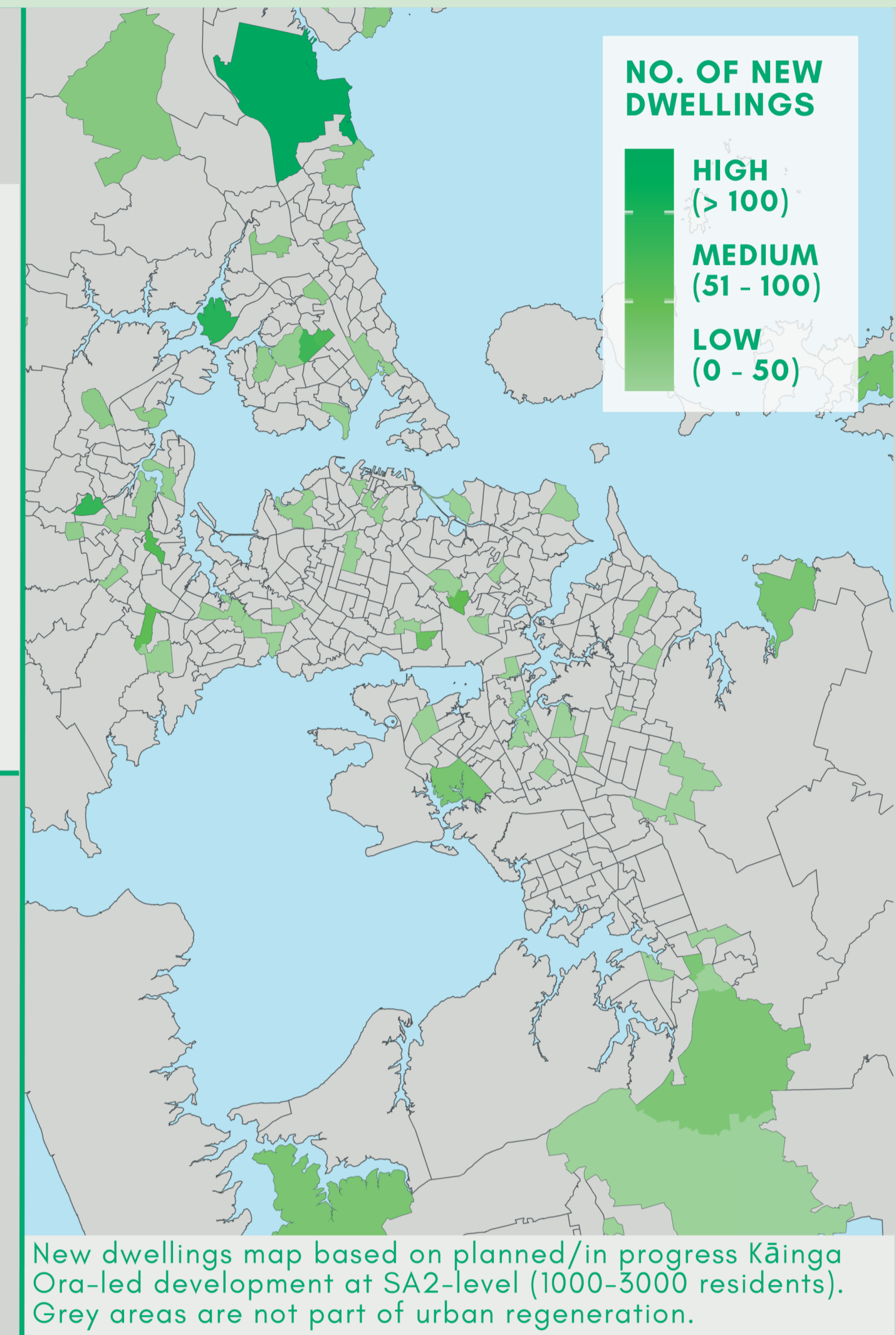# WHAT'S GOOD
in the
(NEIGHBOUR)HOOD?

RESEARCH QUESTION: What is the impact of Kāinga Ora's urban development ("urban regeneration") on area-level wellbeing?

REGENERATING TĀMAKI MAKAURAU

The physical environment in which people live can affect their health and wellbeing.

Aotearoa faces substantial housing challenges with a housing crisis brought on by a housing shortage, rising housing costs, poor quality stock and overcrowding issues. Kāinga Ora (KO) have made significant investments towards increasing the housing supply (**$2bn** allocated in 2022/23; **$1.3bn** spent 2019/22*) with plans to increase supply by **40,000** homes in the next **15 years**. Over **50%** of Kāinga Ora developments are in Auckland - **90%** of those dwellings are **social housing.**

* Figures from Kāinga Ora annual reports

NO. OF NEW DWELLINGS
- **HIGH** (> 100)
- **MEDIUM** (51 - 100)
- **LOW** (0 - 50)

New dwellings map based on planned/in progress Kāinga Ora-led development at SA2-level (1000-5000 residents). Grey areas are not part of urban regeneration.

WHAT IS URBAN REGENERATION?

HOUSING INTENSIFICATION

GREEN SPACES

NEIGHBOURHOOD IMPROVEMENTS

PUBLIC TRANSPORT

EMPLOYMENT & TRAINING HUBS

By developing, or regenerating, urban areas, there is the potential to improve health and wider social outcomes. Most urban regeneration (UR) in NZ is **housing intensification** - increasing the housing supply by redeveloping large blocks of land (usually one dwelling) into multiple dwellings such as units, townhouses and apartments.

DATA

1 Create the sample
Sample of individuals in ERP* from 2015- 2021
* Estimated Resident Population

2 Attach address data
Identify those living in treated & control areas

3 Characterise sample
Attach demographic characteristics

4 Aggregate into SA2
From individual-level data to monthly SA2* observations
* Geographic unit of population data

HOUSING INTENSIFICATION DATA

Kāinga Ora monthly "pipeline" data identifying new housing developments from January 2018 - December 2021. Data available at meshblock-level, aggregated to SA2 to capture potential spillover effects. Individuals living in these meshblocks linked via Address Notification table in the Integrated Data Infrastructure (IDI).

METHOD

Difference-in-differences (DiD) comparing treated areas (undergoing KO UR) and control areas (no KO UR). Control areas matched to treated areas using area-level demographic characteristics. Treatment begins when planning phase for SA2 begins - certainty of urban regeneration going ahead.

MEASURING WELLBEING

Outcomes adapted from Treasury's *Living Standards Framework* - can be measured by population-level administrative data from Stats NZ's IDI.
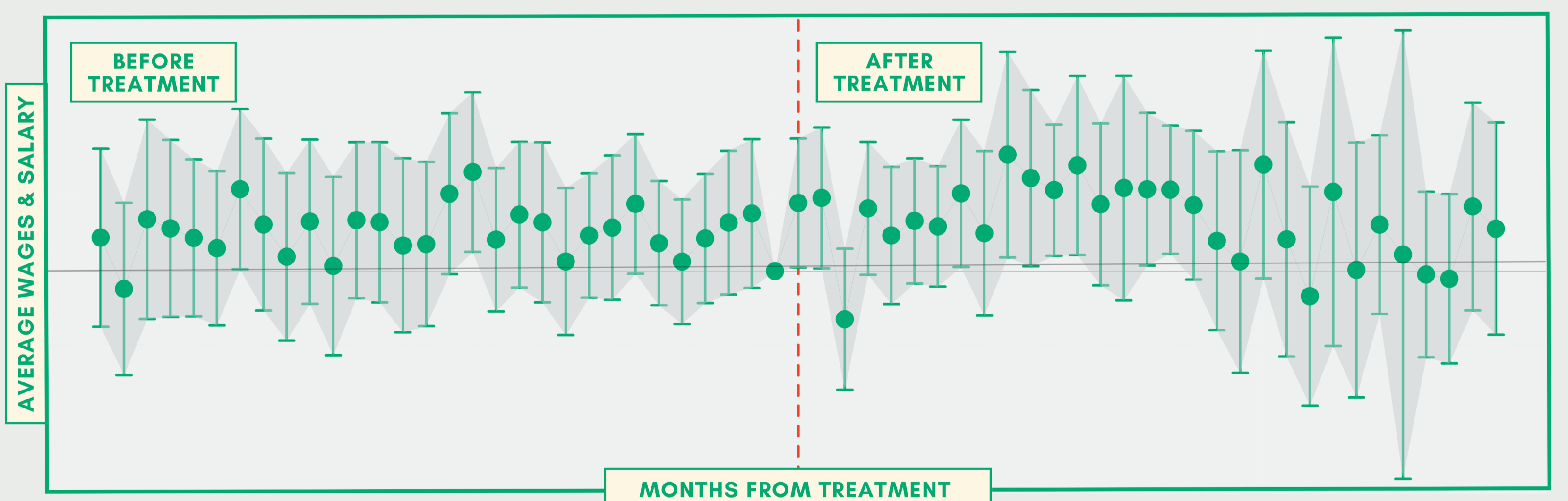
HUMAN CAPITAL
Education & labour market outcomes

+

PHYSICAL & MENTAL HEALTH
Hospital admissions & mental health access

+

CRIME & SAFETY
Victimisations and accident rates

SO, WHAT'S GOOD IN THESE NEIGHBOURHOODS?

When we measure area-level wellbeing between control and treated groups, we observe....

Not much going on at all, really.

We find no statistically significant difference between treated and control areas in the post-treatment period for most wellbeing outcomes. It seems like **there are no observable short-term impacts of urban regeneration on area-level wellbeing.**

Access to the anonymised data used in this study was provided by Statistics New Zealand in accordance with security and confidentiality provisions of the Statistics Act 1975, and secrecy provisions of the Tax Administration Act 1994. The findings are not Official Statistics. The results in this paper are the work of the authors, not Statistics NZ, and have been confidentialised to protect individual from identification.

A LOT OF OUR GRAPHS LOOK LIKE THIS:

BEFORE TREATMENT — AFTER TREATMENT

AVERAGE WAGES & SALARY

MONTHS FROM TREATMENT

WHY DON'T WE SEE ANY CHANGES?

- Construction may be ongoing - treatment hasn't been completed
- Can only capture short- to medium-term wellbeing impacts of urban regeneration at this stage - perhaps wellbeing benefits have not yet accrued
- Compositional changes in the population lost at aggregated-level data. i.e. social housing tenants tend to have poorer employment and benefit outcomes
- Limits to the extent to which we can measure wellbeing with administrative data (e.g. can't measure subjective wellbeing)

WHAT'S NEXT?

500+ regressions and counting - more to come. Conducting individual-level analysis: wellbeing impacts of long-term stayers? Newcomers? Leavers? Social housing tenants? Likelihood of staying during urban regeneration construction?

YOUR IDEAS?

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