.

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<sup>7</sup> Page 133.

The report highlights universal housing design as a key issue, while a key concern of the mental health sector was the separation of care and housing provision. These two themes came through clearly in the consultation for our research.

Accompanying the national strategy is a regional strategy for the Bay of Plenty. Among objectives aimed at improving housing outcomes in the region is an objective to “engage with health and disability organisations to increase our understanding of specialist housing”.

### **Housing and disability strategy relating to Maori**

Both the New Zealand Disability Strategy and the New Zealand Housing Strategy include recognition of the need to respond to particular issues affecting Maori.

Actions listed under Objective 11 in the New Zealand Disability Strategy, while not specific to housing, include:

- 11.3 Ensure mainstream providers of disability services are accessible and culturally appropriate for disabled Maori and their whanau.
- 11.5 Ensure that Government funded or sponsored marae-based initiatives meet the access requirements of disabled people (and encourage all other marae-based initiatives to also meet those requirements).

The New Zealand Housing Strategy highlights barriers to home ownership for Maori and constraints on building on multiply-owned land. Initiatives in the strategy that potentially relate to housing and disability include the following.

#### *Primary initiatives:*

- Increasing opportunities for Maori home ownership in rural and urban areas
- Building housing on multiply-owner land in partnership with iwi, hapu and Maori organisations that can contribute land, infrastructure and other support.

#### *Supporting initiatives:*

- Involving Maori early in all planning impacting on Maori housing
- Support for developing capability and capacity
- Developing housing programmes as part of wider Maori community development including health
- Tenant input to Housing New Zealand Corporation modernisation programmes
- Maori input to the design of new houses.

## **The work process**

The current project extended over a period of six months and entailed three distinct pieces of research work, culminating in this final report. The component parts, which were reported individually in three milestone reports to the Steering Group, were:

- A literature review, the aim of which was to canvass a wide range of regional, national and international social housing literature relating to housing and disability.
- An analysis of available 'desktop' data on housing need in the region, gleaned from a wide variety of sources.
- A consultation process designed to tap first-hand into the experiences of people with disabilities and their families and those who provide disability and housing services and advocacy support.<sup>8</sup>

At each stage, the Steering Group provided feedback and data updates which were incorporated in later work, including this final report.

Part 2 below describes in more detail what each component set out to do.

## **Acknowledgements**

The outcomes from the research owe a very large debt to the people who contributed their knowledge and insights to the project - especially representatives of many provider and advocacy organisations, and, particularly, people with disabilities and their families, who took part in the consultation process. Their willingness to share their experiences made it possible to go beyond the statistics to build a tangible, qualitative picture of the kinds of issues that create or predict housing needs for people with disabilities. These people are not identified in the report, for reasons of confidentiality. But in an important sense, the research was a collaboration with them and relied on obtaining their expert understanding of the issues.

The genesis of the project lies with the sponsor organisations (Housing New Zealand Corporation, the Bay of Plenty and Lakes District Health Boards and the Tauranga Community Housing Trust) who committed funding, information and management time to make it a reality. Their focus on obtaining actionable results from the research was a critical influence on the work. Planning input from the Steering Group, and feedback on interim reports, allowed progress to be monitored and helped shape the end result.

We would like also to express appreciation for the venues we used for consultation: the REAP Centre in Taupo; the Disability Support Centre Trust in Whakatane; the Lakes DHB in Rotorua; and the Peter Hereford Centre in Tauranga. Particularly special was the

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<sup>8</sup> Housing Needs for People with Disabilities in the Bay of Plenty and Lakes Region, Reports Prepared for the Project Steering Group: A Literature Review (First Milestone Report, 18 January 2006); A Desktop Data Analysis (Second Milestone Report, 17 February 2006); Consultation Phase (Third Milestone Report, 5 May 2006). McKinlay Douglas Ltd and Etain Associates.

invitation to present at a hui at Hungahungatoroa Marae, held under the umbrella of Te Whanau Poutirangiora a Papa.

### **Abbreviations, definitions and terms**

Abbreviations used in the report include:

CHRANZ	Centre for Housing Research, Aotearoa New Zealand
CLT	Community Land Trust
DHB	District Health Board
NZHS	New Zealand Housing Strategy
The Corporation	Housing New Zealand Corporation

Two terms are used in the report relating to housing design. These are 'lifetime homes' and 'universal housing design' or 'universally designed houses'. These terms are described on page 57.

The term Bay of Plenty/Lakes region is used to refer to the geographical area covered by the research. In line with district health board boundaries, when referring to the Bay of Plenty we are referring to Western and Eastern Bay of Plenty. When referring to the Lakes area we are referring to Rotorua/Taupo and environs.

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## **2 The Research Process**

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### **This section**

The brief for the project set out a three-sided research process designed to produce an in-depth picture of housing need in the Bay of Plenty/Lakes region, as well as generating ideas about effective actions to meet housing needs in the future.

As indicated above, these were a literature review, desktop data analysis and consultation process.

This section summarises what was involved for each component and describes how they interlocked.

### **General comments**

Although each piece of the research was carried out in its own right, and the resulting reports were self-contained, an important aspect of the research process was the intention that the research questions would 'snowball' from one stage to the next. Thus the literature review, undertaken as the first stage, identified a number of research questions that informed our approach to the desktop data analysis. In turn, the combination of questions raised in these two stages helped shape the questions we took into consultation. At the same time, the process allowed for new questions to arise and to be explored at each stage.

The research questions are collated in Appendix B.

We found a clear association between the findings produced at each stage. The desktop data analysis aligned with findings from the literature review, even with an emphasis on regional data (where this could be found). The information that came through from the consultation process verified, in the regional context, the issues identified at the two earlier stages. In essence, each stage provided clues for the next.

It is important to qualify the scope and depth of work undertaken. The overall project was constrained by time frame and budget. Completion dates were set to provide the sponsors with results in a shorter rather than longer time frame, while the budget for the research reflected the budget constraints of the sponsors. In line with these constraints, none of the three stages were conducted exhaustively. That said, the information gathered and analysed represents a significant advance on the state of information previously available to the sponsors, and, we believe, will prove to be of value to others when it is disseminated.

The research does need to be seen as part of an ongoing effort to improve knowledge and understanding of housing needs for people with disabilities in the region (and in New Zealand). It is not a finished process. We note in our final section (Part 6) research work that is in the pipeline on disability and housing in New Zealand, which will add further insights for future planning.

## **Research ethics**

The research – most particularly the consultation stage – was governed by an ethics process which included registering the research with the Lakes District Health Board Research and Ethics Committee.

Important issues for the ethical robustness of the research were confidentiality for participants and appropriate communication.

Details of the ethics process are set out in Appendix C.

## **Applying the social model of disability**

We note in Part 1 above the primary emphasis in the research on a social model of disability, rather than a medical model which focuses on the person's disability. The social model places disability more firmly in the social context and allows the person's real housing needs to become the focus for the purposes both of building an overall picture of 'need' and identifying appropriate interventions.

This emphasis influenced every stage of the research. It became especially important in designing the consultation stage. Rather than seek to classify participants' input according to the nature of their disability, we opened the discussions first and foremost to their experiences with housing. The particular nature of their disability was secondary information which we used to refine the picture that emerged of housing need. It is of course necessary to understand the different housing needs of people with different kinds of disabilities, but important also not to put them in boxes. We focused more on the housing need their disability gave rise to than on the classification of their disability.

## **Phase 1: The literature review**

The essence of a literature review is that it canvasses what is already known – in this case, what is known about housing and disability internationally and in New Zealand. Indeed, much of the existing literature on housing and disability is familiar to people working in the field.

The 'new' information our literature review produced was the selection of material that best captured the themes and insights relevant to informing responses to housing need in the region. It 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.

We drew on a mix of recent secondary sources covering:

- international literature
- New Zealand literature (including overview research)
- government policy documents)
- such regional literature as was available.

The search was extensive but not exhaustive, given the timeframe and the importance attached by the sponsors for the research to practical outcomes.

In all the literature, the lack of material necessary for a complete understanding of disability housing issues is stressed. This comes through even in the literature of countries that have vastly more extensive research resources than New Zealand, such as Australia with its resource-rich Australian Housing and Urban Research Institute. Literature relating to the Bay of Plenty/Lakes region is particularly sparse.

A highly relevant source we used was the overview of literature and current knowledge contained in the *Housing Choices for Disabled New Zealanders* report commissioned from McDermott Miller by the Centre for Housing Research, Aotearoa New Zealand. Published in March last year, the report covers a great deal of ground relevant to the Bay of Plenty/Lakes region project, including international and New Zealand experience, definitions of disability, concepts underpinning international approaches to the built environment (universal design, visitability, lifetime homes and ageing in place) and detailing relevant statistics. The report gave us a 'short cut' through to some of the issues important to this project. We augmented this by a selective reading of numerous other sources on these topics.

## **Phase 2: The desktop data analysis**

The primary aim of the desktop data analysis was 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 focus was primarily on quantifiable data that would guide and underpin the qualitative information to be gathered during consultation of the experiences of providers and of people with disabilities in the region.

Specifically, the desktop data 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.

By definition, a desktop data analysis is considered to be the gathering and analysis of data and information that can be achieved via the desktop. 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* desktops.

The desktop data analysis also identified gaps in the available data. A number of caveats must be applied to the analysis. We comment on these in Part 3 below, but it is worth summarising some of the particular limitations because of what they indicate about future information needs:

- Regional data was scarce and in many instances not available.
- 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.
- The 2001 Statistics NZ report Disability Counts may have some significant flaws in 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 the research allowed for the generation of information from raw data held by housing and disability organisations in the region. This was beyond the scope of the desktop analysis.
- There were many frustrations in obtaining accurate data, especially at the regional level.

While these factors placed some limitations on the picture developed through the desktop analysis, the analysis was but one part of a set of insights, including the literature review and the more in-depth qualitative data from the consultation phase, that make up the final report.

### **Phase 3: Consultation**

The aim of the consultation phase was to tap into the first-hand experiences of people with disabilities and their families, and those who provide disability and housing services and advocacy support. The material gathered from consultation provided in-depth qualitative information and insight to complement the quantitative data from the desktop data analysis. It added 'live' understanding to the connections between disability and housing, and the types of housing provision that would better meet peoples' needs.

The consultation process provided a voice in the research for people with disabilities, allowing their views and experiences to inform our conclusions and recommendations. It is sometimes noted that people with disabilities rarely get asked about their experiences in any systematic way.

Consultation followed a two-stage process of talking with stakeholders: a first stage involving disability-related community organisations; and a second involving people with disabilities and their families/whanau, in direct dialogue.

The consultation process included geographical coverage of the region, covering Tauranga, Whakatane, Rotorua and Taupo, and was widely representative of different

disability levels and forms. Both stages involved specific consultation with Maori organisations and with Maori people with disabilities.

As well as structured consultation, informal contacts were made with people in the housing and disability sectors in the region, including people not able to attend the scheduled workshops and discussion groups. Methods included one-on-one discussions, email exchanges and telephone conversations.

### **Consultation with disability-related organisations**

Provider and advocacy organisations were an integral part of the consultation process in two ways: first, through their involvement in the workshop phase; and second; their role in acting as conduits for invitations for the second consultation phase, consultation directly with people with disabilities. They included field workers.

We held six workshops across the region during March 2006, one in each of the four centres and two workshops for Maori stakeholders. The Tauranga Maori workshop took the form of a presentation and discussion at a hui at Hungahungatoroa Marae, held under the umbrella of Te Whanau Poutirangiora a Papa. A total of 62 participants from a diverse range of disability and housing organisations attended these sessions.

### **Direct consultation with people with disabilities**

For this phase we adopted a 'Delphi' method of inquiry. Small 'panels' of individuals (people with disabilities and/or their representatives and family/whanau members) were formed, recognising individuals and family members as 'experts' in their own needs, desires and experiences.

We held two group sessions in Tauranga, two in Whakatane, two in Rotorua and one in Taupo. Every effort was made to ensure that the main categories of disability were represented. A total of 41 participants attended, mostly people with moderate to severe disability.

The Delphi method was originally designed as a way of structuring a group communication process to allowing a group of individuals, as a whole, to deal with a complex problem while not 'drowning out' individual critical judgement. It uses panels of experts who are capable of making informed comment and judgement on the views of others, and feedback loops. Some degree of anonymity is provided for their individual contributions. We adapted this method for our research by placing individual people with disabilities and/or family members in the role of 'experts' to comment on the outcome of the initial round of workshops, in a series of discussion groups. The topics each group was given to discuss were drawn directly from the workshops, which were in turn drawn from our literature review and desktop data work.

Participants were recruited by asking those who attended the workshops to pass on invitations to people they knew of with disabilities, and who they thought would have the interest and ability to attend. This method ensured that privacy was preserved. The project team did not need to collate lists of names and addresses. Only the names and contact details of those who accepted the invitation were known to us.

## **Maori consultation**

Consultation with Maori was a vital part of the process. As well as the two Maori workshops, a number of Maori organisations took the opportunity to attend the general workshops and provided a distinct cultural perspective. A number of Maori people also participated in the general direct consultation groups.

The presence of Maori organisations and individuals at all the workshops, and at most of the general Delphi groups, meant that a Maori viewpoint was woven through the whole process. This revealed that nearly all the issues raised for people with disabilities in general were at least equally experienced by Maori. This outcome was reinforced in subsequent conversations with a significant Maori organisation. Issues specific to Maori that emerged at the general workshops and Delphi groups, and in Maori workshops, are captured in Part 3 below.

## **General comments on consultation**

The consultation process proved an effective means of obtaining insights into, and rich qualitative information on, the experiences people with disabilities have with housing, within the region. Overall, the workshop and discussion groups together yielded a very good representation of disability. The opportunity to participate appeared to be well received. At all the consultation sessions people were prepared to talk openly.

The process was time-intensive, highlighting the diverse nature of the disability sector even within a region, and the lack of what might be thought of as ready-made lists of organisations and people with an interest in the housing issues associated with disability. It was to some extent an uncharted field. A positive side benefit from undertaking the consultation was that a start has been made on the connections between housing and disability among those who directly participated, and among those who have been informed about the project and its objectives.

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## **3 Assessing Housing Need: The Regional Evidence**

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### **This section**

A logical assumption is that in order to provide and plan for adequate housing for people with disabilities, and to be sure that people with disabilities in the region will have appropriate housing in the future, we must first understand as much as possible about:

- The extent and nature of current and future needs, how many dwellings, of what type and with what kinds of modification or facilities, are required, and will be required; and
- The factors that are likely to drive future need.

This section gathers together evidence of housing need in the Bay of Plenty and Lakes region. The evidence is presented in two parts:

- first, the statistical data available from desktop sources (elaborated by some quotes from the consultation)
- second, a commentary on qualitative information obtained through the consultation process.

Both parts are drawn from the respective milestone reports (see bibliography, Appendix E).

### **Findings from the statistical data**

#### **Caveats on the data**

Providing a simple, quantifiable answer to the questions around current and future housing need for people with disabilities has not been straightforward. Reliable estimates of the population of people with disabilities at the regional level are not available at this time.

A decision was made to rely almost exclusively on the 2001 Census and the 2001 Statistics New Zealand Household Disability Survey (hereafter the 2001 Disability Survey – see Appendix D for an explanatory note). This provides the most consistent and reliable set of measures for constructing a model of the prevalence of disability in the Bay of Plenty/Lakes region. A subsequent report<sup>9</sup> suggests that this data could be used for modelling the prevalence of disability at smaller regional levels.

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<sup>9</sup> Living with Disability in New Zealand, 2004. This is the most comprehensive report ever produced on the status of people with disabilities in New Zealand. It builds on the post-census disability surveys undertaken in 1996, providing extensive descriptive analysis from the 2001 post-census surveys.

The advantage of using Census-based data has been its consistency and comparability. We also found that almost all reports on disability have sourced their data ultimately from the NZ Disability Surveys. The need to rely on national data does, however, render the predictions of need considerably less robust, and they need to be treated as indicative only. When extrapolating out to 2026 the data loses integrity for regional predictions and even greater caution must be taken with the indications of extent of need.

An attempt at prediction of future needs has been made based on reported general demographic and population trends.

Considerable effort was made to source regional data, with little success. Where regional data may have been available it was either inaccessible, or may have been accessible but would have required considerable re-analysis. Other data that was held within specific agencies had been collected and organised according to internal requirements, and proved difficult to interpret without specific “insider” knowledge and understanding. Of even greater concern was that using data from a range of agencies, each of which uses different categories and premises for collection and analysis, would prove problematic as some incidents or individuals may have been counted by more than one agency (thus combining data would result in double counting) while others may not appear if they had not accessed the services of the agency. Furthermore it would have been problematic to combine or compare the data across sources as categories varied widely.

Difficulty arises not only from the lack of specific regional data but also from complexities in extrapolating from available information, including any model constructed from that information. For example, it is not clear how many people with disability will actually need special housing or at what point in their lives the need may arise. Consideration must be given to the question of public or social housing versus private housing, and the different needs of those who own or live in an owner occupied dwelling compared to those who rely on the private rental market. In addition the breadth and range of disability being considered, together with the extent to which people experience multiple disabilities, creates uncertainties in estimating prevalence and needs. Again, existing national data from Statistics New Zealand relating to people with disabilities, and regional data from the 2001 Census, have been used to construct some indicative scenarios for the region. Specific areas within the region have been considered as the available information clearly showed that across the region there are variations that have implications for the extent and nature of need.

The most robust and relevant data from our earlier Desktop Analysis Report<sup>10</sup> has been selected for constructing the models and scenarios in the present report. Some new sources were scrutinised and others revisited in an attempt to ensure the best possible secondary data was accessed. Information from the consultation phase has proved invaluable in focussing the process of building models and scenarios, and where appropriate this information has been referred to in introducing and explaining the picture of current and future needs.

A final note of caution: it is not clear from the available data (nationally and regionally) whether counts of households with disabled people allow for households where two or

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<sup>10</sup> See footnote 8, page 9.

more individuals with a disability reside. In the present report all estimates and predictions are based on the assumption that for every person with a disability there is a dwelling or household. In reality, some dwellings will house more than one individual with a disability. This means that estimates of housing need in terms of numbers of dwellings required for people with disabilities will be a little high.

The following section begins by presenting an analysis of the current prevalence of disability across the region. The focus then moves to consideration of the way in which specific need might be viewed considering types and levels of disability and the circumstances affecting the housing needs of people with disabilities. Scenarios of future need are then presented based on known population (including demographic) trends and information gathered from the consultation process.

### **Current prevalence of disability**

The present research has adopted the social model of disability where the focus is on the relationships between people with impairments and their social and physical environments, rather than the medical model that has a focus on classification by type and level of impairment. Nevertheless, there is some advantage to having indicators of the nature and level of impairment, as this allows us to understand in more detail the likely needs. That is, what intervention in the physical and/or social environment will most facilitate full and satisfying participation in daily living for the individual with the impairment.

In using secondary data we are locked into the categories and measures as already defined by the original researchers. The following models therefore rely on categories and definitions predetermined in the 2001 Disability Survey. The models for the Bay of Plenty/Lakes region and sub-areas of the region are based on the calculations of percentage incidence of disabilities in the national population as applied to the general population figures from the 2001 Census for Bay of Plenty and Lakes region. The 2001 Disability Survey categorised individuals by “main disability” which was the disability that individuals themselves considered as being most limiting – thus people were not counted more than once for the overall numbers with disability. (See Appendix D for relevant definitions and qualifications from the 2001 Disability Survey.)

Population predictions from the 2001 Census, and the estimated incidence of disability in the general population, produced the following estimates of the numbers of people with disability (including disability associated with chronic conditions) across the Bay of Plenty/Lakes region for 2006:

Tauranga	20,940
Whakatane	6,880
Opotiki	1,922
Kawerau	1,372
Western Bay of Plenty	8,880
Rotorua	13,680
Taupo	6,980
<b>Total</b>	<b>60,654</b>

These estimates do not take into account age distribution within the region. The 2001 Disability Survey indicated that in the general population 22 percent of adults and 11 percent of children had at least one kind of disability. Using Statistics New Zealand population predictions by age we produced the following estimate of numbers of people with at least one disability for the current year (2006).

Table 1: Incidence of Disability 2006

Area	Children (under 15)	Adults (15+)	Total
Tauranga	2,379	18,278	20,657
Whakatane	959	5,649	6,608
Opotiki	301	1,553	1,854
Kawerau	220	1,030	1,250
Western Bay of Plenty	1,043	7,409	8,452
Rotorua	1,836	11,372	13,208
Taupo	852	5,827	6,679

As the table indicates, when age distribution is considered the numbers estimated to have at least one disability are somewhat reduced from the estimates based on the overall national average. This difference based on age indicates the complexities of estimating accurate rates of disability in the region from national data. For example, the picture changes again when ethnicity is considered. Nationally the proportion of Maori in the population is approximately 15 percent. In the Lakes area the proportion is 35 percent and in the Bay of Plenty (Western and Eastern combined) it is 23.9 percent. In general the proportion of younger people is greater in the Maori population in the region. While the 2001 Disability Survey showed that the distribution of disability was similar among the Maori population to that of the NZ population as a whole, children featured more among the disabled group in the Maori population i.e. 27 percent compared to only 9 percent of the European population. With a higher than average population of Maori in the region, the numbers of children with disabilities is likely to be higher than the estimates in Table 1.

In the 2001 Disability Survey the Midland region (defined as Waikato, Rotorua, Taupo, Bay of Plenty and Taranaki) was reported as having the lowest estimated percentage of people with disability. It is not clear however, how each area within this broad region contributes to the overall statistic. The survey indicated that nationally 87 percent of people with disabilities lived in urban areas (urban is defined as “a part of a city or parts of cities and/or part of a district or parts of districts with a population of 1000 or more”). Furthermore the majority of people with a disability (96 percent) live in private households. These estimates do not provide a clear indication of the actual housing need of these people or the extent and nature of their need. To gain a more detailed view we need to consider the nature and degree of disability as it relates to housing.

### **Specific housing needs**

#### *Correlations of housing need*

Our literature review indicated that the correlation between housing need and disability is strongest for people with moderate to high levels of disability. However, not only do individuals tend to fall at various points on a scale of ability depending on the actual

ability being measured, but their level of ability is also likely to alter over time - at least over some aspects of ability.

During our consultation it became clear that all people (including their whanau/families) dealing with disability, regardless of type of disability or assumed level of disability, experienced housing needs and issues at some point in time. Furthermore, participants talked about changing needs over time. The majority of participants agreed that changing lives and lifestyles had major effects on housing need. They spoke of people whose disabilities changed over time (most physical disabilities do change with age) and changing needs as children grow up and their parents age.

We could take from this that at some point in time virtually all people affected by disability may experience a housing need that many will struggle to meet unaided. The greatest and most immediate needs will most likely relate to those in the moderate to severe categories. We should also, however, consider that people with apparently mild disability may need some modifications to, or assistance with, their place of residence – if not immediately then in the future, as they and their families grow older. The 2001 Disability Survey reported that 12 percent of people with disabilities fell into the ‘severe’ category while 45 percent could be categorised as moderately disabled and the remaining 43 percent mild. Applying these percentages to the disability by population estimates for 2006 in the areas of the Bay of Plenty and Lakes region (Table 1) provides the following model of *potential* housing need.

Table 2: Incidence of disability by level of severity for 2006

<b>Area</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Total</b>
Tauranga	8,880	9,301	2,476	20,657
Whakatane	2,842	2,973	793	6,608
Opotiki	798	834	222	1,854
Kawerau	538	562	150	1,250
Western Bay of Plenty	3,635	3,803	1,014	8,452
Rotorua	5,679	5,944	1,585	13,208
Taupo	2,871	3,006	802	6,679

There is an important relationship between age and severity of disability. The rate of severe disability is highest in the older age groups and lowest in the younger groups. There is also a reported relationship between type of main disability and severity. Seventy percent of people with a learning disability, 60 percent with a speaking disability and 59 percent with a psychiatric/psychological disability are defined as mildly disabled.

There are indications however, that severity of disability is not in itself a clear predictor of need. In the consultation phase of the present research participants generally agreed that multiple disability leads to a greater level of need in terms of housing, despite the *Living with Disability in New Zealand* report making the point that a person with multiple disabilities may not necessarily be more severely impaired than one with a single disability. The 2001 NZ Disability Survey found that 57 percent of people with disabilities living in households had two or more disabilities. Older people were more likely to have multiple disabilities – 67 percent of those over 75 reported as having a disability had multiple disabilities and 58 percent of people aged 45 to 64 with a disability had multiple

disabilities. This compares to only 3 percent of those aged 0 to 4, and 6 percent of the 5 to 14 and 15 to 44 age groups.

*Estimating type of housing need*

Knowing the approximate numbers of people by their main disability in the region provides an indication of the number of dwellings that might need to be modified in particular ways. Of course the modifications are not mutually exclusive. The elderly are more likely to have multiple disabilities and would benefit from the same modifications or design features that have been identified as “universal”, or at least needed for those with physical/mobility disabilities. People with sight impairment would also find features such as single storey, non-skid surfaces and wider doors and hallways to be an advantage.

Table 3 below presents estimates for numbers of people by type of disability across the region for 2006. The estimates for this table have been based on the predicted numbers of children and adults from Statistics NZ based on 2001 Census data. The total numbers are greater than the totals calculated for all children and all adults with disability as it is likely that some individuals were counted more than once – the table does however provide an indication of the size of each disability group sufficient to make some “educated guesses” about the nature of housing needs.

Table 3: Incidence of disability 2006 by age and type

Area	Children (under 15)					
	Hearing	Seeing <sup>11</sup>	Mobility*	Intellectual	Psychiatric	Chronic
Tauranga	433	433	216	433	649	866
Whakatane	174	174	87	174	261	348
Opotiki	55	55	27	55	82	110
Kawerau	40	40	20	40	60	80
Western Bay of Plenty	190	190	95	190	248	380
Rotorua	334	334	167	334	500	668
Taupo	155	155	78	155	232	310

\*Labelled as “Use of technical equipment” in the 2001 Disability Survey (which only applies this measure to children)

<sup>11</sup> The 2001 Disability Survey estimated the incidence of both forms of sensory disability (hearing and sight) as being the same ie 2% of the total population for the 0-14 age group, thus the estimated incidence by area in the region, for each of these disabilities, is the same.

Area	Adults (15+) <sup>12</sup>					
	Hearing	Seeing	Mobility	Agility	Intellectual	Psychiatric
Tauranga	6,606	1,651	9,908	8,257	826	2,477
Whakatane	2,054	514	3,081	2,568	257	770
Opotiki	550	137	824	687	69	206
Kawerau	389	97	583	486	49	146
Western Bay of Plenty	2,794	698	4,190	3,492	349	1,048
Rotorua	4,137	1,034	6,205	5,171	517	1,551
Taupo	217	543	3,258	2,715	271	814

Notes to Table 3:

'Agility' is not shown for children because the data used did not have this as a category.

Separate figures for chronic disease/illness – as a disabling condition in adults- were not provided in the 2001 Disability Survey. It is noted (in the 2001 Disability Survey) however, that 40% of disability in adults is caused by illness or disease.

The largest group among adults with disability is clearly related to mobility and agility. The picture is less clear for children but sensory (sight and hearing) impairment is a major group, as is intellectual impairment. The psychiatric category would include children with behavioural and other learning issues. Chronic conditions include asthma and other issues that require warmth, dryness and ability to maintain a high level of cleanliness.

In the consultation process it was pointed out that, at the least, babies and young children with chronic conditions and disabilities that create frailty require warm, dry conditions. From this and the statistics a picture emerges that suggests that families coping with a child with disability are most often likely to need warm, dry, low maintenance housing with some facilities for sound dampening and ease of mobility/access, whereas adults with disabilities are more likely to need accessible housing.

Individual needs in housing will, however, vary according to people's living arrangements. It would also be a mistake to assume that the rather crude models extrapolated here in this way represent actual housing need. Rather, they are indications of potential needs. It was clear from our consultation that by no means all people with disabilities (or whanau/families involved in providing care) used or needed social or public housing. Participants indicated a variety of means and resources from those who owned or lived in an owned dwelling, through those renting in the private market, to those who occupied or sought to occupy housing provided through Housing New Zealand Corporation or their local Council.

<sup>12</sup> Separate figures for chronic disease/illness – as a disabling condition in adults – were not provided in the 2001 Disability Survey. It is noted (in the 2001 Disability Survey) however, that 40% of disability in adults is caused by illness or disease.

### Housing tenure

For people with disabilities, home ownership, or living in an owner-occupied home, is usually regarded as more ideal than rented accommodation. Reasons include greater stability and privacy and the ability to set up the home appropriately. The *Living with Disability in New Zealand* report, based on the 2001 Disability Survey, found that 58 percent of adults with disability and 49 percent of children with disability were living in a home owned or partly owned by the usual residents. The national average for home ownership in 2001 Census was reported to be 67.8 percent.

Table 4: Housing arrangements of people with disabilities by age and area

Area	Children (under 15)		
	Owned	Rented	Not determined
Tauranga	1,166	547	666
Whakatane	470	326	163
Opotiki	147	102	52
Kawerau	108	75	37
Western Bay of Plenty	511	355	177
Rotorua	900	624	312
Taupo	417	290	145

  

Area	Adults (15+)		
	Owned	Rented	Not Determined
Tauranga	10,691	4,204	3,384
Whakatane	3,276	1,299	1,074
Opotiki	901	357	295
Kawerau	597	237	196
Western Bay of Plenty	4,297	1,704	1,408
Rotorua	6,596	2,616	2,160
Taupo	3,380	1,340	1,107

The greater percentage of children with a disability living in rental accommodation no doubt reflects the lower socio-economic status of young families, however in all adult age groups people with a disability were also less likely to own their own home.

Nationally, in 2001 the average level of inability to own a home was 32.3 percent.<sup>13</sup> The percentage of people likely to be *unable* to own their own home was above that average in Tauranga (34 percent) and Western Bay of Plenty (33.3 percent). Taupo recorded a moderate level (against the national average) of inability to purchase a home at 30.5 percent in 2001. Taupo was among those areas with the highest price to income ratios (based on lower quartile house prices to lower quartile incomes)<sup>14</sup>. Home ownership, at least among the lower income groups, would be likely to have dropped in Taupo by 2006. Participants in the Taupo consultation mentioned particular factors in this part of the region. These included the significant gap in income to cost (affordability),

<sup>13</sup> Local Measures of Home Ownership Affordability, Housing New Zealand Corporation Housing Market Report. December, 2005.

<sup>14</sup> Ibid

tendencies to “build up” for views, and a lack of suitable social housing. This was confirmed in the desktop analysis work.

Housing New Zealand Corporation also indicated that home ownership has been declining nationally since 1991, and predicted a drop of over 5 percent (from 67.8 percent to 62.5 percent) by 2011. Given the lower overall rate of home ownership for people with disabilities and the generally lower ownership rate in lower income groups (in which people with disabilities tend to be clustered)<sup>15</sup>, the estimates for numbers of people with disability who own their own homes may be slightly high. This inference is supported by the Deprivation Index<sup>16</sup> (high deprivation is commonly associated with relatively low levels of home ownership). Across the Bay of Plenty and Lakes region the level of deprivation is higher than the national average with 57 percent of the region scoring between 7 and 10 on the index (the scale ranges from 1 – 10 with 1 being the lowest level of deprivation and 10 the highest). Areas most effected are Eastern (Opotiki, Kawerau, Whakatane) and Southern (Rotorua and Taupo).

The 2001 report based on the Disability Survey indicated that the estimate of how many people with disability owned or partly owned the dwelling in which they lived was obtained by anonymously matching results from the home ownership question in the 2001 Census to results of the disability survey. The outcome of these efforts was an unaccounted 18 percent whose home ownership status was not able to be ascertained. In the Bay of Plenty and Lakes region, given the high deprivation level of much of the region, it might be reasonable to assume that a significant number of the unaccounted group (described as 'not determined' in Table 4) do not own or partially own their homes.

*Location: rural v urban*

Although the 2001 survey indicated that nationally fewer people with disabilities live in rural areas, the larger percentage of Maori in the Bay of Plenty and Lakes region<sup>6</sup> may mean a slightly higher proportion of people with disabilities live in the rural areas of the Bay of Plenty and Lakes region than the national average. The desktop analysis and consultation process indicated both a shortage of rental properties in rural areas and a lower standard of housing in general. In Whakatane, for example, participants in the consultations said that, “Lots of houses need basic improvements that are too expensive – like sumps and water.” Maori participants in particular provided the greatest evidence of the problems with housing in rural areas with the plight of elderly Maori being especially important, “There is a problem for older Maori people who may have had a good house, but get sick and go to live on the marae where there may not be good conditions and where the accommodation doesn’t qualify as housing.”

The picture that emerges then is one where currently, at least, there will be issues of delivering or supporting possible modifications to owned properties a significant proportion of which may be of poor standard. For example, a participant at a consultation

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<sup>15</sup> The 2001 Disability Survey showed that adults with disabilities were disadvantaged in terms of income and employment. Thirty-six percent were not in the workforce, 6 percent were unemployed 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.

<sup>16</sup> A measure developed by the Health Services Research Centre of the Wellington School of Medicine using data from the 2001 Census.

meeting pointed to the need for modifications saying that “When you do own your own house there’s the issue of adapting it and not qualifying for any assistance. It’s very difficult to find something that really suits your needs.” Rural areas may not have large numbers of people with disabilities but these people are likely to have significant housing issues. Consultation indicated that the Taupo area has an acute problem in housing provision for people on lower incomes that impacts significantly on those who also have a disability, because of new houses being built in the high-cost bracket and the relatively limited amount of suitable land. It may also be that the pressure for rental properties for people with disabilities is increasing.

### *House Size*

An important aspect of need relates to the type of housing that is most needed. The living arrangements of individuals with disability provides insight into features such as size or number of bedrooms most often required in housing for people with disabilities.

In respect of *children*, according to the 2001 Disability Survey 90 percent of children (0 – 14) with a disability lived in single family households, while a further 4 percent lived in two-family households. In the absence of data on the number of families where more than one member has a disability it is likely that estimates of the number of families requiring housing that accommodates disability will be slightly exaggerated. Conversely in the Bay of Plenty/Lakes region the higher percentage of Maori suggests both a somewhat higher level of families with children that have a disability and a somewhat greater percentage (than the national average) where more than one family resides in a single household. From the figures calculated for numbers of children with disability (Table 1) we can glean an indication of the number of families that may require housing that accommodates disability and which would require a minimum of three (and more likely at least 4) bedrooms.

Table 5: Estimate of number of larger houses required for people with disability by area

<b>Area</b>	<b>Families needing 3+ Bedrooms</b>	<b>Families needing 5+ bedrooms</b>
Tauranga	2,141	95
Whakatane	863	38
Opotiki	271	12
Kawerau	198	9
Western Bay of Plenty	939	42
Rotorua	1652	73
Taupo	767	34

The assumptions being made in creating the model for larger houses, and based on the literature review, desktop data analysis and consultation results, are that the 90 percent of children with disability that live in single family households will be living with at least one parent and more likely will share their home with two adults and one or more siblings – giving families of from 2 to 4 people or more. Consultation suggested that in developing housing for people with disability room should be allowed for a care-giver and/or separate space for the person with the disability. On this basis the minimum house size for families where a member has a disability would be 3-4 bedrooms. For the 4 percent who live in two-family households it could reasonably be assumed there would

be at least 3-4 adults and two children in the household. This suggests the need for a bare minimum of 4 bedrooms (allowing for a caregiver or separate space for the disabled individual) - but more realistically 5 or more bedrooms.

In respect of adults with a disability, conversely, housing needs are likely to lean towards smaller dwellings. The 2001 Disability Survey estimated that nationally while over one half (54 percent) of people with a disability had a partner or spouse, 19 percent lived alone. Sixty-six percent were estimated to live in one family households. (This presumably includes the 54 percent living with a partner or spouse who may have other family members in their household, for example children.) We can estimate the approximate numbers of houses by size (i.e.number of bedrooms) required for people with disabilities in both the smaller and larger size brackets in each area of the region based on:

- The estimated number of adults with disabilities across the Bay of Plenty and Lakes regions (Table 1)
- The assumptions that people living alone would require two-bedroom accommodation (the second room being for a caregiver or support person who may sleep over from time to time), and that those with a spouse/partner may require at least three bedrooms (sometimes partners/spouses must use separate bedrooms to accommodate the nature of one partner's disability). The estimates in Tables 5 and 6 are based on the assumption that all people with a disability are likely to require space for a caregiver at some time. As this is unlikely to be the case, the estimates are on the high side.

Table 6: Estimate of number of dwellings by size required for adults with disability by area

<b>Area</b>	<b>Adults needing min. 3 Bedrooms</b>	<b>Adults needing only 2 bedrooms</b>
Tauranga	12,063	3,473
Whakatane	3,728	1,073
Opotiki	1,025	295
Kawerau	680	196
Western Bay of Plenty	4,890	1,408
Rotorua	7,505	2,161
Taupo	3,846	1,107

On the basis of Tables 5 and 6 the greatest demand *at this time* in the region is for dwellings with a minimum of three bedrooms with smaller two bed roomed dwellings being the next most in demand. There is a small group that needs larger 5+ bed roomed dwellings.

### **Summary of preceding data**

The following significant points can be drawn from the preceding data:

- *Housing construction and design* – An analysis of the distribution of disability by type (Table 3), and the reported housing design challenges associated with the most

prevalent types of disability, suggests that the majority of dwellings designed for people with disability and/or their whanau/families need to have certain features.

- They need to be accessible, constructed with low maintenance, hard wearing materials and designs incorporating wider halls and doors, non-skid surfaces with wet area bathrooms and single storied.
  - Given the proportion of children whose disabilities relate to a chronic condition, the larger dwellings that are most likely to be used by families should also be warm, dry and relatively dust-free.
  - Sound insulation may be important for households accommodating people with intellectual disabilities.
  - The data shown in Table 5 points to a need for larger homes for people with disabilities in order to accommodate a care giver. This is most obvious in the case of families where there is a child or children with disability. As indicated in consultation, while the housing needs of adults with disability are likely to lean towards smaller dwellings, standards considered acceptable today are that adults living alone should have space for a care giver or family to stay. As we note below (future scenarios), 'smaller' is nowadays likely to mean 2-bedroom units.
- *Deprivation* – From Table 4 and the information on high deprivation scores across the region, we can assume that the majority (over 50 percent) of the dwellings required for people with disabilities will be rented. This is especially so in Taupo where high costs for home ownership preclude many lower income people, and thus a significant proportion of people with disability, from purchasing their own homes. From the desk top analysis we found that the gap in income to cost of housing was especially marked in Taupo. There is little to indicate whether rental properties for people with disabilities would be drawn from public/social housing stock or from private rental properties, but the overall lower incomes of people in the region, and of people with disabilities in general, suggests that a significant proportion would be looking to the state for financial assistance with their housing.
  - *Modifications* – Where houses accommodating people with disabilities are owned (and including Maori-owned houses), they are likely to need considerable modification. Owned homes in rural areas and around Opotiki, Whakatane, Kawerau, Rotorua and Taupo are more likely than in the rest of the region to need upgrading or replacing.
  - *Home ownership tenure* – Figures from the 2001 Disability Survey show people with disabilities are less likely than the national average to own their home, or live in a home owned or partly owned by the usual resident. Our literature review identified home ownership as offering better choice and security for people with disabilities (see the discussion on housing aspirations below). Recent statistics show rates of home ownership falling in New Zealand.

## Future scenarios based on statistical analysis

### *Demographic change*

A major driver of future housing need for people with disabilities is population growth in the region. While population predictions for the Bay of Plenty and Lakes region suggest a significant growth in population over the next 20+ years, growth will not be evenly distributed across the region, or by age or ethnicity.

At least as significant as population growth in volume terms will be future patterns of demographic change. These can be expected to result in changes in the extent and nature of requirements for providing housing for people with disabilities. Table 7 below illustrates the predicted population trends across the region based on Statistics New Zealand profiling from the 2001 Census data.

Table 7: Population trends by age and area from 2006 – 2026

#### **Population 2006**

<b>Area</b>	<b>0 - 14</b>	<b>15 - 39</b>	<b>40 -64</b>	<b>65+</b>
Tauranga	21,630	32,480	32,480	18,120
Whakatane	8,720	10,490	10,910	4,290
Opotiki	2,740	2,650	3,120	1,290
Kawerau	2,000	2,020	1,910	750
Western Bay of Plenty	9,480	11,150	15,580	6,950
Rotorua	16,690	22,670	21,350	7,670
Taupo	7,750	10,590	11,166	4,730

#### **Projected population 2011**

<b>Area</b>	<b>0 - 14</b>	<b>15 - 39</b>	<b>40 -64</b>	<b>65+</b>
Tauranga	22,570	33,880	36,830	20,600
Whakatane	7,970	10,230	11,470	4,820
Opotiki	2,340	2,670	3,350	1,456
Kawerau	1,730	1,880	1,850	860
Western Bay of Plenty	9,350	11,740	17,380	8,370
Rotorua	15,850	23,040	23,040	8,660
Taupo	7,200	10,240	12,090	5,620

## Projected population 2026

Area	0 - 14	15 - 39	40 -64	65+
Tauranga	24,120	39,930	44,050	31,710
Whakatane	6,560	9,090	10,160	7,800
Opotiki	2,110	2,610	3,050	2,370
Kawerau	1,280	1,560	1,380	1,120
Western Bay of Plenty	10,010	14,400	18,720	14,400
Rotorua	13,890	22,190	22,290	14,400
Taupo	6,260	9,590	11,700	9,090

Using information from the 2001 Disability Survey, we can build a possible scenario of the nature and extent of housing need for people with disabilities based on the population trends illustrated in Table 7:

- In every area of the region, the population aged over 65 years will almost double by 2026
- The population aged 40-64 also increases significantly in Tauranga and somewhat in Western Bay of Plenty and Rotorua, but remains similar, or decreases somewhat, in the other areas.
- In Tauranga and Western Bay of Plenty the numbers of people aged 15-39 also increase against decreases across the other areas.
- Tauranga and Western Bay of Plenty experience an increase in the 0-14 population against a drop in this group across all other areas.

These trends reflect the ageing population that is an anticipated trend nationally, together with continued substantial population growth in Tauranga and Western Bay of Plenty. The overall result is that all areas will experience a shift to having to provide for older people with disabilities and for chronic and frailty conditions.

### *Maori demographic change*

The need for more accommodation for people with disabilities will also be increased by the growing proportion of Maori in the population. According to the 2001 Disability Survey, approximately 3 percent more Maori than non-Maori had a disability, and nearly twice as many (14 percent) as non-Maori had a functional disability requiring assistance. Information from a report based on demographic research conducted by the University of Waikato<sup>17</sup> shows that the Maori population in the region had increased by 51 percent in the ten years from 1991 to 2001 and is forecast to continue increasing at a rate of approximately 10 percent per year. If current level of deprivation, generally lower incomes for the region and lower earned incomes for Maori as compared with Pakeha, all continue, and the region reflects a national trend towards a lower level of home

<sup>17</sup> Growth in Population and Households: A 50 Year Forecast. A Summary Report prepared for SmartGrowth by the University of Waikato Population Studies Centre, 2002

ownership, a high percentage of people with disabilities (or their whanau/families) will access their housing from the lower end of the rental market.

### *Housing for the future*

An indication of the type of housing that will be most required in 2011 and through to 2026 can be gained from projecting the distribution of disability through the changing demographics of the region.

The 2001 Disability Survey indicated that older people were more likely to have a disability especially as age increased. Older people with disability were also more likely to live alone – 24 percent of those aged 65-74 and 42 percent of those over 74. In the 45-64 group 16 percent lived alone. The changes in demographics thus suggest that over the next 20 years there will be a small and gradual increase in the need for larger houses suitable for families with a member with a disability particularly in Tauranga and the Western Bay of Plenty. In other areas there may well be a drop in demand for larger houses. In all areas, there will be a large increase in demand for smaller two bedroom dwellings for older people with disabilities.

The 2001 Disability Survey also suggests that the most common cause of disability was disease and illness, with mobility impairment being the most common form of disability among the adult population. This pattern was similar in the Maori population.

These patterns suggest that housing for people with disabilities will need to be developed as smaller units, with appropriate design and facilities for ease of access, security, warmth and dryness and low maintenance.

Current predictions for population trends in the region therefore suggest that in Tauranga and Western Bay of Plenty in particular there will be a need to provide an increasingly large pool of lower end *smaller* rental properties suitable for people with chronic health conditions, mobility issues and general frailty. These areas of the Bay of Plenty will need to *maintain* a pool of larger family homes. Other areas in the region will find *less* demand for larger houses over the next 20 years, and a slower but steady growth in demand for smaller units. 'Smaller' in this context is likely to mean 2-bedroom units. One-bedroom units for people living alone are increasingly regarded as inadequate by society at large.

These scenarios are based purely on the available data. Equally important in planning to meet housing need for people with disabilities in the future is the qualitative evidence, which we now consider.

### **The qualitative evidence**

While the foregoing statistical analysis goes some way to assessing housing need for people with disabilities in the region, it also serves to highlight a complex set of variables that give rise to what might be seen as 'need'. A recurring theme in the literature on housing and disability is the limited extent to which quantitative measures and predictions, on their own, can inform current or future need.

This made the qualitative evidence gathered from the literature review and through consultation especially vital. The literature review identified a wide range of housing

needs for people with disabilities. We expected that this picture would be replicated within the Bay of Plenty/Lakes region. It was, along with additional insights from the people we consulted about how they experience and perceive housing need, and particularly what constitutes quality independent living in the community. Importantly, both the literature work and our consultation highlighted the distinction between 'housing' and a 'home'.

The following is a summary of the qualitative evidence of housing need reported in the literature review and consultation reports. It covers:

- housing aspirations, preferences and changing expectations
- housing for Maori and people in specific disability groups: the mental health sector; people with age-related disability
- the link between support services and meeting housing need
- housing features including design.

### **Housing aspirations, preferences and changing expectations**

Throughout the literature, and strongly reinforced in our consultation, was the emphasis on diversity – that there is no 'one size fits all' way of looking at the nature of housing needed for people with disabilities. This seems almost too obvious to reiterate, but despite being widely recognised, housing choices for people with disabilities remain limited at every level – across types of disability, degrees of disability and regionally, nationally and internationally. It is reinforced in the way statistics are collected and people with disabilities are categorised for accessing support.

For most New Zealanders, home ownership is the key to having the housing of their choice. It is not surprising to find both in the literature and in discussion with people with disabilities that this is true of people with disabilities, depending on the person's circumstances and nature of disability. It is in line with the emphasis in current approaches in New Zealand to people with intellectual disabilities being able to live "ordinary lives". It is also consistent with current thinking on ageing in place which to a large extent goes with the preference older people in New Zealand have for home ownership.

The particular characteristic of home ownership that makes it an aspiration, and often a best option, for people with disabilities is that it offers security and stability, and hence a more stable and secure lifestyle – qualities that matter given the uncertainties that disability creates in people's lives. Home ownership also provides an asset to use when the need arises to move house, and hence a greater degree of choice in the transition. The uncertainties associated with moving from one property to another, especially around getting necessary modifications, are greater for people with disabilities who are renting.

Home ownership in many respects represents the ultimate in achieving independence for a group in society – people with disabilities - that experiences some of the most severe barriers to satisfactory housing. This is, however, a group for whom home ownership is often least achievable.

A more realistic second preference for independent living for people with disabilities is renting. The evidence from people with disabilities who participated in the consultation points strongly to lack of choice in the Bay of Plenty/Lakes region. They cited both the limited supply of suitable rental housing in the region (particularly in some locations) and poor quality.

Lack of suitable housing also limited people's choices as their needs changed over time. The lack of variety and choice in available housing for people with disabilities in the region has led to providers sometimes being unable to match clients to suitable housing, and has prevented individuals from sourcing housing that met their specific needs, at any given time. The people we consulted presented many examples of the way needs can change over a person's lifetime, or in the life cycle of the whanau/family and household. These included changes in the nature or severity of a disability (and possibly a need for different care and equipment), one disability leading to other disabilities, a child with disability progressing to school and then adulthood and ideally a degree of independence and older people who acquire one or more progressive disabilities.

Receiving increasing recognition is also changing societal expectations about suitable housing. A CHRANZ study of accommodation options for older people notes that "Public pensioner housing stock was mainly built several decades ago, much of it is in need of upgrading and may also be unsuitable for current requirements, being dominated by small units and bed-sitters. These comments also apply to kaumatua flats ...".<sup>18</sup> The standards represented by this kind of housing falls well short of expectations today, for example homes that allow for family visits and home-based activities. This is in part a consequence of public housing provision that has concentrated on quantity – numbers of units – rather than quality as it relates to housing for people with disabilities.

## **Housing for people in specific disability groups**

### *Housing and mental health*

The Mental Health Commission produced a comprehensive discussion paper in 1999 on housing and mental health, examining ways to reduce difficulties faced by the group in society.<sup>19</sup> The evidence from our consultation suggests that the issues set out in that paper remain current. At the centre of the Commission's study was the critical role played by appropriate housing in the recovery of people with mental illness. The Commission's report notes, at page 3, that:

"... having a mental illness can generate certain types of housing requirements, and push people into housing need. People with mental illness are more likely to encounter housing problems and the negative impacts of poor housing. Finding a house for the first time, keeping one's current house, or moving into different accommodation, can all be major problems."

The report goes on to say (at page 23) that people with mental illness have a variety of life circumstances and diverse housing needs and that people who do not fall under the

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<sup>18</sup> New Zealand Institute for Research on Ageing/BERL, June 2004. Page 10.

<sup>19</sup> *Housing and Mental Health: Reducing Housing Difficulties for people with Mental Illness*, August 1999.

umbrella of supported housing face survival in a housing market that does not recognise the particular problems they face.

These points were borne out by the experience of the people we consulted including providers, people with disabilities and whanau/families.

#### *Housing and intellectual disabilities*

The literature emphasises a need for more choice and participation for people with intellectual disabilities in decisions about their housing. This again was consistent with the information given in the course of our consultations. In some cases, particularly where people with intellectual disabilities lived with their families, the housing need related to the construction and design of the home (see further comment below on housing features). In others, the need arose when a young person with an intellectual disability progressed into adulthood and to a wish, often shared and supported by the whanau/family, for independence. The person's choice of accommodation might not always be in line with the way society, or perhaps the family, would view 'suitability' (for example, the person's preference for seclusion from the outside world), but is nevertheless a 'need' to be met, or left unmet.

#### *Housing for people with age-related disability*

Two observations from a Wellington School of Medicine study on housing and health in older people are consistent with the evidence we gathered in our research:

"While many older people do not require special consideration, as a group they do – clearly – have some distinct population characteristics, such as a higher incidence of disability."

"It is clear that many people enter residential homes, or fail to leave hospital, primarily because of housing problems".<sup>20</sup>

These observations point to the major focus now on ageing in place and on interventions that support older people wherever they live. With an ageing population in the Bay of Plenty/Lakes region comes a growing proportion of older people with special needs for care and support who are remaining in the community, in mainstream housing or accommodation specially designed for older people.

Looking to the future, an important indicator can be found in a recent New Zealand Institute of Research for Ageing study in which older homeowners were interviewed for their views and how they saw their current and future housing circumstances. As reported in a NZIRA newsletter:

"... the majority of the respondents are resourceful people, who think about the future and plan for work to be done on their houses. They appear to represent a common New

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<sup>20</sup> *Housing and Health in Older People: Ageing in Place*. Wellington School of Medicine. Pages 1 and 10 respectively.

Zealand ethos of independence and capacity, linked to home ownership as an aspiration and the habits of a lifetime.”<sup>21</sup>

There will come a point for many of these people where even they experience some level of disability, possibly severe, and require disability-related support to remain ‘in place’.

#### *Issues affecting Maori people with disabilities*

Maori participation in the consultation phase of our research revealed that nearly all the issues raised for people with disabilities in general were at least equally experienced by Maori – although often compounded by social and economic circumstances. They included: affordability; the shortage of suitable housing, especially in rural areas, and lack of choice; and lack of knowledge on where to go for assistance (an issue that goes back to advocacy).

The connection between housing, disability and care and support in the home, an issue which emerged throughout the consultation (see below) had a particular acuteness for Maori because of the role of whanau. Three examples from the consultation that back this up were:

- A situation where the level of care required could not be provided close to the person’s hapu, necessitating a move to accommodation in a more distant centre. The distress caused by the severing of the whanau link added a big burden to the person with disability and their whanau members.
- The not uncommon incidence of overcrowding caused by accommodating a member of the whanau member in the home to take on the care role.
- The plight of older Maori people who, because of chronic illness or frailty, have to move from their own homes (and at times turangawaewae) to live closer to, or with, whanau. This may mean moving from relatively comfortable housing to an overcrowded home not suited to accommodating an older person.

Housing that has been built in the past for older Maori people (kaumatua flats) no longer meet society’s expectations – and is often not modified for accessibility. Modification is gradually occurring, but for the mean time there are older Maori people who are not appropriately accommodated.

One aspect that came through a Maori perspective – more strongly than for people with disabilities generally – was the importance of good housing for preventing the exacerbation or acceleration of disability. This reflected the incidence for Maori of such problems as overcrowding, damp and cold housing and poor access to bathrooms, combined with the incidence of chronic illnesses.

#### **The link between support services and meeting housing need**

A strong thread running through the literature is the relationship between support services/care and housing itself. Tying housing and support together is identified as

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<sup>21</sup> NZiRA NewZ, June/July 2005.

limiting housing choices for people with disabilities. Equally, housing is where support services that allow people with disabilities some degree of independence are provided. The Wellington School of Medicine paper on housing and health in older people states that “Good quality housing is the foundation of community care programmes”.<sup>22</sup>

Our consultation emphasised that for people with disabilities wanting to live in the community, it is impossible to separate housing issues from those of support and care-giving. People who have specific housing needs due to frailty, chronic illness or disability almost always have greater need for other services, and generally need some support to live independently. This in itself gives rise to a range of special housing needs. Many participants spoke about being unable to access all the support to which they may qualify, because of inadequacies in their present housing. “People often can’t access all their entitlement [sic] because their housing doesn’t allow it. If there’s no room for a care-giver, they can’t have that assistance even though they are entitled to it.” People consulted felt that space for caregivers was not adequately considered in housing allocated by Housing New Zealand Corporation.

Inadequate housing also led to other problems in accessing support. “With only a small house [having care-givers in] means no privacy.” It raises issues of “personal space”, when an outsider must come into the home regularly. Direct consultation group participants talked about the importance of taking into account the whole home/family environment. This can be at the very practical level: “baseline need is two toilets, because when one is placed in a wet area bathroom it is not sufficiently available to the family”. Another example was extra sleeping space for a caregiver, and for a separate area for care-giving, so that the family can retain some privacy.

### **Housing features (including design)**

Most housing in New Zealand, let alone in the Bay of Plenty/Lakes region, has not been designed with disability – or older age – in mind. This makes home modification an important facet of meeting housing needs for people with disabilities.

Basic home modification does not, however, address the problem of the outdated configuration of public housing built to house low income older people, and now often used to accommodate people with disabilities. A significant need that is now recognised is for new housing that is designed to be suitable for people with disabilities.

In the consultation phase of our research participants identified some ‘universal’ housing features that could be incorporated in new housing that would meet the needs of people with mobility and other types of physical disability. They saw these as having appeal and utility to people without disabilities. Features suggested included single storey houses or houses with lifts, wide hallways and doorways, wet area bathrooms, room and facilities for caregivers, appropriately designed and positioned electrical fittings and switches, plumbing and taps, ramps, non-skid paths and floors, level sites and low maintenance (especially gardens).

Also frequently mentioned were some specific features that related to the nature of particular disabilities:

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<sup>22</sup> Page 10.

- Some people with mental health problems require lower levels of stimulation, individual space (not necessarily alone) and “friendly” landlords.
- For those with sight impairments, one participant pointed out that “Most people aren’t totally blind. They need good lighting, non-shiny surfaces, different textures and possibly room for a guide dog.”
- Hearing-impaired people may need facilities to support communication equipment and possibly room for a hearing dog.
- For people with intellectual disability there may be a need for special structural features such as sound proofing, strengthening walls and increased safety features for children, such as reinforced glass and protection from accessible risks.

Features identified that related to all forms of disability included security of tenure and being able to feel safe in one’s home.

Taken together, these suggest a diverse unmet need in terms of housing style and design.

### **Barriers to accessing housing for people with disabilities**

Whether or not a person with disability has their housing need met will depend, sometimes crucially, on the barriers they face. The literature overall identifies barriers in three broad categories, each of which was confirmed in our consultations:

- *Barriers created by lack of affordability.* This is most often cited as the main constraint on housing choice for people with disabilities. It is a barrier faced in common by all people with limited incomes. People with disabilities are more likely than others to experience the disadvantage of low income (as evidenced in the New Zealand Household Disability Survey). Less purchasing power significantly reduces housing they can select from that is affordable, adaptable and/or accessible, compounding whatever other barriers they face. For older people, the cost of adapting and maintaining an owned home can be a cause of moving to residential care.
- *Barriers created by social responses to disability.* Into this category fall both discrimination in the private housing market<sup>23</sup> and past government policies that have not specifically addressed disability.<sup>24</sup> For people in the mental health sector, anecdotal evidence is that relative cost determines whether a person receives support to live in the community or in a residential facility.<sup>25</sup>
- *Barriers created by the person’s disability.* While this places access to housing within a ‘medical model’ of disability – one that is being replaced by the broader social

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<sup>23</sup> Analysed in the McDermott Miller report, Part 10.

<sup>24</sup> The McDermott Miller report canvasses the history of disability policy in New Zealand, in Part 4.

<sup>25</sup> Cited by a member of the Project Sponsor Group.

model – the reality for many people with disabilities is that their choice of house will be limited by:

- physical suitability (particularly for people with physical disability)
- environment including location (particularly for people with mental disability, people who require proximity to health and support services, employment or occupational activity).

The unsuitability of most of the housing stock in the Bay of Plenty/Lakes region (indeed most of New Zealand's housing stock) for people with disabilities is well established and borne out by the experiences of people we consulted.

- *Barriers created by lack of information.* An aspect of housing access emphasised in the consultation process as extremely important was the ability to access the necessary information and resources about housing and support. A picture emerged of initiatives, agencies, policies and practices relating to housing for people with disabilities that were not clearly connected. It was unrealistic to expect that front line staff in agencies and services, let alone people with disabilities and their families, would know all the possibilities, and how the policies and services fitted together. A related factor that people cited as a barrier was lack of coordination among agencies dealing with people with disabilities. This can mean people being insufficiently informed of their housing choices. People said the route can be confusing and cause delays in housing needs being met. People may be steered towards housing that does not take account of all their needs, particularly for those with multiple vulnerabilities. "People get categorised, usually by their 'primary' disability, but many people have multiple disability and may need [information about] a quite different facility for combinations of disability."
- *Barriers created by lack of advocacy.* Advocacy support for people with disabilities emerged clearly in the consultations as central to accessing appropriate housing. A comment from one consultation workshop gave this perspective: "Access is also about access to the process – it's about skills and knowledge. It's access to appropriate support and advocacy." Participants in the direct consultation groups had often travelled the same path as others, apparently unaware of, or not accessing, the accumulated experience and knowledge of others in similar circumstances. A direct consultation group participant said, "you need someone to help you list and prioritise your needs. Often you're upset and don't know where to turn, and can't always express your most urgent needs effectively".

### **Some observations**

The analysis of housing need set out above lends strong weight to the well-known fact that a significant proportion of our population, through disability, have housing needs that differ in important ways from those of the general population. The analysis is an attempt to provide some insight into what this means in the Bay of Plenty/Lakes region.

Two particular factors can be expected to have an important influence on planning for future need. These are:

- The ageing population (which will affect the Bay of Plenty/Lakes region at least as much as other parts of New Zealand - possibly more so); and
- Society's changing expectations about what represents acceptable housing.
- Indications of a worsening prevalence of chronic illness causing, or leading to, disability.

Taking each of these in turn:

### *Ageing*

The earlier-cited McDermott Miller report on housing choices for disabled New Zealanders comments that housing for people with disabilities in New Zealand is a "growing" problem.<sup>26</sup> McDermott Miller relate "growth" particularly to the impact of the ageing population on disability, and consequential housing need. We conclude from our research that all parts of the Bay of Plenty/Lakes region will experience a shift towards needing greater housing provision for older people with disabilities. It will reflect the progression of currently-younger people with disability (including chronic conditions) into older age.

### *Expectations of acceptable housing*

Alongside the ageing factor are the higher expectations society now holds as to what is "adequate" housing for people with disabilities. These expectations include houses with more space, more privacy and modern features that allow the person to have a quality of life that is more than just a minimum 'getting by'. This is indicated in the literature and was reinforced through our consultation. It is being given further recognition in the shift to a social model of disability that emphasises the whole environment of housing for people with disabilities.

Changing expectations now also include achieving a much greater focus on the whole whanua/family in the provision of housing support. This was a recurring emphasis in our consultation.

### *Chronic conditions*

Our brief did not extend to researching the pattern of chronic conditions in the Bay of Plenty/Lakes region. We are aware, however, of the increasing attention being given to emerging health issues arising from chronic illness in New Zealand, particularly diabetes, respiratory and obesity conditions which can lead to disability. The path these sorts of conditions take in the future will impact on housing needs.

In concluding this part of the report, we emphasise that not all identified need will, realistically, be able to be met. A fair conclusion from our research into need, however, is that in many important respects even basic need in the region is currently not being met.

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<sup>26</sup> Page 26.

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## **4 Housing Provision for People with Disabilities**

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### **This section**

This section provides an overview of current provision of housing for people with disabilities in the Bay of Plenty/Lakes – the ‘other side of the coin’ to housing need. We divide providers into five separate categories: central government, local government, the voluntary/community sector, Maori and the private sector.

### **Central government**

The majority of central government provision of housing for people with disabilities is delivered through the Housing New Zealand Corporation. Some funding for modifications is also available through the Accident Compensation Corporation's housing modification programme.

Housing New Zealand Corporation assistance is delivered through two principal services Housing Innovations and Housing Services:

- Housing Innovations – this service includes Home Ownership initiatives, the rural Housing Programme, Community Group Housing and the Housing Innovation Fund (which is targeted at increasing the provision of social housing through local government and non-government agencies)
- Housing Services includes the provision of state houses, the Suitable Homes Service and case management. The case management approach provides a wraparound service for people with disabilities presenting with a complex housing need.

### **Community Group Housing**

Under the Community Group Housing programme (CGH), housing is leased to not-for-profit groups which themselves are in the business of providing housing in conjunction with support services. These may range from so-called "24/7" - intensive around the clock support - through to periodic support. The Corporation provides the house and the health/disability sector is responsible for funding which includes not just the cost of the support services themselves but also the rental component as assessed by the funder.

Currently, CGH provides a total of 60 properties with 201 bedrooms. Expansion of this activity is primarily demand driven. It requires community-based organisations to be satisfied they can support the associated rental commitment. The Corporation rents community group houses under the periodic tenancy provisions of the Residential Tenancies Act, which allows a tenant to terminate a tenancy on 21 days notice. This is not, however, the only factor which a community organisation needs to take into account. The commitment to accept a tenancy of a community group house is also a commitment to each of the people living in the house to maintain their living arrangements for them. This can mean carrying one or more vacancies if the house is not fully occupied. In turn this means that the organisation must be satisfied that it can

attract both the funding needed to maintain the commitment, and the staff to provide the support services.

Currently there appears to be a mismatch between the way in which the Corporation sets the rental, and the way the funder reimburses provider organisations. The funder applies what is referred to as the 'transparent pricing model'. This includes, as a component in the support package for an individual disabled person, an estimate of the market rental the lessee provider organisation will need to pay, based on current rentals in the area where the person will live. This is fixed independently of the rental agreed between the organisation and the Corporation. The not uncommon result is that the provider organisation is under-funded in terms of housing costs.

This is one disincentive to organisations seeking additional properties to accommodate people with disabilities. Others include difficulties in attracting sufficient suitably experienced and qualified staff, and a concern that group housing can resemble re-institutionalisation. This includes the fact that the individual is not the tenant – the organisation is – and the individual typically has little or no choice over whom the property is shared with.

### **Suitable Homes Service**

The Suitable Homes Service (SHS) is targeted to people with physical disabilities. To be eligible applicants must:

- Have a long-term disability (lasting longer than six months), and
- Require modified housing.

The range of services offered is impressive. It includes:

- Helping find a suitably modified home.
- Funding modifications to HNZA properties of \$200 or less and advice on how to get funding for modifications over \$200.
- Coordinating the range of stakeholders involved to *get* housing modifications done, *such as* specialist housing needs assessors who provide customers with professional housing assessments and help customers with funding applications to either ACC, Ministry of Health, or via private sources.
- Facilitating access to mediation or arbitration services to overcome difficulties that may arise during the modification process.
- Access for eligible applicants or private owners to HNZA's rent subsidy funding.

The policy is designed to give quite significant priority to people with disabilities in the allocation process. It includes requirements such as:

- Case Managers are responsible for all SHS applications<sup>27</sup>. Case Managers must be advised when HNZC modified properties become vacant. No modified properties can be re-let without the approval of a Case Manager.
- SHS applicants confirmed on the waiting list must receive priority when allocating vacant HNZC modified properties. SHS applicants will also receive priority for the allocation of properties that can be readily modified to meet their specific needs.<sup>28</sup>

On its face, the SHS policy looks as though it should be a readily available answer to the housing needs of any person with a physical disability who meets the two criteria of long-term disability and requiring modified housing.

As part of our desktop data analysis, the Corporation provided information on the number of SHS applications it had received in the Bay of Plenty of between July 2003 (when the policy was first available) and June 2006.

Over the almost three-year period a total of 222 applications were received of which 177 were for rental, 33 for modification (with the assumption that these were for non-Corporation dwellings) and 12 were not categorised. Sixty one of those applications were terminated. Of the remaining 161, 84 appear to have been housed. It is unclear how many of these have had modifications completed. The remaining 77 were at various stages of processing. The figures, both for applications and for the number of Corporation properties made available to people who met the two criteria, are surprisingly low. After allowing for applications which did not proceed, they represent an application rate of less than 55 per annum for the whole of the Bay of Plenty. All of the information available for this report, both from desktop data analysis and from the consultation phase, suggests that the numbers of people with disabilities who could benefit from the SHS is very much higher than the number of people who have actually approached the Service. The Corporation was asked if it could account for the very low level of applications.

The reasons they identified included that:

- There has not yet been any campaign to promote the Service. There has been only limited awareness of the Service in the part of the disability support groups. As a consequence there have been relatively few referrals.
- There is a widespread public perception that the Corporation deals only with low income families. This is not the case with the SHS where the only eligibility criteria are the permanency of the disability and the need for a modified home. The likelihood that there is a general belief the service is confined to low income households is borne out by the fact that the great majority of applicants are existing or new Housing New Zealand Corporation clients who met the Corporation's income criteria.

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<sup>27</sup> In the Bay of Plenty/Lakes region simple modifications are facilitated by housing advisers and more complex applications are managed by case managers.

<sup>28</sup> This is a Bay of Plenty/Lakes practice. The Corporation's standard policy gives preference to SHS applicants list with a confirmed waiting list segment of 'A' or 'B'.

- It is possible that the Corporation has not captured information on all of the cases which have been dealt with by the Service.

### **Matching house type to need**

The analysis of housing need in Part 3 above identifies the relationship between disability and house size as an indicator of need. We noted that in households where there were children with disability, larger homes with more bedrooms would be needed if the house was to allow for accommodating a care-giver and provide separate space for the child.

If, as part of an application for a state house, an individual or family presents with some supporting evidence that one or more additional bedrooms are needed because of disability type or to accommodate a care giver, the Corporation tries to provide for that need. By way of example, we were advised that the Corporation has relocated two adjoining smaller houses to create one six-bedroom house for a family in the Bay of Plenty, to meet the need for separate bedrooms due to disability. Without the disability criteria, that household would have been assessed as requiring four bedrooms.

### **Accident Compensation Corporation**

The Accident Compensation Corporation web site describes its housing modification service in the following terms:

"Modifications to residential premises" means alterations to the claimant's home that assist the claimant to live as independently as possible, and includes the removal of structural barriers or the addition of features fixed to the home.

"The purpose of this service is to promote independence in daily living. Residential modifications may also be considered as a cost-effective alternative to providing other supports."

The Corporation does not maintain a regional register of the cases it works with so has been unable to provide figures on the number of cases it has assisted within the Bay of Plenty/Lakes region<sup>29</sup>.

### **Local government**

Local government housing provision is restricted to older persons or pensioner housing. It is the legacy of a government programme which, primarily in the 1960s and 1970s, funded the provision by local government of rental housing targeted towards low income older people. At the time, the eligibility requirements imposed by the government ensured that only older people could be accommodated, and only if they met quite restrictive income and assets tests. The housing was built to guidelines which restricted the quality of provision (funding restrictions meant that the majority of housing was either bedsitting room accommodation or small one-bedroom accommodation).

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<sup>29</sup> This information was provided by a member of the Corporation's staff in response to a request for numbers.

The government no longer imposes eligibility conditions. Instead, these are a matter for local authorities themselves. Typically units are targeted towards older people/pensioners with limited means as confirmed through income and asset testing. Rentals are normally set to cover costs (other than cost of capital) and are usually well below equivalent market rentals. Elsewhere in New Zealand, it is now common for local authorities to let a portion of their Older Persons Housing to younger people, normally on the basis that they are on a long-term benefit so that this extension of eligibility is effectively targeted to younger people with disabilities. This is not the case in the Bay of Plenty. With one minor exception (Opotiki) local authority housing is still reserved for older people.

The numbers of units available within the different local authority districts in the Bay of Plenty/Lakes region is:

<b>Local authority</b>	<b>Number of units</b>
Opotiki	14
Rotorua	126 single, 20 double
Taupo	57
Tauranga City	254
Western Bay of Plenty	70
Whakatane	79

Generally, all six<sup>30</sup> local authorities seek to operate their older persons housing portfolios on a basis which is cost neutral to ratepayers. None are seeking to expand the level of provision, unless it can be done at no cost to ratepayers (which essentially implies unless government funding is available for all or a majority of the capital cost). Three at least would clearly prefer to dispose of their portfolio, for reasons ranging from a belief that specialist providers would be better equipped to manage it (Western Bay of Plenty) to the judgment that they are really surplus to need (Opotiki which believes that there is sufficient capacity elsewhere in the community). One local authority, Rotorua, has made active use of the Housing Innovation Fund to upgrade part of its portfolio.

Local authority Older Persons Housing is not managed as a resource to provide accommodation for the frail elderly. However, tenancies are long-term. There is a need for this housing to be managed in the recognition that the relatively healthy 65 - 70-year-old who takes up a tenancy, will become a frail 85 to 90-year-old needing support. This has implications both in terms of the services provided (and who provides them), and for design. Neither have yet really been addressed, primarily because of funding implications. A further issue for this type of housing is that most of it was built 20 or more years ago. Community attitudes regarding the acceptable minimum standard for accommodation in which a low income elderly person or couple should spend the remaining (perhaps) 20 or more years of their life have changed quite markedly. A 27 square metre bedsitting room or a 36 square metre one bedroom unit may once have been acceptable. Now the prevailing view is that accommodation needs to be adequate,

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<sup>30</sup> Kawerau District Council owns 27 units which were originally constructed as older Persons Housing. These are now leased to a local rest home and so treated, for the purpose of this report, as falling outside the local government sector.

for example, to allow for the possibility that grandchildren may stay overnight, or that there should be provision for a caregiver.

### **Voluntary/Community Sector**

Neither the desktop data analysis nor the consultation phase identified any significant provision of housing, within the voluntary/community sector, to support independent living for people with disabilities (other than housing provided through Housing New Zealand Corporation's Community Group Housing programme).

There is some provision of older Persons Housing through organisations such as the RSA. This housing was funded on the same basis as local authority Older Persons Housing and originally under the same constraints. It is now available for people who are RSA members, and capable of maintaining independent living. It will face the same issues of increasing levels of frailty as will arise with local authority pensioner housing.

### **Maori**

There is an absence of desktop data on provision by Maori, for Maori, of housing for people with disabilities. However the consultation phase confirmed that most marae within the Bay of Plenty incorporate kaumatua housing. Much of this was built around the same time and to the same standards as local authority pensioner housing.

Originally it provided housing for relatively active older Maori who wished to live within a marae environment. Discussion with Maori organisations involved with kaumatua housing suggests that the circumstances have now changed quite significantly. These organisations report that Maori occupying kaumatua housing are often more frail than was the case when this housing was first established. They may be moving into a kaumatua flat because it has become difficult for their families to care for them. As currently managed, kaumatua housing is not capable of dealing with this type of need. It is inherently physical provision of housing rather than provision of a bundle of housing and support services. Based on what we have been told, there does appear to be a good case for the progressive review of the circumstances of Maori in kaumatua housing, with the objective of determining what their support needs are and how those should best be met.

### **Private sector**

From all the evidence obtained both through desktop analysis and through consultation, it is clear that the majority of people with disabilities meet their housing needs through the private sector. Some do so through home ownership, or as members of households who are homeowners. Others do so through the private rental market.

To determine how far the private market was oriented to meeting the needs of people with disabilities, discussions were held with the Bay of Plenty's largest real estate grouping, an organisation which has a significant market share in residential sales and manages more than 1200 rental properties. The focus of those discussions was on how the rental market meets the needs of people with disabilities.

The chief executive asked each of his rental property managers what their experience was of dealing with people with disabilities. Only one manager reported any awareness of dealing with someone with a disability and this was a single case where the client was in a wheelchair. Such was the low reporting rate that the chief executive wondered whether there was some separate structure within the Bay of Plenty through which disabled people accessed private rental housing.

The discussion also explored the extent to which this agency grouping was aware of the support which would typically underpin rental arrangements for a person with disabilities, or a family with a disabled member. There was virtually no awareness of the extent to which disability support organisations will normally work with their clients to ensure their tenancies are well-managed, rental paid on time, and the property reasonably well maintained. In response to that information, the agency indicated a willingness to ensure that its own staff were better trained in understanding both the needs of people with disabilities and the potential advantages for a landlord, or a property developer, in meeting the needs of people with disabilities. It also expressed interest, in principle, in working with the disability sector both to improve information flows and to ensure better access to appropriate rental and other property.

We have no reason to believe that the situation would be significantly different with any of the other well-established real estate agencies.

### **Summary remarks**

This outline of current housing provision for people with disabilities in the region highlights the considerable, and quite immediate, gains that could be made through the better management of information and collaboration among funders, providers, disability support organisations and local government. The recommendations that follow in Part 5 are in part designed to take this opportunity forward.

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## 5 Conclusions and Recommendations for Future Action

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### This section

This section deals with the project objective "to identify *practical responses* that could be made at the regional level to meet unmet need".

It builds on material covered in earlier sections of the report, and also introduces new material relevant to considering what recommendations should be made in response to issues identified in the report.

The desktop data analysis and consultation phases of this project make it clear that there is substantial unmet need across the Bay of Plenty/Lakes region for people with disabilities. This is true whether it is looked at in terms of the absolute numbers of housing units readily available for people with disabilities, or whether it is looked at in terms of "fitness for purpose".

Those two phases of the research also highlighted that housing needs for people with disabilities can be very different from general housing need, and in a host of ways – a point which may be too often overlooked.

In this part of the report we deal with seven distinct issues contributing to unmet need where we are satisfied that practical responses can be put in place at a regional level. These have been selected from the wide range of issues identified during the desktop data analysis and presented to us in the consultation phase. They have been selected as those issues either where we expect that the greatest progress can be made, or that we assessed as having the highest priority for change (information/advocacy is an example of the first and agency coordination an example of the second).

Not all of the issues raised by the research – especially during the consultation phase – are directly addressed in our recommendations. We believe, however, that the recommendations we put forward are likely to help resolve a number of these. For example, a recurring theme during consultation was the lack of housing choice and flexibility offered to people with disabilities. The recommendation on information/advocacy, if implemented, should make a very worthwhile contribution to dealing with this particular concern.

Our selected recommendations also recognise that there are some aspects of dealing with unmet need that cannot be addressed purely at a regional level. One obvious example is the level of funding the government is prepared to make available. At a *national* level, funding is an issue which can be treated as being 'at large', if there is the political will to do this. At a *regional* level it is a given within the budgets allocated to the regional arms of the different funding agencies.

Finally, we note also the various national initiatives currently at various stages of implementation that should also contribute to dealing with the unmet housing need of people with disabilities at the regional level. These include:

- Ageing in place
- The New Zealand Disability Strategy
- The New Zealand Housing Strategy.

The seven issues we have explored with a view to future action are:

- Agency coordination
- Regional databases
- Supply of houses for people with disabilities
- Housing design
- Information/advocacy
- Local authority housing
- Kaumatua housing.

## **Recommendations**

### **1 Agency coordination**

#### *Discussion*

Responsibility for the funding and provision of housing for people with disabilities (including housing modifications) is divided amongst a number of agencies, each with the primary responsibility for delivering on its own mandate. No single agency appears to have an overarching responsibility for the housing needs of people with disabilities.

The consultation phase highlighted the impact which this can have both on people with disabilities and on disability support organisations. Three separate themes came through in terms of agency coordination:

- First was the difficulty people with disabilities, their families or organisations working with them, have in accessing information on the full range of financial and other support which could be available. Each agency was knowledgeable about what it could offer, but not necessarily about the options available from other agencies.
- Second was a natural tendency for agencies to protect their budgets – to focus on whether a person's needs came within the rules which allowed access to their funding, or whether it was perhaps some other agency which should be responsible. In one sense this is entirely appropriate behaviour. Government agencies are required to manage expenditure within terms of the authority they have which ultimately is a function of the Parliamentary appropriation process. They do not have the discretion, currently, to spend outside their authority. The often limited resources they hold provides an incentive for them, whenever there may be some doubt about

which programme and agency should be responsible, to identify the need as the responsibility of a different agency. This may be prudent management of agency funds considered from that perspective. However, from the perspective of a disabled person, the increased transaction costs of being referred from one agency to another, and the delay in meeting the person's needs, can be very counter-productive, especially as almost invariably the ultimate funder is the taxpayer.

- The third theme was reflective of the second, but concerned funding for disability support organisations rather than people with disabilities themselves. This was a combination of apparent inconsistency between the funding/provision policies of different agencies, and a tendency to protect the budget of one agency at the expense of another. As one example, houses made available under the Community Group Housing scheme are rented to community organisations. The rental is determined by Housing New Zealand Corporation in accordance with its market rents policy. The disability support organisation receives the funding it requires to pay that rental, and other support costs, from the Ministry of Health through a district health board. The transparent pricing model applied by the DHBs within the Bay of Plenty/Lakes region includes an estimate of the market rental different types of housing units should attract in different localities. It is apparently often the case that the estimated rental will be lower, perhaps significantly so, than the rental charged by Community Housing. There is no apparent logic for the difference. It seems purely a function of the fact that different departmental/agency Votes are responsible for providing the house on one hand and, on the other, funding the people with disabilities who may occupy the house.

In terms of future action, there are two possible courses:

- There is clearly a case for better coordination between agencies, especially in terms of assessing the needs and consequent support available for people with disabilities. There are two dimensions to this. The first is simply access to information. The second is how to deal with the situation which arises when there is an inter-agency difference as to who should have the responsibility for meeting someone's needs. Access to information is, we believe, best treated as something which should be handled as part of a wider information/advocacy role based in the community. We elaborate on this in the section dealing with information/advocacy.
- The second issue requires an agency response. In any situation where it is clear that ultimately someone with disability will receive funding to meet their needs, but where the issue is which agency should provide it, we do not believe that the interests of a disabled person should be affected by jurisdiction. Instead, we believe there should be arrangements in place which enable the provision of funding to go ahead while the jurisdictional matter is being settled.

*Recommendations*

Rec 1a	<p>That in cases where there is uncertainty as to which agency should be responsible for funding housing support for eligible people with disabilities, an agreed lead agency pick up the immediate funding responsibility without waiting for jurisdiction to be resolved. This could be done either by:</p> <ul style="list-style-type: none"> <li>• determining that, in the case of a jurisdictional uncertainty, responsibility is picked up by a named agency until jurisdiction is resolved</li> </ul> <p>or, alternatively,</p> <ul style="list-style-type: none"> <li>• an individual or agency be tasked with the responsibility of determining which agency should pick up the interim responsibility.</li> </ul>
Rec 1b	<p>That once jurisdiction is resolved, responsibility for meeting the needs of the person with disabilities, and the costs incurred, both up-to-date and for the future, are picked up by the agency which is determined to have the responsibility.</p>

**2 Regional databases**

*Discussion*

The decision to commission this report can be seen as an important first step by the funding partners in improving the quality and coverage of information on the needs of people with disabilities in the Bay of Plenty/Lakes region. In the interests of funders, providers, disability support organisations and people with disabilities themselves, we urge that the funding partners continue the initiative. Amongst the further steps which our experience in undertaking this project suggests should be a priority are:

- Developing and maintaining a single database of organisations working with people with disabilities, including keeping current for each organisation their key contact details. This will address one of the logistical issues this project confronted: the considerable difficulty in obtaining information both on the organisations working with people with disabilities (including which disabilities) and how to contact them.
- Developing and maintaining a single database of public sector housing provision for people with disabilities, covering both central and local government. This should include information on the number and type of properties, and current occupancy.
- Exploring whether it is possible to create a regional database of actual disability by type and severity. DHBs already maintain what is intended to be a comprehensive database of health status, with information input by GPs, and by hospitals, based on

their contact with individuals in health need. This Read Code database<sup>31</sup>, as it is known, is structured around health status and does not record information on disability. This is a major gap for policy-making and decision-making on service delivery. If it could be filled, there would be considerable benefit to people with disabilities within the Bay of Plenty/Lakes region.

- Encouraging individual agencies working with people with disabilities to record data on their client transactions so that, as far as possible, their databases can be interrogated to provide regional information on a consistent basis. To illustrate the significance of this, we found that the Accident Compensation Corporation maintains its data on individual client files held in local offices. This makes it difficult to get an overall picture of the extent to which the Corporation is involved in funding housing modifications. It means that significant information – the location of modified houses, and the nature of modifications, is difficult to access. As a result, there is a real risk of loss to the disability sector of an important asset.

Such initiatives would be timely not only as a follow-on to the work undertaken on this project, but also as a means of a building on the growing research programme of the Centre for Housing Research Aotearoa New Zealand. Their work programme includes two new research projects which should be of particular value for improving local understandings of how best to meet the needs of people with disabilities. The projects will deal respectively with:

- Accessible housing for the future ageing and disabled population in New Zealand. This 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/Lakes region. This will investigate the links between housing, work and educational opportunities across the Bay of Plenty/Lakes region. The research findings will be used to design and present a range of options aimed at alleviating any identified mismatches and resultant stresses.

#### *Recommendation*

Rec 2	That the funding partners for this project continue their investment in improving the quality and coverage of information on the needs of people with disabilities in the Bay of Plenty/Lakes region. The examples covered in the discussion above would represent a very good starting point.
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### **3 Housing supply for people with disabilities**

Here we are concerned about the availability of housing to meet the needs of people with disabilities. There are four separate issues involved:

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<sup>31</sup> This is the database used by the Bay of Plenty District Health Board. We understand that other DHBs may use a different database but that the same issue of not recording data on disability (unless it relates to clinical presentation on admission) still arises.

- The nature of the housing itself. This is dealt with in the following section on housing design
- Tenure
- Location
- Affordability.

*Tenure: Discussion*

Tenure is an issue for people who rent rather than own. Housing New Zealand Corporation and other public sector landlords, such as local authorities, offer tenants what amounts to permanent tenure. The private market, which provides somewhat in excess of 80% of all rental housing, does not<sup>32</sup>. The average length of a residential tenancy in New Zealand is approximately 10 months. This average covers a very wide range of different circumstances, from tenants who themselves are highly mobile, to quite long-term rental arrangements, but it does highlight the relative insecurity most tenants face.

Security of tenure is not just a matter of knowing that you can expect to remain in a property as long as you wish. It also includes issues such as feeling that you are in a safe environment. This came through in the consultation phase with examples such as mixing people of very different ages and with very different disabilities within a single block. The interaction between tenants with those differences can create an extremely stressful situation, especially for older people.

Our consultation identified a lack of understanding by many people with disabilities of how to access the private market. This was often coupled with a lack of the information and skills to do so effectively. We found a similar lack of understanding, on the part of people in the private market (especially the "gatekeepers" - the property managers responsible for letting properties), of the needs of people with disabilities and the potential benefits for landlords from letting to people with disabilities.

This is a particular problem for people with disabilities who need and wish to commit to a long-term tenancy arrangement, especially if they require a property which is either capable of being modified to meet their needs, or has been purpose-built to do so. Currently, the rental market does not appear to be geared towards meeting this need.

*Recommendation: Tenure*

A recommendation on establishing an information brokerage/advocacy position to address this matter is included in the later section on information/advocacy.

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<sup>32</sup> The question of whether there should be statutory provision requiring landlords to provide more certainty of tenure for tenants will be addressed in the forthcoming review of the Residential Tenancies Act

*Location: Discussion*

Location can be a critical issue in the suitability of housing for a person with disabilities. For a frail older person, closeness to services such as shopping, health care etc may make a difference between being able to maintain independent living (perhaps with some support) and needing to move into residential care.

For a mental health consumer, living independently in the community is a much more sustainable option if the accommodation is close to their support services.

The same general concern arises in one way or another with virtually every type of disability. This is especially the case if the housing is located in a rural area. For Maori with a disability this may be partly offset by the wish to live on their turangawaewae.

The importance of location is something which providers should, as a matter of course, factor into any decisions made when providing housing for people with disabilities.

*Recommendation: Location*

Rec 3a	That providers of housing for people with disabilities ensure that they understand the location needs of the people for whom the housing is intended and, to the extent possible, make sure those needs are met.
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*Affordability: Discussion*

Affordability is obviously a problem for any low income household, whether it is considering renting or purchasing. In this report we do not consider the question of affordability in respect of rental housing, taking the view that interventions to reduce the cost of rental housing are primarily a matter of national policy through the social welfare system (for example through the accommodation supplement). Instead, we focus on affordability from a home ownership perspective.

There is substantial evidence that, across the Bay of Plenty/Lakes region, there are very real problems of affordability resulting from:

- a combination of high housing costs relative to income (especially Tauranga , Western Bay of Plenty and Taupo),; and
- low incomes (especially in the Eastern Bay of Plenty and Rotorua).

The relatively low incomes of many people with disabilities (see page 38) suggests that for them the problem of affordability is even worse.

Real estate sources within the Bay of Plenty/Lakes identify the cost of land as the critical factor in the increasing cost of housing. We expect this issue to come under increasing scrutiny in its own right. This will occur as the impact of high land costs on the social fabric of a number of Bay of Plenty/Lakes communities is better understood. To the extent that scrutiny finds ways of addressing the factors driving land price increases (especially some of the fees and other costs associated with land development), it will be

of benefit to all potential homeowners. What we consider here is whether there are initiatives which could be targeted specifically to the needs of people with disabilities to improve housing affordability.

For this purpose we have reviewed a number of different initiatives internationally including, for example:

- requiring developers to set aside a portion of any development for affordable housing
- the development of housing cooperatives
- equity share arrangements
- "sweat equity" options.

We have concluded that none of these are likely to make a significant contribution to the needs of people with disabilities. One other option, however, does appear promising. This is an American-originated initiative, the Community Land Trust (CLT).

### **Community Land Trusts**

The idea of the CLT is attracting interest more widely as a means of creating affordable housing which can be kept, permanently, within the pool of affordable housing available within the community. The following description is taken from a recent report<sup>33</sup> prepared for the Mayor of London:

“A CLT seeks to balance the needs and interests of the individual with the interests of the community as a whole. It does this by separating the value of the land from the cost of the property on it. A CLT holds the freehold of the land in perpetuity, and leases it to the owners of the buildings on it, who are often individual home owners or co-operatives. It is this long-term ground lease that regulates the occupancy and limits the resale value of the property. Each CLT will formulate its own resale value. Typical of many CLTs is a shared appreciation resale formula, whereby upon resale the home owner benefits from a share in the appreciation of the house and the value of any improvements, whilst the CLT also benefits from any appreciation in the property. This enables the home to be kept affordable for the next homeowner, with the cost of buying a house reduced by 25-30 per cent below market rates.

“The individual benefits from gaining access to home ownership, something that previously might have been beyond their reach. Homeowners are then able to build up a private asset, receiving a share in its appreciation through receipt of a net gain in equity upon reselling. When their equity stake is realised they are left in an economically stronger position than before, and are able to move more easily into the private property market. For the community, there is the benefit of a permanent supply of affordable housing, resale after resale. Public subsidy used to make the housing affordable is locked into the land beneath the housing and is continually recycled, with any increases in value enabling the CLT to expand, acquire more land and provide more affordable housing.”

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<sup>33</sup> Community Land Trusts and Mutual Housing Models: A Research Report for the Mayor of London, Greater London Authority Housing and Homeless Unit, November 2004

Development of the model is not without its challenges. It requires strong governance to ensure protection of the interests both of the community, and of individual homeowners. Above all, it requires access to land at no cost. Elsewhere, particularly in the United States, this has normally come either from donations from supportive individuals or (more commonly) from the local authority.

In a New Zealand context development could well be through a mix of:

- individual donations
- support of major philanthropic trusts
- central government funding
- local government support (perhaps by making land held by the Council available at a discount, perhaps by waiving the Council imposed costs such as the subdivision impact fee).

*Recommendation*

Rec 3b	That the sponsors of this project consider adopting the Community Land Trust model <sup>34</sup> as a means of helping address the problem of housing affordability for people with disabilities.
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**4 ‘Lifetime Homes’ and universal housing design**

*Discussion*

A significant factor in the lack of housing supply for people with disabilities is the unsuitability of the vast majority of New Zealand houses, in terms of physical design. A recurring theme in the literature on housing for people with disabilities is the need to re-think how new houses are designed, and existing houses re-designed, to be more liveable for disability.

The idea of housing better designed for people with disabilities was strongly supported by participants in the consultation. Most saw it as a very practical way of catering for a majority of people with physical, sensory and frailty disabilities.

Two concepts that are gaining ground internationally are ‘lifetime homes’ and universal housing design.<sup>35</sup>

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<sup>34</sup> There is a view that establishing third sector organisations with the capacity to manage such a scheme would require considerable time and financial resources. We do not agree. That view may be a correct reflection of current experience with the attempt to establish third sector housing organisations in New Zealand. However, from our extensive experience with third sector organisation issues, both in New Zealand and internationally, we consider that it is more a function of the particular approach taken than an inherent feature in the use of third sector organisations.

'Lifetime homes' focuses on designing homes that are flexible and easily adapted for disability. For example, in bathrooms lifetime design would provide the space and plumbing for a wet area shower and put extra framing in walls to provide strengthening for the future installation of safety rails. Lifetime homes also incorporate some structural and access features. The benefits for people with disabilities are:

- Anticipating the likelihood that many households will at some stage in their lifetimes accommodate a person with at least temporary disability, and in many cases ongoing disability, including the possibility of responsibility for caring for a person with disability in the home.
- Greatly improving the liveability of homes for people with disabilities, and hence their quality of life.
- Providing a solution to accommodating the services of a carer, since the design features of lifetime homes overcome some of the physical difficulties of care giving – and may in fact reduce the cost of care provided in the home as compared with 'ordinary' houses.

Universally-designed houses actually include features to support disability – for example, including a wet area shower and rails in the build.

Both concepts – lifetime homes and universally-designed homes – have the advantage that they involve housing that would benefit, and appeal to, a much larger population than just people with disabilities. This makes them a potentially realistic future solution to meeting the housing needs of people with disabilities, if the cost-benefit relationship is positive. There is anecdotal evidence of a small but apparently growing tendency for new homes in New Zealand, and houses being structurally renovated, to have built-in features to assist accessibility. A Tauranga real estate agency also reported to us a growing preference among home buyers for homes with features such as level access and key functions on the ground floor.

Housing New Zealand Corporation requires its new buildings to fulfil its generic design briefs which include features embracing the concepts of universal design and accessible housing. Two-storey houses are required to have at least one bedroom with adjacent accessible bathroom to be located on the ground floor on appropriate sites.

Ultimately, if the concepts of lifetime homes and universal housing design were to become a norm, the focus in housing provision for people with disabilities could shift from providing for the '100 percent' of people with a disability-related housing need to providing for those with needs over and above the features of a lifetime or universally-designed home. It is likely these would be for people with more severe physical and sensory disability, people with disability conditions related to mental health, intellectual

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<sup>35</sup> Background on Lifetime Homes can be found on the Joseph Rowntree Foundation website at <http://www.jrf.org.uk/housingandcare/lifetimehomes>. The site includes details on standards the Foundation has developed. Background on universal housing design can be found in many sources. A good source is the Australian Network for Universal Housing Design, <http://www.anuhd.org>.

and behavioural disabilities, some chronic conditions and people with a less common disability.

There is a considerable resource available to anyone who wished to pursue lifetime homes and universal housing design, in the form of theory and practice being developed overseas.

A significant initiative is already underway, being led by CCS, to promote the concept of lifetime homes in New Zealand, based on the work of the Joseph Rowntree Foundation in the UK and being adapted to New Zealand. The project involves negotiations with the home building industry, including merchants, manufacturers, builders and designers. It is expected to be launched later this year.

Considered together or separately, lifetime homes and universal housing design have the potential to address the need for accessible, liveable homes faced by a large proportion of people with disabilities. Along with the CCS initiative, we believe there is considerable scope to promote these concepts at a regional level, and begin moving towards seeing more new houses built, and more houses renovated, in line with the principles they embody. It is important that the pursuit of these concepts should have a focus beyond mobility-related disability. (The current NZC 4121: Code of Practice for Design for Access and Use of Building and Facilities by Disabled Persons is heavily weighted to wheelchair bound users, and is not necessarily an ideal model for people who are ambulant but who are affected by other disabilities.)

#### *Housing design and other disabilities*

Separate attention needs to be given to designing houses suitable for people with disability conditions related to mental health, intellectual and behavioural disabilities and some chronic conditions. During consultation, for example, participants talked about the situation of children with autism and the need to modify the home with stronger wall linings, recessed fittings and sound proofing. These are not typically funded.

Some chronic conditions manifest in limited mobility causing disability leading to a housing need. These would be significantly met by lifetime homes and universal housing design.

Respiratory conditions, not always thought of as disability, in fact can have disabling consequences. The Healthy Homes initiative is making significant inroads in the Bay of Plenty/Lakes region, addressing the relationship between warm, dry, affordable housing and relieving the effects of respiratory health problems. An evaluation of the pilot project in Rotorua<sup>36</sup> has reported highly successful results as measured by reduced impact of respiratory conditions. The Rotorua Healthy Homes Project is a partnership between Work and Income, the Energy Efficiency and Conservation Authority (EECA), Rotorua District

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<sup>36</sup> *Evaluation of the Rotorua Healthy Homes Project – Pilot 2005*. Undertaken for the Rotorua Healthy Homes Steering Committee by Diana Beattie. November 2005.

Council, Health Rotorua, Rotorua Energy Charitable Trust, Lakes District Health Board and the Bay of Plenty Community Trust.<sup>37</sup>

Healthy Homes has particular benefit for Maori households because of the prevalence and compounding impact of respiratory illness in the Maori population. A participant in the Rotorua pilot is quoted in the evaluation report as saying “the best thing that could have happened for me and my whanau”.

The emphasis of Healthy Homes is on health inequalities (the scheme is targeted to low-income households) rather than disability per se, but the scheme has the ability to be linked positively into strategies for tackling the connections between disability and housing. The Rotorua evaluation recommends that future priority be given to households where other non-respiratory health conditions or *physical disabilities* are present.

#### *Building code*

The building code in New Zealand is currently undergoing a major re-write, with results expected in 2007/8. This is perhaps an opportunity for the Sponsor and Steering Groups to seek provisions that support housing design for disability, using the evidence of need that has emerged from this project. One aspect that could be addressed is allowing local authorities the discretion needed to approve design features in line with lifetime homes and universal housing design.

#### *Recommendations*

Rec 4a	That the forthcoming CCS initiative to promote the concept of lifetime homes be endorsed and actively supported by Housing New Zealand Corporation and the other members of the Sponsor Group and Steering Group. Their support should include discussion with local authorities in the Bay of Plenty/Lakes region on facilitating lifetime homes through planning and building procedures and through the promotion of information on designing, building and marketing lifetime homes.
Rec 4b	That regional-level strategies for tackling the housing needs for people with disabilities in the Bay of Plenty/Lakes region be linked into the Healthy Homes initiatives being implemented around the region.

## **5 Information/advocacy**

### *Discussion*

There are two dimensions to the information/advocacy issue on which we make recommendations. The first concerns the financial and other support which a person with

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<sup>37</sup> In a separate initiative, Housing New Zealand Corporation has joined with district health boards in the Auckland and Northland regions to operate the Healthy Housing Programme. The programme focuses on reducing the risks of diseases associated with overcrowding, and encompasses aspects of disability. It aims to generally improve housing conditions within Corporation properties in those regions. It is currently being established in Fordlands, Rotorua.

disabilities may be able to access through one or more public agencies. The second dimension is the nature of information flows (or lack of information flows) in the private housing market.

It is often said that knowledge is power. This is only partly true. In terms of the power of a person with disabilities to access the full range of support from the different providers who may be involved, information is only a precondition to the exercise of power. Without it, the person has little prospect of identifying, and then accessing, that support. With it, their prospects certainly improve but accessing their full support also requires they have the skills and understanding needed for successful negotiation through what are sometimes very difficult processes. Hence, there are two separate components required if a person with disabilities (and for that matter most other people) is to deal successfully with the provider/funding system: good information and good skills.

The point was made during consultation that "Access is also about access to the process – it's about skills and knowledge. It's access to appropriate support and advocacy."

The importance of information in its own right was also stressed as a key issue in maintaining self-determination and independence, as illustrated in the following two quotes:

"Participants also linked the lack of easily accessible information to loss of self determination and independence. A participant in a direct consultation group summed up what many people said in expressing this point. "We do not want to be told what to do. This comes from not knowing what to ask, so you don't get the best answer. OTs might not suggest [options] and if you don't ask, you don't get! There aren't many people who know what an OT can do for you. Who do you ask? There is no knowledge in the community about who does what – what is available."

"Information and co-ordination across agencies and services were also seen as necessary to allow proactivity in ensuring adequate housing provision. One participant observed that "no-one looks ahead, especially with aging. You get things *after* you need them. You'll get a wet floor shower after you've fallen in the old shower!" This can lead to avoidable injury or deterioration of an individual's condition and independence."<sup>38</sup>

The consultation phase highlighted again and again that access to information is a very crucial issue for people with disabilities, and one that currently is not well managed. In a way that should not be surprising. It is reasonable to expect of a single agency that it will be expert in the support and funding which it offers. It is less reasonable to expect it to be equally expert in what other agencies offer.

From a single agency perspective, this may not necessarily be seen as a problem. Their job is to administer their programmes within their budget. However, from the perspective of a person with disabilities, the result may be a partial or inappropriate diagnosis of their needs. This may simply be seen as an inevitable consequence of the current structure

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<sup>38</sup> *Housing Need for People With Disabilities in the Bay of Plenty/Lakes Region*, Third Milestone Report. McKinlay Douglas Ltd and Etain Associates, May 2006.

of the public sector and thus beyond the ability of individuals within a single agency to ameliorate.

As we have seen in the above discussion of the Suitable Homes Service (pages 42 and 43) the problem is not just one of individual agencies not being expert in what other agencies provide. It is also a problem of how an agency makes the nature and coverage of a service well understood, especially when the service is acting in a way contrary to "normal" understandings of what the agency does (in this case, the "normal" understanding that Housing New Zealand Corporation deals only with low income households).

Some consultation participants raised the idea of a "one-stop" shop as a means of addressing the information problem. This would imply a single decision-making point, or at least a single point of access. We think that might prove too difficult to implement, especially as a regional initiative within national organisations (there could, for example, be precedent implications that agency head offices may not be able to accommodate easily).

Instead, we think the better option would be the establishment of at least one position (and more, if demand required it) within the voluntary/community sector, in each of the three main parts of the Bay of Plenty/Lakes, for a specialised information broker/advocate. We elaborate on that role after discussing the private housing market.

We have already referred to our discussions with a major real estate agency. Those discussions highlighted the lack of information (and perhaps skills) people with disabilities may have in respect of the real estate sector. They highlighted also the lack of knowledge the real estate sector and property investors have regarding both the needs of people with disability and the commercial opportunities which they present. Amongst the possibilities we discussed were:

- Briefing people working in both the property management and residential sales areas on the types of property most likely to meet the needs of people with disabilities. This should make it relatively easy to identify suitable properties when they come available. Provided that there was a single point of contact within the disability sector, it would then be attractive to refer that property, so that people with disabilities who were potential tenants or purchasers could be contacted. (The importance of a single point of contact is that, like most businesses, real estate operates on the basis that time is money so reducing transaction cost is extremely important.)
- Briefing both agency staff involved in property development, and property developers themselves, on the potential advantages of renting property to people with disabilities (long-term tenancy, the presence of a support organisation committed to ensuring that the tenancy works well).

Both of these possibilities got a positive response. For the real estate firm, the crucial factor in both was access to good information on what actually is involved in working with people with disabilities. There is a clear expectation that provided a process of this kind can be put in place and managed well, it should result in an increased level of private sector provision of appropriate housing for people with disabilities.

Making this work has basically the same requirement as the role already proposed for dealing with the information/advocacy issue with public sector providers. It requires someone who is capable of acting as an information broker and advocate.

The skills required include good analytical and information management skills, a high level of interpersonal skills, negotiating ability, numeracy and an understanding of the residential property market.

We believe this role should be placed in the voluntary/community sector, for at least three reasons:

- If it were attached to an existing public sector agency, there is a risk that this could undermine the appointee's effectiveness in working with other agencies.
- The likely extensive dealings the appointee will have with the private sector on commercial activities which are probably best undertaken at arm's length from any individual public sector agency as a risk management strategy.
- To ensure the position's credibility across the voluntary/community sector.

To reinforce the significance of the position, its establishment should be the subject of a memorandum of understanding amongst the respective regional managers/directors of the public sector agencies involved and with one or more equivalent people from within the voluntary/community sector. The MoU should include firm commitments to facilitating cooperation with the new position, ideally with agreed performance indicators in terms of the expected collaboration.

We have considered where the position might best be placed. Within the Western Bay of Plenty the Tauranga Community Housing Trust appears the logical location. We are less confident that we have sufficient knowledge to make recommendations for the logical locations in the Eastern Bay of Plenty and in Rotorua/Taupo.

#### *Recommendation*

Rec 5	That at least one position, as outlined in this report, be established in each of the three main areas of the Bay of Plenty/Lakes region. The position would provide information brokerage and advocacy to support people with disabilities in meeting their housing needs. The role would both clarify entitlement from public sector agencies and facilitate access to housing services through the private market.
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## **6 Local Authority Housing**

### *Discussion*

There appear to be three principal issues with local authority housing for older people in relation to housing for people with disabilities. These are:

- How local authorities should respond to changing community expectations of the appropriate minimum standard of long-term accommodation for older people.

- The fact that at least three of the six local authorities covered by the study are in various stages of considering disposal of their housing stock. (We have taken the view in this report that the seventh authority, Kawerau District Council, has effectively done so by leasing its older persons housing to a private rest home operator.)
- How to deal with the inevitability that many, if not most, older people who are currently tenants of local authority housing will in due course become increasingly frail. Will local authorities be prepared to accept a responsibility for more than just the provision of a roof over their heads? If they do not who will and what are the implications for older people themselves if their future is less than certain?

The significance of housing provision for older people obviously differs from council to council. However, in no council is provision of sufficient size to attract the consistent attention of senior management and governance that would be the case with a stand-alone function. This is almost certainly necessary to address the kinds of issues which lie ahead for local authority provision of older persons housing.

*Recommendation*

Rec 6	<p>That Bay of Plenty/Lakes region local authorities collectively consider the future of their involvement in the provision of older persons housing as compared with other possibilities for managing the provision of that housing. In doing so they should separately address the two questions of:</p> <ul style="list-style-type: none"> <li>• what standard of housing is now appropriate</li> <li>• what measures should be put in place to deal with the inevitability that many of their tenants will increasingly become more and more frail.</li> </ul> <p>This should include discussing with the Corporation the contribution it can make through services such as the Housing Innovation Fund.</p>
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**7 Kaumatua housing**

*Discussion*

Earlier in the report we set out the concerns expressed to us in discussion with Maori regarding kaumatua housing and the changing needs of kaumatua themselves.

The points made to us were very general in nature but clearly reflected a genuine concern that kaumatua housing may not be the appropriate means of meeting the needs of older Maori for accommodation that can cope with their increasing frailty and with changing societal expectations about housing for older people.

This is a potentially complex matter which includes the needs not just of kaumatua with disabilities, but kaumatua generally. As such, it touches on the mandates of a number of different organisations such as Maori health and disability support providers, Te Puni Kokiri, the two DHBs, local authorities, Primary Health Organisations and the Corporation itself.

*Recommendation*

Rec 7	That, as a first step, the Corporation, in consultation with Maori, put in place a review of the appropriateness of existing kaumatua housing in meeting the needs of kaumatua. That review should involve other interested agencies and should be done with a view to upgrading kaumatua housing to ensure it is suitable for older people with disability.
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**Links between recommendations and the New Zealand Housing Strategy**

To conclude, it is useful to note the links between our recommendations and the components of the New Zealand Housing Strategy relating to disability. While our recommendations are derived from the deliberate regional focus of the research, and to this extent have been arrived at independently of the New Zealand Housing Strategy, strong links are evident between the two. These links can be seen as follows:

<b>New Zealand Housing Strategy: Disability</b>	<b>Recommendations in this report</b>
Improve tenure security	See Recs 2 and 5.
Housing provision independent of support services	
Increased provision of suitable rental housing (close to support services and for people living alone)	Rec 3a: Better understanding of locational needs (not just rental) Rec 3b: Consideration of Community Land Trust model to address affordability. Also Rec 5.
Easier access to suitable state and private housing	Rec 2: Continuing investment in improving the quality and coverage of information Rec 3a: Better understanding of locational needs (not just rental) Rec 3b: Consideration of Community Land Trust model to address affordability. Also Rec 5.
Use of universal design principles	Rec 4a: Support for the CCS lifetime homes initiative Rec 4b: Regional-level housing initiatives for people with disabilities be linked into the Healthy Homes programmes in the region.

Working with territorial local authorities	<p>Rec 6: Collective consideration by the region's local authorities of their involvement in older persons housing and discussion with Housing New Zealand corporation.</p> <p>Rec 3b: Consideration of Community Land Trust model to address affordability (Recs 4a and 4b will require local authority involvement.)</p>
Improved integration and coordination across agencies	<p>Rec 1a: Agreed lead agency responsibility for immediate funding</p> <p>Rec 1b: Agency with ongoing responsibility.</p>
Enhanced housing support and advocacy services	Rec 5: Establishment of information broker/advocacy positions in each of the three main areas in the region.
Additional training on disability issues and mental health awareness	
Addressing discrimination and promoting community participation	
<b>New Zealand Housing Strategy: Maori</b>	<b>Recommendations in this report</b>
<p>Develop housing programmes for iwi, hapu and other Maori structures, as part of wider Maori community development programmes</p> <p>Develop a partnership approach based on the relationship created by the Treaty of Waitangi.</p>	Rec 7: Review of kaumatua housing with a view to upgrading kaumatua housing to ensure it is suitable for older people with disability.

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## 6 Next Steps

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As noted in Part 5 above, the decision to commission this report can be seen as an important first step by the sponsoring partners towards improving the quality and coverage of information on the needs of people with disabilities in the Bay of Plenty/Lakes region.

The delivery of this report concludes the work of the project consultants (MDL and Etain Associates). The next steps – consideration and implementation of the report and its recommendations<sup>39</sup> - are the prerogative of the sponsors and the Steering Group.

A key purpose of this report was to present options for future action. A further, and equally important, benefit lies in the collaborative nature of the project. This opens up a unique opportunity for the sponsors to capitalise on their respective strengths and interests to make real progress on what is a pressing issue for the region. Progress can be measured against the sponsor group's vision (housing for life) and mission (all people with disabilities in the Bay of Plenty/Lakes region have access to housing that is affordable, sustainable and appropriate to need).

In terms of the imperative for action, it is worth keeping in mind the statement in a bulletin put out earlier this year by the Centre for Housing Research Aotearoa New Zealand:

“70% of the houses that will be with us in 2030 already exist.”<sup>40</sup>

This highlights the fact that most gains for people with disabilities, particularly in the years immediately in front of us, will come from making better use of existing housing stock – in terms both of modification and the processes that link people and housing.

Our recommendations target a wide range of issues which we believe need to be addressed if the Bay of Plenty/Lakes region is to make real gains in meeting the housing needs of people with disabilities. Some of the recommendations require action on an inter-agency basis by central government agencies. Others can be picked up, at least in part, by a single local authority or a voluntary organisation.

We also encourage each of the sponsors and steering group members to consider, individually, what they can do to implement the report's recommendations. For that

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<sup>39</sup> A factor taken into account in drawing up recommendations is that there are typically no easy answers, whether because of the complex nature of disability itself, or the cost of meeting need. One matter we have not traversed, but which is clearly something that would need to be taken into account in considering the extent to which the needs of people disabilities should be met, is whether housing needs associated with disability should take priority over, say, the needs of low income households generally, whose own housing conditions are frequently less than ideal. We have noted in the report the fact that disability and low income often go hand-in-hand.

<sup>40</sup> *The Future of Housing in New Zealand*. Centre for Housing Research Aotearoa New Zealand. Research Bulletin 02, February 2006.

matter, we encourage anyone who reads the report to do what they can to implement those recommendations where they believe they can make a useful difference.

Our experience with reports of this type is that they need more than simply good research, sound analysis and well targeted recommendations. They also need commitment to ensure that the report does not simply sit on a shelf, but that its findings and recommendations are actively reviewed and implemented in a timely fashion. It is important to recognise the extent to which undertaking the report has already raised expectations amongst the disability community of potentially significant change.

In terms of next steps, we would suggest that the most important consideration is for the sponsor group to decide on a lead agency for implementation. Undertaking this role will require recognising that it entails a specific commitment to the disability community to use the report as a means for making progress in meeting the housing needs of people with disabilities within the Bay of Plenty/Lakes region.

If we were to single out one recommendation for immediate action, it is the recommendation on information/advocacy. There are clear and immediate benefits to be gained from the effective implementation of this recommendation. Benefits are likely to include a very worthwhile increase in private sector awareness of the needs of people with disabilities and a consequent improvement in supply. These gains would go some distance towards achieving the objectives of the sponsors and Steering Group.

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## **APPENDIX A: The Project Team**

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### **Sponsor organisations**

- Housing New Zealand Corporation
- Bay of Plenty District Health Board
- Lakes District Health Board
- Tauranga Community Housing Trust.

### **Steering Group representation**

- Housing New Zealand Corporation
- Bay of Plenty District Health Board
- Lakes District Health Board
- Tauranga Community Housing Trust
- Taupo District Council
- Tauranga City Council (up to midway through the project)
- Ministry of Health Disability Directorate.

### **Project coordinator**

Brigid (Bee) Macalister, Community Development Manager, Housing Services, Bay of Plenty Region, Housing New Zealand Corporation.

### **Research team**

McKinlay Douglas Ltd: Peter McKinlay  
Adrienne von Tunzelmann  
Etain Associates: Dr Janett Levien.

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## **APPENDIX B: The Research Questions**

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The following extracts from research documents show the path followed in by the research. They include:

- The research questions from the literature review and desktop data analysis
- The questions explored in consultation with provider and advocacy organisations (step one of the consultation process)
- The questions explored in direct consultation with people with disabilities (step two of the consultation process). The questions for each of the direct consultation sessions were customised by being extracted from that area's prior workshop. The examples given below are for Rotorua and Whakatane.

### **QUESTIONS FROM THE LITERATURE REVIEW**

We identified the following as some of the questions to explore at a regional level with stakeholders in the consultation phase:

- The needs of people with disabilities in different situations and with different disabilities
- Is it disability or something else that primarily impedes access and limits choice?
- The associations between level of impairment and housing need
- The most common predictors of housing need for people with disabilities
- The weight of income support as factor influencing housing outcomes
- What can we learn about the 'compounding effect' of disability for Maori in relation to housing?
- Barriers perceived or experienced in the built environment and in housing regulation
- Would universal housing design help?

### **QUESTIONS FROM THE DESKTOP DATA ANALYSIS**

The desktop analysis extended the questions from the literature review as follows:

- 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 i.e. 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?

## **TOPICS FOR DISCUSSION AT THE CONSULTATION WORKSHOPS (ALL WORKSHOPS)**

### **Theme 1: A discussion about housing need**

1. The interplay between disability and other factors in accessing suitable housing for people with disabilities. For example, is it mainly disability that impedes access and choice in respect of housing? In accessing suitable housing, how important are issues associated with disability, compared with general socio-economic factors such as low income? How do you recognise this?
2. The needs of people with disabilities in different situations and with different disabilities.
3. How does the level of disability, or the type of disability, affect housing needs - in terms of both degrees of housing need and the nature of housing need?
4. Predictors of housing need. What factors do you see are most likely to lead to a need for help with suitable housing for people with disabilities? Are there compounding factors, such as income, age, gender or ethnicity? How do these interact to indicate a likely future need for suitable housing?

### **Theme 2: The issues around the actual provision of housing**

1. In your experience, how do people with disabilities and their families provide for their own housing needs when living independently in the community? For example, what, if any, modifications or special requirements are needed to allow independent living, and how do these get provided?
2. What is the capacity of service providers and agencies in the region to significantly assist people with disabilities to fulfil their housing needs?
3. What do you see as barriers in the built housing environment, and in building and planning regulations such as building by-laws and codes, and zoning?
4. Would more use of 'universal housing design' (houses designed to meet the needs of all people throughout life) help in housing for people with disabilities? Is it a practical solution? What should it include?

**Theme 3: What the situation should be - now and in the future**

1. What do you see as the main solutions to meet housing needs for people with disabilities?
2. Who is best placed to work on these solutions, and in what ways? For example, government, local councils, district health boards and community providers. Are there solutions that could work effectively by agencies working jointly?
3. What, if anything, might be needed for the private sector to better contribute to assisting people with disabilities with their housing needs?

**TOPICS FOR DISCUSSION AT DIRECT CONSULTATION SESSIONS: WHAKATANE EXAMPLE**

**(Extracted from the Whakatane Provider/Advocacy Group Workshop)**

Participants were asked to discuss ideas and views from the Whakatane workshop on housing for people with disabilities.

**1 Changes needed in how housing assistance is provided**

- It is important that housing assistance has the flexibility to meet the changing needs of individuals over time.
- There needs to be a focus on the whole family, not just the individual person with disability.
- There is a need to get away from defining people with disabilities by their “primary” disability. Some people have more than one disability. All of a person’s disabilities need to be taken into account.
- Assessment should start with the client need, and then look at the service required to meet that. The client should decide the need.
- The assessment process needs simplifying. The number of intermediaries should be reduced.
- Entitlements to housing modifications need to “make sense”. Under current entitlements funded by Enable, home modifications qualify but home improvements (such as bringing an outside toilet indoors) don’t.
- Daunting barriers and communications need breaking down so whanau can be properly heard and listened to.

**2 Some solutions to improve housing provision for people with disabilities**

- Solutions need to look across the board - at financing, house configuration, the whole home environment and beyond the individual’s disability.
- A “one stop shop” is needed with a ‘whole of Government’ approach. This might involve a lead agency approach, Case Managers in a coordinating role and perhaps bulk funding attached to the individual.

- Local authorities need to be more active about their responsibility for expensive basic improvements such as sumps, drainage and water.
- In some cases it may be useful to have a “caretaker” associated with the property. Housing New Zealand Corporation (HNZC) is only a landlord – sometimes more is needed.

## **TOPICS FOR DISCUSSION AT DIRECT CONSULTATION SESSIONS: ROTORUA EXAMPLE**

### **(Extracted from the Rotorua Provider/Advocacy Group Workshop)**

Participants were asked to discuss ideas and views from the Rotorua workshop on housing for people with disabilities.

#### **1 Types of housing for people with disabilities:**

- Cluster housing is not suitable, as it creates ghettos. The exception may be housing for the elderly, in some circumstances.
- Family needs must be considered. Ongoing modifications to the home as circumstances change, and the right to move when necessary, are important.
- Practical needs include space for people to stay overnight (sometimes a garage is converted for overnighters) and parking/garaging for the person’s own vehicle and a carer’s vehicle.
- Minor modifications can make a big difference, but can be hard to get, for example, blinds and non-slip treads on steps and pathways.
- People with chronic conditions who may need housing assistance for more than six months but less than 3 years are “falling between the cracks”.

#### **2 Housing design:**

- Universal home design (houses designed for anyone to live in) is an excellent concept BUT new homes are generally unaffordable, so it would take a long while to have an impact.
- Start now with building codes that require all new dwellings to have universal design features.
- Incentives will work better than regulation – provide incentives for landlords and those renovating houses to incorporate facilities for people with disabilities, for example, tax breaks on materials for wet area bathrooms, and rate rebates for modifications to make a dwelling accessible.

#### **3 Providing enough houses for people with disabilities:**

- The sums need to be done to find out what the actual housing need in the Rotorua area is, then build to that need.

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## **APPENDIX C: The Ethics Process**

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The research – most particularly the consultation stage – was governed by an ethics process which included registering the research with the Lakes District Health Board Research and Ethics Committee. Important issues for the ethical robustness of the research were confidentiality for participants and appropriate communication. Confidentiality was emphasised in both written communication and during workshop and Delphi group introductions. Participants were advised that:

- Their participation was voluntary and they could withdraw at any time
- Their names had been selected by organisations that support people with disabilities, and their families in the community.
- Their comments would be confidential and would be treated anonymously in reporting – participants would not be connected to specific comments and all reported information would avoid the possibility of individual participants being identified.
- Participation in Delphi groups would not affect a person's tenancy, rent or application for housing with Housing New Zealand
- That the information they provided would help create a better understanding of current and future housing need in the region

Other ethical procedures observed were that:

- Every effort was made to ensure that all communication was appropriate to the needs of participants. Participants could respond in writing rather than attend in person. A few invitees chose to do this.
- Consultation sessions were held in accessible buildings.
- The numbers taking part in Delphi groups were deliberately limited, to give participants maximum opportunity to contribute and in recognition of the needs of some types of disability.
- Organisations that passed invitations to potential participants in the 'Delphi' process (see following section below) were not been informed of the attendance or otherwise of those people.
- To manage raised expectations, participants were told that the ultimate purpose of the research was to produce actionable recommendations, but that decisions on future action lay with the key agencies on the Steering Group.

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## **APPENDIX D: New Zealand Disability Survey 2001: An Explanatory Note**

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- 1 Results reported for “disability type” in the survey refer to all the different types of disability reported by individuals. Because many people reported having two or more different types of disability there are considerably more disabilities in total than there are people with disability.
- 2 The number of main disabilities in the population is the same as the number of people with disability.
- 3 Severity of disability: A three-level classification system was used in the survey to define how severely people were affected by their disability. This was based on the level of assistance or equipment people indicated they received or needed. The resulting classification was:
  - Severe disability: the person had daily help with activities such as preparing meals, shopping, everyday housework, bathing or dressing.
  - Moderate disability: the person used or needed some type of assistive device, aid or equipment and/or help with certain heavier or more difficult household tasks
  - Mild disability: the person had a disability but did not require regular help from other people or technical aids.
- 4 Severity was defined slightly differently for adults than for children because adults and children were asked slightly different questions about the assistance they received or equipment they used.

Different age brackets have been used for various prevalence rates. This is based primarily on the number of respondents. Relatively narrow age bands for example can be used only where the number of respondents was comparatively large.
- 5 Finally, the survey related to a total sample of 8184 respondents. Statistics New Zealand applied mathematical techniques to calculate estimates of total numbers in the population from this sample thus all the data in the report Living with a Disability in New Zealand relates to these estimates.

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## APPENDIX E: Bibliography

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The following are selections of the main sources used (they are not an exhaustive lists).

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- A Literature Review (First Milestone Report, 18 January 2006)
- A Desktop Analysis (Second Milestone Report, 17 February 2006)
- Consultation Phase (Third Milestone Report, 5 May 2006).

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## APPENDIX F: Terms of Reference

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The following is an extract from the terms of reference and service specifications for the research. The project was designed to be an an intersectoral collaborative project on Current and Future Housing Needs of People with Disabilities in the Lakes/ Bay of Plenty (BOP) Region.

The terms of reference follow a commitment by Lakes and BOP District Health Boards (DHB's) and the BOP region of Housing New Zealand Corporation (HNZC) to work together towards the vision of 'housing for life'.

### Research objectives:

- To understand the current unmet and future housing needs of people with disabilities in the Bay of Plenty/Lakes region
- To identify options and priorities to meet current and future needs.

### Research principles:

General principles for working together have been agreed. ...Additional principles include that it is :

- evidence based with sound methodology
- practical and solution focused
- accountable.

### Service Specification

<b>Housing for People with Disabilities Intersectoral Research project</b>	
<b>1. Background</b>	<p><b>Purpose of the research project</b></p> <p>The Intersectoral Research Project will provide quantitative and qualitative information about the range of housing needs of people with disabilities in the BOPDHB and Lakes DHB areas and how these needs are currently being met. The research will also propose scenarios and options for the best way to meet unmet needs now and in the future.</p> <p><b>Vision</b> Housing for life</p>

	<p><b>Mission</b></p> <p>All people with disabilities in the Bay of Plenty /Lakes Region have access to housing that is affordable, sustainable and appropriate to need</p> <p><b>Terms of Reference</b></p> <p>Terms of Reference have been developed by the project Steering Group outlining how they wish to work together to meet the vision of housing for life. The Terms of Reference provide an ‘umbrella’ for these service specifications.</p> <p>The Steering Group includes representation from the following groups and agencies:</p> <ul style="list-style-type: none"> <li>• Housing New Zealand Corporation</li> <li>• Bay of Plenty District Health Board</li> <li>• Lakes District Health Board</li> <li>• Taupo District Council</li> <li>• Tauranga City Council</li> <li>• Tauranga Community Housing Trust</li> <li>• Ministry of Health Disability Directorate</li> </ul> <p><b>Approach of the Research Project</b></p> <p>The social model will be the primary approach for the project. The social model focuses on the relationships between people with impairments and their social and physical environment, and the removal of barriers to their independence.</p>
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<p><b>2. Key Definitions</b></p>	<p>Housing need is defined according to the following six dimensions of housing adequacy<sup>41</sup>:</p> <ul style="list-style-type: none"> <li>• affordability</li> <li>• habitability</li> <li>• suitability</li> <li>• tenure security</li> <li>• freedom from discrimination</li> <li>• freedom from crowding.</li> </ul> <p>To suit the information needs of this project, the current New Zealand Health sector definition of disability has been adapted to:</p>
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<sup>41</sup> <http://www.stats.govt.nz/analytical-reports/housing/housing-indicators/indicators-by-dimension.htm>

	<p>where people are assessed as having physical, psychiatric, intellectual, sensory, or age-related disability or a combination of these, where the disability is likely to continue for a minimum of six months. Also included in this definition are people with chronic conditions or frailty which is likely to continue for a minimum of six months and result in a reduction in independent function to the extent that ongoing support is required. Excluded from this definition are palliative conditions where people have advanced progressive disease which is no longer responsive to curative treatment and whose death is likely within 12 months.</p> <p>The following sets of factors will also be considered when defining disability:</p> <ul style="list-style-type: none"> <li>• body functions</li> <li>• body structures</li> <li>• activities and participation</li> <li>• environmental factors.</li> </ul>
<p><b>3. Objectives of the Research</b></p>	<p>The proposed research will seek to:</p> <p>3.1 Complete a literature review of housing needs and housing challenges of people with disabilities (including any literature relevant to people in the BOP region)</p> <p>3.2 Complete a desktop analysis of information to report on:</p> <ul style="list-style-type: none"> <li>✓ the estimated number of people with disabilities who currently face housing challenges within the BOP region</li> <li>✓ the estimated number of people with disabilities who will face housing challenges in the BOP region in 2025</li> <li>✓ predicted future housing challenges for people with disabilities in the BOP region</li> </ul> <p>3.3 Consult with a range of stakeholders (such as people with disabilities, their families, housing and support providers, key local and central government agencies) to report on:</p> <ul style="list-style-type: none"> <li>✓ the nature of current housing challenges facing people with disabilities in the BOP region</li> <li>✓ the type and severity of disability associated with housing needs and housing challenges in the BOP region</li> <li>✓ predicted future housing challenges for people with disabilities in the BOP region</li> <li>✓ housing providers for people with disabilities in the BOP region, their role, scope, challenges and the communities they serve.</li> </ul> <p>3.4 Complete a final report drawing together and analysing the key information from the previous reports to report on options and priorities</p> <ul style="list-style-type: none"> <li>• To complete research by June 30<sup>th</sup> 2006.</li> </ul>