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Healthful Housing

**A thesis presented in partial fulfilment
of the requirements for the degree of**

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Abstract

This study researched the housing needs of incipiently homeless low-income households in Auckland. In particular it examined how the compromises and sacrifices low-income households must make to procure housing jeopardises their ability to promote and maintain health. Health within this study was defined holistically including physical, mental, spiritual and family aspects as well as the dimension of ontological security.

The participants were comprised of three groups: housing workers, community health workers, and most importantly the households in housing need. All participants were or had been connected with Monte Cecilia Emergency House.

The role of the state, past and present, in assisting low-income households to obtain accommodation was examined. Particular consideration was given to changes which have occurred in the lost-cost rental sector through the move to market-level rents for state housing, and the introduction of a targeted, abatable accommodation allowance.

The participants' stories demonstrated an increasing and serious level of unaffordability of rental housing. This had brought about both immediate and long-term detriments to health due to living in over-crowded accommodation and / or a residual post-rent income insufficient to maintain an adequate standard of living. Tangata Whenua and Tagata Pasifika were disproportionately affected by unaffordable housing. The need for a return to income-related state housing was high-lighted. Recommendation was also made regarding the urgent need of a comprehensive survey of housing need, both urban and rural.

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CONTENTS

	ABSTRACT	ii
	ACKNOWLEDGEMENT	iii
	CONTENTS	iv
	LIST OF FIGURES	viii
1	INTRODUCTORY CHAPTER	
1.1	A Thesis and Its Focus	1
1.2	Defining	3
1.3	Housing, Home and Ontological Security	9
1.4	The Connection Between Housing and Health	10
1.5	The Context of the Research	17
1.6	Thesis Structure	18
2	THEORIES OF HOUSING	
2.1	Introduction	21
2.2	At Home in the Metropolis	21
2.3	Why Homeless not Houseless?	25
2.4	Ontological Security and Tenure	30
2.5	Conclusion	32
3	LOWER COST HOUSING IN NEW ZEALAND	
3.1	Introduction	34
3.2	New Zealand's Housing Policy Since 1890	34
3.2.1	1890-1935 Home Ownership Assistance for the Working Poor	35
3.2.2	1935-1949 Adequate Affordable Housing for All	36
3.2.3	1949-1984 The Transition to Welfare State Housing	37
3.2.4	1984-1991 Targeted State Housing: The Victim of its Own Success	41
3.2.5	1991- Withdrawal of Direct State Assistance: The Myth of a Free Housing Market	44
3.2.6	Conclusion	48

		v
3.3	Tangata Whenua and Housing	49
3.4	Tagata Pasifika and Housing	57
4	CONTEXTUALISING HOMELESSNESS IN NEW ZEALAND	
4.1	Introduction	62
4.2	Towards a Housing Continuum	63
4.3	Incipient Homelessness: The Price of Free Market Housing	64
4.4	Conclusion	67
5	METHODOLOGY	
5.1	Introduction	62
5.2	Theoretical Perspective	72
5.3	Methodology	74
5.4	Data Analysis	78
	5.4.1 Validity	79
	5.4.2 Reliability	81
	5.4.3 Generalisability	82
5.5	The Participants	84
5.6	Ethics	86
6	MONTE CECILIA HOUSE: ACCOMMODATING INCREASING NEED	
6.1	Introduction	89
6.2	The History of Monte Cecilia House	89
	6.2.1 Accommodation and Advocacy	91
6.3	Providing Emergency Accommodation in a Market- Driven Economy	93
	6.3.1 Re-entering the 'Free' Housing Market	96
6.4	Emergency Housing Data	98
6.5	Data Analysis	99
6.6	Ethnicity of Applicants	104
6.7	Family Composition of Households Seeking Emergency Housing Assistance	109
6.8	Reasons for Seeking Emergency Housing Assistance	114

		vi
6.9	Implications for Health and Housing	115
6.10	Conclusion	117
7	THE COST OF BEING HOUSED	
7.1	Introduction	119
7.2	Market Rents and Disposable Income	121
7.3	Sacrifices Made to Secure Housing	129
	7.3.1 Acceptance of the Health Hazards of Overcrowded Accommodation	130
	7.3.2 Downsizing Accommodation	135
	7.3.3 Tolerating Unsafe or Temporary Housing	136
	7.3.4 Compromising on Diet	139
	7.3.5 Compromising on Medical Expenses	140
	7.3.6 Sacrificing Educational Opportunities	142
	7.3.7 Inability to Maintain Household Warmth	146
7.4	Compromising on Other Financial Commitments	146
7.5	Conclusion	147
8	TO BE A TENANT OF THE STATE	
8.1	Introduction	149
8.2	Why Remain a Tenant of the State?	151
8.3	The Condition of Housing New Zealand Properties	154
	8.3.1 Unsafe Houses	155
	8.3.2 Mouldy and Damp Houses	157
	8.3.3 House Temperatures	159
	8.3.4 Unfenced Properties	160
	8.3.5 Dirt, Pest Infestation, and Non-Functioning Structures	161
8.4	The Maintenance of Housing New Zealand Tenancies	163
8.5	Pereception of Treatment Received as a Tenant of Housing New Zealand	168
8.6	Conclusion	171
9	HOUSED YET HOMELESS	
9.1	Introduction: Ontological Security Revisited	173
9.2	Security of Tenure	175

9.3	Personalising the Home	176
9.4	Offering Hospitality	178
9.5	Setting Household Rules	181
9.6	Living in Area of Choice	182
9.7	Conclusion	183
10	CONCLUSIONS	
10.1	Introduction	185
10.2	Healthful Housing: A Right or a Commodity	186
10.3	Housing Restructuring Act – Working Against Low-Income Healthful Housing	187
10.4	Future State Assistance for Healthful Low-Income Housing	188
10.5	A Final Comment	191
	REFERENCES	193
	APPENDICES	
1	Permission Letter for Quantitative Data	202
2	Permission Letter for Qualitative Interviews	203

LIST OF FIGURES AND ILLUSTRATIONS

Fig 1.1	Framework for Multivariate Analysis	17
Fig 4.1	Continuum of Housing Need	64
Illus. 6.1	Monte Cecilia House Front View	90
Illus. 6.2	Monte Cecilia House Rear View	90
Fig 6.1	Housing Requests Monte Cecilia 1995 Ethnicity	101
Fig 6.2	Housing Requests Monte Cecilia 1995 Known Ethnicity	101
Fig 6.3	Housing Requests Monte Cecilia 1996 Ethnicity	102
Fig 6.4	Housing Requests Monte Cecilia 1996 Known Ethnicity	102
Fig 6.5	Housing Requests Monte Cecilia 1997 Ethnicity	103
Fig 6.6	Housing Requests Monte Cecilia 1997 Known Ethnicity	103
Fig 6.7	Housing Requests Monte Cecilia 1995 Family Composition	106
Fig 6.8	Housing Requests Monte Cecilia 1995 Known Family Composition	106
Fig 6.9	Housing Requests Monte Cecilia 1996 Family Composition	107
Fig 6.10	Housing Requests Monte Cecilia 1996 Known Family Composition	107
Fig 6.11	Housing Requests Monte Cecilia 1997 Family Composition	108
Fig 6.12	Housing Requests Monte Cecilia 1997 Known Family Composition	108
Fig 6.13	Housing Requests Monte Cecilia 1995 Reasons	111
Fig 6.14	Housing Requests Monte Cecilia 1995 Known Reasons	111
Fig 6.15	Housing Requests Monte Cecilia 1996 Reasons	112
Fig 6.16	Housing Requests Monte Cecilia 1996 Known Reasons	112
Fig 6.17	Housing Requests Monte Cecilia 1997 Reasons	113

		ix
Fig 6.18	Housing Requests Monte Cecilia 1997 Known Reasons	113
Fig 10.1	Table of Mortgage Costs	190

1. Introductory Chapter

1.1. A Thesis and Its Focus

The proposal that housing influences health is not a new one. Florence Nightingale, in the mid-nineteenth century, argued that there was a link when she claimed that: "The connection between health and the dwellings of the population is one of the most important that exists". (Nightingale in Lowry, 1989a: 1261). While many notions of health and disease have changed since, this connection is still of concern, even within countries such as New Zealand which offer advanced health care.

Nearly a century and a half later a similar sentiment was expressed by New Zealand's Public Health Commission who named health promoting attributes which are a necessary elements of adequate housing. The Commission observed that while New Zealand experiences a relatively low level of absolute homelessness (evidenced by the small number of destitute individuals and families sleeping on the street as compared to many other countries), this country still experiences severe housing difficulties which impinge upon the health of a significant number of its population.

This country's housing problems are sufficient to deny many adequate accommodation. Housing should provide shelter, privacy, warmth and sanitation. Low quality housing means some or all of the following: poor ventilation, lacking basic insulation as well as washing and cooking facilities; temporary (eg tents, cars, caravans); insufficient bedrooms, bathroom facilities or living space for the number of occupants (Public Health Commission, 1993: 44).

Internationally the link between the structure of a dwelling and physical health is found in a series of articles written by Lowry (1989) for the British Medical Journal. Lowry comments that:

Housing still influences our health. Houses should provide basic health requirements like shelter, warmth, sanitation and privacy, and badly designed or dangerously constructed houses can directly damage residents' health (Lowry, 1989a: 1261).

The claim that a dwelling which is sound, dry, and weather-proof is better for health than one which is damp and decrepit, is both affirmed by common sense and well proven by research. At one level, the link is reasonably self-evident, but the contention of this thesis will be that the relationship between health and housing is more complex than common-sense may first suggest. It will be argued that housing contributes more towards health than simply physical shelter or accommodation: that housing can provide its residents with an experience of "home", and that this experience of home also makes a significant contribution to the well-being and health of individuals and families.

In exploring the housing / health question, I will examine the housing experiences of families whose housing circumstances are precarious, as well as those families who have experienced severe housing need. These families have been termed "incipient homeless" (Kearns et al., 1992: 280) indicating that while they may be housed in some form, and not sleeping on the streets, their housing circumstances are inadequate. This incipient homelessness, it will be argued, impacts upon the health and well-being of household members, and the nature of these impacts will be explored.

The study and research contained in this thesis is undertaken from a value standpoint which believes that access to decent, affordable housing, and to a standard of living adequate for health and well-being, is a basic human right. This right is explicitly stated in the 25th Article of the Universal Declaration of Human Rights:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family (sic), including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his (sic) control (United Nations Assembly in Amnesty International, 1998).

The Universal Declaration of Human Rights was adopted and proclaimed fifty years ago in 1948 by the United Nations General Assembly, and reaffirmed in Vienna in 1993. The New Zealand Government was a party to both these agreements. It is therefore morally bound to work actively towards meeting these standards for all its residents, and to ensure that no legislation puts these rights in jeopardy. The failure to provide adequate housing does not end there, but has major implications for the well-being and specifically health status of households and the community.

My own personal values as a Catholic religious, a member of the Sisters of Mercy, also underpin this thesis. At the time of writing this thesis I am living at Monte Cecilia Emergency House alongside the resident homeless families.

1.2. Defining Health

In order to maintain that housing influences health it is necessary to define the concept of health used here and in particular to specify the dimensions of human existence to which it can be said to apply. An initial difficulty with defining health is that what is understood as health varies from culture to culture, and over time. In the latter half of the nineteenth century, the biomedical perception of health and illness came to prominence within Western European thought. This understanding with its focus on physical disease and mono-causal theories of illness, held sway well into the twentieth century. However, it became more obvious as the twentieth century proceeded that this model of health and disease was inadequate as an explanation, and theorists began to move towards more multi-causal explanations (Seedhouse, 1986; Aggleton, 1990). By 1946, the World Health Organisation wrote its definition of health as: "a state of complete physical,

mental and social well-being, and not merely the absence of disease or infirmity” (W.H.O., 1946: 2).

By including mental and social well-being as components of health, the World Health Organisation’s definition clearly broadens the understanding of health to include aspects of life other than just the physical. Conversely though, it also confines the boundaries of health in that it speaks of a “complete” state. I would argue that health can exist in varying degrees, and be understood as a subjective as well as an objective entity. It is quite feasible that an individual, disabled from birth or by accident, may define themselves as healthy, while another individual with no physical ailment, may experience a profound lack of well-being through social circumstances such as housing need.

The definition of health used in this thesis has much in common to that put forward by the health theorist Seedhouse. Seedhouse (1986), having discussed various definitions of health concludes that:

Health is not a word that has a single uncontroversial meaning. Health does not have a core meaning waiting to be discovered. ... Health can be seen as a means or an end. Health can be regarded as an end in itself. This end can be different dependent upon age, ability, circumstance and so on. Health can also be seen as a means - a state which must be achieved in order that further ends can also be achieved (Seedhouse, 1986: 53).

Seedhouse is also clear that the person whose state of health is being assessed cannot be viewed as a self-contained entity, uninfluenced by their life circumstances, and that this should be acknowledged in any theory of health.

People cannot be fully understood in isolation from what they do in their lives. Also people cannot be understood in biological terms. ... All theories of health and all approaches designed to increase health are intended to advise against, to prevent the creation of, or to remove, obstacles to the achievement of human potential. These

obstacles may be biological, environmental, societal, familial, or personal. This states clearly that the work for health is bound to be diverse. ... Social workers, health visitors and politicians work to remove different obstacles to the achievement of potential. For instance they may try to eliminate problems such as lack of heating, damp conditions, marital trouble, child abuse, unemployment or poor employment. Such impediments may cause further impediment such as disease and illness, and they act in their own right to divert time and energy from avenues along which to achieve more important potentials (Seedhouse, 1986: 53-4).

Seedhouse therefore clearly includes housing as a factor which may contribute to, or detract from, health. Housing is viewed as a multi-faceted dimension of a web of factors which impact upon health and well-being. This thesis will explore the inter-relationship of various aspects of housing need and how these may possibly compound each other in their affects on the health of individuals and households. Seedhouse maintains that there are "primary conditions which can greatly enable all people" to achieve a state of health (Seedhouse, 1986: 76). Among these "primary conditions" or "foundations", as he also refers to them, he lists shelter. But it is not only necessary for people to have such foundations as shelter, they must also have "access to a very wide range of information" about such life influencing foundations, and the skill and confidence to be able to use such information (Seedhouse, 1986: 76).

This explanation of health indicates that housing policies which make obtaining affordable housing difficult, make it arduous to access information or skills needed to obtain housing, or which undermine people's self-confidence, are prejudicial to those families or individuals achieving health and well being. While acknowledging that any definition of health is debatable, Seedhouse does attempt a definition of health, which is helpful for this thesis: A person's health is equivalent to the state of the set of conditions which fulfil or enable a person to work to fulfil his or her realistic chosen and biological potentials. Health is thus conceived as a continuum, rather than a static state.

Seedhouse's definition of health differs markedly then from the static definition put forward by the W.H.O., which has been described as utopian (Seedhouse, 1986: 32),

unobtainable (Aggleton, 1990: 12), and ambitious (National Health Committee, 1998: 20).

I would add to these criticisms the fact that the World Health Organisation's definition offers no indication that the responsibility for achieving health may lie with anyone other than the individual concerned. I would contend that the factors which contribute to achieving well-being are a combination of those which come within the individual's control and those which are outside their sphere of influence, factors that derived from structural and societal considerations. A statement on health promotion produced by the World Health Organisation in 1984, and several decades after their often quoted definition, goes some way to addressing this issue:

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organisational change. It is a coordinated action which leads to health, income and social policies that foster greater equity (Locker, 1991: 256).

As indicated above, definitions of health need to be contextualised within a particular culture as well as an era. For an examination of housing and health within Aotearoa New Zealand, it is important that any definition of health used is appropriate to the understandings of health held by Tangata Whenua, and also by Tagata Pasifika. Health as understood from a Maori perspective is holistic. Murchie (1984), Ngata (1984) and Durie (1985) all propose a model of health incorporating four dimensions: te Taha Wairua, te Taha Hinengaro, te Taha Tinana, and te Taha Whanau; spiritual, mental, physical and family dimensions respectively. These dimensions of health are closely interconnected and cannot be separated. Ngata reflects the holism of this understanding when he states:

Maori people in general believe that their current health status is ultimately linked to their historical, social, cultural, economic, political and environmental circumstances (Ngata, 1984: 3).

Health seen through these four dimensions includes two not made specific in the W.H.O. definition: spiritual and family health. Family health is a specific and important component of Maori health.

Te Taha Whanau acknowledges the importance of the function and role of the family in providing sustenance, support and an environment conducive to good health (Ngata, 1984: 4).

Health is viewed not only as an individual experience, but also as a collective experience, so that circumstances which affect the health of one member of the family unit will also have an effect on the health of all members. Durie explains that health is not an individual property: "To be a total person however, in one's own right is, from a Maori perspective to be in an unhealthy state" (Durie, 1985: 484). This connection is further clarified by Murchie, in her report, Rapuora: Health and Maori Women:

Te Whanau transcends the life of its members. It is at once a link with the past through revered common ancestors and a foundation for the future through its responsibility for the nurture of the young. ... Health is a *whanau* concern and must remain so. Without a sense of individual worth true health is not possible and *whanau* leadership is essential in order to develop each person's self-esteem (Murchie, 1984: 81).

Another model used to describe Maori health is *te wheke*, the octopus. This symbol, which has been applied by Pere (1984), further breaks down the four dimensions identified by Durie, and Ngata, giving additional emphasis to the holistic and interconnected nature of health.

Each tentacle of the octopus represents a dimension that requires and needs certain things to help give sustenance to the whole ... The dimensions ... need to be understood in relation to each other and within the context of the whole because there are no clear cut boundaries (Pere, 1984: 1).

The importance of the family dimension of health is stressed in this model since the family is represented by the head and body of the octopus, the part of the creature containing the vital organs required for its survival.

The Samoan view of health is similar to that of *Tangata Whenua*, in that health and illness are not viewed as states of the individual, but rather as states of the community in relation to a number of realms of living. Kinloch (1985) explains:

Sickness in the western view is an affair of the individual rather than an affair of the 'people', where the word 'people' signifies the series of relations which organise individuals into cultural, social or family groups. Yet for the Samoan, 'people' (*tagata*) signifies precisely that - a series of relations to other individuals, the land and the world of the spirits, without which a being is not human, not a person. The health of a Samoan individual is so interwoven with the predicament of the social group, as to be almost indistinguishable from it (Kinloch, 1985: 15).

Macpherson and Macpherson, in their study of Samoan medical belief and practice, describe the achieving of health as the process of striving for equilibrium between humans and the three worlds (natural, social, and spiritual) which they inhabit. Such equilibrium is considered normal, and "stresses and disturbances to that equilibrium cause people to feel unwell" (Macpherson and Macpherson, 1990: 148). Laing and Mitaera (1994) comment on the similarity of the meaning of health for Cook Island as well as Samoan people. "Health is firmly embedded in the experience of being alive among kin for Samoan and Cook Island people" (Laing and Mitaera, 1994: 209). Consistent with the New Zealand Maori understanding of *whanau* health, Cook Island Maori specify three dimensions of health, "*ora'anga*": *ora'anga kopapa* or physical health, *ora'anga vaerua* or spiritual health, and of particular interest in the context of this study, *ora'anga o te ngutuare*, the health of the household (Laing and Mitaera, 1994: 208).

In the context of this thesis, I shall use an understanding of health that assumes health to be a dynamic state, and the result of striving to find balance in the social, emotional/mental, spiritual, and importantly family dimensions of life, and not solely physical well-being. Health is also understood to be potentially influenced by factors outside of the person and their immediate environment, factors such as Government policies. I shall define health as being a state experienced by both individuals and families¹. This definition is based upon Seedhouse's holistic view of health and is extended to include the concept of family health from within Tangata Whenua and Tagata Pasifika understandings of well-being. While the importance of physical disease will not be dismissed, its mere absence or presence will not be considered a sufficient indicator of health status.

1.3. Housing, Home and Ontological Security

The holistic definition of health used in this thesis includes emotional and family well-being. Through the provision of shelter housing contributes to the aspects of emotional and family health, at least as much as it contributes to physical health. This contribution to health is achieved for those living in the dwelling through their developing a sense of "home". The experience of being "at home" provides the dwellers with a sense of belonging and reliability about their lives. Culhane and Fried elaborate on this sense of belonging. "Home is the place we belong to, the place which belongs to us. As the stationary sphere of our most private and personal thoughts and feelings, it provides a sense of stability and security as we move about in the environment. It is a precious

¹ In using the English term 'family', I am not indicating that this is an exact translation of the concepts 'whanau' for Tangata Whenua, or 'aiga' for Samoan. Durie (1994), explains that "New Zealand like most OECD countries has a variety of family types and forms. In New Zealand there is also the institution of whanau. More than simply an extended family network, a whanau is a diffuse unit, usually based on a common source of descent, within which certain responsibilities and obligations are maintained" (Durie, 1994: 1). While the English word 'family' is used in relation to health, for ease of discussion, it is understood that this does not refer only to a Western European nuclear family unit.

resource for human well-being” (Culhane and Fried, 1988: 175). In this sense, belonging does not mean monetary ownership, as a particular house may be rented and yet be experienced as home, whilst another house may be owned but not provide a sense of home to its occupants.

To explain this experience of “at homeness”, Giddens (1984) uses the term “ontological security”. Ontological security, as Giddens defines it, refers to a “confidence or trust that the natural and social worlds are as they appear to be, including the basic existential parameters of self and social identity” (Giddens, 1984: 375). While ontological security, as a key concept of this thesis, will be explored and developed further in the next chapter, one example can be found in the interview responses recorded in the Maori Women’s Housing Research Project. The participants spoke of “home” as not being encompassed by a material building, and that the need to have somewhere to belong is greater than just physical accommodation. However, the building provides a spatially located focus for this experience and its health nurturing benefits.

The shelter Maori women offer makes ‘home’ a spring from which one can be nourished physically, mentally, emotionally and spiritually. ... in this sense ‘home’ is not a building that one can own or place a monetary value upon, it is however an asset that one cherishes for one’s lifetime (Maori Women’s Housing Research Project, 1991: 16).

1.4. The Connection Between Housing and Health

As previously stated, the recognition of a connection between housing and health is not a new one. Both Lowry (1991) and Conway (1995) note the connection in the British Victorian era between health and housing policies, but legislation recognising this link was not confined to Britain. Ferguson (1994) writes of New Zealand in the same period:

During the middle years of the nineteenth century, health reformers world-wide began to challenge laissez-faire attitudes to poor living conditions. In New Zealand they argued that to avoid epidemics, towns needed basic services such as a water supply, a drainage system, and a method for disposing of waste. They showed less concern over the physical condition of houses and levels of overcrowding, and concentrated their efforts on wider public health issues. Nonetheless, these concerns are important in the establishing of a minimum housing standard in New Zealand (Ferguson, 1994: 21).

Although it is still recognised that “housing is a key instrument in health care” (Conway, 1995: 141), to detail the connection between housing and health is as complicated and fraught with difficulty as any attempt to define health. While Conway is convinced of the relationship, she acknowledges this difficulty. She writes of the housing and health connection which she sees in Britain:

It is notoriously difficult to prove a causal link. Longitudinal research would be the most useful in order to show the long term effect of housing on health, but this is expensive and difficult to organise. It is therefore not possible at this stage to point to a body of knowledge which proves beyond doubt that poor housing conditions cause ill-health (Conway, 1995: 148).

Agreeing with Conway’s conclusion, I accept that in this study it is not possible to prove a direct one-to-one causal relationship between inadequate housing and ill-health due to the number of separate and interconnected factors which impinge both upon a person’s housing situation and their health. However, the fact that such a relationship cannot be demonstrated irrefutably, does not prove that a connection does not exist. The literature reviewed within this thesis and the data arising from the interviews demonstrate the multiple and interconnecting affects of housing on health. For all the participants the expense of rental housing and its consequent unaffordability impact significantly on their health and well-being.

Serious housing need or incipient homelessness can be the product of difficulties experienced because of unemployment, or employment that does not produce sufficient income to maintain a rental property. The same financial difficulty can result in doubling-up of accommodation with other families leading to overcrowding. A number of studies have indicated a relationship between overcrowding and the compromise of psychological and physical health. Gabe and Williams contend:

We found a significant and strong J-shaped relationship between crowding in the home and psychological distress among the women. The relationship persisted even when three socio-demographic variables (employment status, presence of children, and social class), satisfaction with the housing and the two components of the crowding index were controlled for (Gabe and Williams, 1993: 200).

Similarly a study of overcrowding undertaken by Gove et al., in Chicago found that:

Objective crowding (as measured by persons per room) and subjective crowding (as indicated by (1) excessive social demands and (2) a lack of privacy) are strongly related to poor mental health, poor social relationships in the home and poor child care; and less strongly but significantly to poor physical health, and to poor social relationships outside the home (Gove et al., 1979: 59).

The findings of compromised physical and psychological health were consistent with those of Duvall and Booth (1978) and those of compromised psychological health with Lepore et al. (1991).

Overcrowding has been shown to be a risk factor in developing and spreading a number of infectious diseases. Several international studies show overcrowding to be a risk factor in the developing of meningitis. Stuart et al. state that "the carriage rates are high in young adults, in people who live in conditions of severe overcrowding ..." (Stuart et al., 1989: 723). This association has been further developed to show a relationship to the number of people per bedroom (Thomas et al., 1991: 288), but not to the sharing of a bed, (Stanwell-Smith et al., 1994: 322). More recently, a New Zealand study into the

effects of socio-economic status on health for the period 1982 - 1994 found a significant relationship between these two variables, with hospitalisation rates being three times as high for those in the lowest socio-economic bracket than for those in the highest bracket (Jackson et al., 1998: 6). They also suggested that the “primary causes or risk factors of the current meningococcal epidemic ... may relate to over crowding and high household size” (Jackson et al., 1998: 24). Tim Watkin, writing for the New Zealand Listener in July 1997, asked the question:

Are we treating the symptoms of meningococcal disease, but ignoring the causes?
 ... New Zealand’s infection rate of almost 15 per 100,000 is already higher than Australia, Britain, and the U.S. The figures get even worse for Maori and Pacific Islanders. Whereas 7.4 Pakeha per 100,000 are infected, 30.7 Maori, and 79.6 Pacific Islanders per 100,000 will suffer (Watkin, 1997: 24).

As will be discussed in Chapter 3, because of increasing rental costs, Tangata Whenua, and Tagata Pasifika are more likely than Pakeha to have to resort to doubling-up of accommodation in order to find housing.

Meningitis is not the only disease that has been linked to inadequate housing. Lowry (1989) and Conway (1995) both quote several studies which have linked damp and / or mouldy housing with respiratory diseases:

Several studies have found an association between damp housing and respiratory disease, particularly wheeze in children, and there is an association between asthma and sensitivity to allergens from moulds (Lowry, 1989b: 1327).

These studies include Strachan (1993); Strachan and Elton (1986); Hopton and Hunt (1996); Martin et al. (1987); Blackman et al. (1989); Packer et al. (1994); and Howden-Chapman et al. (1996). Additionally Collins (1993) notes a relationship between cold house temperatures and asthma.

This is consistent with the findings of the Maori Women's Housing Research Report which notes that, "Children's health is also affected by the poor housing conditions and bronchial and asthma related illnesses already so prevalent in Maori children are exacerbated" (Maori Women's Housing Research Project, 1991: 21). Overcrowding also puts stress on hygiene amenities in the household, which can pose further health risks.

Health can be put at risk if sanitary equipment is not properly maintained or used. Flushing a toilet creates splashes and aerosols, which have the potential for spreading infection. in houses in multiple occupation the bathroom and kitchen facilities are often shared by many people, none of whom may take on the responsibility for cleaning, and diarrhoeal diseases can spread rapidly (Lowry, 1990: 178).

The overcrowding / poor health connection Conway makes go even further: "There is evidence linking these conditions to a range of illness: respiratory diseases, fevers, headaches, sore throats, nausea and stress" (Conway, 1995: 143). Stress brought about by serious housing need and incipient homelessness, while itself detracting from health, may lead to further serious health problems, such as domestic violence and child abuse. The Ministry of Health's report into child abuse prevention, which was released in 1996, recognised unstable and unsatisfactory housing as child abuse risk factors (Ministry of Health, 1996: 16).

In a study comparing the housing situations of state housing applicants in Christchurch and Auckland, Kearns et al. present a model (Figure 1.1) to explain how various factors beyond the control of an individual or family may cause "housing stress", which in turn prejudices health (Kearns et al., 1991: 375). In their report examining overcrowding in Manukau City, Crothers and Kearns (1993) again use this model. Housing stress was defined within this study as a "situation in which a household was having considerable difficulty in obtaining housing appropriate to its needs, and related to its housing aspirations" (Crothers and Kearns, 1993: 3). This model is helpful in understanding the multiple causes of housing stress, as it names four factors contributing to housing stress;

housing market conditions, ethnicity, social class, gender and household structure. To the conditions Kearns names I would also add employment status and household income. These factors can also interact and further compound each other's effects. For instance, those households of Tangata Whenua and Tagata Pasifika ethnicity have an increased chance of receiving a low income² which in turn further compounds their vulnerability to housing market conditions.

The framework outlines health consequences which are much broader than purely physical disease, including mental health and social problems. However, given the ethnicity of those who proportionately suffer more housing stress in New Zealand, that is Tangata Whenua and Tagata Pasifika, it would also be relevant to include family health within the list of health dimensions adversely affected by housing stress.

It is not surprising therefore, with such strong connection being made, that health professionals and academics are again beginning to call for an integrated approach to health and housing policies. Susan Smith, a housing theorist of significance in Britain, believes that such a cooperative formulation of housing and health policies holds an answer to health promotion: "Effective health care as well as initiatives in disease prevention, depend ultimately on the development of more flexible and integrated health policies" (Smith, 1989: 79). The National Health Committee in their report The Social, Cultural and Economic Determinants of Health in New Zealand recommended that:

The Minister of Health urge the Minister of Housing to include health considerations explicitly in government housing policy.

The Ministers of Health and Housing commission a thorough assessment of serious housing need, given the implications for health. This assessment should incorporate issues of affordability, overcrowding and the physical condition of housing. The first priority is to identify households with serious overcrowding where children are at increased risk of poor health.

² In the context of this thesis the term 'low-income' refers to both money earned and welfare benefits received.

The Minister of Health make representations to the Ministers of Housing, Education, and Social Welfare on the desirability of including the Ministry of Housing within the *Strengthening Families* initiative³ (National Health Committee, 1998: 18).

It has been noted that the timing of the 1997 meningitis outbreak coincided with the welfare and housing reforms (Watkin, 1997: 24). As the then Plunket Society's national paediatrician, Dr Pat Touhy stated:

Meningitis is primarily a disease which is more common in poorer areas, and is probably related to things like overcrowding. ... The conditions in which young children live need to be addressed (Touhy, 1997: A18).

Sadly, the suggested integrated approach to housing and health policies has yet to be heeded by those responsible for legislation in New Zealand.

³ 'Strengthening Families' is "an intersectoral initiative involving health, welfare and education and other agencies" (National Health Committee, 1998: 108).

HOUSING STRESS FRAMEWORK

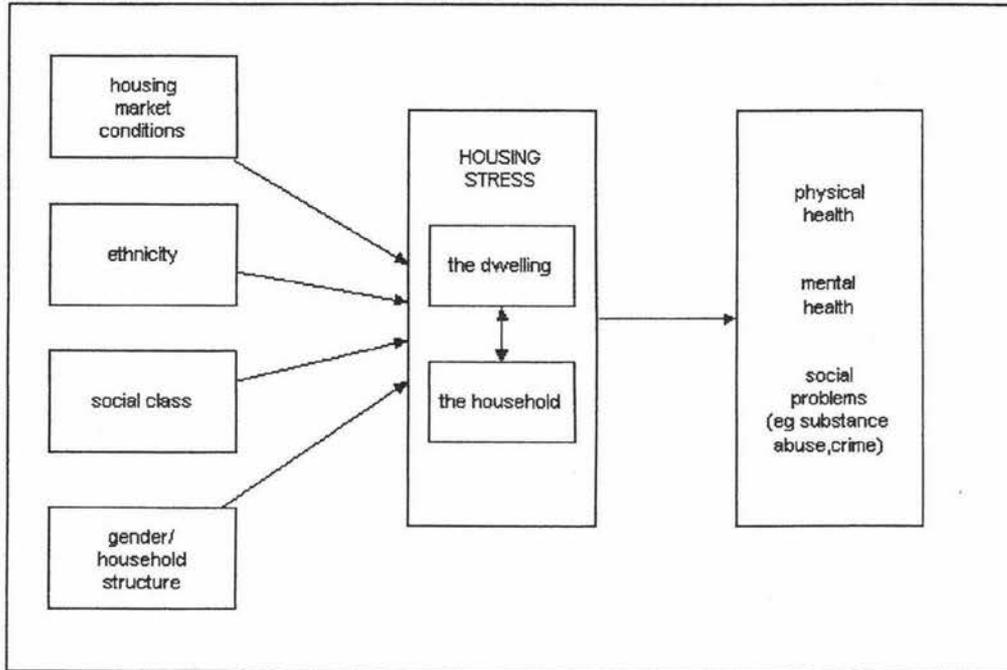


Fig 1.1 "A Framework for Multivariate Analysis" (Kearns, 1991: 375).

1.5. The Context of the Research

This research is focussed on the housing experiences of low-income families in Auckland, (including those who are benefit-dependent). In order to explore the complex connections between housing problems and their impact on health it was decided to use a case study approach. The families whose experiences will be recorded in the study are drawn from the clientele of Monte Cecilia Emergency Housing Trust, including some who have been resident in the Trust's Emergency Accommodation. Monte Cecilia Housing Trust works on behalf of those in serious housing need, offering housing advocacy, practical housing assistance and emergency accommodation. Of particular interest for this research were the participants' housing experiences since the 1991 housing policy reforms. These reforms legislated in the Housing Restructuring

Act, 1992, introduced market-rate rentals for state houses, replacing the previous rent structure which was set on an income-related basis.

These reforms also created a funder-provider split between dwelling provision and a targeted income supplement. The housing reforms were a product of the libertarian free-market economic ideology which has shaped and driven most Government policy since 1984, and especially so since 1990 (Kelsey, 1997: 224-7). It is most unlikely in this context that an integrated housing and health policy, which provides for the needs of the economically and socially marginalised, will be pursued. Such policy would run contrary to the basic tenets of free-market economics.

A broader response to ill health also requires a costly commitment to public expenditure, which would not show much benefit within the lifetime of a single government. ... Such a programme could only arise from an ideological commitment to intervention and a belief in a strong role for the state in housing (Conway, 1995: 147).

1.6. Thesis Structure

In the following chapters, I intend firstly to explore the theory concerning housing, home and homelessness. Chapter 2 will examine and discuss the experience of urban living as it is in this context that the empirical component of this study is based. The concepts of home and ontological security will be discussed in view of their contribution to health and well-being. Saunders' contention that rental tenure mitigates against the experience of ontological security is considered, and it will be argued that the form of tenure itself is not as critical as the security of tenure, or the freedom to personalise the dwelling.

Chapter 3 reviews New Zealand's housing history, and especially the State's involvement, as this has significantly affected the housing history of low income households. It is from within this history that the current housing policy evolved. The development of the norm of home-ownership is included within this review as it will be

shown that by developing in tandem with state rental housing, it has also influenced the development of low-income housing. Particular regard will be paid to the housing circumstances, past and present, of Tangata Whenua and Tagata Pasifika, as both official statistics and the results of this study demonstrate that these groups suffer disproportionately from serious housing need.

Having reviewed the history of low-income housing in New Zealand, Chapter 4 situates serious housing need and homelessness in the New Zealand context, emphasising that its ramifications are best understood when viewed within this context and not necessarily as compared with homelessness as it occurs in other societies. Chapter 5 entails a description of the methodology used in the empirical component of the study, introduces the participants, and discusses the ethical considerations involved. The description, discussion and analysis of the quantitative data resulting from the housing enquiries received at Monte Cecilia for the years of 1995, 1996 and 1997, which comprise Chapter 6, bring into sharper focus the issue of serious housing need in Auckland. These findings indicate a serious and increasing level of housing need, the escalation of which shows no sign of abating under the current market-level state housing rents. This chapter will also include a brief history of how Monte Cecilia came to be a provider of emergency accommodation and housing advocacy.

Chapters 7, 8 and 9 describe and discuss the findings of the qualitative interviews with the staff of Monte Cecilia, with community health nurses who frequently work with households in serious housing need, and most importantly with families and individuals who are currently or have recently experienced serious housing need or incipient homelessness. Chapter 7 involves a discussion of the consequences of unaffordable housing and the sacrifices households make in order to procure accommodation. It will be shown that these sacrifices have profound and possibly far-reaching effects on health and well-being. In Chapter 8, the experiences of tenants of state houses are discussed, as all but one of those interviewed are currently clients of Housing New Zealand. Their accounts of their tenancy experiences and the condition and maintenance of the houses, demonstrate that market-force changes to rent levels have not correspondingly brought customer influence. The experience of having a 'home' on a low income, and the implications which that entails for ontological security are examined in Chapter 9.

Chapter 10 completes the thesis with a discussion of the conclusions of this research, and future implications for housing policy.

2. Theories of Housing

2.1. Introduction

In this chapter, it is my intention to review (from the large body of writing that exists nationally and internationally around housing,) various aspects which assist in explaining the current housing situation in New Zealand for families living on low incomes. In order to do this, the broader theoretical understandings of housing and home will be examined. The experience of living in a city will be examined using the writings of Simmel, Gans and Wirth. Secondly the constitution of home, particularly in the urban context, will be considered. Within this discussion attention will be given to the particular characteristics which define a household's dwelling as their home rather than simply accommodation. The writings of Giddens, Saunders, and Dupuis and Thorns regarding ontological security are discussed, as ontological security is an important constituent of individual and family well-being.

2.2. At Home in the Metropolis

The empirical component of this study of housing and health is situated in Auckland, New Zealand's largest metropolis, which is in fact comprised of four local authorities. Homelessness and housing need are not purely urban phenomena. However, to do justice to an examination of both rural as well as urban housing need, and their health implications is beyond the scope of this study. As the research takes place in an urban setting, it is necessary to examine home and homelessness in this context. For this reason, the influential writing of Simmel (1951) on the metropolis is enlightening in order to understand the experience of families encountering housing difficulties within a city

such as Auckland. He writes of the difference between living in a small rural town, where people know those living near them well, and the experience of living in a city, where in the midst of many others, people may know few if any of their neighbours. City life he maintains involves the “preponderance of the ‘objective spirit’ over the ‘subjective spirit’” (Simmel, 1951: 421). Simmel maintains that living in an urban environment is a great deal more impersonal than living in a more closely-knit rural community. This may reflect to some degree the experience of Tagata Pasifika, when moving from a village situation in their country of birth, where land is often communally owned and each household living in the village is well known, to a suburb of Auckland, with a more transient and much larger population, where dwellings have clearly defined boundaries to their individual sections. Simmel contends of urban life that:

The individual has become a mere cog in an enormous organisation of things and powers ... life is composed of more and more of these impersonal contents and offerings which tend to displace the genuine personal colorations and incomparabilities. This results in the individual summoning the utmost in uniqueness, and particularisation, in order to preserve his (sic.) most personal core (Simmel, 1951: 644-5).

Simmel’s understanding of life in the metropolis does not adequately describe the experience of living in a city such as Auckland. Individuals and families may join or develop supportive networks with others of the same family, culture or faith, making modern urban living less impersonal and isolated than Simmel suggests. While such networks assist the urban dweller to maintain a sense of self-identity the space where people feel they most belong, their home, still has a significance greater than just the provision of physical shelter. It is a personal space upon which they can imprint their identity.

Residing in a city requires living in a more densely populated manner, and Simmel speaks of the necessity therefore, for people to develop a ‘reserve’. Through living in a city, or a suburb of a city, people come into contact with hundreds of others, and it is not possible to relate to everyone with the same level of intimacy, whereas for rural

dwellers, the number of people they meet is fewer. By reserve, Simmel refers to the lesser intensity of relationships the urban dweller has with certain people, some of whom are known by sight, but not by name, some with whom she or he interacts purely on a functional level, with little personal investment in the interaction. "As a result of this reserve we frequently do not even know by sight those who have been our neighbours for years" (Simmel, 1951: 640).

Wirth (1968), writing on "Urbanism as a Way of Life", while cautioning against making an arbitrary differentiation between rural and urban life, appears to accept Simmel's understanding of city life as being more impersonal. He claims that the varied and numerically large population of a city leads to less intimate relationships with others:

The bonds of kinship, of neighborliness, and the sentiments arising out of living together for generations under a common folk tradition are likely to be absent or, at best, relatively weak in an aggregate the members of which have such diverse origins and backgrounds. (Wirth, 1968: 52).

The kinds of relationships that do exist, Wirth maintains, are "secondary" as opposed to primary relationships. Secondary relationships are "impersonal, superficial, transitory, and segmental ... devices for immunising ... against the personal claims and expectations of others" (Wirth, 1968: 53). Secondary relationships, as Wirth describes them, appear to correspond with Simmel's concept of the city dweller creating an area of reserve in their lives.

Gans (1968) challenges the generalisability of both Simmel's and Wirth's assumptions, arguing of Wirth in particular that he fails to distinguish between the inner city dweller and the suburban dweller. While the distinction between the inner-city dweller and the suburban-dweller is too marked for this study, since such a clear division is not applicable to the circumstances of the households interviewed, his further elaborations of this concept are useful in discussing the experience of living in a large city such as Auckland. Firstly, Gans develops Wirth's concept of primary relationships, to allow for

intermediate levels of relationships thus more accurately reflecting the situation in New Zealand suburbia, and secondly, he analyses the grouping of inner-city dwellers in a manner which, in part, explains the position of the urban incipient homeless.

Gans believes that while Wirth may describe the experience of the inner city dweller, his ideas do not adequately explain the experience of those who live in the suburbs. Gans claims that for the majority of those who live within cities (meaning those who live in the suburbs rather than the inner city) the relationships they have with their neighbours could not be classed as secondary. He terms them "quasi-primary", that is more intimate than secondary relationships but not as intimate as primary relationships. "Anyone who has lived in these neighbourhoods knows, there is little anonymity, impersonality or privacy" (Gans, 1968: 70).

Gans categorises the inhabitants of the inner city into five discernible types; the cosmopolites, the unmarried or childless, the ethnic villagers, the deprived and the trapped and downwardly mobile. This breakdown partially reflects the situation of Auckland where this study takes place. Certainly there is a growing population of cosmopolites and unmarried childless couples taking up residence in the inner city. However, the groups of deprived and downwardly mobile he describes are those who are most likely to become incipiently homeless and, while some households at risk of incipient homelessness remain living in inner city areas such as Ponsonby, Freeman's Bay or Grafton, they are now more likely to live in suburbs further from the city centre. Such a move may occur in search of cheaper housing, as the gentrification of the inner suburbs leads to the decreased availability of lower-cost rental housing.

Gans describes the groups of trapped and deprived (those who could be at risk of incipient homelessness) as:

... affected by some of the consequences of number, density and heterogeneity. The deprived population suffers considerably from overcrowding, but this is a consequence of low income, racial discrimination, and other handicaps ... the deprived have no residential choice, they are also forced to live among neighbours

not of their own choosing, with ways of life different and even contradictory to their own (Gans, 1968: 68).

What can be taken from all three theorists, Simmel, Wirth and Gans, despite their disagreement on its extent, is that the types of relationships developed by those living in urban and suburban areas are more distant, and impersonal than those which may be found in more kinship-focused rural areas. This may be true to some extent for immigrant *Tagata Pasifika* families, who have lived in village settings before emigrating to New Zealand, and *Tangata Whenua* who have moved to the city away from their tribal areas. The consequence of limited choice in the housing market, and the large proportion of household income required to pay market rentals, in addition to the move to Auckland, may result in further isolation due to the disruption of traditional support links and institutions.

Home is a place in which, at least within the context of their primary relationships, support may be found. When does a house cease to become merely a dwelling in which individuals or households seek shelter, and take on the qualities of a home? The focus of the next section is on those qualities, their nature and their contribution to householders' sense of well-being.

2.3. Why Homeless Not Houseless?

The understanding of what constitutes 'home', the place where people's sense of self-identity is fostered, differs from culture to culture and from person to person. To attempt a definition of home, which would have universal agreement is an impossible task. Peter Sommerville writes of "deep disagreement among ... authors as to how 'home' is to be defined and analysed" (Sommerville, 1992: 529). The fact that the meaning of home is multifaceted and multi-dimensional does not mean however that various aspects of the concept cannot be examined. Houses, some more so than others, provide for the basic human need of shelter from the elements, yet if they become homes for their inhabitants, they also provide spaces of belonging in modern urban life. Home is

the place where most people experience their primary relationships, and so can have their emotional, psychological and family health enhanced. To enable a house to become a home length and security of tenure experienced by the residents appear to be important. Giddens (1984) commenting on the process by which a house becomes a home, states:

A house is grasped as such only if the observer recognises that it is a dwelling with a range of other properties specified by the modes of its utilisation in human activity (Giddens, 1984: 118).

Giddens is clear that the environment or setting in which interactions among individuals take place is highly significant. Encounters do not take place in a vacuum. Saunders explains this as “fundamental to Giddens’ analysis of the social significance of space and the created environment” (Saunders, 1989a: 223). Giddens terms the setting in which interaction takes place as the “locale” (Giddens, 1984:118). “The created environment consists of different ‘locales’ which are sites for different kinds of activity” (Saunders, 1989a: 223).

The dwelling need not be of a excessively high standard of design, expense, or furnishing to be considered a home by its occupants. “Homeliness may simply not exist even in the most carefully designed housing. On the other hand people can feel ‘at home’ in the most unpromising physical surroundings” (Higgins, 1989: 171).

A home, therefore, can provide a physical setting, a locale, in which people can find fulfilment of their emotional and family health needs through regular, satisfying contact with others with whom they form their primary relationships, and through achieving a sense of belonging. If so, it can then be a source of ontological security as spoken of in the first chapter. A home is not just the physical dwelling, or the family unit living in it.

A home is the end result of the relationships of those living in it, both to each other and to the physical building.

Home is associated with familiarity, both in a physical and emotional sense. It involves a set of affective relationships, based upon kinship and friendship. It also reinforces an individual's sense of identity, partly through memories and associations with the past (Higgins, 1989: 171).

Saunders and Williams clarify the inter-relationship which occurs in a home between the dwelling and those who live within:

The home, ... is a socio-spacial system. It is not reducible either to the social unit of the household or to the physical unit of the house for it is the active and reproduced fusion of the two. ... Functionally (in terms of both its social and spatial organisation) it is indivisible (Saunders and Williams, 1988: 83).

It should be acknowledged that for some, the experience of their dwelling is not one of a haven where they feel a sense of belonging, or emotional nourishment. Sibley (1995) describes some of the definitions given to home as being "too cosy" (Sibley, 1995: 94). He explains that "while the home can have these positive symbolic qualities, it also provides the context for violence, child abuse, depression, and other forms of mental illness" (Sibley, 1995:94). It could be argued however, that if a person's experience of their home is violent and oppressive, then it lacks the qualities of a home, and is rather a house in which they reside.

Saunders and Williams go as far as to describe the home as the "crucial medium through which society is structured" (Saunders and Williams, 1988: 84). Although home is not the only site where people's sense of belonging within society is created, to be homeless therefore is more than to lack shelter; it is to lack both a basic security about life and to

be disengaged from a critical site where society reproduces itself. Both of these factors would have a profound impact on emotional and social / family health.

The major benefit of ontological security, according to Giddens, is its effect as an anxiety-controlling mechanism. The trust that ontological security allows a person to place in the world does not just spontaneously happen. It comes rather, Giddens maintains, from the creation of predictable routines.

Ordinary day to day social life ...involves an ontological security founded on an autonomy of bodily control within predictable routines and encounters. The routinized character of the paths along which individuals move in the reversible time of daily life does not just 'happen'. It is 'made to happen' by reflexive monitoring of action which individuals sustain in circumstances of co-presence (Giddens, 1984: 64).

A home provides predicability and privacy, over which the residents have control, and which in turn enhance ontological security. Predicability and privacy are therefore important constituents of well-being and health. A home can create a haven in the urban context of multiple, superficial and possibly stressful encounters. Giddens sees the trust created by ontological security as "including the basic existential parameters of self and social identity" (Giddens, 1984: 375). Saunders and Williams explain how they see home as providing this precious resource:

The home is crucial to this constitution of privacy, for it is the locale where we go when 'off-stage'. We feel at home when we sense that others role expectations have been lifted and we are no longer under surveillance (Saunders and Williams, 1988: 88).

The freedom individuals find within their home is not, of course, unlimited. The limitations to freedom are in fact part of the experience of it being home for those who

live within it. Allan and Crow (1989) elaborate on how the setting of boundaries within a home assist in the constitution of ontological security.

An individual is not completely free to act in the home in the way that he or she chooses. This is so in part because each individual member of a family is regulated to some degree by the wishes of other household members, something which is most obvious in the exercise of parental control over children but which is true to a certain extent for everyone, save those who live alone. In addition there exists a tension between the conception of home as a place for relaxation and freedom from rules and regulations and the need for some element of regularity and predicability in domestic arrangements and routines if the familiarity and order upon which feelings of being in control depend are to be achieved (Allan and Crow, 1989: 6-7).

In the context of this research, where the majority of the families who will participate in the research are either Tangata Whenua, or Tagata Pasifika, it must be acknowledged that the need for privacy may well be felt and expressed differently. As members of minority ethnic groupings in terms of population size within New Zealand, Tangata Whenua and Tagata Pasifika live and work in a metropolis whose dominant value system is to a great extent very different to their own, and so the need to feel 'at home' within their housing is vital. Giddens, making use of some aspects of Goffman's writings, explains how daily interactions assist in developing ontological security. He suggests that interactions are carried out within the boundaries of unspoken but mutually understood rules.

It is instructive to see the rules implicated in encounters ... as being clustered in frameworks or 'frames'. Framing may be regarded as providing the ordering of activities and meanings whereby ontological security is sustained in the enactment of daily routines. Frames are clusters of rules which help to constitute and regulate activities, defining them as activities of a certain sort and as subject to a given range of sanctions. Whenever individuals come together in a specific context they confront (but, in the vast majority of circumstances answer without any difficulty whatsoever) the question 'What is going on here?' (Giddens, 1984: 87).

It is true that mostly the question of 'What is going on here?' is answered almost subconsciously, but if the encounter takes place between people of different ethnicities, it may take a lot more conscious effort and energy on the part of the person who does not belong to the dominant culture. As indicated above, in New Zealand most institutions function from Western European or Pakeha cultural understandings. A much greater effort is required therefore of Tagata Pasifika and even Tangata Whenua to interpret the frameworks in which many of their daily encounters take place. Home assumes an additional importance as a place where they can go off-stage, a place where they can relax and relate within frameworks of communication with which they are culturally more familiar. The locale of home therefore takes on a cultural significance.

2.4. Ontological Security and Tenure

All of those interviewed in this study rent their homes and have minimal prospects of ever becoming owner-occupiers given the great difficulty of saving a deposit necessary for a lending institution to consider offering a mortgage. For some theorists, living in rental accommodation would indicate a lessened experience of ontological security. Saunders relates the form of tenure held to the intensity of ontological security. He does not deny that those who rent may feel a sense of ontological security, but he holds that "owners are more likely to express a sense of self and belonging through their houses, and that this difference has to do with the different ownership relations rather than any feature of the housing itself" (Saunders, 1989b: 187).

Watson (1986) maintains that an experience of privacy, at homeness, can be found within rented accommodation, as well as in owner-occupied dwellings.

There is no inherent logic in the argument that privately rented dwellings cannot provide inside and outdoor private space or a place for home-based activities, or that public tenants do not have secure private space (Watson, 1986: 4).

Dupuis and Thorns (1998) break down Saunders and Williams' understanding of the connection between home ownership and ontological security into four aspects which can be operationalised; home as a constancy in the social and material environment, home as the spatial context for the establishment of routine, home as a site where people feel most in control of their lives because of the lack of surveillance, and home as a secure base for constructing identities (Dupuis and Thorns, 1998: 29). Their study was undertaken with a group of older home owners; of fifty-three participants all but two were fifty years or older. Within this group they concluded that ontological security was actively sought and found within the context of home ownership, but they acknowledge the particularness of their participants and that they can therefore "do no more than speculate whether the views held by this group are age dependent, or whether they reflect the views held by New Zealand home owners of other age groups" (Dupuis and Thorns, 1998: 44).

Dupuis and Thorns apply Saunders' understanding of the importance of the context in which home is understood. They make reference to the lasting impression which the "insecurities" of the Depression and World War II would have had on the understanding of home, home ownership, and ontological security held by their participants (Dupuis and Thorns, 1998: 26). Implicit in this context also, of course, is the economic situation and government policies of the 1950s and 1960s which made owner-occupation a possibility for those on low or modest incomes. It is important then, when formulating an understanding of home and ontological security in the 1990s, to take into account the economic climate and policies of the day which make it highly difficult, if not impossible, for many families to achieve the status of home-owner. With regard to the type of tenure held, Allan and Crow maintain that ontological security is not dependent upon ownership.

While tenants are more likely than owner-occupiers to express feelings of vulnerability, it needs to be pointed out that the greater 'ontological security' (Saunders, 1984; Saunders and Williams, 1988; Pahl and Williams, 1988), taken to

accrue to owner occupiers does not necessarily arise out of the fact of ownership itself. Equally important here is the freedom to undertake certain activities which ownership brings. ... It is the occupants of a dwelling that make it into a home, and the greater scope for making a home which is allowed by owner-occupation accounts in no small part for home-ownership's popularity (Allan and Crow, 1989: 9).

2.5. Conclusion

In the light of what has been discussed above regarding ontological security and the benefits derived from having a home, it is clear that the experience of these contributes significantly to individual and family health in the holistic sense I have adopted in this thesis. I would argue that most families seek a home and the ontological security this provides, including those who can only find housing through the rental market.

To be homeless then, is more than just to be houseless. Peter Somerville refers to it as "rooflessness or rootlessness" (Somerville, 1992: 529). While it is necessary to give an expression in words to the experience of homelessness, for fear that it might otherwise come to be seen more as a theoretical construct, Somerville makes an important point that official definitions such as that used in the British 'Housing Act 1985' are often inadequate. Such definitions focus on people's lack of access to adequate housing, while the emotional, psychological and even physical costs of homelessness go unstated. "An issue of deep human misery is thereby reduced to a problem which is merely technical ... and legal" (Somerville, 1992: 530). The point of the thesis is to go beyond the "merely technical" and demonstrate something of the lived reality of those living in the condition of incipient homelessness.

In order that this study of contemporary homelessness and its consequences for health may be clarified and put into context, the next section will review New Zealand's history of housing, particularly focussing on the housing circumstances of low-income households, and the forms and objectives of state assistance which have been applied in the past to relieve housing need. Particular attention will be paid in this discussion to the

housing circumstances of Tangata Whenua and Tagata Pasifika. This discussion will act as a backdrop to and assist in clarifying the current housing situations and the serious housing needs of low-income families.

3. Lower-Cost Housing in New Zealand

3.1. Introduction

In this chapter, the history of state support for low-cost housing in New Zealand, especially the direct provision of housing will be considered. The current housing situation in New Zealand has arisen from a reasonably short history, therefore an understanding of the aims and outcomes of past housing policies assists in clarifying the present low-income housing circumstances.

Given the binding nature of the guarantees given to Tangata Whenua under the Treaty of Waitangi, the serious housing needs in which many Maori find themselves requires special attention within this study. The housing situation of Tagata Pasifika will also be considered separately, as statistics indicate that they also are particularly at risk of incipient homelessness.

3.2. New Zealand's Housing Policy Since 1890

There has been considerable continuity in the aim government housing policy, from 1890 until relatively recently, for low income-earners or benefit recipients: that is to assist such households into adequate housing. State programmes supported both affordable rental housing and home-ownership. Direct provision of rental housing by the state was a major source of affordable housing. As this historical outline shows, while the need for

low-cost housing has grown rather than abated, the state has withdrawn from its provision.

3.2.1. 1890 - 1935 *Home Ownership Assistance for the Working Poor*

Saunders (1989b) and Dupuis and Thorns (1998) write of the need for the definition of home to be contextually located, and in agreeing with this, it is necessary to locate 'home' within the New Zealand context. For Pakeha, the securing of land and a home was important from early in the settlement process. The search for a place to belong, for ontological security can be seen in the colonisation period, although initially it was as much, if not more, concerned with rural land acquisition as opposed to an emphasis on a physical dwelling

Owner occupation, was the preferred Pakeha form of tenure. The Workers Dwelling Act of 1905, was the "first piece of *housing* as opposed to *land* legislation" (Thorns, 1984: 218). This Act acknowledged that owner-occupation for some was difficult to achieve, so it provided for the building of houses by the State for rental, although the home-owning held priority, as the houses could be purchased by the tenants. The ethos of the desirability of owner-occupation appears to have been powerful, and by 1926 60 percent of the population owned their homes (Thorns, 1984: 219).

The worsening internal and external economic conditions of the 1920s saw New Zealand enter the years of the Depression with a corresponding "housing crisis" (Davidson, 1994: 48). As unemployment steadily rose and mortgage payments became more difficult to meet, many were taken over by the State Advances Office and subsequently by its successor, the State Advances Corporation. Prior to the commencement of the state housing scheme in 1935, therefore, the state had become involved in housing provision for lower income families.

3.2.2. 1935 - 1949 *Adequate Affordable Housing for All*

Due to the profound financial difficulties faced by many households during the Depression a situation of extreme housing need developed. Prior to the election of the first Labour Government in 1935, the then Coalition Government commissioned a housing survey. The survey was conducted by the new government and the results showed that large numbers of families were living in urban slums. Using a measure of greater than two persons per bedroom as overcrowding, it was estimated that 13.1 percent of the population of Auckland were living in over-crowded conditions (Ferguson, 1994: 119). Additionally, "12 percent of all dwellings were below the minimum standards laid down (68,405 dwellings)" (Davidson, 1994: 219). Through a cooperative programme with a private building contractor, James Fletcher, the Government commenced building rental houses on state-owned land.

The State Housing Project demonstrated firstly, an acceptance of the necessity for alternative forms of tenure to owner-occupation, (that is long term secure affordable rental), if the population was to be housed and secondly, a willingness by Government to use state resources to provide this choice of tenure for those in need of accommodation. The success of the construction programme was remarkable: 5,390 houses had been finished or begun construction by March 1939 (Ferguson, 1994: 130). It was not the Government's plan to provide housing particularly for those with low incomes. The rent-setting procedures did not identify individual tenant' needs and so subsidise the tenant. The debate taking place in the 1990s as to which level, or by which the process state house rentals should be set is not a new one. The setting of rents for the newly constructed state houses was a contentious issue. Treasury argued for a market rent level. Some Labour politicians, on the other hand, argued for an income-related rent: "20 percent was widely accepted as reasonable" (Davidson, 1994: 81). Eventually rents were set

... on the basis of the average capital cost of each type of state house, plus an allowance for interest on this and the likely cost of insurance and maintenance ...
The Government also guaranteed not to raise rents, except to cover rates and insurance (Ferguson, 1994: 154).

The process of deciding who should tenant the newly built state houses was also contentious (again with similarities to contemporary arguments regarding the use of targeting or market forces) with the Government approach varying between allocation according to need and ballot. The government planned for the houses built under this scheme to be comparable in quality to owner-occupied dwellings of the time.

The aim and need were the adequate provision of good new houses inhabited by ordinary typical citizens. In no circumstances were the same designs to be used to such an extent that they could be stigmatised as "Government mass-produced houses" (Davidson, 1994: 71).

The years of 1935 to 1949, therefore, were water-shed years for housing in New Zealand during which state-supported rental housing came to be an alternative affordable form of tenure for low-income families.

3.2.3. 1949 - 1984 The Transition to Welfare State Housing

Throughout the fourteen years of the first Labour administration, 32,000 state houses were built. These years were critical for the provision of social-rented housing, and as Thorns comments:

... were probably the only ones where socialised housing was ever advocated as a real alternative rather than as a residual provision for those unable to become homeowners (Thorns, 1984: 220).

The interest of the incoming National Government of 1949 lay in providing easier access to home ownership for those families in the middle income bracket. In the years following the change of government social-rented housing came to be seen as a residual form of housing for those who could not afford owner-occupation. They assisted this through the Group Building Scheme initiated in 1953 which involved the State working in tandem with private builders.

It was initially intended that the builders would provide the land on which the dwellings would be constructed, but the government soon began to provide state-owned land for the purpose, at a low deposit of 10 percent of the land's value and with a generous ten to thirty years term to pay off the balance (Ferguson, 1994: 185).

As well as the Group Building Scheme, de Bruin and Dupuis (1995) and Dupuis and Thorns (1998) identify two further government initiatives which significantly improved average-income families' chances, of becoming home owners through the 1950s and 1960s (especially if they were young married couples with children). These came into being during the second Labour administration in 1958 as the State Advances 3 Percent Lending Scheme and the Family Benefits Act. The State Advances Lending Scheme provided concessionary loans for families earning less than £1,000 per year, (Ferguson, 1994: 195) and initially applied to existing housing but was later extended to include the building of new dwellings. (Dupuis and Thorns, 1998: 42). The Family Benefits Act allowed couples with children to capitalise on their family benefit allowance in a lump sum, at an interest rate of three percent. The house building industry boomed, with the rate of home ownership rising from "61% to nearly 70% of all households" (de Bruin and Dupuis, 1995: 8) by 1966. Ferguson adds, however, that "the proportion whose houses were freehold declined from 30.7 percent to 27.6 percent over the same period" (Ferguson, 1994: 196).

Watson (1986), writing on a similar trend in Britain contends that the development of owner-occupation as the dominant and 'natural' form of tenure, is not:

... simply the result of a desire for security and freedom in the form of ownership. Rather it derives from a set of policies and ideologies which have promoted home ownership as the ideal form of tenure since the Second World War (Watson, 1986: 3).

An income test for state house tenants was instituted under National in 1949, and although this was done in an effort to cut waiting lists rather than to target state housing

to the poor, the result of such policy was that "state housing was slowly opened-up to low income households" (Ferguson, 1994: 207). A combination of factors led to a changes in state housing, away from housing for modest-income earning families, to what appeared to be a form of social welfare.

By 1970, however, a welfare housing policy had emerged. While this developed more by accident than design, it was nonetheless important for the development of housing policy in New Zealand (Ferguson, 1994: 179).

Additionally, in 1976, a six year maximum occupancy was placed on new tenancy agreements for state houses. After this time, the tenant had either to buy their rented home, prove they were unable to purchase, or move out. A Housing Corporation mortgage was provided for potential purchasers. Owner-occupation was presented not as a tenure option, but as a "fundamental right' of New Zealanders (1978 Appropriation Bill - Housing Corp)" (Gordon, 1982: 18). Having to prove their inability to take out and maintain a mortgage added to the stigma suffered by state house tenants, while inversely further entrenching of the (moral) desirability of home ownership. Gordon quotes from Timms (1969: 4):

It appears to be assumed that every 'normal' New Zealand family will both want and be able to purchase its own home, those who cannot or do not want to are somehow 'deviants' to whom charity must be paid somewhat grudgingly (Gordon, 1982: 19-20).

The stigmatisation of state housing cannot be viewed separately from the downturn in the New Zealand economy, which commenced with the recession of 1967 - 1968. This downturn was compounded by Britain's entry into the European Economic Community, which curtailed New Zealand's open export policy, and exposed "New Zealand's vulnerability as a trading nation" (Shirley et al., 1990: 27). New Zealand began to

experience, for the first time since the Second World War, a significant level of unemployment:

1967 is the first post-war year in which average registered unemployment exceeded 3,800, followed by 1968 when it averaged 6,881. Prior to these years average registered unemployment had only occasionally crept over the 1,000 mark After 1968 the figure fell slightly to a low of 955 in 1974, but then it began to trend strongly upward (Shirley et al., 1990: 30).

The sectors of society worst affected by the down-turn were those who were already the most economically vulnerable, and by virtue of this were often renting state houses, as house deposits and mortgage repayments were beyond their reach. Shirley et al. comment:

Householders faced an increased pressure on income. The disparity between one- and two-income families became a matter of concern, and despite the achievement of the welfare state over a period of thirty years, relative poverty was rediscovered in New Zealand. ... In 1975 it was estimated that 18 percent of the population could be classified as relatively poor, and families with dependent children were identified as being most vulnerable to this classification (Shirley et al., 1990: 29).

Additional factors which moved home ownership further beyond the grasp of low income families were the sharp increases in house and land prices. This was especially true in Auckland. Thorns (1988) states: "House and land prices also grew steeply in the 1970s, with the highest rates of increase in Auckland and Christchurch where prices rose about 183% compared to only 89% in Dunedin" (Thorns, 1988b: 72). Despite such financial difficulties the preferred tenure of New Zealanders remained owner-occupation as evidenced by the increase in the percentage of households opting to buy, a rise from 55 percent in 1945 to 72 percent in 1986 (Thorns, 1988c: 31).

The third Labour administration, in 1973, revised the criteria under which state housing was allocated. A points system was set in place which took into account more than just

the family's income. The health of the family, the condition of existing accommodation, time spent in the present accommodation, and rent as a percentage of families' incomes, also assisted in the selection of tenants on a basis of need (Housing Corporation of New Zealand, 1987: 73). The rent structure was also reviewed:

The Housing Corporation would now set rent at one sixth of the family wage, or a basic rent, whichever was lower. There was provision for rebates in case of hardship, but at the same time a new system of annual rent reviews would make sure people paid the correct amounts (Ferguson, 1994: 248).

The concept state rental housing as a creditable alternative form of tenure for households who could not afford owner-occupation was eroded through the period of 1949 to 1984. Owner-occupation came to be viewed as the more acceptable tenure option, while state housing assumed the mantle of a form of social welfare. The targeting through income testing meant that by 1984, the beginning of the era of neo-libertarian economic policies, many state housing tenants were the lowest income-households, particularly vulnerable to free-market restructuring.

3.2.4. 1984 - 1991 Targeted State Housing: The Victim of its Own Success

With the election of the fourth Labour Government in 1984, New Zealand entered a period of libertarian free-market government in which we find ourselves today. A progressive privatisation of state interests and deregulation of the economy ensued through the two terms Labour held office. State housing was a notable exception to the programme of privatisation.

Housing remained one of the few unique planks left in the Labour party's social programme ... most of the Treasury's recommendations regarding privatisation of state housing were resisted in a stance that had the support of the existing Housing Commission, and the Royal Commission on Social Policy, as well as the grass roots of the Labour Party itself (Morrison, 1995: 43).

However, in transforming New Zealand into a free-market economy, the Labour Government had laid the foundations for the following National Government's housing reforms. The Labour Government further assisted the incoming National Government by winding up the National Housing Commission. In their final five yearly report to the Government, aptly entitled "Housing New Zealand, Provision and Policy at the Crossroads", the Commission concluded that a "significant level of un-met long-term and serious housing need ... exists in New Zealand" (National Housing Commission, 1988: 93). The Housing Commission spelt out in their report the elements of what they referred to as "serious housing need".

Overcrowding - two or more families in the same household not by choice;
 Substandard housing - without adequate physical protection or lacking basic washing and cooking facilities; Temporary housing - living in caravans, tents, cars, not by choice; Unaffordable housing - where costs consume over half a below-average income (National Housing Commission, 1988: 76).

If these problems persisted for more than two months, then serious housing need existed. The Commission undertook a housing needs survey of 104 housing agencies in the main cities of the North Island, Northland and the East Coast, and Nelson and Christchurch in the South Island. Judging serious housing needs by the above criteria, the Commission estimated that within New Zealand, 17,500 households were experiencing serious housing need at that time. The Commission strongly recommended against any move towards a market-driven housing sector:

Since market forces do not overcome long-term discriminatory practices, or contribute to the social function of housing those with inadequate resources the Commission believes it is essential to retain the direct intervention of the state through provision of public rental accommodation, subsidised loans, and a variety of other innovative measures such as loans for building on multiply-owned land (National Housing Commission, 1988: 141).

During this period, the Government introduced a number of programmes such as the 'Sweat Equity Scheme' and 'Homestart Loans' designed to assist low-income homeownership. The success of these was not marked, possibly due to levels of repayment which were too high for low-income households (Mahar, 1984: 275; Ferguson, 1994: 247). Renting remained the most common housing option for those who could not save a mortgage deposit.

Additionally, the fourth Labour Government, in response to the growing population in serious housing need, amended the points system for allocation of state houses. The new points system was notable for the stress it laid upon homelessness, and was intended to facilitate state house tenancies for those families experiencing homelessness.

The new system of allocation was successful to the extent that increasingly households in state rental accommodation were those who had experienced serious housing need.

In the 1987 - 1988 financial year, under 50 percent of customers housed met the criteria; by mid-1989 - 1990 the figure was 80 percent .. and by mid-July 1991 it was above the stated out-put goal of 80 percent (McLeay, 1992: 172).

This success has since worked against those tenants who initially benefited, as it has meant that the state rental housing policies, when restructured by the National Government from 1991 onward, disadvantaged households already vulnerable to a free-market economy; single parents, beneficiaries, low income earners, those with least ability to afford market level rents.

Serious housing need escalated through the 1980s on a scale not seen since the Depression. It was against this low-income housing background against that the market reforms of state housing were conceived and implemented. The current situation of incipient homelessness in the New Zealand context will be examined in more detail in the next section, however it is worth noting here that low-income households in 1998 suffer

to an even greater extent, the same serious housing needs outlined by the National Housing Commission a decade ago.

3.2.5. 1991 - Withdrawal of Direct State Assistance: The Myth of a 'Free' Housing Market

National's housing policy reforms, spelt out in the 1991 Budget and legislated in the Housing Restructuring Act 1992, marked the end of direct state intervention in housing provision. The Housing Corporation was replaced in 1992 by a state-owned, but commercially-oriented company, Housing New Zealand, which became responsible for the letting of state houses. Housing assistance funding would be provided through the Income Support Service of the Department of Social Welfare⁴. To achieve its principal objective as a profitable business, Housing New Zealand began a number of rounds of rent rises designed to take state houses to market level rentals. It was initially anticipated that this process would be complete within two years, but in fact it was not concluded until 1 July 1996.

Murphy and Kearns describe this process as "privatisation by stealth."

The whole restructuring of the government's role in housing has been implemented without a public mandate, in that these reforms were not explicitly highlighted as part of the National Party's electoral platform in 1990 (Murphy and Kearns, 1994: 634).

Of course, housing was not the only part of the infrastructure of New Zealand to be subjected to this 'privatisation by stealth' but, as with the benefit cuts of 1991, the housing reforms were remarkable for the rapidity of their implementation and lack of consultation with those who were most likely to be affected.

⁴ From October 1 1998 the Accommodation Supplement has been provided through the newly formed Work and Income New Zealand formed from the amalgamation of the New Zealand Employment Service and Income Support.

The Accommodation Supplement, introduced in July 1993, was designed to replace both the previous income-related state rentals, set at 25 percent of a household's income, and the Accommodation Benefit supplied through the Social Welfare Department. Those who have been assessed as eligible for the Accommodation Supplement because of their low level of income, have the amount of their supplement calculated according to the following formula: where the rent being paid is estimated to be a "fair market rent", the Accommodation Supplement supplies 65 percent of the difference remaining after the tenants have paid out 25 percent of their total income (Roberts, 1992: 21). The 65 percent co-payment rate was raised to 70 percent on 1 July 1997, this was despite the urging of those working with the incipiently homeless to raise the rate further in order to ease the accommodation cost hardship of low-income households.

Resisting calls to increase the co-payment rate to 100 percent, and moving away from the 75 percent specified in the Coalition Agreement, the Minister reiterated the logic of the reforms as follows: 'fully compensating for housing costs would mean low income households would have no incentive to economise on their housing costs ... A co-payment rate of 70 percent will ensure low-income households take into account the effect of actual housing costs' (House of Representatives, 1997a, p1443) (Murphy, forthcoming: 233).

The Minister's comments of course presume that there is still room to make further economies within a low-income household's budget. For those interviewed in this study, this was most definitely not the case. As the regular rent increases for Housing New Zealand properties are not matched by a similar increase in the Accommodation Supplement, there develops an ever widening affordability gap. As seen in Chapters 7, and 8 the economies of which the Minister speaks must therefore come from within other necessary household expenditures such as power, telephone, food and medical costs.

The supplement is capped for maximum payments (with three regional variations: Auckland, Wellington, and the rest of New Zealand) which means many tenants are paying up to 50 percent or above of their income on rent (Gunby, 1996: 3) depending upon the size, location, and subsequent cost of their accommodation. The

Accommodation Supplement is available for private as well as state rental. In keeping with the preferred tenure option of owner-occupation, the supplement is also available (subject to income, asset and expenditure testing), to households paying mortgages. This may be little consolation, however, to low and lower-middle income earning families for whom the obstacle of gathering the required deposit for a mortgage proves more and more insurmountable in the current economic climate.

A third provision of the housing policy changes involved the principle of matched accommodation. Matched accommodation refers to the concept of matching the number of individuals in a given tenancy household, with some consideration given to gender and age, to the number of bedrooms in the house rented. People who live in houses which are judged by this formula to be larger than their requirements would not be paid the accommodation supplement on the full market rent in an effort to motivate a move to smaller accommodation. This policy fails to acknowledge the fact that:

Housing New Zealand's stock has a distinct lack of single-bedroom properties. Hence those households requiring smaller properties were disadvantaged. The policy also underestimated the economic and social costs associated with households seeking matched accommodation (Murphy, forthcoming: 220).

Moving house is known to be a significant cause of stress and as it involves the disruption of home and ontological security, it poses a health risk for people already severely stressed by the unaffordability of market rents. It may involve the uprooting of family and community support networks, as well as leaving a dwelling which has self-identity and many precious memories invested in it.

As a part of the Coalition Government agreement in December 1996, a rent freeze was established, which was lifted on 1 July 1997. This led to an immediate and considerable rent increase for all state housing tenants whose annual rent increases had fallen due within this time frame. Concurrent increases in the Accommodation Supplement did not match the rent rises.

The maximum increase for the accommodation supplement for Auckland was \$25 a week ... Rent rises in Auckland averaged from \$35 to \$60, according to the suburb, but some state house tenants faced a rise of over \$100 (Young, 1997: A5).

At the announcement of the changes, Luxton, as the Minister of Housing, stated that these initiatives were "the most fundamental redirection in housing policy since the 1930s" (Luxton, 1991: iv). While this is undoubtedly true, it is also clear that this change in direction works against the housing needs of those who, under past state housing policies, were able to enjoy secure, affordable rental accommodation. In the companion document to the 1995 Budget it was stated:

Two key principles lie behind the Government's housing policy: targeting of resources to areas of highest priority, (and) fairness, both among those who receive government assistance, and between taxpayers and beneficiaries (Bolger, 1995: 14).

The outcome of such claimed targeting of areas of greatest need is debateable when at 31 January 1997, 1821 Housing New Zealand houses stood empty, and yet there were waiting lists of up to 771 days for families applying for state rental housing (Raea, 1997: A21). The market-level rents now charged for Housing New Zealand tenancies are a barrier to low-income tenants for whom state housing would be the tenure of choice. Additionally the overall number of properties held by Housing New Zealand is decreasing as the number constructed is less than the number sold. Within the period of June 1993 and June 1996, "the number of units in Housing New Zealand's total stock decreased from 70,234 to 67,031. Only a third of the houses offered for sale were sold to tenants" (Robinson, 1996: 6). By July 1998 it was estimated by a spokesperson for the Minister of Housing that the number of state houses had reduced to 65,000, 2123 of which were vacant and a further 1006 were for sale (Boland, 1998: A9). While there was unevenness in the manner in which housing assistance was delivered before the housing reforms, the National Government sought to redress this by reducing all low-income households to the same minimal level of assistance then given to non-state tenants, rather

than raising the level of support for those seeking accommodation outside the state housing system.

3.2.6. Conclusion

In a survey released in 1996, a strong link is shown between Housing New Zealand tenancy and poverty. Sixty-four percent of Housing New Zealand tenants were judged to be living below the poverty line (Waldegrave et al., 1996: 4). Whether the current housing policies have brought about poverty for these families, or are exacerbating existing poverty, it is clear that by comparison with past housing policies, they fall far short of enabling low-income families to realise a reliable rental housing tenure.

Over the last sixty-five years, New Zealand has moved from a situation where there was little housing assistance for low-income households, with the consequent health detriments brought about by overcrowded and substandard dwellings, through fourteen years notable for the assistance given by the state in order that all might have a decent standard of housing, which in turn would promote well-being. This initial period of state housing was followed by several decades of various forms of targeted state housing assistance which attempted to ensure that those in serious housing need had an opportunity to attain affordable housing. Since the housing reforms of 1991, New Zealand very quickly returned to a situation in which affordable housing is no longer a reality for the most economically vulnerable households while thousands of state houses are vacant due to unaffordable rents. As attaining a house and a home are most basic human needs, there are undoubtedly costs paid by low-income families to achieve these. Such costs are not only paid in economic terms, but also in sacrifices made in order that housing can be procured. This study examines in more depth, in Chapters 7 and 8, the costs and compromises being made, and the possible ramifications these are having on the health of low income families. As Tangata Whenua and Tagata Pasifika are statistically most at risk of serious housing need, their housing histories and circumstances will be examined separately.

3.3. Tangata Whenua and Housing

The housing situation of Maori needs to be addressed specifically and separately from that of Pakeha as through a history of legislation and government policy Tangata Whenua have become, and remained severely disadvantaged socio-economically, including in the areas of housing and health.

Tangata Whenua have been largely disadvantaged by land and housing policies since the legislative process began last century. The aims of the rural vision and home-owning dream of settler New Zealand stood in direct opposition to the guarantees of tino rangatiratanga over land and other taonga, articulated in the Treaty of Waitangi. Ferguson explains that tino rangatiratanga over taonga included:

the existing system of use rights, common ownership and occupancy rights over land. They also wished to retain enough land to ensure the spiritual, social, and economic well-being of whanau, hapu and iwi (Ferguson, 1994: 28).

From such a base, Tangata Whenua would have drawn ontological security. Legislation, such as the Native Lands Act of 1862, required Tangata Whenua to defend their entitlement to iwi and hapu land through a Pakeha judicial process. Further land alienation occurred through confiscations, ostensibly as punishment for iwi fighting the Crown, but which in reality, were more representative of the economic value of the land. As a result of such legislation, the underlying clash of cultural values, and of the settler desire to obtain land, “The conditions were created which led to appalling housing conditions, and high mortality rates among Maori by the end of the century” (Ferguson, 1994: 28).

There is evidence of poor housing conditions leading to increased mortality as seen in the Maori death rates from the influenza pandemic of 1918, which were seven times that of Pakeha (King, 1992: 287). The Epidemic Commission of the time concluded that “the

conditions in congested areas, in workers homes, and among the Maori population had played a part in the rapid spread of the disease” (Ferguson, 1994: 72).

A survey of Maori housing, undertaken by Dr Turbott, from the Department of Health, in 1933 and confirmed through a further survey in 1937 found:

60 percent of the houses were overcrowded, 50 percent had unsafe water supplies, almost 50 percent of the pit toilets were faulty, and 33 percent of the houses had no toilet at all (Ferguson, 1994: 115).

Despite the first Labour Government’s strong commitment to ensuring access to affordable and good quality housing for its citizens, Ferguson comments that: “help for ... Maori was seen by politicians as being outside mainstream housing policy” (Ferguson, 1994: 150). A major reason for this was the mono-cultural nature of state housing developments. The two to three bedroomed state house was designed to support and house the Pakeha nuclear family, and as a housing scheme for the suburbs rather than the rural areas where many Maori still lived. Different understandings of ontological security and housing needs of Tangata Whenua were not adequately addressed by this model. Legislation of the time such as the Native Housing Amendment Act 1938, which did attempt to address Maori housing needs, were in contrast to Labour’s general housing policies, welfare legislation.

In the decade following World War II, a greater proportion of Maori began moving to the cities, thus increasing their housing difficulties. The disproportionately low number of Maori in state house tenancies at this time reflects not only the monocultural nature of the scheme, but also, as Ferguson contends, the racial prejudice of those responsible for allocating state houses. “The Corporation was reluctant to open up to Maori access to mainstream state housing believing that there would be ‘inevitable difficulties with Maori tenants’” (Ferguson, 1994: 166). Ferguson quotes examples of prejudiced gate-keeping communications written in October 1940 from the General Manager of the State Advances Corporation to the Minister of Maori Affairs, explaining that the Corporation:

“held fears that Maori might subvert the role of state housing in improving and maintaining the living standards of respectable New Zealanders” (Ferguson, 1994:167).

A further reason for the lack of success in obtaining tenancies, experienced by Maori who did apply, was the State Advances Corporation’s desire to intersperse Maori tenants within the Pakeha population, (pepper-potting), which reflected the then government policy of assimilation. “The Corporation would also often not allow the allocation of a house to a Maori family, because it would mean the concentration of Maori in one area” (Ferguson, 1994: 168-9).

The change of direction in state housing policy which came about through the 1950s and 1960s, resulted in targeting housing assistance and the formation of welfare state housing. This also led to a reversal of the previous low proportion of Maori in state rental housing, as a result of their increasing eligibility through low income levels and market discrimination.

The economic hardship endured by Tangata Whenua as a result of the economic decline of the 1970s, decreased their chances of home ownership. Census data show that since the early 1950s the percentage of home-ownership for Maori has been lower than for non-Maori (Te Puni Kokiri, 1998: 19).

Two housing initiatives which could be said to take account of a different cultural experience of ontological security, came into being in the 1980s as a response to increasing Maori housing distress. They were firstly the papakainga schemes, under which rural lands were rezoned in a manner permitting the building of groups of houses on multiple title iwi land and secondly, “an experimental policy under which Maori joint owners could form a trust which would guarantee loans with the house offered as security” (Ferguson, 1994: 269). Both schemes recognised the cultural difference of communal ownership, and that a home need not be individually owned. Groups of papakainga housing were often clustered around the marae, a source of strength and nourishment for whanau health and well-being. Despite the promise of both these schemes, Ferguson observes, that poverty led to a difficulty with loan repayments which prevented many Tangata Whenua from taking advantage of them. Household incomes

decreased as Tangata Whenua were further affected by the economic restructuring of the 1980s.

The economic downturn of the mid 1980s had a negative impact on Maori employment status. Many of the industries which Maori were concentrated in at the time, were forced to shed labour in order to compete more effectively on the world market. For Maori the result was a sharp decrease in labour force participation, a dramatic increase in unemployment and consequent increases in long term and youth unemployment (Te Puni Kokiri, 1998: 14).

The crisis in Maori housing has not been curtailed by such developments as papakainga housing. In a report commissioned in 1986 by the Board of Maori Affairs and poignantly entitled, 'Fading Expectations: The Crisis in Maori Housing', Douglas (1986) wrote of the similar tenure hopes of Maori and Pakeha, yet the increasing disparity of tenure realities.

Home ownership rates were very low (45%) as compared with Non-Maori rates (73%). ... Besides lower ownership rates Maori houses were smaller, had fewer rooms, fewer modern facilities and conveniences, and had on average many more occupants per dwelling (Douglas, 1986: 4).

In its final report to the Government, 'Housing New Zealand: Policy and Provision at the Crossroads', the National Housing Commission estimated that Maori households accounted for 50 percent of the 17,500 households in serious housing need (National Housing Commission, 1988: 77).

The Royal Commission on Social Policy echoed the National Housing Commission's findings:

Maori dwellings have on average twice as many people living in them as non-Maori dwellings. Overcrowding occurs at a rate 8-10 times greater for Maori than for non-Maori. Maori dwellings are generally smaller with fewer rooms and fewer modern amenities (Watson, 1988: 51).

Regional variability in house purchase and rental costs, which are far higher in major urban areas where employment is more likely to be sought, compound the difficulty of the affordability of adequate housing. This was noted by Thorns in his contribution to the Commission when he added: "A further contributing factor is the concentration of the Maori population in those areas which have the highest housing prices, i.e. Auckland, Bay of Plenty, Waikato and Wellington" (Thorns, 1988a: 12). As with Douglas's report, none of whose recommendations were adopted by Government, there seems not to have been any direct government policy response to the submissions made to the Royal Commission regarding the housing needs of Tangata Whenua.

Following Douglas's 1986 report a further Housing Corporation report was commissioned, 'Women's View's on Housing'. (Few Maori women had made submissions to the Corporation. Consequently, the Maori Women's Housing Research project was set up, which in June 1991 released its report, 'For the Sake of Decent Shelter ...' This research demonstrated the continuance of serious housing need for Maori. In describing the reality of housing for Tangata Whenua, the Report stated:

Many Maori families, particularly those in rural areas, are living in appalling conditions ... Substandard dwellings both old and new, condemned houses, cowsheds, shed, garages, woolsheds, temporary shelters such as tents, lean-tos made of tin and tarpaulin, old buses, and caravans constitute permanent dwellings for numerous Maori families (Maori Women's Housing Research Project, 1992: 19).

It was also clearly stated by the research participants that home was deeply important to Maori women. The understanding of home described by some of those interviewed was one that could not to be equated with owner occupation, but which nevertheless contributed positively and considerably to health and well-being. The location of home

was spoken of as “often in the mind, heart and spirit. ...The shelter Maori women offer makes ‘home’ a spring from which one can be nourished physically, mentally, emotionally and spiritually” (Maori Women’s Housing Research Project, 1991: 16). Ontological security therefore was not linked to tenure, but was linked to a concept of home that was critically important for holistic health.

The research concluded that Maori housing was in a crisis situation. Overcrowding was often used as an answer to the housing distress of the participants, but this created further problems, especially increased tension in already stressed relationships, leading in turn to violence. The researchers noted: “The increasing numbers of women and children who live in violent households is alarming” (Maori Women’s Housing Research Project, 1991: 22). Affordability was again identified as a “major factor in securing decent shelter” (Maori Women’s Housing Research Project, 1991: 63). The problem of affordability made owner-occupation an impossibility, leaving rental as the most common avenue for securing accommodation. The women interviewed spoke of the discrimination they experienced in the private rental market due to their ethnicity, thus state housing had become the source of tenancies for many interviewed. Many still encountered discrimination in allocation practices and substandard tenancies, even with the state. The report concluded that the State had been:

... insufficiently concerned about the conditions in which many Maori women live, and insufficiently concerned with the results in terms of other indicators of welfare such as health, education and employment (Maori Women’s Housing Research Project, 1991: 39).

It is particularly poignant that this report was released at much the same time as the Government announced their proposed changes to housing policy. It is clear from this report that Tangata Whenua were particularly vulnerable in the housing market. The pursuit of ontological security through home ownership had, for many, become an impossible dream, yet market rentals moved secure tenure, even in state housing, to an unaffordable level, causing stress, compromises in other family expenditure and the possibility of homelessness. ‘Progress Towards Closing the Social and Economic Gaps

Between Maori and Non-Maori, a report compiled for the Minister of Maori Affairs by Te Puni Kokiri, the Ministry of Maori Development (1998), traces the quantifiable progress made through Government policies and processes towards rectifying these disparities. The report covers the years of 1981 to 1996. It is evident from the findings that the socio-economic situation of Tangata Whenua has worsened since 1991 leaving them more vulnerable in the housing market. "By March 1992 15.1 percent of the Maori labour force was long term unemployed, compared to 3.9 percent of the non-Maori labour force⁵. ... gradually climbing to 18.3 percent in March 1998" (Te Puni Kokiri, 1998: 15-6). The variance between Maori and non-Maori household income has likewise increased: "In 1987, the non-Maori average yearly income was \$5,500 higher than that for Maori. By 1997, this disparity had increased to \$10,000" (Te Puni Kokiri, 1998: 18). Home ownership rates for non-Maori, as taken from the 1996 census data, were 72.1 percent whereas only 50 percent of Tangata Whenua were home owners. This demonstrates a slight improvement from the 46 percent calculated by Douglas in 1986, but is still greater than 20 percent lower than for non-Maori. Of those who own their homes only 15 percent were mortgage free compared with 30 percent for non-Maori. Conversely, "Maori were twice as likely as non-Maori to live in rental accommodation", and "between 1986 and 1996, the proportion of Maori households who paid more than one quarter of their income in rent doubled" (Te Puni Kokiri, 1998: 19-20).

Rather than relieve their already serious housing needs, the housing reforms have led to an increase in the number of Maori families living in overcrowded substandard conditions. Tragedies, such as the house fire at Matauri Bay which claimed the lives of three children in June 1997, have become more probable as families return home to live in areas they can afford. However, these tend to be isolated rural areas with few amenities, and greater distances to public safety assistance, such as medical, fire and ambulance services. In the Report of the Labour Social Services Caucus Committee on the Maori Housing Crisis in Northland, it is claimed that:

⁵ The European / Pakeha unemployment rate was 5.4 per cent, as measured in the 1996 Census, as opposed to 17.5 per cent in the New Zealand Maori Ethnic Group (Statistics New Zealand, 1998c: 17).

The eleven percent increase in the far North District's population is believed to have been due, in large part, to the many Maori who are returning to ancestral home areas in recent years. The return to these areas is a result of expensive state house market rents, the lack of employment opportunities in Auckland, and the desire to provide a more secure environment for their children (Labour Social Services Caucus Committee, 1997: 4).

Housing policy changes since 1991 have made housing far less affordable for Tangata Whenua, and thus often they have been obliged to live in accommodation which adversely affects their health. Those involved in the report's fact finding mission, recounted finding that while families moved to provide a more secure environment, many ended up living in substandard conditions which were cold, damp and overcrowded, lacking in insulation and heating, running water or sewerage disposal facilities. Many they saw were not in houses, but in shacks, lean-tos, garages and caravans. Six years on from the release of the report of the Maori Women's Housing Research Project little appears to have improved.

Conclusion

It is clear that with the passing of nearly one hundred and sixty years from the Treaty signing, Tangata Whenua remain severely disadvantaged in housing as compared with Pakeha. Earlier this century, legislation such as the Native Lands Act 1862 deliberately excluded and disadvantaged Maori. While blatantly biased legislation is no longer passed, Tangata Whenua have been marginalised just as profoundly by many of the changes implemented under the neo-libertarian economic changes of the last twelve years. Rising unemployment and reduced household income have increased greatly the difficulty in obtaining affordable housing. At a time when other past injustices against Tangata Whenua are being addressed, a new injustice is being perpetrated. As the report into the crisis of Maori Housing in Northland concluded: "These conditions are a recipe for social and economic disaster which is unfolding right now" (Labour Social Services Committee, 1997: 2).

3.4. Tagata Pasifika and Housing

The socio-economic circumstances of Tagata Pasifika are not dissimilar to those of Maori. The rate of unemployment rose markedly during the period of economic restructuring in the mid-1980s. The labour force unemployment figures⁶ for Tagata Pasifika, of 6.9 and 7.0 percent respectively for males and females in 1986, increased to 21.5 and 20.0 percent by 1991 (Public Health Commission, 1994: 63). As measured in the 1996 Census the percentage of unemployed within the total Tagata Pasifika population was 16.2 percent as opposed to 5.4 percent for Pakeha / European.

Correspondingly a far higher proportion of Tagata Pasifika receive annual incomes of less than \$10,000. "29.8 percent of the European ethnic group received an income of less than \$10,000 compared with 40.0 percent of New Zealand Maori, (and) 42.7 percent of Pacific Island People" (Statistics New Zealand, 1998e: 16-7)

With low household income, and the cultural need to return remittances to family still living in the Pacific Islands, home ownership for many Tagata Pasifika, while being desired, is not financially feasible due to difficulty in saving the required deposit. Fifty percent of Tagata Pasifika lived in owner-occupied homes in 1991 (Statistics New Zealand, 1995a: 51). This figure had declined by the 1996 Census to 43 percent (Statistics New Zealand, 1998b: 265), while the rate of owner-occupation for the total population was 70.5 percent (Statistics New Zealand, 1997b). Tagata Pasifika are highly dependent on the rental sector for accommodation, and on the state rental sector in particular⁷. Prior to the housing reforms of 1991, a greater percentage of Tagata Pasifika rented from the state than did Maori. The National Housing Commission stated in their final report that for Tagata Pasifika, "of those whose accommodation is rented,

⁶ The actual unemployment rate, calculated as a percentage of the total labour force, i.e. the number of people in part-time and full-time labour forces plus those unemployed and seeking work.

⁷ Housing Workers report that it is far easier for renters of non-European ethnicities to procure rental accommodation with Housing New Zealand, than in the private sector. See Section 8.2 'Why remain a Tenant of the State?'

47 percent rented from the Housing Corporation in 1986 compared with 35 percent of all Maori households who rented" (National Housing Commission, 1988: 63). This figure had increased to 68 percent in 1991 at the time of the change to market rentals for state housing (Statistics New Zealand, 1995b: 54).

Owing to the communal and extended family nature of Pacific Island cultures, the number of persons within a household is often considerably larger than that of Palagi households.

Pacific Islands people were the most likely to live in extended families, with 40.9 percent doing so. Similar proportions of Maori and Asian people lived in extended families (22.7 percent and 22.6 percent respectively), while Europeans were the least likely to do so (5.9 percent) (Statistics New Zealand, 1998a: 17).

Larger houses are therefore desirable for Tagata Pasifika, but there are few of these available at the more low cost end of the rental market. This increases the chances of Tagata Pasifika having to rent more expensive housing, or to live in less costly but overcrowded dwellings. The Public Health Commission's Report comments:

Those Pacific Island families who do enter home ownership usually end up acquiring small houses that may not meet all the living space requirements of their families. The dependence on rental housing, and in particular public sector rental housing, means that Pacific Islands families exercise relatively limited choice over the housing they occupy, are more likely than other groups to live in high density housing situations (attached houses), and are also more likely to occupy houses of poorer quality (Public Health Commission, 1994: 73-4).

A combination of cultural and socio-economic factors therefore, conspired to place Tagata Pasifika in a labour market position where they, as with Maori, were more likely to be adversely affected by government policies which raised state rentals to market levels and the abolishing income-related rents. At the same time as the housing reforms were announced, Kearns et al. (1991) undertook a comparative study of families on

Housing Corporation lists in Auckland and Christchurch. Their findings showed that the expense of housing was a greater problem for Tagata Pasifika than for Palagi families. The families interviewed also reported a number of housing related health conditions, upper respiratory tract infections, influenza, hygiene problems, asthma and stress caused or exacerbated by housing problems (Kearns et al., 1991: 374). It is fair to presume that these problems were worsened rather than alleviated by the movement to market rentals, as disposable income for health care decreased. As a part of an on-going project measuring poverty in New Zealand, Waldegrave and Sawrey (1994) estimated that in 1993 there were 48,800 households in serious housing need, and of this number they claimed that 16.8 percent were Tagata Pasifika (Waldegrave and Sawrey, 1994: 16). This percentage is disproportionately high when it is considered that Tagata Pasifika in 1991 comprised only 4.9 percent of the total population (Public Health Commission, 1994: 38).

As indicated above, the desire to provide a home, when this is increasingly unaffordable, can mean that other expenses may be sacrificed, including those such as visits to health professionals and purchasing foods including those which are health-promoting. The Public Health Commission claim that this is occurring for Tagata Pasifika is demonstrated through two studies undertaken in South Auckland:

Pacific Island people see themselves as being more severely disadvantaged than other ethnic groups with regard to food choice, inability to buy basic food items, and choosing between buying food and paying other bills, (Manukau City, 1993; Turner et al., 1992). Food banks were used by 27 percent of the Pacific Islands people surveyed in Otara and Manurewa, with 17 percent reporting that they missed meals occasionally. No breakfast was consumed by 22 percent of the participants, and no lunch by 21 percent. Those with higher incomes were less likely not to have enough food, and more likely to be consuming "healthy" meals (Turner et al., 1992) (Public Health Commission, 1994: 97).

The Commission adds regarding the Manukau City study:

Nearly 66 percent of Pacific Islands people reported putting off visits to doctors (Palagi 35 percent), and 68 percent visits to dentists (Palagi 41 percent). In addition, 48 percent of Pacific Islands participants said they had not had prescriptions filled (Palagi 12 percent) (Public Health Commission, 1994: 69)⁸.

While these figures may, to some extent, be explained by a cultural approach to western medicine which differs from that of Palagi, in this report they are also clearly aligned to a lack of disposable income. This is echoed in the Central Health Region's document, 'Pasifika into 2000: A New Horizon':

Socioeconomic factors, such as poverty, unemployment and lack of transport, were described as the main reasons why Pacific Island people did not access all health services available (Central Health, 1998: 18).

The proportion of Tagata Pasifika using foodbanks remained high in 1996, as evidenced by the Salvation Army's survey of those using their foodbanks. They estimated that while Tagata Pasifika were only 3.8 percent of the population, they comprised 19 percent of the food bank clientele. This is further evidence of compromises which households are forced to make as they have insufficient disposable income remaining after market level rents have been paid.

Conclusion

In conclusion, it is clear that Tagata Pasifika have been severely disadvantaged by the economic restructuring which commenced in the mid-1980s. With increasing unemployment and decreasing household income, many are not able to purchase their own homes, and therefore turn to the rental sector, especially the state rental sector, for accommodation. They have, as with Tangata Whenua, been particularly badly affected

⁸ The Palagi responding to this survey are likely to be in the lower-socio-economic categories, and are not necessarily indicative of Palagi in general.

by the housing policy changes resulting in market level state house rents. The studies referenced above show some of the health-prejudicing compromises that Tagata Pasifika households are making in order to meet the costs of market rentals. The Accommodation Supplement is not adequate to assist these families to pay for their housing at a proportion of their income which leaves sufficient remaining to maintain a reasonable standard of living. The housing policy changes, rather than making affordable accommodation more accessible, have instead increased the probability of low-income households, especially those of Tangata Whenua, and Tagata Pasifika, suffering serious housing need and / or becoming homeless.

How homelessness is manifested in New Zealand will be examined in the next chapter using the concept of incipient homelessness. This concept is particularly helpful in understanding the form of homelessness which has developed in this country, and which has been compounded by the market policy changes to state housing contained in the Housing Restructuring Act.

4. Contextualising Homelessness in New Zealand

4.1. Introduction

As Saunders (1989b) and Dupuis and Thorns (1998) argue for the contextualisation of home, so also it could be argued that serious housing need and homelessness should be contextualised, so that the full effect of housing need and homelessness may be more adequately recognised. Homelessness is not a homogeneous entity, remaining the same in all countries, cultures and eras. Homelessness in New Zealand cannot be reasonably compared to homelessness in third world developing countries, but should rather be viewed against the background of New Zealand's social history, as well as the influences of past and present government policies in areas such as the economy, welfare and employment.

Homelessness and serious housing need should be contextualised in a manner similar to that used to define poverty. Cheyne et al. (1997) writing on social policy in New Zealand, refer to the concept of 'relative deprivation' as explained by Townsend. They claim that defining poverty by a base line of destitution as is seen in some African or South American countries is:

... not helpful for examining poverty in more affluent societies, where absolute poverty does not exist but where significant inequalities occur that reflect differences in well-being. The concept of relative deprivation has been developed by Townsend (1979) and has influenced a stream of poverty research in which poverty is regarded

as something that is specific to particular societies and historical periods. The objective of such research is to establish benchmarks (indices) of goods and services which are considered essential for an adequate standard of living in a specific community and for participation in society. Relative deprivation refers to an absence of these (Cheyne et al., 1997: 172-3).

4.2. Towards a Housing Continuum

Homelessness and serious housing need in New Zealand fall within the scope of the concept of 'relative deprivation'. While it is true that New Zealand has little absolute homelessness, as manifested by people living in cardboard boxes or sleeping on the streets, there are unquestionably thousands of people who are unable to procure adequate housing. Housing that is substandard, overcrowded, temporary or unaffordable is not 'adequate' if contextualised in New Zealand. Thorns (1990) in discussing the development of homelessness, suggests the use of a housing continuum. This continuum reaches from a basic minimum level of housing at one extreme to homelessness, the complete lack of shelter at the other. In the middle of the continuum, he suggests, are those households who live in inadequate housing, in crowded, poor conditions or with insecure tenure (Thorns, 1990: 257). This concept was also used by Watson when writing on the development of homelessness in Britain. Watson suggests a continuum of homelessness extending from those sleeping rough through to those who have absolute security of tenure. She explains:

There would be little disagreement with the notion of the former state as literal homelessness and the latter as not. In between however there lies an extensive grey area, ranging across hostels, hotels, temporary accommodation, sleeping on friend's floors ... to insecure private rented accommodation, mortgaged accommodation and so on (Watson, 1986: 6).

CONTINUUM OF HOUSING NEED

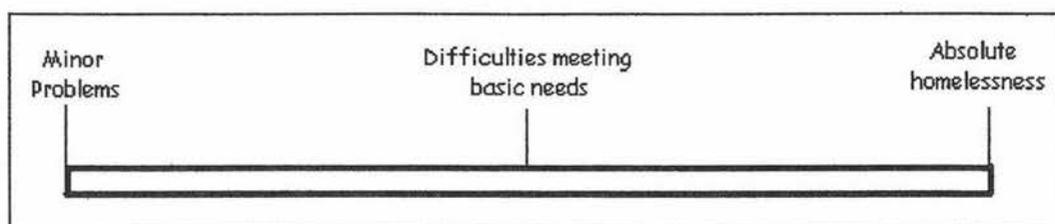


Fig 4.1 (O'Brien et al., 1997: 57)

In the New Zealand context where families can expect to be housed in a fashion which promotes and maintains health, including ontological security, those experiencing homelessness or serious housing need would be placed around the middle of Thorns' continuum. Ten years on from the writing of Thorns' article, and in a worsening housing climate, O'Brien et al. also use a continuum to explain housing situations (Figure 4.1). Their model, which is a 'continuum of housing need', as opposed to Thorns' 'continuum of housing', extends from those households who have only minor problems in meeting their housing requirements, to those who are absolutely homeless. Central to O'Brien et al.'s continuum are those who have difficulties in meeting their basic needs and it is from these households that the case studies of this research are drawn. A continuum model such as this is particularly useful for understanding the relative housing deprivation of many New Zealanders, for as Kearns et al. claim:

Although international media attention has focused on the plight of those totally without shelter, in recent years it has become obvious that absolute homelessness represents only the tip of the iceberg of the urban housing crisis (Kearns et al., 1992: 281).

4.3. Incipient Homelessness: The Price of Free Market Housing

Kearns et al. (1992) term families who are in such serious housing need, the 'incipient homeless'. The concept of incipient homelessness is particularly apt to describe New Zealand's homeless population, since they are usually not completely without

accommodation, but the accommodation which they do have is precarious. As previously indicated for these households, the expense of maintaining tenancies often requires such a large proportion of their weekly income that insufficient is left to meet other basic living requirements.

These are the people for whom even a small change in housing circumstances can have a dramatic impact. If they are evicted one more time they will be literally on the street; if they or another household member loses a job they will not be able to pay the rent; if another friend or relative comes to stay they will not be able to cope (Kearns et al., 1992: 280).

While the term incipient homeless will be used to describe the New Zealand situation, similar circumstances have been recognised in other developed countries. Dear and Wolch writing on homelessness in America where there is a far higher incidence of complete homelessness than in New Zealand, describe a state of "potential homelessness":

Homelessness at its most elementary level, is caused by a series of adverse events. These include eviction, loss of job, discharge from an institution, personal crises (such as divorce or domestic violence) and withdrawal of financial support. ... These are experiences that, in the normal course of events, can be absorbed by their victims with tolerable levels of discomfort. However, for the groups of 'potentially homeless', such events are sufficient to propel them into homelessness (Dear and Wolch, 1987: 197).

Thorns claims that to "explore the reasons for the emergencies of severe housing need and homelessness", more than just individual circumstances of homelessness need to be examined. "Structural conditions within the society which determine such things as the level of supply of housing resources and their affordability" must also be considered (Thorns, 1990: 257). Reflecting on homelessness in Britain, where neo-libertarian economic policies, similar to those of New Zealand, have held prominence, Murie and

Forrest comment that explanation of the causes is “likely to be in terms of shifts in the social and economic structure and to emphasise housing market processes and constraints rather than pathological factors” (Murie and Forrest, 1988: 129). Government policies, economic climate, and prevailing market ideologies, it can be stated therefore, strongly affect the housing deprivation experienced by the incipient homeless. It would, however, be incorrect to argue that the state housing reforms introduced in 1991 have by themselves brought about the currently increasing population of incipient homeless. They have nevertheless exacerbated an already serious situation.

Government reports and academic writings of the 1980s show a recurrence of serious housing need in New Zealand on a scale not seen since the Depression. As was explained in the previous section on New Zealand’s low-income housing history, the current housing crisis, did not occur rapidly but was rather, until the passing of the Housing Restructuring Act, the result of a gradual deterioration in housing affordability. Katherine Percy’s research on homelessness in the Auckland region, undertaken for the National Housing Commission in 1982, speaks of the appearance of emergency housing facilities in Auckland: “The major emergency housing agencies in Auckland, with a few exceptions, ... were established in the early 1970’s” (Percy, 1982: I). It would appear then that emergency housing arose in response to a recurrence of incipient homelessness following the economic recession of the late 1960s. In her study, Percy followed the definition of homelessness put forward in the British Housing (Homeless Persons) Act 1977, concluding that under the terms of the Act, 3680 households in Auckland would have been classed as homeless in the year 1981-82. This, she concluded, accounted for 1.3 percent of Auckland’s population, and was a conservative estimate because, “even those in the sample who would not be homeless under the Act’s criteria had significant problems relative to the housing expectations of New Zealanders” (Percy, 1982: 26-7). Additionally, the survey was based on the responses of those who approached emergency housing facilities, and it may be reasonably presumed that not all households would cope with their housing problems in this manner.

The problems of incipient homelessness continued to increase through the 1980s, assisted in its growth by the neo-liberal economic reforms instituted by the Labour

Government. Increasing unemployment during this decade meant that fewer low-income families could afford to buy their own home. In their final report to Government, the National Housing Commission commented:

Employment patterns have an indirect effect on housing, for the unemployed find it difficult to accumulate savings to buy a home, and as a result are concentrated in the rental, particularly public rental, sector of the population (National Housing Commission, 1988: 34).

It was also noted by the Commission that there were marked regional differences in the cost of rental accommodation. "Rents appear to be the highest in Auckland and Wellington, and have been rapidly rising in these two cities recently" (National Housing Commission, 1988: 17). There are also regional variations in housing cost within the metropolitan region of Auckland. Ironically it is in these two cities that employment is likely to be found, and so they attract the unemployed and those on low incomes. The Commission expressed anxiety concerning the effects of the widening gap between those on high and low incomes.

The increasing gap which is opening up between New Zealanders with high material standards of living and those with much lower levels, is a matter of concern to the Commission ... a concentration on policies designed to improve the medium-term position of the New Zealand economy in a less sheltered world environment may be necessary, but it involves severe current and short-term impacts on the living standards of a substantial number of lower-income families, households and individuals (National Housing Commission, 1988: 35).

As the market driven housing reforms of 1991 are diametrically opposed to many of the Commission's concerns and recommendations, it comes as little surprise then that the apparent result of the reforms is a worsening, over the last seven years, of the situation of the incipient homeless. In their study of income inequality trends over the years of 1983/84 through to 1995/96, Podder and Chatterjee demonstrate that the gap which

gave the Commission cause for concern has continued to widen (Podder and Chatterjee, 1998: 25), a factor which increases the vulnerability of low income families in the housing market. Waldegrave and Sawrey in a report from the Social Policy Unit of the Family Centre in Lower Hutt, (as discussed in chapter 3), estimated that the number of households in serious housing need had risen to 48,800 (Waldegrave and Sawrey, 1994: 1). In the findings of an ongoing survey from the same unit, released in 1996, it was estimated that 18.5% of New Zealand families were below the poverty line, and that "Housing costs are the largest single cause of poverty, contributing \$518 million of the \$826 million poor people fall short of the threshold" (Waldegrave et al., 1996: 1). The same survey also revealed that Tangata Whenua and Tagata Pasifika were still the most marginalised being 2.5 and 3.5 times more likely than Pakeha households to fall below the poverty threshold.

Gunby, in a third annual survey of Salvation Army foodbank clients referred to earlier, stated that in 1996:

... 538 of the 934 participants (57.6%) for whom information was available spent 50% or more of their income on accommodation. This represents an increase on the equivalent 1995 and 1994 figures (51.8% and 46.2% respectively), as well as an increase in the absolute number of people paying over 50% of their income on housing in 1995 (476 in 1995) (Gunby, 1996: 21-2).

Robinson in her summary and evaluation of the housing reforms released in November 1996, notes that "foodbank use itself rose 473% between 1991 and 1996" (Robinson, 1996: 4). She includes further evidence of the growing unaffordability of housing, writing of the increase in the number of rent arrears applications made by Housing New Zealand to the Tenancy Tribunal from the introduction of market rents to 1995. "In the year to 30 June 1993, 2751 applications for rent arrears were made to the Tenancy Tribunal; at the end of the year to 30 June 1995, 3917 applications had been made" (Robinson, 1996: 5). These figures represent an increase of over 50 percent of Housing New Zealand tenants who could be termed incipiently homeless, families for whom a sense of ontological security was unobtainable. She also quotes a survey conducted

jointly in the same year by the Ministry of Housing and the Department of Social Welfare which found that of those households receiving the Accommodation Supplement, 22 percent had \$75 or less to live on after paying for accommodation, and 12 percent had \$25 or less (Robinson, 1996: 5). With such a small amount of disposable income remaining, maintaining a life style which promotes health, or even one in which existing illnesses are adequately treated, is impossible.

In order to maintain accommodation, a study of Wellington households who were benefit dependent, found evidence of people choosing to live in substandard dwellings because of an inability to pay for better housing and:

... 25% reported problems with hot water, plumbing and leaks, 20% reported problems with the sections such as absent fences, 19% reported inadequate doors and windows, and 17% reported no carpets or carpets in need of repair (Adams, 1997: 3).

Furthermore, Adams claims, 17 percent of participants in the same study, "admitted to living in officially overcrowded accommodation" (Adams, 1997: 3). Since the housing reforms of 1991, increasing numbers of families, because of their incipient, or complete homelessness, sought the assistance of emergency housing services. A study of social services in Auckland, (O'Brien et al., 1997), reported that the emergency housing providers found themselves inundated and unable to meet the growing demand for assistance.

4.4. Conclusion

From the review of New Zealand's low-income housing history, and especially of developments which have occurred since 1991, it is clear that a major housing crisis of incipient homelessness has developed. The housing reforms have not brought about greater fairness and freedom of choice for low income families. As owner-occupation has moved beyond their reach, rental becomes the only real option for most, yet there no

longer exists affordable low cost rental housing. When there is but one level of choice, there really is no choice. As Murphy states: "The capacity to make choices is constrained by the need to have shelter. Withdrawing from the market is not a choice, especially for families" (Murphy, forthcoming: 230).

In conclusion, it is well to remember that the statistics presented from the above studies carry a human face and numerous personal costs that can be over-looked in the enormity of the housing crisis. The stories of those interviewed in this thesis are the stories of the incipient homeless who are represented in these statistics. The following chapters look in more detail at their housing experiences. Those who agreed to share their stories are clients of Monte Cecilia Emergency House, and represent only a small proportion of the incipient homeless in Auckland. Writing in 1984, McLeay stated that: "Housing policy provides a good example of how the state interprets the limits of its welfare function" (McLeay, 1984: 85). It is an underlying assumption of this study, as stated in the introduction, that the state has a duty to ensure all its residents have access to affordable, adequate housing, and that ensuring the availability of such housing is an essential component in working towards the health and well-being of the state. The following chapter is concerned with how the information (qualitative and quantitative) concerning the experiences of the incipient homeless clients of Monte Cecilia was gathered. The quantitative and qualitative data of this study suggest that the housing reforms work against the state fulfilling its duty of ensuring adequate shelter is accessible to all.

5. Methodology

5.1. Introduction

The research for this thesis was undertaken with the aim of exploring and understanding the experience of incipient homelessness in Auckland, particularly from the point of view of those experiencing serious housing need. It is their stories that I wished to relay, and this consequently influenced my choice of the theoretical perspective from which I approached the research, that of 'grounded theory' and the mainly qualitative methodologies employed.

The families and individuals whose lives and housing experiences comprise this study live in situations which are already immensely stressful. At the very least, I did not wish this thesis to add a further burden, but rather, I hoped that it might give a chance for their stories to be more widely heard, and appreciated.

In this chapter, I shall discuss firstly the selection of my theoretical perspective and then the research methodology chosen. This will then lead to a description of the research methods employed, especially the interview processes used. The process of data analysis will then be examined. The families and individuals who have been interviewed will be introduced, and I will conclude with a discussion of ethical issues considered and encountered in the process of the research.

5.2. Theoretical Perspective

The theoretical perspective which informed this study was that of grounded theory, a method of social science research by Glaser and Strauss in 1967. Grounded theory was so named because it “is related to, emerges out of, is created through and grounded on empirical data” (Sarantakos, 1998: 200). As I wished to explore the housing situations of incipiently homeless people in Auckland as experienced by them, grounded theory, a perspective which calls for inductive reasoning, allowed for an examination of these experiences without having a tightly formulated hypothesis to test. The housing and health connection as discussed in the opening chapters is not a direct causal one which can be ‘proved’, but grounded theory by its very nature allows the researcher to become immersed in that which is being examined to discern possible existing relationships from inside the data. Patton writing on qualitative research describes grounded theory as depending “on methods that take the researcher into and close to the real world so that the results are ‘grounded’ in the empirical world” (Patton, 1990: 67). Theory and method are, and should be strongly linked, Glaser and Strauss maintain. They state strongly that:

One canon for judging the usefulness of a theory is how it was generated - and we suggest that it is likely to be a better theory to the degree that it has been inductively developed from social research. ... *Generating a theory involves a process of research*” (Glaser & Strauss, 1967: 5-6).

As a theoretical base for research, grounded theory falls within the perspective of interpretive social science, in which research “helps to *interpret and understand* the actors’ reason for social action, the way they construct their lives, and the meanings they attach to them, as well as to comprehend the social context of social action” (Sarantakos, 1998: 38). It can also be used as a research theory within a critical social science perspective, in which research is used to interpret social reality with the intention “to disclose myths and illusions” in order “to emancipate and empower” (Sarantakos, 1998: 40). It is a suitable method, therefore, by which to undertake research into the housing situation of the incipient homeless, who are a disempowered group in society.

Grounded theory is also appropriate for examining the effects of policies which purport to achieve one aim, namely a more fair and equitable sharing of state housing assistance, but which may in fact produce a quite different result.

Grounded theory aims to explore and understand “everyday thinking” (Sarantakos, 1998: 201). The everyday experiences and reflections of people who are suffering, or involved in attempting to alleviate serious housing need, provide rich and invaluable sources of data. Additionally, where theories of research derived from the positivist paradigm of social science would claim that research should be value-free, and that the researcher should remain disinterested and neutral, grounded theory makes no such demands, nor is it thought to be desirable, even if such distancing of the researcher from the phenomenon being researched were possible.

As the introductory chapter stated, this thesis is written from the starting belief that adequate affordable housing is not only a basic human need but also a basic human right, guaranteed under the Universal Declaration of Human Rights. As the author of this study therefore, I did not approach the research from a value neutral position, especially as research undertaken from the positivist paradigm would have proven inappropriate. Sarantakos explains this further when describing the central criteria of grounded research:

In one sense, grounded theory guides the research under the notion that ‘something appears *as* something *to* someone’. The expression ‘to someone’ demonstrates the emphasis placed on the researcher as an element of the research process; the rest of the statement ‘something appears as something’ shows the nature of the perception of reality and a process involving researcher as well as object alike (Sarantakos, 1998: 201).

So while trying to be open and reflexive in the manner in which I approached the quantitative data and the interview process of this study, I do not claim to be value free. I acknowledge that my beliefs about the right to housing influenced how I approached this study, through, for example, the choice of low-income and benefit-dependent individuals

and families as participants, since they would encounter greater difficulties in the housing market than those with more disposable income.

5.3. Methodology

The primary data in this study was obtained using qualitative research methods. A secondary source of quantitative data was obtained through the generosity of the management of Monte Cecilia Emergency House. The secondary source material, which will be examined in more detail in the next chapter, covers emergency housing enquiries received at Monte Cecilia over the years 1995, 1996 and 1997. This data is used to give a more general overview of incipient homelessness in Auckland through this period, and provides a broader background to the in-depth qualitative interviews.

Qualitative methodology was chosen as the method for obtaining the primary data for this study for a number of reasons. As the aim of this thesis is to understand the experience of incipient homelessness, qualitative research methods allowed for the study to be undertaken from the 'inside'. Sarantakos describes it as offering "personal contact and insight, with the researcher getting close to the people, situation and phenomenon under study" (Sarantakos, 1998: 47). This was important as my aim was to understand the experiences of those interviewed, not to produce a quantifiable measurement of particular phenomena. For these same reasons, indepth face-to-face interviewing was chosen as the primary qualitative research method over other potential methods such as telephone interviews, or focus group interviews. The advantage of this method was the personal interaction, as opposed to a more impersonal telephone interview, and a greater ability to focus more intently on an individual or family's history of housing difficulties than would be possible in a group setting.

A presupposition in these interviews was that those being interviewed were authorities on incipient homelessness, and that their stories contained invaluable knowledge. Patton explains it thus:

The purpose of interviewing, then, is to allow us to enter the other person's perspective. Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit (Patton, 1990: 278).

Sixteen people were interviewed in depth, while a seventeenth person, Sr Chanel, was spoken to informally when seeking material regarding the setting up of Monte Cecilia House as emergency accommodation. The sixteen formal participants came from three groups. Firstly, there were four housing workers who were still actively involved in providing emergency assistance and housing advocacy for households in serious housing difficulty, the incipiently homeless, and at times the literally homeless. The fifth member of this group of participants, while no longer directly working for the homeless, has many years of experience in this area, retains an active interest, and is currently a member of the Board of Trustees of Monte Cecilia. Two nurses working in community health, and whose work brings them into contact with households in housing distress comprise the second group. The largest number of participants were those households who are in housing need. Nine interviews were undertaken from this group, which involved thirteen individuals, as in four households both partners of the couple were present. These households were all clients of Monte Cecilia Emergency House, and five had previously lived in the emergency accommodation at Monte Cecilia.

Each interview was taped, and permission for this was sought from the participants before the interview commenced. A letter of introduction and explanation was given to each participant prior to the commencement of the interviews. These letters included an explanation of how a participant could withdraw at any stage from the research process, and telephone contact numbers to facilitate this (refer Appendix 2). The interviews varied in length from twenty-five to sixty minutes. All interviews were transcribed personally, mainly due to the expense of paying for the services of a transcriber. Although this process was time consuming, it also enabled me to become much more familiar with the data. Technical difficulties were encountered with audibility in two of

the interviews. The tape of the interview with Karen was very faint due to her medical condition which has left her with a noticeably soft voice. Even with the tape recorder positioned very close, much of the initial interview was too quiet to be recorded. This was overcome by sitting with Karen at a second interview and together discussing the responses in the gaps on the transcribed tape. I wrote these in longhand for later entry into the transcription, their accuracy having been checked with Karen.

The second interview in which taping difficulty was encountered was that of Anne. In this interview, time was at a premium and a new sophisticated microphone was used in an attempt to overcome difficulties which had been previously experienced in interviewing Karen. This proved to be unsuccessful as at the end of the interview nothing had been recorded. I then immediately wrote from memory as much of the interview as I could remember, and checked this for accuracy with Anne the following morning. She agreed as to its accuracy, but asked for two changes to be made as she felt that what she had said the previous afternoon had not properly conveyed what she had been trying to explain.

For each interview, a prompt sheet was provided. This sheet covered the types of questions and areas of interest. Some changes were made as interviewing progressed, and areas of interest unfolded. Copies of these sheets were also provided for those being interviewed, and whilst serving as a guide for the interviews, they were not rigidly adhered to, but were used rather as a guide to ensure that all areas of interest had been covered within the interview. After each interview had been transcribed, a full copy was given to the participant for the perusal and possible comment. Rose and Marie Ann, two of the housing workers, made written comments, additions and alterations to their initial interview transcriptions. Some of these were grammatical corrections from spoken grammar to written grammatical form, whilst other additions were elaborations on what they had said in their interviews. These were discussed with me, and the changes made to the transcriptions and a second copy then given to them.

Frances was the only participant from the households interviewed who requested that changes be made to her transcript. She was unsure of the written presentation of spoken grammar, and questioned the accuracy of the transcription, as she believed she had spoken in grammatically complete sentences, and had not used space-fillers such as 'um', and 'you know'. In response to her concerns, I promised to re-listen to the tape, and if necessary re-transcribe the interview for her, and return it to her with a copy of the tape of the interview. On reviewing the tape, I found it to be mostly accurate, with some space-fillers having been unconsciously removed. A second transcript and a copy of the tape were posted to Frances, with my assurance that any quotes from her transcript would be inserted into the text of the thesis in a manner that reflected written as opposed to spoken grammar, and that any names or addresses which potentially identified her would be altered or deleted. I later phoned to ensure that she was satisfied with this arrangement, and she assured me that while she had not at that stage listened to the tape, she was content with any portion of her interview being quoted.

By involving the participants in this way, and by accepting their changes to the transcribed texts of their interviews, I hoped to mitigate as much as possible against a power imbalance between researcher and researched, as cautioned by Opie (1992). She describes this imbalance of power as coming about through "appropriation of the other" by the researcher (Opie, 1992: 52). Speaking of feminist research techniques out of the context of her own research into home caregiving for confused elderly spouses or relatives, Opie warns of the danger of the researcher's own interests influencing data collection and analysis, in that it may be the researcher's voice rather than the participant's which is heard. She states of these techniques that:

Although at one point they are liberatory because they open to inspection what has previously been hidden, they are also restrictive in the sense that they can appropriate the data to the researcher's interests, so that other significant experiential elements which challenge or partially disrupt that interpretation may also be silenced (Opie, 1992: 52).

Although I have not used feminist research techniques in this thesis, I believe Opie's warning still should be heeded, as the incipiently homeless are already marginalised within society. With such considerations borne in mind and acted upon, research can be emancipatory, Opie maintains. "When qualitative research incorporates the voices of the marginal and hence previously silenced groups into the text, it can become subversive along a number of fronts" (Opie, 1992: 64).

It was important therefore to ensure that the stories related in the interviews did in fact represent what the participants wished to say. To ensure this, as well as returning the transcripts to the participants for their comment, when transcribing the interviews no attempt was made to correct English grammar mistakes which occurred frequently, as many participants did not have English as their first language. With some of the participants' answers it was necessary to record a substantial portion of their response, since due to language difficulties their meaning only became clear within the full context of a sentence. (The one exception to this, as explained above, is Frances, whose quotes have been written in grammatically correct form).

5.4. Data Analysis

While some analysis of data began during the interview process, much more occurred during the transcription process, and subsequent re-reading. A number of common themes began to emerge quickly within the analytic process, and within these common sub-themes or aspects. Having memoed these emerging themes in early interviews, it was possible to note their presence in later transcripts, or to note the appearance of seemingly new themes or aspects. Some aspects were collapsed into each other as, for instance, in the participants different explanations of potential and actual hazards in Housing New Zealand properties. When all the interviews had been transcribed, the written copies were then physically divided and collated into the appropriate themes as categories for further analysis. Data within the first and second themes, the cost of

housing and the experience of being a state tenant, were drawn from the interviews of all three groups of participants. For the final theme however, as it concerned the understanding of home, the data was taken only from the interviews with the low-income households. The question concerning the transformation of a house into a home was not asked of the housing or community health workers. The data generated through this area of enquiry included subjective responses, which could only be accurately related by those who had experienced serious housing need.

5.4.1. *Validity*

Validity is defined as: "A descriptive term used of a measure that accurately reflects the concept it is intended to measure" (Babbie, 1989: G8). Patton contends that whereas in quantitative research, validity is dependent upon "careful instrument construction to be sure that the instrument measures what it is supposed to measure,in qualitative inquiry *the researcher is the instrument.*" Patton further quotes Guba and Lincoln on the strengths and weaknesses of the researcher being the instrument of inquiry:

Changes resulting from fatigue, shifts in knowledge and cooptation as well as variations resulting from differences in training, skill, and experience among different "instruments," easily occur. But this loss of rigor is more than offset by the flexibility, insight, and ability to build on tacit knowledge that is the peculiar province of the human instrument (Guba and Lincoln, 1981: 113 in Patton, 1990: 14).

Sarantakos notes that the flexibility and insight gained from quantitative methods also provides for other measures of validity. Sarantakos describes two which are relevant to this study: "communicative validation" and "ecological validation" (Sarantakos, 1998: 80). Communicative validation is brought about through the researcher re-entering the field and asking further questions of the participants. This was done both formally through the revisiting of the transcribed interview with some participants, leading to

further information being gathered, and informally through observation and conversational exchanges with participants, on the second or, in the case of Ani, even third visit.

Ecological validity is said to be brought about through the study being undertaken in “the natural environment of the subjects, using suitable methods and taking into consideration the life and conditions of the researched” (Sarantakos, 1998: 80). All the interviews with the individuals or families in serious housing need took place in their own homes, in their own socio-economic setting, which in turn was a major focus of the study. Through interviewing in the homes of the participants, I was able to gain further insight into their housing situation by viewing or experiencing the housing problems of which they spoke, as in the case of cold houses. The process of the interviewer being a guest in their homes also helped to mitigate against any loss of power by the participants in the interview process.

Additionally Sarantakos offers a number of method suggestions for qualitative research, referred to as “tactics”, which if followed can help to assure validity. Two of these, “checking for researcher effects”, similar to Opie’s concerns on appropriation, and “triangulation” were implemented in this thesis (Sarantakos, 1998: 81). In explaining the study fully before commencing data gathering, as well as returning the transcriptions to the participants and accepting their suggestions for additions and alterations, I am confident that researcher effects have been minimised.

Triangulation refers to using a “combination of methodologies in the study of the same phenomenon or programmes” (Patton, 1990: 187). Sarantakos divides triangulation into two types:

“*Inter-method triangulation*, which includes two or more methods of different methodological nature or origin; and *intra-method triangulation*, which employs two or more techniques of the same method” (Sarantakos, 1998: 168).

Inter-method triangulation was achieved through the use of the three years' quantitative data relating to emergency housing enquiries received at Monte Cecilia. Consistency can be seen in the reasons given for seeking assistance, both in the quantitative data and in the pressing housing problems of those interviewed qualitatively. Overcrowding, inadequate accommodation, imminent homelessness, and insufficient income featured prominently in both the quantitative and the qualitative data. Intra-method triangulation was sought through in-depth interviewing of three different groups of participants, who were more or less, and from different positions involved with the problem of incipient homelessness in Auckland: the families and individuals themselves, the housing workers past and present, and community health workers. Again consistency was found across their experiences of serious housing need.

5.4.2. Reliability

"Reliability refers to the ability of an instrument to produce consistent results; reliability is equivalent to consistency" (Sarantakos, 1998: 83). Sarantakos quotes Drew and associates (1996) who, having divided reliability into internal and external reliability, offer a series of steps as guidelines in assuring reliability. Some steps towards internal reliability, such as the use of multiple researchers, were not possible and were not required within the boundaries of this thesis. However, others such as the use of mechanical recording devices (with permission), and the use of informants to check perceptions, were undertaken. With regard to external reliability, Drew and associates make the following suggestions:

1. Clearly specify the researcher's status or positions so that the readers know exactly what point of view drove the data collection.
2. Clearly state who the informants are (or what role they play in the natural context) and how and why they were selected or chosen (while maintaining confidentiality).
3. Carefully delineate the context or setting boundaries and characteristics so that the reader can make judgements about similar circumstances or settings.

4. Define the analytic constructs that guide the study ...
5. Specify the data collection and analysis procedures meticulously (Drew and Associates, 1996: 169, in Sarantakos, 1998: 85).

Drew's recommendations have been practised within this study, starting from the introduction when the base value stance of this study was identified through the detailed description of methodology and introduction of the participants contained within this chapter.

5.4.3. Generalisability

Generalisability, "the quality of a research finding that justifies the inference that it represents something more than the specific observations on which it was based" (Babbie, 1989: G3), is often held to be problematic in qualitative research because of the frequently small sample size. In the case of this thesis, the qualitative interview samples consisted of: five past or present housing workers, two public health workers, and five couples and four individuals who have or still are experiencing serious housing need, or incipient homelessness.

The samples were chosen as "purposeful samples", both for "intensity sampling; information-rich cases that manifest the phenomenon of interest" and "critical case sampling", permitting "logical generalization and maximum application of information to other cases because if it is true of this one case, it's likely to be true of all other cases" (Patton, 1990: 182). The housing workers were chosen through personal contact since I live in the emergency house out of which the service is based. The community health workers were chosen and approached because of their contact and work with those who live in emergency housing. The individuals and families were chosen with the assistance of one of the housing worker, Rose, for whom they were clients in her case load. Because of the research tool chosen, in-depth interviewing, I asked that they be people with a conversational grasp of English. Rose approached each family or individual on

my behalf, and all agreed willingly to speak with me and share their stories. The one exception to this selection process, was the family of April and Bob, who I first identified after they gave an interview to the local media, but I still obtained their address from Rose as they had been residents at Monte Cecilia in the previous year. I wrote to April and Bob asking if they would be willing to participate in the study, and leaving my phone number as a return contact. They immediately replied in the affirmative.

Although the sample number is nine, it is representative of the population of people who contact Monte Cecilia for housing assistance, as the sample includes representatives of different ethnicities, different family groupings, and single women living on their own. In this study, a strong argument can be made for the 'logical generalisation' of critical case sampling because of the similarity of many aspects of the participants' stories. In the summary of his discussion on the generalisation of findings in qualitative research, Patton queries if, in fact, generalisability is really critical to the value of the study:

Throughout, I've been concerned with the practical, the concrete, and the achievable. This means that evaluators using qualitative methods provide perspective rather than truth, empirical assessment of decision makers theories of action rather than generation and verification of universal theories, and context-bound extrapolations rather than generalizations (Patton, 1990: 491).

Since the findings of this study represent the 'real-life' experiences of people encountering incipient homelessness, Patton's point is significant, as the experiences and perspectives of those interviewed are their 'truths'.

5.5. The Participants

While it was explained to the participants of the study that guarantees of total anonymity and confidentiality could not be given, because of the localised nature of the study, confidentiality was facilitated as far as possible by participants choosing how they wished to be identified. The strongest request for anonymity in any of the three groups was then applied to all those in that group.

The housing workers were all currently, or in the recent past, on the staff of Monte Cecilia Emergency House. They were happy to be named, as they explained that Monte Cecilia has a policy of bringing housing issues to the awareness of the public. They were: Mary Foy, who was one of the original members of the staff, and manager of Monte Cecilia for thirteen years, and while she had for the last three years been employed full-time as the Congregational Leader for the Sisters of Mercy, had remained on the Board of Trustees of Monte Cecilia and was passionately interested in housing issues; Elaine Lolesio, the current manager of Monte Cecilia who had been on the staff for over ten years; Marie Ann Pearman, who had also been on the staff for over ten years; and Rose Lythe and Moana Cole who had worked as housing workers at Monte Cecilia for four and two years respectively. For ease of reading in the following chapters, the housing workers are referred to by their first names only.

The community health workers are identified by their first names, and with only a general description of their jobs. This was as a result of Anne's wish that she speak as an individual and not as a representative of her employer. Both Anne and Carol were nurses, each with over twenty years experience of working in the community, especially with families on low incomes, or those who are benefit dependent.

The first two women interviewed for their housing experiences expressed the desire not to be identified by their own names, and so this has been applied to all the other families and individuals in the study who are in housing need. The reason behind this, I believe, is a fear of losing co-operation with Housing New Zealand, because of speaking out about their situations. Most participants spoke of difficulties they encounter in their dealings with Housing New Zealand staff, dealings in which they felt judged or discriminated

against. It is possible therefore, that they would not wish to create further difficulties for themselves by being identified as criticising Housing New Zealand.

Two of the families interviewed were single parent families. The parents present in the house were Mereana and Myriam, both of whom were Tangata Whenua, and as solo mothers relied on social welfare benefits for their incomes. Mereana was the mother of three boys, two of whom are primary school age and one in his later teens who had left home. She was in her third year of studies at university. Myriam was mother of six children, four of whom lived with her. Three were preschoolers, and the fourth attended primary school. At the time of the interview she was pregnant with her seventh child.

Four of the families had both parents living in the household. My initial intention in two parent families was to interview the wife/mother within the family as she would primarily be the caregiver, and therefore familiar with the health of the family. However, in two families, Ani and Te Kaha's as well as April and Bob's, the husband wished to be present at the interview and share his story. Leulu and her husband Paulo were a Samoan family, and are the parents of four children; two teenage boys and two younger daughters, who were then not primary school age. Paulo's younger sister also lived with them. Leulu was a full time student studying early childhood education, while Paulo, who was unemployed, looked after the house and children.

Ani and Te Kaha were a Cook-Island Maori couple who at the time of the interview had three children; an eight year old son, twin daughters of four, and were expecting their fourth child. Te Kaha was employed in a part-time, poorly paid job.

April and Bob were parents of four children. Bob was European (Pakeha) and April was of Maori and Pakeha descent. Three of their children were pre-schoolers. Bob was a full-time theological student at the height of their housing difficulties and the family was supported on a student allowance.

Salote and her husband Sione were Tongan. They had four children, three of whom are school age, the eldest going to intermediate. Lyn and Leo were Tangata Whenua, and had three teenage children aged 17, 16, and 14 living with them. Two older daughters lived in South Auckland.

Karen was a Pakeha woman whose children have grown up and now live away from her with their own partners and children. Karen was dependent upon a sickness benefit for her income. Frances was an older Pakeha woman in her sixties, who officially lives on her own, yet more often has grandchildren or another member of her family living with her. At the time of the research, she was caring for two primary-aged grandchildren.

With the exception of April and Bob, all those interviewed were tenants of Housing New Zealand.

5.6. Ethics

The research was conducted in a manner consistent with the Sociological Association of Aotearoa (New Zealand) Code of Ethics and was subject to Massey University's "Code of Ethical Conduct for Research and Teaching Involving Human Subjects". The major principles of the code; informed consent, confidentiality, minimising of harm, truthfulness, and social sensitivity, were used to guide the construction and implementation of the research.

Dr Michael O'Brien, an Albany Campus member of Human-Ethics Committee of Massey University, was consulted regarding the need to submit an application to the Committee, and he considered that formal approval was not required. Following his advice and in accordance with Section 8 of the code, it was decided therefore that a review of the proposed research with the two supervisors concerned with the thesis provided sufficient ethical evaluation and that no formal application needed to be made to the Human Ethics Committee.

Dr O'Brien did advise, however, in view of the inter-ethnic nature of the research as most of those interviewed were of ethnicities other than my own (Pakeha), that an application be made to Massey University's Inter-Ethnic Committee for approval. His suggestion was duly followed. The Committee responded that in every respect the proposal addressed the key issues for social scientists engaged in researching communities other than their own. However, a concern was raised regarding the possibility of interviewing families who were currently residents at Monte Cecilia. It was felt that the homeless families living at Monte Cecilia were in a vulnerable population and might not feel totally free to avail themselves of the opportunity to withdraw from the research as explained to them verbally and in their copy of the information sheet. The recommendation was made therefore that current residents not be interviewed, and this suggestion was heeded.

Having read and discussed the information sheet with those interviewed before any interview began, verbal consent was obtained from each of the participants. Verbal consent was also obtained by Rose, who as a housing worker at Monte Cecilia contacted seven of the nine households interviewed, and having explained the nature of the thesis, asked if they would be willing to speak with me of their experiences. As explained previously a complete typed transcript of the taped interviews was returned to those interviewed for their perusal and comment. I returned all but Myriam's and Mereana's in person, and both of these confirmed, via a phone call and after they had had sufficient time to read the transcripts, that they were happy with the contents of their respective transcripts.

A potential dilemma occurred when visiting participants and during the course of the conversation, problems were mentioned which I could help to solve. One case in particular was that of Ani who was expecting her fourth child and yet had no baby clothing or equipment, and no finances with which to purchase any. Contacts in the hospice in which I work provided most of what Ani needed. However, I did not wish it to seem that I was in any way offering payment for the interview. In order to avoid this

potential confusion, I waited to give the first assortment of clothing and equipment until after the interview was complete and I had returned the typed transcript for her approval. Similarly, on a subsequent visit to Karen, I took an amount of fresh fruit as I knew this would benefit her condition, yet was outside her finances. I believe by delaying the giving of these items, there was no possibility that those interviewed could misunderstand my actions and compromise the interviews. (Ani subsequently had a healthy beautiful baby boy in late October).

6. Monte Cecilia House: Accommodating Increasing Need

6.1. Introduction

In this chapter, I shall provide an overview of the emergency housing accommodation, Monte Cecilia House, situated in Hillsborough, Auckland. It is from clients of Monte Cecilia House, including past residents, that the individuals and families who were interviewed, were drawn. Monte Cecilia's records are also the source of the quantitative data on incipient homelessness, which will be examined in this chapter. Analysing the quantitative data assists in understanding the broader setting in which the housing circumstances of the participants are situated. The experiences which were related by the participants were examples of the personal and family distress caused by incipient homelessness. When these are then multiplied by the number of enquiries received annually at Monte Cecilia, as well as remembering that Monte Cecilia is only one of many emergency houses situated around Auckland and indeed throughout the country, the extent of the human cost of incipient homelessness begins to become clear. Additionally, as Monte Cecilia has been functioning as an emergency accommodation facility since 1982, the observations of the longer serving housing workers reflect the changing complexity of housing needs through the move to a market-driven economy.

6.2. The History of Monte Cecilia House

Monte Cecilia House, originally entitled "The Pah", was constructed in 1877-1878 as one of Auckland's grandest homes. The house's change of title from The Pah Homestead to Monte Cecilia, occurred in 1913, when the house was acquired by the Sisters of Mercy. Since 1982 Monte Cecilia has, been run as emergency

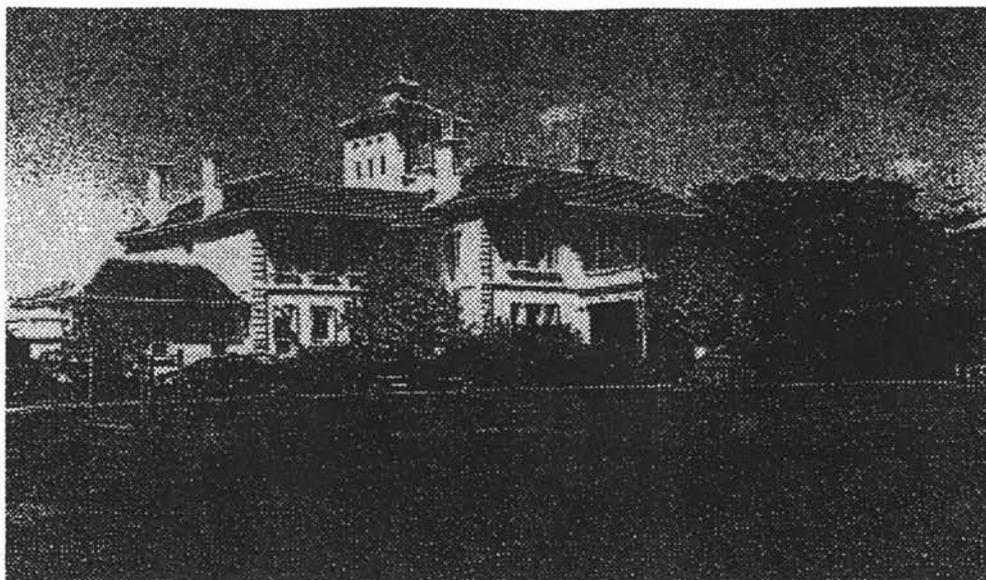


Illustration 6.1 Monte Cecilia House 1998 Front View

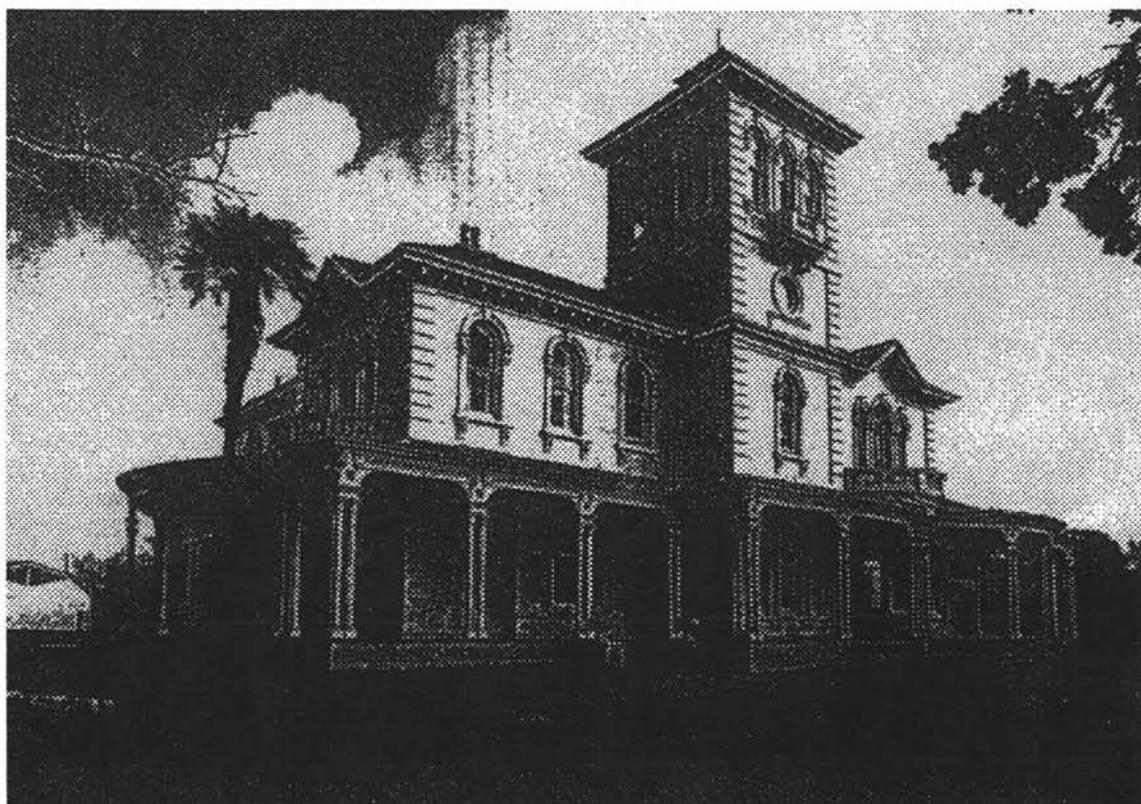


Illustration 6.2 Monte Cecilia House Rear View

accommodation for the homeless, with the house and facilities provided rent free by the Auckland Catholic Diocese

A large, imposing building, Monte Cecilia accommodates up to eight families at a time. Families share communal laundry, cooking, and ablution facilities, while the proportions of the original rooms allow for each family to have their own sleeping area. It is the history of Monte Cecilia which currently threatens its viability as an emergency accommodation facility. The Auckland City Council in mid-1998 announced its plans to buy Monte Cecilia, (or the Pah Homestead as they term it), and 20 hectares of surrounding land in order to create a 'Premier Park'. At the time of writing this thesis negotiations are underway with the owners of the land and building, regarding the sale, however no suitable venue has yet been found, in order that the housing agency services of Monte Cecilia may continue.

6.2.1. Accommodation and Advocacy

From its beginnings in 1982, Monte Cecilia House has been involved in more than the simple provision of shelter. The staff have been active housing advocates for their individual client families, and also on a more macro level, in attempts to influence government housing policy. In the Trust's earlier years, Monte Cecilia's housing workers were involved in the administration of ten Housing Corporation properties, three in Glen Innes and seven in Avondale. These houses were leased to the Trust by the Housing Corporation for the peppercorn rental of \$10 per year.

The 1991 Budget introduced market rentals for state houses, including those leased by the Monte Cecilia Trust. For the first year, this increase was set at \$10 per week but \$5,200 was a sizeable amount for the Trust, and in addition, they were philosophically opposed to the concept of market rents for state housing. Advocacy for the literally and incipient homeless thus led to the support of, and participation in, the state housing tenants' rent strike which commenced in November 1991. In 1993, the Trust decided to decline an offer of special funding from the Department of Social Welfare to bridge the

gap to market rentals. As the then administrator, Sr Mary Foy, stated in the Trust's press release on the 29 April 1993:

How can we buy into a system which on one hand allows us to continue to operate, yet for the people we serve there is no relief, but rather extreme hardship, total hopelessness and eventual homelessness?" (Foy, 1993).

In July, after a fairly public and protracted confrontation with the then Minister of Social Welfare, Jenny Shipley, the trustees decided unanimously that it was necessary to return the contracts for the ten Housing Corporation properties to the Government.

As a large proportion of the funding for the services of Monte Cecilia comes from central government sources, predominantly from the Community Funding Agency, and to a lesser extent lottery grants, engaging in an active critique of policies which potentially increase incipient homelessness, and serious housing need, is fraught with difficulties. As Moana Cole, one of the housing workers explained:

That's always been problematic. If you are overtly political ... I mean this is another way policy can stop political action, in that you exist to provide a service, so all funding is very much directed. You have to be accountable to provide, and show you provided that service, and that nothing has been directed away to anything else. ... It is laid down very clearly that what you are to provide is a service. You are not providing a critique of government policies (Moana).

Moana added however: "Monte has always had a tradition, unlike a lot of the other emergency houses, of really trying to address the policies, housing policies." A conflict exists then for the housing workers between obtaining government-funding to provide the emergency housing services at Monte Cecilia, while at the same time working to overturn some policies which help cause incipient homelessness.

6.3. Providing Emergency Accommodation in a Market-Driven Economy

The families living in the residence at Monte Cecilia pay rent for their room. However, no bond is required, and power, gas and telephone line rental costs are included within the rent. As housing policies developed over time, making state rental housing less affordable for low income groups, the rent has also come to include an amount of compulsory saving in order that the families may gather the money required for a bond and initial rental on their own homes, away from Monte Cecilia. During their stay, any debts accrued on items such as previous rental, power, telephone bills or court fines are paid. The staff work with the families to ensure that they are receiving all their entitlements, while at the same time any money owing to Income Support (now known as Work and Income New Zealand) is repaid. If money is owed to Income Support or Housing New Zealand, it is not possible for a family to obtain another Housing New Zealand tenancy. Moana commented, *"What we like to see is families leaving Monte debt free in terms of their housing."*

Several of the staff spoke of the increasing complexity of the problems suffered by the incipiently homeless. Elaine Lolesio, the administrator of Monte Cecilia, noted a change in the families' needs:

We are getting more high risk families. We are noticing more transience, people have moved from one family, from one tenancy to another. ... There are more high risk families in jeopardy than in the early eighties, where it was just housing. And I think more complain of the effects psychologically, emotionally and physically (Elaine).

This observation was echoed by Sr Mary Foy:

There are nowadays a lot of social problems to be working with as well as a pure housing problem (Mary).

Marie Ann elaborated on this, noting that other policy changes have compounded the situation:

When I started here in 1987, predominantly the people just needed a roof over their heads, and they usually left here and we didn't see anything more of them. After the benefit cuts in 1991 there wasn't an immediate, ... any evidence immediately after, but as time went on because they were getting a bit less and a bit less every week then it started to accumulate, that they didn't have money for this and they didn't have money for that. Like it was more difficult for them to pay their school fees or get stationery for the children. ... and that's when they came looking for food parcels to tide them over (Marie Ann).

Other problems, such as family conflict, ill health, unemployment, lack of household items and furniture, which add to or compound the housing distress encountered by Monte Cecilia's client families, are also addressed during their stay. Courses on English language, budgeting, sewing, self-defence and driving are at times available for residents, to provide skills which assist the families once they are again in their own homes. A Public Health nurse visits weekly to provide health assessment and advice for the resident families. Elaine Lolesio noted that the changing service Monte Cecilia has had to provide since the introduction of market reforms to housing:

What I have seen in the past and comparing it with today is that we are putting a lot more energy into adult education. In order to give them a chance in life you have to call more on the outside resource people to come in. We had a fair amount of adult classes in the past, but to cater for all that we get Income Support workers, we get health workers, we get anyone really that can come in and give them information. Correct information! (Elaine).

While the projected length of stay, in order to save enough money for a new bond and initial rental, is sixteen weeks, some families find it necessary to remain at Monte Cecilia for a substantially longer period. This can be compared with a report compiled in

November 1983 which reviewed the first year of operation of Monte Cecilia as an emergency house. Through the period of the 13 October 1982 to 10 November 1983, 96 tenant groups were given temporary accommodation within Monte Cecilia, 78 of whom were family units and 18, single people. For this number of clients to have been provided with emergency accommodation, a much shorter length of stay would have been the norm. Mary Foy remembered that; *"In the very early days people would stay about six to eight weeks, ... then when we were housing people in a satisfactory way into state houses, two to three months."* All 96 families or individuals, the report states, were satisfactorily rehoused.

Sr Chanel, who in 1982 with Mary Foy commenced the emergency housing work at Monte Cecilia, comments upon the *"good working relationship"* then enjoyed with the Housing Corporation in rehousing the homeless families from Monte Cecilia. The Corporation, she relates, *"gave urgent attention to the families' needs, housing them immediately a vacancy occurred"*. Mary further elaborated on the relationship with Housing Corporation in those years:

My experience is that the Housing Corporation provided a non-racist attitude in housing. They had a policy of housing those in serious housing need in the eighties, yes and then they went beyond the point system to those with serious housing need, which was like the lowest of the points people. That was a sure and a secure housing system. ... You used to be able to get them adequate secure housing in Housing Corporation tenancies. ... We set up consultative committees that worked in close liaison with Housing Corporation, and worked together to get people housed. They were good times (Mary).

6.3.1. Re-entering the 'Free' Housing Market

Housing New Zealand, the commercial successor of the Housing Corporation, is still the landlord of choice for most of the clients of Monte Cecilia. For the incipient homeless, living in emergency housing does give them a priority rating for tenancy with Housing New Zealand. But in reality, this 'priority' may be implemented in a manner which leads to families accepting housing which may not be the most suitable for their needs. Rose, a housing social worker at Monte Cecilia explained:

Theoretically you get three offers, in thirty days but not necessarily in your area, and after that they take you off priority. So the thing about being in emergency housing is that ... Housing New Zealand is saying that if you are in emergency housing that you are desperate and should accept anything, and anywhere, which is really horrible. If you don't take it they take you off the priority list (Rose).

Such pressure may result in a family accepting a house which requires a disruption in children's schooling, is distant from family and whanau supports, is too small for the number in the family, or is expensive, consuming a large proportion of the family income and necessitating cutbacks in other health-promoting expenditures.

The reality is that though the social policy of Housing New Zealand is that they are going to house low income people, the lowest income people can't afford their rents. And their houses are going to another group of people. And the people who are really poor who stay in them are subsidised in some other ways, or they are actually just going without, because it needs a two-income family or a high wage to be able to maintain the rents and provide a healthy living for families, for kids, and most of these families have got kids (Mary Foy).

Moana expressed the fear that after the time and energy expended saving to move out of Monte Cecilia and back into their own homes, the home found, for many families, proved to be less than permanent:

The question you have to honestly ask yourself is, "Do you set them up to fail?" ... at the end of the day, because there are some families who survive, who make it, but there are a lot of families who do not, who fall back into the cycle of getting into debt, of being evicted, of sharing facilities which lead to an overcrowding type of situation again, because they are on a low income (Moana).

The consequent loss of security of tenure therefore may prejudice the development of ontological security for many low income families because of the unaffordability of market rents. Early in 1998, a review of the current accommodation situation of ex-residents who had lived at Monte Cecilia in 1996, was undertaken. The results showed a difficulty for many households in maintaining their tenancies:

What we've discovered at the point of twelve months is that, at six months they have been struggling financially, trying to manage their money, and at the twelve month mark they have either separated from their partners, there is domestic violence, or they bring in another family member to help pay the rent. What we discovered from the 1996 ex-residents was at eighteen months, 50 percent of them were out of their tenancies, because they couldn't sustain paying the rents. (Elaine Lolesio)

This represents a marked deterioration from the situation prior to the housing policy changes, where with affordable income related rents for state houses, it was possible for some ex-residents to achieve the dream of owner-occupation. Marie Ann remembered:

Some of those people before '91, they actually went out into a Housing New Zealand house (sic.) but some of them have come back and they actually own homes now. They come back with a real spring in their step to say "We've done really well." ... I think it would be virtually impossible now, for families going out because of the money they have to have together for a deposit. So they are actually going to be in the paying the rent trap for the rest of their lives (Marie Ann).

Clearly, serious housing need was not created by the housing reforms of the Housing Restructuring Act 1992. However since the implementation of the reforms, the housing distress experienced by low-income families has worsened and become more complex. Families are presenting to emergency housing facilities such as Monte Cecilia with health, social and financial problems as well as accommodation difficulties. Additionally, once households have re-established themselves in state housing, market level rentals are making it extremely difficult to maintain those tenancies, as the rents consume such a high proportion of their household income. Maintaining the tenancy is sufficiently arduous, so saving the deposit for a mortgage which could eventually bring to fruition the dream of owner-occupation, is an impossibility.

6.4. Emergency Housing Data

It is intended through the following discussion of quantitative data on emergency housing enquiries to present a broader picture of extent of serious housing need, and complement the data gained from the in-depth interviews. The data was collected at Monte Cecilia House over the years 1995, 1996 and 1997 and is taken from the enquiry forms completed by the housing workers for every housing query received. These data therefore represent a population of incipient homeless greater than those accommodated at Monte Cecilia itself. Of those making housing enquiries of Monte Cecilia some were given accommodation immediately or at the earliest possible vacancy; for others, advocacy enabled them to find accommodation without resorting to emergency accommodation, while others were referred to other emergency housing, or appropriate agencies.

The data contained within the housing enquiry forms is collated on a monthly basis by the housing staff and used to clarify the developing trends in serious housing need. It is also a valuable resource for use by the Monte Cecilia housing workers in their housing advocacy work. Written permission for this study to access the three years collated data was granted by Elaine Lolesio, as Manager of Monte Cecilia (see Appendix 1). Elaine

also supplied the copies of the compiled data. All names of those making the enquiries had been previously removed to ensure confidentiality.

The forms on which this information was collected are in the process of being reviewed and modified as their usage suggests appropriate changes to assist in the collection of more complete and useful data. In the most recent review of the form, an addition has been made which allows for the recording of the length of time taken to process an enquiry and to reach a referral or other appropriate conclusion. Due to the change of forms it is inappropriate to compare the three years' data on a single graph. Despite these inconsistencies, however, some trends can be discerned. These will be discussed in the following section.

6.5. Data Analysis

The data obtained from Monte Cecilia show a steady increase in the number of enquires for housing assistance from people in housing distress, for the years 1995 to 1997. In 1995, the number of total enquiries was 207. This had risen in 1996 to 304, with a further rise in 1997 to 367. While this increase could indicate a growing number of households suffering incipient homelessness, it might to some extent, also indicate a decreased number of emergency houses available within the Auckland region, a phenomenon which the housing workers believe to be a consequence of market level rents. Marie Ann explained:

For a while there was a drop-off in applicants and some of the other emergency houses closed down. They saw their relations in Housing New Zealand houses moving up to market rentals and they perceived well, 'We won't be able to pay that kind of rent, so what is the point of trying to get into one of these (emergency) houses. ... We very rarely have a time, unless we are renovating or something, where there is a space, but some of the others were standing empty, so some of them closed down their emergency houses. Well needless to say in a time when

there is an ever increasing need, there are actually fewer and fewer emergency houses around (Marie Ann).

In their report: "Towards Wellbeing in Waitakere" the Waitakere City Council report a drop in the number of emergency housing providers within their region. They estimate that in the early 1980s there were thirty providers, in 1996 nine, and in 1998, six⁹ (Waitakere City Council, 1998: 36).

Almost all of the enquiries received by Monte Cecilia involve more than one individual, most often families with children. Three variables were examined from within the data in order to gain a clear understanding of incipient homelessness: the ethnicity of those enquiring, their family composition and the reason they gave for seeking assistance. Each variable was examined separately by year, and as the data collection was not always complete, each year is presented in two graphs. The first graph represents the percentages of all enquiries, and the second graph represents percentages of the same data after the unknown responses have been removed. The figures quoted when discussing the graphs represent the data from which the unknown or insufficient responses have been removed. Once these have been removed, as can be seen from the graphs, the controlled percentages become even stronger.¹⁰

⁹ These figures are estimated from anecdotal evidence, and data supplied from the Citizen's Advice Bureau, and the Community Funding Agency.

¹⁰ All percentages have been rounded to the nearest decimal place.

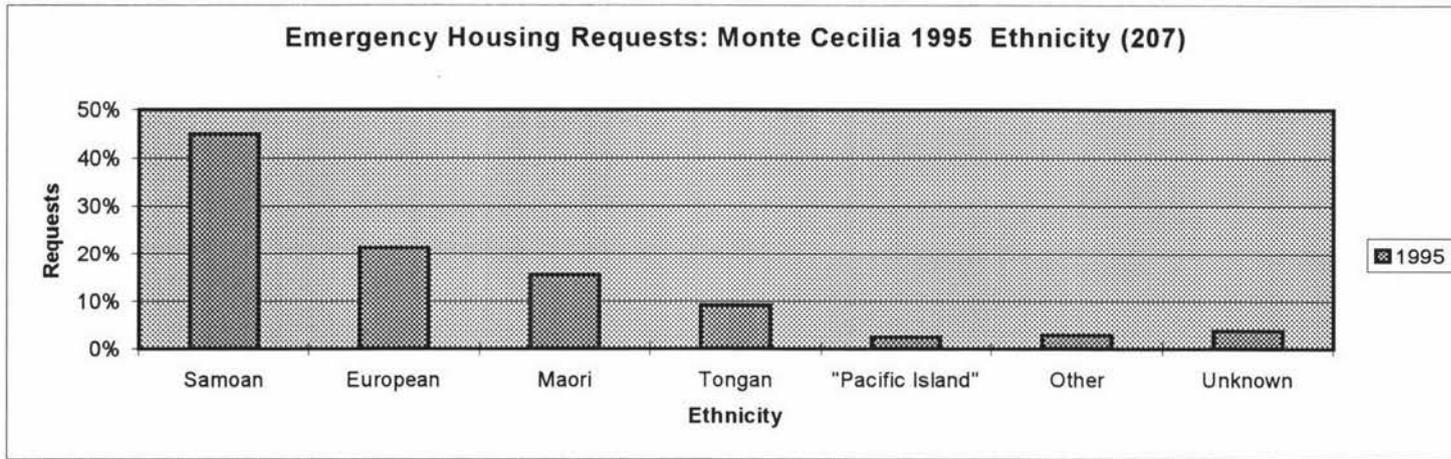


Fig 6.1

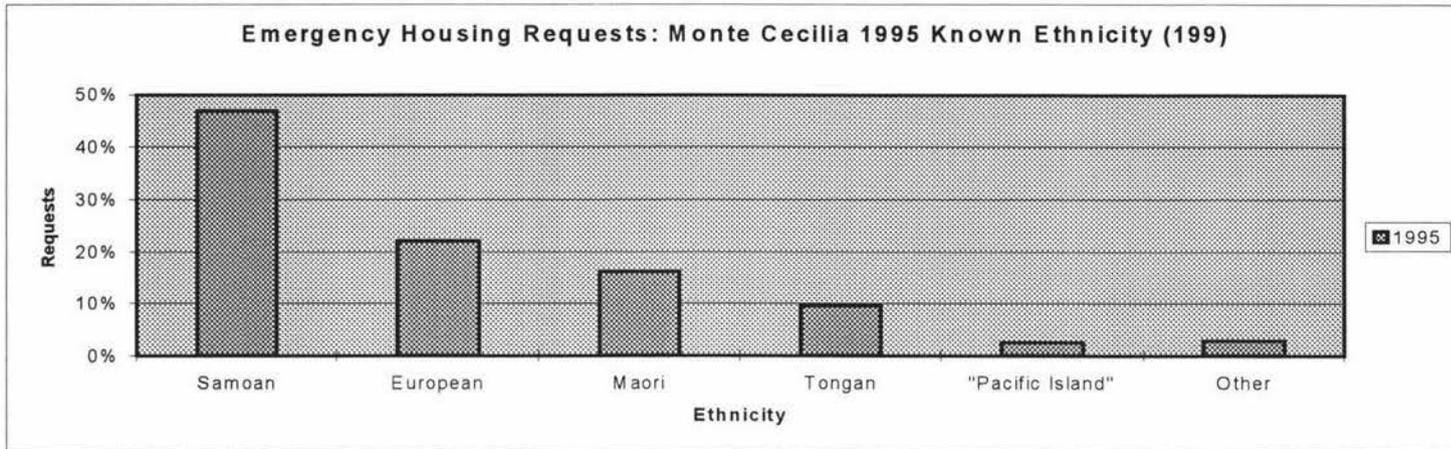


Fig 6.2

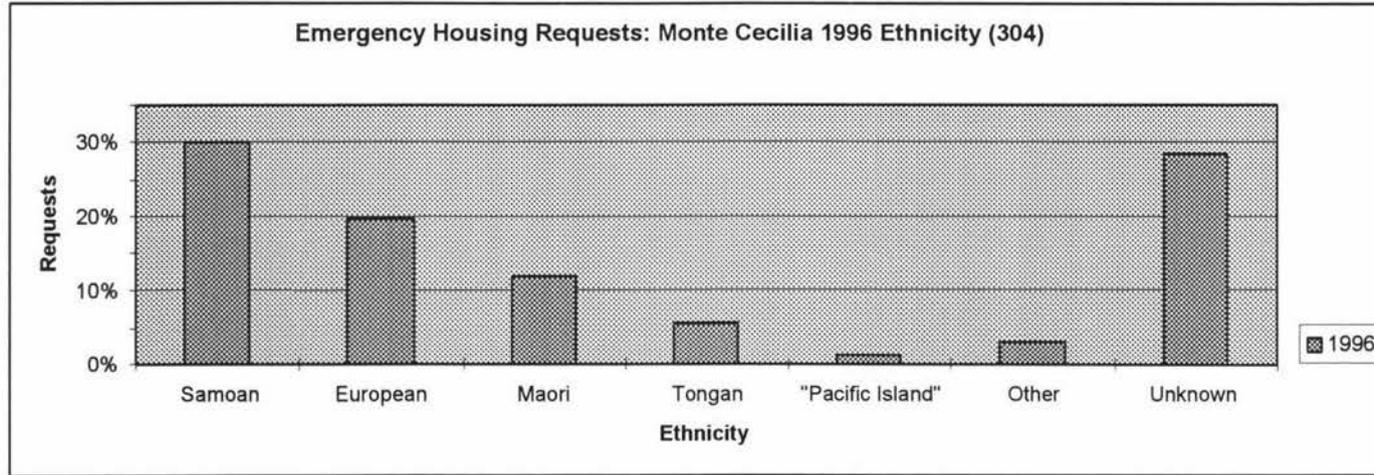


Fig 6.3

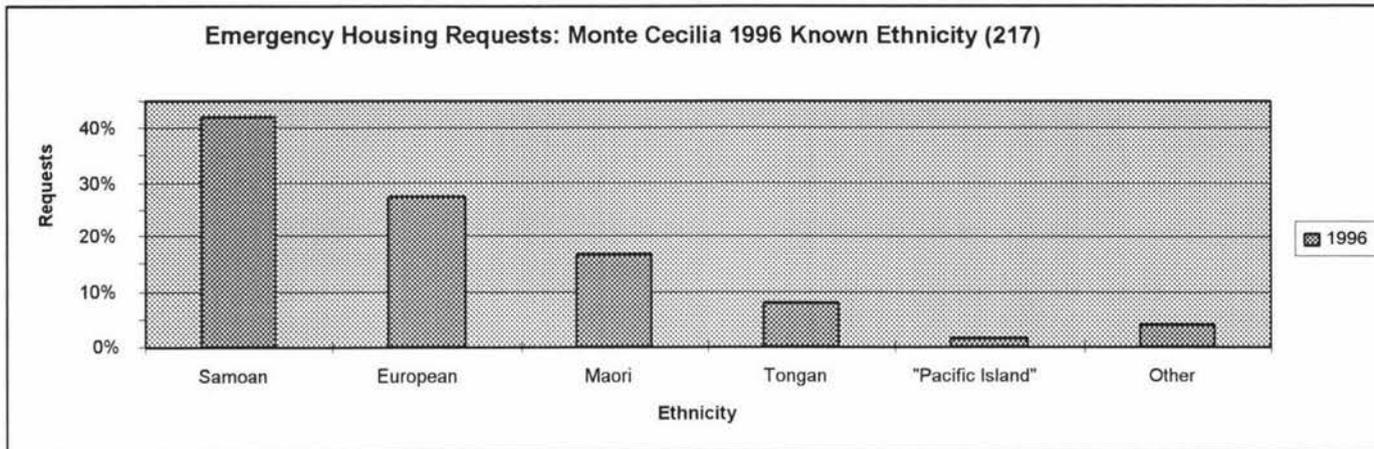


Fig 6.4

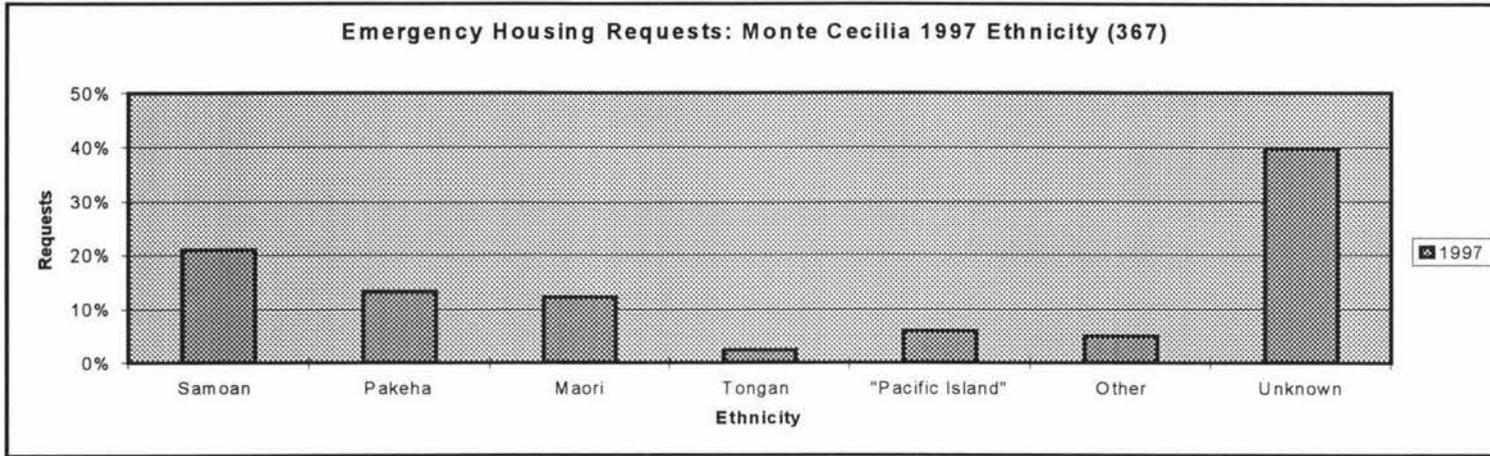


Fig 6.5

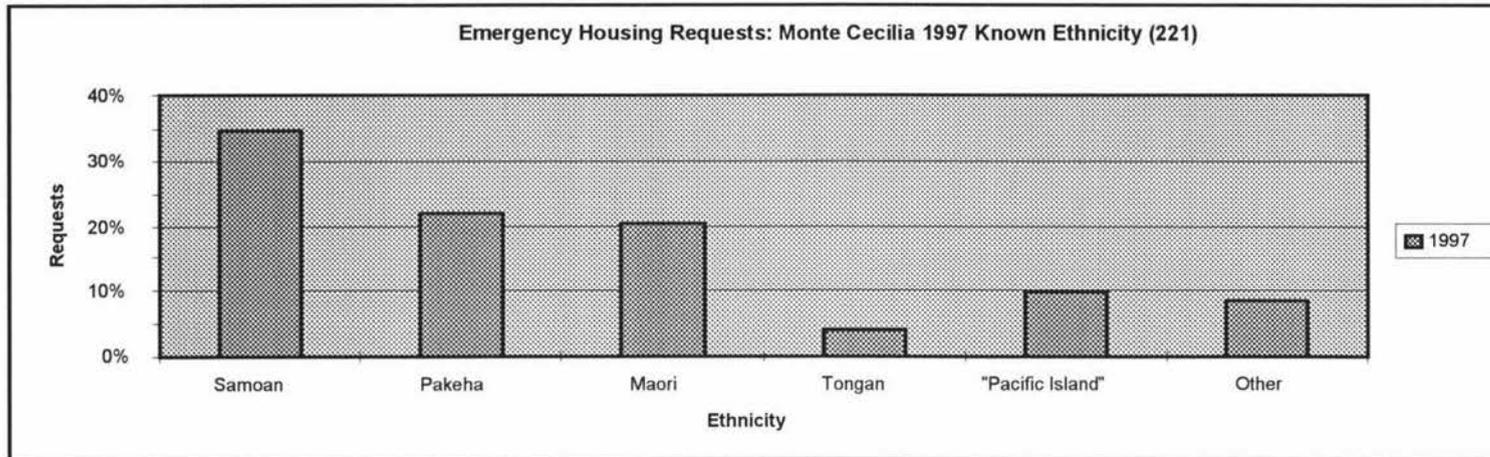


Fig 6.6

6.6. Ethnicity of Applicants

Ethnic groupings are self-identified by those seeking accommodation. The Tagata Pasifika and Tangata Whenua populations, as discussed previously, are among those who have been worst affected by the move to a free-market economy since 1984, and they are consequently vulnerable to housing distress caused by the move to market-level rents for state housing. This is clearly seen in the larger percentages of requests for housing assistance made from people of these ethnicities.

Through each of the three years, Samoan was the major ethnic grouping seeking emergency accommodation, with 47 percent in 1995, 42 percent in 1996 and an unexplained drop to 35 percent in 1997. (refer to Figures 6.2, 6.4, and 6.6). The predominance of Samoan applicants over other Tagata Pasifika nationalities may be partly explained by the fact that they are by far the largest group of Tagata Pasifika residents in New Zealand. The 1996 Census recorded Samoans as 50 percent of Tagata Pasifika as opposed to the next highest grouping, Cook Island Maori, at 23 percent (Statistics New Zealand, 1998b: 19). This does not explain, however, their predominance over all other ethnic groups in the requests for emergency accommodation as the proportion of Tagata Pasifika within the total population of New Zealand was only six percent in the 1996 Census (Statistics New Zealand, 1998b: 19). The predominance of total Tagata Pasifika enquiries, as indicated in Chapter 3, is better explained by factors, such as their high level of unemployment and low household income, which render them vulnerable in a free-market housing environment.

The next largest ethnic grouping of applicants to Monte Cecilia is Pakeha/European. In the 1995 data, this grouping was designated "European" (refer to Figure 6.2), while in 1996, 3 enquiries were recorded as Pakeha and 57 as European (refer to Figure 6.4). For the purpose of data analysis, these two categories were collapsed. In 1997, only the title "Pakeha" was used (refer to figure 6.6). Pakeha / European accounted for 22 percent, 28 percent and 22 percent respectively of all enquiries for the years 1995, 1996 and 1997. This is despite the fact that the Pakeha/European percentage of the total New Zealand population comprises 79.6 percent (Statistics New Zealand, 1997c: 42).

The third most numerically significant group of applicants for emergency housing assistance was Maori. This group comprised 16 percent of housing enquiries in 1995, 17 percent in 1996, and a rise to 20 percent in 1997 (refer to Figures 6.2, 6.4 and 6.6). In the 1996 Census, Maori formed 15 percent of the resident New Zealand population (Statistics New Zealand, 1997a: 15). However, considering the respective proportions of Pakeha/European and Maori in the general population, nearly 80 percent Pakeha to 15 percent Tangata Whenua, Maori are much more highly represented amongst those in housing distress.

People identifying as Tongan comprised 9 percent of housing enquiries in 1995, 7 percent in 1996 and 4 percent in 1997. Tongans form the third largest grouping of Tagata Pasifika resident in New Zealand, comprising 9 percent of the population of Pacific Island nationalities (Statistics New Zealand, 1998b: 19). In all three years examined, a number of requests were categorised as "Pacific Island". To these are added the few other Pacific Island nationalities which are named, and have only a single or small number of requests. The "Other" category included all other named nationalities, as they were few in number and originate outside the Pacific.

The predominance of Samoan families is not peculiar to Monte Cecilia but is, according to Elaine Lolesio, reflected across all emergency accommodation facilities in Auckland. Elaine was unable to explain this trend, and commented that she has yet to hear a theory that adequately explains the Samoan predominance. However, when asked how people come to hear of the services that Monte Cecilia provides, all the housing workers replied that this happens through word of mouth from other family members, friends or social connections such as church groups. It may be therefore that the more Samoan people use the service, the more the Samoan community comes to hear of it. The prevalence of Samoan residents over Tongan residents may also be partially related to cultural practices. Salote explained, within her interview, that as Tongan children reach adolescence, it is no longer acceptable for siblings of different sexes to sleep in the same room. At Monte Cecilia, however, there is only one room per family, and so the accommodation may be less culturally appropriate, if the children are older.

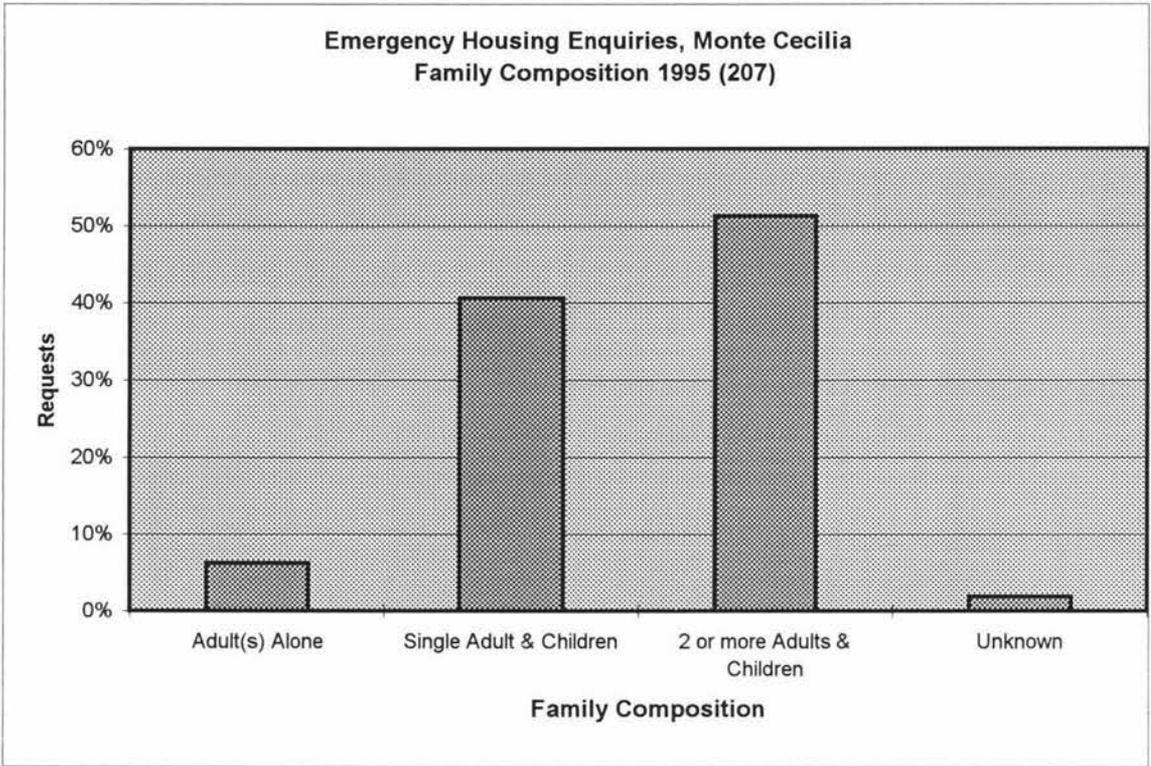


Fig 6.7

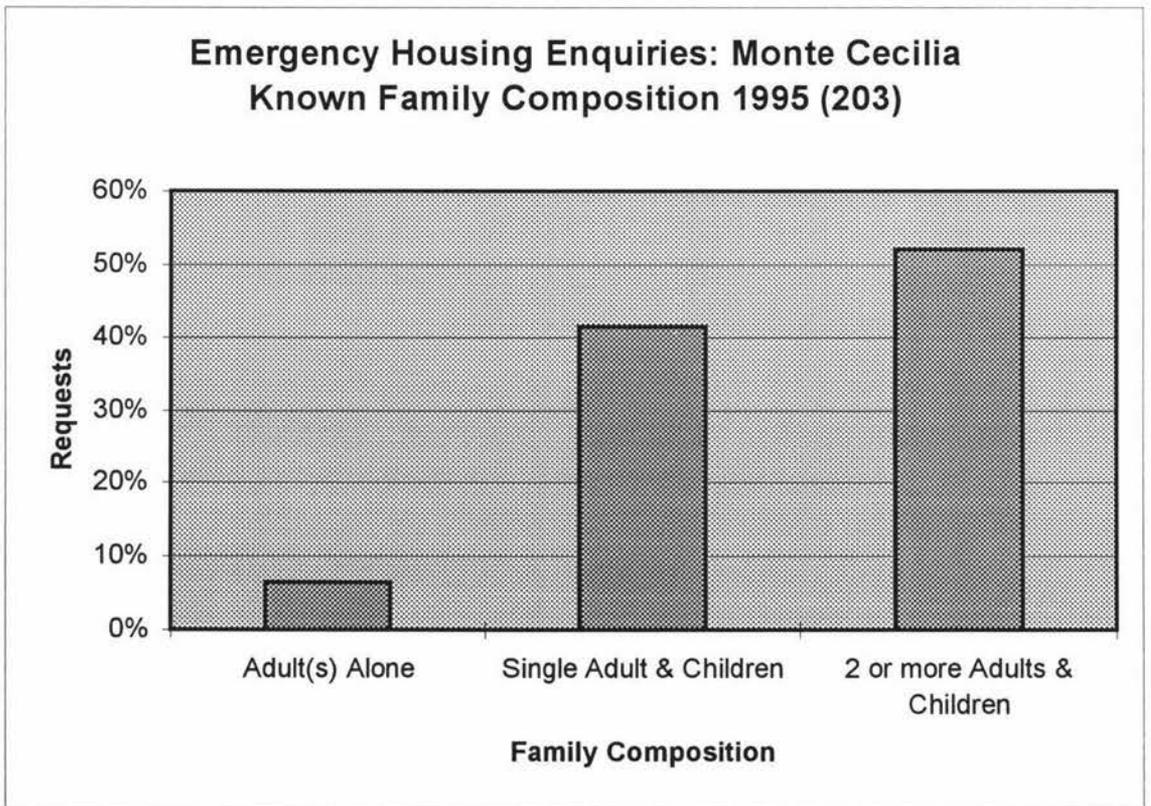


Fig 6.8

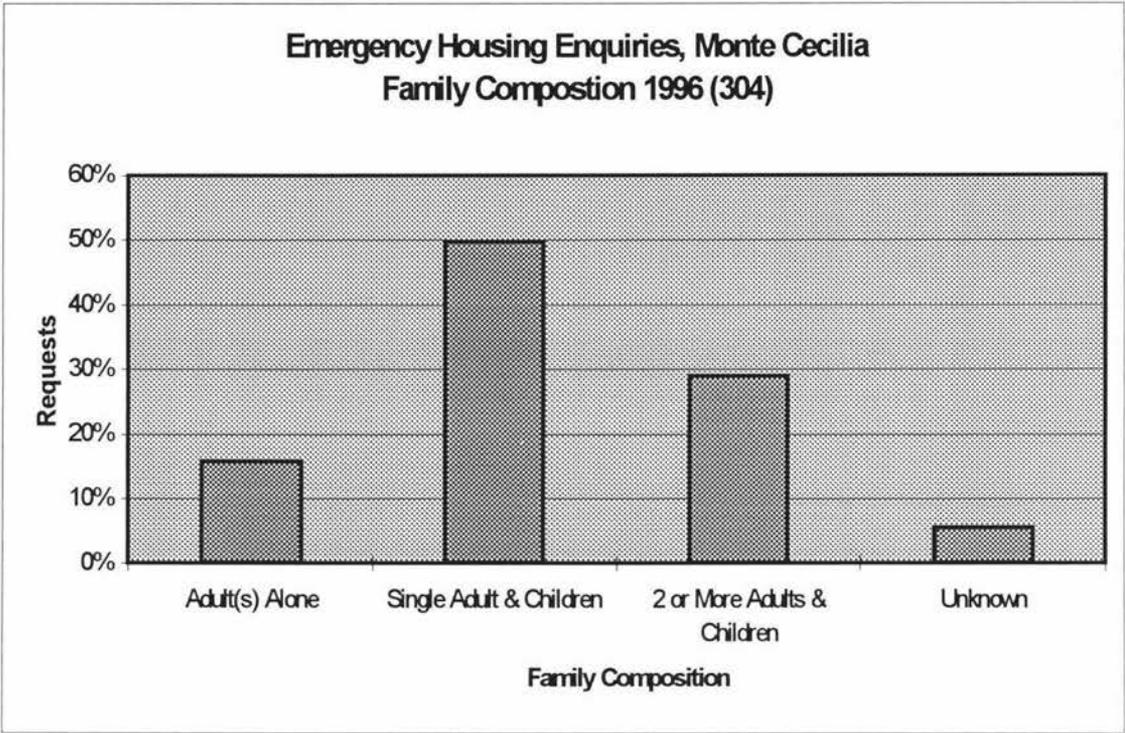


Fig 6.9

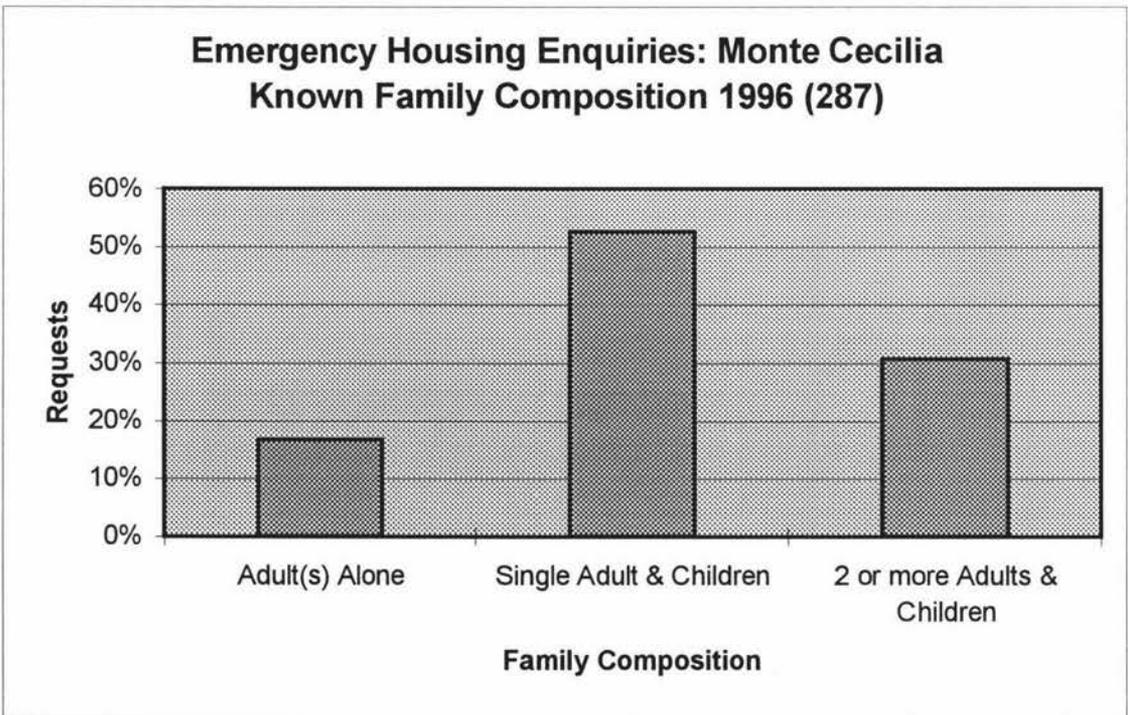


Fig 6.10

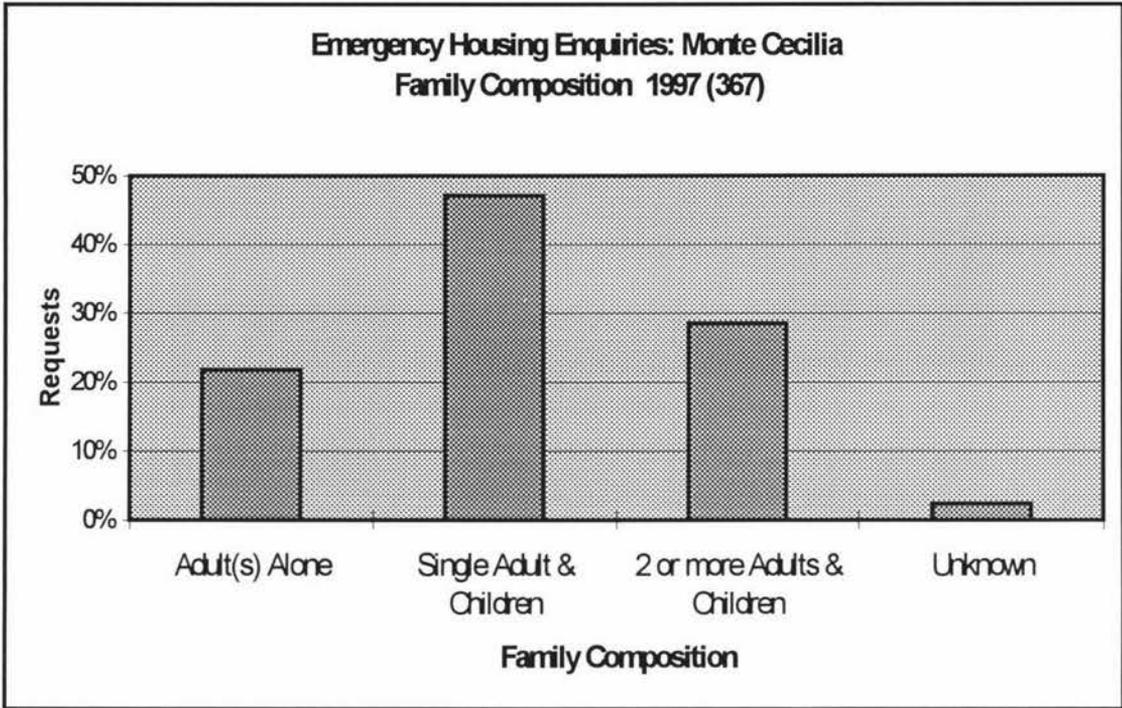


Fig 6.11

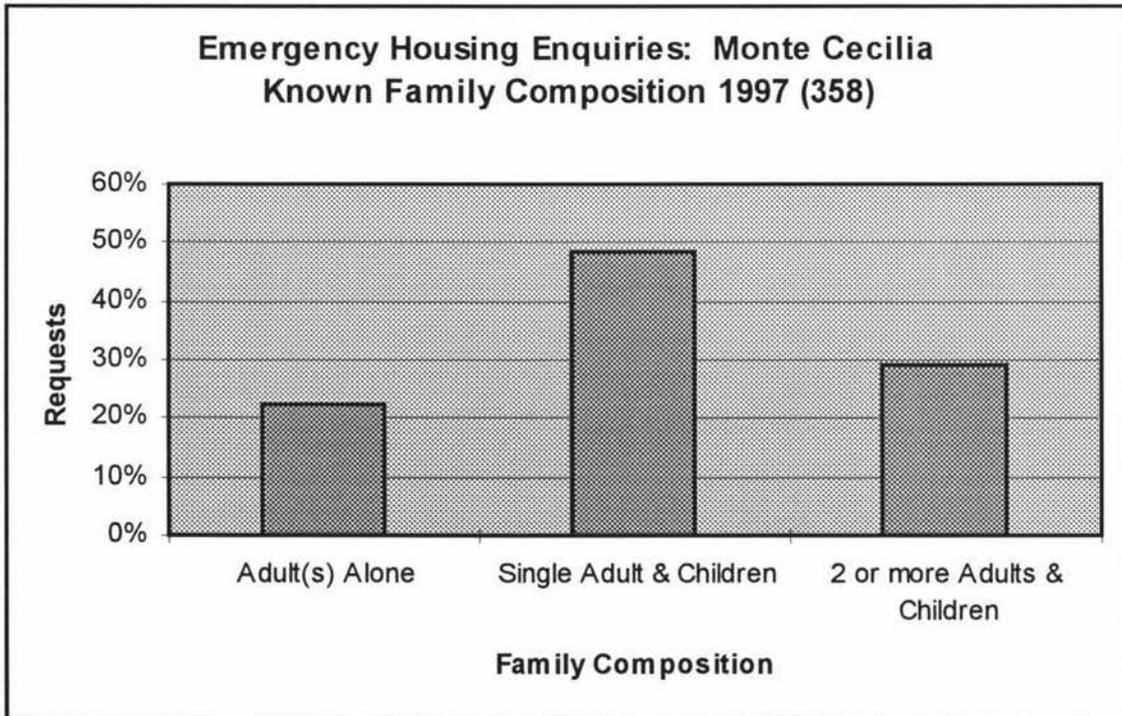


Fig 6.12

6.7. Family Composition of Households Seeking Emergency Housing Assistance

It is clear from the data collected regarding housing assistance enquiries to Monte Cecilia, family groups including children comprise the vast majority of enquiries. Enquiries from family units which included two or more adults decreased in proportion over the three year period: 52 percent in 1995, 31 percent in 1996 and 29 percent in 1997 (refer to Figures 6.8, 6.10. and 6.12). Family units headed by a single adult were the minority in 1995 comprising 41 percent of the enquiries, but this proportion increased to 53 percent in 1996 and 48 percent 1997.

The increase in single-adult families seeking housing assistance would indicate that although families with at least two adult members still comprise a large proportion of those who are in serious housing need, the situation is becoming increasingly difficult for families headed by one adult only. The 1996 Census records that Tagata Pasifika were the ethnic grouping most likely to live in a two parent family with children (68.4 percent), whilst Tangata Whenua were the ethnic grouping "more likely than others to live in one parent families" (Statistics New Zealand, 1998a: 16). These families which are already disadvantaged socio-economically in such areas as employment and income are also becoming increasingly so in housing, since the introduction of market level rentals. The figures also indicate that Tagata Pasifika and Tangata Whenua households are more likely to contain children who will be affected by the stress of incipient homelessness and / or the compromises which families will make in order to secure housing.

When deciding if a late-teenager was to be classed as a child or an adult the decision depended upon the teenager's role within the family group. Moana explained:

The way I deal with that is they belong to a family, and in the situation they might be a child, and for example the K. Family, they have a fourteen, sixteen and

seventeen year old. The seventeen year old is not actually going to school but I count him as a child, as a son (Moana).

If that same seventeen year old had been living with the family of a married brother or sister, then he would be classified as an adult.

Single adults or adult groups without children comprised only 6.4 percent of enquiries in 1995, 16.7 percent in 1996 and 22.4 percent in 1997 (refer Figures 6.8, 6.10, and 6.12). Europeans / Pakehas are shown in the 1996 Census to be the ethnic grouping most likely to live in couple-only families (29.9 percent). Although this grouping is in the minority, within the Monte Cecilia figures there is evidence of growing levels of housing distress amongst them.

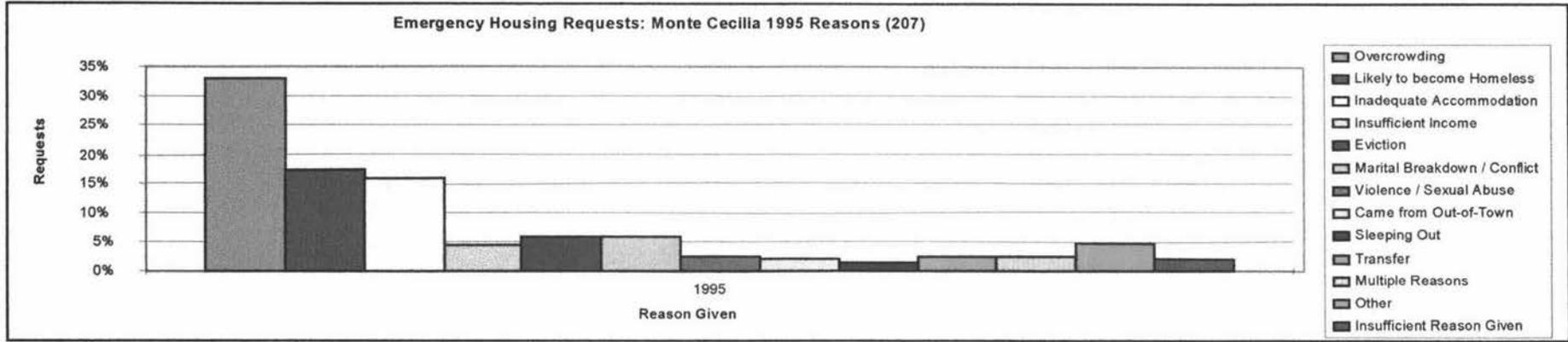


Fig 6.13

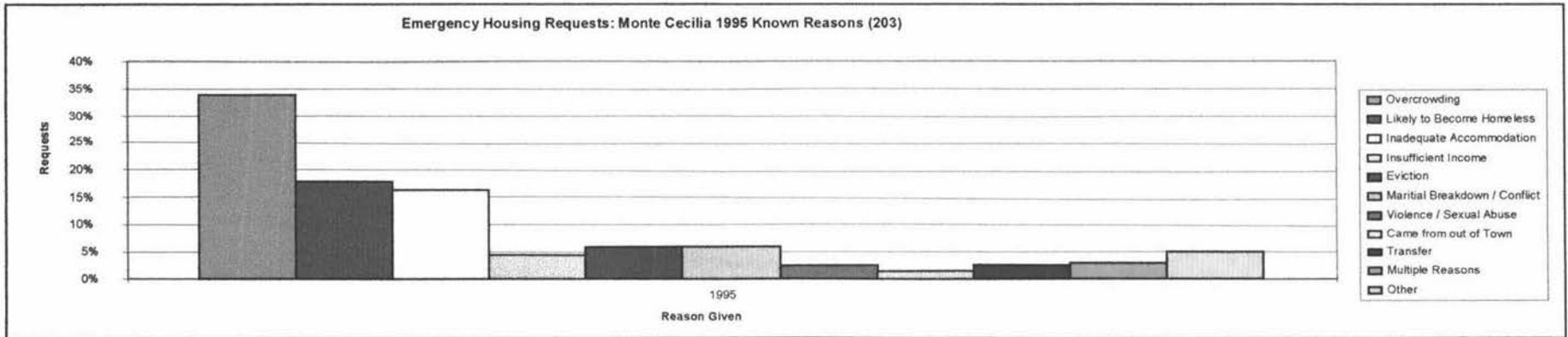


Fig 6.14

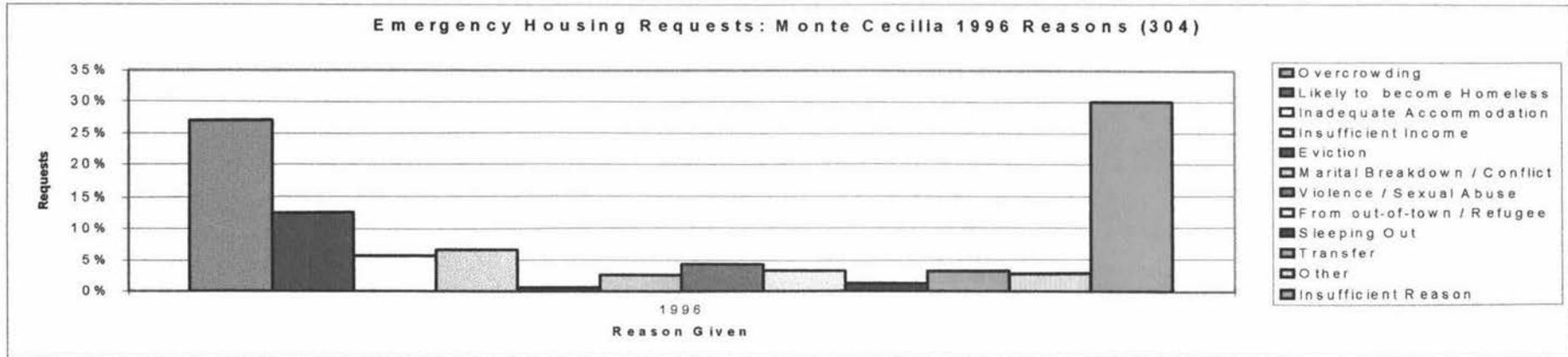


Fig 6.15

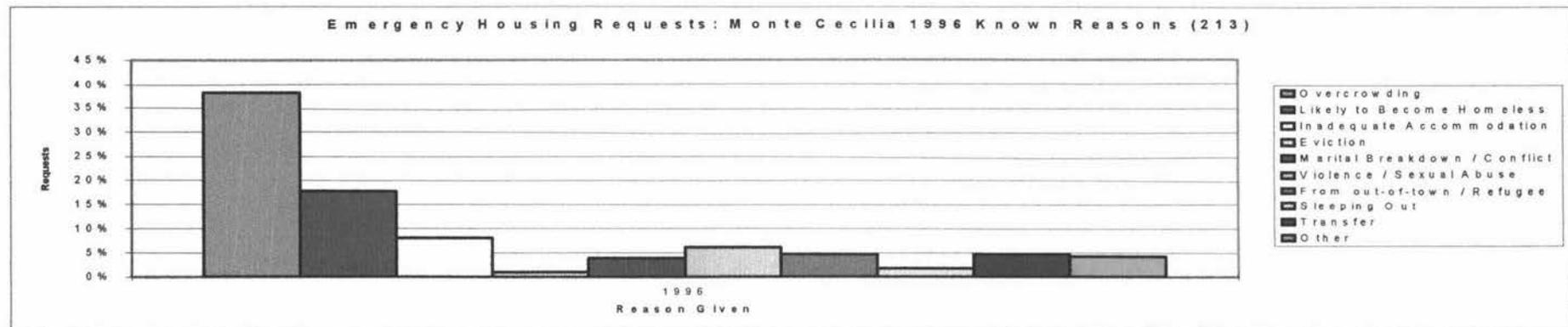


Fig 6.16

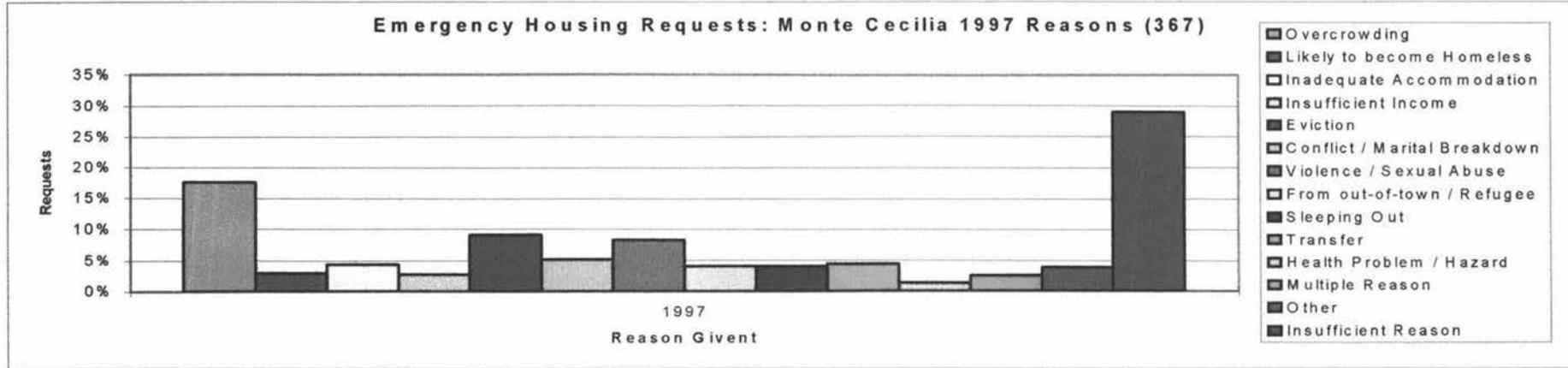


Fig 6.17

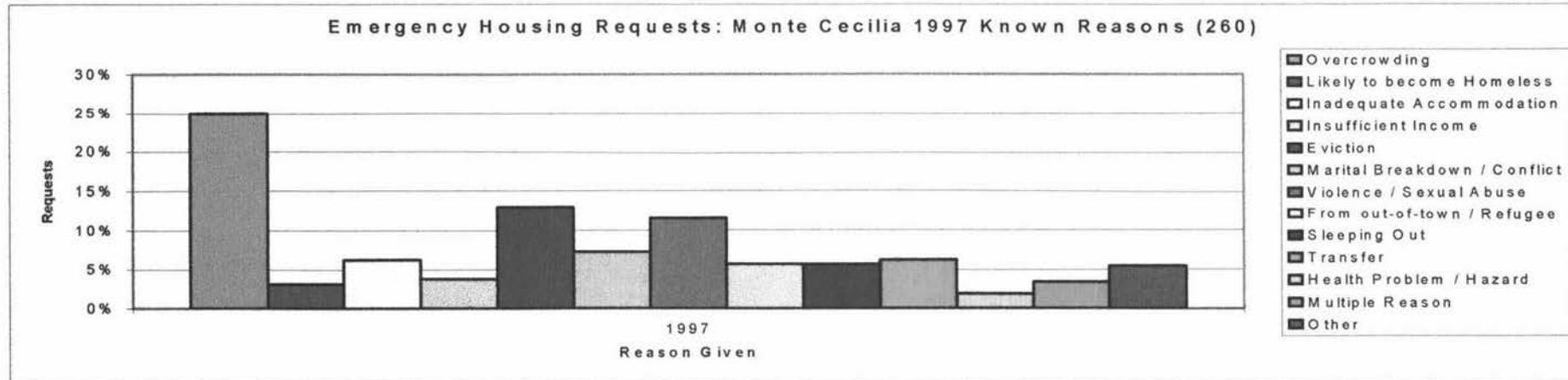


Fig 6.18

6.8. Reasons for Seeking Emergency Housing Assistance

The data collected regarding the reason for seeking emergency housing show consistency over the three years. With very few exceptions the data records one reason only. Of the enquiries specifying the reason, "overcrowding" was the most frequent cause stated, with 34 percent of respondents offering this reason in 1995, 39 percent in 1996, and 25 percent in 1997 (refer to Figures 6.14, 6.16 and 6.18 respectively). This indicates that a common response to incipient homelessness is the doubling up of family accommodation, but this is not viewed as a desirable state, and often leads to the family requesting emergency accommodation.

In his submission to a parliamentary select committee in August 1998, the Chief Executive of Housing New Zealand, Brian Roche, argued that families chose to live in overcrowded accommodation (Manukia, 1998, A3). Both the quantitative enquiry statistics from Monte Cecilia and the interviews with participants demonstrate the error of Mr Roche's statements.

In 1995 and 1996, the second most common reason given for seeking housing assistance is that of imminent homelessness (incipient homelessness), remaining stable at 18 percent both years (refer Figures 6.14 and 6.16). Eviction dropped sharply as a reason to 1 percent in 1996 from 6 percent in 1995. This rose again sharply in 1997 to 13 percent (refer to Figure 6.18), possibly indicating an increasing proportion of families in difficulties such as rent arrears, as households struggled to pay market level rents simply putting households further into debt. Insufficient income was stated as the major reason by 4 percent of enquirers in both 1995 and 1997. However, it is a contributing factor to many other causes, such as over-crowding, inadequate accommodation and eviction.

Violence and abuse as the cause of seeking emergency housing also has risen markedly through this three year period from 2 percent in 1995 to 6 percent in 1996 and rising further to 11 percent in 1997. While the reason for this increase cannot be inferred from the data, Elaine Lolesio suggested reasons may be the greater stress levels resulting

from the increasing complexity of problems faced by incipient homeless families, or result from attempts to find housing, leading to conditions such as overcrowding.

6.9. Implications for Health and Housing

The high proportion of those seeking to remedy their housing distress by living in overcrowded conditions is of considerable concern for the health of the families involved. Overcrowding, as discussed in previous chapters, has been shown to be harmful to physical and emotional health, and to increase stress levels, which in turn are harmful to health. The studies quoted in Chapter 1 demonstrated overcrowding to be a significant risk factor in the contracting of communicable diseases such as meningococcal meningitis. Similar links to overcrowding for the contracting of tuberculosis were confirmed several decades ago:

The National Health Survey conducted in the USA in the 1930s ... revealed that there was a considerable increase in the frequency of tuberculosis with an increase of crowding of persons per dwelling unit, especially among children of the lower economic groups. ... Schmitt studied the housing and health findings on Oahu, one of the Hawaiian Islands and in 1955 reported his findings. His data showed that the dilapidation of housing and the overcrowding of dwellings were closely associated with the rate of tuberculosis infection (Collins, 1993: 312).

Auckland has the highest tuberculosis infection rates in the country:

South and Central Auckland have the highest tuberculosis mortality rates in New Zealand. The vast majority of cases of tuberculosis come from the lower socio-economic groups, with the main risk groups in the North Health Region being Maori (6 times European risk), Pacific Island (10 times) (Jackson et al., 1998: 24).

Dr Colin Tukuitonga, G.P. and Senior Lecturer at the School of Medicine, Auckland University, speaks of the connection between housing affordability and the recent

increase in tuberculosis infection rates in South Auckland, explaining that overcrowded housing, poor nutrition and poor access to effective care were the three key reasons for the upsurge. He believes that to “get rid of market rentals” is the action that would go furthest to preventing future outbreaks of tuberculosis, and that it would also “solve a lot of other diseases that come about as a result of overcrowding and poor quality housing in New Zealand, especially in Auckland” (Tukuitonga, 1998).

Anne, a nurse with over twenty years experience of work in community health commented that: *“Meningitis and tuberculosis infection rates are increasing, and tubercular infections are becoming more resistant to antibiotics.”* Diseases such as tuberculosis, influenza, colds, and meningitis are droplet spread, and there is consequently a far higher risk of such diseases being passed on in close, overcrowded, humid conditions.

Damp housing and housing with a high fungal and mould spore counts have been shown to be risk factors in the development of asthma and other bronchial diseases, especially for children.

“Children living in damp houses, especially where fungal mould was present, had higher rates of respiratory symptoms, which were unrelated to smoking in the household, and higher rates of infection and distress” (Martin et al., 1987: 1125).

“People who live in damp housing are more likely to report long standing illness, disability or infirmity; the increased prevalence could not be attributed to any particular medical condition” (Packer et al., 1994: 555).

The incidence of damp housing in the Auckland context was commented on by Anne as follows:

Damp mouldy houses are common. Condensation can be seen visibly running down walls. Three or more adults sleep in the same room without adequate

ventilation. The windows are kept shut because of the cold and the inability to afford heating.

North Health's report indicates that lower socio-economic groups suffer disproportionately from serious respiratory conditions, and while the report does not specifically mention housing in this regard, it is the low-income groups who are suffering the most serious housing need.

The asthma discharge rate for the "very low" (socio-economic) group was 2.3 times that of the "very high" group. Hospitalisations for asthma were mostly for children ... 822 (40%) were under five years of age, and a further 338 (16%) were children aged 5 - 14 years. ... The avoidable hospitalisation rate for pneumonia among the "very low" socio-economic groups was more than three times that for the very high group (Jackson et al., 1998: 18).

Overcrowding also increases the spread of contagious skin diseases such as scabies and impetigo. Less serious medical conditions may go untreated, leading to potential future complications. Anne explained that for families with serious financial difficulties early medical treatment becomes unaffordable:

If parents are worried about where the next meal is coming from or whether there will be a roof over their heads, taking a child with early symptoms for medical treatment is not a priority (Anne).

6.10. Conclusion

Some of the suggested implications of the data collected at Monte Cecilia House are verified in the qualitative interviews. There are also some clear trends emerging from the data itself. The demand for the housing assistance offered by Monte Cecilia House has steadily increased over the last three years. The most common responses of families to their homeless situations - those of overcrowding, and living in substandard conditions -

have remained constantly high. These solutions have been shown to be detrimental to health. It is apparent that the stated objectives of the housing reforms, "improved fairness ... better targeting of assistance, greater freedom of choice" (Luxton, 1991: 12) have not been achieved thus far.

Of the ethnic groupings contacting Monte Cecilia for emergency assistance across the three years, Tagata Pasifika, especially Samoan, and Tangata Whenua were disproportionately represented in relation to their proportion within the total population. This indicates that another of the key points of the housing reforms, "discouraging discrimination" (Luxton, 1991: 12), has not been achieved. These families contain a large number of children, for whom the health and well-being difficulties resulting from current incipient homelessness may also lead to future socio-economic and health disadvantage.

It appears that central government housing policy has worsened, or at best not recognised a situation of increasing housing need for low income families. In a market-driven economy, the services provided by emergency houses have become even more critical to the welfare of many households, so it is a sad irony that local government plans now jeopardise the future of the service provided by Monte Cecilia.

The key to housing need for low-income households is affordability. Housing is a basic human need which families must achieve. However, to do so many must invest the greater portion of their income. The focus of the next chapter is how the families interviewed manage to meet the cost of accommodation, and examines the compromises they found it necessary to make as a result of having little residual, disposable income.

7. THE COST OF BEING HOUSED

7.1. Introduction

The focus of this chapter is the cost, both financial and personal of low-income families in obtaining accommodation. The participants, from whom this information was obtained were drawn, from three groups: five emergency housing workers, Elaine, Rose, Moana, Marie Ann, and Mary; two community health workers, Anne and Carol; and nine households experiencing housing need. The participants from the households were: Karen and Frances, women living on their own, Myriam and Mereana, mothers heading solo-parent families; and Bob and April, Salote and Sione, Ani and Te Kaha, Lyn and Leo, and Leulu who were partners in two-parent families.

As indicated in Chapter 5, the empirical component of this thesis was undertaken from the theoretical perspective of grounded theory. In analysing and discussing the data generated, however, the terms 'theme' and 'aspect' are used to convey the same elements of theory construction as the terms 'category' and 'property' used by Glaser and Strauss in their description of the construction of grounded theory.

Making a distinction between category and property indicates a systematic relationship between these two elements of theory. A category stands by itself as a conceptual element of the theory. A property, in turn, is a conceptual aspect or element of a category (Glaser & Strauss, 1967: 36).

In the process of analysing and coding the transcribed interviews, three main themes began to emerge. The first of these themes related to people's experiences of being housed and what it cost them to obtain accommodation for themselves and their families. Two principal aspects emerged within this theme of 'cost'. The first aspect was that of the monetary cost of tenancy for low-income households, and the small amount of disposable income remaining, after the rent had been paid. This, in turn, led to consideration of the second aspect; the human cost of compromises or decisions which were made as a result of the financial cost of obtaining housing.

Additionally within this chapter, note is also made of the comments of several participants regarding the compounding and complicating nature of other government policies on housing difficulties. These are worth examining given the impact they have on both health and housing. A separate category did not emerge for the health / housing connection. This is, I believe, due to the fact that influences on health are to be found within the data of all the themes, especially when health is defined in a holistic manner as it has been in this thesis.

The second and third themes will be examined in Chapters 8 and 9 respectively. The second theme, concerns the perception of Housing New Zealand clients of what is entailed in being state tenants.

Thirdly, given the focus within this thesis on examining the experience of incipient homelessness and ontological security, and the belief held that secure adequate housing is a prerequisite of health, a further theme emerged which dealt with people's understandings of what, for them, would constitute the experience of a home, and whether or not they considered the housing situation in which they lived to be truly a home.

When selecting the order in which the themes would be considered, the cost of housing, both financial and human, was examined first for two reasons. Firstly, for all participants, the cost of obtaining appropriate and affordable housing on a low income was their major difficulty. Secondly, the increasing cost of state rental housing is the major change to take place in the low cost housing market within the last seven years.

None of the families interviewed were in a financial situation where they could save the deposit needed to obtain a mortgage, even though, ironically, the market rents required of them could in some cases have serviced a mortgage. State tenancy became the second theme, again because of its near universality for those interviewed. The understanding of what it means to have a home is examined lastly because it is a more philosophical question, as opposed to the previous two which are more concrete and practical, and impact more on the day-to-day life of those interviewed. These themes therefore yielded far larger volumes of data. The exploration of 'home' and the ontological security a home provides, for some of the participants, was the first time they had ever verbalised what this meant for them, although each could name an attribute of accommodation which for them transformed it into a home.

7.2. Market Rents and Disposable Income

In his 1991 paper, 'Housing and Accommodation: Accommodation Assistance', John Luxton, the then Minister of Housing, justified the market-driven housing reforms by claiming that they would bring about: "improved fairness and consistent treatment of clients, better targeting of assistance, greater freedom of choice, and incentives to keep accommodation costs down" (Luxton, 1991: 2). Such expectations, especially that of keeping accommodation costs down, are not borne out by the experiences of those interviewed. These findings reflect the conclusions of the quantitative studies into poverty and housing noted in Chapter 4 (Gunby, 1996; Waldegrave et al., 1996). Housing costs have spiralled while peoples' incomes have not increased in a similar manner. Government moves which appear to reduce housing costs have done little to relieve housing poverty. In October 1998, the Government announced a housing policy change involving a reduction of state house rentals by amounts ranging between \$5.00 and \$22.00 weekly. However the Accommodation Supplement is an abatable allowance, therefore the amount received is dependent upon the amount of rent paid. It was calculated by Graham Kelly, the Labour spokesperson on housing, that "The 8970 tenants due for a \$5 rent cut would be left with only \$1.75 (*additional weekly income*) after their accommodation supplement was reduced as well" (Manukia, 1998: A5).

Mereana related that at the time of shifting into her current house, about eight years ago, the weekly rent was \$88.00. She accepted that there was an annual increase to this figure of between \$10.00 and \$20.00. This changed markedly with the introduction of market rents, and in 1998 she paid a weekly rent of \$265.00. With the exception of Karen, who lived in a bed-sitter rented from Housing New Zealand at the cost of \$140.00 per week, the participants paid rents between \$250 and \$265 per week, with the most common amount paid, by five of the households, being \$260¹¹. These houses were either two or three bedroomed, and were located in suburbs such as Onehunga, Mt Roskill, Three Kings, Kelston and Glen Innes.

The Accommodation Supplement, as outlined in Chapter 3, is a 70 percent (initially 65 percent) part-payment of rental costs which are over 25 percent of the household's total income. John Luxton also claimed, when announcing the housing reforms, that the Accommodation Supplement would be "generally more generous" than the then Accommodation Benefit (Luxton, 1991: 2). This may well be true, but for those receiving the Supplement, the critical factor appears to be how much disposable income remains for living expenses such as power, phone and food after the rent has been paid, inclusive of the Supplement. All the families interviewed were receiving the Accommodation Supplement, and while some such as Mereana, Frances and Paul were clear on the amount of money involved, others were vague or even confused as to the amount they received. For both Ani and Frances their Supplement was paid into a personal bank account; Ani because her husband was employed, and Frances because of a long-standing personal arrangement with Income Support, who at one stage had been deducting too much rental money. The other five families and Karen had their Accommodation Supplement deducted at the source, that is the Supplement passes directly from Income Support to Housing New Zealand.

Elaine Lolesio, the manager of Monte Cecilia, commented that this can work to the disadvantage of the tenant:

¹¹ The sum of \$260 includes the Accommodation Supplement, the amount of which would vary according to each household's income.

They don't always get the maximum entitlement for the Supplement, so more dollars are coming out. One woman that we are assisting, when her rent went down by five or ten dollars, the Supplement was adjusted, and then her rent went up. ... This lady was \$35.00 out of pocket as a result of that. So there is a lot of confusion. ... That woman was really pushed up against the wall, and didn't know what to do. So that's what I mean about all this confusion (Elaine).

The confusion surrounding the amount of Supplement for which they were eligible and that which they actually received adds to the stress of procuring housing. This fact appears not to be understood by the Ministry of Housing, who as Murphy relates, wrote in their 1996 post-election briefing to the Minister that "it is relatively easy for most recipients to estimate how much their AS will change with a change in housing costs" (Murphy, forthcoming: 223).

Elaine explained that the proportion of the income required to meet market rent requirements, by low-income families who rent from Housing New Zealand, has increased greatly with the transition to market rent level. She estimated, from the families Monte Cecilia assists with housing, "*it is more than half their income they are paying out in rent*". Carol Thomas in her work in public health estimated that the proportion is even higher.

I hear people talk about it. It's hard to put a figure on it but some people are paying up to 60 percent of their income in rent, but I think it is much higher than that with the families I deal with. ... I know a woman who pays 100 percent of her income on rent. And what she does is she has a brother, two brothers who are living in the garage, and one in the house, and those three brothers contribute to the phone, power and food (Carol).

The proportions reported by Elaine and Carol are consistent with the finding of larger surveys (Colmar Brunton, 1996:17 in Murphy, 1997:8; Gunby, 1996: 3). Prior to the

implementation of the housing reforms, Housing Corporation tenants had paid rents set at 25 percent of the household income (Ferguson, 1994: 289; Murphy, 1997:4). Under the current market-rate rental system, the smaller percentages of income, left after rent is paid, take on greater significance when translated into dollars remaining for phone, power, food and other living expenses.

Mereana, a solo mother with two school-age sons at home, found relief in the fact that her sons did not like to eat meat, as some fortnights she had only \$30.00 remaining for groceries, after other financial commitments had been paid. Meat therefore would be a luxury. Ani and her husband, with three children, were expecting their fourth. Her husband's job was poorly paid on an hourly rate, with no guaranteed hours of work per week.

We got a washing machine at the back so that's automatic. When he gets paid that goes out automatic, so that's one. So what that leaves us, sometimes it's 150, 160, cos we got the phone. That's not for us to spend that 150, because we still have to put aside the power. ... Sometimes it's just 20 bucks out of that 160¹². Sometimes a bit more, 60, but we just go and look at the paper, what's cheap in the stores (Ani).

Frances, in her sixties, still looked after two primary school-aged grandchildren. She was convinced of the importance to society of her role as mother and grandmother in raising the next generation. Her Housing New Zealand two-bedroomed house cost her \$260.00 dollars per week, and she managed by strictly monitoring the use of commodities such as the phone.

Well um sometimes I might have \$80.00 for a fortnight, depending upon how high my power and phone is. I've kept my phone down ... because I've told my grandsons that they are not to use it for tolls unless it's for sickness, or anything like that (Frances).

¹² This residual income refers to the fortnightly period between wage payments.

Leulu, whose household consisted of three adults, two adolescent sons, and two primary school-age daughters had \$120.00 left per week, after her rent had been paid. She explained her relief at discovering an anonymous food parcel left on her doorstep.

Honestly myself I got \$61.40 and my husband got \$61.40 and our rent's gone, already deducted and that's the only money we have to live on. Yes to feed my family, plus our phone bill, plus our power bill. Think God was helping us. We don't know. When we came back from church, there was a parcel outside the door. We don't know from who (Leulu).

Similarly, Bob and April found they had to rely on people's generosity in order to live within their income to, as they termed it, 'survive'.

Our income was 280 and the rent was 250, and the Accommodation Supplement was \$75.00 of that from Income Support. Oh we got through the year. It was good because Bob chauffeured a blind man to school so that meant he had no transport expenses. And people supported us. They would give us food. That's how we survived is people paid our bills, because the medical bills were just high. If we had to go to the doctor, that would put us out. Cripple us (April).

The stress of continual financial concern was expressed by Mereana, "It's just one continual financial struggle constantly". When I used the word 'struggle' in my conversation with Frances in an attempt to understand the economic hardship she was experiencing as a result of market rents, she responded that for her, "It's a strain. Not only a struggle, it's a strain". Frances spoke of the many times she went along to do voluntary work at the Returned Services Association.

I sit and listen to some of the old men who have been to war. They are sad. They don't need this. Their wives don't need this either. A lot of them are in the Housing Corps (sic) paying high rents (Frances).

Although Frances used the word 'sad' in this context to refer to the financial struggles of Returned Servicemen and their wives, she also used it on six other occasions within the context of our hour's conversation to refer to her perception of her own housing situation, and to the housing situation in general for those with low incomes. Her frequent use of the word sad seemed to summarise her own feelings of desperation regarding her housing circumstances and the constant struggle she faced financially.

Both Ani and Leulu spoke of their budgeting practices, and of either attending budgeting classes at Monte Cecilia (Ani), or of seeking assistance from other community sources (Leulu). Despite their expertise at budgeting and the effort put into seeking out 'specials', their residual income after rent was not enough to cover living expenses. Ani explained,

You know we did that budget class at the house, with all the other families. I mean how are you supposed to budget the money when there is more money going for the rent, and power and phone? It leaves nothing there. What is there to budget? (Ani).

Karen spoke with satisfaction of often managing to save \$2.00 per week from the \$50.00 or \$60.00 which remained to cover all her living expenses after rent, power and phone had been paid. However, unforeseen expenses not infrequently made this impossible, or wiped out previous weeks' savings.

For several of the families interviewed, the financial difficulties encountered because of market rentals were compounded by other Government policies. Mereana, with debt commitments to meet, which were undertaken while she was still married, found she was particularly hard hit by the reduction in the benefits, implemented at Easter 1991. Her

increased level of stress, largely resulting from her financial 'struggle', escalated by market rentals, had been present for over seven years.

Yeah, that was just after Shipley slashed the benefits. And they said they would compensate by making Housing Corp rents, you know in accordance with the cuts in the benefits, but of course she never kept that promise. So straight after that they upped the rents, after promising they wouldn't do that because they slashed our benefits. So that was a real stab, and of course I've never come right since then really, financially (Mereana).

As referred to in Chapter 4 in a quote from Marie Ann, the housing workers at Monte Cecilia also noted the increased difficulties in the months following the benefit cuts. Ex-residents began returning to seek food parcels when this need had not been seen before.

Te Kaha, Ani's husband, was employed and therefore the only benefit the family received was the Accommodation Supplement. At the time when I initially interviewed Te Kaha and Ani, Te Kaha was at home on sick leave with a chest infection. Since the implementation of the Employment Contracts Act, combined with the fact English is a second language, and working in a poorly-paid factory job, he has been particularly at risk of minimal employment benefits. As he had used his one week's statutory sick leave with another infection earlier in the year, the family was left with no income, for the two week's sick leave which the doctor prescribed. Additionally, because of their already strained finances, they had no savings on which they could fall back during this fortnight. In addition to his infection and the medical expenses that incurred further, stress was created by the knowledge that while he was off work, attempting to recuperate, his family's situation became more strained. Rose came with me on the occasion of this interview to introduce me, and to occupy the four year old twin girls whilst their parents and I talked, but she also used it as an opportunity to take a food parcel to them from Monte Cecilia's supplies.

Elaine also referred to the compounding effect of the Employment Contracts Act on the situation of low income families in housing need:

So my observations of seeing all this restructuring, is that I have seen the families separate, domestic violence has been on the rise. I have seen benefit crime because they can't manage. ... What we have also noticed too, is because it was the Employment Contracts (Act), what we are seeing is lower rates of pay. The lowest we have seen to hand is \$6.00 per hour. When we challenged the employer, just to get proof of income, he was sacked (Elaine).

Marie Ann added that some families therefore can be “better off on the benefit than working for a low income”, because their entitlement to such income subsidies as the Accommodation Supplement are built into their benefits. This is contrary to the Government’s stated aims of reducing the number of benefit-dependent households.

On announcing the 1991 housing restructuring, Luxton, as the then Minister of Housing, claimed that one of the key points of the housing reforms would be the increased freedom of choice for prospective tenants within the housing market. The choice, however, does not include the option of less expensive accommodation. As Rose explained:

There is no low cost housing in Auckland. Unless you stay with your family there is no choice but to pay the market rent, so I think they have come to realise that's the way it is really (Rose).

The choice entails living in an overcrowded, doubled-up situation, or making other sacrifices in order to find sufficient income to meet market rents. These decisions are made on the basis of necessity rather than free personal choice, and often have consequences which jeopardise health.

In summary of the discussion in this section, it is clear from the respondent’s stories that rather than create a fairer and more open housing market for those on low incomes, the housing reforms have added further stress to already difficult living situations. The sacrifices that the participants have made to adapt to a ‘free’ housing market, and the

implications of these sacrifices, are explored in the subsequent sections of this and the following two chapters.

7.3. Sacrifices Made to Secure Housing

The need for parents to find shelter for themselves and their children came across strongly in the interviews, as well as feelings of desperation for some regarding the impossible task which confronted them. Lyn talked of ringing Monte Cecilia as a last resort, but with little hope of finding accommodation:

We ended up in town and we went past the Auckland City Mission you know, and we were thinking maybe we should go in there and ask if they knew anything about housing. Even emergency, we didn't care at the time. So we rang them up and then they gave us all these numbers that might have had vacancies for an emergency home. So I rang them all up and none of them had any vacancies. ... Monte Cecilia was the last one on the list so Leo said, 'Might as well give them a try, you know, we have tried everything else (Lyn).

In her attempts to secure shelter for her family, Ani was prepared to leave her husband behind. When he expressed his reservations about moving into emergency accommodation, she related: *"I said, 'Either you come with us, or either you go and live on the streets.' That's what I told him."* Although this incident was related with humour, it was considered a serious option at the time. Faced with imminent homelessness, finding accommodation for her children was the first priority for Ani.

While emergency accommodation provides shelter, it is not by its very nature a long-term solution. As families find that market rents are prohibitive, for many the compromise they choose is to move in with other members of their extended families. This is reflected in the quantitative statistics of Monte Cecilia regarding the reasons given for seeking housing assistance. The housing workers observed that for many

households, their experience of overcrowding from doubling up precipitates the crisis that brings them into emergency housing.

7.3.1. Acceptance of the Health Hazards of Overcrowded Accommodation

The choice of low income families to move in with other households, as a response to unaffordable rents, often leads to situations of overcrowding. The overcrowded accommodation then compounds family and individual health difficulties households are already experiencing, as well as exposing them to new hazards. Doubling up accommodation was a solution tried by Lyn, Leulu, and Myriam's families. For Lyn and Leulu, a result of this overcrowding was a marked increase in emotional and relationship stress. Their experiences are consistent with the findings of the studies cited in Chapter 6 (Duvall and Booth, 1978; Gove et al., 1979; Blackman et al., 1989; Lepore et al., 1991).

Lyn and Leo moved to Auckland from the North following a whanau disagreement. They found housing in a two bedroomed Housing New Zealand unit already occupied by two of their older daughters, their grand-daughter and five others. Moving in with their three teenage children increased the number of occupants in the house to thirteen. Lyn commented that while their children, then aged 13, 15 and 16, enjoyed the company of the other younger occupants of the unit, for herself and Leo it was a very stressful time. She and Leo slept on the floor, the girls had bunks and their son slept in the lounge. Three people slept in a smaller bedroom, and another family with a child slept in the garage. During this period, Leo, although being treated for asthma, was in fact infected with tuberculosis. Lyn described the experience:

It was terrible, actually. ... It was really stressful then, cos there were a lot of them, and they were all young sort of thing. And they would come over during the day and the house was full. ... Oh it was terrible (Lyn).

Even though doubling up in this manner, they avoided the burden of market rentals, they found it was not possible to save money. All their money, Lyn relates, went on food and electricity.

Leulu, her husband and four children found accommodation with her sister and her husband and their three children. She and her daughters slept in the lounge, while her husband and two college-age sons slept in the garage. She cleared a space for them in the garage because of her concern at the difficulty her sons were having in finding space in which they could concentrate on their homework. During this period of overcrowding, Leulu remembered that her youngest child's asthma was particularly serious; through the year of 1995 to 1996, she was admitted nine times to Starship Hospital with acute asthmatic attacks.

Sleeping in the lounge also caused difficulty with extended-family dynamics. The television was kept in the lounge and if her brother-in-law wished to watch television at night, this meant that her children's homework or sleep did not have priority. As they were guests in her brother-in-law's home, his desires had preference. She explained that their housing predicament had lowered their status in the aiga, the Samoan extended family:

But my brother-in-law, he wants to watch the TV, ...He is like up here (demonstrating by raising her hand in the air above her own head). We can't stay together with him. That is why we are thinking we have to move. Find another place (Leulu).

Rose confirmed Leulu's experience of overcrowding causing family relationships to become strained to the point of arguments:

It may be Okay for a while, but then they have a fight, and the other family want them to move out. The children might want their rooms back, because they end up in the lounge or with other siblings and they get sick of it (Rose).

Anne spoke of the friction that can occur between adults of the families because of the need to share common facilities, such as kitchens. Difficulty could also arise, she maintained, in the disciplining of children. Parents of the guest families may become quicker to discipline their own children, physically and verbally, in an attempt to keep the children quiet and prevent trouble. Difficulties with housing have resulted in a number of moves for Myriam and her children. She spoke of the conflict she experienced with her daughter over the confusion that different dwellings require different sets of rules:

I'm going, "You're not doing it." And she says, "Oh but when we were at the flat ..." And I said to her, "No. It's different now. We've got our own home. You've got your old rules back" (Myriam).

Carol added that problems can arise not only in the disciplining of children, but also in tasks such as the feeding of children:

Issues arise from ... confusion in the house, and kids not being fed properly because there is a possibility that everyone's rushing off to work or people are going out and doing other things and assume that someone else is going to care for the child. You often get kids coming to school who haven't been fed. And it might be that they haven't got the money to feed them, but sometimes it is actually that the organisation of the household is not great, because there are so many people living there (Carol).

Rose spoke of the stress of overcrowding becoming so overwhelming that people no longer have the emotional strength to move out of the situation. She related the story of a woman she had helped move out of overcrowded accommodation, and in whom she witnessed an "overnight change" once the family had their own house:

I had a family that had been in a garage for five years, with her husband and four kids. A lovely woman and she was working to earn the money. Basically all her wages went on feeding the family. \$400.00 per week. There were thirteen living in

the front house and her family of six in the garage. She was an intelligent woman, but she'd lost all her ability to get out of that situation. She was beyond it. She felt totally trapped. I think she was so stressed out. And being in a garage it was quite simple to get (her) out of that situation ...but she was just so ground down by that situation. When she moved, her husband said to me, 'She's back to her normal self' (Rose).

While the Monte Cecilia statistics for 1998 were not available for this thesis, there is no reason to believe that they will show any less overcrowding. During the same week in which Rose and I had our taped interview, she related that she had been out to interview a family who wished to move into Monte Cecilia. In this house she found 21 people: 17 children and five adults. As it was the school holidays she found that *"There were children everywhere. ... You could see there were six people living in the lounge by the way the lounge was set up, by the bedding that was there"*.

Overcrowding, as discussed in previous chapters, has been shown to be a factor in the spreading of communicable diseases such as meningitis. This became a cause of concern for Myriam when she and her four children were living in the lounge of her friend's one bedroomed flat.

She, (the public health nurse), told me that the disease, (meningococcal meningitis) was out there. Caused in cramped up places which we were in. She said that she had been tracing all this and I needed to get out into a house. Especially she explained like Bruce has got nephrotic syndrome, and the immune system is not well, which she said you know, you have to look out for measles cos that can kill him. Flu and chicken pox can make him very unwell but the worst one I had to watch out for was measles. That can be a killer for his disease (Myriam).

Myriam's decision to move into the one bedroomed flat was one largely brought about by the cost of housing, yet it put her seriously ill son at further risk, especially as his primary-school-aged sister could potentially have introduced droplet-borne infections into the household. This risk prompted another change of dwelling for the family. The

risk of cross-infection was also demonstrated in Leo's family as their eldest daughter contracted tuberculosis, presumably from Leo, during the family's stay in their overcrowded flat.

Less serious disease can also be spread through the closer living conditions in overcrowded housing. Both the nurses working in community health and each of the housing workers commented on an increase in skin conditions such as scabies, boils, head lice and flea infestations. Anne noted that she commonly encountered situations with three or more adults sleeping in one room, with the windows shut, because families were unable to afford heating. This also increased the risk of droplet borne diseases such as influenza and colds.

Children and adolescents appear to be particularly vulnerable to the emotional health risks generated by over-crowding. Moana described the situation for children as being "*very destructive and very stressful*". Additionally, both she and Carol spoke of their concerns regarding the increased possibility of children becoming victims of abusive behaviour. Elaine expressed concern about the effect of overcrowding on children who are the next generation, specifically mentioning a problem encountered in the Mt Roskill area two years ago:

These kids are getting knocked around. It's forcing these kids out of their homes. I'm talking about youths. They cannot handle it. They effectively go out on the streets. In Mt Roskill a couple of years ago we had an increase in youths running away from home. They couldn't stand the amount of people living with them. Now this is like a family of fifteen living in a three bedroomed house. Teenagers just couldn't sustain living there (Elaine).

Overcrowding therefore, while chosen as an option by many in an effort to procure shelter, carries many health hazards, mental, emotional and social as well as physical, some of which can extend beyond the period of doubling-up. Moving in with other families is not the only cause of overcrowding. Families, due to their inability to pay the

market rental of a house which is of a suitable size, may move to accommodation which in reality is not large enough for them but which is more affordable.

7.3.2. *Downsizing Accommodation*

Frances and Salote both chose to move to smaller houses in their attempts to find affordable accommodation. For Salote, this was achieved by moving into her brother's Housing New Zealand two-bedroomed house. Although her brother was no longer living in the house it still led to a situation of overcrowding as there were six people residing in a two bedroomed house. The overcrowding, as well as Housing New Zealand becoming aware that the family occupying the house were not the agreed tenants, led to them seeking emergency housing at Monte Cecilia. Salote and her family found it necessary to downsize their housing after Housing New Zealand informed them that the rent on their three-bedroomed house was to be raised to \$300.00 per week. Salote explained that a further difficulty with overcrowding in Tongan culture is that male and female siblings should not share the same bedroom. Although this was not so much of a problem given the current younger ages of the children, it would become much more critical when they reached college age. While they were staying at Salote's brothers home, her husband slept in one bedroom with the male children and Salote slept with her youngest child, a daughter, in the second bedroom.

Frances's reason for moving to a smaller house also resulted from the need to find cheaper accommodation. Although this did not lead her into a situation of overcrowding, it was a source of great sadness to her as it meant that she had to leave behind the home in which she had lived for thirty-nine years, and where she had raised her six children, and in which her mother had lived. She described the move as "*very traumatic. It was a family home*". The pain of the move was still present in her voice years after the event.

Marie Ann noted that the process of downsizing from houses to flats was a reversal of the usual pattern before market rents came into force:

(In) the blocks of units, the flats we used to go and see people who wanted to get into a state house, a Housing New Zealand house, came from there to emergency accommodation in the hope of getting a Housing New Zealand house, and now we have got them moving out of those houses back into those sorts of flats with no place for the children to play. They play on the driveway with the cars coming in and out, that sort of thing. I see that as a backward step (Marie Ann).

To procure housing can mean that parents find it necessary to move with their children into housing situations that are less safe than those that they have been forced to leave through unaffordability.

7.3.3. Tolerating Unsafe or Temporary Housing

Myriam had moved into her current home just a few weeks before I went to interview her. A very real concern for her was the history of the house into which she had moved. A concerned neighbour told her that prior to her tenancy it had been rented by a drugs dealer and that it was “*marked*”, referring back to her own experience of having had her house burgled and vandalised while she was still in the process of unpacking her belongings. This caused Myriam to feel scared, and she had arranged for male relatives to stay at night until her family is settled. (Another shift would incur further expense and so this was not an option). She was also concerned for her eight year old daughter who was old enough to understand the warnings.

It took me to argue with her and make her walk around the house, you know, inside that is. At night she'd go 'No, no, I don't want to close the curtains. What if there is someone out there. And she'll go with the little ones and ... she'll stand out at the door and she'll tell them to go in and close the curtains. ... I've got enough problems to deal with you know, without having to be in fear in my own home.

Karen, who lived on her own in a Housing New Zealand bed-sitter, was fearful for her own safety because of the area in which she was previously living, as burglaries and

street violence were common place. Her neighbour was murdered and she attended to him as he died.

He was beaten to death as part of a robbery. They took his wallet and ripped his clothes off him to sell (Karen).

When she rang Housing New Zealand after this incident to ask for a transfer to a safer area she was informed there was no safer area, that all areas were the same. Myriam didn't bother to ring Housing New Zealand about her concern regarding her family's safety because through past experience she felt sure that they would deny any responsibility. However, Karen, by the time of the interview had moved to another suburb and felt much safer in her new house. She commented that financially it is very difficult to make such transfers.

It was stressful, very stressful. I thought I would stay there until I could shift into something decent, you know, a safer area. Until I could get the money for the shift (Karen).

I asked if it were necessary to pay the bond again, considering that it was another Housing New Zealand Property into which she shifted.

Yes the whole bond. You have to start from scratch again. You can't just transfer. You have to pay the bond, and two weeks and whatever else to set up. The electricity... You are looking at 700 or 800 (Karen).

The time of waiting, between paying the new bond and the old bond being refunded, is extremely difficult financially. Marie Ann confirmed the expense of changing tenancies for low income families, explaining that it is a time when families often return to Monte Cecilia seeking food parcels to tide them over. It appeared from talking to Ani and Te Kaha who planned to move to the North Shore the following year, that after a two year

tenancy of a particular property, Housing New Zealand may transfer the bond, but for those like Karen who were living in fear, two years was too long a time to wait.

The privately rented flat in which Ani and Te Kaha lived before coming to Monte Cecilia was vermin infested and had large holes in the walls.

My children were sick there all the time. There's a lot of rats there, cockroach, and they don't do anything about it, the landlord, and we couldn't afford it ourselves (Ani).

Ani attributed the positive progress in her children's health directly to their improved housing conditions. Their eight year old son used to be sick monthly, they recalled, and had particular problems with asthma and with eczema, a skin condition worsened by stress. *"Since we have been at Monte he hasn't had that problem."* She and her husband felt trapped, believing they couldn't complain about the vermin and substandard conditions because of their rent arrears.

We think to ourselves, "What are we going to do?" That was just another thing. I thought about that too. What if he told us to get out? Plus we owe him rent there. So there is nowhere for us to go as well (Ani).

Substandard housing conditions can also create potentially dangerous situations. Rose spoke of a family of eight in which the father and son were living in a garage without electricity. As winter approached, not only was the garage becoming extremely cold but they were also using candles for lighting, which she considered to be a *"safety issue"*. More people were resorting to temporary accommodation such as garages or caravans, Moana noted. Carol spoke of a 92 year old gentleman, to whom she was called, who was living by himself in a caravan. Although she managed to find him an urgent council flat placement in West Auckland, he chose to move to Twizel, despite the cold climate and distance from Auckland because of *"the small amount of rent, so he would have enough to live off for however long he had to live."* This elderly man felt constrained to

make a decision that could potentially jeopardise his physical comfort and social health because of his concerns regarding the expense of housing in Auckland.

The high cost of housing also had a marked effect on the social health of both solo mothers interviewed. Mereana stated that she had no social life at all:

I get invited out to things and I just can't go because it's ten dollars, or I need the petrol to get here, or I need to take a plate or um need to take my own drink or whatever. So I have no social life. And it can get lonely sometimes cos you just can't go out. It's quite horrible at times. So that is a big sacrifice (Mereana).

Myriam's four children were younger than Mereana's sons, and she was raising them on her own. I did not ask the reason for this, but she said that if she were to find that she could not financially manage to feed them, she would be prepared to ask their father to come into the home. *"If it had to be getting these kids' father in here I would."*

7.3.4. Compromising on Diet

From speaking with the individuals and families during the interviews, it became clear that the payment of rent had a higher priority than eating a health-promoting diet. Several people commented on their practice of seeking out specials. Ani kept in regular contact with the other families with whom she lived while at Monte, and said that all are finding it difficult now that they are in their own houses and paying market rents. *"It's hard. The cupboards they are not always full of food like they were at Monte. ... My kids were eating better food there than here ..."* (Ani).

Despite her own difficulties though, she remained positive and was aware that other families were in even more difficult circumstances than herself.

We went around to her (an ex-resident of Monte Cecilia) house one day, and I opened her cupboard and course she had no food in the cupboard. She only had about two cans of food there, cos her rent's higher than ours. She pays 270. I don't know how they're doing now. They are on the sickness benefit with three kids, three bedroomed house. I don't know how they're coping now (Ani).

Salote and Frances spoke of similar difficulties in being able to give their families balanced diets. Frances and her grandson often had to sit down to main meals consisting of only roasted pumpkin and potatoes. Salote at times had to buy a box of mutton flaps and a twenty kilo bag of potatoes with which to feed her family for a week. She would have preferred to give her children “*healthy food, like apples*”, but many weeks, this was not possible. Anne explained that in her work in community health with low income families, teaching aids such as the Heart Foundation’s “Healthy Food Pyramid” are of no use. The foodstuffs recommended for promoting good health are beyond the families’ financial resources.

Karen suffered from Chronic Fatigue Syndrome and, as part of the treatment, it is recommended that sufferers eat preservative and additive free foods. This again was not possible because of the cost of such items. The manner in which she was forced to cook her food to preserve power was also not of benefit to her condition as it involved procedures which destroyed much of the nutritional value of the food.

I cut back on food, all foods. I have meat and fish only once in a blue moon. ... I do one big meal for the week in a pot, like soup, and then reheat it (Karen).

7.3.5. Compromising on Medical Expenses

As noted before, some of the sacrifices made in order to pay for market rental housing created other problems or compounded those already existing. Several families noted the difficulty they had finding money for unexpected medical bills. The week before our

interview Karen had developed a urinary infection. While she was covered by her sickness benefit for regular visits to the doctor, in order to receive treatment for her Chronic Fatigue Syndrome, this coverage did not extend to unrelated acute conditions. Transport to the doctor and home, as well as pharmacy and delivery fees cost her \$60.00. This completely wiped all her discretionary income for that week which would normally have been spent on food. Instead she had to cut her electricity and automatic payment for her washing machine. *"I have to juggle. I just have to stop eating. You can pay off a bit a week but you lose your credit rating"*

Two mothers, Myriam and Salote, had children with serious chronic illnesses which required frequent medical monitoring and regular medication. The steroid medication Myriam required for Bruce in order to treat his nephrotic syndrome was not funded and only available from a pharmacy near the Starship Hospital in Grafton. Myriam lived in Eastern Auckland, incurring further expense through the half hour journey from her home. For a prescription of 50 tablets, Myriam was required to pay \$25.00, and depending upon the severity of his condition, the prescription could need to be renewed every two to three weeks. Salote's youngest son had a heart condition as well as epilepsy. Finding that their local family doctor was charging for even a repeat prescription of his anticonvulsant medication, Salote and her husband, who lived in central Auckland, transferred to a medical centre in Mangere. They estimated that despite the extra travel, the cheaper consultation fees saved them money.

For both these families as well as Ani, Bob and April, and Leulu whose children had asthma, the telephone was a medical necessity but again, because of market rents all those spoken to found it a commodity difficult to fund. Karen required her phone to summon help from her family should her fatigue syndrome relapse into a crisis state and Mereana also considered a telephone necessary for her safety as she is a woman living on her own with children.

As with diet, preventative medical and dental treatment did not appear to be an affordable priority for families when they were having difficulty meeting rent costs. Anne explained that often early upper respiratory tract infections are left unseen and therefore untreated, and go on to develop into more serious conditions such as glue ear,

which can also in turn, affect children's education. Both Anne and Carol spoke of the lack of dental care. Carol maintained that the increasing transience of families as they attempt to find affordable accommodation also hinders follow-through medical care:

Often families are so mobile they get to a certain stage, say they have some health issue that needs to be addressed in a hospital clinic. They get on a waiting list, and before you know it the family has left and you've lost them off the waiting list and that means another six months. And it's all restarted in the next place they move into (Carol).

7.3.6. *Sacrificing Educational Opportunities*

The transience of incipient homelessness has a marked effect on children's schooling. Salote's children had been to three different primary schools as they moved in an attempt to find cheaper housing. Lyn and Leo's teenage daughters similarly missed out on three months of their secondary school when they first moved down to Auckland. Julie, at 16, has since left school.

Ani and Te Kaha's twin daughters at age four used to go to kindergarten. However that had become financially impossible for them to continue.

They haven't been going to kindy for a while. We can't afford it. They haven't been for a few weeks, months. That costs \$9.50 a week for them two. \$9.50 not much but it's a lot to us (Te Kaha).

Their eight year old son was also missing a lot of his schooling, and again, financial difficulties were the main reason.

Sometimes our son can't go to school cos he's got no bus fare money, or money for lunch. That's a worry. He stays home. Yeah he can stay home and we can fix

him something here. I run out of excuses when I ring the teacher. And I've just told them there's no money for the bus. He's been going to school this last week but the week before he hadn't, because that bus fare money cost us \$7.00 something for us to send him to school. The bus fare money we save, well we buy bread and milk to last us till next pay-day (Ani).

An additional difficulty was encountered by Salote as her sons attended a Catholic school where they were required to wear a school uniform. She worried how she would provide them with sandals when the school changed into its summer uniform. In order to manage, she and her husband planned to visit Social Welfare and ask for a food parcel. Frances related, with sadness in her voice, the difficult decision she had to make for her grandson, who was being sought as a soccer representative for his age group, to decline the opportunity for him to join the team as she could not afford costs such as fees and uniforms:

I had to take my own grandson and tell him, "You can't be a rep." He was a marvellous little footballer. ... And that crushed my grandson. I look back now, I didn't have the money. I didn't have the money (Frances).

Overcrowding may also affect the educational achievement of children, through family stress, lack of space or quiet in which to study, and tiredness when attending school.

Parents who are stressed are less likely to interact with their children in such ways as reading books with them, playing sport, assisting them with their homework (Anne).

Elaine added, regarding the schooling of children whose families are incipiently homeless:

What we have discovered from the schools, kids were going to sleep through class. They were non-achievers. They were problematic children in the classroom. Suspensions and expulsions were very high as a result (Elaine).

The lack of residual income due to unaffordable rents can lead to children not attending school, or being unable to complete sufficient homework due to overcrowded living conditions. This has the immediate effect of students getting behind in their studies, and at more senior levels, leaving school without qualifications. There are also long-term life-time effects such as poor employment prospects, and consequent low income-earning potential. For children whose education is put at jeopardy by their incipient homelessness it becomes far more difficult in adult life to break out of the poverty cycle.

7.3.7. Inability to Maintain Household Warmth

Both Karen and Mereana had systemic illnesses that are aggravated by the cold, and expressed the desire to have warmer houses but found that the cost of heating their dwellings adequately was beyond them. Karen kept warm by wearing extra clothing and by staying in bed as much as possible. Carol, through her work in community health noticed, however, that many of her clients could not afford to dress appropriately for the colder weather.

Mereana had a gas heater which was given to her by Monte Cecilia. She suffered from polymyalgia, an inflammatory condition of the muscles, the pain of which is worsened by cold. Due to the lack of insulation in her house, the heater was only able to warm the room in which it was situated. She achieved warmth for her study by using the university library, which in turn entailed an extra cost for petrol and parking. A greater sacrifice for her, however, was the fact that her eldest son who lived away from home was reluctant to visit because of the coldness of the house. Her family well-being was consequently threatened.

My eldest son doesn't live here anymore, and when he does come back he moans because from where he comes ... where he is living it's a very warm house because it's new. And it is lovely and warm as toast and when he comes in here he always moans that it's just so bad, and he doesn't want to stay here cos he just can't wait to get out of it because it is just so cold. And of course that hurts me (Mereana).

Lack of warmth in a house can also cause overcrowding on a limited scale. Mereana explained that although her sons had a room each, in winter, they preferred to sleep with her because their rooms are cold and damp. As many diseases, especially those affecting the respiratory tract are droplet-borne, the greater the number of people sleeping in close proximity, the greater the chance of diseases spreading. Carol often encountered such sleeping arrangements as people tried to conserve electricity and warmth in the house.

Heating is one thing you really notice in Winter. But if they have the luxury of one family living in a house, often they will all be living in one room of the house, just cos it's the only way they can afford to heat the house (Carol).

While climatic conditions in Auckland may not be subject to the extremes of other urban areas, there is still evidence to suggest that New Zealand's housing does not provide a level of thermal protection necessary to promote health. Howden-Chapman et al. comment:

The World Health Organisation (1987) records a minimum indoor temperature of 18°C, with a 2-3° warmer minimal temperature for rooms occupied by sedentary elderly, young children, and the handicapped. The New Zealand building code requires temperatures to be maintained above 16°C in old age homes and child care buildings. Below 16°C resistance to respiratory infection can be diminished. ... New Zealand evidence suggests that the internal temperatures in New Zealand homes are often below the level acceptable for maintenance of comfort. In fact many homes are in the zone where the WHO has concluded there is increased risk of respiratory disease (NZ Department of Statistics 1976) (Howden-Chapman et al., 1996: 177).

The heating required to raise indoor temperature to 18° Celsius throughout the winter months would require a level of finance beyond the means of families in serious housing need. Market level rents contribute further health risks as households cannot afford the cost of heating from their post-rent residual incomes.

7.4. Compromising on Other Financial Commitments

Apart from food expenses, electricity and telephone bills were the major after-rent bills for participants. At times these accounts, especially for the telephone, could not be paid. Three of the families commented that the telephone was important to them as it allowed them to access medical assistance for their sick children. The disconnection of the phone because of lack of money threatened the health of the children.

The disconnection of electricity supplies and telephone connections because of unpaid accounts was not uncommon among Carol's clients. She explained that she often discovered this indirectly through schools when children came to school unwashed, or talking of having had cold baked beans for tea the evening before. One family she visited recently were using a roast meat dish with rolled up newspaper, on the back doorstep as a make-shift oven. *"Others have a temporary situation where they haven't got power till the next lot of money comes in, and probably then they have to pay reconnection fees."*

As costs increase and income does not, further sacrifices are often made. Frances spoke sadly of her having had to sell some of her most treasured possessions.

Look at my home. What have I got? I sold my mothers stuff that she brought out in 1909, and handed down to me. My wedding gifts that I loved and treasured from my first marriage that were brought out from Scotland, ...little things and little beautiful ornaments, dishes and things and tea sets that were given to me even in my second marriage. I haven't got them now (Frances).

A similar solution to financial difficulty was taken by another elderly women, Elaine explained. In this case, she sold off her furniture until all that remained in her house was a chair and a bed.

7.5. Conclusion

The objective of this chapter was to explore how the participants met the costs of housing on low incomes and more specifically, what sacrifices or compromises they have to make in order to do this. It became clear very early in the data analysis process that in order to rent their own houses, families were left with very little disposable income for other essential household expenditures such as food, electricity and heating.

They were faced with choices, the consequences of which could adversely affect their health and well-being. Some had chosen at times to double-up their accommodation with other households but this affected the stress levels and emotional health of the families. It also posed a potential risk to physical health through the increased chance of transmitting diseases.

For those households who chose to try to maintain their own tenancies, there had to be compromises in after-rent spending. This led to diets that were less than health-promoting, houses that were insufficiently heated for comfort and, in some cases, for health, and the postponing of necessary medical treatment. Children's educational opportunities were jeopardised due to insufficient household finances. Of particular concern also was the disconnection of vital services such as electricity and the telephone, as these posed actual as well as potential hazards to health and further drained household finances if reconnection fees were charged.

What is often unseen in all these compromises and sacrifices is the chronic stress they place on individuals and families. Therefore, even if low-income households procure adequate housing, market rents can have serious effects on their health and well-being. The households interviewed had made choices with regards to their accommodation, but

they were not free choices. They were constrained by the unaffordability of housing and the small disposable residual incomes with which they are left. Many of the factors which put their health and well-being at risk would be removed if low-cost rental housing were available. Such housing was available in the past through the income-related state housing prior to the housing reforms. Interestingly, despite market-level rents, all but one of the households interviewed still rented state houses. The next chapter examines their experiences as tenants in a market-driven state housing sector. These are reviewed particularly in the context of the social objectives of Housing New Zealand.

8. TO BE A TENANT OF THE STATE

8.1. Introduction

This chapter examines the second theme of the research, people's experience of being tenants of the state, which at the time of this research involved renting accommodation from Housing New Zealand at market rental rates. Chapter 7 discussed compromises made by individuals and families in order to secure housing, regardless of whether they rented privately or from the state, and the ramifications these compromises may have on health. The experiences which arise from being a tenant of the state extend the material in Chapter 7 as they concern consequences of renting state housing, which may add to or compound those negative consequences already suffered through the difficulty of sustaining housing on a low income.

As explained earlier, eight out of the nine households interviewed rented their accommodation from the state, and the ninth household did so in 1997. Bob and April, and their young family, constituted this exception as they rented from a private landlord. However, their past experiences as Housing New Zealand tenants also contributed to the incidents or data coded within this category. It is not possible therefore to draw a generalisable comparison between the housing experiences of low income families who rent privately, and those who rent from the state, but it is not the aim of this thesis to draw such a comparison. Rather, the aim is to record and analyse the stories of the people interviewed, crediting their experiences as valid and valuable in their own right and as illustrative of this sector of the housing market.

The theme of state tenancy is explored by examining firstly why people chose to remain state tenants in a time of market rents, the condition of the houses rented from Housing New Zealand, the tenants' experience of maintenance provided by Housing New Zealand, and finally their perception of the treatment they received as tenants of the state.

The Labour Government of 1935, which established the state housing system as an attempt to rectify the poor housing circumstances experienced by many low-income families set strict codes for the houses it constructed, resulting, as Ferguson explains, in "a high physical standard of domestic building" (Ferguson, 1994: 174-5). She adds that: "the homes built during this time came to symbolise the very heart of the New Zealand dream" (Ferguson, 1994: 117). Despite the drastic change to market rentals, the current goals of Housing New Zealand as expressed in their 1998/99 'Statement of Corporate Intent' are, at least in their written form, in keeping with the initial aim of secure affordable housing for all New Zealanders. They read:

To ensure that all New Zealanders have access to good quality, affordable housing; to improve access to affordable accommodation through increased Income Support payments and improved participation in housing provision; and to especially assist those with disabilities into suitable accommodation (Housing New Zealand, 1998: 2).

This chapter examines the experiences of current state housing tenants, discussing whether in fact these goals were achieved in the experience of those interviewed. As Housing New Zealand is a state-owned enterprise their statement of corporate intent is an expression of the state's commitment to housing provision. As noted in the Introductory Chapter, the New Zealand government is a signatory to the Universal Declaration of Human Rights in which housing is enshrined as a basic human right, and

as a government agency, Housing New Zealand¹³ is a means by which the state meets its housing obligations as a signatory of the Declaration.

It was stated at the announcement of the reforms that they would give low-income households greater choice in the rental market (Luxton, 1991: 12), yet eight out of nine households in this study are still state tenants as opposed to renting privately. I asked the participants why they continued to rent from the state.

8.2. Why Remain a Tenant of the State?

The most commonly stated reason for choosing Housing New Zealand as landlord was that of security of tenure. For Ani and Te Kaha, despite the substandard conditions of their housing before moving into Monte Cecilia, the major reason precipitating their homelessness was the landlord's sale of the house in which they lived. Both Mereana and Karen expressed the opinion that this would not happen if they are tenants of Housing New Zealand. Mereana explained:

In the beginning I was in a Council flat, and it was at the time that I separated with my husband. It was too small, and I just wanted to get into a Housing New Zealand property because I thought they would be more secure. ... I've thought of leaving and moving into the private sector, but then it worries me that there is no reliability in that they could sell it from under your feet, and then you have got to move again. I don't feel that Housing Corp (sic.) are going to kick me out at any time. You know, sell the place without notifying me. I don't think they will sell it anyway until I go. ... There has always been that thing about Housing New Zealand, that once you're in, you're in, and that is that, as long as you pay your rent. That is quite a safety net really. It's a good thing about Housing New Zealand (Mereana).

¹³ At times in this chapter, the names of 'Housing Corporation' and 'Housing New Zealand' are used interchangeably by the people interviewed. When the incorrect title is used for the state rental housing agency, for the time period under discussion, this is noted by use of the term 'sic'.

Karen expressed similar thoughts about the security of her tenure with Housing New Zealand. Close contact with her family was important to Karen and she believed that the security of tenure Housing New Zealand provided allowed her to invite other family members to stay with her, as long as she adhered to her part of the contract through paying the agreed rent. She did not believe private rental would give her this freedom.

With private rental there is a problem that they always seem to up the rent if another member of the family wants to shift in. As long as you do your bit and pay the rent, you won't be kicked out. Whereas in private, even though it is cheaper than Housing New Zealand, it's not secure. You don't have the security. ... They don't kick you out for no reason (Karen).

The security of tenure (providing rent is paid) was also mentioned by Mary Foy who, as the past manager of Monte Cecilia, had experience of helping hundreds of families settle into Housing Corporation tenancies and those of its successor, Housing New Zealand. In Mary's experience, the difficulty often experienced of finding rental properties for low-income households especially if they are not Pakeha, explained a second reason why Housing New Zealand tenancies were often chosen in preference to those of private landlords. She maintained that non-Pakeha ethnic groupings were still discriminated against in the private rental housing market.

If it is a question of racism, my experience is that the Housing Corporation provided a non-racist attitude in housing. ... I can tell you of someone who went last year, every day, following up in the paper and being turned down all the time. They just look at the colour of the skin, and if they, (private landlords), have other people to offer it to, then they are not going to offer it. Housing New Zealand is still the preferred landlord. Preferred landlord!!! The only landlord who will give the house I suppose, to Pacific Island and Maori families in general (Mary).

That there is ethnic discrimination in the rental market is confirmed in the "Discrimination Awareness Study" undertaken by Colmar Brunton Research in August 1993 on behalf of the Ministry of Housing. This study of 750 renters found that:

14% of renters believed that they had been unlawfully discriminated against at some time in their renting history. Six percent of renters considered they had been discriminated against on the grounds of race (Young, 1994: 6).

The conviction that state rental housing provides a secure form of rental can be said to be historical, and may still hold true in many cases, but the perception of state housing as being more affordable than private rental is clearly no longer accurate. Housing New Zealand rents are now set at market levels and are no longer income-related. Interestingly this perception was the reason given by Salote for her family choosing to rent from Housing New Zealand. When I asked directly why she chose Housing New Zealand, she replied: "*Because the Housing New Zealand is cheaper than the landlord.*" This dated understanding had already been alluded to by Bob who spoke of his dissatisfaction with Housing New Zealand. "*I think people have the perception of Housing New Zealand as a lot cheaper, but it is no cheaper. You're paying top dollar for nothing.*" That such perceptions or expectations of state housing still exist, seven years after the move to market rentals began, demonstrates how deeply entrenched in the national psyche was the belief that the state would provide direct housing assistance to low-income families. In fact, no such direct assistance exists now.

Necessity, under pressure of such elements as time constraints on finding housing, also constituted a reason for some households choosing to rent from the state. For Lyn, it was the pressure to find accommodation for herself, Leo and their children prior to Leo's discharge from hospital after he had been treated for tuberculosis. They felt it was not desirable for Leo to move back into the emergency house. According to Housing New Zealand's statement of corporate intent, Lyn and Leo's family qualified as "Top Priority" applicants for a Housing New Zealand property on two counts: firstly because they had been living in an emergency house for seven months, and additionally through the

seriousness of Len's illness (Housing New Zealand, 1998: 4). This ensured that they were housed in time for Len's discharge.

For Bob and April, difficulties in funding the bond for a tenancy was the reason for their moving into a Housing New Zealand house. Had they been able to afford a bond out of their own income, they would have moved from Monte Cecilia to a private rental property. Bob recalled:

If we'd had a choice we would never have gone to Housing New Zealand. Sure we were able to get in ... cos like Monte helped us with the bond. They would only help us with the bond for Housing New Zealand¹⁴, otherwise we wouldn't have gone to them (Bob).

Their reservations regarding renting from the state were confirmed in terms of the condition of the property, the quality of maintenance, and the manner in which they were treated during their time as clients of Housing New Zealand.

8.3. The Condition of Housing New Zealand Properties

During the interview process much of the conversation concerned the condition of the housing in which the families were living. This thesis does not claim to include an in-depth professional account of contemporary housing standards, yet the descriptions of the assets or deficiencies of these residences are taken from the accounts of those who live in them, or from those who have visited these families, and therefore represent actual situations against which can be measured the success of Housing New Zealand's aim, that they will provide housing of "good quality" (Housing New Zealand, 1998: 2).

¹⁴ On discussing, with the housing workers, Bob's understanding of the bond assistance being only for Housing New Zealand tenancies, it was clarified that Monte Cecilia had in the past assisted with private and well as state-housing rental bonds. Due to financial constraints this form of assistance is no longer available.

8.3.1. *Unsafe Houses*

A number of housing situations were spoken of which constituted active hazards to the health of the occupants. To be fair to Housing New Zealand, hazards were also present during the Housing Corporation's administration of state housing. Mereana who having been a state house tenant for more than ten years, was also a tenant of the Housing Corporation. She described moving into a Housing Corporation property in which the kitchen lino was not sealed to the floor, and was curled up at the ends, forming a hazard over which she constantly tripped. Of more concern, however, were the light fittings. *"It was horrendous. ... There were no light fittings. There were just raw wires hanging out of the ceilings and the walls."* At the time she was living in this house, Mereana's three sons were quite young, being primary school age and preschoolers, and unable therefore to make responsible decisions for their own safety, making this dangerous situation even more critical.

Has the advent of market rentals caused such hazardous living situations to become less prevalent? Myriam's situation in her Housing New Zealand house would indicate that in some homes, such hazards still exist. The stove in her Housing New Zealand house remained active even after she had switched it off at the wall. When she complained to her case worker at Housing New Zealand about this dangerous situation, she received no satisfaction, but was told rather that she had caused the difficulty by allowing pots to boil over, which in turn caused moisture to affect the wiring. This had not happened, she assured them, explaining that as she had only been resident in the house a few days at that stage, she had had no chance to use the stove. Her complaint did not appear, to her, to be taken seriously, and the lack of action resulted in a potentially fatal house fire.

Yeah well this was an old oven. It was an old oven. It wasn't a new one. It was on the verge of falling to pieces and, I didn't realise that the kitchen got on fire. And my daughter was sitting on the table eating, while the flames were actually running along her head, at the top. And when I got up I saw the smoke coming into the living room door. And I just followed it and I yelled at her to get out of the house. She was kind of shocked. She couldn't move. It was like she just couldn't move. So I screamed at her, you know, "Get out of the kitchen!", and she

ran out the back door. And I ran out the front door, ran around to her, and then I realised... "I've left my son in the house." He was asleep on the bed. So I ran back into the house, just grabbed my son and ran back out. I just ran to my neighbours and rang the fire brigade (Myriam).

Bob and April also reported a potential fire hazard to Housing New Zealand without receiving satisfaction. In this instance it was a design fault of the house which could have been reasonably simply rectified. Bob explained that in the lounge of their Housing New Zealand house, there was a pot-belly stove. Behind this stove and its chimney was a plate glass window which, when a fire had been lit in the stove, became extremely hot leading Bob to fear that the window could at best burn one of their small children should they touch it, or even more seriously, shatter due to over-heating. Having had their fears confirmed by a builder, they approached Housing New Zealand. April recalled: *"We hounded them, but just nothing got done. By the time they sort of responded it was summertime, so it wasn't an issue".*

Having moved into another Housing New Zealand house, Myriam discovered raw sewage seeping from a pipe in the driveway. Despite the obvious health hazard this presented, Myriam again received little satisfaction from notifying Housing New Zealand about the problem. Rather than immediately investigating the cause of the blockage, the Housing New Zealand officer dealing with her complaint blamed her children, claiming that they had poked sticks into the pipe and thus lifted the lid. An eventual investigation discovered a blocked toilet in another house further back in the drainage system.

Hazardous housing can also be created by the state in which a property has been left by previous tenants, and not rectified before a new tenant moves in. Frances, as a grandmother, often had young children staying with her. Previous occupants of her last property had been, it would appear, intravenous drug users. She found used hypodermic syringes around the garden which she proceeded to clean away as they posed a marked hazard to grandchildren. In doing this she was of course, herself put at risk of a needle stick injury.

8.3.2. *Mouldy and Damp Houses*

The damp, mouldy condition of some houses caused a less direct, but none-the-less recognised, health risk to their tenants. Damp and mouldy rooms were common complaints for the families interviewed, and as discussed in previous sections, are known risk factors for respiratory illnesses. Mould as present in their Housing New Zealand houses is mentioned by Bob and April, Mereana, and Ani.

Ani, whose house was meticulously clean and tidy, spoke of the weeks that it took both her and her husband to scrub the walls and ceilings of their house.

It wasn't that clean when we moved in. They, (Housing New Zealand), were supposed to do the cleaning but they never. I had it all done myself. Like the mould's black marks on the wall, in the bedrooms and that, cos it smells. That's what normally make my children sick cos the air's not fresh in the house. Me and my husband cleaned everything out, the walls, the bedrooms, ... Mould all over the walls, bedrooms, smelly too. So I spent everyday cleaning it bit by bit until it was all done, and the ceiling too. I finally had it all done (Ani).

Both Bob and April, and Mereana found that the mould and dampness rendered at least one of their rooms unusable. Mereana, as noted in Chapter 7, explained that each winter her sons' bedrooms were not only cold but they also became mouldy. April commented that though they were renting a three bedroomed house, in fact they only had the use of two, while Bob related that the same problem was also encountered by their neighbour.

It was a three bedroomed house and there were two bedrooms that got the sun, and then there was the spare bedroom. That bedroom was just so damp that it was actually mouldy. And the other lady, she didn't use her, ... that same bedroom either (Bob).

Rose and Carol also talked of mould and dampness as being problematic for their respective housing and public health clients. Carol spoke of one family, who she had been asked to see at the beginning of winter, and who rent from Housing New Zealand:

In this house they had a sort of dome in the bathroom that was a skylight. And water just poured through it. It poured in. The rest of the house was totally mouldy and they lived in the lounge area. They couldn't sleep in the other rooms because they were too damp and had no ventilation. The woman had been to Housing New Zealand. They never ever got any action, and never did anything about it. ... They came and showed me the rooms where all the water had poured in through this bathroom and they had all these towels on the floor to soak up the rain (Carol).

Five of the nine households interviewed included children who suffered from asthma. Several studies have shown a link between asthma and moisture levels in dwellings. Howden-Chapman et al. (1996) explain the connection:

The risk of developing asthma in childhood has been shown to increase with increasing exposure to house dust mite allergens (Sporik et al. 1990). Continuing exposure has been associated with increased frequency of asthma attacks (Muto et al. 1986), increased medication requirements, and acute presentation to hospital emergency rooms (Pollart et al. 1989). ... The proliferation of dust mites in buildings is dependent on adequate moisture supply perhaps more strongly than any other factor (Platts-Mills et al. 1989) (Howden-Chapman et al., 1996: 177).

While the damp condition of state housing, complained of by the participants, is not the only reason their children contract asthma, these studies show that high moisture levels are prejudicial to the management and severity of the disease.

8.3.3. *House Temperatures*

In their statement of corporate intent, Housing New Zealand claim that it is their purpose to work specifically towards providing suitable accommodation for people with disabilities. Both Karen's and Mereana's chronic illnesses were exacerbated by cold. Karen, as noted in Chapter 7, suffered from chronic fatigue syndrome, and found that cold temperatures exacerbated her fatigue levels. She would have liked to be able to afford heating but found that the cost of the market rental for her Housing New Zealand bed-sitter was such that she could not afford to use a heater.

Mereana, suffered from polymyalgia, an inflammatory disease of the muscles in which the chronic pain she experienced was worsened by cold. Her house was very cold she related.

Oh I feel pretty terrible all the time. ... I'm meant to relax, be relaxed. I can't get stressed because my muscles tense up and aggravate the pain I get anyway. And I can never relax because I'm forever tensing up because it's so cold. ... And it got me so down because it was so bitterly cold. ... I'm getting older and my disability is getting more and more because I'm getting older. So I feel it more (Mereana).

For both these women, it can be said that Housing New Zealand's goal "to especially assist those with disability into suitable accommodation" (Housing New Zealand, 1998: 2) is not being met. Mereana had asked repeatedly over several years for her house to be insulated. Myriam similarly explained that the cold temperature of her house affected the health of her youngest child. *"I'd just had Charlotte at the time. I was going back and forward to the doctor's because of her bronchitis, and it was the coldness that caused that."*

Bob and April coped with the coldness of their state house by bringing their youngest daughter, who has asthma, into their room to sleep. April explained that their house felt like *"an oven"* in summer yet they *"froze"* in winter. They believe that the coldness of

their house resulted from its concrete floor and lack of insulation. Bob comments that during the winter they were in this house, April found it necessary to wear shin splints as the cold inside temperature and the inflexible nature of the flooring made walking painful. This physical problem has disappeared since their move to a warmer house, with carpeted, wooden floors.

Lyn and Leo are an exception to the experience of house temperatures. They found their state house to be warm, if draughty, but commented that they had no real difficulty in blocking out the draughts.

8.3.4. Unfenced Properties

A major concern expressed by both Rose, as a housing worker and Carol, as a community health worker was the lack of fencing and driveways. This, they felt, made the properties unsafe for children. Several of the properties I visited did not have any form of fencing separating the front lawn from the footpath and road. Both Mereana and Lyn's driveways consisted of broken uneven concrete, which would be hazardous in conditions with lowered visibility. As I walked down Lyn's driveway, the pieces of concrete moved underfoot, and beneath them I could hear the movement of water. Rose commented that one of her clients recently asked for a driveway to be created, and although the rent of her house was raised as part of the annual rent review, no additional service such as a driveway was provided.

Compounding the lack of fencing, Carol commented, is the current Housing New Zealand practice of erecting infill housing. Infill housing was planned for the properties on which Salote and Lyn were living. Three units were built on the property in which Frances had lived for thirty-nine years. The process of their construction destroyed much of the garden she had created, causing her great distress, and contributed significantly to her decision to move from the house she considered her family home.

Some of the land on which infill housing is being built was also, in Carol's view, a health concern.

Some places are really inaccessible, and I don't know if I would build on them myself if I had the money given to me. Steep sections, a whole lot of houses built down one right-of-way, ... down to creeks. And there is no fencing, no proper fencing because of the common driveway. They might have some fencing around the backyard of the house, but you go through the front door which is stuck there on the common driveway area and there is no real fencing around there and it is a really unsafe situation (Carol).

Lyn adds that the Housing New Zealand officer who had discussed the proposed infill project with them had said they would be given the option to move if they wished. This would cause further upheaval for the family, however, and possible further expense.

8.3.5. *Dirt, Pest Infestation, and Non-functioning Structures.*

A common experience shared by most of those interviewed was that of finding their new tenancies to be in a poor state of hygiene and repair. Frances remembered that it took a lot of work to bring her house up to a state of cleanliness with which she was comfortable. *"It smelt badly and there was a lot of silver fish, and bugs and coddle moth in the carpet, when I went in to clean it. Both my daughter and I scrubbed and scrubbed for weeks."* That house was still preferable, however, to some that she had been offered by Housing New Zealand.

I think they offered me two or three, but one was down a big driveway and very overgrown, very untidy. One was up the road here, and both my daughter and I vomited when we went into the toilet and bathroom. They were so filthy and dirty (Frances).

Rose commented that Housing New Zealand's rental practices can often leave families in further debt, should they abandon a tenancy due to rent arrears, and without having

cleaned the house to a state approved by Housing New Zealand. If this is the case, the tenants will be billed the cost of cleaning the property before it is re-let.

Lyn and Leo found upon moving in that their house had an ant infestation. However they received an effective and prompt fumigation service. Borer infestation in the structure of their houses was a major problem for both Frances and Mereana. The borer in Frances' house was fumigated by Housing New Zealand, but the treatment proved ineffective. Mereana had had promises of fumigation but nothing had eventuated.

Of course I have always had a battle with the borer. Some of the borer has been unreal. It's totally out of control. Borer beetles and everything. And now I have finally discovered some borer is in my new drawers, that I've brought into the house (Mereana).

The set of drawers that was built into Mereana's kitchen was not operable. She explained that she had for the six years she had been a tenant in the house, repeatedly asked Housing New Zealand to repair them, but again this had not happened satisfactorily.

They have just fiddled around with them and made them worse. When you open the top drawer, because they are not on gliders, they are just sawing away at each other, causing sawdust to drop down onto the other drawers, so I can't even use them. They are constantly full of sawdust so I have never used them since I moved here (Mereana).

Some faults were more minor such as missing window catches, and mis-matched wall paper, but Bob and April explained that when they received no satisfaction regarding a more major functional problem with their house, they resorted to repairing the problem themselves. This, however, earned them a reprimand from their case worker.

We had these door handles. Oh it was terrible. We had these door handles on the toilet and bathroom. Our son would go in there in the middle of the night, and all of a sudden you'd hear this 'Wahhh!', because he couldn't get out, cos the door handles would stick. You had to push them right down and had to ...mmmgh. (Bob mimed using a great deal of force to open the door) We could do it but the kids couldn't, because they would get in there and they weren't quite tall enough (Bob).

We rung them and said, "There's something wrong with the door handles. Can you fix them?" They didn't come back to us. So we took the door handles off the lounge and we put them in the toilet, so the lounge door would just swing. Just so we could shut the door to the toilet, you know. ... It's not very nice waking up to this child hysterical because he can't get out of the toilet (April).

They reversed this 'repair' before leaving their house, as by the end of their year of tenancy, Housing New Zealand had still not completed the requested maintenance. If they had not done so, it was possible they would have been billed for the repairs, or had their bond retained. Although Housing New Zealand are charging market rentals, they were prepared to let the property to Bob and April in a state of disrepair in which it had obviously been left by previous tenants.

8.4. The Maintenance of Housing New Zealand Tenancies

As can be seen from the preceding section, procuring necessary maintenance on the houses they rented was not an easy task for many of the families interviewed. A notable example of this, which could have had possibly tragic results, was related by Myriam. On moving into a previous Housing New Zealand property, she pointed out several concerns to her case worker, John. Some were aesthetic rather than safety concerns, such as the wall paper which was hanging off the wall in strips. When she asked for this to be repaired, she received casual assurances that this would be rectified. After a

number of months of waiting, she bought paste and attempted the repairs herself. These proved ineffective, Myriam believed, because the wallpaper was "second-hand".

Of more critical health significance was Myriam's concern that safety catches be put on the upstairs windows. The steroids required to treat her son's nephrotic syndrome altered his behaviour in such a manner that she considered living in a two storeyed house posed a potential hazard. Myriam described her son's behaviour as "*hyperactive, unpredictable and aggressive. ...He was getting violent all the time and he was beating up the kids, and it was like he wanted attention.*" Her request for safety catches was declined, and she discussed with John, her case worker, the option of installing the safety catches herself.

I can always go and buy security latches and put them on myself, but the fact is when I move, I'll have to take those off, and then I'll have to repair the damage the screws make. And he goes, 'Yes, that's right'. And I said, 'Well I can't afford that' (Myriam).

Myriam's fear for her son's safety proved to be well founded as one evening he fell out an upstairs window. To the amazement of the medical staff at Starship, he sustained no major injuries, as 'chalky' bones are one of the side-effects of such steroid therapy.

So the hospital wrote a letter to Housing New Zealand, the paediatrician did, and said either they get security latches on those windows or find me another home that's on ground level. John just wouldn't have it (Myriam).

When letters and visits from the Public Health Nurse to Housing New Zealand on Myriam's behalf also failed to procure for her the required safety catches, she decided to move. On handing in her notice, she was offered painting, wall-papering and the safety catches, but at the cost of a rent increase.

'If we do all this for you,' he goes, 'I'll put your rent up.' And I thought to myself, 'I'm paying \$290 a week. I can't afford to have my rent go up', you know cos the

rent had gone up three times in that year. When I first moved in it was \$245 (Myriam).

The unaffordability of safe housing therefore forced Myriam and her four children to move.

In Mereana's, as well as Bob and April's, experience when maintenance was undertaken it was often not done satisfactorily. Mereana described the state of the bathroom when she moved into her current Housing New Zealand property as being "a mess".

The lino was all ripped and broken. They didn't replace it. The wash basin had a huge crack down it. The toilet pipe leading outside was cracked and broken and leaking. I had their workers here so many times trying to fix it, and every time they would make it worse, like they'd break a hole in the wall and just leave it. They wouldn't fix it up properly. So I was constantly on their backs about getting it up to standard (Mereana).

The potential health hazards of cracked wash basins and toilet pipes do not require elaboration. An assured supply of hot water would also seem a reasonable expectation, given that these rental properties are all well within an urban area where servicing of utilities is available. For Leulu's family, however, it took several days to have their hot water cylinder serviced, leaving the family of seven without running hot water.

I feel sorry for my children not having a bath. ... That makes me angry because once we delayed to pay our rent, and then the letters always on and on (Leulu).

It would appear however, that paying market-level rentals does not ensure market-level service. This impression was echoed by Rose from her clients experience of dealing with Housing New Zealand.

Most of our families are paying \$260, and a lot more than that some of them, a week in rent. Then the families are asking for a good service, a well maintained property, and they are not getting it. They think that they should be, and I agree with them. They are paying good rental to the landlord (Rose).

Bob and April recalled the apparent ineptitude of contractors engaged by Housing New Zealand to paint the exterior of their house, and that of the house next door. In the preparatory stages, while water-blasting the house, the contractors broke a window, yet continued to water-blast, thus spraying dirty water through the interior. They neglected to contact a glazier and left the hazardous shards of glass lying around. While accepting that these are individual cases out of which generalisations cannot be drawn, it is interesting to note the comparison with a private rental where the family live currently, in which when a window was broken, a glazier was sent within two hours and the landlord rang later in the day to inquire as to the tenants' satisfaction with the service.

Bob explained how the painters had to redo the job a number of times to rectify poor workmanship.

They came back to our home three times, and they came back two times so by the third time they had actually fixed it to the standard it should have been the first time they did it. They shouldn't have had to come back. ... They were unbelievable. They had no idea what they were doing. No idea. They had to paint the front door about five times, because the paint crazed. It goes into little cracks and blisters because you've used two different paints and they actually react. And then he painted it, and he shut the door and the door stuck because the paint had dried with the door shut. The front door shut! And they had to come back and sand it and open it so we could get in. ... And the other thing they did in the bedroom was they painted the windows while they were closed. We couldn't get them open, and we had to get the guy around. He came with a hammer. It was so funny. We didn't even dare to try and open them, because we were afraid they would break. If we smashed those windows we would have to pay for them (Bob).

Leulu also voiced concern at having to pay for repairs to damage for which her family was not responsible. On first viewing the house, she pointed out a cracked window which remained unrepaired when they moved in. Over a year later, the window was still cracked, although it caused Leulu concern that her children would cut themselves on it if the crack extended to become a full break. She believed that if Housing New Zealand was asked to repair it, her family would be forced to pay for the glazier's services, an expense they could not afford.

That's why it worries me, because when we came it was broken before we move in. And that's what they said, if we want to move out, they are coming to check everything. If we damage something sort of... then we have to pay for it (Leulu).

For Leulu there appeared to be a feeling of uselessness in attempting to enter into dialogue with Housing New Zealand as a landlord. Certainly there was little evidence of Leulu feeling that she and her family had certain 'rights' as purchasers of a service from Housing New Zealand. In her public health work, Carol has encountered this feeling of powerlessness on many occasions.

Most of the families I visit are in Housing New Zealand houses. I'm not sure, but a lot of the families we work with ... are a bit nervous about public issues, services and it is quite a daunting thing for them to do, or they feel beaten before they go to Housing New Zealand, or they are nervous that Housing New Zealand is going to say, 'Oh well, you are not looking after the place' (Carol).

As was discussed in the review of the history of housing in New Zealand (in Chapter 3), state housing came to acquire a 'welfare' function and so some degree of stigma. In a market-driven economy, those who live in state housing can still be treated by Housing New Zealand staff as if their accommodation is an undeserved charitable handout from the state. This in turn can have detrimental effects on health, such as increased stress and lowered self-esteem. The data comprising the fourth aspect of this theme of being a tenant of the state, arose from the participants talking about how they felt treated as clients of Housing New Zealand.

8.5. Perception of Treatment Received as a Tenant of Housing New Zealand

The question as to how people perceived their treatment as tenants of Housing New Zealand was not asked directly, as to do so might have prejudiced the answers given. The data that comes within this aspect of the theme of state tenancy arose spontaneously from the conversations with those interviewed.

With one exception each of those interviewed currently or in the past had had a strained relationship with Housing New Zealand as a landlord. April explained that in her dealings with Housing New Zealand, she felt she was treated as if she were "*stupid*". April felt that as a client of Housing New Zealand she was discriminated against.

It (state housing) was set up to help people on low incomes and because you are so called low income they treat you horribly. They really do. You feel like a second class citizen, you really do. That was one thing we really noticed (April).

It would seem that in most cases, the discrimination was discerned from the tone of communication, or from delays in attending to requests. In Frances' case, the prejudice was actually verbalised. She described an incident that occurred several years ago but which still caused her anguish. A judgemental comment was made about her by a Housing New Zealand officer to a third party, who was negotiating on Frances' behalf with Housing New Zealand.

She was liaising with them, for and on my behalf. And he turned around and said to her, 'I think she is well above her station.' She told me and she said she was very irate, and we both confronted them at a meeting at Housing New Zealand. ... Yes he said he thought I was well above my station. So he apologised to her on a

fax, which she still has, and then he apologised to me. But that in itself hurt me (Frances).

Admittedly, such verbalised prejudice did not appear to have happened to any of the other people interviewed, but a common experience was one of not being believed, or not being taken seriously, as was the case for Myriam when she complained about the faulty stove. "He looked at me as if I was a liar", she remembered, when recalling the housing officer who came to check the stove. April remembered being called "silly" by a Housing New Zealand worker when she rang to report a leak:

Just behind the hot water cylinder there was a leak from the bathroom. It was just a slow leak but you could see it was a leak. I ring up and say, 'Look there is a leak,' and the guy says, 'Oh, no. I've come and checked it. There's no leak. There's nothing wrong with it. It just looks like a leak.' And then you know, after a few baths and showers you go and look and there's the water. And he goes, 'No you're just being silly. You're seeing things' (April).

Mereana expressed little faith in the promises of Housing New Zealand workers as she had had promises made to her, which were never kept, such as the fumigation of her furniture and the installation of insulation. Myriam's experience echoes Mereana's. Having expressed her dissatisfaction with the houses she had been shown as prospective tenancies, she accepted one on the understanding that she could rent it temporarily and when something more suited to her needs became available, she would be able to move.

And when I moved in with whatever I had, he virtually turned around and said, 'Oh no, there are no houses.' You're stuck in that house and that was it. So I had to go to the Women's Centre to get help to get out of the house because the dampness was causing my daughter to have asthma attacks (Myriam).

These experiences have led Myriam to believe that it would be fruitless to approach Housing New Zealand for assistance in the unsafe house she currently rents from them. Added to the stress of attempting to procure housing on low incomes, and then

additionally to fund other essential expenses such as power and food, such a sense of powerlessness can become overwhelming. Frances was at the time of the interview engaged in a conflict with Housing New Zealand over what they claimed to be discrepancies in her rental payments. With Housing New Zealand claiming an ever-changing amount of debt, and with no clear explanation on how she came to owe this sum, Frances was very stressed. Having experienced a violent marriage, she compared her feelings before meetings with Housing New Zealand officials to her past experience as an abused wife.

You have got to get yourself ready. Don't get upset. Hold it all down. It's like having a smashing from your husband, and saying "Don't get upset in front of the children". But two or three days later, you just completely go off your head, because you are stuffing it down in you (Frances).

Her distress was compounded by the threatened withdrawal of her Special Benefit from Christmas 1998 onward. This would mean \$80 less income per week, the same amount she currently had to live on, after her rent has been paid as her rent took her entire superannuation. In her mid-sixties, with two grandchildren in residence, she had been advised to go back to work, or to take in a boarder to assist with her accommodation costs. She expressed her desperation with Housing New Zealand and Income Support:

*I have got to the stage of my life now where I just want them to leave me alone!
For the rest of my life. Just leave me alone! (Frances).*

One household did experience a helpful working relationship with Housing New Zealand. This was Ani's household. As Te Kaha was a waged worker, although paid poorly, the only benefit the household received was the Accommodation Supplement. If Te Kaha was unable to work, for whatever reason, the Supplement was the only income available to the household. Ani explained how their Housing New Zealand case worker assisted them in such times:

He's quite good Andrew. ... If I know we have problems with money and the rent won't be going in, I'll ring him straight away and tell him about it. He said to me, 'Things like that happen. Just let him know straight away.' I told him how I felt before. That I was quite scared. I didn't know how to do it. So he said, 'Don't be. It's best that I tell him' (Ani).

It is possible therefore that some difficulties, such as feeling discriminated against, or feeling ignored, which are experienced by state housing tenants, may result to some degree from the relationship tenants have with their housing case worker. Even Bob, who felt *'put off for life'* with regard to renting from Housing New Zealand, commented that they did have the experience of meeting a polite efficient housing inspector. However, with eight out of nine of the households experiencing less than optimum relationships with Housing New Zealand, it would seem a significant enough proportion of the sample to justify the observation that state house tenants are still treated in a stigmatised fashion as opposed to being treated as market-rent paying clients.

8.6. Conclusion

In summary, eight out of the nine households interviewed were still choosing to rent from Housing New Zealand. The most common reason for choosing to do this was a perception that Housing New Zealand offered greater security of tenure than the private rental sector. Security of tenure, real or presumed, comes at a price which is more than the cost of market rent. Families and individuals are enduring state housing that is often of a low standard, poorly maintained and, in some instances, even unsafe. The same families and individuals may also experience being spoken to in a manner that is belittling, or having their enquiries and requests trivialised or ignored.

Such compromises and sacrifices constitute active and potential threats to the physical, emotional, and family well-being of these low income households. This is less than satisfactory for households who are paying market rents. These experiences are also in conflict with the Crown's stated social objectives for housing, which Housing New

Zealand claim they are seeking: "To ensure that all New Zealanders have access to good quality, affordable housing" (Housing New Zealand, 1998: 2).

Chapter 7 discussed the sacrifices and compromises these low-income households are making to maintain their accommodation due to the high level of market rents. Having made these sacrifices, it appeared that in many cases the standard of service provided had not improved. Households were paying an increased proportion of their income on accommodation while continuing to live in damp, cold and, at times, unsafe houses. In June 1998, Graham Kelly, as Labour spokesperson on housing, estimated that the rent increases had earned the Government over 17 million dollars in the ten months from July 1997 when the rent freeze was lifted, until May 1998 (Smith and Perry, 1998: A3). How is such a profit explained when housing remains so unaffordable for low income families? The "improved fairness" (Luxton, 1991: 12) of the restructured government housing assistance had not eventuated in improved housing circumstances of the participants in this study.

The following and final chapter dealing with the results of the research addresses the theme of ontological security. It aims to explore the experience of ontological security for the low income households interviewed through discovering from the participants' point of view what conditions are needed in order for their accommodation to become a home. From this understanding it will be possible to determine what impact, if any, market-level rents have had on these households in achieving ontological security.

9. HOUSED YET HOMELESS

9.1. Introduction: Ontological Security Revisited

In this final chapter in which the findings of the interviews are explored, the data came solely from the interviews with families and individuals who were suffering incipient homelessness. I have argued throughout this thesis that to be homeless entails more than simply the experience of lacking accommodation, which is of course intensely stressful in its own right. To be homeless, especially incipiently homeless as is, or has recently been, the experience of those interviewed, involves an undermining of their ontological security, (the term used by Giddens (1984) to express the confidence or trust people develop that the world is as they expect it to be). This sense of trust, of ontological security, is nurtured and reinforced in the environment in which people usually feel most at ease, an environment they deem to be their 'home'. As this sense of trust is both deep and personal, the effect of its being threatened is best described by the incipient homeless themselves.

Dupuis and Thorns (1998) develop Giddens' concept, claiming that people actively, not just subconsciously, seek ontological security:

In contrast with Giddens' overly psychological position, we would argue that while ontological security may be deeply rooted in the unconscious, it is also a

phenomenon that is actively sought at a conscious level (Dupuis and Thorns, 1998: 30).

The desire to have a home is a manifestation of this active search for ontological security. To be housed in overcrowded, substandard, stress-filled housing with uncertain tenure promotes feelings of dis-ease rather than security. Dwellings may not be experienced as homes if certain elements such as secure tenure are absent. In order to ascertain what these elements might be, or how they are expressed, each participant was asked what, for them, would turn a house into a home; when would it cease to be accommodation only, and become a place where, as Saunders explains, they can experience "a sense of self and belonging" (Saunders, 1989: 187). When asking questions earlier in the conversation, I was careful to use the word 'house' to describe the accommodation under discussion, rather than the word 'home', in order that the question differentiating house and home might be asked with as much clarity as possible later in the interview. In their responses during the conversation, those interviewed appeared to use the words 'house' and 'home' interchangeably at times, but when asked directly to clarify the qualities that would enable accommodation to become a home, each person was able to do so.

Five different aspects of 'home' were able to be identified in answer to this question. It was a question which initially took some participants by surprise, and required more reflection than other questions which concerned more material aspects of their housing difficulties. The five aspects raised were: security of tenure, the ability to personalise the physical space, the ability to offer hospitality, adult autonomy in rule setting within this locale, and finally the power to choose the location of the accommodation. The order in which these are discussed does not indicate any order of priority, and especially not an order imposed by myself as researcher. The initial three are discussed first, because they are aspects raised by more than one person, whilst the latter two were spoken of by one respondent.

These aspects of what constituted 'home' were not discrete entities but rather, as in the case of compromises made to secure housing, they overlapped and influenced each other.

However, in order to represent the understandings of home expressed within the interviews, they will be discussed separately.

9.2. Security of Tenure

Security of tenure was of central importance for both Leulu and Mereana. The fear that she and her family could be evicted by committing a transgression of their tenant / landlord agreement, meant for Leulu that the house she rented from Housing New Zealand was not viewed as their “*real home*”. Their ‘real’ home would be one which they owned. “*We are under someone. If we did wrong, they can kick us out, because we are under someone.*” This sense of increased ontological security coming through financial ownership is consistent with Saunders position that an increased sense of belonging and identity through housing comes for those who own, rather than for those who rent, and that “this difference has to do with the different ownership relations rather than any feature of the housing itself” (Saunders, 1989b: 187).

Interestingly Leulu was the only one who named the form of tenure as a necessary feature of the experience of ‘home’. Frances spoke of a desire to own her own home, but financial ownership was not essential for her to define a house as a home. She spoke wistfully of an opportunity missed years before to buy her long-time home from the Housing Corporation for a very reasonable price. For Mereana, the security of tenure was also central, but she did not need to own the property. Ontological security could be experienced within a rented property. She explained that a house for her was a home in so much as it was “*stable*”.

I really value stability. I'm not the type of person to move all the time. I really value stability. It's like I've been here six years, and the first place we were in, the council place, we were there for ten years. So it's a home in as much as it's stable (Mereana).

Mereana's understanding of home as not being tenure-dependent is consistent with the position taken by Dupuis and Thorns who argue that as the search for ontological security is a social action, it must be understood within the context in which it takes place:

The means through which ontological security can be obtained is thus likely to vary according to the particularities of the social context (Dupuis and Thorns, 1998: 30).

For Mereana therefore, if incipient homelessness led to a situation in which her family had to shift frequently in order to find more affordable accommodation, not only would such factors as her sons' education be affected, but her sense of trust, of ontological security she could gain from having a home would also be threatened.

9.3. Personalising the Home

Karen, and Bob and April equated having a home with the ability to imprint on the physical space something of their own personalities. Both households thought of their rented houses as homes. In Karen's bedsitter I was struck by several intricate pottery sculptures and paintings which she explained were created by her adult children. Photographs of her children and grandchildren were also prominent, as were wedding and family photos in Bob and April's privately rented house. Karen expressed particular interest in the question of the difference between house and home, and her answer indicated that a home was a "nest" and implied a 'rootedness', similar to the "rooflessness or rootlessness" concept discussed by Sommerville (Sommerville, 1992: 529).

After all the years of shifting from place to place, some years there'd be nothing, just me and a bag. Home is a place where you have security. You can have your possessions, your little nick-knacks. A home is your nest. ... So this is home to me (Karen).

Her answer indicated a connection between length and security of tenure and the ability to furnish and decorate her house according to her preference. *"A house is just a roof over your head, which can be very temporary."* In this way her answer differed somewhat from that of Bob and April. While for Karen if she were in a house long enough to personalise it, it would then become her home, for Bob and April, they needed to 'feel' that the house was home before they began the process of personalising it. In their privately-rented accommodation, they felt at home and valued as tenants. In contrast, the house they had rented from Housing New Zealand they experienced as a *"shell"* with no warmth. They explained the pain and discouragement felt by the elderly woman, who rented the next-door Housing New Zealand property, when her plants were *"tipped out"* of pots, and *"ripped off walls"* by the contractors who had been sent to paint the exterior of the house. She had developed the garden over her twenty year tenancy. *"There was no thought to the fact that it was her home."*

The Housing New Zealand property was simply accommodation for Bob and April. They had no desire to decorate the house in their own style.

It was a Housing New Zealand house, so therefore you don't personalise it . Basically that's what the man (from Housing New Zealand) said. You don't make it into a home. It's got to be sort of like swept clean. You couldn't put holes in the walls. You couldn't put pictures on the walls you know. You could but they didn't encourage it. We didn't unpack our things in that house. We didn't stick anything on the walls. We didn't unpack things like photos, pictures. ... We just never never unpacked those boxes (April and Bob).

April also noted that this reluctance extended to the children as well. Comparing the children's desire to decorate their rooms in their current home, she explained:

Our children really treat this as a home. They want to hang their pictures up on the wall. They never did ... they never cared at the other place. At the other place all we had were the basics (April).

Both April and Bob's voices lifted when they talked of their current house, and they spoke in optimistic terms of plans they had for their home.

This place here, the paint inside isn't perfect. It's not perfect inside and I said to the guy, "You provide the paint and I'll paint the place." I don't mind spending that time to make the place look better. But oh man, at the other place ... I'd do nothing. I wouldn't do a thing, cos no matter what you do it's going to be a dump (Bob).

Included in the plans of which Bob and April spoke was the hope to be able to offer hospitality from their home.

This is really a home and we are looking forward to summer next year, summer this year you know. Having barbecues and things. Having a barbecue outside. (It has a) nice backyard. We're really looking forward to it (April).

9.4. Offering Hospitality

The freedom to offer hospitality was another benchmark that a house was also a home, for several of those interviewed. As discussed earlier, in the cultural context of New Zealand, and especially with reference to the importance of extended families in the social experience of Tangata Whenua and Tagata Pasifika, a holistic definition of health must take into account family health. Housing which as 'home' enables people to extend hospitality to their family and more broadly to friends, thus enhances health, whereas housing which is not conducive to hospitality, is detrimental to family well-being. April explained that in their privately rented home, she felt secure and so at ease about inviting others in:

We come home ... we have been out for a day and we come home, and it just flashes through your mind how appreciative you are of having a home to come home to that is warm. It's just cosy. You can bring your friends around, and it's comfortable. Whereas at the other place it was just so cold. You could feel the coldness in the house. It wasn't just the temperature but the atmosphere of the place. We felt as if we were just passing through that place. We never brought our friends home (April).

Saunders and Williams describe a home as a “socio-spatial system ...not reducible to either the social unit of the household or the physical unit of the house for it is the active and reproduced fusion of the two” (Saunders and Williams, 1988: 83). For Ani and Te Kaha, as Tagata Pasifika from Rarotonga, being able to welcome their extended family and friends into their home was integral to family and social well-being. In their previous house this was difficult for them because of its small size. Renting one that was of a suitable size for them was not financially possible.

This is a good sized house. Now we can give our address to people, cos before we can't. We were just too ashamed for people to come home, cos once you open the door that's it. Not many people fit in there. It's a very small lounge and we can't have people to stay over, you know cos it's too tiny. There are two couches and they take up all the room. All the space (Te Kaha).

As Saunders and Williams suggest, the physical house and the nature of the household affect one another. The unaffordability of housing led to the renting of substandard housing, which in turn led to shame for the family. Initially living at Monte Cecilia was also seen by Te Kaha as shameful. However, during the interview he laughed at the humorous situation to which this led.

When I first started at this job her cousin got sick and one of the boys had to take me home. I told them to drop me off where the motorway is, by the traffic lights. I didn't want them to know where I was living, but I didn't know they were going to come and pick me up the next morning, and they didn't know where to go. They

stopped at the lights and waited there cos they didn't know which way to turn, because I didn't want them to know I was living at Monte (Te Kaha).

Although Te Kaha and Ani now rented a larger house, the unaffordability of housing on his low income still made it difficult for them to provide hospitality in a manner appropriate to their culture. The lack of disposable income remaining after rent and essential bills such as power and phone have been paid meant that they could not feed their guests as they knew would be expected of reciprocal Tagata Pasifika hospitality. Again with laughter, but their humour disguising a significant cultural difficulty, Te Kaha and Ani explained their dilemma:

They're not going to come by themselves. They usually come by the carload. And what we've got in the fridge is enough to last us till next week. Yeah, people come around and it's gone, and then we've got nothing to eat tomorrow, to eat the next day. So you can't really say, "Oh no. Don't eat that." Because that sounds funny. You just can't say things like that if people drop over. Because when we go over they treat us the same. They serve us and things like that, so when they come over you want to do the same too (Te Kaha).

Frances, while she is of European descent, also considered that a house became a home if it accommodated the needs of her extended family. As a grandmother, she frequently had grandchildren, her own children, and members of her extended family living with her. She spoke of the importance to her of hosting special celebrations such as Christmas and Easter, but maintained that these occasions were secondary to daily family dynamics. For her a home was created by that family residing within.

Before hospitality, the house becomes a home for the inhabitants that are in it, which means preferably mother, father, children and the extended family. Housing the family comes first (Frances).

Frances' comprehension of the dependent nature of family dynamics and hospitality reflected the understanding of Dupuis and Thorns who explain that special times of hospitality assist in strengthening the connection between family and home:

Home was also strongly associated with the rites and rituals of the collective life of a family and was seen as the gathering place for family celebrations like birthdays, Christmas, and weddings. Rituals reinforce the family-home link, as they become a marker of who is included in 'family' being invited into the home (Dupuis and Thorns, 1998: 34).

Family dynamics were also clearly a part of a house becoming a home for Myriam. As an adult and a parent, her accommodation became her home if she felt able to set the rules within.

9.5. Setting Household Rules

As discussed in Chapter 7, a common response of households to the predicament of unaffordable rent is to double-up with another household. This creates further problems, as in Leulu's situation where her family's standing in the aiga was lowered and she had to defer to the higher status of her brother in whose house they were living. Myriam likewise found that in moving in with her children to her friend's flat, she had to accept different limits of authority within the household, and adjust to standards different to her own.

The limit is being able to handle their way of living. Like hygiene. Everyone has different ways of hygiene, cleanness. You can't actually walk in there and over run the place and say, "Look I'm boarding here now, and I don't want you doing this. You can't do that. Well some people do that, but I don't. There's a line I won't go beyond. I will show my respect. You have to even though I don't like it. I am just grateful he took me in. ... No it's hard whereas in your own home, all I do is growl at the children. I don't have to yell at adults. I hate it when I have to yell at an adult. He should know to clean up after himself. He should know to clean up

*the bath tub after they've finished having a bath, so it's clean for the next person.
Children I don't mind (Myriam).*

Ontological security found within the home contributes to a sense of adult autonomy, which in turn assists healthy parent-child relationships. Feeling an obligation to live with standards differing from one's own preferred behaviours in areas such as hygiene, or child discipline, creates tensions and stresses which impact upon health. Saunders and Williams also explain that: "we feel at home when others' role expectations have been lifted and we are no longer under surveillance" (Saunders and Williams, 1988: 88). This feeling of ease is much harder to achieve in overcrowded accommodation in the home of another person or family.

9.6. Living in an Area of Choice

The desire to feel in control with their housing, in order for it to be home, extended in Lyn and Leo's situation to the desire to be able to choose the area in which to live. While they would have preferred to live further west, their incipient homelessness and the need to find accommodation within a tight time-frame meant that they had to rent a house much closer to the central city, and further from the Waipareira marae support and services of which they wished to be a part.

We don't really think of it as home. I think if it were a place like we were saying where we wanted to be that would have been better. Whereas this place was more or less thrust upon us. We had to take it. Choice is important. We wish we had a better place somewhere we chose, instead of living up here where we had no choice. We had to take the house (Lyn).

9.7. Conclusion

From these discussions, it is clear that while people may be housed, depending upon the circumstances of that housing, they may not feel they have a home. Without the secure base that a home gives, it is difficult to experience the ontological security so necessary for health. Several factors appeared to influence the experience of 'home' for the sample. It was important to know that their tenure of the house would be for a reasonable length of time. For most participants the form of tenure was not as important as its certainty. The transience that could result from incipient homelessness was detrimental to ontological security, as housing became accommodation rather than home. Length of occupation also led to the desire and the opportunity to personalise the physical dwelling and its surrounds, which in turn led to a heightened experience of the house being home.

When the household experienced the house as home, there was a desire to share that experience through hospitality extended to significant others: friends and family. Hospitality was both a consequence and a symbol of having a home. When hospitality was offered, it was a signal that the household, the family from which the invitation arises, feel secure and in control in the dwelling they call their home. The home then allowed the household to meet certain social and cultural expectations. These occasions of hospitality served to further reinforce their ontological security. Hospitality then became a consequence of having a home, in that the household had a secure base, physically and emotionally from which to reach out to those beyond their immediate group. The difficulty of finding accommodation on a low income meant that a high proportion of income needed to be spent on rent, or that housing smaller than the household's real needs may have been rented, so their ability to offer hospitality was compromised. This had particular significance for those in whose culture, status and self-esteem were greatly influenced by the ability to reciprocate hospitality.

Autonomy was also important in the transition of a house into home. This was expressed as the need to be able to both set and enforce the ground rules of a household, which became difficult if accommodation is shared, especially with another pre-existing household. Significant input, if not autonomy, was also felt to be necessary in the choice

of house and location in order that it be acknowledged as 'home'. Again, unaffordability reduced the amount of choice experienced.

The experience of home and of ontological security therefore can be severely jeopardised through incipient homelessness and unaffordable housing. However, having a home as opposed to just a house was still greatly sought after by those interviewed. The experience of having a home should not be dependent upon income level, yet this appeared to have a profound influence upon whether or not families could procure housing suitable to become a home. Housing policy which increases the potential for incipient homelessness among low income families threatens ontological security. Within such housing circumstances, it is possible to be housed yet homeless.

10. CONCLUSIONS

10.1. Introduction

The value stance from which this thesis is written is the belief that housing is not only a basic human need for survival but also a basic human right, enshrined in the Universal Declaration of Human Rights. As citizens and residents of New Zealand, households can rightly expect assistance from the state to achieve adequate housing if they are unable to meet this need from within their income. Access to adequate housing should not be dependent upon income level. In New Zealand's relatively short housing history, there have been a number of different focuses of state support for low-income housing. However, only within the term of the first Labour government was there a serious state investment in providing an alternative tenure option to owner-occupation. Since 1950, the main thrust of state support has been toward enabling owner-occupation, with rental assistance being a secondary and essentially a targeted form of welfare. The economic restructuring which has taken place since 1984 has widened the gap between low and high income households. As the lower income households have become relatively poorer (Podder and Chatterjee, 1998) and their ability to accumulate the savings needed for a 25 percent deposit on a mortgage¹⁵ has been steadily eroded. After reviewing the literature and talking with the participants, it is evident that renting has become the only feasible means of obtaining accommodation for most low-income New Zealanders.

¹⁵ A twenty-five percent deposit, (of the value of the property to be purchased), was stated by the Auckland Savings Bank, 5 November 1998, as the amount required from lower-income clients in order to meet the bank's mortgage lending criteria. Higher income "professional" clients could obtain a mortgagee with a smaller deposit.

The second fundamental value on which this thesis is based is the belief that access to the key pre-requisites of health is also a basic human right. Housing is one of these key pre-requisites. Health in this study has been viewed as a multi-faceted state which is part of a continuum of well-being, rather than a singular definable condition. Housing contributes to individual's and families' health on a number of levels. Physically housing provides shelter from the elements, and thus lessens the chance of exposure and contracting disease through lowered resistance. Housing which is a home as well as simply accommodation, also contributes to the achievement of spiritual, emotional, and family health through providing a sense of rootedness (Sommerville, 1992), a sense of ontological security (Saunders, 1989b; Dupuis and Thorns, 1998).

This research began with a concern that the means of fulfilling these fundamental human needs and rights were not equally available to all New Zealanders. This concern was compounded as the research progressed.

10.2. Healthful Housing: A Right or a Commodity?

The understanding regarding low-income housing which came from the interview process and reading the literature was disturbing and, in the case of the households coping with incipient homelessness, humbling. The literature and the quantitative statistics revealed an increasing proportion of the population for whom owner-occupation is no longer an option, and the alternative of renting is also becoming increasingly unaffordable.

These households face the choice of living in overcrowded accommodation or rented accommodation which takes such a large proportion of their income that insufficient money remains for other critical daily-living expenses. If they choose the latter option, compromises often have to be made on expenses such as food, heating, educational opportunities and medical treatment. Low income families, especially Tangata Whenua and Tagata Pasifika, are the most profoundly affected as they can least afford market rents. These families were already those suffering the greatest degree of serious housing need prior to the housing reforms (National Housing Commission, 1988). Diseases such

as asthma and meningococcal meningitis, which are strongly linked with substandard or overcrowded housing, are those to which children are also highly susceptible. This is of immense concern as it means that inadequate housing may affect the life chances of another generation through poor health, missed schooling and the lack of formal educational qualifications.

The choices which face low-income families are not free choices. They cannot choose to withdraw completely from the housing market as this would create an even worse situation of complete homelessness. The high cost of market rents for low income households is contributing to a level of poverty which is unacceptable in a developed country such as New Zealand. A family of five should not have to try to feed themselves on twenty dollars for a fortnight. Parents should not feel compelled to keep their child home from school because they cannot provide him with a school lunch or bus-fare. A pensioner should not have to sell her furniture in order to pay her rent. This research shows that situations such as these are occurring in Auckland, and add support for the claim made by Cheyne et al. (1998) that relative deprivation is a reality in New Zealand.

10.3. Housing Restructuring Act - Working Against Low-Income Healthful Housing

As reviewed in Chapter 3, the form in which housing assistance has been provided by the state to low-income families has changed with different governments and differing policy implementations. This thesis shows, however, that the current state of serious housing need, rather than being relieved, is exacerbated by government policy. The aims of the housing reforms, "improved fairness, ... better targeting of assistance, greater freedom of choice" (Luxton, 1991: 12) have not and cannot be achieved under the system of market rentals requires low-income households to pay over 50 percent of their income solely on their accommodation¹⁶. State housing is still chosen by many low-income households as their preferred rental. The chances of Housing New Zealand meeting its objective of

¹⁶ In the Waitakere City Council's report into well-being in Waitakere City, they estimate that "rental housing costs are a significant (48-70%) component of household expenditure (Waitakere City Council, 1998: 27).

ensuring that New Zealanders, especially those on low incomes, have access to good quality, affordable housing which meets their needs (Housing New Zealand, 1998: 13) are severely compromised by the continued government policy of charging market rents for state houses. Under this policy, state housing has become increasingly unaffordable for the families interviewed.

10.4. Future State Assistance for Healthful Low-Income Housing

It is clear from this research that current state housing assistance to low-income households does not ensure that they have access to healthful housing. What alterations to these policies would assist families and individuals to have access to adequate, affordable housing?

It is imperative that any policy changes must result in more affordable housing. Simply reducing state housing rentals whilst the Accommodation Supplement remains an abatable allowance will not achieve increased affordability. A return to previous income-related rents would appear, in the light of the stories shared by the participants, a means by which housing access could become more equitable despite the growing gap between low and high earnings. A return to income related rents, at a figure of 25 percent of a household's income, would enable households to have sufficient residual disposable income to purchase commodities and services that increase their family and individual well-being.

Both Labour and the Alliance during the late 1990s have claimed that if in Government, they would return state house rentals to income related rentals at the 25 percent benchmark (Alliance, 1996: 1; Kelly, 1998: 35). It is critical to the health and well-being of a whole section of New Zealanders, those who receive the lowest incomes, that should Labour or Alliance come to form a new Government, they remain committed to their declared pre-election housing policies.

Robinson maintains that the Accommodation Supplement is also partly responsible for low income families having no chance to own their own homes.

The more serious barrier to home ownership is not the costs of servicing a mortgage from week to week, ... but an inability to save a deposit on a house while meeting their other needs. The lack of a deposit gap assistance programme, or a similar policy to assist low income families into home ownership limits options for low income households to get out of the poverty trap that renting can create (Robinson, 1996: 8-9).

The modal amount of rental paid by the families interviewed for a three bedroom tenancy was \$260.00 per week. From Figure 10.1, it can be seen that this amount of weekly outgoing on accommodation, would enable a household to service a mortgage on a house up to the value of \$170,000.00¹⁷. The weekly repayments detailed in this table still leave some monies available for insurance, water and land rate payments, not usually covered by renters. If state support was available which enabled low-income households to bridge the gap in order to accumulate the 25 percent deposit necessary for a mortgage, some low-income households would be able to service weekly mortgage repayments with no further state support than that which they presently receive through the Accommodation Supplement. Provided low-income households could maintain income stability and had credit reliability, they could then have entry to the preferred tenure option of owner-occupation. They would receive more long-term return emotionally and financially for the sacrifices made to secure accommodation.

¹⁷ It was determined that two to three bedroomed houses were available in this price range through a review of the 'Home Buyer's Guide' for central, west and south Auckland, 6 and 30 October 1998.

MORTGAGE COSTS

25%	Deposit
25	Year term
26	Payments per year
650	Payments in total
1.00%	Mortgage application fees
\$500	Legal fees

House Price	Legal Costs	Application fee	Deposit	Amount Borrowed	Weekly Repay ment Rate			
					floating	fixed 1 year	fixed 3 years	fixed 5 years
					6.95%	6.40%	7.40%	7.90%
\$110,000	\$500	\$838.38	\$27,500	\$83,838	\$136.05	\$129.36	\$141.64	\$147.97
\$120,000	\$500	\$914.14	\$30,000	\$91,414	\$148.35	\$141.05	\$154.44	\$161.34
\$130,000	\$500	\$989.90	\$32,500	\$98,990	\$160.64	\$152.74	\$167.24	\$174.71
\$140,000	\$500	\$1000.00	\$35,000	\$106,500	\$172.83	\$164.32	\$179.93	\$187.96
\$150,000	\$500	\$1000.00	\$37,500	\$114,000	\$185.00	\$175.89	\$192.60	\$201.20
\$160,000	\$500	\$1000.00	\$40,000	\$121,500	\$197.17	\$187.47	\$205.27	\$214.44
\$170,000	\$500	\$1000.00	\$42,500	\$129,000	\$209.34	\$199.04	\$217.94	\$227.67

Fig. 10.1

Needed just as urgently as the re-introduction of low-cost rental housing is a comprehensive survey of serious housing need and incipient homelessness. Despite the small scale of this research, it indicates the presence of grave housing distress in Auckland. There is no reason to believe that this situation is unique to the Auckland metropolitan region. Other research referred to in this thesis (Gunby, 1996; Robinson, 1996; Waldegrave and Sawrey, 1994; Waldegrave et al. 1996) already demonstrate that this is a nationwide problem. To avoid further escalation of this crisis, I would argue that it is not only timely but imperative that a nationwide survey of low-income housing need and incipient homelessness be undertaken in order that the most effective strategies may be put in place to ensure all New Zealanders have access to affordable housing. Such research would include the rural as well as the urban housing crisis. It has been beyond the scope and resources of this thesis to address the critical nature of rural housing need and its impact on the health of households, especially Maori households, living in remote areas.

The housing and health connection is complicated and multi-factorial but it undoubtedly exists. I believe that this thesis has shown the detrimental affects that unaffordable housing is having on the health well-being and ontological security of low-income New Zealanders, both as individuals and as families. Policies such as those enacted under the Housing Restructuring Act, which increase poverty and relative deprivation, must be re-evaluated and put aside in favour of those which permit more equitable access to housing in New Zealand's heterogenous, multi-ethnic society.

10.5. A Final Comment

I wish to again acknowledge my thanks to the staff and clients of Monte Cecilia Emergency House who allowed their stories to be told in this thesis. The work of Monte Cecilia and similar emergency housing agencies is vital as the number of incipiently homeless households continues to grow. I believe it is a sad indictment on the priorities of the Auckland City Council that plans for a 'Premier Park' threaten to render homeless Monte Cecilia's emergency housing service. It is essential therefore, that if the City

Council continues with its plans to purchase Monte Cecilia and the surrounding land for recreational purposes, that they also assure the future of the emergency housing agency through the provision of an alternative, equally adequate and affordable venue from which the agency can function.

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APPENDIX 1

Permission Letter for Quantitative Data



MONTE CECILIA HOUSE

72 Hillsborough Road
Mt. Roskill, Auckland 4
Phone (09) 625 6669
Fax (09) 624 3202

P.O. Box 24384
Royal Oak
Auckland

- Family Crisis Support
- Emergency Housing
- Housing Advice
- Housing Advocacy

1.09.97

To whom it may concern,

This is to confirm that I have given permission for Kathleen Lynch, Master of Arts Thesis student, Massey University, Albany, to access quantitative data on clients seeking emergency accommodation at Monte Cecilia Emergency Housing Trust. This data has been processed, and no individual clients are named.

Elaine Lofeso
Coordinator Monte Cecilia House

APPENDIX 2

Permission Letter for Qualitative Interviews

Mercy Sisters,
Monte Cecilia House,
P.O. Box 24384,
Royal Oak,
Auckland.

Dear

Thank you for agreeing to speak with me concerning your experience of housing. I am undertaking these interviews in the course of writing my thesis for a Master of Arts degree, majoring in Sociology, at Massey University at Albany. I believe research projects such as this to be important, as they contribute to our understanding of the immense hardships undergone by the homeless and those in housing distress. Therefore the experience and first-hand knowledge of people like yourself is invaluable.

I anticipate that this interview will take less than an hour, and will be fairly informal. During this meeting, with your agreement, I would like to tape our conversation in order to aid my later recollection and analysis. When this work is finished the tapes will be wiped. Nobody, apart from myself, will have access to the tapes. If you so wish, I will provide you with a copy of the transcript of the tape for your perusal and comment.

Although I cannot guarantee complete anonymity in the writing of my thesis, the names of participants will not be included if that is their wish. However some participants may wish to be identified. Your preference will be discussed before any interview takes place and will be strictly adhered to.

If you should wish to withdraw from the research at any stage before the end of the year, when the thesis is submitted, you may contact me and your quotes will be removed from the writing. If you have questions about any aspects of the research please contact me on 6243618 and if I am not available, leave your contact details on the voice mail and I will contact you as soon as possible. If you prefer you may contact either of my thesis supervisors, Paul Spoonley or Anne Dupuis, at the Sociology Department of Massey University, on 4439700.

Thank you once again for your assistance with this study.

Yours sincerely,

Kathleen Lynch