



Healthy Housing Initiative

Issue Two – November 2017

Tena tatou katoa - Welcome to this e-newsletter focussing on healthy housing.



This is the second e-newsletter to be produced to keep you up to date with the Healthy Housing Initiative across the Bay of Plenty District Health Board area. It comes at what should prove to be an interesting time, with the new Labour-led government promising to lead renewed activity to improve housing conditions for families. The details are still to be released, but priority areas that have been signalled through the election campaign and the negotiation process with NZ First and Greens Party include:

- Continuation of subsidised insulation programmes beyond 30 June 2018;
- Bringing in tighter warrant of fitness requirements for rental properties;
- A big growth in the building of new homes across the country, with a greater emphasis on meeting the social needs of families/whanau rather than what the housing developers determine as being the current market;
- Possible new funding areas such as subsidies for winter heating bills.

A long way to go before we see the detail and what can be afforded, but the Bay of Plenty is well positioned to pick up on these new developments at an early stage, with much of the groundwork already in place. Later in this e-newsletter, there is some further information on what is currently happening in the BOP.

I trust that you will enjoy reading this e-newsletter and following up on any particular items of interest.

Brian Pointon
Bay of Plenty District Health Board

Healthy Housing Initiative Providers

There are two providers for this service who both cover the whole BOP. We thought you should get to know them better, so asked them for a team photo to share with the healthy housing network.

Here is the Sustainability Options team - from left to right Marcus Baker, Assessor in the eastern BOP; Nik Gregg, Director and assessor; Phil Gregg, Director; Darelle Howard, Administrator.



Here is the Tawanui Community Housing Trust team based in Tauranga – from left to right Trieste Ngawhika, Assessor, Coyla Weeber, Hub Administrator; Natasja de Graaf, Healthy Homes Coordinator.



And here is the Tawanui Community Housing Trust team based in Whakatane – Bryce Sheedy, Housing Services Coordinator; Yvonne Rua, Assessor.



Healthy Housing Initiative – last quarter's activities

In the three month period from 1 July to 30 September 2017, 146 eligible referrals were received. Of these, 44 children were referred under the programme for 0-14 year olds to prevent acute rheumatic fever, and 102 under the programme for 0-4 year olds to reduce hospital admissions from respiratory disease. This was an increased number of referrals in this quarter – we are very grateful for the work done by health practitioners and health and social agencies for putting aside the small amount of time to send these referrals through.

In the same three months, the housing assessment staff from Sustainability Options Ltd and Tawanui Community Housing Trust made 465 contacts with families/whanau to identify their housing needs and deliver solutions. A total of 87 intervention plans were finalised and agreed with the families/whanau.

A total of 270 individual interventions were completed in these three months. They include:

- 8 ceiling insulations and 9 underfloor insulations
- 16 houses had curtains installed
- 21 families received bedding and one received beds or bunks
- 11 houses had repairs and maintenance undertaken
- 21 homes received floor coverings
- 4 had mechanical ventilation installed in the bathroom or kitchen 27 homes had heating solutions provided, including portable heaters, firewood or assistance in meeting heating bills
- 7 families/whanau were relocated into a more suitable or less crowded private or community rental housing, and a further 3 into social or transitional housing, with 4 families placed on the social housing register for a more permanent solution.
- 78 families received education and advice on how to make their house dryer, warmer and mould free.

It is heart-warming to see what can be achieved working with the families/whanau to improve their housing conditions, and help them to keep their children healthy.

Some individual case studies are also included in this e-newsletter.

Case study in the western BOP

Here is a case study of a western BOP family, where a very successful outcome was achieved within three and a half months of receiving the referral.

1. Background

Family of five, Mum and four children 13, 8, 6 and 2 years old. The home is a rural 2 bedroom farmhouse on a property in a rural farm setting. The driveway from the main artery is a 1 km dirt road, 10km from the city limits.

Prior to living here she was in a rental in town and could not afford to live there anymore. Family moved into farm house 6 months prior to referral during spring/summer, the home belongs to a family friend. The home at that time was in a poor condition so repairs were made by the family to make it liveable and comfortable.

As the weather changed they noticed dampness from a leaky roof, no proper drainage and other issues impacting on the family. The home had a wood burner which was used regularly to heat and dry out the home.

The family have a history of illness- Mum has asthma and the children are susceptible to respiratory illnesses and two of those have asthma.

A week prior to the assessment the family had been staying in Tauranga at the mum's mother's home to be close to child while in the hospital.

2. Referral pathway

The family identified by DHB Maori Regional Health Services Social Worker due to hospital admission of the two year old. Referral made on the 16 May 2017 to the Healthy Homes HUB and allocated the same day to an assessor. The Social Worker had identified the family had been living in a cold, damp, mouldy home with evidence of rodent infestation. No tank water available and had been using bottled water. The referrer acknowledged receipt of referral and accepted to programme.

Phone call, email, messages and texts were made to family over the following week to arrange a home needs assessment.

3. Assessment:

An assessment visit was made to the property on 25/05/2017 where Mum met me at the road, upon seeing the home it was evident that it was wet and damp from visual inspection.

External - The exterior cladding of the house had signs of water damage from bottom and top of building. There was also evidence of mould growing, and bulging of external cladding. There were downpipes though not connected to drainage so pooling of water on the ground and under the home. No underfloor insulation visible. Shading by stand of trees east side of home, no passive heating.

Internal - Inside the home there was a musty odour and damp to the skin, it had been raining up to two days prior to assessment. Walls were wood panel and bulging. The two bedrooms had mould on the walls and on the curtains.

There were evidence of animals in home such as droppings and scuffing, in the kitchen and in the bedrooms. This is 7 days of not occupying the home due to child being in hospital. There was no running water as the water pump system had broken down so they were filling containers from town to use at home. There was a wood burner which heated the home and she used a dehumidifier to get rid of the damp though the

dampness remained.

Conclusion

The home was found to be insanitary and beyond the scope of the programme. Any assistance that we could provide would not improve the home. Advised mum that home is not safe for her and her children and she should vacate immediately. She had already realised this fact and asked her mum if she and her children could move in with her until they could find another home.

Current Situation

The family had been staying at grandma's home for the past 7 days which was now overcrowded. She already had a couple and 1 child living with her in a three bedroom home. The additional five family members made the home functionally and structurally overcrowded. The family occupied the conservatory with beds on the floor. The home is quite big and could accommodate everyone for the short-term.

4. Interventions:

Intervention Plan

- Initial Social Housing phone assessment – completed on day of home assessment. Date received for phone assessment for social housing. Assessment date one week later at MSD housing centre.
- MSD Intro Letter given to Mum and a support letter outlining the condition of current residence and the insanitary nature of the home, support provided at assessment.
- All documentation was completed within the 20 days. On Social Housing Register – mid-June.
- Family was able to stay with her mother for two month and family sought emergency housing with MSD. Overcrowding in home and pressures were becoming evident.
- Emergency housing provided by MSD for two months.
- Priority on Social Housing Register- fast-tracking under the Rheumatic Fever Prevention Programme. Mother had been hospitalised while in emergency housing, noted on SH Register and priority given.
- One month after hospitalisation – Accessible Properties Ltd (APL) offered a three bedroom home to the family. The home was accepted by family.
- Healthy Homes Assessment completed on new house, the following provisions supplied to family:
 - a. Floor coverings
 - b. Beds and drawers from TCHT Healthy Homes
 - c. Letter to APL to have underfloor insulation installed. This has been actioned by APL as an asset priority.

Family are very excited to move into a home after four months of uncertainty. The home is warm, dry and has plenty of room for a family of five.

5. Outcomes:

Referral date – 17/05/2017 and closed 25/08/2017.

Interventions closed within 6 months of initial assessment, this is a fantastic result for the family and the programme who supported the family throughout the process. I credit the mum for her strength to carry on with part-time work and study and raising a family despite all the barriers. She is grateful for the support of Healthy Homes and now can

look forward to a better stable future.

Follow-up to be completed in April 2018 – Firewood will be offered at this time as the home has a wood burner.

The social housing process worked well for family, due to the input of mum. We supported her with regular contact and advice though mum did a lot of work herself along with the support of her family.

New Form

New form

The Healthy Housing Initiative has now combined the two forms for the original HHI programme for 0-14 year old to prevent rheumatic fever, and the expanded HHI programme for 0-4 year olds to prevent hospital admissions, into the one form.

BOP HEALTHY HOMES REFERRAL FORM

MUST TICK ALL THREE BOXES (in this section)

Live in BOP area

Family have a community services card (or be eligible)

One family member in the household is NZ citizen or permanent resident

<p>Criteria 1</p> <input type="checkbox"/> <p>A child 0-5 years old (up to 5th birthday) hospitalised overnight with a hospital diagnosis of an *indicator condition</p> <p>No evidence of overcrowding required</p>	<p>Criteria 2</p> <input type="checkbox"/> <p>Child 0-5 years old with at least two of the following risk factors (must tick 2+ boxes)</p> <p><input type="checkbox"/> Oranga Tamariki finding of abuse and/or neglect</p> <p><input type="checkbox"/> Caregiver with corrections history</p> <p><input type="checkbox"/> Mother with no formal qualification</p> <p><input type="checkbox"/> Long term benefit receipt</p>	<p>Criteria 3</p> <input type="checkbox"/> <p>At risk pregnant women or newborns (birth to 6 weeks)</p>	<p>Criteria 4</p> <input type="checkbox"/> <p>Must tick 1 box below</p> <p><input type="checkbox"/> A child(0-14 years) hospitalised overnight with a hospital diagnosis of an *indicator condition</p> <p><input type="checkbox"/> A member of the household has a history of Rheumatic Fever and on Bicillin</p> <p><input type="checkbox"/> Three positive GAS swabs in the household within the last three months</p> <p>PLUS</p> <p>Have functional or structural overcrowding and 2 or more children living in the home</p>
<p>* INDICATOR CONDITIONS: Bronchiolitis, Bronchiectasis, Pneumonia, Meningitis, Lower Respiratory Tract Infection, Post Strep Glomerulonephritis, Group A Strep Sepsis, Meningococcal Disease, Rheumatic Fever, Nephritic Syndrome</p>			

Child referred:	D.O.B:
NHI:	M/F:
Address:	

Parents/Guardians:	
Home phone:	Ethnicity:
Mobile:	Iwi:
Email:	Hapu:
Alternative contact:	

Please specify the following:

How many people live in your home?
How many children in your home are under 19 yrs. old?
How many bedrooms are in your home?
Are members of the household sleeping in rooms other than bedrooms? (e.g.: living areas, shed, garage)
Any dog(s) on the property?

Potential housing issues:

Is your house draughty?	YES/NO
Is your house a leaky home?	YES/NO
Do you get condensation in your house?	YES/NO
Is your house colder than you would like?	YES/NO
Is there mould in your home?	YES/NO

Referrer's contact details

Referrer's full name:	Organisation:
	Role:
Work number:	Email:
Mobile number:	

Would you like the Housing Needs Assessor to make contact with you before liaising with family YES/NO (please circle).

Access and Release of Information Consent

I give my consent for Tauranga Community Housing Trust/Sustainability Options to access information from the person who referred me to Healthy Homes Initiative and to inform the referrer on the intervention progress.

This information will be utilised solely for the purpose of improving your housing situation.

Signed: _____

Date: __/__/__

Scan and email completed referrals to: bophealthyhomes@tcht.org.nz

BOPHHI.Referral.form.updated-21 August2017

Bronchiectasis

Bronchiectasis

Bronchiectasis is one of the designated health conditions for referral to the Healthy Homes Initiative from hospitals (ICD-10 code J47). Bronchiectasis does not as high a

profile in the health sector or the public domain as rheumatic fever, with no strong advocacy or plan to reduce its incidence. But its impact is as high as rheumatic fever for children and as they grow into adulthood.

“Bronchiectasis is a growing problem in New Zealand – between 2000 and 2015, hospitalisations for this disease increased by **36%**. Deaths from bronchiectasis have more than doubled within 13 years, from **42** per year in 2000 to **96** in 2013. The disease affects an estimated 7,258 people across the country.

Bronchiectasis is a form of lung scarring and considered an old world disease which is common in our NZ children. It occurs with repeated chest infections in the community or even as a single severe infection requiring a hospital admission.”
(Source: Asthma and Respiratory Foundation NZ)

There many similarities between rheumatic fever and bronchiectasis:

- Both progressive diseases with recurrent infection.
- Peak in winter months.
- Result in hospitalisation with high ongoing costs.
- More common among Maori and Pacific children, and with a marked socio-economic gradient.
- Have been a growing problem in NZ, with higher incidence than other OECD countries.
- Preventable, but not curable, through both medical and societal interventions.
- BOPDHB ranks 5th amongst the 20 DHbs for both acute rheumatic fever and bronchiectasis hospital admissions across all age ages (2008-09 to 2012-13).

The preventative factors are the same for both acute rheumatic fever and bronchiectasis:

Awareness raising

- Crowded housing
- Cold, damp housing
- Access to 1^o care
- Recurrent infections

Bronchiectasis can be prevented by immunisation but acute rheumatic fever cannot (yet).

So actions taken to prevent acute rheumatic fever/rheumatic heart disease are also likely to have a similar effect in reducing bronchiectasis in children. There is also a peak for bronchiectasis amongst older people. If grandparents are living in the homes we provide interventions for, then it is likely that there is an impact at that age as well.

Case study in eastern BOP

Case study in the eastern BOP

This case study, supplied by Sustainability Options, illustrates that achieving a healthy home is a complex outcome, impacted by many different factors.

Hine# was referred to the Healthy Homes programme in July 2016. Hine has 2 siblings and at the time of referral had been hospitalised for bronchiolitis. Both of Hine’s siblings suffered from respiratory concerns. At the time of referral, the family were living in a 3 bedroom home, which they rented. Most of the sleeping was conducted in the lounge, due to the home being cold and damp.

Hine is not the child's real name

Shortly after making contact with Hine's mother, Hine's father was killed in a motor bike accident. This delayed our visit to the home until late September. Upon visiting Hine, Hine and her siblings had moved home and were now living with their grandmother. The mother of the children was deeply struggling after the death of her husband. The home as assessed was that of the grandmother. The home required some improvements to its insulation, there were also a number of maintenance improvements required, along with bathroom ventilation, lack of sufficient heating and poor curtaining.

Hine's Grandmother said that Hine has still been sick this winter, but she has been better than last winter. The siblings have been sick, but they have not been back to hospital. She still worries about their health, but they have been better this year than last year. As the children are living with their Grandmother, the home is better than the previous home, it is not so draughty and is warmer. However, the family are struggling to improve things and are not taking the opportunities provided - the curtains are not up, the insulation has not been implemented and information has not been provided which will allow us to help with some of the repairs and maintenance. The next steps are to continue to stay in touch, to try and seek resolution on insulation and curtains being hung and the bathroom being improved. This will involve sensitivity, patience and perseverance.

Future directions in housing in the BOP

This is an increasingly dynamic area, with housing needs at the forefront of central government, local government, the media and the public's attention. It will be interesting to see how the new Labour-led government will tackle the multiple problems that are evident, and therefore the multiple solutions required. There is a lot of cross-sector activity happening in the Bay of Plenty to develop collective impact and reduce the burden on vulnerable families. Here is a quick snapshot of some of these activities:

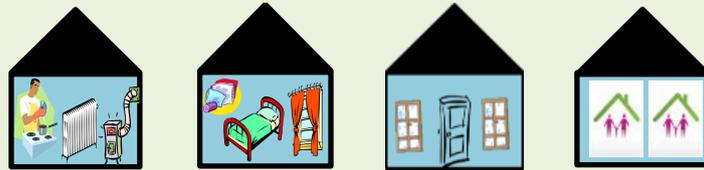
- The BOP and Lakes Healthy Housing Forum is leading a workshop in Rotorua on 14 November to build the capacity and resources to enable communities to solve their healthy housing issues themselves. There have been a number of community-led projects in Kawerau, Murupara, Maketu, and Mangakino. This workshop, with attendance by a small group of invited participants, is designed to assist other communities wishing to develop local projects to have best practice tools and processes at hand. The workshop will also look to how to build capacity and improve cost efficiencies across the BOP.
- A housing needs assessment for the western BOP has been commissioned by SmartGrowth, with funding from Tauranga City Council, Western BOP District Council and BayTrust. This housing needs assessment has both a short and long time frame outlook, to better match the housing construction sector with the future housing needs of the population, including particular groups such as low-income, older people, families, and smaller households. This will require support across a wide range of agencies to reduce costs where possible.
- The Ministry of Social Development has approved funding for a Housing First approach to address the needs of homeless people in Tauranga, and then later Western BOP. The funding will allow for up to 100 places to be funded and supported by local providers. The next stage is for the completion of detailed negotiations between MSD and the Wise Group, which has a strong

background of providing similar services in Hamilton and Auckland.

Case Study in the western BOP (2)

Case study in the western BOP (2)

This is another case study provided by Tawanui Community Housing Trust from the western BOP, which was quite complex, but some great outcomes were still possible.



1. Background

One-bedroom home with three cabins on site. Structural and functional overcrowding with 11 people residing at the address. There are 3 generations living together on whanau-owned land. Four children between the ages of 6mths to 7 years old. Four sets of families living at the property. The Grandma of the family has terminal cancer and children suffering from repetitive respiratory illness.

2. Referral pathway

Two referrals were made from Te Puna Hauora for two families (HHI Expansion referral) – Mum and two children (6mths and 4 years old) Mum and two children (4 years and 6 years) and pregnant (baby born March). We treated both referrals as one and completed a housing assessment – this assessment included the 1-bedroom home occupied by parents of the referrals. The home is the communal space where all occupants use the home for ablutions, cooking and socialising. Initial meeting held with whanau included the referrers as there were multiple considerations to discuss and implement.

3. Assessment:

The assessment was completed for the two mums (sisters), we asked the question – “What are your wants when it comes to housing?” Both sisters were not in a hurry to move on but would eventually want to move into own homes. We discussed social housing, one had already been in a HNZ home and found the area she was living in with her children unsafe and eventually moved back to the whanau home. Discussion was had about their current situation each family living in a one-room cabin. The cabins have curtains, carpet and no form of heating and very limited space 2m by 4m. The assessment was completed during summer and the whanau were not concerned with the living arrangements and will stay together as long as possible.

Intervention – Social Housing Assessments identified, completion of Introduction letter for MSD. Initial assessment appointments made for both by emailing the SH Assessor for MSD and making appointment times. One sister decided she did not want to continue with process while the other completed assessment – however she did not complete all required documentation required for her application for Social Housing register.

Drawers for the baby’s clothes was sourced and floor mats delivered for the house and cabins.

Meanwhile the other sister had moved back in with partner and the other sister decided to stay at whanau residence now occupying two of the cabins.

A further assessment was completed at families’ request for the other property – no

intervention completed due to major interventions needed – information given about the TPK- Maori Housing Network which is better suited for the type of work needed prior to any interventions being offered.

4. Interventions:

Initial Assessment identified a need for social housing assessments which was initiated for one of the sisters. It was decided to continue with interventions for the communal home which included the following:

- Curtains – Red Cross Curtain Bank – two weeks from referral to pick up.
- Heaters x 2 – one for house and one for cabin with children – provided by Sustainability Options.
- Floor coverings – for communal home and cabins - 3 big floor mats/ 6 entrance mats – donated by Gerrand Flooring and sample mats from The Flooring Room.
- Mould kit – donated by New World Brookfield.
- Insulation for 1-bedroom home – funded by BOPDHB.

5. Outcomes:

The home is warm due to the insulation very noticeable by occupants
Carpet on the wooden floors has contributed to a warm environment, need for heating is now minimal.

Curtains and carpet in the cabins for extra warmth.

The cabins are not a desirable outcome though Social Housing can be revisited at a later date if she so desires.

Information about Maori Housing Network provided if they decide to build other housing on the current site.

The interventions have promoted better living in the communal home – though we did not individually help the two families, we have made the communal space warmer, drier and eventually healthier for the occupants.

If you have any questions on the matters raised in this e-newsletter, please contact:
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