

2 July 2020

Committee Secretariat  
Education and Workforce Committee  
Parliament Buildings  
Wellington

**Re: Inquiry into student accommodation**

Tēnā koutou

Regional Public Health (RPH) is the public health unit for the greater Wellington region (Wairarapa, Hutt Valley and Capital & Coast District Health Boards). Our purpose is to improve and protect the health of the population in the greater Wellington region with a focus on achieving equity.

Public health units play a range of roles with regards to student accommodation. These include infection control measures, advocating for health and wellbeing through health promotion, and alcohol and drug education and control measures.

We are happy to provide further advice or clarification on any of the points raised in our written submission. We wish to make an oral submission. The contact point for this submission is:

Demelza O'Brien, Technical Officer, Regional Public Health  
Demelza.O'Brien@huttvalleydhsb.org.nz

Naku noa, na

Dr Stephen Palmer  
**Medical Officer of Health**

Peter Gush  
**General Manager**

## **Reason for submitting**

RPH is mandated to prevent adverse health impacts and promote and improve health and wellbeing. Student accommodation is a key location where young people can be supported with their health and wellbeing. As a shared living facility, it is also important that student accommodation be managed in ways that ensure health is protected and promoted.

The transition from high school to tertiary education is a significant life event, and for many students is their first move away from home. Young people experience huge physical, psychological and behavioural development as they mature into adulthood, such as adopting new behaviours, learning from experience, forming relationships and establishing lifelong health behaviours. Students are expected to have the life skills to live independently and must self-manage living arrangements, relationships, and study in a new environment. This is a significant ask and there will be differing levels of ability or capacity to respond to any given situation. This period of transition marks a vulnerable stage in young people's lives which can impact and alter their health and wellbeing trajectories over the long term. As such, students are in need of significant support to maintain wellbeing. Quality pastoral care is vital to student wellbeing. This includes more than simply looking out for or preventing harm; pastoral care should actively promote and support healthy lifestyles for every student on campus.

**RPH is supportive of the inquiry into student accommodation.** This submission addresses public health matters and provides recommendations related to alcohol harm, infection and disease control, sexual health, and overall wellbeing of students in student accommodation.

## **Alcohol use in student accommodation**

Alcohol use is a strong feature of student culture. There is a high level of acceptance of binge-drinking and alcohol-related harms. Students in university study are heavier drinkers than their non-student peers<sup>1</sup>. Student views and behavioural practices encourage heavy drinking, with an intention to drink to intoxication, such that many may put themselves at risk. The majority of heavy drinking students report practising 'controlled intoxication'; they typically drink to a predetermined level of intoxication and maintain that level by monitoring a range of drinking effects<sup>2</sup>. While learning to responsibly manage themselves, students are also expected to navigate an "alcogenic" environment. First year students are particularly at risk<sup>3</sup>.

It is our experience in Wellington that there is a disproportionate increase in 18 to 19 year olds living in the central city as shown by the 2018 census night statistics, while older age bands tend to spread out through the region (see Appendix A). This coincides with the location of the university halls of residence predominantly in Wellington Central and Dixon Street SA2s (see Appendix B). This means that a large number of first year students are within easy access of cheap alcohol from nearby

---

<sup>1</sup> Kypri K, Cronin C, Wright CS. Do University Students Drink More Hazardously Than Their Non-Student Peers? *Addiction*. 2005; <https://doi.org/10.1111/j.1360-0443.2005.01116.x> published 2005 April 22.

<sup>2</sup> McEwan B, Swain D, Campbell M. Controlled intoxication: the self-monitoring of excessive alcohol use within a New Zealand tertiary student sample. *N Z Med J*. 2011;124(1336):68-74. Published 2011 Jun 10.

<sup>3</sup> Kypri K, Paschall MJ, MacLennan B, Langley JD. Intoxication by drinking location: a web-based diary study in a New Zealand university community. *Addict Behav*. 2007;32(11):2586-2596. doi:10.1016/j.addbeh.2007.05.013

supermarkets and liquor stores, as well as to the Courtenay Place and Cuba Mall entertainment precincts. It not uncommon for Wellington-based students to “pre-load” on alcohol prior to heading out for the evening. Consumption frequently occurs in the halls of residence and in public places or other open spaces within close proximity to their place of residence.

Young people aged 18 to 19 years are those most likely to end up in the Wellington Emergency Department suffering from extreme intoxication and/or alcohol-related injury or harm<sup>4</sup> (Appendix C). The harm from alcohol not only impacts the user, but also those around them.

#### **RPH recommends:**

1. A multipronged approach should be implemented in student accommodation and within the wider university to protect the student population from alcohol-related harm. The approach must include actions to facilitate change in student cultural expectations and social norms around alcohol, as well as robust systems and processes to identify and support students at risk of alcohol-related harm;
2. Student accommodation policies, and those covering the wider university, need to include practical responsibility and pastoral care of students. This could include the presence of RAs or a “buddy system” where regular check-ins and physical sightings are completed so that students consuming alcohol are doing so in a safe and supported environment. A harm minimisation approach should be taken such that policies are translated into operational programs, services, events and other opportunities that enhance the wellbeing of students and foster no or low consumption of alcohol. It is important that these policies are given sufficient resources to be operational (e.g. funding, dedicated staff);
3. Alcohol and drug use should be treated as a health issue; student accommodation policies and providers should put student wellbeing at the forefront by providing support to students who break codes of conduct around alcohol and drug use, rather than using punitive measures which may cause students to use alcohol/drugs in unsafe ways.

#### **Infection and Disease Control**

It is important for the health of the students that they are provided with quality and well-maintained accommodation that is warm, dry and safe. Poor living conditions, including damp, cold and overcrowding, increase risk of future ill health and poorer performance across a range of social indicators<sup>5</sup>.

Infection prevention and control measures should include basic hygiene education for staff and students, allow sufficient cleaning processes and schedules for common areas, and ensure that basic sanitation requirements are available and accessible (e.g. running water, soap, hand drying facilities, etc.). Student accommodation should include adequate numbers of shared facilities (e.g., toilets, kitchens, laundry etc.) for the number of students that will be using them to protect their health and hygiene. It is important that any illness policy allows for disease-specific stand down periods from

---

<sup>4</sup> Wellington Emergency Department (sourced from CCDHB)

<sup>5</sup> <https://www.ehinz.ac.nz/indicators/indoor-environment/about-the-indoor-environment-and-health/>

attending university and communal areas after symptoms resolve (e.g. 48 hours for gastro). Student accommodation and the wider university must also develop an up-to-date illness outbreak plan and policy.

Universities should take every opportunity to support student health, including the promotion of extended vaccinations, e.g. meningococcal, influenza etc. All on-site managers and residential assistants (RAs) should have basic health education, such as a first aid certificate, and good understanding of wellness & illness policies in the student accommodation and wider university.

**RPH recommends:**

1. Tertiary accommodation facilities must have appropriate and adequate infection control regulations and mandatory, regular checks to ensure that infection and disease control measures and standards are maintained;
2. In light of the recent Covid-19 pandemic, it would be important for student accommodation to have a pandemic and/or outbreak illness response plan in place that students are aware of. It is also important that student accommodation providers have plans and policies in place to financially support students when accommodation cannot be fully utilised during an outbreak.

**Healthy Sexuality and Prevention of Sexual Harm**

Sexual abuse and harmful sexual behaviour is a serious risk for tertiary students, which has been raised regularly through the media in recent years<sup>6</sup>. Although experiences of sexual abuse among students are hard to quantify, there has been indications that sexual harm has been widespread in tertiary accommodation<sup>7</sup>. Tertiary accommodation facilities appear to have inconsistent and insufficient sexual abuse prevention measures and procedures.

As a population, tertiary students are at higher risk of experiencing and perpetrating sexual violence due to their age, close proximity in living quarters, and high alcohol consumption. Women and men aged 15 -24 years are most likely to experience, and perpetrate, sexual violence<sup>8</sup>. This highlights the important need for robust sexual abuse policies and programmes to prevent harmful sexual behaviour and sexual abuse incidences for tertiary accommodation.

It is also important that student accommodation and the wider university have adequate sexual health promotion programs, services and campaigns for students that are inclusive, supportive and foster knowledge, skills, positive attitudes, and healthy behaviours in sexual health (e.g. STI prevention), interpersonal relationships, and diversity in sexuality and gender.

**RPH recommends:**

---

<sup>6</sup> <https://www.stuff.co.nz/national/education/113277638/students-are-still-at-risk-from-rape-culture>  
<https://www.stuff.co.nz/national/113090659/a-third-of-women-university-students-report-being-sexually-assaulted-what-do-we-owe-them>  
<https://www.stuff.co.nz/national/108775499/lincoln-student-suspended-for-unwanted-offensive-actions>  
[https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12220043](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12220043)

<sup>7</sup> Keene, S. M. (2015). Risky residences: An exploratory study of sexual violence in university halls of residence.

<sup>8</sup> Keene, S. M. (2015). Risky residences: An exploratory study of sexual violence in university halls of residence.

1. New students joining should be provided with comprehensive sexual health and sexual abuse prevention education as part of their orientation;
2. Student accommodation facilities must have up-to-date processes and procedures for sexual abuse allegations;
3. All student accommodation staff and residential assistants (RAs) should receive sexual abuse prevention and healthy sexuality training;
4. Student accommodation should offer adequate policies, programs, events, and support services that enhance students' knowledge, skills, positive attitudes and healthy behaviours in sexual health, interpersonal relationships, and diversity in sexuality and gender.

## **Student Wellbeing**

One holistic model of wellbeing that has implications for students in tertiary settings is Mason Durie's *Te Whare Tapa Whā*. The model includes four dimensions of *hauora* (wellbeing) - mental and emotional wellbeing/*taha hinengaro*, physical wellbeing/*taha tinana*, social wellbeing/*taha whānau*, and spiritual wellbeing/*taha wairua*. It should be noted that in order to achieve *hauora*, all four dimensions of *Te Whare Tapa Whā* must be addressed.

As discussed, tertiary students are in a stage of life where they transition from childhood to adulthood, experience changing relationships, financial status, responsibilities, and external influences that all impact their wellbeing.<sup>9</sup> Recently, there have been numerous media accounts of tertiary students experiencing poor wellbeing, and campus living services providing inadequate duty of care towards students<sup>10</sup>.

With an increased focus on wellbeing, the New Zealand Government released its first Wellbeing Budget in 2019 with an aim to broaden the focus beyond economic-related policies<sup>11</sup>. The first priority of the Wellbeing Budget focuses on promoting mental health and wellbeing of New Zealanders, in particular, increasing and improving suicide prevention services. The government Inquiry into Mental Health and Addictions, 'He Ara Oranga', found that the current system of support for youth wellbeing is inadequate. This is evidenced by high youth suicide rates and increasing levels of anxiety and stress amongst youth in New Zealand<sup>12</sup>. The inquiry highlighted the importance of strengthening protective factors for youth wellbeing, which must be led not only by health services, but also tertiary and university providers as well as a range of community services<sup>13</sup>. Tertiary accommodation providers

---

<sup>9</sup> BPAC NZ. (2015) Addressing mental health and wellbeing in young people. Best Practice Journal: 71,4-13.

<sup>10</sup> <https://www.stuff.co.nz/national/education/107563081/halls-of-residence-can-be-unsafe-environments-for-vulnerable-students>  
[https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12292988](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12292988)  
<https://thespinoff.co.nz/society/28-04-2020/making-students-pay-for-empty-rooms-shows-a-disdain-for-duty-of-care/>  
<https://www.stuff.co.nz/national/116109926/student-accommodation-life-being-in-there-you-are-just-a-number>  
<https://www.stuff.co.nz/national/116096661/canterbury-university-says-students-death-at-hall-inconceivable>  
<https://www.stuff.co.nz/national/116098297/if-university-is-a-tightrope-walk-halls-are-your-safety-net-says-uc-student>

<sup>11</sup> Ministry of Health. (2020). Health and independence report 2018. Wellington: Ministry of Health

<sup>12</sup> <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-3-what-we-think/3-2-our-conclusions/>

<sup>13</sup> Paterson, R., Durie, M., Disley, B., Rangihuna, D., Tiatia-Seath, J., & Tualamali'i, J. He Ara Oranga: Report of the government inquiry into mental health and addiction. 2018. *The Government Inquiry into Mental Health and Addiction*, Wellington, New Zealand, 219.

have a duty of care for students staying in their accommodation and a key role to play in strengthening protective factors for youth.

It is vital that a holistic approach to wellbeing is taken by tertiary accommodation providers in New Zealand.

**RPH recommends:**

*Mental and emotional wellbeing/Taha hinengaro*

1. Educational sessions should be provided in the halls of residence during orientation with refreshers throughout the year, particularly for first year students. Students should be informed about dedicated services on campus, such as access to counsellors, student-driven support services, and the role of residential assistants (RAs);
2. Establish a 'buddying system' for students paired with a 'buddy' or RA, where regular check-ins and physical sightings are completed. The RA is educated on their role as a support person for students living in the halls of residence. A component of this role may include supporting students with booking and attending health consultations on campus;
3. Campus medical providers increase appointment availability after usual business hours and consider alternative methods of consultation. Support providers should deliver a safe, welcoming environment in the place of consultation for young people (e.g. increase availability of youth appropriate materials).

*Physical wellbeing/Taha tinana*

1. Educate students on the importance and benefits of looking after their physical wellbeing;
2. Provide access for all students to a variety of facilities on campus to address their physical activity needs or facilitate discounts for students to use local facilities, e.g. gyms and sporting clubs;
3. Educational sessions are developed for students regularly on how to safely move equipment, how to perform movements correctly and provide for all levels of fitness and experience. It is important to include social as well as competitive opportunities.

*Social wellbeing/Taha whānau*

1. Safe places are provided for students living in the halls of residence to be able to mingle with their peers, friends and other whānau who may visit their living facilities. Inclusive social programmes should be developed that cater for all students' needs and allow for social cohesion that is adaptable and accessible to all;
2. Guidelines and consistent messaging are implemented for all students living in the halls of residence, including curfew times, expectations of room and property maintenance, and social events. A check-in/check-out system should be developed where students must use their identification cards to access buildings, meals and services, in order to highlight any discrepancies or possible areas of concern for a student's welfare. The check-in/check-out system can also inform RAs when a student is going offsite for an extended period of time (i.e. to leave the halls of residence when returning home, or going elsewhere).

*Spiritual wellbeing/taha wairua*

1. Safe places are provided for students living in the halls to participate in or explore any cultural and/or religious practices;

2. Promote and safeguard diversity within the halls of residence.

Thank you for the opportunity to comment on the Inquiry into Student Accommodation. RPH wishes to support the inquiry panel by offering our public health expertise, knowledge and skills, where appropriate in regards to implementing the above recommendations. We wish to make an oral submission. If you have any further questions and/or would like to arrange a meeting, please contact us.

The point of contact for this submission is:

Demelza O'Brien, Technical Officer, Regional Public Health

Demelza.O'Brien@huttvalleydhb.org.nz

Ngā mihi,

Dr Stephen Palmer

**Medical Officer of Health**

Peter Gush

**General Manager**

## Appendix A

### SA2 distribution of 2 year age bands across greater Wellington Region

#### 2018 Census night counts

The height of each SA2 bar is linked to overall count for that SA2.

18—19 years has the largest total in the central city with 30% followed by 20—21 years at 28%

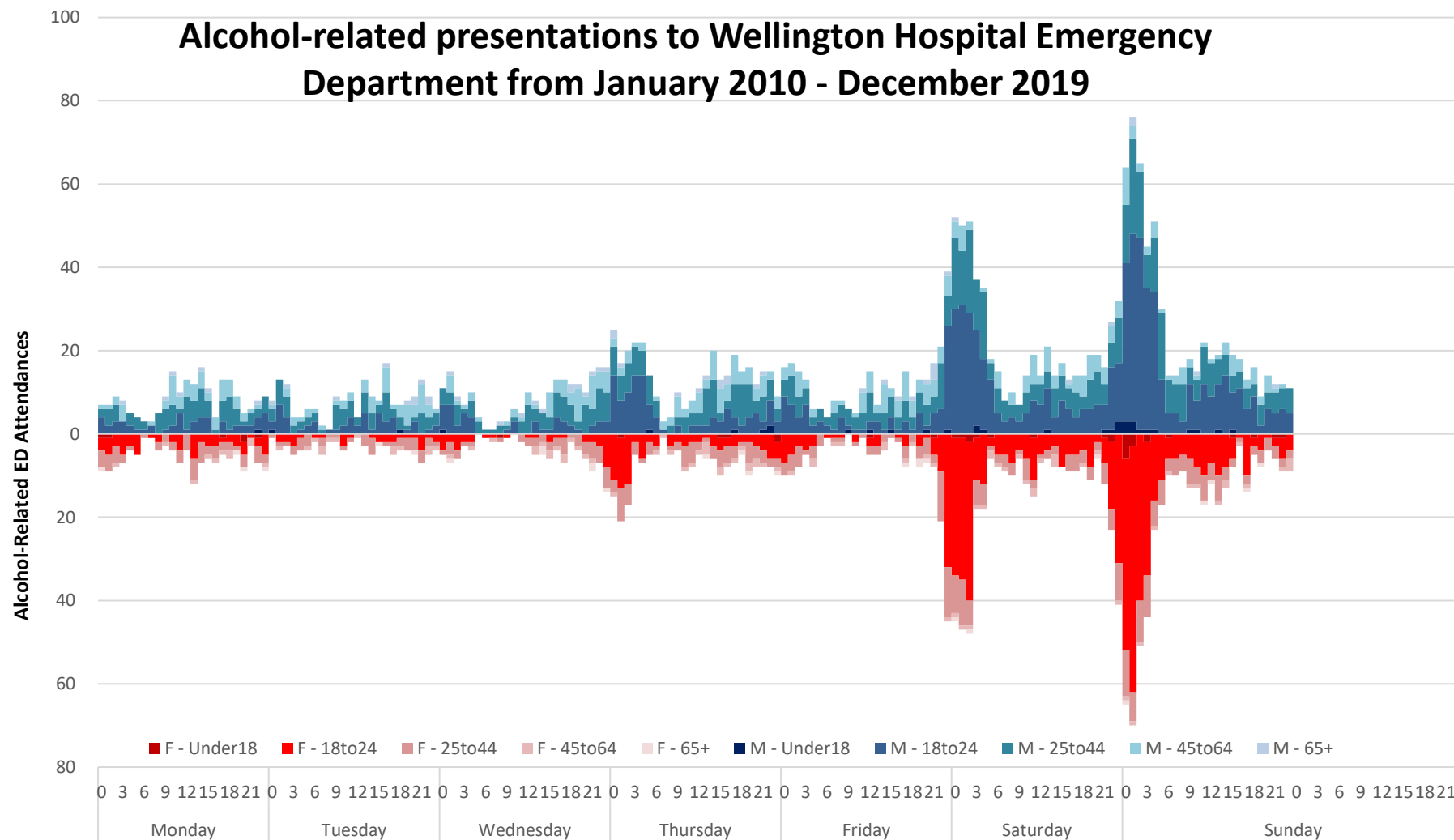




## Appendix B



**Appendix C:**



*The graph shows an increase in alcohol-related ED visits among 18-24 year olds for both men and women on Friday and Saturday nights.*