

***Draft Dangerous and
Insanitary Buildings Policy 2025***
Summary of feedback

To support Deliberations on 25 November 2025

Contents

Summary of feedback received 3

1. Support for the proposed draft..... 4

1.1 Submitter comments on the draft policy..... 5

Summary of feedback received

Consultation (summary of feedback presented in this document)

We undertook consultation with the wider community from 29 September to 27 October 2025, alongside the Gambling Venue Policy. The feedback received through this period on the Dangerous and Insanitary Buildings Policy is summarised within this document.

We received a total of 6 submissions, with no submitters indicating they would like to speak at the hearing on 25 November. Submissions received were from individuals and two organisations, being:

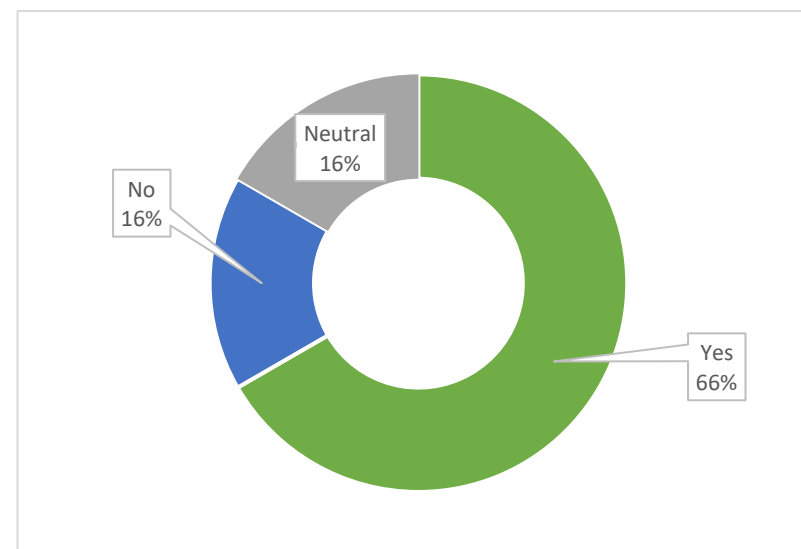
- NPHS Te Waipounamu
- Beca, on behalf of Fire and Emergency New Zealand

1. Support for the proposed draft

Feedback on the question “Do you support the draft policy as presented?”

	Number of people
Yes	4
No	1
Neutral	1
Total	6

The submissions show support (66%) for the draft policy as presented.
(Please note it is a small number of total submissions)



1.1 Submitter comments on the draft policy

Submitter name	Page	Summary	Staff comments
Yes, support the draft policy			
GENERAL			
King, Patricia	2	Consistency seems to be the main goal and this is good	Noted
James, Alf	4	It seems to be a simple tidy-up for legal compliance reasons.	Noted

No, do not support the draft policy			
CONSIDERATION OF HEALTH ACT 1956			Staff comments
NPHS Te Waipounamu (Barry, Vince / Dr Brunton, Cheryl)	9	- It is positive that Council recognises its legislative obligations under the Building Act 2004 in relation to dangerous and insanitary buildings but there are also relevant sections within the Health Act 1956 that may be applicable when considering and assessing buildings that might be deemed as insanitary. - The Health Act 1956 is only referenced within the Policy in respect to Council reserving its right to use powers available to it under s34. There is no discussion of the other sections of the Act that may be applicable when considering and assessing buildings that may be deemed insanitary, particularly in respect of Councils powers and duties under Part 2 of the Act.	<i>The Health Act 1956 is referenced throughout the policy (e.g. under 'related documents', in paragraph 3.6.3, 3.6.4 and 3.7.3)</i> <i>The policy was originally written as a direct Building Act requirement to have clear guidelines of what can be deemed dangerous, insanitary or affected by the definitions in the Building Act.</i> <i>Currently, when a building needs to be assessed as insanitary, Council's Environmental Health Officer handles the process by exercising Council's powers and duties under the Health Act 1956.</i>

GENERAL			
NPHS Te Waipounamu (Barry, Vince / Dr Brunton, Cheryl)	11	- NPHS Te Waipounamu acknowledges Ashburton District Council for the development and review of its Dangerous, Affected and Insanitary Buildings Policy (the Policy). Councils have an important role to play when responding to issues related to these types of buildings. - Living in insanitary and dangerous conditions can have negative health effects. Councils have a range of legislative and regulatory tools available to them that can contribute to minimising the potential risks that insanitary and dangerous building conditions can pose to human health. - NPHS Te Waipounamu supports Council engaging with Fire and Emergency New Zealand (FENZ) in accordance with s121(2) of the Building Act.	Noted
RECOMMENDATIONS			
NPHS Te Waipounamu (Barry, Vince / Dr Brunton, Cheryl)	11	NPHS Te Waipounamu recommends that the Policy includes reference to Council seeking advice from the Medical Officer of Health during the investigation process where insanitary conditions are identified or where the occupants are neglected or infirm.	<i>Proposal to clarify the role and responsibilities of the 'Environmental Health Officer' under definitions and to add specific reference to the role in paragraph 3.5.2 in the policy:</i> <i>3.5.2. The need for identification will be based on:</i> <i>complaints from members of the public,</i> <i>advice received from Council officers, including the Council Environmental Health Officer, and</i> <i>complaints or advice from other agencies (e.g. local health providers, NZ Police, NZ Fire Service, tradespersons etc).</i>

	11-13	NPHS Te Waipounamu recommends that the Policy makes specific reference to the following relevant sections of the Health Act 1956. Councils' response to dangerous and insanitary buildings is intertwined with its roles in relation to sections 29, 41 and 42 of the Health Act 1956, which include specific definitions and actions associated with insanitary housing and section 126 which defines infirm and neglected persons.	See proposal above to add specific reference to Council's Environmental Health Officer who manages Councils response to insanitary buildings and addresses the proposed comments under the Health Act 1956.
		Section 29: Section 29 of the Health Act 1956 defines the term nuisance which may relate to overcrowding and insanitary conditions that are likely to cause injury to the health of people, and dwellings that are unfit for human habitation. Incidents of severe domestic squalor can include extremely unhygienic conditions and hoarding, where the accumulation of material has led to the living environment being unclean, insanitary, or dangerous. This section of the Health Act also applies to areas of land outside the premises for the purposes of reducing harbourage for pests and accumulation on properties.	See comment above
		Section 41 + 42: these sections detail the circumstances in which Council may issue a cleansing order or require repairs and/or issue closing orders due in part to insanitary conditions likely to cause injury to the health of any persons living there.	See comment above
		Section 126: refers to infirm and neglected persons. These persons are often affected by dangerous and/or insanitary buildings and living conditions. A committal order can be sought by the Medical Officer of Health if they believe the person's health and wellbeing are at risk from the conditions in which they are living. - Although a Medical Officer of Health may invoke section 126 to deal with situations where infirm and neglected persons or domestic squalor are involved, this power must be exercised with restraint. The decision is made by the District Court and the threshold to deny someone their normal freedoms is very high. Application for a committal order should not be considered unless the Medical Officer of Health believes the person's health and well-being are at risk from the conditions in which they are living, and there are no other feasible options to address that risk. The aim is to ensure there is appropriate	See comment above

		support in place so that the person can remain living as independently as possible without significantly compromising their personal health or the health of the public. It is only when this is not possible, and all other courses of action have been explored and exhausted, that the powers of committal under section 126 the Health Act 1956 should be considered. • Nuisance conditions or substandard housing should be dealt with using the other appropriate legislative and regulatory tools available, rather than through invoking section 126.	
	13	• NPHS Te Waipounamu recommends that the Policy expands on the enforcement options that are available to Council and includes details regarding responses and actions in relation to environmental interventions, for example cleansing orders and the abatement of nuisance conditions under the Health Act 1956.	See comment above
	13	• NPHS Te Waipounamu recommends that the Policy recognises the complex nature of people living in insanitary conditions and identifies how Council intends to liaise with agencies from a health perspective. A multi-agency approach has been identified as model of best practice. This will usually include Council (environmental health and building compliance staff), NPHS (Health Protection Officers and Medical Officers of Health) Fire and Emergency NZ, as well as appropriate health care providers (such as general practitioners, older persons' health services and/or mental health services), relevant community social support services (such as Age Concern), and relevant community support organisations.	<i>Noted</i>
	13	• When referring to assessing buildings, the Policy encourages staff to seek advice from external operators such as Fire and Emergency NZ. We suggest expanding this reference to include other potential stakeholders, such as public health services, that may need to be involved in helping to manage complex situations.	<i>Noted</i>
	13	• NPHS Te Waipounamu recommends that the role of key Council staff such as Environmental Health Officers is expanded on in the policy. These responsibilities may include assessing whether the building meets Building Act 2004 and Health Act 1956 requirements, acting to	<i>Noted</i>

		remedy insanitary or nuisance conditions, and referring to the Medical Officer of Health where they consider further action is necessary.	
	13	Council could consider setting up an interagency group to provide pathways for referral, as well as guidelines and information to ensure that the people living in severe domestic squalor are assisted in a consistent, sustainable, and efficient way. Such groups have been successful in other regions.	<i>Noted</i>

Neutral			
CORRECTION			
Beca, on behalf of Fire and Emergency New Zealand (Beardsall, Jennifer)	5	Fire and Emergency New Zealand are neutral to the content of the Policy but request that outdated references to the New Zealand Fire Service are corrected to Fire and Emergency New Zealand as part of the Policy review.	<i>Noted – to be corrected in the final policy</i>