



My home, My well-being

Everybody needs a place where they belong

An exploration of mental health consumers'/tāngata whaiora experiences of housing needs in the Kapiti Coast region.

SUMMARY OF FINDINGS

by

Kapiti Choices and Kites Trust

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Copies of this report and the summary can be obtained from Kites Trust website www.kites.org.nz.

Definition of Terms Used:

Consumer

A person who uses mental health or addiction services, regardless of his or her level of need.

Tāngata Whaiora

Maori term for people seeking wellness—used here for consumers of mental health and/or addiction services.

Well-being

Well-being implies those factors found to reduce the prevalence of mental illness: a sense of belonging, and opportunities to contribute to society and to thrive (not just survive). Well-being depends upon equitable access to resources, such as housing, education and employment, as well as quality mental health and/or addiction services that enhance recovery. (*Te Hononga 2015 Connecting for greater well-being*, Mental Health Commission, Wellington, August 2007.)

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About Kapiti Choices

Mā Pango mā whero ka oti te mahi

Many Hands Make Light Work

Kapiti Choices Inc. has evolved with the vision of helping consumers/tāngata whaiora take charge of and manage their mental wellness. Guided by this vision, we work to promote a healthy attitude to consumers/tāngata whaiora.

Throughout the research process behind this report, we have endeavoured to bring to light the realities that our members and other tāngata whaiora face as they seek comfortable and harmonious relationships with and within our communities. It is hoped that this report will help our communities enable such relationships.

For our part, Kapiti Choices, as an agency for advocacy, information and support, will supply tāngata whaiora with the means to access pathways that are created when communities engage with the idea that as we uplift others we uplift ourselves.

About Kites Trust

Kites Trust is a not-for-profit community development organisation based in Wellington. Our aim is for people who experience mental health problems to have the same opportunities to work and participate in the community as other citizens.

We help develop inclusive environments by seeking opportunities for consumers/tāngata whaiora to take the lead. We assist by providing project management, policy advice, staff education, service audit and evaluation; by facilitating reference groups, forums and workshops. We promote consumer/tāngata whaiora leadership and consumer participation as being integral to the way we work. We consider consumers/tāngata whaiora to be the experts as it is they who know what will work best for them.

Kites believes in socially inclusive communities. We have welcomed the opportunity to partner Kapiti Choices in undertaking this housing research project. We hope that this project will serve to inform and that it will encourage a community response to the housing issues raised in this report.

1. Introduction

In 2005, the manager of Kites Trust asked the co-ordinator of Kapiti Choices what the issues were that people in the Kapiti region who had experience of mental illness were facing. The co-ordinator's response highlighted the limited housing choices for consumers/tāngata whaiora and the need for advocacy required by some Kapiti Choices members in relation to their housing situations. For example, of serious concern to Kapiti Choices was the poor quality of accommodation provided by a local boarding house to people on low incomes, some of whom had mental illness.

Kites Trust agreed to follow up on these issues in partnership with Kapiti Choices, and one of Kites' project workers began work on the project. The project worker looked into previous attempts by individuals or organisations in Kapiti to improve housing. Over the preceding three years several public meetings had been held in which specific issues were identified. These included a lack of affordable housing, minimal availability of rental properties and, especially in relation to the aforementioned boarding house, the poor quality of low cost accommodation. Yet it was difficult to determine what, if any, actions had eventuated from these meetings. The two organisations decided to set up a project group, The Kapiti Housing Action Group (KHAG). This action group included membership from both Kites and Kapiti Choices. The local community mental health team was later invited to put forward a representative onto KHAG.

After several meetings to establish the group and determine possible actions, it was agreed that the first step towards finding solutions was to identify and document the housing problems and needs. Most of the information available at that time was anecdotal and if, as was intended, the Kapiti community was to be called to assist in providing housing solutions, comprehensive research into local issues and needs would be necessary.

Applications for funding were made and a grant was obtained, enabling a researcher to be appointed. The research project began in February 2006 and finished in July 2007. KHAG continued to meet on a regular basis throughout the research phase of the project, providing advice and support to the project and the researcher.

Aim and Objectives of the Research Project

The relationship between housing and recovery from mental illness has been recognised by users and providers of mental health services in New Zealand in a number of reports and discussion papers (Mental Health Commission, 1999; Ministry of Social Development, 2002; Kites Trust, 2002; Fenton, 2004). The Mental Health Commission (1999) describes this relationship as follows:

“The provision of adequate, affordable and secure housing is critical to recovery, continued well-being and independence—conversely, poor housing can impair a person’s ability to recover from mental illness and function independently” (p12).

The research project was a localised attempt to explore the housing needs of mental health consumers/tāngata whaiora and the consequences for their wellbeing. Specifically, the overall aim of the research project, as determined by KHAG, was:

to explore mental health consumers'/tāngata whaiora experiences of housing needs in the Kapiti Coast region.

The objectives of the research were:

1. To explore mental health consumers'/tāngata whaiora experiences of housing in regard to affordability, suitability, habitability, accessibility, security of tenure, and discrimination;¹
2. To explore mental health consumers'/tāngata whaiora perspectives on the adequacy of their housing situations, and their satisfaction levels with their situations;
3. To explore the effects of housing situations on mental health consumers'/tāngata whaiora well-being.

Research Methods and Participants

KHAG decided that in order for the research to adequately address the overall aim and the specific objectives of the research project, it would need to be a qualitative study involving face-to-face interviews and small focus groups. Whilst the primary focus of the research was to be mental health consumers' own experiences of housing needs, KHAG recognised that it should also include community perspectives: those of families whose members included people with experience of mental illness, and those of community organisations that were involved in some capacity with mental health consumers. The study therefore involved two types of participant: consumer/tāngata whaiora participants and community participants.

Consumer participants—recruitment and participation

Initially, around ten consumer/ tāngata whai ora participants were sought for interviews and it was envisaged there would be at least one focus group. Participants were sought from amongst Kapiti Choices members, and a notice was placed in the Kapiti Choices newsletter. A Kapiti Choices member on the KHAG team phoned people on the membership list, asking if they would be interested in being contacted by the researcher in regard to participation. Around 35 people expressed an interest, and of these the researcher was able to make contact with around 25. Of the people contacted, 20 were interested in participating in the research and seven did not want or were unable to participate in interviews or focus groups. Of the remaining 13, three wished to be in a focus group, and ten preferred confidential face-to-face interviews. Two of the three participants did not arrive at the focus group meeting, but the remaining participant agreed to a face-to-face interview. Thus, a total of eleven consumers/ tāngata whai ora participated in the research.

¹ The Statistics New Zealand document *The Six Dimensions of Housing Adequacy* states that “where inadequacies exist in housing, they manifest themselves via readily recognisable elements; these are the six interrelated dimensions of housing: affordability, suitability, habitability, tenure security, freedom from overcrowding, freedom from discrimination”. See the list of references at back of this report.

The consumer/ tāngata whai ora participants' involvement in the research project was agreed to be anonymous and confidential to the researcher. Before their participation in the project commenced, all participants were sent informed consent forms and information sheets about the project. The informed consent forms were each signed and either sent back to the researcher or handed to the researcher at the interview. In order to protect the anonymity of the participants, the only demographics recorded were their age and gender. Of the eleven consumer/ tāngata whai ora participants, nine were female, two were male, and their ages ranged from 30 to 60 years.

Interviews were conducted using an interview guide. This provided a flexible approach that ensured all topics were covered, yet gave the participants the opportunity to direct the flow of their interviews. The interviews were tape-recorded for later transcription.

Community Participants—recruitment and participation

Community participation in this study was sought through existing community networks. A total of 17 people participated in this phase of the research. Each of the community participants received informed consent forms and information sheets; the informed consent forms were signed and returned to the researcher before participation. The interviews and focus group sessions were tape-recorded and later transcribed.

The categories of community participants involved and their participation process are outlined below:

- Supported accommodation providers:—three organisations that provide supported accommodation to mental health consumers in the Kapiti region were contacted and asked to participate in confidential face-to-face interviews with the researcher. All three organisations agreed to participate, but in the end only two were able to provide input within the given timeframe.
- Family members:—three family members of people with experience of mental illness were recruited through Supporting Families. Each participated in confidential face-to-face interviews.
- Social service and health providers:—a number of organisations listed in a Kapiti Community Social Services Inc. contact list or identified through the Kapiti Healthlinks network were invited to participate in a joint focus group. Although nine of the organisations participated in the research (as listed in Appendix 1), it was only social service providers that ended up attending this focus group. The focus group was run jointly by the researcher and the Kites project worker.
- The Kapiti Community Mental Health Team:—members of the team participated in the research through a group interview which was run jointly by the researcher and the Kites project worker.

The community phase of the research took place once the consumer research had been completed. The community focus groups and the interviews each opened with the researcher sharing with participants the key findings of the consumer research. Participants were invited to comment on these findings and to share their own experiences of and

thoughts on the housing needs and issues that face mental health consumers/tāngata whaiora. Participants were also encouraged to raise other issues pertinent to their situation, either as family members or as providers of services and/or accommodation to consumers/tāngata whaiora.

2. The Kapiti Coast

“It’s a really good lifestyle that helps your mental well-being”

Mental health consumer/tāngata whaiora participant

The Kapiti Coast District extends from Otaki in the north to Paekakariki in the south. Kapiti Choices delivers its service to an area that extends from Peka Peka in the north to Paekakariki in the south, excluding Te Horo, Otaki Forks and Otaki.

According to the Ministry of Health, at any one time *“one in five New Zealanders has a mental illness and/or addiction”*.² Given that the population usually resident in the area covered by Kapiti Choices is 38,649,³ this suggests that in the area covered by Kapiti Choices, 7,730 people will be affected by mental illness and/or addiction at any one time.

Kapiti Choices’ services are primarily aimed at mental health consumers/tāngata whaiora rather than at people who are affected by addiction. Kapiti Choices aims to empower consumers/tāngata whaiora by providing information, advocacy and support.

The Kapiti Coast residency of consumer/tāngata whaioraparticipants

The eleven mental health consumers/tāngata whaiora participating in this study all resided in the area served by Kapiti Choices. Three of the participants had resided on the Coast for at least 16 years, and two had moved to the Coast eight to nine years ago. Around half of the participants had relocated to the Coast since 2001.⁴

Six of the participants had moved to the Coast from Wellington and three from the Hutt Valley. Of the two remaining participants, one had come from the central region of the North Island, whilst the other had been transient around the lower North Island, moving in and out of the Coast.

Reasons for moving to the Kapiti Coast

The reasons cited for moving to the Kapiti Coast were the availability of affordable housing, the perceived lifestyle offered by the Coast; and relationships with family, friends and partners (with either proximity or distance desired). Some participants noted a combination of these factors.

² Ministry of Health (2006), p8.

³ Statistics New Zealand, 2006.

⁴ In the period from the 2001 census to the 2006 census, the usually resident population in the Kapiti region increased by 3753 people. Over the same period, the number of occupied dwellings increased by 1905 dwellings. Statistics New Zealand, Census Usually Resident Population Count for Area Units in the Kapiti Coast District, 1996, 2001 and 2006.

Access to affordable housing

For a third of the participants, access to suitable affordable housing was the motivating factor behind moving to the Coast. Access to Housing New Zealand housing was cited, although one participant noted that:

“I was actually going to go to Nelson because at that stage Housing New Zealand had lots of properties down there, and I was going to follow the houses, and that’s a radical thing to do.”

For another participant, the affordability factor related to a family trust and its purchase of a house that the participant could reside in.

“We looked all around, me and mum and dad, looked all around. We looked at all sorts of options—but the thing that killed Wellington was the prices. That’s what killed Wellington. So then we started looking up here.”

Relationships

Five of the participants cited relationships with significant people as reasons for moving to the Coast. Three participants had moved either to be closer to or to live with a significant other, whilst two cited the wish to escape the sphere of influence of family or ex-partners as a contributing factor:

“I had a friend, she was on respite when I met her, we got on really well—but neither of us were great on our own—[we decided] ‘Let’s do it together,’ and she said, ‘Well I’m not coming down to Wellington, you’ll have to come up here’, so I went, ‘Well why not? I can’t see any reason why I can’t.’”

“I wasn’t happy the way that my family had actually reacted, leading to me being hospitalised, and I didn’t want them to have that opportunity again.”

Lifestyle

Lifestyle was a motivating factor for two participants to move to the Kapiti Coast. One participant had bought a house on the Coast twenty or so years earlier after having rented in Wellington:

“It’s sort of different from Wellington. It’s much quieter, not so busy. I really like it here. It’s got a nice pace of life.”

The other participant had experienced the benefits of the Kapiti Coast before moving and was motivated to choose Kapiti because:

“I had had time out on the coast before, respite, and other times I had just gone and stayed at a B&B—I always felt like it was coming home, here on the Coast, being by the sea—a smaller relaxed kind of style that seems to be around on the Coast.”

Reasons for staying on the Kapiti Coast in the future

Two thirds of the participants thought that they would stay on the Kapiti Coast in the future. Of these, half gave lifestyle as the reason they would stay, comparing it to where they had come from before:

“I love it up here; it’s the fresh air, the openness. There’s not the rush, rush madness that you find from being in the city.”

“The pace is a bit slower. It’s not fast and aggressive like Wellington. It’s slower and they’re more laid back, people are more laid back and friendly, more likely to say ‘hi’ to you.”

The other half cited their support systems, both formal and informal, as their reason for staying:

“This is where my support system is, I know all the ins and outs up here really now—it just feels comfortable here I suppose. It’s just me ’cos it’s what I know. I’m quite scared of change. It’s a comfort zone for me now.”

“I think the biggest one that keeps me here is the mental health team, because they’re really good. And when you’re not well you know you can just ring up, and get a bit of the stress off there.”

Reasons for leaving the Kapiti Coast in the future

One third of the participants thought they might leave the Coast in the future, although for two of them this was for travel, and the possibility of returning remained. Another would consider moving to be closer to family. Only one participant was definite that they would in fact leave. This was because:

“There’s just hardly any young people. I’m 31. No people my age, young people, single people. They’re all married, or not here.”

This view is consistent with data from the 2006 Census of Population and Dwellings, which highlighted a continuing decline in the 20–34 year old age group on the Kapiti Coast.⁵

Effects on well-being

The lifestyle available from living on the Kapiti Coast was a consistent theme amongst the participants. Overall, eight of the eleven participants commented positively about the lifestyle they had experienced as a result of living on the Coast, noting factors such as the pace of life, general friendliness, environment and climate. Some reported that living on the Kapiti Coast was better for them than living in other places had been; others specifically identified the lifestyle as a reason for their improved well-being:

“I like being near the sea—close to the island. It’s the thing you look at and know you’re home—it’s a really good lifestyle that helps your mental well-being.”

“I’ve improved unbelievably, ever since I’ve been up here—I like the sea and the bush.”

⁵ Kapiti Coast District Council (2006), Community Profile

3. Type of Tenure/Security of Tenure

“It’s sort of like a bit of safety and security, so I can relax and work on other areas.”

Mental health consumer/tāngata whaiora participant.

Security of tenure is one of the six dimensions of housing adequacy.⁶ It relates to the confidence dwelling occupants have that their tenure will be guaranteed for a specified period of time to which they have agreed, and is defined in terms of well-being and independence.⁷

In terms of the definition of tenure security shown in Figure 1, a dwelling owned without a mortgage is considered the pinnacle of the hierarchy, and chronic homelessness is at the bottom. This tenure security model does not include supported accommodation or private boarding as a tenure type. The figure also shows the number of consumers/tāngata whaiora participating in this research residing in each of the tenure types listed.

Figure 1: Hierarchy of tenure security—Consumer participants’ tenure type⁸

Model of tenure security	Consumer Participant’s Tenure
Dwelling owned without a mortgage	Family trust—participant renting
Dwelling owned with a mortgage	Four participants
Dwelling provided rent-free	
Dwelling rented (state)	Two participants
Transitionally and episodically homeless	
Chronically homeless	

Dwelling owned without a mortgage

One participant lived in a family trust home that was mortgage free, although he still paid rent to the trust:

“My father decided to set up a trust so that when mum and dad died, well the object of the trust was to get me a house that I could live in even when my parents passed on, that nobody could take, not A.C.C., Inland Revenue, City Council, you name it, nobody could take it off me. So Dad, we all put some money into the trust—finally we had enough money to buy a house, which I chose.”

He reported a number of benefits to his well-being of this scenario:

⁶ Statistics New Zealand, The Six Dimensions of Housing Adequacy

⁷ Statistics New Zealand, Tenure Security Dimension

⁸ Statistics New Zealand, Tenure Security Dimension

“There’s all sorts of benefits, that feeling of security—less anxiety. I was able to get a dog, landlord wouldn’t let me get a dog—I can put down roots you see, start accumulating stuff.”

Dwelling owned with a mortgage

Four participants in this study were homeowners. Two of them highlighted in particular the security that this afforded them in regards to not having to worry about landlords asking them to leave:

“Comforting. No landlord can come away and kick you out.”

“Can’t get kicked out of my own house unless I don’t meet the mortgage payments—security.”

One participant had been a long-term homeowner but was facing a matrimonial property split. This, she felt, had consequences for her future tenure security as she did not think she could afford to buy another house alone and would therefore have to rent. Furthermore, she was unsure about Work and Income rules regarding access a main benefit if she had a cash asset from the sale of her home:

“I will have to go private rental. Will have to. Have no choice—been used to a home, it will be hard to go down to a bad housing condition—if I had no asset I would be alright—the rules are if you have an asset you actually spend it—whittle away my house equity and then when I’m stone broke I can go back on the benefit—I’ll have to fritter it away on living expenses.”

Section 3 of the Social Security Act 1964 ensures that capital payments such as proceeds from the sale of a house are not included as income.⁹ This participant would therefore have been entitled to a main benefit from Work and Income New Zealand. She was still concerned however about not being able to afford private rental without using her housing equity, built up over a long period of time, to supplement accommodation and other living costs.

Dwelling rented (state)

Two participants rented property from the State, one directly from Housing New Zealand, the other from an organisation that rents property from Housing New Zealand, Community Group Housing Service.¹⁰ Through this service, Housing New Zealand provides homes to Government-funded providers of community services, which then rent them out to tenants.

Both of these participants were in rent-controlled properties, paying less than the market rent. Compared to the Community Housing tenant, the Housing New Zealand tenant seemed to feel greater security in regard to tenure:

“You can be a long term tenant; you don’t have to move out of that house.”

⁹ Work and Income, Definition of income—Capital Payments

¹⁰ Housing New Zealand, Community Group Housing

The Community Housing tenant acknowledged having a greater degree of tenure security than if renting privately, but noted that:

“There is always the fear that the Government’s going to come in and say, ‘Well we want to do this differently’—you need to know your rent’s going to stay pretty static; every time there’s a change of government I’m sitting there going [shake], you know, ‘Am I going to get kicked out of this scheme, or is this scheme going to fold?’ you know, because it is pretty tenuous, it should have grown but it hasn’t.”

This participant also noted:

“If I’ve gone into hospital for a long time, or something like that, there’s still that, there’s no security that your house will be there when you get back—you make sure you don’t tell people sometimes how bad things get—it’s not like being a Housing New Zealand tenant, we don’t have the same protection of tenure as a Housing New Zealand tenant.”

Dwelling rented (private)

Two of the three renters commented directly about their tenure security. One was a long-term renter of the same property, for around eight years:

“The landlord is totally happy with me. Unless there’s something major like a mortgage sale, I’m pretty safe.”

The other expressed concern about her tenure security:

“It’s a rental property. In some ways that’s a bit of a worry, because we will have to move from there at some point, long term. That will be a worry because we got this place for really, really cheap for what it is in comparison to other houses, so we’ve been really lucky there.”

A change of relationship circumstances occurred for this participant during this research project, and she asked for a follow up interview—the only participant to do so in the course of the research. She stated:

“A lot of that situation [previous house] was perfect. Now I have nowhere to live and I’m looking for a place, and I would like to maintain my standard of living. I do not want to have to go back down into the pits again—For my mental health I need to have at least a 2 bedroom house, plenty of sun—when I’m looking for places between \$220–\$250, which is what I have in my pocket—I can barely live paying the rent, that’s with accommodation [accommodation assistance from WINZ]—it’s like when I first was unwell—I kind of slipped down and down and down and down to minus ten, where I had my breakdown, and I’ve gradually over the years, over about eleven years have come up and up and up and up, and I’m not prepared to come back down any way further. And I know WINZ would say to me, ‘Well you just have to’.”

Private Boarding

The final participant was boarding privately. She felt that boarding offered her greater, though limited, security of tenure than flatting, although there was only limited independence with this option:

“It’s kind of like a bit more secure than a flat, ‘cos she owns it, but at the same time it’s a little bit less independent than if you’re flatting, I think—in some ways it’s nicer than flatting because it’s like a proper home and stuff—she wants the room free next year, so I’m looking at moving at the end of the year.”

Effects on Well-being

The two major areas that participants talked about, in regard to the effects of security of tenure on their well-being, were their feelings of security and levels of independence.

Security

The level of security and safety that participants reported feeling in their tenure situation was generally consistent with their position on the Hierarchy of Tenure Security (Figure 1). Those towards the top of the scale generally reported feeling greater safety and security than those at the bottom.

For example, the participant residing in a mortgage-free property, even though he paid rent to the family trust, acknowledged that he had experienced less anxiety as a result of this situation. Furthermore, home owners generally acknowledged feeling safe and secure, mainly because their tenure was not under threat from landlords asking them to leave. The Housing New Zealand tenant expressed similar views.

The other participants did not express the same feelings of safety and security as the homeowners. The lack of guaranteed long-term tenure was raised as an issue by most private renters and also by the participant residing in the Community Group Housing property. The Community Group Housing tenant did however identify living in a property with a fixed rent somewhere *“between market and below-market rent”* as having *“actually improved my mental health”*.

In contrast, the private renters, as well as the long-term homeowner who faced a move to private renting, were all concerned they might not be able to afford suitable accommodation in the future. Two participants highlighted particularly the potential consequences for their well-being of the move from partnerships with significant others to a single state. They feared that as private renters they would have to accept housing unsuitable to their well-being, as that was all they could afford.

Only one private renter reported feeling secure in their tenure, having rented the same property for eight years at a fairly consistent rent and not feeling any threat of changes in the future. They noted that this contributed to their well-being.

Independence

Most of the participants, irrespective of their position on the Hierarchy of Tenure Security (Figure 1), reported levels of independence in their tenure situation that were positive for

their mental well-being. The exception to this was the private boarder, who reported not having much independence at all, although she did not specifically state that this had negative implications for her well-being.

Homeowners generally highlighted their freedom to do what they liked in and to their properties, although financial constraints on what they could do to their properties were noted. Being able to have pets was also noted by a few of the homeowners as important to their well-being.

Most of the renters including the Community Group Housing tenant reported that, although what they could do to their properties was dependent on the approval of the landlord, they had been able to make their houses into homes:

“It’s definitely home—they [landlord] haven’t worried too much about putting stuff on the walls.”

“It was important to be able to do things like repaint things and have things fresh and new—that affected my mental well-being. Sometimes I think when you’ve got a mental illness and you live on a benefit, having some sort of ownership is really important, that this is your home. I mean I’m allowed pets there. I’m allowed a dog there. There is a lot of autonomy.”

The benefits to well-being of rental accommodation *providing a sense of home* were described by one participant as follows:

“The times I’ve had a hell of a day, and I come in and shut the door, and it’s like, ‘Ahhh, a place to be, stress free’—You know, when the whole world’s gone crazy, I can come back to my little flat”.

Whilst there was generally more security of tenure associated with homeownership than with renting—particularly private rental and boarding—this research has highlighted autonomy to make housing into homes as an important factor enhancing the well-being of those renting.

4. Affordability

“Everything’s going up except wages and benefits so something’s got to give somewhere soon. I think you will find more people on the street or more people living in the one house, and that’s not going to do anything for anyone’s stress levels or physical health.”

Mental health consumer/tāngata whaiora participant

Affordability is another of the six dimensions of housing adequacy.¹¹ Housing affordability relates to the ability of households to purchase or rent in a locality of their choice at a reasonable price, and includes the capacity of households to meet ongoing housing costs, with enough residual income to cover other basic living costs, save for irregular costs such as medical and dental care, and achieve an acceptable standard of living.¹²

The Kapiti Coast has seen a number of changes in recent years, with increases in rents, in the cost of purchasing houses and in the number of people moving into the district.

Table 1: Median House Prices—Otaki to Paekakariki¹³

Month	Median House Price
June 2001	\$170,500
June 2002	\$176,000
June 2003	\$190,000
June 2004	\$238,500
June 2005	\$263,000
June 2006	\$295,000
June 2007	\$360,000

Table 1 shows the median house sale price in the region has more than doubled over the past seven years. Between 1991 and 2006, the region experienced a drop in homeownership rates from 84% to 71%, a change that has been attributed to a fall in affordability and to the large number of investment properties built in the region.¹⁴ The 2006 Census revealed that the percentage of owner occupied households in the region (71% of households) is still higher than the national figure (63% of households). There is a correspondingly lower rental rate in the region, with only 23% of households renting as compared to 31% nationally.

¹¹ Statistics New Zealand, The Six Dimensions of Housing Adequacy

¹² Statistics New Zealand. Affordability Dimension

¹³ These statistics were compiled from Real Estate Institute of New Zealand, R100 - Market Facts Graphs

¹⁴ Kapiti Coast District Council, 2006

Table 2: Average weekly rents from 1/12/2006 to 31/5/2007 in the Kapiti region¹⁵

Dwelling types	Paraparaumu / Raumati average rent per week	Waikanae / Otaki average rent per week
1 bedroom flat	\$154	\$137
2 bedroom flat	\$215	\$181
3 bedroom flat	\$268	\$202
1 bedroom house	\$186	No figure available
2 bedroom house	\$243	\$212
3 bedroom house	\$304	\$259
4 bedroom house	\$361	\$326

Table 2 shows recent figures from Tenancy Services for the average weekly rents paid in the Kapiti region, across dwelling types, in the six-month period from December 1, 2006, to May 31, 2007.

Affordability of housing for the consumer/tāngata whaioraparticipants

The consumer/tāngata whaioraparticipants in this study were not asked to provide specific information about their income or accommodation costs although some did volunteer it. They were instead asked more generally about their sources of income and whether they accessed any form of accommodation assistance. As already noted, one aspect of housing affordability is the capacity of households to meet housing costs with enough income left over to meet other basic living costs; achieve an acceptable standard of living; and save for medical and dental care. This study did not use a specific measure of what constitutes an acceptable standard of living, such as the Economic Living Standards Index (ELSI)¹⁶. Instead it broached this aspect of housing affordability in a manner that allowed a more subjective interpretation, by asking to what extent people felt they had quality of life after paying for accommodation costs.

Sources of income and accommodation assistance

Ten of the eleven participants' main source of income was a benefit from WINZ, although some supplemented their benefits with part time work. The other participant worked nearly 32 hours per week. Ten of the eleven participants noted that they also received some form of accommodation assistance: two participants received income related rents because they tenanted HNZN housing stock, and eight received accommodation assistance from WINZ. The eleventh participant rented from a family trust and did not mention getting any accommodation assistance from WINZ.

¹⁵ Department of Building and Housing, Market Rent

¹⁶ ELSI is a measure used in recent Ministry of Social Development social research. Ministry of Social Development, Direct Measurement Of Living Standards: The New Zealand ELSI Scale

Quality of life

Whilst there were varied responses to this question, nearly all eleven participants highlighted their budgeting skills and strategies to manage their situations even in the face of what was, for some, considerable self-reported financial hardship.

In one set of responses to the question about quality of life, some participants reported that they managed financially without too much stress. Four participants were in this position, and a factor that they had in common was that their housing situations caused them less financial strain than those of the other participants. Of these four, two were homeowners with very low mortgages, another boarded with all costs bundled together and fixed, and the other rented a freehold family trust home:

“The rent I pay goes straight into my trust to finance things like rates, maintenance, insurance and all that—it pays for my bills as well, my A.A. bills; I pay my own power and telephone bill.”

Two of these four participants worked. One had part time work and the other, who as a result was able to save money, worked for 32 hours per week. The participants noted that generally they still needed to budget to manage financially:

“I’m good at budgeting my money—if I budget my money right I can live pretty comfortably.”

“I do all right—it is pretty tight, but if I get pretty desperate, my trust comes in anyway.”

In contrast, four other participants reported having insufficient money to live on each week. The common characteristic of this group was that they were spending more than 50% of their income on accommodation costs. One of these participants was a homeowner; the other three rented privately. Two of them headed single parent families. All four reported experiencing hardship in living from week to week. One of the renters describes this experience and the effects as follows:

“It just seems never ending, there’s always bills to pay, there’s always more stress, some days, weeks, it’s really, really hard just to even put food on the table, when you’ve got to pay for the accommodation and the power—I mean at the moment I just have to get food parcels because I can’t even feed my family, and that’s quite horrible to have to ask for help like that—and for the kids to see, ‘Oh look someone’s turned up with five bags of groceries and stuff.’ Yeah, or looking in the pantry and there’s nothing, not even bread and butter and stuff. My lowest time is actually having to ask my children for money to buy bread and milk. I feel like a failure.”

Another renter also reported struggling to find enough money for food:

“I know I would be going to WINZ to get a food grant help if I can, I’ll be going to the food bank whenever I can, I’ll be cadging food wherever I can, because, well another thing I’ve done in the past is that I go to Pak’n’save with the card, and I’ll steal. I’ll take one or two items at a time so that if I get caught, it’s just that I’ve forgotten to scan it. And I do that on a regular basis—[for] clothing. I climb into clothing bins.”

The homeowner, who had accommodation costs exceeding 50% of income even after supplementing the benefit with work, commented, *“I definitely couldn’t survive just on the benefit up here—I have a casual job and a very part time job.”*

Working was not necessarily a feasible option for everyone in this particular group however:

“I’m also acknowledging the fact that I probably can never work full time, which is in some ways crazy because I do a lot of voluntary work, but at least with that I can—step back, if I’m not well, because I also have physical problems.”

Another participant highlighted the fact that, when she had tried participating in the workforce to deal with her financial situation, there were negative implications for her well-being:

“I was doing part time work but I got so stressed that I had a relapse with my mental health and having panic attacks again, so my psychiatrist said, ‘You know you’ve gotta stop work otherwise you may have a breakdown or something.’—That was distressing when you’re leaving paid work and you feel like you’re only just scraping through then to all of a sudden be back on the benefit and you’re not really getting as much as you really should, like I say over 50% going on to accommodation. It’s more stressful. So I get more down about it, ‘cos it’s quite hard—I can look at all these different options but nothing seems to be right. I do understand why people do things illegally. They do it ‘cos they just can’t make it otherwise, it’s just ridiculous.”

Some of these participants struggling to make ends meet reported that seeking help from WINZ in regard to their situations was often hard, not only because of the processes that they had to go through, but also because of the attitudes of staff:

“WINZ is not really helpful. You have to have zero money in your bank account for them to be helpful. I budget so that I can maintain my bills because once again it’s a stress factor if I can’t pay my power, phone, all that kind of stuff. It’s stressful going into WINZ. They treat you like you’re some pariah who doesn’t know how to budget money and I bloody do know how to budget, and I’m punished for being able to budget—I came out of there one day and had to stop myself saying, ‘I’m going to go away and rob a fucking bank.’ And it’s no wonder they end up having security people in there because they really don’t have the people skills, they don’t have the psychological skills, of knowing where people are coming from, and what’s behind why.”

“You have to apply for the special benefit, temporary benefit or whatever, and you have to justify everything and prove everything so you sort of have to fight them in order to make ends meet each week, so it’s—mean you just get tired of it, all the time having to reapply and having to justify everything that’s in your life.”

The quality of life experienced by the remaining three participants fell between that of these first two groups. The accommodation costs of these three were less than 50% of their income. One of these participants was a homeowner, and the other two rented from Housing New Zealand. The two participants that rented noted that:

“Well my rent is quite cheap, it’s a housing New Zealand house—so it’s good that way, it’s just that my situation—I’ve got so many A.P.s coming out that there’s not much left.”

“Well initially it gave me more money to meet my other costs, like power, phone—I’m glad that my rent stays the same, I’d be horrified if it went up. I actually don’t know how I would manage, and I know I pay a minimal rent compared to other people—what I managed on ten years ago is what I am managing on today. That fat has become less—if I had to start replacing like a washing machine or a fridge or something like that, it would be huge.”

The homeowner explained that:

“I never consider myself to be poor, because I manage things—you live week by week, take each week as it comes, and when bills come in—I just do what I can when I can do it—it’s keeping the stress moderate so that it doesn’t have an impact on you.”

Some of these participants highlighted experiences with WINZ which were in contrast to the above comments by other participants, particularly in regards to their treatment by staff and staff empathy towards their situations:

“The staff for the most part, not always, have been really nice. Some of the staff have educated themselves around mental health issues, and are saying themselves, ‘We know benefits haven’t gone up in years, we’re appalled’.”

“I used to hate going to WINZ, especially when the children were younger, they make you feel that big, but they’re much better now—I’ve got a really nice case manager.”

Effects on well-being

Stress

The most obvious effects of housing affordability that participants highlighted in regard to their well-being were the associated levels of stress. Those with less financial strain reported experiencing less stress than did those with more financial strain. All participants in private rental accommodation experienced stress related to the affordability of their housing as did, to varying degrees, single parents across all tenure types. The stress was mitigated slightly for a single parent renting Housing New Zealand stock.

Furthermore, some of those participants experiencing greater stress also found the process of applying to WINZ for more assistance to be problematic, frustrating and draining—a problem exacerbated by the judgemental attitude of some WINZ staff to their situation. The result of these compounding factors was that one participant felt like a failure because she had exhausted options for improving the affordability of her housing without achieving any positive outcomes, and she had also experienced a relapse in her mental health during the process.

This particular participant acknowledged that there were many others in society experiencing similar stresses, and she expressed concerns about the effects on the well-being of children and society in general:

“That’s the other thing, all these increased costs, petrol costs—everything’s going up except wages and benefits so something’s got to give somewhere soon. I think you will find more people on the street or more people living in the one house, and that’s not going to do anything for anyone’s stress levels or physical health, the whole lot.”

“The dependencies on alcohol and drugs or cigarettes and stuff—I know a lot of people that’s how they cope, it just adds to the mix, then you gotta wonder about the children and stuff: what are they going to grow up with? What’s the next generation going to be like?”

Inability to afford health care

A consistent theme amongst the participants was that going to the doctor or dentist was not something that they could easily afford. Some reported that they did not go when they needed to, whilst others went but could not pay at the time. For most it added financial pressure to their situation:

“I can’t afford it [to go to the doctor]. I allow myself \$20 a week for spending, and that has to cover doctors, dentists, and I’ve had problems with my gums and stuff and that’s an ongoing thing, but what I do is, I go without stuff, so I can save that money so I can afford to go to the doctor’s or whatever—I’ve been unwell this week but I’ve just persevered with the pain, so um, yeah, what puts me off is that I can’t afford to go to the doctor’s.”

“I’ve had to go to the doctor a lot lately for other issues, and I had to go to Income Support and get the money—they’re things I can’t afford to do, that’s not in the budget, doctors.”

“I can go to the doctor’s but I just walk out and don’t pay the bill, come back in a couple of weeks with the money.”

As ten out of eleven participants’ main source of income was a Work and Income benefit, this suggests that benefit levels are not adequate to cover housing, living and health care costs combined. Indeed, one of the single parent participants highlighted the links between health, housing and poverty, and the need for government to recognise this in order for things to change:

“It’s either trying to get the energy to lobby the government to make people aware of your poverty, or you just keep struggling—the whole housing and health issue goes hand in hand. The underpinning thing if you’ve got children is to actually say we can’t solve this until we start looking at the poverty.”

Community perspectives on housing affordability on the Kapiti Coast

The Kapiti Community Mental Health Team (KCMHT) and the supported accommodation providers also highlighted housing affordability issues, echoing some of the experiences of the consumer/tāngata whaioraparticipants. For example, the KCMHT noted that financial pressures from housing and living costs were generally a factor for the people they see in the course of their work:

“It’s always a stressor. The financial’s always a stressor. Trying to get housing is always a stressor.”

They also expressed concern about the cost of rental accommodation on the Kapiti Coast:

“Private rental is almost impossible for people to pay, if they’re on the benefit. Impossible.”

Like the consumer participants, the KCMHT also noted that it was not only renters who faced housing stress and pressure. In regard to homeowners, one member of the team commented that *“quite a few young families have over-committed themselves.”*

One of the housing providers also identified affordability as the major problem for people with experience of mental illness in finding good accommodation within the Kapiti community:

“I don’t think it’s about the facility, I think it’s affordability, how people fund all that stuff that goes with that. If people want to be in their own kind of environment, there’s choices and there’s payoffs with that. You’re living in a house with four or five others, or three others, you can all share costs. But if you’re in a smaller place and there’s two of you it’s going to cost you more. People [their clients] may say, ‘I want to live on my own’, or they really want to go out flatting, but they can’t do it—they couldn’t financially manage it.”

The other supported accommodation provider, highlighting the intention of their service *“always to support people up to the point where they are independent and can move on”,* noted *“that doesn’t seem to be the case in actuality”,* with one of the contributing factors being housing affordability issues on the Kapiti Coast:

“Quite frankly, just the cost of it. Benefits about \$220. Here they pay \$100 a week. That covers their rent and phone, insurance, etc. It’s good. They’re well set—obviously supported living is going to be a damn sight better than trying to fend for yourself in the open market, given the supply and demand and income and things like that. You can’t afford much; it’s a vicious sort of cycle.”

This supported accommodation provider saw the housing affordability issue as essentially a government issue, impacting particularly on those living in areas such as Kapiti that had high housing costs both in terms of homeownership and rentals. This participant felt that:

“It’s a situation. You shouldn’t have to tolerate it. At the end of the day it’s a national issue, isn’t it? It’s a government issue. At the end of the day you are always going to have those people that aren’t necessarily as well off as they’d like to be, and if they want to live in an area that’s a higher socio-economic group because that’s their community, that’s their home, that’s where they live, that’s where they come from, that’s where their friends are, it’s difficult.”

5. Habitability

“Even from a mental perspective, I know if I’m really, really cold and miserable, that affects my mood”.

Mental health consumer/tāngata whaiora participant

Habitability is another one of the six dimensions of housing adequacy.¹⁷ It relates to the physical condition of the dwelling, structurally, internally and externally, with the essential components being the adequacy of a house to live in and its energy and resource efficiency.¹⁸

Condition of dwellings

The consumer participants in this study were asked about the general condition of their housing. Nearly all noted high power bills. Seven participants identified issues related to the habitability of their current housing. What is specific to the above seven, however, is that they highlighted inadequate heating sources and/or difficulties in heating their houses due to other issues such as lack of insulation or holes in the building structure, including floors, roofs, walls and windows. Other issues reported by these seven participants concerned the need for other major repair work and to general maintenance and upkeep of properties.

Four of the seven participants belonged to single parent families, with the remaining three being single people living alone. Two of the seven were private tenants, three were homeowners, and two were renting Housing New Zealand stock, with one of these being in the Community Group Housing scheme. Both the public and private tenants identified problems with getting landlords to address the issues adequately. Homeowners were not able to address the issues themselves due either to a lack of finance or of knowledge and skill in fixing things, or to not having the tools to do so. The single parents in the study noted also lack of social support and lack of help to address issues adequately.

The following excerpts highlight some consumers’ experiences regarding the habitability of their housing at the time of their participation in this study:

“Well we’ve had problems. There was a leak in the roof. In both kids rooms the ceilings sort of fell out, things like that—it needs work. After the leaks and that, we need a new blimmin’ roof—it’s cold. I just got this month’s power bill and it’s over \$300—it’s just really cold inside, and with the baby we’ve got to make sure there’s always heat going in—My son’s an asthmatic, the bedrooms are like really, really cold so I’ve got to have heaters on there all night, and this year he actually had an asthma attack and he wasn’t doing too well with his

¹⁷ Statistics New Zealand, The Six Dimensions of Housing Adequacy

¹⁸ Statistics New Zealand. Habitability Dimension

asthma so I had to keep him off school and stuff—I'm sure it was the coldness and dampness in his room."

Private renter

"Well it's totally uninsulated, so it's cold, damp and drafty. It's what you'd call a high maintenance house—none of the windows fit, none of the doors fit, so I've got gaps, and drafts—damp issues. The carpet in my room I had to rip up because it's got mouldy. I use a bottle of Ajax, wiping window sills and door frames, wipe the walls down—I've got asthma, so, and it gets really bad in winter, when it's like cold and damp—it's the damp, everything aches, you can't be bothered moving—you won't see me with less than two jerseys on, sometimes you'll see me with more than two jerseys on, woolly tights on underneath."

Private renter

"I've been ignoring a leak under my house for some time, you know—it's completely not [insulated] and in the kitchen you can see through under the floor—the floor boards go straight down—I have very high power bills—the kids have got electric blankets, and electric heaters. I'm not going to say to my boys, "Turn off that heater". That's the other thing—my son has asthma, and I knew damn well that there was dampness in his room."

Homeowner

"I have been at—to get Community Housing to put in adequate heating. I've got three asthmatic children. I'm still waiting—there are still issues around heating, hot water heating—I've got this little tiny fan heater in my lounge—and that's the only heating source in the house. That's not adequate—if you want to keep warm in the lounge on a really cold day, you either sit with blankets on you and hot water bottles, or you sit on the heater, and it's costing heaps of money."

Community Group Housing renter

Repairs, improvements and maintenance

None of the seven consumer/tāngata whaiora participants had adequate access to finances, resources, skills or support to get the necessary repairs and maintenance done including, for some, general day-to-day maintenance. Whilst the public and private renters looked to their landlords to get the necessary repairs and improvements done, they were generally disappointed with the lack of response. Attempts by the two private renters to get their issues addressed got responses that were less than satisfactory to them. One participant thought insulation *"would make an amazing amount of difference"* to her house and health, but the landlord had no interest in fixing the dampness of the house or having insulation installed:

"Because it's an investment property they do as little to it as possible. Unless it's absolutely falling off, they don't worry about it."

The other private renter's landlord had eventually addressed a major repair issue, although it took a long time and was not done to an adequate standard:

“Because they [the landlords] live in Wellington, they just sort of rang anyone up in the newspaper [to fix the roof], and I said, ‘There’s still problems, and they came up like a year later and said, ‘Yeah it’s not very good is it’, so it’s quite disappointing that way.”

For the homeowners, repairs and maintenance were problematic due to the lack of finance and/or of knowledge, skill or ability to the necessary work, and the lack of social support to help with the work. One of the participants said:

“The thing that I always maintain is that I can’t actually afford to maintain the house.”

Acknowledging the assistance available from WINZ, they pointed out that this was also problematic:

“When you do some maintenance, you keep your receipts and it gets calculated into your accommodation allowance for the next year, but it’s actually finding the money at the time—I keep thinking I’ve earned a bit this week, I’ll put aside the money. And then something seems to always come up, it’s just so difficult, and it’s like, I have to be realistic about the amount of advances that I have to pay back, it’s tricky—There’s too many things to go and get an advance for—if I’ve got to ask WINZ for an advance for more than one thing, it’s just like I’ve done something wrong if I go in there and I’ve got two things.”

One of the other homeowners had similar issues. She commented, “I can’t clear the drain or anything, or fix the toilet.” A solution that she was considering was:

“I’m looking at perhaps refinancing it a bit more, to get the money to pay for these jobs that need doing. Because when you’re on your own and you’re on a benefit, you’ve got no extra coming in that you can say, ‘Oh right, I’ll put that away for, and I’ll get this done.”

Three of the participants in particular—all single parents, and including homeowners and public renters—said that they had little social support to help with repairs and maintenance work. One had approached community groups such as the Lions to get help with maintenance work, but had had no luck in securing assistance. Another participant said, “Everyone’s too busy these days, it seems life’s just on the move.”

The third commented that:

“Getting social support is a bit tricky, because most of the people who will offer help are men who want things in return. You know you’re quite vulnerable as a single parent.”

Effects on Well-being

Participants reported a number of effects on their well-being in regard to housing habitability issues that they faced. For some participants the issues were overwhelming. Some participants reported stress and instances of depression, whilst others reported worsened physical health conditions such as asthma.

Most of the seven participants who raised issues in this study about the habitability of their houses, particularly those with children in their household, reported a level of financial stress over the winter months from very high heating costs. Nearly all of the eleven participants in the study noted that increases in power costs had consequences for the

affordability of other necessities. One participant, addressing Housing New Zealand, said, *“You know my need to keep warm.”* These participants thought that Housing New Zealand should provide more adequate heating sources in their houses, and that:

“They’ve got this whole thing where they’ve got the opportunity to use things like solar heating. They could experiment with how well it works for people.”

Four of the seven participants, three of them from single parent households, also noted that there were asthmatics in their households whose condition had been exacerbated by the above issues. All of these participants lived either in uninsulated houses; in houses with gaps or holes in the roof, outside walls or floors, and/or in houses with inadequate heating sources. Two were private renters, one rented from the state, and one was a homeowner. A factor common to all of these particular participants was a belief that their current housing was all they could afford. Some of the single parents living in this group said that their own well-being was further affected by the stress of trying to look after their children’s health and make their houses more suitable for their children:

“That’s a lot of hard work on me, ’cos I have to make sure everything’s clean. Any mould I’ve got to get rid of and so that adds to the pressures of what I have to do as a single mother to make sure they are healthy as well.”

Two participants noted that they had brought dehumidifiers and that these had helped, at least with reducing the incidence of asthma in their households. One stated, *“Since I got the dehumidifier it’s improved quite a lot.”*

The three participants renting reported other effects on their well-being, such as feeling overwhelmed because they could not get satisfactory responses from landlords to requests to improve conditions. They felt that they could not afford to move to or rent houses in better condition:

“The stress of moving, the costs and everything—I would if something came up and it was perfect, but I could win lotto too, and I know both of those ain’t gonna happen. At the moment I have to stay where I am ’cos it’s cheaper rent and just deal with it really.”

Some of the renters said they wanted landlords to be more responsible:

“You’ve got to make landlords accountable, I mean, I know we’ve supposedly got tenancy services.”

They felt that organisations such as Kapiti Choices could have a role to play in this regard:

“You know, if Choices know of people who are living in substandard housing, it could become part of Choices’ job to help them to write letters to the editor—because we keep it quiet, we hide our dirty little secrets, we like to think New Zealand is still fair and equitable.”

Participants’ well-being, across all tenure types represented in this study, could be impacted on by lack of means by which they might themselves improve their houses’ habitability: money, tools, social support and other resources, e.g., vehicles. Stress and depression were two impacts noted. One participant said:

“When you’re not well, when you’re depressed, everything gets on top of you. When you’re depressed, sometimes it’s all I can do to get out of bed in the morning, and I ended up, because I don’t have a car, I’ve ended up with an old fridge in my backyard. You start to feel like you’re living in a ghetto, even though it’s not really rational—it’s things that the general public would take for granted—the ability to take grass clippings to the tip, or old furniture or rubbish, if it’s piled up—it’s not that you’re lazy, it’s actually [not having the resources]. And actually having people recognize that you don’t.”

This participant thought that having a complete package of maintenance support would be useful, and help alleviate the stress and difficulties she faced:

“I mean, I probably wouldn’t mind paying another \$20 a week rent if my lawn and my trees and everything were just done and then you could choose if you wanted a Daphne bush in a pot or something like that, if the hard physical work was done—I think that would go a long way with Housing New Zealand tenants, even for people who’ve come out of supportive accommodation and don’t know how to do that anymore or physically aren’t able to do it anymore.”

Community perspectives on housing habitability on the Kapiti Coast

The KCMHT, the supported accommodation providers, the social service providers, and one of the family member participants also identified housing habitability issues, reiterating the experiences of the consumer/tāngata whaiora participants.

Poor housing conditions

Most of the participant groups from the community involved in this study recognised that consumers/tāngata whaiora were vulnerable to living in poor housing conditions.

For example, the KCMHT noted that some of its clients’ rented housing was in less than satisfactory condition: For example:

“We’ve got another family—they currently live in a completely substandard house that’s damp, leaking, cold; and they have been looking for maybe two years for a new place.”

One of the supported accommodation providers also commented that some of their clients had previously resided in poor housing conditions that had impacted on their physical and mental well-being: they were full of infections. They had only had poor hygiene, and poor standard of housing, and also no one was keeping an eye on them. And mentally they went down and down and down.”

“We had a group in our latest house—two of them came from unbelievably bad places. And

The other supported accommodation provider highlighted the impact on people’s mental health of living in poor conditions:

“It all impacts. If you can’t afford or can’t find something that’s dry, warm and comfortable, it’s grotty or what have you—your mental health obviously gets impacted by your environment.”

Habitability and maintenance issues of supported accommodation

One of the family members participating in this study raised concerns about the habitability of the supported accommodation that her family member with experience of mental illness lived in:

“It’s a very old house—the house, as it is now, is disgusting. The bathroom is just dreadful—the bathroom is just shocking. It’s a wonder they’re not all sick—The whole place needs doing up—Nobody inspects these homes, nobody from the health department—But the bathroom—no health authority would pass this bathroom; it’s shocking.”

The family member said that she had addressed the particular issue of the bathroom with the manager:

“But she said, ‘The property—they’re rented’—she was trying to get it done. She did say to me before she went that it’s coming, but I don’t know how long.”

One of the supported accommodation providers highlighted the difficulties associated with supported accommodation providers renting or leasing houses from private landlords:

“We had to buy all the houses, because we started off leasing the houses from the person who owned them. It’s very difficult when you have to deliver a certain standard of care, and you’ve got a private landlord and they can put the rent up. They can say you can’t do this to the place, or they don’t do maintenance when you’re required to for certification—huge issues.”

This provider also stressed the importance of a quality environment for consumers and the ongoing maintenance involved in providing this:

“My issue is that I would expect that providers who are providing accommodation and support to the level 4s, high complex needs—they’ve got to be of a high standard. I don’t accept that you can have people in grotty, grotty houses—they’ve got to be good places where they are well maintained—we place a lot of emphasis on the environment that people live in—we are certified, we have an internal auditing system, maintenance workplace, inspection system within all of our houses. Externally, they come around, we got certified for three years—there is a high level of maintenance involved.”

Maintenance issues

Further maintenance issues in regard to mental health consumers/tāngata whaiora living independently in the community were identified by the social service providers’ group. As did the consumer/tāngata whaiora, this group highlighted a lack of resources, skills and support to do maintenance work:

“A lot of people experiencing mental health issues—often they want family support—but the actual extended whānau support is quite limited, so that’s where the whole thing like maintenance—the ability to keep, to maintain the house well, whether it’s private rental, or whether it’s your own home, they both create issues—‘How can I keep the section well? How can I, if there’s broken windows or doors, how can I actually make sure that I can get those

fixed?’ They are the common themes when I think about the families that come through—so maintenance is certainly a high priority housing issue.”

“People may not have the skills or all the actual tools to keep their homes maintained, so they might not own a mower, and they can’t afford to pay \$30 or \$50 a month to have someone come and mow their lawns—in our opportunity shop we often get people looking for garden tools because they’re very expensive items to buy. And living on a limited income. That’s the bottom of your list. You’re not going to go out and buy a motor mower.”

“They are disassociated from their families, they don’t have that back up with the maintenance stuff—the grief the depression around having to move; but also those who are on their own end up in those poky little council flats with all their equipment that they need to maintain independent living.”

One of the participants in the social services focus group also thought, as had one of the consumer/tāngata whaioraparticipants, that a maintenance package, particularly for single parent families, would be useful and help alleviate stress:

“I have often thought—with single parent families—is that within the whole housing, and with Housing New Zealand as well, they should just build it in, in some respect, into the rent, that the lawns are maintained because it is something that does actually get people down—I had a family who had trouble getting Housing New Zealand to give them maintenance and I know that caused the mum a lot more stress and anxiety. She’s on antidepressants now and the housing hasn’t necessarily caused it but it’s definitely added to it. You know what I mean. This is the other thing isn’t it? It just adds to it. If you’re living in a warm safe, clean, like lawns mowed, feeling like the house is in order; sometimes it’s a little bit easier for you to get up in the morning, isn’t it?”

Support to address issues

The supported accommodation providers and some of the social service providers thought that mental health consumers/tāngata whaiora generally needed more support to address issues with landlords, particularly in regard to housing conditions:

“I think that they, or some landlords, may see people who are having some sort of disability or difference as being a bit of a target.”

Supported accommodation provider

“I suppose, landlords being landlords, ‘If you don’t like it bugger off, because there will be someone else who’s happy to take it’, so they can just get away with it.”

Supported accommodation provider

“The rents are extremely high and that every time the government announces an increase here and an increase there, the landlord puts the rent up.”

Social service provider

A supported accommodation provider felt that providers of in-home support to people with experience of mental illness also had an obligation to support consumers in regard to housing issues that arise:

‘If they are being supported by people visiting them in their homes to see how they are going, then I believe firmly, that that is part of what you would have to assist the consumers to be able to do—do some advocacy—not taking over—advocacy. There’s always a tenancy tribunal around. So you’ve got to respect the rights of consumers you’re working with but I do think there is a responsibility if they’re under some kind of service provision.’

One of the participants in the social services group agreed, noting that in her role she had:

“Been doing a lot of advocacy with KCDC¹⁹ about her housing issues, she was really down, and it was only because I was able to advocate for her and work through issues that she was able to come up again, but, yeah, advocacy—there’s a real need for it.”

The need for advocacy as a support for mental health consumers, both tenants and homeowners, was also raised in relation to dealing with other agencies, as well as landlords, about housing issues. One of the participants in the social services group suggested:

“[A] housing advocacy service so you can deal with landlords to get things fixed or whatever, or, if you own your own home, dealing with WINZ—how do we sort out advances, in a realistic way, so that all their advance is not taken up with housing need?—Advocacy around financing things that need to be done with grounds or a shed out the back so that all the spare stuff’s not left lying around the house, or a shed out the back for the kids’ bikes so they’re not getting pinched or stolen or whatever—you know, there’s a crisis in the family and they miss one week’s rent; just that whole thing of how to address rent arrears issues.”

In addition to this, one of the supported accommodation providers identified a specific need for advocacy for the rights of tenants:

“Even when you start at the beginning, about a tenancy agreement, you should be able to go somewhere, rather than just sign something; you should be able to take it somewhere, and get people to look at in the community law centres or whatever, but you’ve got to be able to do that and you’ve got to have resources to be able to get there and do that stuff.”

¹⁹ Kapiti Coast District Council

6. Suitability

“As soon as I saw it, I knew, you know, that’ll do me fine”

Mental health consumer/tāngata whaiora participant

Suitability is one of the six dimensions of housing adequacy²⁰. It relates to the ability of households to access housing that is both appropriate to their current needs and sufficiently flexible to cater for future requirements and long term goals. It also relates to preferred tenure and dwelling type, and to access and proximity to local opportunity and infrastructure²¹.

Proximity and access to services and infrastructure

Participants were generally very positive when asked about the proximity and access to services and infrastructure afforded to them by the location of their housing. A range of views, however, were articulated in regard to their access to mental health services, even though they were not asked specifically about mental health services. As noted previously, access to the KCMHT was a major factor in one participant’s reason for staying on the Coast. Other views were:

“You don’t even have adequate mental health services up here. The Community Mental Health Team does a wonderful job, but if you need respite care, you can’t take your children. If you need to be hospitalised, there’s costs involved. I remember going into respite care in Porirua and having to buy underwear and nighties and toothbrushes and stuff ‘cos I couldn’t get back up here.”

“I haven’t really felt any problem; most things are available locally that you want—I hear people saying that it’s hard to access the psych unit or the CAT Team²² or mental health system, but I actually wanted to stay away from that so it’s been much easier to do that.”

“I can access things in my own way. The mental health system isn’t helpful, but I get there. It’s really frustrating that it’s not supported by the mental health system but I do have a GP who understands and points me in the right direction. I do lots of great things, self help stuff.”

“I mean, I think the community mental health stuff is great, but for me it’s been quite hard, because I’ve been in hospital and all that, and that was quite hard, but for me I think the best thing for me is to be independent, and if I need to I’ll access it.”

²⁰ Statistics New Zealand, *The Six Dimensions of Housing Adequacy*

²¹ Statistics New Zealand. *Suitability Dimension*

²² Community Assessment and Treatment Team

Most of the participants commented positively about the actual location of their housing, particularly those living closest to the coastline. They generally perceived their neighbourhoods as safe and enjoyed their proximity to the beach:

“Very close to the beach, very close to the schools. It’s perfect for all of our needs, workingwise, schoolwise.”

“I just sometimes pinch myself. I’m five minutes from the beach.”

“I’m not exactly sure what it means, but it’s in the golden triangle—quite a lot of well to do people. There’s no one breaking into your place.”

One participant however had a different experience of living in a beach location:

“I call it ‘Drunken Alley’—because there’s a pub and there’s a house down the road that has parties all the time, and drunks just keep walking, and I’ve asked my landlord to put a fence up because—they all sit on my front yard, and that’s where my bedroom is and I can hear them, and being on my own I don’t want to yell out the window, you know, ‘go away’, ‘cos knowing them they just throw something at me. I have had a bottle smashed on my house, it gave me a fright, ‘cos I didn’t know where it came from and when we went out the next day they’d trampled all through my gardens up onto the house to smash the bottle so that freaked me out.”

This participant also said:

“I think Paraparaumu Beach has gone down, everybody used to move to the beach because they thought it was quite a nice area—the reality is that it’s not exactly safe or anything—My daughter last year—was at the bmx park and she actually got attacked and assaulted—had to ring the cops for that.”

Another issue that came up was access to transportation. Whilst most felt they had good access either to public transport or private cars, two participants did not. Neither owned cars; one had a physical health issue that prevented the use of buses, and found the cost of taxis prohibitive: *“It wasn’t too bad before I had my stroke ‘cos I could manage to walk there [to town] and back.”*

The other participant felt that the cost and frequency of transport required due to the needs of her children was an issue:

“As my children get older, transport becomes more and more of an issue. Like my daughter plays basketball, she plays soccer. She’s got to get to games; she’s got to get to practices. I don’t have a car—I don’t drive. Probably \$200, if I didn’t get rides for her and get proactive and strategic about it; I worked this out for work and income: about \$200 a week just taxiing family, because I’m not letting my 15 year old daughter get a bus then walk from the bus to our house at 7 o’clock at night in wintertime; that’s just not feasible.”

Both favoured location changes as solutions; however both resided in Housing New Zealand stock and wished to continue as tenants because of the lower-than-market rents and the relative security of tenure.

Suitability of housing for needs

Nine of the eleven consumer participants felt that their house was generally suitable for their needs:

“I think it’s everything you need. I’ve got everything that I need there—I like my little house.”

Homeowner

“I mean, it’s quite a neat little house; it’s got its flaws, but I don’t think you’ll ever find the perfect flat.”

Private renter

For the two who thought their houses were not suitable for their needs, the primary reason was space. Of all the participants, they were the only ones with more people in their houses than bedrooms. Both of these participants were single parents, one renting privately, and the other a homeowner. One of these participants said that:

“There are some things that aren’t suitable, and I just have to accept that—the compactness of the house—it’s quite small, and my son’s room is off my room, which means he and his mates need to walk through my room which is really annoying.”

The other participant commented that:

“It’s hard ‘cos, Bubs, we more or less had to squeeze him in to my daughter’s room, so there were things like her clothes all had to go into my room and the lounge is just cluttered with Bubba’s stuff because it’s not big enough to hold us all in. If we have any visitors, I don’t have enough room for chairs for them to sit in. And also like my son wants friends to stay over and that and it’s like just too small a place to do that, or it just stresses me out otherwise. It’s not large enough for them to sit in one corner, and someone else quietly in another corner, it’s like we are all on top of each other really.”

Effects on well-being

As noted, participants were generally very positive about the locations of their housing, particularly those living close to the coastline, with the exception of one who felt that her neighbourhood was not safe. This participant’s well-being was affected as she had become fearful and stressed from living in this location.

Two participants experienced transportation issues and therefore did not have easy and affordable access to local services and infrastructure. One of these participants had a physical health condition that prevented the use of public transport and did not have sufficient resources to access any other form of transport. The effects on mental well-being from being housebound were loneliness and a feeling of isolation. Furthermore, this participant had only recently moved to the Kapiti Coast, and so was prevented by the transport situation from getting out, meeting people and making friends.

The effect on the well-being of the other participant with transportation issues was further stress from the cost of ensuring her children could participate in society and have access to what they needed to be healthy:

“Society tells you that for your children to remain mentally healthy they need to exercise, they need to socialise, they need to be part of the community, they need to go to school regularly—all those sorts of things that’s helping, that’s how you bring up good kids. If you don’t have the money—and you’ve got to get them there and back—you can’t really go without paying your rent.”

The other suitability issue that affected participants’ well-being was lack of suitable space. Two of the eleven participants raised this issue, both of them single parents. These parents experienced stress from the inadequacy of the amount of space they had for themselves and their families. There was sometimes also an isolating effect from the difficulty of having other people, such as partners, friends and children’s friends, within the family home. Furthermore, for both these participants, their current situations were all that they could afford. Because of financial constraints and the shortage of suitable accommodation, either for rent or purchase, they could not envisage their situations being rectified in the future.

The experience of these two participants contrasted greatly to that of two others—one of them another single parent—both living with children. The main differences were bigger houses and accommodation costs that were more affordable due to either an income related rent or the sharing of costs with a partner. There was at least one bedroom for each person, and there were also bigger living areas. The predominant reason that these participants gave for the suitability of their housing was space. They discussed its importance and the positive effects on their well-being as follows:

“It’s such a big house, so that you can go off and have our own space. They [two teenage children] can have their friends around and we’re OK. They’ve got their space and we’ve got our space—It’s just been a dream house for me, because there have been times where I have been unwell in that house, but because I’ve got my own—I’ve actually got two areas that is my space that I can go to, and the kids also know; you know, we talk to the kids about what’s happening, and I can go away and be on my own and not be disturbed. I don’t get all the noise from teenagers and stuff like that, and it’s really beneficial—I like to have space, lots of space.”

“It was a big house and I wanted a minimum of three bedrooms—I know I’m a person who needs quite a bit of space around me, and also because my girls were growing older and they need space as well—I can send one daughter to one end of the house, another to the other end of the house, and be in the middle and shut the doors and, okay, there’s a bit of noise, but we’re not living on top of one another. And that makes a huge difference. You know, I battle with depression on a daily basis, and medication for millions of reasons doesn’t work really well for me, so just knowing that, you know—I’ve got my own room, you know, it means more than I can ever explain.”

7. Discrimination

“There’s multi issues. I think if we are going to stop discrimination, it’s actually talk to consumers and teach them what discrimination is and teach them to stand up.”

Mental health consumer/tāngata whaiora participant

In *Respect Costs Nothing* (Peterson, D., Pere, L., Sheehan, G., and Surgenor, G., 2004), a survey of discrimination faced by people with experience of mental illness, 17% of the 785 respondents reported that they had been discriminated against in relation to housing. Whilst none of the consumer participants in the Kapiti Coast study reported experiencing discrimination in regard to accessing and maintaining housing on the Kapiti Coast, some did acknowledge that, because they had experienced discrimination in other locations, they had fear of it happening here. Furthermore, most participants did not disclose their mental health conditions to landlords.

One participant did however report experiencing abuse from neighbours after moving into a house that had previously provided supported accommodation to mental health consumers:

“We got a little bit of abuse from people for being loonies, and I’ve offered to talk to the school and that because there were a few issues there.”

Some participants commented that they did not generally go around telling people they were mental health consumers:

“But I don’t go and say I’m a mental health consumer. But I don’t look abnormal or anything, it’s not like I have a label tattooed on my forehead or anything.”

“Well I wouldn’t go down the road, and say I’ve got a mental illness, would I?”

From the community at large, two participants apparently experienced opposite ends of the spectrum of attitudes to mental illness:

“There’s a lot of old people up here but I get on well with old people. I find them more understanding and more sympathetic. I’ve started talking to complete strangers a few years ago when I was a bit crook, and I ramble on about my illness and I usually find them very sympathetic and understanding, most of them.”

“There is a bit of a stigma up here. Like in Wellington there was quite a psych community, and it was pretty accepted that it was there, but up here, there’s like a bit of non-acceptance—in the general community.”

One of the consumer participants felt that in the recent controversy surrounding a member of the community who had been providing substandard accommodation to a number of mental health consumers, the person in question had had a point:

“She is right: a lot of people don’t want them in our neighbourhood, them in our house.”

Effects on well-being

Three participants related experiences of housing discrimination in other locations. Two had lost residency as a result of this discrimination. They describe their experience as follows:

“Once a flat I was in—there was this guy in the flat who I was good friends with, and I had an episode and he didn’t want me to stay; the others were happy for me to stay but he didn’t want me too, because it really freaked him out.”

“Getting or maintaining accommodation was amazingly difficult in Wellington. I had two issues. There was one I was looking for boarding, and I’ve always been quite honest, about the fact that I have mental health issues, and I told some people, and they said ‘OOOH, we can’t have that here’, and there was another lady—I said I have psychotic episodes, and she said, ‘Yeah, yeah, that’s fine’, and I had a psychotic episode, and she said, ‘Pack your bags and get out’—so it was difficult in Wellington accessing accommodation, it was discriminatory.”

Furthermore, past discrimination led to the fear of further discrimination, particularly by landlords if they should find out that the participants had a mental illness. One of the above participants said that in her current living situation:

“One of my support workers was actually friends with the landlord, and I thought, if they see her up at my place and they knew what her job was, you know it might be—but no, it was fine, it was absolutely okay.”

Another participant, looking for accommodation at the time of the research, was unsure whether discrimination would be an issue, but anticipated the possibility that it might be:

“I have said I’m on an invalids benefit and work part time to supplement it. Whether that has an effect I’m not sure because they will ask what my income is and what I do for work.”

Community perspectives on housing discrimination on the Kapiti Coast

The social services focus group, the Kapiti Community Mental Health Team, and one of the housing providers all raised issues to do with housing discrimination against mental health consumers. For example, one of the Kapiti Community Health Team members stated:

“I had something the other day. Someone was moving into a private rental. She rang up and she said, ‘Could you write a letter to WINZ for me, because the landlord said because I’m a mental health consumer the only way I can get the house is if WINZ take the rental money out of my benefit before I get it.’ And they said, ‘Can you just say that it’s too stressful for me?’ but that wasn’t actually the reason, it was because he insisted. And she felt that she was backed into a corner—she’s so stressed about it—just trying to find a house, that she’d do anything to be able to get it, whereas that’s really discrimination, because she’s never had a problem paying the rent before.”

One of the supported accommodation providers also raised the issue of stigma, in regard to the potential impact stigma may have in stopping private landlords letting their properties to supported accommodation providers:

“They might not like the flak—I had a terrible altercation with a neighbour. He said, ‘I’m going to report you to the person who owned it’, and I said ‘Well that’s us’—When you’re a private landlord you may deal with that very differently. We know our rights. We’ve been in this industry long enough; we’re all mental health professionals, so we weren’t intimidated by this person. It was just sheer ignorance. But if you’re a private landlord you’re worried about your value of your property. It may be different. That’s the first thing that these people worry about is the values of their properties. If they think they are going to deal with mental health consumers, people who are different, disability groups—they think they’re gonna lose on their property.”

The social services focus group too felt that Not In My Backyard was a prevalent response in the Kapiti Coast to mental health consumers, and a potential barrier to the future provision of more accommodation and housing:

“We’ve got a house, we want to put somebody into it; it’s all going to be taken care of. People are not going to be running around without any clothes on in the middle of the night, or howling at the moon or whatever people think that people with mental illness do. But no, the neighbours, they won’t have it.”

Another supported accommodation provider reported however that they did not experience any problems with stigma in their location, although they attributed that to the fact they had been in the location approximately 18 years and to the perceptions that the surrounding neighbours had of their residents:

“Not in this location—we’ve been here a long time so it’s [the community] pretty accepting. Most of our residents are pretty good in terms of social skills.”

8. Accessibility/Availability of Housing

"At the moment there's just no houses out there, or the ones that are out there, I looked at one this morning—it's filthy. It's kind of dark. It's not ideal for my mental health."

Mental health consumer/tāngata whaiora participant

The consumer/tāngata whaiorafindings presented in this section do not relate specifically to a single dimension of housing adequacy, as is the case with the previous sections. Rather, they relate to findings gathered across the dimensions of housing adequacy that, when combined together, identify some of the gaps in housing availability in the Kapiti Coast. For example, the experience of some of the consumer/tāngata whaioraparticipants shows that there are gaps in terms of the availability of suitable and affordable housing on the Kapiti Coast.

Consequences of this for some were that they lived in housing that was in poor condition and costly to heat, and endured ever increasing financial hardship as they struggled to make ends meet each week. Many participants' well-being was adversely affected by these conditions. At least three of the four single-parent families were in such a situation. Whilst participants knew that there was some good quality suitable housing available on the Kapiti Coast, they knew that they could not access it as they could not afford it.

The lack of suitable affordable accommodation for single people in this study was highlighted by two consumer participants who at the time of their interviews were in the process of looking for alternative accommodation because of impending changes in their circumstances. One of these participants complained, *"Rents have gone up horrendously."* She elaborated on the difficulty of finding suitable affordable accommodation and on fears she had for her mental health should she be forced into unsuitable accommodation:

"At the moment there's just no houses out there or the ones that are out there, I looked at one this morning—it's filthy. It's kind of dark. It's not ideal for my mental health. There's a lot of work that needs to be done to it—I don't know how much of that that I can do because I am fighting depression and trying to nip things in the bud, so that it doesn't get bad—I want to stay in the Kapiti area. My health has been so much better being up here. I don't want to go back to Wellington. I don't want to go to Otaki or Levin where the rent is \$160 and where I can afford."

Some of the consumer/tāngata whaioraparticipants alluded to a shortage of Housing New Zealand houses on the Kapiti Coast. For example, one participant asked:

"Housing Corp, how come they haven't got enough houses down here? They've had housing problems down here for years, absolute years, how come they haven't got an office down here? 'Cos it's even hard to get hold of them. Why isn't something being done about that? It's just really, really hard—someone told me how long the waiting list is and it's just ridiculous—considering how many people are wanting or needing them."

Some of the participants also raised the issue of the shortage of housing for purchase at an affordable price. Although four participants were homeowners, with a fifth renting a mortgage-free family trust home, one of these participants was having to cope, after a relationship break-up, with being unable to afford to purchase independently another home on the Kapiti Coast. This was primarily due to the lack of affordable housing for purchase. At least two other participants who were renting thought homeownership on the Kapiti Coast was not feasible for them, as there was nothing available that they could afford:

“I know at 42, unless I have some long lost relative die somewhere, I’m not going to own a house.”

“We were looking at buying our own home—we did the comparison with what it would cost to buy a home, what would it cost to be renting—we worked out that it will be cheaper for us to keep renting. And that’s just how it is.”

Community perspectives on the accessibility/availability of housing on the Kapiti Coast

The KCMHT, supported accommodation providers, family member participants and the social service providers identified a number of gaps in housing availability for mental health consumers/tāngata whaiora on the Kapiti Coast. Like the consumer participants, they highlighted shortages of affordable or low cost housing for either rent or purchase, as well as the shortage of Housing New Zealand houses. They also identified a lack of emergency and transitional housing, and shortages of supported accommodation.

Affordable housing

The unavailability of affordable or low cost housing on the Kapiti Coast for either purchase or rent was a recurrent theme amongst the community participants.

The KCMHT stated:

“We need more cheap or subsidised accommodation similar to Housing Corporation flats & houses. There is a shortage of low cost accommodation”.

“Housing Corp is the only recourse we’ve got with people. Apart from that it’s ‘find your own housing.’”

They also noted that they tell people, *“what we know about: Oasis, Mary’s Guest House—if they’re male, emergency accommodation—and the motor camp.”* It was felt that some of these options were *“not particularly fantastic. It depends who they are. Some people it really suits them but it doesn’t suit everybody.”*

One of the family members raised the issue of a lack of affordable options for would-be home buyers:

“It’s not very good really; you don’t find anything for under \$200,000 very much. It’s getting gradually worse, isn’t it? You’re getting all the council approving all the big homes, beautiful homes around Waterstone and these new subdivisions going through but they’re not thinking about the other end—it’s going to force everyone out of Paraparaumu, isn’t it, the

cost of living, it seems like it—the people who need to be safe and secure and settled are the ones having to move—It’s kind of like a vicious cycle.”

Housing providers also recognised that rising house prices had implications for the provision of supported accommodation, both in terms of purchase and renting. One of these providers thought that another local supported accommodation provider had not been able to find suitable affordable housing to fulfil one of their contracts. They also felt that the increasing housing prices could cause difficulties for future provision of supported accommodation:

“There’s more severe and persistent complex mental health consumers who will need more of this type of situation [that they provide]—I would not like to see housing where you end up getting into cheaper and cheaper areas, where it takes away their social networks and systems, because that’s really important. But there is a cost and I don’t think that the mental health funding understands the cost of providing good accommodation.”

Whilst both supported accommodation providers felt that their current clients were protected from the issues of housing costs, they saw that other groups of mental health consumers were becoming increasingly vulnerable. One stated that:

“If you’re dealing with mild-to-moderate, still at home, but suffering depression, and their mental illness is affecting their work, and they’re collecting benefits, then there’s a big issue for that group. Because they’re fighting against all the other groups that are in that situation. And also we’re in a little area here that has had a history of having reasonable accommodation, reasonable house prices. Well, those prices are changing, so the lower income groups are going to get affected. Normal low income people are going to get affected, let alone people who are on benefits, invalids’ or sickness benefits, mainly invalids for mental health.”

Housing New Zealand housing

Like the consumer/tāngata whaiora participants, the KCMHT felt that there was a need for more provision of housing on the Kapiti Coast by Housing New Zealand. For example, they stressed the need for “more single person Housing Corp places”. Some on the team felt that:

“That’s the best out of any of the accommodation around here for people on their own, and often if people have a mental illness they want to live on their own because they don’t want to have to share with someone else.”

The KCMT noted that a number of their clients were on the waiting list for Housing New Zealand houses and that the response from Housing New Zealand was “very, very slow”.

“I’ve got one person at the moment that’s looking for accommodation, good accommodation, and hasn’t been able to find anything privately for two years. Is on the waitlist for Housing Corp.”

“We’ve had one person who’s discharged from mental health services; they’re on the GP liaison programme. She’s become unwell a couple of times. She rings quite frequently— She’s been on the list for two and a half years for a Housing Corp house.”

“I think that with Housing Corp, if they think they’re in reasonable accommodation, like one of them’s in a family home, and the other’s in supported accommodation, and I don’t think that puts them up very high on the list.”

Another in the team also felt uncomfortable with the process required to get clients into Housing New Zealand housing:

“The only thing that we’ve got to do is write a letter explaining what happens, but I don’t actually think that’s the way—why should we be telling Housing New Zealand about somebody’s mental health experiences? Because it’s the only way we can get them into a house. I don’t think that that’s actually okay, but really do you have to tell somebody your whole history just to get into a house?”

The application process for Housing New Zealand Corporation has provision for applicants to provide doctors’ certificates or health reports if people have health-related reasons for wanting to move from their current accommodation. These may be taken into account when assessing the urgency of their housing need²³ and the allocation of housing.²⁴

Emergency housing

The social service providers, the KCMHT, and one of the supported accommodation providers identified a lack of emergency housing in the Kapiti region. This was also identified as a major issue in the Local Services Mapping exercise²⁵. The KCMHT noted that:

“We certainly don’t have the availability of services that they do in Porirua or Wellington. And that’s for emergency accommodation as well as long term.”

Similarly, the social services focus group noted:

“Something that has to be looked at straight away is your access to emergency housing.”

“You’ve got mental health consumers who don’t even have an emergency house to stick over their head.”

One participant in the social services focus group remembered that there had been emergency housing in the past:

²³ Housing New Zealand, The Application Process

²⁴ Housing New Zealand, Social Allocation of Housing New Zealand Corporation Housing

²⁵ Ministry of Social Development (2002). Local Services Mapping: Kapiti Coast

“There was a very good emergency house for many years—the house was perfect—it’s a Housing Corporation house—but you see it just sort of closed. They still own it, Housing New Zealand.”

This participant also felt that there was a need for a night shelter as well:

“Because you’ve got another level of people who just have nowhere to go, don’t have any money so they don’t eat, even down to that—just people even who are passing through who are mental health consumers, or anybody. There’s nowhere to go and there’s nowhere to send them for the night—it’s been a big issue up here since that house closed.”

Transitional housing

The social service providers identified that a need for transitional housing that provides support and advocacy and teaches people life skills with the aim of supporting them *“into permanent accommodation or alternatively back to where they came from”*. This need was identified for both mental health consumers and people with drug and alcohol issues:

“I’m actually thinking of people with alcohol and drug related issues who are coming out, say, for example, from Rehab in Wellington, where do they go? They need a space, an interim point to come to kind of re acquaint themselves with the community.”

“I think there needs to be a bridge for, like, people coming out of rehab, or, you know, that can’t remain with their families, where they are taught life skills, you know, that stepping stone from home to actually being independent.”

“Working on people’s strengths, you know, working on what they’re able to do and just building on that to build self esteem—so it’s sort of supported living that’s needed but with that purpose of giving people skills so that they can move on and become independent in the community.”

In regard to transitional housing for people coming out of rehab, one of the participants in the social services focus group reported that they had:

“Made enquiries about that last year and was told that the Capital Coast and District Health Board do not see a need. One, they don’t see a need; two, it’s far too expensive because they’ve got this wonderful ward 27, where people can go to dry out, or whatever. It’s cheaper for them to have that than to provide supported transitional housing.”

She felt that “you almost have to prove that you can do it, first of all prove there’s a need or ascertain there’s a need, and then prove that you can do it before you get the funding”.

Supported accommodation for youth

The Local Services Mapping exercise identified a gap in mental health services for youth.²⁶ The social service providers, one of the supported accommodation providers and two of the three family members interviewed for this research also identified a particular need for

²⁶ Ministry of Social Development (2002). Local Services Mapping: Kapiti Coast

accommodation for mental health consumers between the ages of 17 and 27. It was felt that some sort of supported accommodation for this age group would be beneficial:

“If you get somebody who’s really struggling, a young person with bipolar—I know of two or three actually; it became intolerable for them to be able to stay at home for parents. And there is a gap. There is a very big gap. Where does that young person go?—I mean I work with people, basically parents who’ve been told—‘Get your son out of it, or your daughter out of it, it’s destroying the family, you can’t cope, they’re not going to be able to cope unless they’re out there.’ Well that’s great, they can try a bit of tough love, or whatever, but where’s that person going to? Where’s that person going?”

One of the family member participants also highlighted the gap in accommodation services for this age group:

“There’s a friend—she has a son who she’s desperately trying to get support with for some other accommodation—the mother’s desperate. She’s got health problems herself now because of the stress of it but she just can’t find anywhere for him to go. It’s been like that for about two years—they’re just desperate for anything to happen. He’s 19. But I mean from ‘Capital Support’ and different agencies there’s just nothing—And this has been like this for about two years—it’s just worn the mum down really and its really, really tough—she just keeps getting fobbed off all the time.”

A supported accommodation provider confirmed the lack of supported accommodation for youth mental health consumers on the Kapiti Coast:

“One particular area we came across—a person was referred here who wanted to remain on the Kapiti Coast, but because they were less than 18 years old—but there was nothing—there’s not much here for youth.”

Supported accommodation for other mental health consumers

The social services providers, the KCMHT, and family members all identified a need for more supported accommodation services in general on the Kapiti Coast. Some also felt that improvements could be made to the delivery of supported accommodation services.

The KCMHT highlighted *“a shortage of supported accommodation”*. The supported accommodation provided on the Kapiti Coast to mental health consumers at the time this fieldwork was conducted consisted of the following:

Provider A:

21 places for mental health and disability consumers with “highly complex needs”—could take up to 26.

Provider B:

4 places for mental health consumers, 6 places for aged-care mental health consumers.

Place C:

8 places for mental health consumers.

A variety of views were expressed by the community participants in regards to the level of support needed and the situations it was needed for. The social services focus group declared that:

“There’s that kind of need for that support accommodation—for a lot of people who need to flat with other people [financially] and sometimes that whole social skills thing, and different time tables, flat situations, tend to break down a lot more, there’s a lot more conflict—so just that whole thing of smaller type accommodation, linked to support.”

Two of the family members interviewed currently had their sons and daughters with experience of mental illness living with them at home, but expressed concerns for the future as they themselves aged. A preference for accommodation that enabled a level of independent living, linked to support, was stated, although they had come up against a lack of suitable options:

“We are getting older, aren’t we, and we won’t always be there for her—I’d really love for her to be independent, flatting or in her own little house to make her more independent—I don’t think she’s quite ready for that, she’s had a bit of a glitch lately recently with her health—She’s coped really well [in the past] running the house for close to a week, and I was frantic and I was thinking how is she gonna cope, how’s she going to remember her meds and all this stuff but she did it and that was huge—I think she’d manage quite well—but just knowing that someone was there if she needed them, to call.”

“He’ll have to get used to someone else. If we have to put him into a home or something in a hurry because we’re both sick or something, he’s going to feel really out of it, whereas if we start now and ease him in slowly—we’re thinking we could try 3 or 4 days a week, just ease him into to it slowly.”

There were no options however for such an approach, as a facility that enabled the flexibility that the participant required did not exist on the Kapiti Coast. Furthermore, all enquiries for supported accommodation as well as other forms of accommodation had been unsuccessful: *“Everything’s full.”*

Another family member whose son was in supported accommodation on the Kapiti Coast expressed dissatisfaction with the level of care that her son had received in the past, and felt that there was a lack of suitable supported accommodation:

‘Well there’s no alternative now—there’s nowhere else for them to go—I don’t think he could manage his own flat now. He wouldn’t manage. He wouldn’t be bothered. He’s lost—all he does is sit all day and smoke cigarettes. In the beginning if he’d been in a place where there were things to do, or he was encouraged to do them, he would have carried on. But eight or nine years, not being encouraged to do a thing—people, they need stimulation, as you know, and an effort and a goal to work towards, and it was all just taken away.’

She suggested that:

“The staff need to better trained and they need to be sympathetic to what they’re doing, like nurses are supposed to be—you can’t make a law about someone being unkind.”

9. Conclusion

The exploration of the experience of housing needs has revealed that housing affordability and housing habitability are the major issues facing the consumer/tāngata whaiora participants in this study. The added perspective of the community participants has reiterated this, and has highlighted a shortage of suitable, affordable accommodation for consumers/tāngata whaiora on the Kapiti Coast.

These findings reflect the substantial shifts observed in the regional housing context over recent years. The combined effects of the doubling of housing purchase prices in the last five years and of the small proportion of dwellings available for rental purposes—23 percent—has placed pressure on the availability of affordable housing. The study also identified a shortage of Housing New Zealand stock in the region and inadequate provisions of emergency housing, transitional housing, and supported accommodation.

The effects of housing affordability

Just under two thirds of the consumers/tāngata whaiora experienced problems stemming from housing affordability, and many struggled to live from week to week and to afford basic living costs, which for some included food. Furthermore, most participants reported that going to the doctor or dentist was something that they not could easily afford. As ten out of eleven participants' main source of income was a Work and Income benefit, with ten also receiving some form of accommodation assistance, this suggests that benefit levels are not adequate to cover the combined cost of housing, living and health care.

Whilst this study could not measure the long-term implications for these participants of their not being able to afford health care, it does however suggest the impact that health care affordability could have for the general health and well-being of those mental health consumers/tāngata whaiora on Work and Income benefits. The potential consequence is increased vulnerability to poor health outcomes long term: a public health issue that highlights the linkages between housing affordability, benefit levels, and health and well-being.

The effects of housing habitability and the link to housing affordability

Just under two thirds of the consumer/tāngata whaiora participants were concerned about the physical condition of their housing. They were living either in uninsulated houses; houses with gaps or holes in the roof, outside walls or floors; and/or houses with inadequate heating sources. They also noted issues in regard to other major repair work, and general maintenance and upkeep of their properties.

The study revealed a direct correlation between housing affordability and housing habitability or condition, with just over half being impacted by both of these dimensions of housing adequacy. Those affected were all were women, with four being single parents and two residing alone. They covered all tenure types of homeownership, as well as private renting and state renting. The houses that they resided in were all they felt they could

afford. They did not have the resources to improve their situations, and they could not afford to move to houses in better condition.

The physical condition of their homes meant that these participants were susceptible to further financial stress over the winter months as they struggled to afford the costs of adequately heating their homes. Furthermore, four of these participants had asthmatics in their household, three of the single parents having asthmatic children. Those with children in their household highlighted how their own well-being was further affected by the stress of trying to deal with their children's health and of making their houses more suitable for their children. Other impacts on these participants' well-being were that some had become overwhelmed by the compounding issues, and some reported instances of stress and depression as a result of their situations.

At-risk groups

The experiences of the single parents and people residing alone suggests that these two population groups of consumers/tāngata whaiora are particularly likely to live in housing that is unsuitable for their well-being and physical health. The findings of this study suggest that this is due to a raft of issues. These include: the prohibitive cost of housing that is in good condition; inadequate income levels; a lack of support to address issues; and, in the case of tenants, a lack of responsiveness and responsibility from landlords.

The future

Participants across all of the groups in this research predicted that if solutions were not found, particularly for housing affordability issues, then more and more consumers/tāngata whaiora would be forced to leave the area in search of affordable housing options. Nearly all consumers/tāngata whaiora in this study were very clear that the lifestyle afforded to them by living on Coast had a positive effect on their wellbeing. More than that, the Coast was home.

Even though this study has consisted of a small sample of mental health consumers, it is possible that other people with experience of mental illness also enjoy the same lifestyle benefits from living on the Kapiti Coast. Indeed, perhaps the climate, slower pace of life, friendliness and physical environment—all noted by the consumer/tāngata whaiora participants as sources of enjoyment—are attributes that the wider public enjoy as well.

To have to leave the Coast, to leave home, in search of affordable housing that is dry, safe and warm should not be the solution to the issues raised in this research. One of the consumer participants highlighted the threat that unaffordable housing in particular holds out against people's place in their communities, and the consequences for their sense of belonging:

“Everybody needs a place where they belong. Everyone. And when we make it more and more difficult for people to have a place to belong, you're going to have people becoming more and more unwell, whether they've had a mental illness to begin with or not. It's a really good recipe to make people unwell.”

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Appendix 1

Social Service Providers participating in Social Services Focus Group

- Kapiti Community Centre
- Kapiti Crossroads Trust
- Birthright Kapiti
- Workmates Kapiti
- Kapiti MS Society
- Kapiti Citizens Advice Bureau
- Wesley Care Community Service
- Kapiti Strengthening Families
- Presbyterian Home Support Services



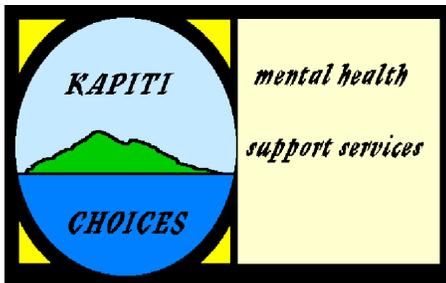
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