

Our poorest and most vulnerable are living in the worst conditions

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Disabled people need housing that is safe, warm and easily maintained, with good access to transport and health services, but large numbers of New Zealand's disabled population are living in the most deprived areas, in rental housing where it is damp and cold.

The close relationship between housing and health has been well documented in New Zealand, but is of particular concern for the elderly and disabled, which is the focus of a new paper in the *New Zealand Medical Journal* written by my colleague Jacqueline McIntosh and myself.

The 2013 Disability Survey identified that almost 24 percent of New Zealanders have a disability. Disability increases with age and in the survey nearly 60 percent of people aged over 65 were disabled.

Projections created using the latest census data show that the disability rate is set to rise over the next 20 years. The big increases are projected to fall into two main clusters: the 15–39 years age group and most significantly the 65 and over age group, which is projected to double, with significant increases in the number of people aged over 85.

The 2013 Disability Survey indicated that 43 percent of disabled Māori and 49 percent of disabled Pacific Islanders live in the most deprived areas of New Zealand, compared with 17 percent of disabled European/Other and 18 percent of disabled Asian people. A similar pattern emerges in the location of the non-disabled population.

The [survey](#) included questions about house dampness and warmth. The results show that 33 percent of disabled Māori find their house damp, compared with 23 percent of Pacific Islanders, 21 percent of Asian people and 14 percent of European/Other. In all ethnic groups and in all age groups, higher percentages of the disabled population are occupying houses they find difficult to keep warm compared with the non-disabled population.

Home ownership is decreasing and rental housing in general would appear to be in worse condition overall than owner-occupied housing. The 2014 New Zealand General Social Survey showed that people living in rented housing were more likely to have a problem with dampness or mould (12 percent) than people living in housing that was owner-occupied (3 percent). Similarly, 35 percent of people in rented housing indicated their house was always or often colder than they would like, compared with only 15 percent of people in their own houses.

The elderly and disabled who are wealthy will always be able to live in housing that is both warm and dry. But, as home ownership decreases, and a potentially less wealthy older generation emerges, the challenge will be to provide those who are poor with housing that improves their health outcomes rather than causing them to deteriorate.

The 2013 Disability Survey found Māori and Pacific Island groups had higher-than-average disability rates. In general, Māori and Pacific Island households are larger than standard New Zealand houses can accommodate. Historically, New Zealand has neglected the needs of these groups in the design and supply of social housing, catering mainly for the nuclear family of two parents and two children. But the growth of non-European populations is likely to mean more multigenerational families living together, so provisions should be made to facilitate this and avoid overcrowding.

There is also a shortage of quality rental housing suitable for the elderly and disabled population who require small, affordable and accessible units.

It is considered unlikely the market will address either shortfall.

With the current housing stock requiring significant modification and upgrading to successfully accommodate the elderly and disabled, the future is bleak. For quality [rental housing](#) to be truly affordable for the elderly and disabled poor, there needs to be a subsidy. One of the key questions is who will provide that subsidy?

New Zealand's poorest and most vulnerable are living in the worst conditions and this demands research that specifically quantifies the physical and psychological effects of low-quality housing on the elderly and disabled, in order to direct policy to address current and prevent future health impacts.

Provided by Victoria University

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