

# **Barriers to Affordable Housing for Mental Health Service Users**

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Andrew Colwell  
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## **Abstract**

Housing is both a social issue and a determinant for well being and is an integral component of social policy. The research specifically looked at the barriers for mental health service users to accessing affordable housing. Previous studies have identified affordability, lack of choice and discrimination as specific issues in relation to people with mental illness and housing. While previous studies focussed on housing affordability in relation to the individual, this research considered the barriers to affordable housing for mental health service users in relation to the capitalist structure of society.

The research utilised a Marxist theoretical perspective that views housing in terms of the social structures of society and the relationship to class. This approach was supported by the social model of disability, a social construct where those with disabilities are oppressed by the social structures of society. Another element of the research provided a history of government housing policy in New Zealand. A quantitative and qualitative approach was used to collect data which consisted of statistical information and information gained from interviews with the relevant participants.

Analysis from a Marxist perspective explained, from the findings, that there are systemic barriers in accessing affordable housing for mental health service users within a capitalist system. From the findings, the social model of disability explained that there are structural disadvantages for mental health service users that result in barriers to accessing affordable housing. An analysis of the history of government housing policy in New Zealand, which has continually promoted the commodification of housing, also explained from the findings that there are systemic barriers to accessing affordable housing for mental health service users within a capitalist system.

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## **Opening statement and chapter outlines**

### **1. Opening statement**

This research was conducted to analyse the barriers to affordable housing that exist for mental health service users who access St. Lukes Community Mental Health Centre (CMHC). As discussed below, it is accepted that housing is both a social issue and a determinant for well being and its relationship with the economy goes beyond the construction of houses. As Davidson (1994) states, “the politics of accommodation is obviously an area of prime importance for the welfare state, and housing policy is a central component in the package of core policy areas that determine wellbeing, equality and health for the citizens” (p. 1). In New Zealand, as in many English speaking countries, there are three forms of housing tenure, consisting of “...home ownership, public (or ‘cost’) renting, and private (or ‘profit’) renting” (Davidson, 1994, p. 10). Home ownership is the dominant form of tenure in New Zealand and is encouraged through policy direction and society’s perception of status through owning one’s own home (Davidson, 1994).

The 1988 Royal Commission on Social Policy stated that housing provision was an integral component of social policy and people’s well-being implying that the Government had a statutory responsibility to provide housing for all New Zealanders. In its submission it stated that “...housing provision is qualitatively different from most other social services. Failure in housing provision will frustrate all other efforts to achieve social equity and equality of opportunity” (Roberts, cited in New Zealand Royal Commission on Social Policy, 1988, p. 151). “The New Zealand Housing Strategy” published by Housing New Zealand Corporation (HNZC) in 2005 identified that within the housing sector there are increasing affordability problems for people on low incomes which includes many people who experience mental illness. An accepted housing affordability measurement is where no more than 25 – 30 percent of total household income is spent on housing costs and this research follows this measurement (HNZC, 2005; Mental Health Services, Ministry of Social Development (MSD), HNZC, 2006).

There has been considerable research carried out with regards to housing and its relationship to people who experience mental illness. Previous studies have acknowledged the relationship between mental well being and suitable housing and socio-economic effects related to housing and mental health. Studies carried out in New Zealand in 2002 and 2006 have identified affordability, lack of choice and discrimination as specific issues relating to people with mental illness and housing (Peace, Kell, Pere, Marshall & Ballantyne, 2002, Mental Health Services, Ministry of Social Development, HNZA, 2006). These studies have recommended improved and coordinated inter-agency relationships between the government and NGO sector, an increase in housing stock and the growth of the social housing sector. While these studies have identified important issues, this research sets out to look at this problem from a Marxist theoretical perspective. By offering an alternative approach, this research aims to create debate, questioning the current methods used to address this issue.

## **2. Chapter outlines**

**Chapter one** begins by looking at previous studies relating to housing and mental well being, socio-economic effects related to housing and mental health, and housing affordability and discrimination. The study also looks at the recommendations made from previous studies to improve housing options for people who experience mental illness.

Previous studies have used both quantitative and qualitative methodological approaches to such research but have not used any underlying theoretical assumptions to analyse housing situations for people who experience mental illness. This research has used a Marxist perspective to analyse the issue of affordable housing for mental health service users and this is introduced in **Chapter one**. In order to gain an understanding of the Marxist theoretical perspective, Marx's theory of "historical materialism" is discussed in **Chapter two** which gives a class analysis of the exploitative and oppressive nature of the capitalist system.

The social model of disability, introduced in **Chapter one**, challenges society's emphasis on supporting the individual disabled person who is unable to adapt to society's expectations. The oppressive nature of the capitalist system and relevance of this model in relation to mental health service users and a Marxist theoretical perspective is discussed in **Chapters one and three**.

An appreciation of how housing policy has been approached by successive governments since European colonisation of New Zealand from the 1840s is essential in providing a coherent analysis of the data gained from this research. Providing a historical aspect to housing in New Zealand complements the Marxist theoretical approach to this research. To begin this discussion the study raises the issue of home ownership being ideologically driven, giving a Marxist account of the relationship between renter and landlord and the relationship between housing and the state in **Chapter one**. The history of housing policy in New Zealand is discussed in **Chapter four**.

The principal research question is “**What existing barriers prevent mental health service users from accessing affordable housing?**” The formulation of the main research question and further subsidiary questions, influenced by the underlying theoretical perspective approach and the social model of disability are discussed further in **Chapter one**.

Research methodology and research methods are discussed in **Chapter five**. This research adopted a Marxist methodological approach and this is discussed, tying in the relevance of the social model of disability and an action research approach. The attempt to use an action research approach did not eventuate and a reflection of this outcome is discussed. The research methods considered the best to answer the research question, are discussed in detail.

The information gained from the data is set out in Chapter six with the analysis of the data discussed in **Chapter seven**. The data and data analysis consist of specific themes – Barriers to housing due to income, Barriers to

housing due to affordability, Barriers to accessing HNZC houses, Barriers to social housing, and Barriers to housing due to discrimination. The analysis was considered within the context of a Marxist theoretical perspective, the social model of disability in relation to mental health service users and the structural disadvantages in society and the history of housing policy in New Zealand. **Chapter eight** restates the problem, and provides conclusions, strengths, limitations and implications for the research.

# **Chapter One – Introduction**

## **Introduction**

The chapter begins by looking at previous studies focusing on the relationship between housing and mental health and the recommendations made by those studies. I then introduce the argument that previous studies are substantially focussed on the individual and by offering a Marxist theoretical perspective the issue of housing and mental health can also be studied in terms of the social structures of society in relation to class. I then introduce the social model of disability, supporting the analysis of a Marxist perspective by providing a framework highlighting the structural disadvantages of a capitalist society for mental health service users. A Marxist analysis of housing as a commodity is also discussed to link the issue of housing to the Marxist theoretical perspective. The research question and subsidiary questions and how they are linked to the theoretical perspective, the social model of disability and the history of housing policy are then introduced and discussed.

### **1.1 The relationship between housing and mental well being**

Previous studies have acknowledged the relationship between mental well being and housing. A New Zealand study carried out by Kearns, Smith and Abbott (1991) identified housing problems for people experiencing mental illness. Ellis and Collings (1997) identified international studies stating that the quality of housing has an adverse affect on people's mental health. Krieger and Higgins (2002) stated there was increasing evidence linking housing quality to mental health disorders and Dunn (2002) suggested that mental health was associated to the tenure and choice of housing. Peace and Kell (2002) identified other overseas research that studied the relationship between housing and people's mental health.

### **1.2 Socio-economic effects related to housing and mental health**

A number of studies have discussed the socio-economic effects on people experiencing mental illness. Kearns, Smith and Abbott (1991) discussed the effects of socio-economic status as being a predictor of housing difficulty and

provided evidence for poor quality housing contributing to an individual's mental health status. Ellis and Collings (1997) associated poverty with poor health on a range of measures. Peace, Pere, Marshall and Kell (2002) studied how poverty, unemployment, discrimination, and a lack of affordable and suitable housing were the reasons for housing difficulties for people who experience mental illness. A report by the Mental Health Commission (MHC) (1999) acknowledged that HNZC's role through the 1990s had an effect on the affordability of housing, with the move to market rents and the introduction of the Accommodation supplement (AS).

Peace and Kell (2002) discussed overseas studies which included the US Surgeon-General's 2001 study stating poverty was a significant issue for people experiencing mental illness due to a reliance on income support. Peace and Kell (2002) also discussed a study by Thornicroft and Glover (1998) in the UK which found an association between mental illness and poverty and a study by Gordon and Pantazis (1997) relating income and employment problems with housing conditions and mental illness. Payne (1997b) cited a 1990 survey associating poverty and poor quality housing with mental illness. Ellis and Collings (1997) identified studies which stated that health in general is poorer for those on low incomes. Weich and Lewis (1998) identified the association between people experiencing mental illness and a poor standard of living. Dunn (2002) highlighted key points of a study which suggests housing is an important aspect of social inequality which can contribute to health differences.

### **1.3 Housing affordability and discrimination**

The most extensive New Zealand study on housing and mental health was published by the MSD in 2002 in response to a Cabinet directive to identify and quantify housing needs. Both mental health service users and service providers identified that up to half of all mental health service users were having difficulties with specific aspects of housing. The three main issues borne out from the study were affordability in relation to income, lack of choice with housing options and discrimination in finding and keeping a house (Peace & Kell, 2001). Affordability concerns have also been raised in a

number of other studies and reports. These included Mental Health Services, MSD and HNZA (2006), O'Brien and Leggatt-Cook (2006), The Australian Housing Urban Research Institute (AHURI) (2005), Peace et al., (2002), MHC (1999), Lynch (1999) and Ellis and Collings (1997).

Some specific issues raised were O'Brien and Leggatt-Cook (2006) finding that the AS had not kept pace with private market rents. Peace et al. (2002) recognised that HNZA rental levels through income related rents and council housing were more affordable but the housing stock was limited both in numbers and in the range of housing. For many mental health service users, the more expensive private rental market was the only option which resulted in affordability problems. This meant that mental health service users lived in housing that was inadequate and limited the prospect of recovery. Lynch (1999) also discussed the difficulties for low income households.

The Peace et al., (2002) study reported discrimination was experienced "...in the housing market, the labour market, from flatmates, acquaintances, and also from some employees of the government agencies with which consumers/tangata whai ora need to interact" (p. 13). Pere, Gilbert and Peterson (2003) felt that The Human Rights Act 1993 was not having a sufficient impact on challenging housing discrimination toward people experiencing mental illness. They discussed evidence suggesting discrimination by property managers and landlords both in the private and public sectors. They felt that discrimination meant people were housed in unsuitable accommodation such as caravan parks and boarding houses and that they found it difficult to access a range of entitlements and supports.

#### **1.4 Recommendations for intervention from previous studies**

The main issues recommended improving housing options for people who experienced mental illness, and which are discussed below, were the availability of affordable housing, integration of services and social housing.



#### 1.4.1 Housing affordability

A study by Starr in 1998 on housing affordability recommended incomes needed to increase or cheaper housing needed to be provided (Peace, & Kell, 2002). Mental Health Services, et al. (2006) recommended retaining income related rents but saw that the AS was not meeting the needs of low income households. As a result of this report the Northern Region “Housing for Mental Health” project was set up to develop housing options for people with mental illness.

#### 1.4.2 An integrated service delivery

Many of the recommendations for improving accessibility to suitable housing for mental health service users was focussed around increased and improved integration of services. Successive governments since 1999 have promoted a more integrated approach to service delivery. Its aims are to reduce perceived fragmentation of services through integration, to increase policy effectiveness, reduce duplication to make better use of resources and improve discussion between relevant stakeholders (Gregory, 2003).

The MHC (1999) report identified the need for coordinated and more integrated services. The Peace, Pere, Marshall and Kell (2002) study identified that some difficulties in finding suitable housing related to a breakdown in communication between agencies such as Work and Income and HNZA, between agencies and mental health service users and that there was a general lack of support services. The study recommended improved coordination of sector agencies, less fragmentation, comprehensive service provision and a greater allocation of resources to assist with reducing discrimination. Pere et al. (2003) called for an intersectoral approach led by MSD, including HNZA, Ministry of Health and members from the non-government sector and consumer groups. Mental Health Services et al. (2006) also promoted the need for an inter-agency approach including government, policy makers and the community to address the issue of affordable housing. O'Brien and Leggatt-Cook (2006) also identified problems with agencies such as Work and Income and advised coordinated services

with greater communication were required to achieve more affordable housing.

### 1.4.3 Social housing

Investing in the social housing sector was another recommended approach to solve the housing issue for people who experience mental illness. Mental Health Services et al. (2006) discussed how social housing has been utilised effectively in other countries such as Australia, the United Kingdom and North America. The Auckland Regional Council (ARC) set up The Auckland Regional Affordable Housing Strategy in 2003 where Auckland local authorities work in partnership with the private and community sectors in an attempt to improve affordable housing outcomes. These initiatives included the focus to increase social housing and housing options (ARC, 2003). An example of this is the setting up of the Auckland Community Housing Trust (ACHT) which began operating in July 2006 with the aim to prioritise homes for mental health service users (Housing for Mental Health in Northern Region, 2006).

### **1.5 Theoretical perspective**

The studies discussed have used both quantitative and qualitative methodological approaches to the research but have not used any underlying theoretical assumptions to analyse the housing situation for people who experience mental illness. Studies focus on health outcomes, housing outcomes and discrimination of the individual or household. Socio-economic effects such as poverty are acknowledged and are made in relation to income inequality as well as to the individual or the household. The solution is seen in making incremental changes to policy direction rather than any radical policy change. The current study focuses on societal problems from a Marxist perspective, with an analysis supported by the insights of the social model of disability.

Housing issues of affordability, lack of choice and discrimination are not surprising given that Marxists would argue inequality is inherent in capitalism (Worsley, 2002; Wright, 1997). Wainwright (1996) for example sees the focus

on health inequalities is not driven by a desire to redistribute wealth or a move towards a more equitable society but is more about imposing policies which solve the problems of the state. These policies are likely to leave people just as powerless. Health inequalities, and therefore housing, can also be viewed in terms of the social structures of society and include social relations specifically related to class (Scambler & Higgs, 1999).

The socio-economic inequalities identified in previous studies and discussed above are made within the liberal tradition in terms of stratification and where reference is made to those on different levels of incomes from low to high. These differences are discussed in relation to individuals and households, not in terms of class (Roper, 2005). Solutions focus on the individual and the requirement of incremental changes to social policies. These explanations are unable to "...explain the historical formation of classes, the origins and prevalence of class conflict, and the trajectory of social change" (Roper, 2005, p. 40). As Leonard (1979) states:

Dominant accounts of social policy fail to use a class analysis which would highlight the role of personal social services in deflecting attention from structural failures by focusing on individual or community 'pathology'...They see bureaucracy as a dysfunction of organisation rather than a form of organisation which merely reflects the dominant political and economic imperative to control the welfare system in the interests of the state (p. xii).

None of the studies have implicitly acknowledged how neo-liberal policies from the mid 1980s have had a detrimental effect on the welfare state. They imply that there is no alternative to liberal capitalism where the current government proclaims a "...third way' beyond traditional left and right in which the neo-liberal right are ill concealed by talk of 'modernity' and 'community'. One consequence is that public policy increasingly redefines social problems as the outcome of defective individual behaviour" (Callinicos, 2001, p. 315). Capitalism is seen as a natural system which will successfully continue to exist. This occurs while there is a failure to acknowledge both the contradictions and failings between class relations and capitalism's objective to accumulate wealth (Byrne, 1997). As Ginsburg (1979) states, "the dominant

view or ideology promotes the appearance of the state as neutral, representing a coalition of all classes and pursuing the common interest or ‘the national interest’” (p. 1).

To further understand the Marxist critique of capitalist society, it is important to gain an understanding of the Marxist notion of “historical materialism”. In order to gain clarity I have felt it appropriate to discuss this in a separate chapter **(see Chapter two)**.

### **1.6 Housing from a Marxist perspective**

Housing is vitally important to the working class in relation to its living conditions under capitalism. Housing is important for capitalists as they require a steady supply of labour close to places of work and there has to be adequate housing to ensure reproduction. The housing conditions of the working class have been one of the most important aspects in class struggle. This is particularly so with the issue of wages or benefits as the worker or beneficiary spends a high proportion of their income on housing expenditure. Housing, like any other good or service in a capitalist society, is a commodity with a use value and an exchange value (Ginsburg, 1979). Housing is one of those essential commodities which, as Wiles and Wood (1984) describe, is made through “...considerable personal, and frequently, political effort to enable the consumer to gain the commodity” (p. 183). The worker becomes engaged in “...exchange transactions which allow him/her to consume the use-value of housing without immediate ownership...renting from a private or public landlord or by borrowing” (Ginsburg, 1979, p. 109).

#### **1.6.1 The effects of home ownership**

Successive governments’ policy of home ownership, developed from the 1870s, is supportive towards those on higher incomes and for people already in home ownership (Davidson, 1994). As the state removes itself from the housing sector, further financial pressures are placed on those first time home buyers and those on lower incomes who are unable to afford to get into the home ownership market. The promotion of housing policies supportive of home ownership and a reluctance to get involved in other forms of tenure is

ideologically driven (Davidson, 1994). As Kemeney (cited in Davidson, 1994) states “the widespread support for policies favouring home-ownership ultimately derives from the ability of right-wing politicians to justify a tenure discriminatory housing policy in terms of a coherent ideology” (p. 189).

### 1.6.2 Relationship between renter and landlord

Wilkes and Wood (1984) discuss that the relationship between a landlord and a renter is not the same relationship as that of the exploitation of labour. However, the struggle to obtain housing is part of a wider struggle occurring within and between classes for resources. The worker or beneficiary wanting to find housing has to engage in a relationship with the owner of the house. As Wood and Wilkes (1984) state, “thus, in production, a capital-labour relationship exists in which surplus value is exploited, and in consumption, a generalised struggle occurs both within and between classes for the scarce commodity of housing” (p. 185).

### 1.6.3 Relationship between housing and the state

The state can provide state housing offered at a set price and can also be involved in the private mortgage market through controlling costs (Wilkes & Wood, 1984). Most people who access state houses tend to be those on benefits or low incomes generally those who cannot afford to own their own home or rent privately (Ginsburg, 1979). State housing does not exist in a vacuum and has been shaped by the private housing market and is seen as a “...form of public landlordism rather than a more benevolent welfare service” (Ginsburg, 1979, p. 139). State housing provision tends to be a residual non-integrative approach under democratic capitalism and is discussed further in Chapters four and six. This is because the state must act to support capital’s need for accumulation as this provides the tax base required for state expenditure on areas such as housing. By supporting the on-going accumulation of capital the state is pressured to limit welfare spending (Clapham, Kemp & Smith, 1990). The result is that a “...profitable housing market therefore takes priority over a just housing service” (Clapham et al., 1990, p. 7).

An appreciation of housing policy by governments since the European colonisation of New Zealand is essential in providing a coherent analysis of the data gained from this research. Providing a historical aspect to housing policy in New Zealand complements the Marxist theoretical approach to this research fitting in with Marx's notion of historical materialism developed from an analysis of history and capitalism. In order to gain clarity around the history of housing policy in New Zealand I felt it appropriate to discuss this in a separate chapter (**see Chapter four**).

### **1.7 The Social model of disability**

While previous studies offer housing solutions to support people who experience mental illness, the emphasis is on supporting the individual disabled person unable to adapt to society's expectations (Oliver, 1996). The social model is in large part a social construct where those with disabilities are understood to be oppressed by the social structures of society (Beresford, 2004; Oliver, 1996). The social model of disability has many variants and this research focuses on the approach supported by those in the disability movement sympathetic to a Marxist view of society. The belief is that Marxism has had an influence on disabled people's attempt to remove themselves from the oppressive nature of society. Oliver (1999) argues that Marxist political economy has "...a far greater influence on the struggles that disabled people are themselves currently engaged in to remove the chains of oppression" (p. 1).

This research is specifically focussed on mental health service users. Therefore the social model of disability complements the Marxist theoretical perspective. A Marxist theoretical perspective provides a class analysis to the barriers to affordable housing within a capitalist society. In the context of this research this approach is not sufficient to provide a detailed analysis of the data for this specific group of mental health service users. It is therefore considered useful and appropriate to utilise the social model of disability as a way of identifying the structural disadvantages for mental health service users in a capitalist society through the statistical data gained and also through the responses made by the participants. In order to gain clarity of the social model

of disability and its link with the Marxist theoretical perspective, I have felt it appropriate to discuss this in a separate chapter (**see Chapter three**).

### **1.8 Research question**

The research question and subsidiary questions are determined by the review of previous studies, the underlying theoretical approach to the research, the social model of disability and New Zealand housing policy.

A Marxist perspective on the difficulties that mental health service users experience in relation to housing offers a different view from those expressed through the liberal tradition of individualism. A Marxist perspective considers the class relations, interests and struggles determining the structure of society. The social model of disability provides a framework to better understand the structural disadvantages that mental health service users have to endure within society. Taking this into consideration the research question is:

**“What existing barriers prevent mental health service users from accessing affordable housing?”**

#### **1.8.1 Subsidiary questions**

A Marxist theoretical approach and the social model of disability lead to the requirement of an understanding of the history of housing policy within New Zealand. From this the following subsidiary questions can be asked.

1. What is the history of housing policy in New Zealand?
2. How has housing policy been influenced by neo-classical, social democratic and neo-liberal thinking?
3. What effect does past and current housing policy have on the ability of mental health service users from St. Lukes CMHC to live in an affordable home of an acceptable quality? (This is in relation to owning their homes, accessing HNZN rental and private rental housing).

Ideology has a particular meaning for Marxists. The ideology of the dominant class projects the notion that individuals are free to do as they wish and are able to push their values and ideas onto society. However Marxists argue that the dominant class attempts to impose its values and ideas onto the subordinate class, restricting their freedom as individuals and leading to the subordinate class to view society in terms of the dominant class. The Marxist argument is that ideology of the dominant class merely legitimises the capitalist economic structure, law and politics (Bedggood, 1980; Gough, 1979; Joseph, 2006; Wolff, 2002). If people are not fully informed about the underlying processes of society then they will not understand society. As the research focus is on mental health service users, a classical Marxist analysis of ideology requires further detail in relation to this group. The variant of the social model of disability utilised in this research provides a framework for exploring the structural disadvantages that exist for mental health service users. Capitalism arose from a change in the mode of production resulting in a new classification for people with disabilities (see Chapter three). The dominant ideology led to disability being viewed as an individual tragedy rather than a societal issue and supported the historical process of the medicalisation of disability (Oliver, 1990). From this, the following subsidiary questions can be asked.

4. How has the dominant ideology affected the ability of mental health service users to access affordable housing?

5. How has the power relationship between the medical profession and mental health service users affected access to affordable housing for mental health service users?

### **Summary**

Previous studies identified significant problems between housing and mental health. While the recommendations to improve housing options are accepted, these solutions are made in relation to the individual. Using a Marxist theoretical perspective, the study then looks at the issue of housing and mental health in relation to the social structures of society, specifically in



relation to class. A history of housing policy in New Zealand complements Marxist theory. Utilising the social model of disability complements the Marxist theoretical perspective and offers an opportunity to provide a detailed analysis of the barriers to affordable housing for mental health service users. The relevance of this model is that it highlights the structural disadvantages of society for people with disabilities. The research question and subsidiary questions were identified and the reasoning for these was discussed in the relation to the Marxist theoretical perspective, the social model of disability and New Zealand housing policy.

## **Chapter Two - Theoretical perspective**

### **Introduction**

This chapter provides an understanding of the Marxist view to how capitalist society operates and its effect on those who live within that society. Within the theory of historical materialism Marx describes how society's social structure and social relations are determined by its economic mode of production. Further analysis of the social relations between capital and labour is described in Marx's labour theory of value which leads onto the theory of surplus value and the understanding of the exploitation and oppression of the working class. This relationship between capital and labour leads to the concept of class between those that own and those that do not own the means of production. This is extended with a description of the reserve army of labour which consists of those that are not working and those who are unable to work. The contradictory nature of the state, including the role of the welfare state, is described by highlighting the tension of class struggle where on the one hand the state serves the interest of capital but on the other hand at times provides concessions for the working class. The effect of ideology within the capitalist system is also discussed in relation to the dominant class attempting to impose its values and beliefs on society as a whole.

Marxism can be described as both an influential and heavily criticised social theory and is a framework which is described by Joseph (2006) as the best possible for understanding the world. As Joseph (2006) explains Marxism spans "...philosophy, sociology, economics, politics, history, cultural studies and many other fields" (p.1). Marxism is seen as primarily one of the major traditions of economic thought characterised by "...distinctive analytical assumptions concerning the operation of market economies, different ideological evaluations of the desirability of unfettered free market capitalism, and conflicting political programme" (Roper, 2005, p. xvi). Marxism is more than an economic theory of history. Worsley (2002) describes it as a "counter-cultural vision which looks forward to an epoch when competition will be replaced by cooperation; private property by social ownership; individualism

by comradeship; and possessiveness and acquisitiveness by altruism” (p. 109).

## **2.1 Historical materialism**

Marx’s theory of historical materialism provides a clear connection to and break from classical political economy (Gough, 1979). The theory is the “...notion that the historical evolution of society is determined by its material and economic basis” (Duncan, 2004, p. 90). This historical notion of society is described by Marx (1976) when he states:

...nature does not produce on the one hand owners of money or commodities, and on the other hand men possessing nothing but their own labour-power. This relation has no basis in natural history, nor does it have a social basis common to all periods of human history. It is clearly the result of a past historical development, the product of many economic revolutions, of the extinction of a whole series of older formations of social production (p. 273).

Societies are differentiated by a specific mode of production consisting of slavery, feudalism, capitalism, socialism and communism. Historical materialism does not end with capitalism but after a socialist revolution which will end with communism. Gough (1979) provides a description of historical materialism.

It is ‘historical’ because, unlike classical political economy, capitalist society is understood and analysed as one stage in a process of historical development...it is ‘materialist’ because it explains the social world in terms of the interaction of human beings and inanimate nature in the process of producing goods to meet their material needs (p. 5).

The first concept of historical materialism is the mode of production.

### **2.1.1. Modes of production**

People’s needs are seen as collective rather than individual borne out by the fact that to satisfy needs people are required to develop their productive power together. By doing this there is a continued cycle of increasingly complex forms of production and social interaction (Wolff, 2002). These increasingly complex forms of production, which are an essential part of

society, are seen by Marx as different modes of production throughout human history. Each society, for example feudal or capitalist, is structured from an ideological, political and cultural view point and is determined by its economic mode of production. This economic structure of society determines the political and legal structure which then serves the interest of the ruling class (Heywood, 1992; Joseph, 2006).

The economic base of a capitalist society consists of the material forces of production made up of the physical resources which produces commodities (goods and services). Under capitalism commodities are produced to be sold in exchange for money which in turn is used to buy other commodities. The capitalist spends money to buy capital, raw materials and labour. The capitalist owns, for example the machinery, and then employs workers to operate that machinery. When an item becomes a commodity it has an exchange value in relation to other commodities which is then exchanged for money or other goods rather than for any equivalent use value. The worker is part of a labour market where he/she is not forced to work but can offer their labour, for wages, to the capitalist who is dependent on this labour to produce commodities. The money the capitalist receives for selling the commodities covers his/her cost plus a surplus or profit (Callinicos, 2001; Cox, 2000; Gough, 1979; Joseph, 2006; Wright, 1978).

These two components of material forces and wage labour within the mode of production result in the struggle for control over the physical resources. The outcome is that the capitalist economy supports the interests of the minority who own the means of production and therefore have control over the forces of production. This relation of production, where the dominant class rule over an exploited working class, must continue to be reproduced, explains the increasing complexity of the modes of production through history. The capitalist mode of production incorporates all previous modes of production within society resulting in, for example, peasant agriculture being replaced by modern capital-intensive farming. Ultimately, the mode of production determines the make up of the social structure of society (Bedggood, 1980; Callinicos, 2001; Cheyne, O'Brien, & Belgrave 1997; Cox, 2000; Duncan,

2004; Gough, 1979; Harman, 2004; Joseph, 2006; Worsley, 2002; Wright, 1978).

### 2.1.2. Labour theory of value

Marx's analysis of commodity leads to a further analysis of the social relation between capital and labour which Marx called the "labour theory of value". This theory argues that the value of a commodity is the same as the amount of labour time used to produce that commodity. For labour time the capitalist pays a wage to the worker which represents a unique commodity called labour-power (Joseph, 2006). Capitalism is distinct from other modes of production as the working class does not own anything except for its labour-power which it sells to capitalists in return for a wage. The workers, who are the majority, have no control over the processes of production but produce commodities which provide capitalist wealth. The workforce becomes alienated and oppressed as its only option to maintain an adequate livelihood is through the capitalist buying people's capacity to work as labour-power in a market for use in the production of other commodities (Callinicos, 2001; Cox, 2000; Duncan, 2004; Gough, 1979; Harman, 2004; Joseph, 2006; Wright, 1978).

Labour-power is more than just the labour time used by the worker in order to maintain his/her livelihood. Labour-power is not produced the same way as other commodities. It has its own value which is about people living a life where children are born and raised so in time they become adults and then continue the cycle as the future working class (Gough, 1979). As Marx (1976) states:

The value of labour-power is determined, as the case of every other commodity, by the labour-time necessary for the production, and consequently also the reproduction, of this specific article...Labour-power exists only as a capacity of the living individual. Its production consequently presupposes his existence. Given the existence of the individual, the production of labour-power consists in his reproduction of himself or his maintenance. For his maintenance he requires a certain quantity of the means of subsistence (p. 274).

### 2.1.3 The theory of surplus value

For the capitalist the aim is that the worker produces more value than that given back in wages. This surplus is based on the difference between the value the workers produce and what they receive in wages and forms the basis for capitalist profits. The capitalist has bought commodities including labour-power for a particular price and then uses these commodities to produce another commodity which is then sold in the market. Unlike other commodities in the process, the commodity is sold at a price greater than the cost of producing itself. This means that a portion of the labourer's day is unpaid as the cost of labour-power is not fully compensated and is therefore the point where exploitation originates. The capitalist, who owns the means of production, controls labour-power and exploits labour by paying less for the labour than the value of the goods produced, meaning that part of the worker's labour is free and therefore the workers are excluded from any economic surplus. This surplus is a systematic and persistent product of capitalist social relations and is the concept that Marx describes as "surplus value" (Gough, 1979).

It is the forces of production that result in profit for the capitalist but to maintain the process of production, capitalists must increase the rate of exploitation. Marx's value analysis assumes that over the long term, the rate of profit will fall and this is inherent in the capitalist mode of production. The necessity for individual capitalist firms to maintain profitability is to gain a greater share of the market. This results in reducing production costs without reducing the quality of the product. This action will however, not lead to increased profit but to actual profit falling not just for individual firms but across the whole system due to competition, as the cost of capital rises faster than the rise of profit (Roper, 2005). This means the capitalist will rationalise production and exchange processes - for example, by replacing labour with new machinery, technology or both to expand production and maintain surplus value. However, as labour is the source of surplus value with the introduction of machinery and technology, the rate of profit will fall (Ginsburg, 1979).

This concept of surplus value continues in today's advanced capitalism. The capitalists' attempt to maintain the level of profit is the focus point of class struggle. For example, a union's attempt to increase real wages can have an effect on a firm's profit. This, however, can be offset by extending the hours of work and therefore increasing the level of exploitation on the worker (Ginsburg, 1979; Gough, 1979). As Harman (2000) states the capitalist system is "...driven forward by the attempt to squeeze out ever more surplus value, so that nowhere in the system can workers have the security of knowing their conditions tomorrow will be the same as today" (p. 33). Surplus value is more easily accumulated in advanced countries and a few recently industrialised countries hence the continued pressure, since the 1980s, on workers pay and conditions and the on going reforms in welfare. As wealth for the capitalist increases there is further oppression for those who create that wealth (Bedggood, 1980; Harman, 2000). Profitability determines the amount of productive investment made and influences the rate of economic growth. Marxists argue there has been strong empirical evidence of a prolonged economic slowdown in all major OECD economies since 1974 evident in New Zealand with the decline in profitability and investment (Roper, 2005).

#### 2.1.4 Social relations and the concept of class

Marx's theory of surplus value and the subsequent understanding of the exploitation and oppression of the working class enable an analysis of class structure within a capitalist society. The application of the concept of class can have a number of meanings. It could mean one's position within a socio-economic status (Roper, 2005). For example those who support the liberal tradition of individualism, although acknowledging the increase in socio-economic inequality since the mid 1980s, do not consider it as "...evidence that class relations, interests and struggles are central to the structuration of society" (Roper, 2005, p. 39). Alternatively, a Marxist views society as divided into those that own the means of production, distribution and exchange and those who do not. Within the concepts of the labour theory of value and of surplus value then it is important to have an understanding of the social relations that exist within the capitalist forces of production. Marx and Engels

(1992) describe the need for the action of all members of society to be united in order to set capitalist production in motion and capital, therefore, is a relationship among people, one of social power.

At any given time individuals can be seen as living their own existence trying to attain positive goals and striving to have some degree of control over the obvious experiences and constraints that exist in daily living. However, over time patterns in their social relationships emerge "...from a shared and similar experience of the social ordering of material production" (Coates, 1996, p. 207). These social relationships are not created by these individuals but inherited by each class through the generations exploited and oppressed through the economic structure and social relations existing in society (Coates, 1996). Callinicos and Harman (1987) describe class as an objective relationship where "...a person's class position doesn't depend on subjective attitudes but on their actual place within the relations of production, independently of what he or she – or anyone else – may think" (p. 6).

Class formation is where a collective of people become organised and this is shaped by the social relationships that determine their class interests. The class position of a person "...consists in his or her relationship, as part of a social group, to other social groups" (Callinicos & Harman, 1987, p. 6). These social relationships result in the mode of production leading to conflict between the two classes shaped and developed by antagonisms determined on the bases of who owns or who does not own the means of production (Coates, 1996; Cox, 1995; Gough, 1979; Joseph, 2006; Wright, 1985). Once classes have been formed then the conflict is about the struggle between the exploiters and the exploited "...for the control of the distribution of the product, politics, and the control of ideas, ideology" (Bedggood, 1980, p. 45).

The amount of exploitation is determined by the on going antagonistic relationship between capital and labour. A practical example of this is in the implementation of government policies such as the tax reforms of the 1980s which essentially benefited high income earners or the Employment Contracts Act 1991 having a significant adverse effect on the bargaining power of



workers (Roper, 2005). Another example on a larger scale is that capitalism has developed a worldwide economic system where an ever decreasing number of corporate people hold sway over ever increasing economic resources. If one accepts that the relationship between business, or more specifically economic power, and politics is intertwined, then it follows that there is an increasing concentration of power of the state. This concentration of economic and political power implies that the existing inequality can only increase (Miliband, 1989).

The classical Marxist concept of class describes a relationship between two classes, the dominant and working class. However, societies are more complex and will have more than one mode of production which in turn means classes will be part of other modes of production. The petite-bourgeoisie is an example of a class occupying another mode of production where, as small business owners, they do not sell their labour power or gain income from the exploitation of workers (Roper, 2005). Another example of this is the separation between the working class and middle class. Gough (1979) argues that while the economic position of the middle class is similar to that of the traditional working class there are differences. These lie in the level of authority the middle class holds within firms or the state and where there is some degree of control in determining their class position. This means that the middle class hold a contradictory position in class conflict. The middle class is situated in an intermediate position where political and ideological factors determine their class position. Gough (1979) sees that "...the form of economic, political and ideological conflict in any particular society will have different implications for the class position of these groups" (p. 60).

Another category providing further complexity to the issue of class is that of state employees who "...perform numerous functions in the administration of the economy and in the reproduction of capitalist social relations..." (Bedggood, 1980, p. 70). The dominant capitalist class see that state workers are separate from the working class due to their status and incomes. There is the argument that state or non-productive workers are benefiting with higher wages from the exploitation of productive workers. However, it is in the

capitalists' interest to reduce wages for both productive and non-productive workers as all workers are constrained by the relations of capitalist production. Neither group has control over the means of production; therefore both groups are exploited and oppressed and are part of the working class due to their class interest (Bedggood, 1980).

While the make up of different classes continues to change, on going domination and exploitation within the social structure will endure. It is the entire working class that "...is subjected to domination and exploitation, even if its different parts experience domination and exploitation at different levels of intensity, and are differently disadvantaged" (Miliband, 1989, p. 210). The result of a maturing capitalist economy is of a maturing capitalist class structure with in an ever increasing polarisation between the capitalist class and the working class (Miliband, 1989). In New Zealand, our lives are much affected by class struggle which is an integral part of how society is organised. To deny this is, then, to accept the dominant neo-liberal ideology which legitimises class inequality (Roper, 1997).

The development of class is underpinned by the development of class consciousness where people will "...be capable of acting as a class, rather than as a group of individuals who simply happen to have something in common" (Wolff, 2002, p. 51). Class consciousness will only exist when people stop accepting the poor conditions of work and daily life and do not accept the argument that profits are the product of the risks that capitalists take in investing their capital and creating employment for others. Class consciousness can be achieved once people become aware of their position in a class society and wish to create organisations to further their collective interests. The working class has the potential to challenge the capitalist class due to their position within the economic system. This process leads to class conflict and is the key to understanding a Marxist perspective on human history and society (Heywood, 1992; Wolff, 2002; Worsley, 2002).

### 2.1.5 Reserve army of labour

Marx described four categories of the reserve army of labour: the floating, latent, stagnant and pauperism categories. The floating surplus population existed in the centres of modern industry, where workers were dependent on the demand for labour and would gain or lose jobs depending on this demand. Latent surplus population was described as those who remained in the rural areas while there was a constant movement of the population to towns. The stagnant population was part of the reserve army of labour that had very little employment. This group were therefore always at capital's disposal when required and were further exploited as they were characterised as working long hours for minimum wages. Pauperism or the surplus population includes the sick and the disabled. This is seen as the "dead weight" of the reserve army of labour, which is a condition of the capitalist production and like those in work, is an essential element in the creation of wealth (Marx, 1976). Those who do not work become surplus labour not due to any specific economic policy but as a result of capitalist production (Cox, 1995; Joseph, 2006). As Marx (1976) describes:

...it is capitalist accumulation itself that constantly produces, and produces indeed in direct relation with its own energy and extent, a relatively redundant working population, i.e. a population which is superfluous to capital's average requirements for its own valorization, and is therefore a surplus population (p. 782).

This surplus labour becomes an essential function of capitalism in order to maintain and extend surplus value and so allows capital to accumulate. This is achieved through the application of wage restrictions on those who work (Gough, 1979; Wolff, 2002). There is a constant upward pressure on prices and wages and the reserve army of labour is a tool which can reduce that pressure. For example, improving machinery can slow a reduction in the rate of profit through the requirement of fewer workers. Those made redundant then become part of the reserve army of labour. This increases competition between workers to find jobs and decreases the pressure on wage increases so the price and value of labour-power falls. Those who are unemployed receive benefits which are far lower than the average wage and this also

helps keep wages down. Capitalists maintain pressure to keep benefits at a lower level so as not to restrict the supply of labour-power when demand for labour-power is strong. When there is a shortage of labour, capitalists will employ cheap labour such as unskilled migrants or people with disabilities who would otherwise have difficulty finding work. This also reduces the pressure on wages (Ginsburg, 1979).

The connection with the capitalist relations of production leads to all categories of the reserve army of labour being part of the oppressed group where those who are permanently unemployed are considered a "...marginalized segment of the working class" (Wright, 1978, p. 94). As Jones (1983) states, the reserve army of labour is seen as "...being at one end of a continuum of working-class experiences and reactions to surviving under capitalism which affect everyone, albeit to different degrees" (p. 68). The state continues to promote policies to restrict and divide the workless from the workers. By accepting that the working class is a continuum it can then break down the differences which limit the possibility of a united working class (Jones, 1983).

## **2.2 The role of the state**

Pluralists see the state as a set of neutral institutions acting in the public interest. The state therefore responds to the demands and influence of individuals and groups who have access to interest groups, political parties and the election process (Roper, 2005). For Marxists, however, the structure and role of the state is dependent on the mode of production and the antagonistic relationship between capital and labour does not occur in a vacuum as the state is seen as a focal point for competing interests (Gough, 1979). This antagonistic relationship highlights the contradictory role of the state where on the one hand its role is to serve the interests of capital but on the other hand does, at times, provide concessions to reduce class struggle and improve the position of the working class within capitalist society.

The state is developed in the interest of capital as a whole, not just the capitalist class. Marx questions the nature of the state in "The Communist

Manifesto” as “...but a committee for managing the common affairs of the whole bourgeoisie” (Marx, cited in Gough, 1979, p. 39). The state is seen as the provider of suitable conditions for the accumulation of capital. This provision is not static and the activity of the state is moulded to suit different economic and political conditions. For example, when the economy falls into recession and there is a decline in profitability, pressure is put on the state to introduce policies which will increase business profitability. This pressure is the influence of capitalists who have control of economic resources. As Roper (2005) suggests:

Business associations have an inherent structural advantage over trade unions and social movements when lobbying government for desired changes in policy because the state is structurally constrained by its fiscal dependence on revenue derived from the taxation of incomes generated in the process of capital accumulation (p. 250).

So as the state is captive to the capitalist economy it must ultimately submit to upholding this situation. A country cannot ignore the pressure for the continued accumulation of capital and if the state does not uphold this rule then the pressure could be, for example, the flight of capital (Roper, 2005; Gough, 1979). Therefore, as Gough (1979) suggests, “what distinguishes Marxist theory is not the view that a particular class dominates the institution of the state, but that whoever occupies these positions is constrained by the imperatives of the capital accumulation process” (p. 44).

Parties of the centre left generally follow policies supporting the interests of capitalist production over the interests of the working class (Wright, 1978). In New Zealand and the UK, the centre left parties have continued the neo-liberal programmes of governments from the 1980s and 1990s into the new millennium, described as ‘third way’ politics, essentially ditching their historical commitment towards social democracy (Roper, 2005). The working class will be most affected by this abandonment emphasised by the inadequacies of social services where “...public provision in the realm of health, education, transport, housing, the environment, leisure, social benefits, and pensions will

continue to be generally poor, short of funds and resources, bureaucratically administered, and grudgingly, reluctantly dispensed” (Miliband, 1989, p. 212).

Another role for the state is in continuing the illusion of upholding political freedom but maintaining the exploitation of the working class. This is achieved through the setting up of laws that see the owners of the mode of production as equal partners with the working class. The illusion of political freedom and equality of individuals fits in well with representative democracies. Liberal democracy gave the population the belief that they can exercise control through the state. However, ultimately the modern state and legislatures are connected to the capitalist mode of production. The illusion of total political freedom and equality is encouraged in a capitalist society as the ruling class has to maintain domination through coercion and force (Gough, 1979).

The above discussion describes the principles of the state to serve the interests of capital. However, as with the concept of class there is a more complex role of the state, touched on above, when describing the role of centre left parties. The dominant class are not a wholly united group as elements have differing as well as similar interests. It is then a requirement of the state to have some degree of autonomy but still be able to serve the interests of the dominant class. This can be achieved through the people of influence within the state apparatus having common ideological and political perspectives as the capitalist ruling class (Gough, 1979). This then allows opportunities for sections of the state to “initiate policies, to reverse them, to make choices and to make mistakes” (Gough, 1979, p. 44). The climate for alternative policies though is still situated within a constraint of the capitalist mode of production. So at times, while the state may not act in the interests of sections of the capitalist class, its ultimate goal will be to maintain the long term interest of the capitalist class as a whole (Gough, 1979). Roper (2005) describes this when suggesting that the state often legitimates what it does is in the interest of everyone by “...repeatedly equating the interests of business with the public and national interest; what’s good for business is good for New Zealand” (p. 91). This is evident with the current financial crisis where governments across the world have taken over investment banks and

mortgage companies or offered vast amounts of money to commercial banks to shore up the respective financial systems and which is justified as being in the nation's interest (Callinicos, 2008).

While supporting the notion that the state predominantly acts in the interest of capital, I also support the notion that the existence of class struggle requires the state, at times, to reluctantly provide concessions to the working class, irrespective of how limited that concession may be. The relationship between class struggle and the capitalist mode of production is part of a historical process which forces the state to adopt certain policies which appear to go against the interests of capital (Ginsburg, 1979). For example one argument for state housing is that it helps capitalism in the reproduction of labour through subsidised housing. It can, however, also be seen as a concession by the capitalist class to reduce demand for changes to the system of production and improves housing for some of the working class. It is therefore, an example that the state cannot just act in the interests of capital and that class struggle exists within capitalist society (Clapham et al., 1990; Roper, 2005).

As Roper (2005) states:

It is often mistakenly assumed that Marxists consider that the state always acts in the interests of the ruling capitalist class, and that capitalist's interests always prevail in industrial and other societal conflicts. Such a view would make nonsense of the classical Marxist conception of class struggle. Class struggle involves conflict in which capitalist interests generally prevail, but in which workers and their allies can win important victories; for example, by forcing employers to grant higher wages and/or better conditions, or forcing the government to grant substantial policy concessions to the workers' movement (Roper, 2005, p. xxii).

### **2.3 The welfare state**

The contradictory role of the state is further emphasised when discussing the welfare state. The state is in constant tension between the need to serve capital and to contain public expenditure on social services and the need to provide a stable society through addressing working class interests. This

tension is expressed in a government's measures within the sphere of the welfare state (Miliband, 1989). Liberal and pluralist theories of the welfare state view people as individual members of society, positions them within a socio-economic status relating to individual inequality but not class and studied in terms of their behaviour. These approaches are seen as flawed from a Marxist perspective as there is an unwillingness to acknowledge the social relations existing within the capitalist forces of production that leads to class conflict. The tendency of the welfare state is seen both to exercise social control over market forces and to control people and so adapt them to the needs of the capitalist economy (Gough, 1979).

The welfare state was brought into existence by an ideology that saw altruism as a means to integrate people into society. Welfare policies were originally conceived in the late nineteenth century in New Zealand by conservative and liberal elites. These welfare policies were implemented in relation to the struggle of the emerging working class for political democracy, and were used to dampen workers' grievances with the emergence of the modern labour movement (Ginsburg, 1979; Gough, 1979; Miliband, 2005; Pierson, 2006). The intention of these elites was not to improve the living conditions of the working class but to "...manage/regulate capitalism and to discipline its workforce" (Pierson, 2006, p. 52). The need for the state to intervene and regulate was essentially driven by the industrialisation of the workforce. The establishment of liberal rights welfare became a way of integrating the working class into the capitalist system and gaining concessions from the organised labour movement (Gough, 1979).

However, the implementation and management of the welfare state by social democratic governments from the mid 1930s to the mid 1980s in New Zealand highlight the contradictory nature of the state as described above where the accumulation of capital has to be maintained, and concessions are made to serve the interests of the working class. The development of state housing, for example, can be seen as a gain for the working class, and a product of class struggle. Social policy gains, though small and limited in their effectiveness, still can have a positive effect on the working class. It must be



emphasised though that any benefit gained by the working class does not come from a benevolent state but continues to be made, where possible, in the interests of capital through the maintenance of democratic capitalism (Clapham, et al., 1990; Miliband, 1989; Pierson, 2006).

This contradiction can also extend to concessions being made to the working class which can also be seen as beneficial to capitalists' interests. By improving the health, education and housing of the working class, the capitalist class in return has a source of labour that is healthier and better educated (Pierson, 2006). People with disabilities are an example of how the welfare state can be described as maintaining living standards through the access of benefits, or it can be described as maintaining a group of people to be brought into the workforce when required but who can just as easily be removed from the labour market when demand for labour decreases (Clapham et al., 1990; Ginsburg 1979; Gough, 1979). The relationship between people with disabilities and a capitalist society is discussed further in the next chapter.

## **2.4 Ideology**

The dominant ideology views individual workers as apparently free to sell their labour-power in an open and equal market based within the capitalist mode of production. Individuals are seen as being able to do as they wish and make the most of their abilities. However, ideology has a negative connotation for Marxists, described by Engels as false consciousness, where the dominant ideology legitimises the capitalist economic structure, law and politics through generating ideas about society (Gough, 1979). Marx argued that if people do not recognise the underlying processes of society, then people's thoughts regarding understanding society are superficial and instead adopt the dominant ideology. The ideology of the dominant class assists with the economic structure being adapted to meet the needs of capitalism, while the outcome of capitalist relations remains hidden from those individuals (Bedggood, 1980; Gough, 1979; Joseph, 2006; Wolff, 2002).

The dominant ideology also views the state, the judiciary and the church as separate from the market, masking the real purpose of these institutions by capitalist social relations. Both the state and ideology must appear to be separate from any class interest and so cannot be connected to the ruling class. Therefore, ideology is seen within values of a nation's culture while the state is seen to represent all society's interests (Bedggood, 1980). Gramsci provided a contrast between differing ideas and values in relation to viewing society.

One must distinguish between historically organic ideologies, those, that is, which are necessary to a given structure, and ideologies that are arbitrary, rationalistic, or 'willed'. To the extent that ideologies are historically necessary they have a validity which is 'psychological'; they 'organise' human masses, and create the terrain on which men move, acquire consciousness of their position, struggle etc. To the extent that they are arbitrary they only create individual 'movements', polemics and so on (Gramsci, cited in Oliver, 1990, p. 46).

Gramsci's notion of "hegemony" describes how the dominant class can impose their values and ideas onto society. This, in turn, leads to how the subordinate class view the world in the terms of the dominant class'. In today's society the dominant class portrays the notion that although the social order is not ideal, it is better than any alternative. Any change to be made is remedial and there is no need for any significant structural change to society (Miliband, 1989)

The dominant class has an advantage over those expressing a radical alternative as the social order of society has existed for a long time and is seen by both the dominant and working classes as 'natural' (Miliband, 1989). There is a presumption in bourgeois ideology that capitalist relations of production are forever and therefore unable to be changed. Although the dominant class does not speak as one voice the diversity that exists in that class maintains its beliefs by continuing to attempt to persuade the working class to accept the current social order. The dominant ideology is supported by governments who are much more in agreement with the underlying beliefs

of the dominant class than they are with supporting the working class (Ginsburg, 1979; Miliband, 1989).

However, the dominant ideology and the state have not completely been able to persuade the working class to submit to their indoctrination. For example, aspects of the wider population continue to protest and show dissent which the state is required to contain, so any permanent pacification of the working class is unachievable (Miliband, 1989). As Miliband (1989) states: "This is why repression and the threat of repression remain an essential element of class struggle from above, and indeed occupy a growing place in the political life of these countries" (Miliband, 1989, p. 152).

### **Summary**

This chapter has described the theoretical underpinning of this research through the discussion of historical materialism, and a Marxist view of the role of the state, welfare state and ideology. It describes how the relationship between the working class and the dominant capitalist class within the mode of production leads to class struggle. The labour theory of value and the theory of surplus value both identify the point where exploitation of the working class originates. Class struggle exists for all the working class which includes the reserve army of labour and not just those who are in work. The contradictory roles of the state and the welfare state have been identified and while the state's main focus is on maintaining the conditions to support capital accumulation, it does also provide concessions for the working class as a response to class struggle. A Marxist interpretation of ideology has also been described, where the dominant class attempts to impose its values and beliefs on the working class to legitimise the capitalist economic structure.

## **Chapter Three - The social model of disability**

### **Introduction**

The previous chapter described class relationships within the process of production and exchange. In order to provide a link between the conventional Marxist analysis of class relations and the specific focus on mental health service users, I have incorporated the social model of disability into this research. The social model of disability offers a framework which helps better understand the tension between people with disabilities and society, highlighting the structural disadvantages that exist within a capitalist society. To link Marxist theory with the social model of disability this chapter discusses disability in relation to the mode of production, ideology, oppression, the reserve army of labour and the welfare state.

### **3.1 The social model of disability**

The social model of disability stems from the work of a group of influential disabled activists in the 1960s and 1970s, who believed that the view held by professionals in the disability field, was inappropriate. The social model of disability is a construct focusing on the restrictive nature of society that does not adapt to people's needs, and responds to disability in terms of individual experiences rather than social barriers, material and ideological. Since the early 1970s the issue around disability within society has become politicised and the social model of disability is now seen as a focal point for the social and environmental barriers existing for disabled people. As a model it can help better understand the tension between people with disabilities and society (Barnes, 1998; Milner, 2005; Oliver, 1996; Vernon, 1998).

### **3.2 Relationship to the Marxist theoretical perspective**

The politicisation of disability by disabled activists resulted in emancipatory research gaining a hold within the disability research paradigm. However, much disability research continues to be conducted within society's perception of disability (Barnes, 2003). This form of disability research can be defined in an "...individualistic, medicalized fashion, as a property of people with

impairments; most research on disability reflects this individualistic orientation” (French, 1994, p. 136). An example of how this position affected this research can be seen through the approach of the Health and Disability Ethics Committee discussed in Chapter five.

The social model of disability is an important aspect of this research as it is linked to both the theoretical perspective and the research methodology. It supports an aspect of the research that focuses on society’s structural disadvantages for people who experience mental illness. The social model of disability has many variants. This research focussed on the approach supported by those in the disability movement who are sympathetic to a Marxist view of society. It is clear that while they do not necessarily support the notion of historical materialism, Marxism has had an influence on disabled peoples attempt to remove themselves from the oppressive nature of society. It can therefore be utilised as a means to better understand the structural disadvantages that exist for people with disabilities in a capitalist society, assist in providing an explanation of disability and provide an understanding of its historical development (Oliver, 1990). As Oliver (1990) states:

The stressing of the need to provide a theoretical explanation of disability and the importance of developing a historical understanding of it, do not imply the endorsement of the theory of historical materialism, nor its applicability to a proper understanding of the nature of disability...Marx...can at least provide a framework to facilitate our understanding of the present situation in respect of disability (p. 25).

It was the rise of capitalism that brought the ideological construction of the individual and removed the notion of a group or collective as described by Marx:

The further back we go in history, the more the individual, and, therefore, the producing individual seems to depend on and constitute a part of a larger whole: at first it is, quite naturally, the family and the clan, which is but an enlarged family; later on, it is the community growing up in its different forms out of the clash and the amalgamation of clans (Marx, cited in Oliver, 1990, p. 44).

### 3.2.1 The mode of production and disability

Marx views society's material and economic basis as determined by past historical development. These increasingly complex forms of production are seen by Marx as different modes of production throughout human history. As society develops, the social environment becomes more complex in creating and satisfying peoples needs. The complexity of the social environment also leads to differences in society. Disability is viewed as a social problem as many disabled people are unable to fit into the work requirement of a labour market within a capitalist system. This then suggests that disability, like all social categories, is a product of economic and social forces of capitalism. How disability is defined by and within society depends on its relationship to the capitalist economy (Oliver 1996). Oliver emphasises this when quoting Marx on how the mode of production determines the social process:

The mode of production in material life determines the general character of the social, political and spiritual process of life. It is not the consciousness of men that determines their existence but, on the contrary, their social existence that determines their consciousness (Marx, cited in Oliver, 1990, p. 23).

Capitalism and the changes in the mode of production brought about changes in social relations which had a major effect on society in the nineteenth century. This resulted in a need for a new classification and a new form of control to maintain social order (Oliver, 1990). This had a significant effect on people with disabilities. As Oliver (1990) states, "there are, indeed, strong economic reasons for the exclusion of disabled people and it is the embodiment, of these social and economic relations under capitalism which has led directly to the exclusion of disabled people within capitalist societies" (p. 21). People with varying disabilities were not able to take part in the production process. They were not only excluded from the workforce but those who did not fit into society's expectations were removed completely by being placed in various institutions so suffering economic and social exclusion. The Poor Law Amendment Act 1834 is significant for people with disabilities as it categorised people who were not willing or not able to productively participate in society. The pauper's five categories were defined

as – children, the sick, the insane, the aged and the infirm. This resulted in disability becoming a separate category of its own and this process led to society's impression of disabled people for the next 150 years (Oliver, 1990).

With the advancement of capitalism the growing numbers of people unable to participate fully in society has grown resulting in an ever increasing need to identify and classify the poor. Disabled people unable to participate in the workforce are more accepted by society, due to how disability has been defined, rather than those who chose not to work (Oliver, 1990). This process of categorising has required more sophisticated work in order to legitimise the social status of those unable to work compared to those that are unwilling to work (Oliver, 1990). This is particularly encouraged by those who wish to maintain the disabled industry, namely the medical profession whereby the "...simple dichotomy of the nineteenth century has given way to a whole new range of definitions based upon clinical criteria or functional limitation" (Oliver, 1990, p. 3). This leads to society not only defining disability but how it responds to disabled people.

### 3.2.2 Ideology and disability

The dominant ideology within the capitalist system portrays relationships as fair where individuals are able to act freely and do as they wish. From a Marxist perspective what is hidden from individuals is their relationship to class and how the economic structure of capitalist society is set to meet the needs of the capitalist class (Gough, 1979; Joseph, 2006; Wolf, 2002). In terms of the social model of disability, it is not the notion of class that is hidden from people with disabilities, but the structural disadvantages that exist in capitalist society and the hidden way these structure the lives of disabled people. Gramsci provided a connection between the social structures and ideologies of society through the concept of hegemony where the dominant ideology becomes the 'natural' reality of society. It then becomes a way of thinking that is taken for granted over social, economic and political issues. Capitalism perpetuates and promotes the negative connotations of disability through a non-neutral ideology permeating society. So, society defines disability through an ideology so ingrained that it is taken as a fact. Therefore,

disability is defined by the ideology of individualism which supports the historical process of the medicalisation of disability. The medicalisation of disability underpins the view of disabled people as having a personal problem where the medical profession intervenes in the lives of disabled people to prevent, treat and cure (Oliver, 1990).

Specific policies for disabled people continue to be developed without exploring the ideologies that underpin the direction of these policies. Policies continue to be introduced that act on behalf of people rather than letting them become increasingly independent. So as society views disability as a personal problem the disabled are further removed from the economic and social life of the able-bodied (Oliver, 1990). The ideological construction of the individual within capitalist society results in only the able-bodied and able-minded individuals who have the physical and mental capabilities to carry out work. This in turn leads to the ideological construction of the disabled individual which is not only the opposite of the able-bodied and able-minded person but allows for the medicalisation of disability as the individual's problem (Oliver, 1990). The gains from the medicalisation of disability have been substantial. However, the medical model itself was established due to the need to:

...classify and control the population and to distinguish between workers and non-workers within the new capitalist social order. Hence the medicalisation of disability occurred historically as part of this wider social process, and the strategic position that the medical profession was able to achieve for itself under capitalism (Oliver, 1990, p. 32).

Both the medical and rehabilitation industries continue to influence policies for the disabled and remain closely linked to the capitalist ideology of the able-bodied individual. Those who work within and support the medical model framework see alternative approaches as unworkable as disabled people are viewed within society's stereotypical role of looking at the individual rather than at a group or collective (French, 1994c; Oliver, 1990). An example of the failure of this approach is that mental health services have been unable to "...break down the barriers of exclusion from economic and social life for those with serious mental health problems" (Rogers & Pilgrim, 2003, p. 6).



### 3.2.3 Oppression and disability

The theoretical base of the research views the oppression of people within the more conventional Marxist analysis of social relations and the concept of class. Therefore, a Marxist approach views the treatment of people with disabilities by medical and para-medical professions as designed to get them to be a more productive part of society. Social relationships determine class interests which result in the mode of production leading to conflict between all sections of the working class and the capitalists that own the means of production. The connection with the capitalist relations of production leads to all groups of people, whether dependent on ethnicity, gender or disabilities, or employed or unemployed as being part of an oppressed group - a part of the working class (Cox, 1995; Gough, 1979; Jones, 1983; Joseph, 2006; Wright, 1985; Wright, 1978).

However, supporters of the variant of the social model of disability utilised in this research consider that, for disabled people, oppression is a structural concept where the limitations of material resources together with the uneven power relations in society leads to a lack of opportunities in day-to-day living compared with those who are not disabled (Barnes & Mercer, 2003). If disabled people were viewed as a collective then a dispassionate society would be recognised and social policies alleviating oppression would be introduced (Oliver, 1990). Society is therefore structured in the interests of the majority of people who are not disabled so disability becomes a form of oppression (Abberley, 1998).

While society sees disability as a problem for the individual the social model of disability acknowledges the problem but puts it within society (Abberley, 1998). As Oliver (1996) states, "it is not individual limitations, of whatever kind, which are the cause of the problem but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation" (p. 32). Once it is accepted that disability is defined in the context of oppression, only then will people with disabilities be seen as a group, a collective rather than as individuals. Change can only come about from disabled people and not from policy makers. The

result will be policies that reflect a move to alleviating oppression rather than looking at helping the individual. The message of the social model of disability is that society has to change and it is disabled people who will bring about this change, not politicians, policy makers or the medical profession (Oliver, 1996; Oliver, 1990).

As in Marxist theory with workers requiring class consciousness to transform their situation, the same can occur as people with disability discard the individual approach to disability for the social model of disability. They then begin to have a clearer understanding of themselves and their relation to society. As Watson (2004) states:

Theory, following Marx, becomes transformative: as disabled people adopt the social model, their understanding of themselves, of their position in society, of the institutions they access are altered; disabled people are thus transformed into political activists. Research must therefore seek to document discrimination, making disabled people aware that the problems they face are the outcome of the way that society is organised to exclude them (p. 105).

#### 3.2.4 The reserve army of labour, the welfare state and disability

Society is dependent on a system of commodity production and distribution requiring people to work (Barnes, 1997). Marx's labour theory of value means individual people are viewed as a commodity for sale in the labour market. The capitalist mode of production requires able-bodied and able-minded people to be available and able, physically and mentally, to work. Society then views people who are unable to access paid work as being economically, politically and socially deprived. Disabled people then become part of the reserve army of labour, only used when labour is in short supply (Barnes & Mercer, 2003; Oliver, 1990).

The reserve army of labour within current capitalist society comes under the welfare system. How the welfare state operates is shaped by the ideology that underpins society. The exclusion of disabled people in the nineteenth century and the introduction of The Poor Law Amendment Act 1834 have had an

effect on the development of welfare policies on disabled people to the present day. As the capitalist level of profit continues to decline over the long term there has been ongoing pressure on the welfare provision for disabled people. Those people in society who are non-productive are seen as a drain on economic resources and the notion of dependency has been introduced to further alienate and stigmatise this group (Oliver, 1990).

For disabled people, this means that access to welfare assistance depends on the criteria set by politicians and assessments from the medical professionals. This is described as the “social construction of disability” and is driven by the need for power from the medical and para-medical profession and by the politicians desire to limit and restrict access to welfare assistance (Barnes, 1997). This has both economic and ideological benefits for capitalism in that disabled people “...may perform an economic function as part of the reserve pool of labour and an ideological function in being maintained in their position of inferiority. Thus they serve as a warning to those unable or unwilling to work” (Oliver, 1990, p. 70).

### **Summary**

This chapter begins by acknowledging that a conventional class analysis is limited within this specific research in providing an understanding of the problems faced by people with disabilities within a capitalist society. By linking a variant of the social model of disability to a conventional Marxist analysis of class, helps better understand the tension between people with disabilities, or more specifically mental health service users, and capitalist society. The social model of disability considers the structural disadvantages that exist for people with disabilities within a capitalist society and this has been linked with aspects of the Marxist theoretical perspective specifically in relation to the mode of production, ideology, oppression, the reserve army of labour and the welfare state. The reasoning behind this is to provide a more substantial base for the analysis of the data gained during the research, both statistical and through the comments made by mental health service users, mental health workers and other participants.

## **Chapter Four – A history of housing policy in New Zealand**

### **Introduction**

An appreciation of governmental housing policy since the European colonisation of New Zealand is required to provide a coherent analysis of the data gained from this research. Providing a historical aspect to housing policy in New Zealand complements the Marxist theoretical approach to this research. It allows Marx's notion of historical materialism, developed from an analysis of history and capitalism, to explain the history of housing provision. This chapter begins by discussing the reason for white settler settlement in New Zealand. It continues with the description of housing policy from the neo-classical economic approach of the 1890s through the Keynesian economic approach of the 1930s, through to the neo-liberal economic approach lasting from the 1980s to the present. The focus is on the approach to government housing policy in both the home ownership and state sectors and the effect these corresponding policies have on providing affordable housing.

### **4.1 1840 - 1900**

Colonisation was the result of European countries' need to explore and exploit other countries outside Europe, accessing raw materials to maintain the expansion of the capitalist system and keeping control over the social order back home. The white settlement of New Zealand therefore, is seen within a historical context as part of the global process of capitalist expansionism (Bedggood, 1980; Wilkes, 1994). The appropriation of Maori land and the destruction of traditional Maori society were essential in establishing capitalism and capitalist class relations in New Zealand (Roper, 1997). The full privatisation and subsequent ownership of land resulted in the majority of people being unable to access the land due to the cost. This is an essential element in the functioning of a capitalist economy as people have to sell their labour in order to make ends meet (Roper, 2005). As Marx states, "...the expropriation of the mass of the people from the soil forms the basis of the capitalist mode of production" (Marx, cited in Roper, 2005, p. 46).

The initial settlement of New Zealand by European settlers, which greatly increased after 1840, was set up by private enterprise schemes. The most well known was The New Zealand Company set up by E.G. Wakefield, with the support of the British Government (King, 2003; Wilkes, 1994). The European settler construction from 1840 was called the “laissez-faire period” due to a lack of intervention from the state in both production and consumption of housing. From 1840 to 1860 most of the housing was shelter housing but once families became settled more permanent dwellings were established (Davidson, 1994; Wilkes & Wood, 1984). In housing production there were various relations of ownership and wage-labour. As Wilkes and Wood (1984) state, this ranged from:

...the situation in which early settlers took raw materials from the land, and built their own houses, to the relations between craft-bound builders-tradesmen and would-be-house-owners, whose relationship was to some extent controlled by conventions which had developed by co-operative action, to the relation between itinerant labour and owner, in which labour was freely exploited to produce early housing in great numbers (p. 195).

The lack of state intervention resulted in a market economy where property speculation occurred and the distribution and access to housing favoured the wealthier. The free market in housing led to problems of production and distribution which led to poor housing conditions for working people (Wilkes & Wood, 1984).

By the 1870s the dominant capitalist class consisted of “...large landowners, financiers, industrialists, and merchants; a rural farming petit-bourgeoisie composed of small landowners; an urban petite-bourgeoisie composed of small business owners and professionals, and a working class composed of rural and urban waged workers” (Roper, 1997, p. 93). While agricultural production dominated, the focus was on rural settlements and new towns were emerging with work required to cope with the increasing agricultural wealth. It was not until the 1890s that the idea of suburban development was considered, as conditions were deteriorating to the point where slums were appearing in inner urban areas (Ferguson, 1994; Wilkes, 1994).

Larger urban areas began to occur in New Zealand with the establishment of a manufacturing sector. With an increasing wage earning class housing became a political issue. The poor labour conditions were also increasing conflict between workers and their employers. This required the state to suppress any class struggle. The previous New Zealand Unions Maritime Council defeat in 1890 had weakened New Zealand unionism and the Industrial Conciliation and Arbitration Act 1894 established the regulation of wage, which not only restricted its opportunity for class struggle but dampened the wages for workers thus making any housing schemes difficult to afford (Bedggood, 1980; Wilkes & Wood, 1984).

The Liberal Government considered that owning land was the solution for the cities' housing problems and promoted rural development by offering cheap loans for government owned land to "deserving" urban workers. This policy was enforced from 1892, through a series of Land for Settlements Acts which allowed the Crown to purchase private land through both voluntary and compulsory acquisition. The Land for Settlements scheme continued after 1900 but lost support from wage-workers when the cost of suburban living could not be met by workers due to wage regulations (Centre for Housing Research Aotearoa New Zealand (CHRANZ), 2004; Ferguson, 1994; Schrader, 2005).

#### **4.2 1900 - 1935**

At the turn of the century the Trades and Labour Councils pressured the Liberal Government to improve housing, calling for the construction of workmen's dwellings. There was also continued pressure from the health point of view, with recognition that adequate housing would reduce the possibility of contagious diseases. The Municipal Corporations Act 1900 gave local authorities the power to build houses and to remove slums but this did not occur as private landlords successfully lobbied the local councils against public housing (CHRANZ, 2004; Ferguson, 1994; Issac & Olssen, 2000).

By 1905 criticism of the Liberal Government's housing policy grew with the Trades and Labour Councils arguing over the construction of state housing.

There was a large group of low paid workers wanting a reasonable standard of accommodation with low rentals. The Worker's Dwelling Act 1905 was an attempt to provide housing needs for this group of workers and was the first piece of housing legislation (Davidson, 1994). The government believed that by increasing the housing supply for "respectable" workers, poorer people living in urban centres would benefit as rents would become more affordable because private landlords had to compete with the state. Some state housing estates were built but the costs proved too much and there were also issues for workers regarding access to the main places of employment (CHRANZ, 2004; Ferguson, 1994; Issac & Olssen, 2000; Lynch, 1999; Scrader, 2005).

The provision towards home ownership had been promoted through lending with the Advances to Settlers Act 1894. The Advances to Workers Act 1905 provided a loan scheme which promoted home ownership for the lower classes but by 1910 only 1296 loans had been granted. A new Workers Dwellings Act passed in 1910 allowed for houses to be built by the state, requiring a £10 deposit from potential applicants. Occupiers could rent or lease the property but the government favoured buyers. These schemes continued to be unaffordable for the average worker. The remaining public housing stock was sold under Massey's Reform Government from 1912 (CHRANZ, 2004; Davidson, 1994; Ferguson, 1994; Issac & Olssen, 2000; Lynch, 1999; Scrader, 2005; Wilkes & Wood, 1984).

Government involvement in housing leading up to 1914 was made in an environment of liberal capitalism where private production for profit was dominant. The move to improve housing conditions was not carried out as an altruistic move but through necessity to reduce diseases and improve the health of the lower classes (Wilkes & Wood, 1984). As Engels states:

Capitalist rule cannot allow itself the pleasure of creating epidemic diseases among the working class with impunity; the consequences fall back on it and the angel of death rages in its ranks as ruthlessly as in the ranks of the workers (Engels, 1872, p. 1).

The move was also made to assist in maintaining social order (Wilkes & Wood, 1984). As Russell, (cited in Wilkes & Wood, 1984) states, "revolution

and anarchy are not bred in the houses of men who have happy homes and delightful gardens. Its spawn comes from the crowded treatment, the squalid environment and the slum” (p. 199).

Further government intervention came during the First World War with the introduction of rent controls in 1916 as part of the emergency regulations. Following the influenza epidemic, a Commission of Inquiry highlighted the fact that politicians were continuing to ignore the existence of substandard housing and that there was a shortage of housing (Ferguson, 1994). As in the 1880s it was left to the Health Department to push for improved housing standards with an emphasis on public housing. This did not materialise but the 1920 Health Act did give more powers to the department for demolition and setting housing standards. Houses for the average worker continued to be difficult to afford (Ferguson, 1994; Issac & Olssen, 2000; Wilkes & Wood, 1984).

Further legislation by the Reform Government to build workers dwellings after the First World War was unsuccessful with 430 houses built before the scheme was closed down. In 1923 the Reform Government introduced further legislation giving generous borrowing terms for workers to promote suburban development and by the end of the 1920s the state was financing nearly half the houses being built. However, the ongoing issue for those on low incomes continued as the scheme did not address their needs. What this highlighted was the increasing move by the Liberal and Reform Governments to intervene in the labour market through the production of housing and the housing market through the distribution of housing stock (Davidson, 1994; Ferguson, 1994; Issac & Olssen, 2000; Schrader, 2005; Wilkes & Wood, 1984).

The housing situation deteriorated through the 1920s and into the 1930s as a result of the 1927 to 1935 depression in New Zealand. With increasing unemployment, the government, which had previously had little involvement in housing provision, became more involved in this aspect for low income families through the State Advances Corporation, by taking over and foreclosing mortgage payments for many. The Liberal and the Reform



governments had failed to overcome housing shortages and overcrowding and the situation became worse as the world wide depression deepened. The number of houses built continued to drop in the 1930s (CHRANZ, 2004; Davidson, 1994; Issac & Olssen, 2000; Lynch, 1999; Schrader, 2005).

By the end of the depression there were an increasing number of urban slums and greater health problems for working people, resulting in political unrest and effectively altering government thinking. Most of the schemes up to 1935 were unaffordable for the low paid who were meant to be the people benefiting from these schemes (Wilkes & Wood, 1984). Between 1890 and 1935 state intervention did improve housing conditions for some but the distribution of housing followed class lines suggesting that resources were unevenly distributed. The inequalities were evident with the private sector owning and controlling the housing stock (Wilkes & Wood, 1984). In 1935 the Mortgage Corporation of New Zealand was established, charged with increasing access to home ownership and encouraging private investment. Also in 1935, the first and only comprehensive survey of housing conditions was passed by Parliament but it was left for the First Labour Government to carry out the work as the Coalition Government suffered defeat in that year's election (Ferguson, 1994; Issac & Olssen, 2000; Schrader, 2005).

### **4.3 1935 - 1949**

The Labour Party was formed in 1916 on the back of industrial class struggle from 1908 to 1913 which broke the hold of the Liberal Party on working class voters. From its formation to 1925 the Labour Party kept a socialist flavour retaining the objective of "the socialisation of the means of production, distribution and exchange". By 1928 it offered a more moderate tone. For example, Savage was a supporter of home ownership rather than state housing and housing policy supported the principle of freehold tenure rather than the previous policy of land nationalisation. However, at the Labour Party Conference, in 1934, a programme to build state housing was supported (Brown, 1962; Davidson, 1994; Gustafson, 1986; Roper, 2005).

By the time the Labour Party took office it had moved away from its socialist image and was pitching itself as the "...party of social welfare, economic nationalism and monetary reform" (Gustafson, 1986, p. 172). It implemented a Keynesian programme for the economy, social policy and industrial relations (Roper, 2005). The government introduced "The State Housing Project", aimed at decommodifying a large section of the housing sector through the building of houses that were owned and administered by the state. The Labour Government used the results of the 1935 housing survey, highlighting a lack of standards and a shortage of housing units, as a basis for its housing policy. It became a central component of its economic and social policy programme. It argued that the private sector was unable to meet the demand of housing supply, quality and affordability, stating it was the right of all New Zealanders to have decent homes. As economic conditions improved the pressure for more houses increased and it became clear that the State Advances scheme was unable to contain the increasing housing shortage. The State Advances Corporation Act was passed in 1936 which allowed the government to nationalise the Mortgage Corporation, renaming it the State Advances Corporation (CHRANZ, 2004; Davidson, 1994; Ferguson, 1994; Gordon, 1982; Lynch, 1999; Schrader, 2005; Schrader, 2000).

The housing scheme was based on the need for a significant amount of public housing, provision of long term secure rental, the introduction of new rent controls through the Fairs Rent Act, and actively managing the building industry. The setting of rents became a problem for the government as Treasury was pushing for market rentals. When the rents were introduced they were higher than expected as the proposal had been for income related rents to be set at 20 per cent of total household income (Davidson, 1994). In late 1936, despite pressure from the building unions, a Housing Construction Branch of the State Advances Corporation was established with contractors, essentially Fletcher Construction, used to build state houses - the first of which were in Miramar in 1937. By 1939, 5,390 houses had been completed or begun, a figure far less than originally promised by the government (Ferguson, 1994; Schrader, 2005).

With the introduction of state rental housing the occupiers could not buy their properties. Tenants were decided by an allocation process according to need and by ballot with married couples with one or more children being favoured. This system was criticised and a system of means test was later introduced. However, rents were set at a rate where state houses paid for themselves, which meant those on low incomes, would continue to struggle to afford to live. This was seen as a reason for not developing the inner cities, where those on low incomes resided (Davidson, 1994; Gordon, 1982; Lynch, 1999).

Labour continued with its housing initiatives after winning the 1938 election and Maori and other groups such as pensioners who could not afford private accommodation were included in the provision of quality housing. State houses continued to be built in the initial stages of the Second World War but came to a virtual standstill in 1942 and was not resumed again until 1944. By the end of the war the housing waiting list stood at over 30,000. Labour had followed the principle of recovering the cost of state housing and not providing charity or subsidy to the able-bodied. However, this principle was stretched during the war as the government refused to increase rents to cover the costs of building state houses. Therefore, the government was essentially subsidising housing for those relatively well-off workers while those on low-incomes were paying market rents (Davidson, 1994; Ferguson, 1994; Schrader, 2005).

By the late 1940s Labour's policies had not solved housing shortages or quality. Poor housing still remained and many people were still using the private sector where they had little protection. The transit camps set up during the war continued, due to the shortage of housing and this together with subsidised state tenants caused resentment among people who had expected more material benefits. The economic restriction from the war was exploited by National during the 1949 election, which they duly won (Davidson, 1994; Ferguson, 1994; Schrader, 2005).

The housing policy goals for the First Labour Government were seen as "...limited and reformist, rather than strategic and radical" (Davidson, 1994, p.

98). The housing system was based on a three tier system which followed the socio-economic divisions of society. These consisted of:

Tier 1: State Housing at low rentals for the less-well off, families with young children, and others unable to buy or pay high rents.

Tier 2: State Advances loans at low interest rates for first-time purchasers wishing to buy their own homes, perhaps moving up from State Housing, but unable to bear the burdens of large deposits and high mortgage repayments.

Tier 3: The private market for those of better means, able to raise more substantial deposits and meet heavier mortgage repayments (Davidson, 1994, p. 98).

The first tier had been a new development and was the framework for the social housing policy of the government (Davidson, 1994).

Between 1935 and 1949, 32,000 state homes had been built. A quarter of all residential housing was state houses and another 16 per cent were covered by means tested low interest mortgages from the State Advances Corporation (Davidson, 1994). However, the dominance of those with more wealth remained. Bruce Jesson (cited in Davidson, 1994) described the government's housing policy as state capitalism with Fletcher's heavy involvement blurring the lines "...between the state and private enterprise" (p. 90). Housing had continued to be treated as a commodity but with a significant public housing sector, the right to housing had been established. It was essentially the only time that there was an option to home ownership or private rentals rather than a home for those on low incomes who could not afford home ownership (Davidson, 1994).

#### **4.4 1949 - 1973**

By 1950 there were 45,000 applicants for state houses. The National government returned to the policies of the 1920s arguing that public housing would not solve the housing shortage and cut back on building state houses. The quality of housing was not seen as an important issue as the government attempted to lower house prices to attract more potential home buyers. State housed occupants were offered the chance to buy their own home and by

1955, 10,500 state houses had been sold. Fixed rentals and an income bar were set for applicants for state housing and this had the desired effect of reducing the waiting list. A consequence of this policy was that it began to open up state housing for those on low incomes (Davidson, 1994; Ferguson, 1994; Gordon, 1982; Lynch, 1999; Schrader, 2005).

The move to owner occupation was financed by private capital through mortgage guarantee schemes. As Davidson (1994) suggests, "National's policy had the dual function of developing a consumerist ideology and of supporting a recommodification of housing" (p. 102). National's investment in home ownership resulted in state loans covering a third of all houses authorised for construction by 1954. In contrast to this, state housing had dropped to 17.8 percent of all authorised houses for construction and continued to lag behind demand for housing. The introduction of the Group Building Scheme in 1953 and the promotion of multi-unit family housing were seen as a solution to the on going housing shortage and costs and by 1964 20,000 had been built (Davidson, 1994; Ferguson, 1994).

Labour came into power in 1957 and ended the promotion of sale of state houses of which about 30 per cent had been sold under the previous administration. However, Labour continued with the building of state multi-units. These units were of poor quality and being separated from private housing was essentially segregating people by class and ethnicity. Labour followed National's reluctance to provide state rental housing by offering concessionary loans for families earning less than £1000 a year. The Family Benefit Act also allowed families to use the allowance as a lump sum towards loans. This once again meant that New Zealand was focussing on a policy of home ownership over state housing (Davidson, 1994).

National was re-elected in 1960 and in the following year again encouraged the sale of state housing. From 1962 National gradually reduced its investment in housing - so beginning to remove the state from the housing market. Subsidised rent had taken hold in the 1950s and despite reluctance from successive governments, by the late 1960s, the government was

subsidising a rental stock for those on low incomes. Allocation committees were set up to place single parent families in state houses meaning that single people without children were still expected to find adequate and affordable housing without the assistance of the state (Davidson, 1994; Ferguson, 1994; Lynch, 1999).

Between 1950 and 1970, 27,000 state houses had been sold to private owners and by the 1970s state rental housing was only at about five per cent of the total housing stock (Davidson, 1994). During the 1970s the rising housing costs and rising interest rates meant that adequate housing was still unaffordable for most low income families as the cost of housing rose from one third to one half of costs. Treasury began advocating for government to reduce lending for housing from the late 1960s and the pressure mounted through concerns about economic factors such as inflationary effects, balance of payments deficits, the loss of traditional markets and economic downturn following the oil shock of 1973 (Bedggood, 1980; Davidson, 1994; Ferguson, 1994; Lynch, 1999).

The power struggle between labour and capital has had a profound effect on the making of policy and the government. The up turn in class struggle from 1968 led to victories for workers and meant that employers were on the defensive. This was a significant factor in Labour winning the election in 1972 (Roper, 2005). Although some state lending did continue through the 1970s, particularly under the 1972 to 1975 Labour administration, the private sector was increasing its lending role. Labour did increase the number of state houses slightly in its last year in office but it was essentially a residual housing policy, targeting low income households and providing assistance for those living in poor housing conditions. Evidence of a move towards a residual housing policy can be seen with government expenditure on housing falling from above ten percent in the mid 1960s to around five per cent by 1973 (Davidson, 1994).

The government encouraged the private sector to increase its role in the finance of housing through ending interest rate controls and allowing the

introduction of building societies. The involvement of private financial institutions to provide housing finance was promoted as creating equal access to home ownership for all sections of society. This helped the middle to upper middle and high income earners but meant that many working class people had fewer opportunities in both the home ownership and rental market (Davidson, 1994; Ferguson, 1994; Lynch, 1999; Scrader, 2005).

#### **4.5 1973 – 1990**

By 1973, 52,580 state rental houses existed - 6 per cent of the total housing stock. The National Government of 1975-84 continued its withdrawal in state lending for house building while private financial institutions were able to increase their lending. The increasing costs for construction and rising interest rates meant that those on low and moderate incomes continued to find housing unaffordable. The government sold off state houses and cut the number being built on a large scale during the 1970s while at the same time private rentals increased significantly (Davidson, 1994). In 1979 the government dropped the policy of joint Housing Corporation and private sector money for new housing, breaking the government's link with the building industry. By 1981 housing policy had essentially moved from being part of the wider economic policy and was seen more as part of a welfare policy. This policy then began focusing on resources for providing state housing improvements through the refurbishment of old rental stock. This move was being driven by the increasing influence of the neo-liberal agenda and the drive towards free market policies (CHRANZ, 2004; Ferguson, 1994).

With the deterioration of economic conditions, rising unemployment and a fiscal crisis, the Labour Government in 1984 was soon adopting policies supported by the dominant capitalist class. Labour's manifesto had indicated the preservation of the welfare state. However, senior ministers and civil servants in Treasury implemented a monetarist economic policy and free market neo-liberalism. The Labour Government's housing policy came under pressure from the neo-liberal agenda to reduce the role of the state. The government dropped the requirement for financial institutions to invest in government stock and in 1987, the banking sector was deregulated. The

private sector increased its presence in the mortgage market although there was little incentive to lend to low income families. The government's role in state lending was in decline but Labour continued to provide some support for low income home buyers through the 1980s. However, this had limited success as people were finding it difficult to service the loans. The Housing Corporation supplied finance for 34.8 per cent of new mortgages in 1979. By 1987 that had reduced to 32.2 per cent, falling to 16.9 per cent in 1990 (Davidson, 1994; CHRANZ, 2004; Ferguson, 1994; McCleay, 1992).

The government resisted Treasury's recommendations to privatise the state housing sector and indeed increased the number of state rental houses. However, overall the government reduced the amount of invested resources in housing. A new tenancy review policy was adopted in 1985 which essentially meant that the state housing stock was providing long term emergency housing. Also in 1985, an income related rent formula in the state housing sector replaced the fixed rents policy and rentals were set at 25 per cent of the total income of the main income earner and his or her spouse (Schrader, 2005). In the early 1980s an accommodation benefit provided assistance for beneficiaries who were paying high rentals and was extended to wage earners on low incomes in 1986. The Residential Tenancies Act passed in 1986 provided regulation of the private sector, offering limited support for tenants (CHRANZ, 2004; Davidson, 1994; Ferguson, 1994; Lynch, 1999; Schrader, 2005).

In 1988 the Housing Corporation was directed by the Housing Minister to set its own standards for housing needs which essentially meant providing a residual role. These standards included issues such as overcrowding, basic facilities, physical or mental health problems, emergency accommodation and how much income was spent on housing. In 1988 fewer than half those housed by the Housing Corporation met its criteria but had risen to above 80 per cent by 1991. At the end of 1989 the government introduced a lending policy for non-profit groups setting up boarding houses in inner city areas. This policy coincided with the closing of psychiatric hospitals and the need for mental health service users to find permanent accommodation, putting further



pressure on an inadequate resource. Government expenditure on housing had dropped from a peak of 15 per cent of GNP in the 1940s to below 1 per cent by 1990 (CHRANZ, 2004; Davidson, 1994; Ferguson, 1994; McLeay, 1992).

#### **4.6 1990- 1999**

The National Government, elected in 1990, extended the neo-liberal approach to housing policy implementing Treasury recommendations the previous Labour government had partly resisted. The government's stated role was to provide just enough financial assistance to supposedly lead to greater choice for renters and home-buyers and was meant to encourage self reliance, fairness and efficiency. The reforms were legislated in the Housing Restructuring Act 1992. The income related state housing rents were replaced by market rents which were further increased in 1993. The targeted Accommodation Supplement (AS) was made available to tenants in both the state and private sectors and was also introduced in 1993. Another change was the principle of matched accommodation which essentially meant that people who lived in houses larger than they required would not receive the accommodation supplement on the full market rent (CHRANZ, 2004; Davidson, 1994; Ferguson, 1994; Lynch, 1999; Murphy, 1999; New Zealand Council of Christian Social Services (NZCCSS), 1996; Roper, 2005; Scradler, 2005).

The Housing Corporation was restructured into Housing New Zealand (HNZ), a state owned enterprise, in 1992 to "...preside over the introduction of market rents and the privatisation of the state housing stock" (Roper, 2005, p. 215). As with the previous Labour government it was responsible for the administration of state houses but was also required to make a return on its assets, so abandoning its role to provide for housing needs. The Ministry of Housing was set up to provide policy advice and managed tenancy services. The Housing Corporation remained as a commercial enterprise retaining subsidised mortgages. About a third of all Housing Corporation mortgages were sold for around \$1 billion, none of which was reinvested into social housing. The results of the changes were that state house rents increased

substantially, the condition of HNZ properties declined and with the selling off of housing stock there was less choice for those low income households trying to find suitable accommodation (CHRANZ, 2004; Davidson, 1994; Kelsey, 1995; Lynch, 1999; Murphy, 1999; NZCCSS, 1996; Waldegrave, 2000).

The policy of market rents increased the problem of access and affordability. There were increasing waiting lists for state houses while many were empty as previous tenants could not afford the increase in rental. The urban poor were pushed out of the inner-city suburbs and state houses were sold leading to "...extensive ghettoisation of the urban poor in outlying suburbs" (Roper, 2005, p. 215). New Zealand's housing policy had essentially returned to the laissez-faire period prior to the 1890s which led to familiar consequences where the working lower-middle classes had to cope with a widening gap between income and housing affordability (Davidson, 1994).

Further evidence of the effect of the housing policy reforms were seen in HNZ's 1994 annual report showing its tenants had paid 54 per cent more in rent in 1993. A Ministry of Housing report in the same year stated that between 20,000 to 30,000 households, most of who were made up of single people, had serious housing needs and figures in the same year from another report indicated a ten-fold increase in the number of AS recipients (Kelsey, 1995). The next increase in rent was delayed until January 1995 and further relief was provided with increased AS in certain regions, the easing of access to the Special Benefit and the secure of tenure for tenants aged over 55 (CHRANZ, 2004; Schrader, 2005). Between June 1993 and June 1996 the state housing stock decreased from 70,000 to 67,031 and only a third of houses sold were bought by existing tenants (Lynch, 1999).

In 1996 the first MMP election was held and the National led Coalition Government was formed. A rent freeze was agreed immediately after the election but was lifted in July 1997 with the increases in the AS not matching the rent increases. In June 1997 nearly 3,700 state houses were sold and HNZ were making surpluses in excess of \$100 million dollars. By July 1998

the number of state houses had reduced to 65,000 with 2123 of them empty and another 1006 up for sale. By October 1998 National was a minority government. It announced rent reductions to HNZ tenants which would improve the chance of low income earners accessing accommodation. The government stated that it accepted that the housing circumstances for some were unacceptable. However, in September of that year it still managed to sell 8,000 Housing Corporation mortgages to the Westpac Trust for around \$180.5 million (CHRANZ, 2004; Lynch, 1999; Murphy, 1999).

#### **4.7 1999 – 2008**

The housing policy of the Labour/Alliance Coalition Government of 1999 and subsequent Labour led administrations has reversed some of the market oriented policies of the 1990s. In the first administration it stopped the sale of all state houses in January 2000 and passed The Housing Restructuring (Income Related Rents) Amendment Act which reintroduced income related rents set at no more than 25 per cent of total household income. This was administered through the development of the Housing New Zealand Corporation (HNZC), which amalgamated policy advice and delivery under the one organisation. The Act also changed HNZC's focus to one of meeting social housing objectives rather than running as a profit making business. The government, however, has continued the policy of supporting home ownership with a range of home loan and home ownership services. The government also established in 2003 the Housing Innovation Fund and Local Government Fund to encourage third sector groups such as NGO and iwi organisations to increase involvement in social housing. By October 2008 the government had increased state housing stock to 66,000 but that was just five per cent of the total housing stock. This is likely to reduce further with the National led incoming government signalling that state tenants will once again be able to purchase their homes (CHRANZ, 2004; HNZC, 2005; HNZC, n.d. (b); New Zealand Herald, 2008; Schrader, 2005; Shaw & Eichbaum, 2005).

#### **Summary**

A history of housing policy indicates that successive governments have supported the commodification of housing. This has had the effect of limiting

the access to affordable housing for people on low incomes. The First Labour Government from 1935 – 1949 is the only time in New Zealand's history that the decommodification of housing was attempted. However, even at this time the government continued to hold a commitment to the promotion of home ownership. Since 1950 the commitment to state housing has waned with an increasing residual approach, now cemented in place since the 1970s. The outcome of this policy is that state housing consists of just five per cent of current housing stock, compared to 1949 when the figure stood at 25 percent. The move towards community mental health care from the late 1980s resulted in mental health service users seeking affordable housing and coincided with the National Government's laissez-faire approach to state housing with the introduction of market rentals in the state housing sector. This, however, has only exacerbated the difficulties for mental health service users in accessing affordable housing, as successive governments both prior and since, continue supporting the commodification of housing and provide only a residual state housing sector.

## **Chapter Five - Research methodology and research methods**

### **Introduction**

Chapter five begins by identifying the research methodology and the reason for using a Marxist methodological approach. This is followed by a discussion on action research, the reason for its intended use in the research and the reasons for it not being implemented. The type of research methods is then discussed by identifying the strategy, the participants, how they were recruited and the use of both quantitative and qualitative methods.

### **5.1 Research methodology**

Morrow and Brown (1994) describe methodology as a strategy that constructs "...specific types of knowledge and is justified by a variety of metatheoretical assumptions" (p. 36). Methodology is viewed as prescriptive where it is used to legitimise the use of particular methods, which in turn, justify and enhance the use of the underpinning theoretical approach to the research. Therefore, methodologies detail the relationship of the theoretical aspect of the research to the methods used (Kirby, Greaves & Reid, 2006). Many researchers will often work within a specific paradigm. Marxist research comes under the critical research paradigm which Morrow and Brown (1994) view as having a "...distinct methodological strategy and a unique research program" (p. 36). The specific paradigm for critical research is described as a reflective knowledge that looks at the role played by oppressive and exploitative societal structures causing inequalities and what action can be taken to change this (Kirby et al., 2006; Sarantakos, 2005).

In relation to this research, a Marxist methodological approach gives an understanding to the struggles that many mental health service users have in accessing affordable housing within the structures of a capitalist society and complements the research question: "What existing barriers prevent mental health service users from accessing affordable housing?" This research thus states that its theoretical and methodological base has a political emphasis where it identifies that a question of power and control exists in social

relations. It is also open by identifying personal beliefs and bias and supports the idea that social science cannot be neutral or value free and is therefore political (Sarantakos, 2005). As Joseph (2006) states, by not acknowledging these issues one is still taking a political stance, "...a conservative stance that defends the status quo, either of social reality, or of the methods used to study it, or more probably, both. Critical realism does not shy away from this problem, but embraces the political role it must play" (p. 138).

So the aim of the research was not solely to study the effect current housing affordability has on mental health service users. It is also about criticising the power structures that dominate and oppress in capitalist society. It can also be part of the process of changing the oppressive and exploitative conditions of society where the oppressed are empowered by the researcher to make change (Joseph, 2006; Morrow & Brown, 1994; Sarantakos, 1993). By adopting a Marxist approach to the research it is important to provide information and an explanation of Marxist theory, discussed in an earlier chapter. By doing this the reader is offered a clearer picture of the direction of the research, its design and therefore an appreciation of how data is interpreted (Sarantakos, 2005). This then justifies the methodological stand taken and is also the reason for the attempt to use action research which can be aligned to both the theoretical and methodological approach.

#### 5.1.1 Action Research

The use of action research is described by Munford and Sanders (2003) where "it starts from the idea that research should do more than understand the world: it should help change it (p. 263). Action research is viewed within the critical theory paradigm, an approach which argues that "...we can criticise societies that exist in the present: a society which excludes groups from economic and political participation, or which systematically renders groups powerless" (Marshall, cited in Munford & Sanders, 2003, p. 263).

Therefore, the process of the research is seen to be influenced by the values and beliefs of those involved. As Herr and Anderson (2005) state, "...like all forms of inquiry action research is value laden. Action research takes place in

settings that reflect a society characterised by conflicting values and an unequal distribution of resources and power” (p. 5). Action research identifies a problem which requires both the researcher and participants to resolve and implement any findings. The participants learn through their actions about how the social order is determined within society, what causes oppression and exploitation and what can be done to improve their lives (Sarantakos, 2005). One must recognise that while action approaches can bring about change the type and level of change is determined by the participants, the underlying problem or issue and those that are resistant to any change.

There are a number of approaches related to action research. Participatory Action Research (PAR) complements the Marxist theoretical and methodological approach to the research. PAR was developed in Latin America, Africa and Asia. Its development arose from the concerns of the inequalities that existed between those who dominated society and those who were marginalised and oppressed (Liamputtong & Ezzy, 2005). PAR follows on from critical pedagogy formed by Paulo Freire. Freire was seen as someone who did not accept that people were unable to make decisions about their surrounding world but were able to work on a problem until it was solved. Freire believed that people from all aspects of life were able to look at the world critically and do so in dialogue with others (Shaul, 1972). Freire (1972) also considered people to be inclined to a humanitarian approach to reality and saw this as “man’s vocation” which he described as being affirmed while being constantly held back by those oppressors who hold the power. “It is thwarted by injustice, exploitation, oppression, and the violence of the oppressors; it is affirmed by the yearning of the oppressed for freedom and justice, and by their struggle to recover their lost humanity” (Freire, 1972, p. 28).

Freire’s “Pedagogy of the Oppressed” discusses his philosophy of education and the relationship between teacher and student. This relationship can also be seen in a societal context, where, Freire saw that the struggle for those oppressed would lead them to fight back against those oppressors. This fight back would result in the oppressed regaining their humanity but only if they

did not, in turn, oppress the oppressors. The oppressors cannot free the oppressed from exploitation and it is up to the oppressed to liberate both themselves and their oppressors (Freire, 1972).

Freire (1972) argues transformation of structures can only be achieved through “reflection and action” and cannot be achieved through “verbalism or activism”. The transformation cannot be achieved with the separation of leaders and the oppressed as thinkers or doers and therefore requires collaboration and participation from all sides. While Freire (1972) states that reflection and action happen at the same time he also acknowledges that some action may not be appropriate at a particular time. However, rather than describe that as inaction, Freire sees that reflection or critical reflection is also action.

If one considers the relationship between researcher and participant as Freire sees it, the less the participant is able to develop knowledge the more the participants accept the role imposed on them and so adapts to their surroundings rather than critique what is going on (Freire, 1972). If one looks at the current impact of neo-liberal ideology, individuals are encouraged to be disconnected from others. People have difficulty in understanding how the socio, economic and political make up of society affects their lives (Weis & Fine, 2004). Action research rests within a qualitative framework with an epistemology that recognises that knowledge is based in social relations and which is gained through collaboration and through action (Fine et al., 2004).

Those researchers interested in action research appreciate the need to work with the participants and, as such, break the barriers that exist between the researcher and those being researched. Action research is seen as a collaborative approach where the participants have some form of control over the research where the research is done by or with the participants. Researchers also recognise the value of the knowledge that the participants have. Another reason for wanting to incorporate action research is that it is often used to support and promote the interests of disadvantaged groups, in



the case of this research - people who experience mental illness (Kirby et al., 2006; Sarantakos 2005).

### 5.1.2 Reflection on action research approach

The research identified the barriers existing for mental health service users in the social and economic structure of society through a Marxist methodological approach. Mental health service users and mental health workers did take an active part in the research through describing the issues related to unaffordable and poor quality housing. However, I acknowledge that action research did not take place and I have provided two arguments why this may have occurred.

#### 5.1.2.1 The effect of student research,

There can be a problem when research is undertaken within a student thesis as the student researcher's main goal is to gain a qualification. The student is likely to be acting alone and, outside the student's supervisors input, prepares, conducts and analyses the research. This then can discourage collaboration and participation (Herr & Anderson, 2005). I have to acknowledge that there was no collaboration with participants on the direction of the research. Another major issue was that the mental health service users were not part of an active group concerned with housing affordability. They offered to take part in research - not as a politically active group but individually.

However, by using a qualitative approach through an interview process, I acted as facilitator and encouraged participation which was achieved where those that took part were able to describe their opinions and experiences. Both mental health workers and mental health service users described what action could take place but this was set outside of the research parameters. The philosophical underpinning of action research was used where possible to promote the essence of this approach. Therefore, this piece of research could be described as the beginning of a process to encourage and support participants to take control around this area of discussion. As Oliver (n.d.) states: "If such research is ever to be useful, it must not only faithfully capture

the experience of the group being researched but also be available and accessible to them in their struggles to improve the conditions of existence” (p. 6)

One could also follow Freire’s argument that changes can only occur through reflection and action. Perhaps if this research is viewed as the beginning of a longer process then the thoughts and views of the relevant participants are at a reflective stage of the process. Indeed Freire still sees reflection as a form of action. Freire also discusses that without developing knowledge the participant is going to accept a role imposed on him or her by those with the authority (Freire, 1972). In this sense the research can also be seen as a beginning stage for those participants in gaining the knowledge to then take on an action oriented role at a later date.

#### 5.1.2.2 Ethical issues

Another issue rising from the research process was the influence of the Health and Disability Ethics Committee (HDEC). As the researcher I fully accept and appreciate that I have an obligation to maintain integrity, responsibility and competence throughout the process and to gather, analyse and report data accurately. Participants have the right to be provided with clear information about the research and have the right to informed consent, privacy, anonymity and confidentiality (Punch, 2000; Sarantakos, 2005).

Following the Massey University screening questionnaire (see appendices, p.123) I completed the ethics application through HDEC. At the same time I was also advised to make an application for research approval through the ADHB Research Review Committee. While understanding the process that resulted in HDEC’s involvement, it is pertinent to question whether student research quite clearly related to a social issue requires the involvement of HDEC. The process, I would argue, involves unwieldy bureaucratic structures that can have too much control over the academic process and can affect the direction research can take

When attending the HDEC Northern X Committee meeting on February 13, 2007 my application was the only one that did not have a medical component within the study. At the meeting the focus of the committee was on the feasibility of the study rather than on ethical considerations. This is born out in a subsequent letter before approval was given (see appendices, p. 127) which stated:

The Committee had some concerns in relation to the validity of the research proposal (para 57, OSEC). The study relates to an important community issue but to inform improvements or changes the research must be of a sufficiently high standard. The Committee would like more comfort around how the real, concrete experiences of the participants are to be drawn out, separate from the researchers social/political views, and then analysed within an academic framework which may validly be a critical and Marxist perspective.

HDEC's role raises a problem of a 'one size fits' all approach where a piece of social research, consisting of people voluntarily expressing their experiences on a social issue, is captured within a process that is predominantly geared towards ethical considerations of medical research. A Marxist theoretical perspective is inherently political as it raises questions about divisions that exist in a society that oppresses people. Being objective, value free and neutral in social research is unachievable and undesirable. The researcher's political values and beliefs cannot be ignored. It would have been interesting to ask what the committee thought I had in mind when I was to interview participants.

I would argue that HDEC is an example of an organisation accepting the dominant ideological view of disability as a problem for the individual, seen as a medical not a social issue. The disabled person is viewed in terms of their limitations rather than their capabilities. Examples of this are the requirement that the information sheet had a statement that the study fell under ACC, and had to include contact details for the health and disability advocacy service (see appendices, p. 129). This was for all participants, not just mental health service users and was over and above the contact details of my university

supervisors. I believe that HDEC's requirements were over-protective of the participants which took away, to some degree, both the researcher's and participant's control of the research. Genuine action research is thus not possible under these institutional conditions.

## **5.2 Research methods**

### **5.2.1 Strategy**

The research was constructed around the main research question: 'What existing barriers prevent mental health service users from accessing affordable housing?' The research adopted both a qualitative and quantitative approach to gaining the data. This was achieved by collecting statistical data and by interviewing the relevant participants. The statistical data was collected by way of a survey and also through the collection of statistics from relevant organisations and through written material available both in hard copy and from websites. All interviews with participants were taped then transcribed at a later date. Both methods complemented each other, providing more useful and relevant data (Punch, 2000; Sarantakos, 2005). It also complemented the Marxist methodology research approach.

The data was analysed by utilising the Marxist theoretical perspective and the social model of disability. The data was processed through splitting the data into five themes consisting of: Barriers to housing due to income, Barriers to housing due to affordability, Barriers to accessing HNZC houses, Barriers to accessing social housing and Barriers to accessing housing due to discrimination.

### **5.2.2 The Participants**

#### **5.2.2.1 Mental Health Service Users**

Four or five participants were to be recruited from mental health service users from St. Lukes CMHC. Participants were to be asked to take part in one focus group with only mental health service users and then a separate follow up focus group with mental health workers. For the study, six participants were recruited of which four were interviewed separately and two were interviewed together. The focus group for mental health service users did not occur as

some service users did not turn up to the interview. Due to time constraints I was unable to conduct a focus group at a later date. For the purposes of confidentiality, the initials of the participant's first and last names have been changed.

#### 5.2.2.2 Mental health workers

Four or five participants were to be recruited from Auckland District Health Board (ADHB). Participants were to take part in one focus group with only mental health workers and a follow up focus group with mental health service users. For the research eleven participants were recruited and took part in one focus group. The second focus group with mental health service users did not take place due to the reasons given in 5.2.2.1. Here too, for the purposes of confidentiality, the initials of the participant's first and last names have been changed.

#### 5.2.2.3 HNZC employees

Between eight and ten employees from HNZC branches in the St. Lukes CMHC catchment area were to take part in a group interview. A process for setting up the interviews took place with email correspondence to managers at the Mt. Albert Neighbourhood Unit and Mt. Roskill Neighbourhood Unit. An agreement had been made for an interview to take place. Prior to the interview I was informed that there was a formal channel to go through to conduct interviews for research. An application form went before the HNZC research committee. On receipt of the application the chair replied, informing that the application was not of an acceptable standard and interviews could not take place until this was achieved. After discussion with my supervisors it was decided not to follow this route. Instead I made a written request for information that I considered relevant to the research. I received a reply in due course and used the information as part of the data.

#### 5.2.2.4 Work and Income employees

Between eight and ten employees from Work and Income branches in the St. Lukes CMHC catchment area were to take part in a group interview. However, due to the events with HNZC it was decided in discussion with my supervisors

not to continue with this process as it was felt I would have enough information with the data I had already collected.

#### 5.2.2.5 Private landlords

Two or three private landlords who own rental housing were to be recruited for individual interviews. For the research three landlords were recruited and took part in individual interviews. All interviews took place by telephone.

#### 5.2.2.6 Property managers

Two or three property managers in the St. Lukes CMHC catchment area were to be recruited for individual interviews. For the study three property managers were recruited and took part in face-to-face individual interviews held at their places of work.

### 5.2.3 How were the participants recruited?

#### 5.2.3.1 Mental health service users

Mental health service user participants for the focus group were recruited from those who accessed treatment through St. Lukes CMHC. Participants were recruited for a survey through a notice that was placed in the waiting room at St. Lukes CMHC. Those who took part in the survey were given a separate information sheet which gave the option of participating further in the research through attending interviews. This information was attached to the survey. Those interested participants were asked to provide a contact number and the researcher then contacted them and arranged a time to conduct a focus group interview. The participants received an information sheet and consent form prior to the interviews taking place.

#### 5.2.3.2 Mental health workers

Mental health workers were recruited by email sent to all mental health workers employed by ADHB. Permission to send a global email was gained via the Clinical Director of ADHB mental health services. The email invited people to take part in the research. Attached was an information sheet providing relevant information about the research and the role of the participant. A consent form was also attached. Those who were interested in

taking part in the research were asked to respond back to the researcher by email. The date, time and place of the focus group interview were determined through negotiation by email.

#### 5.2.3.3 Property Managers

Property managers were recruited by the researcher contacting real estate agents in the St. Lukes CMHC area and providing information to those who expressed an interest. Information sheets and consent forms outlining the aims of the research and the requirement of participants were sent to interested parties by email. Date, time and place of the interviews were agreed through negotiation by telephone.

#### 5.2.3.4 Private landlords

Private landlords were accessed by local knowledge of the researcher. Those who expressed an interest were provided with relevant information sheets and consent forms outlining the aims of the research and the requirement of participants were sent to interested parties by email. Date, time and place of the interview were made through negotiation by telephone. The interviews were conducted by telephone.

#### 5.2.3.5 Additional interviews

Following the focus group with mental health workers and subsequent follow up interview with a smaller group of mental health workers interviews took place with the manager of Community of Refuge Trust (CORT) and the chair of Auckland Community Housing Trust (ACHT). These interviews were arranged by email and telephone correspondence and with an information sheet received at the time of the interview.

#### 5.2.4 Quantitative research methods

The quantitative research design involved gaining statistical information on specific housing data from government and other organisations reports and from the St. Lukes CMHC database. In relation to the St. Lukes CMHC database approval to access the relevant information was made through the ADHB Auckland Research Review Committee (see appendices, p. 132), the

ADHB Maori Research Review Committee (see appendices, p. 133) and after the application to access patient information for research was signed off (see appendices, p. 134).

Information was gathered by email correspondence with ADHB Information Services who provided a spreadsheet (see appendices, p. 135). The information from the spreadsheet included ethnicity, gender, living situation and employment status. The statistics provided were not sufficiently detailed to provide a breakdown of the information I was seeking. More information was required around the relationship between income earned and income spent on rent or mortgage. As a result of this, a short survey was designed (see appendices, p. 138) and this received the necessary approval from the HDEC. The survey was voluntary and was a self-administered questionnaire conducted at St. Lukes CMHC during November and December 2007. The commencement date of the survey was advertised in the St. Lukes CMHC waiting room two weeks prior to the commencement date. The survey participants were approached directly by the researcher at St. Lukes CMHC. Respondents were able to complete the survey in their own time and were provided with a collection box for the completed survey. It was anticipated that 20 or more St. Lukes CMHC mental health service users would participate in the survey. By the end of the timeframe 19 participants had taken part in the survey.

#### 5.2.5 Qualitative research methods

##### 5.2.5.1 Focus groups

I was interested in utilising a focus group approach to both mental health service users and mental health workers. The number of participants who took part in the focus group needed to be limited to make it more productive. Waldegrave (2003) believes that focus groups work best with groups of between six and twelve people. As I was also conducting the research alone I did not have the resources to interview large numbers of people in the research. I had anticipated that the groups would meet twice. Although a second interview did not take place, three mental health workers from the original group met with the researcher and discussed what else could be



achieved from the original focus group. This group meeting led to the setting up of the interview with the chair of ACHT.

Focus groups are usually made up of people who have a similar interest or an understanding of the topic. A focus group interview occurs “with the primary aim of describing and understanding perceptions, interpretations, and beliefs of a select population to gain understanding of a particular issue from the perspective of the group’s participants” (Khan & Manderson, cited in Liamputtong & Ezzy, 2005, p. 76). The role of the researcher is to act as a facilitator and not as an interviewer, so detailed information can be gathered through the group’s discussion without them being directed by the researcher (Davidson & Tolich 2003; Sarantakos, 2005). Through the researcher encouraging debate people’s differing experiences and opinions are expressed so enriching the research data (Barbour & Kitzinger, 1999). Another reason for the utilisation of a focus group is that it lends well to the action research approach and is frequently used to support marginalised groups such as people with disabilities, the poor, and minority groups (Liamputtong and Ezzy, 2005).

#### 5.2.5.2 Limitations of focus groups

Sarantakos (2005) identified some possible limitations to the focus group. In a group situation participants may not express their real opinions. However, in the group of mental health workers it was apparent the people were able to express their opinions freely. Another limitation can be that some members of the group may dominate the conversation and the direction of the discussion so some may not participate in the discussion. While the direction of the discussion was facilitated by the researcher and kept on track there were a number of people that dominated the conversation. The facilitator encouraged all members of the group to participate but, as in all group situations there tends to be some people that express their opinions more than others. Another limitation to be considered is that the information gathered is from a perspective of those that take part and therefore subjective. Another possible limitation is that the researcher’s values and beliefs are imposed on the participants so that the outcomes reflect the researcher’s interests rather than

the participants (Liamputtong & Ezzy, 2005). As the researcher I find it hard to determine whether these limitations applied in this situation. However, the data collected through this process was useful and detailed enough to provide sufficient information for this research.

#### 5.2.5.3 In-depth individual interviews

The interviewing process requires careful consideration with issues such as the topic, the interviewer, the presentation of questions and expected responses, and where the interview takes place. There are several tasks for the interviewer through the interviewing process including approaching and arranging the interviews, taking the interview session, facilitating the interview, not influencing the interviewee, using audio tapes for accurate interviewing and observing ethical requirements (Sarantakos, 2005). Oishi (2003) recognises the benefits of in-depth interviews:

Interviews do not happen in a vacuum. They occur in physical environments, in social spaces. Interactions – between the researcher and respondent, between the respondent and others – can dramatically illustrate key issues; provide an opening for development of particular issues, or alert the researcher to issues of which he/she was unaware (p. 246).

An unstructured interview method was used with all participant groups. The interviews were taped and then transcribed at a later date. The benefit of using a tape recorder was that it provided accuracy and allowed the facilitator to engage more with the participants (Liamputtong & Ezzy, 2005). Unstructured interviews were considered to be the most appropriate way to gather sufficient and useful information for the research (Kumar, 1996). Unstructured interviewing is “...closer to a guided conversation (set of questions) where the researcher’s goal is ‘to elicit from the interviewee rich, detailed material that can be used in qualitative analysis’” (Loftland and Loftland cited in Kirby et al., 2006, p. 134). Preparation for the unstructured interviewing resulted in the development of a framework that had a number of general questions and an idea of what direction the interview would take (Kumar, 1999; Liamputtong & Ezzy, 2005). The line and format of questioning

was developed depending on the responses during the interview process (Kirby et al., 2006).

#### 5.2.5.4 Telephone interviewing.

Contact was made with the respondents prior to the research interview taking place. The telephone interviewees were provided with the information and consent form so they were aware of what the research was about, the reason why I was interviewing them and had an idea of what questions would be asked. Therefore some of the limitations of interviewing did not eventuate for this research. As Sarantakos (2005) states, telephone interviewing has:

...the same structural characteristics as standard interviewing techniques, except that it is conducted by telephone...questions have to be constructed in a way that will allow a clear understanding of their content when presented over the telephone (p. 282).

#### 5.2.5.5 Limitations of in-depth interviewing

It is important to acknowledge the influence of the interviewer on the interview process. With unstructured interviewing, the interviewer is also participating in the discussion within the interview session and can therefore be charged of bias (Liamputtong & Ezzy, 2005). However, bias should not be seen as an entirely negative thing. As Liamputtong & Ezzy (2005) state, "the method of the active interview grows out of an attempt to constructively respond to the problem of subjectivity in interviews rather than to pretend it can be avoided" (p. 57). So rather than pretending there is no bias in an interviewing setting, it is important to acknowledge the researcher's agenda will have an effect on the data.

The gathering of data very much depends on the researcher in terms of skill and is difficult to do well (Liamputtong & Ezzy, 2005). Unstructured interviewing relies on flexibility around the questioning and therefore there may be difficulty in comparing, coding and analysing the data as it may have been gathered in different ways. It is also important to recognise that the researcher avoids editing the data to suit the researcher's agenda and own prejudices thus losing ones objectivity (Kumar, 1999; Sarantakos, 2005).

Unlike focus groups the information gathered in terms of peoples experiences and points of view are gathered in separate interviews and therefore the interaction with others, which may have stimulated discussion, is absent (Liamputtong & Ezzy, 2005). The participants in the research provided relevant detailed information that was able to be used when analysing and interpreting the data. All participants had an interest in the topic and this assisted with both the interview and the quality of information gathered.

### **Summary**

The use of a Marxist methodological approach is justified as it gives an understanding of the struggles that mental health service users have in accessing affordable housing. The reason for wanting to use action research was discussed. It complements the methodological approach to this research and is supported by Freire's argument that changes of structures can only be achieved through reflection and action. Although it was disappointing that this research did not utilise an action research approach, two reasons for this were given. Not using an action research approach did not affect the quantity or quality of information gained from interviews. Neither did it affect the methodological approach or the research methods used. The research methods complemented the methodological approach and both the quantitative and qualitative methods used were discussed in detail.

## **Chapter Six – The Data**

### **Introduction**

This chapter describes the data collected through statistical information and through information gained from interviews with the participants. There are five themes to this chapter - Barriers to housing due to income, Barriers to housing due to affordability, Barriers to accessing HNZC houses, Barriers to accessing social housing and Barriers to housing due to discrimination. The five themes have been created in response to the data gathered and also to provide clarity of the data.

### **6.1 Barriers to housing due to income**

#### **6.1.1 St. Lukes CMHC data**

As at July 31 2007 there were 934 clients accessing St. Lukes CMHC. The data included information on ethnicity, gender, living situation and employment. Of the 779 who had completed the section on employment those who identified as not being in paid work were 76.12 percent and those who identified as being in paid work were 22.2 percent. The rest identified as retired, other, prefer not to say and unknown. The other 155 did not complete the section relating to work. The survey completed by 19 mental health service users from St. Lukes CMHC showed that 14 or 72.2 percent of those identified themselves as on a benefit and unemployed.

#### **6.1.2 Other statistical information**

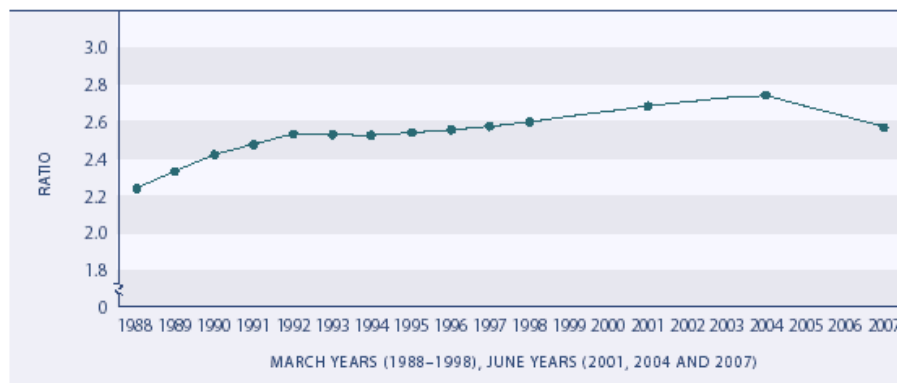
Mental Health Services, MSD and HNZC (2006) stated that many mental health service users with chronic mental health problems have an income that is below 66 percent of the New Zealand median income. The 2008 Social Report discusses the disparity between high and low income households, measured using

“...the ratio of the 80th percentile to the 20th percentile of the equivalised disposable household income distribution (i.e. the ratio of a high household income to a low household income, after adjusting for household size and

composition). The higher this ratio, the greater the level of inequality” (MSD, 2008, p. 60).

In 2007 household disposable income at the 80<sup>th</sup> percentile was 2.6 times higher than at the 20<sup>th</sup> percentile - a decrease from 2.7 times higher in 2004 but still 2.2 times higher than in 1988. Apart from a flattening between 1992 and 1993, income inequality has risen between 1988 and 2004 (see Figure 1) (MSD, 2008). The decline in the ratio between 2004 and 2007 can be partly attributed to the Working For Families (WFF) package and the increase in the minimum wage.

Figure EC2.1 **Ratio of the 80th percentile of equivalised disposable household income to the 20th percentile of equivalised disposable household income, 1988–1998, 2001, 2004 and 2007**



Source: Derived from Statistics New Zealand's Household Economic Survey (1988–2007), by the Ministry of Social Development  
 Notes: (1) Since 1998, the Household Economic Survey has been conducted on a three-yearly basis, rather than annually  
 (2) This measure adjusts for household size and composition

Figure 1: Ratio of the 80<sup>th</sup> percentile of equivalised disposable household income to the 20<sup>th</sup> percentile of equivalised disposable household income, 1988 – 1998, 2001, 2004 and 2007 (MSD, 2008, p.61).

The 2008 Social Report also discussed population with low incomes. The definition of low income is:

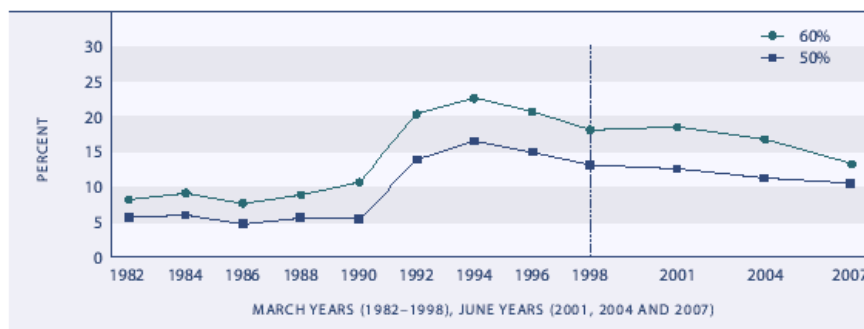
The proportion of the population in households with equivalised disposable income net-of-housing-cost below two thresholds. Incomes are after deducting tax and housing costs, and adjusting for household size and composition. The thresholds are 50 and 60 percent of 1998 household disposable income median, with 25 percent deducted to allow for average

housing costs. The thresholds are adjusted for inflation to keep them fixed in real terms (MSD, 2008, p. 62).

MSD (2008) stated that “in the year to June 2007, 13 percent of the population was living below the 60 percent threshold, down from 17 percent in the previous survey year to June 2004” (p. 62).

The proportion of people on low incomes rose from 1990 to the mid 1990s and has reduced since then to 2007 but this figure is still higher than in the 1980s. The decline in household incomes is attributed to rising unemployment and cuts in benefits and the improvement due to a decline in unemployment, stronger economic growth, higher incomes, the WFF package and more housing assistance. The rate is still higher than in the 1980s partly due to housing costs rising proportionately against household incomes (see Figure 2) (MSD, 2008).

Figure EC3.1 **Proportion of population with net-of-housing-cost household incomes below thresholds, 1982–1998, 2001, 2004 and 2007**



Source: Derived from Statistics New Zealand's Household Economic Survey (1982–2007), by the Ministry of Social Development

Figure 2: Proportion of population with net-of-housing-cost household incomes below thresholds, 1982-1998, 2004 and 2007 (MSD, 2008, p. 62).

Since 1988, compared to all OECD countries, New Zealand has had the biggest growth in income disparity where living standards for those on benefits or the minimum wage have fallen (NZCCSS, 2008). For example in 2004, 29 percent of income tested beneficiaries were experiencing severe hardship compared to 18 percent in 2000 (Jensen et al., 2006). The WFF package resulted in a slight fall in income inequality for the first time in this

period. However, sole parents, single adults and households relying on benefits were worse off in 2007 compared to 2004 (NZCCSS, 2008).

### 6.1.3 Response from mental health service users

Interviews with mental health service users gave responses regarding their income and how much is spent on housing costs. Mental health service user UR stated she was on a sickness benefit and with the AS got \$385 a week. Her mortgage was \$250 a week and she felt this was not enough. Mental health service user UR felt she can cope but has to make sacrifices to keep her home. Mental health service user OE felt that she could manage but acknowledged there is not a lot left over after paying bills. She felt that there was not much choice for private rental flats because they are too expensive. Mental health service user BE stated:

I'm on the sickness benefit with all the max add ons. I'm on the limit of everything and that's \$380 and the rent is \$280. So I have \$100 to live on and that's for power, water, phone, broadband, food, doctor's visits, petrol, registration...

## **6.2 Barriers to Housing due to affordability**

The accepted housing affordability measurement in this research is if no more than 25 – 30 percent of total housing income is spent on housing costs (HNZC, 2005; Mental Health Services et al., 2006).

### 6.2.1 Response from Property Managers

Many mental health service users live in one bedroom units and the questions put to property managers were influenced by this fact. In September 2007 Property Managers were asked to give rental prices for one bedroom flats. Property Manager 1 stated rent for a one bedroom unit was from \$180 – \$220 a week. Property Manager 1 had very few one bedroom units which probably consisted of less than 10 percent of his portfolio. Property Manager 2 stated one bedroom units were from \$170 – \$210 a week. Property Manager 2 portfolio consisted of 60 percent three bedroom homes and the other 40 percent were mostly two bedroom and a few one bedroom units.



### 6.2.2 Results from survey with mental health service users

Fifteen of the 19 participants completed the survey question relating to total income after tax per week for one person and the question on the amount of income spent on rent or mortgage per week for one person. The percentage amount of income spent on rent or mortgage was: mean 59.37 percent, median 58.33 percent (see Figure 3.) The mean income was \$316.11 and the mean rent was \$186.16 (see Figure 4). The mean rent in the survey is consistent with the average rental for one bedroom units identified by the property managers.

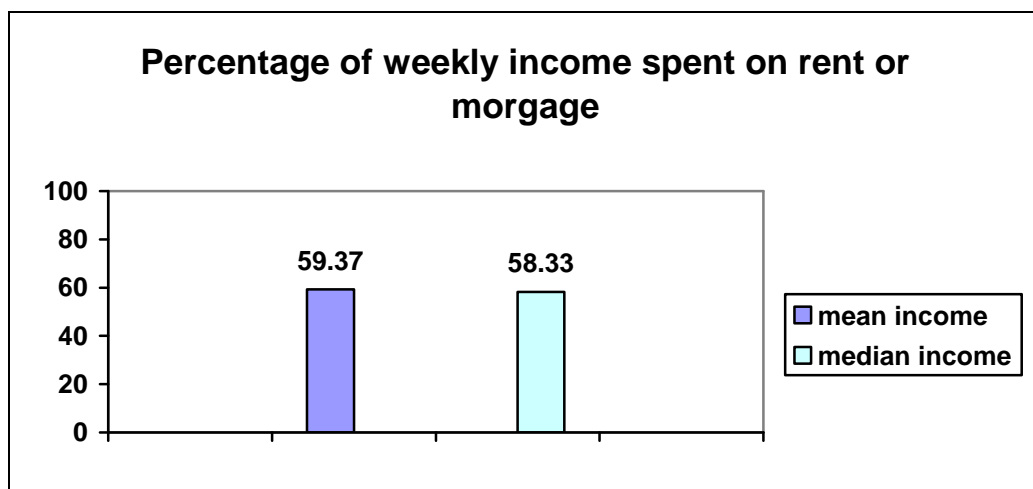


Figure 3: Percentage of weekly income spent on rent or mortgage of mental health service users.

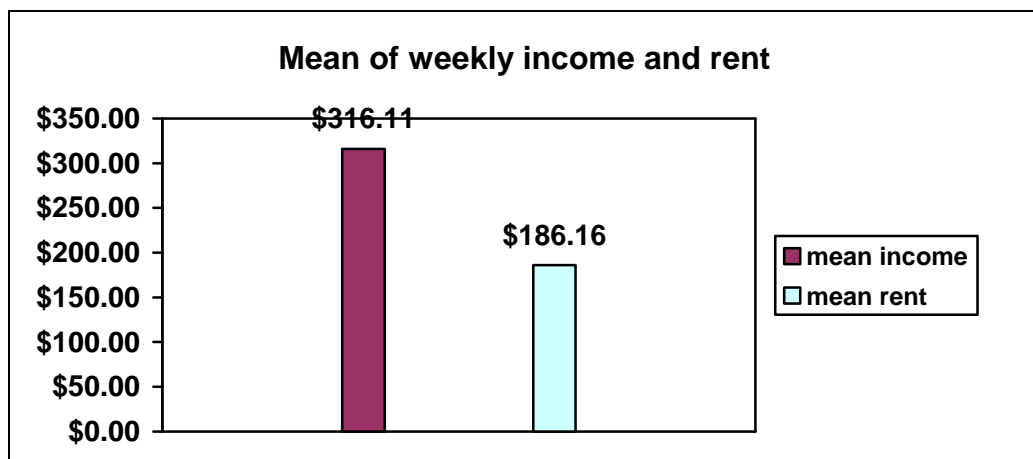


Figure 4: Mean of weekly income and rent for mental health service users.

### 6.2.3 Other statistical information

In 2006, “81.8 percent of all New Zealand households paying rent for the dwelling they occupy had private landlords” (Statistics NZ, 2008). This compares to 3 percent of New Zealand households that occupied HNZA homes, 13.5 percent that had local authority or city council landlords and 1.7 percent that had other state landlords. For the Auckland region where the mental health service users taking part in this research lived, in 2006 80.4 percent of households paying rent had private landlords, 17.2 percent of households occupied HNZA homes, 1.1 percent had local authority or city council landlords and 1.4 percent had other state landlords. Compared to 1996 and 2001 figures the number of households paying rent to private landlords had increased, while the number of HNZA, local authority or city council and other state landlords had decreased (Statistics NZ, n.d. (b)).

The 2008 Social Report provided information on how much income is spent on housing.

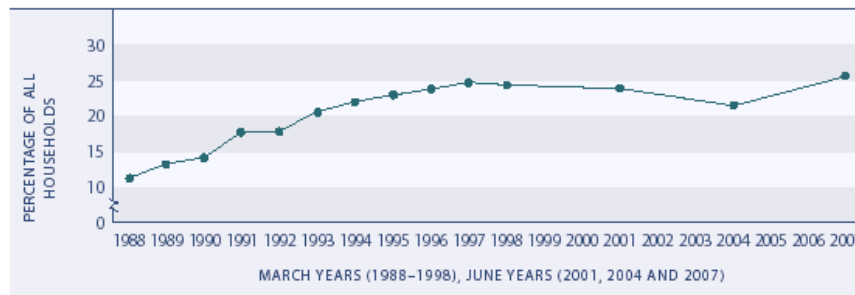
In 2007, 26 percent of New Zealand households spent more than 30 percent of their disposable income on housing costs, an increase from 21 percent in 2004. Since the late-1980s, there has been a substantial increase in the proportion of households spending more than 30 percent of their income on housing. Between 1988 and 1997, the proportion rose from 11 percent to 25 percent of households, before levelling off at 24 percent in 1998 and 2001 (MSD, 2008, p. 64).

This is more pronounced in the lowest 20 percent (lowest quintile) of the equivalised household income where the majority of mental health service users from St. Lukes CMHC are situated.

“The proportion of households in the lowest 20 percent (lowest quintile) of the equivalised household income distribution spending more than 30 percent of their income on housing rose from 16 percent in 1988 to a peak of 48 percent in 1994. The rate levelled off at 41 - 42 percent over the period 1996 - 2001, and then fell to 34 percent in 2004 and 33 percent in 2007. While the change since 2001 represents a substantial improvement, the proportion of low income households spending more than 30 percent of

their income on housing was still twice as high in 2007 as it was in 1988” (MSD, 2008, p. 64).

Figure EC4.1 **Proportion of households with housing cost outgoings-to-income ratio greater than 30 percent, 1988–1998, 2001, 2004 and 2007**



Source: Derived from Statistics New Zealand's Household Economic Survey (1988–2007), by the Ministry of Social Development  
 Note: Since 1998, the Household Economic Survey has been conducted on a three-yearly basis, rather than annually

Figure 5: Proportion of households with housing cost outgoings-to-increase ratio greater than 30 percent, 1988-1998, 2001, 2004 and 2007 (MSD, 2008, p. 64).

#### 6.2.4 The Accommodation Supplement (AS)

NZCCSS (2008) states that the majority of people on low incomes rent in the private rental sector and are therefore eligible for the AS. NZCCSS (2004) discussed a study by the Australian Housing and Urban Research Institute (AHRUI) that found accommodation supplements rather than assisting with an increased supply of affordable rental housing had resulted in a decrease in affordable rental housing. Another issue is that, as the AS is not linked to inflation, the gap between income and rent has increased (NZCCSS, 2008).

#### 6.2.5 Response from mental health service users and mental health workers

Interviews with mental health service users and mental health workers provided information on the difficulties of finding affordable housing. Both mental health service users and mental health workers were concerned about the cost of housing. Mental health service user GE believes that housing is unaffordable and this has a greater effect on her due to her mental illness stating:

I spent the last couple of years living with my partner's mum and a bunch of teenage boys with no respect for anyone. I couldn't afford to go anywhere

else. I would still be there now just living in one bedroom afraid to go out in the rest of the house if it wasn't for my uncle saying you could use the estate that your mum's left you to live. Otherwise I don't know where I'd live if I didn't have the money to fall back on because there would be no-where.

Mental health service user UR stated that she was on a sickness benefit and, with the AS, got \$385 a week. Her mortgage was \$250 a week and she felt this was not enough and stated that when working was earning \$570 after tax per week. Mental health service user UR felt that she can cope but has to make sacrifices to keep her home. Mental health service user OE felt that she could manage but acknowledged that there is not a lot left over after paying bills. She felt that there was not much choice for private rental flats because they are too expensive. Mental health service user BE found that private rents were astronomical and thought that he spent 75 percent of his income on his rent.

Mental health service user OE highlighted a comparison to the cost of private vs. public rental. "I pay \$200 a week for a one bedroom including power. WINZ pay \$103. At Housing New Zealand I was paying \$100 a fortnight". Mental health service user GE felt that her mental illness had an effect on her ability to get a job that made renting less affordable. Even though she lives with her partner who works, the money is only enough to cover the bills and there is the added cost of setting up their current flat with having to pay extra e.g. to get a phone line connected. Mental health service user BE thought that the bond was a big issue "...if you're bonding in a place that's \$280 it's almost two grand, four weeks and four weeks, and then you got connecting the phone, connecting the power...". Mental health workers also highlighted that boarding houses were not a cheap option for some. Mental health worker PS stated that boarding houses are really expensive now and mental health worker BL stated that some people were paying \$200 a week for a room in a boarding house.

Mental health service users also found that the choice of housing was also poor quality. Mental health service user BE found that the quality of rental

accommodation was an issue when looking for a flat, stating “it was outrageous what some people expected you to live in...virtually underground or under the house or in a garage or in a shed or a caravan in the backyard, some converted car-port...third world”. He gave another example of a flat stating that it was “...yellow with cigarette smoke inside and 1950s kitchen and bathroom and it was just a dive and he wanted \$280...and he had serious expectations of renting it and probably he did”. Mental health service user BE commented on density housing:

I did live in an apartment in Kelston that was \$220 and that included water but not power and that was quite good but it was a very poorly built building with only jib separating the apartments and not concrete so every conversation you could hear in every apartment and the noise was just off the hook...I lived there for three years. I put up with quite a lot and there were people urinating in the hallways and tagging the place and breaking into your cars...When you move in and live there you can see the problem that high density housing has. And the same with the apartments downtown. They're a little bit better built. They have concrete walls separating the rooms but they've got no parking and they're smaller and the density's even higher. So to the eye it looks alright but when you live there you've got slamming doors and banging pots and pans and footsteps 24 hours a day and it's stressful.

Mental health service user GE found that the quality of housing was poor with rent set at \$300 to \$400 a week stating that “...those places were under people's garages or the tiniest apartments possible”. She went on:

I was trying to get a two bedroom place and most two bedroom places were really small, damp with brick walls and carpet that I guess gets completely wet...You're going to spend your whole time sick...which makes it harder and harder to work, when you can work, because you'll always sick.

Mental health service user GE gave another example:

I lived in an apartment in New Lynn...It was about \$200 not including power and water and just about every night there were cop cars there because there were people making 'P' in the apartments and they were being

passed off as the nice apartments of New Lynn but you had to put up with cops every night screaming.

### **6.3 Barriers to accessing HNZN houses**

#### **6.3.1 Response from HNZN**

In response to written questions for this research, HNZN stated that there had been a 27.7 percent increase in one bedroom units held under the Mt. Albert Neighbourhood Unit between September 2004 and December 2007 and a 9 percent increase in one bedroom units held under the Mt. Roskill Neighbourhood Unit between September 2004 and December 2007.

In response to written questions, HNZN stated that the number of households waiting for a HNZN house in the Mt. Albert Neighbourhood Unit had decreased by 10 percent between September 2004 and December 2007. The number of households waiting for a HNZN house in the Mt. Roskill Neighbourhood Unit had decreased by 41 percent.

#### **6.3.2 Responses from mental health service users, mental health workers and the manager from CORT**

The figures provided by HNZN for the local areas of Mt. Roskill and Mt. Albert suggest that state housing has become more available for mental health service users who access St. Lukes CMHC. To get a clearer picture of the success of HNZN policy, mental health service users, mental health workers and the manager from CORT were asked to give their thoughts about this. Mental health service users and mental health workers gave a consistently negative response to HNZN on both how mental health service users were treated by the agency's staff and the quality of housing.

The CORT manager commented that mental health service users would rather pay more to live in CORT flats than in HNZN flats as they are not stuck in "ghettos" where people with mental illness are more likely to suffer stress. Mental health service user VS who previously lived in a HNZN home was clear that CORT was the best option in terms of providing the support to keep her in her flat:

They (CORT) are really good because I looked around three or four places. I've got this fear of being evicted. The manager at CORT said that they would just find me another place, whereas, with Housing New Zealand, I was always on the edge, where they were going to find something to kick me out.

Mental health service user UR did not like the idea of living in HNZC flats. She stated:

To me those areas are scum. Lower class areas...they are boxed in together so you have no privacy. The quality of the houses...some of the newer ones I've heard are nice but you've got a lower socio-economic class of person there and I don't want to live in an area like that.

Mental health service user OE had a negative experience with HNZC. When asked whether she would consider HNZC if they provided the same support at CORT she commented:

No. I had to move because I was getting physically sick because there was mould on the ceiling, mould on the walls and they were blaming me. I had a chest problem. I got pneumonia...I had to lock the house for the day because I had to do stuff and then I would go into the house and it would stink of mould and in the end my Key Worker complained to Housing New Zealand because I felt they were giving me the run around because they weren't listening to me...they were totally ignoring me saying it was all in my head so they got a property manager around. My landlord manager walked in and he said "I can't smell any mould" but my Key Worker said "You can" and the manager said "It is all in your head. I can't smell any mould". And he said "What you need to do is open your place up some more". I said "How am I supposed to open the place up if I'm going out"? I don't want stuff nicked and in the end it was just too much.

These comments were supported by mental health worker FR who felt that HNZC do not respond well when working with people who experience mental illness.

Mental health service user OE has moved to a CORT flat where she pays market rent rather than live in a HNZC home and pay Income Related Rents (IRR). She commented:

Housing New Zealand is low rent which is good. This is costing me more but I'm lucky I have got the CORT people. I prefer to be here...I get more support...not so many people because the Housing New Zealand flat there were 33 other flats around the whole complex. The neighbours were diabolical...In the end I was getting unwell, I was getting stressed. My neighbours here are really good...At Housing Corp that never really happened. There were a few sort of sleazy people around".

Mental health worker FR commented that not only do mental health service users have to cope with finding suitable HNZC accommodation, it is questionable whether HNZC were capable of providing the support to maintain the tenancy. Mental health workers FR and LN recognised that while some HNZC case managers provide positive support it appears sporadic. Mental health worker FR stated that:

Housing New Zealand don't provide support once someone is in the house and act with no more a social conscience than a private landlord in terms of how they deal with difficulties. They are quick to exit people at times...Some case managers who do have a conscience, they have acknowledged that their mandate is superficial and they don't provide any meaningful social support or a restorative mechanism for that. I've seen Housing New Zealand jump very quickly into tenancy tribunal eviction status and not move quickly enough when there have been issues around the quality of housing and you get a different level of standard between case managers...there is a lack of proactiveness to provide any support.

### 6.3.3 HNZC Waiting list

Mental health service users OE and UR stated that they believed it was difficult getting single people on the waiting list and believed that families and couples have priority over single people. Mental health service user RB was asked whether she had talked to others about getting into HNZC homes. She stated:



Yes I can think of one discussion and it wasn't easy at all...A single guy and when they disestablished the level 1 and 2 accommodation he was desperate looking for somewhere to live and he is still renting and paying a phenomenal amount of money renting...\$180 – \$200 for a room and Housing New Zealand won't come to the party at all...I don't know why?

Mental health service user RB also stated that she knew of another mental health service user who did get a flat with HNZC:

When I think of another consumer I know he got a Housing New Zealand flat...he was on the waiting list for three years for that and when it came through it was certainly cheaper...It was a huge wait but he had to find something in the interim.

Mental health worker LN was very clear about mental health service users' chance of getting HNZC homes stating: "We get told by Housing New Zealand that it's a waste of time putting clients on the waiting list". Mental health worker BL also commented about HNZC homes.

There are not enough homes...the need not just for our clients but for everybody. But we know that from the waiting list...people on a priority waiting list and are still waiting two years later. So what about the poor guys who don't get on the priority list? The cost of housing in Auckland – its just a barrier isn't it?

#### **6.4 Barriers to accessing social housing**

Since the late 1980s successive governments have encouraged the NGO sector to become more involved in social housing. In 2003 the Housing Innovation Fund and Local Government Fund was established to encourage third sector group's involvement in social housing. Two organisations that access this fund were CORT and ACHT. Both these organisations were discussed by mental health service users and mental health workers as an option to HNZC state houses or private rental accommodation.

#### 6.4.1 Response by CORT manager, mental health service users and mental health workers

CORT's housing stock as of November 2007, totalled 115, - 70 of which are owned by CORT and 45 properties are private rentals. In the St. Lukes CMHC catchment area CORT has 21 properties owned and 21 rented properties. Of these, 18 are one bedroom flats - generally seen as a preference for clients. Funding comes from the clients' benefit, a funding contract with the local DHB and other sources. The HNZN innovation fund is used to buy properties.

The manager of CORT stated that their properties have market rents but funding from the DHB allows for a small rental subsidy. For example with the subsidy, CORT will charge \$205 a week for an Avondale one bedroom flat that costs from \$210 – \$220 a week. CORT acknowledge that the rent charged by them does not meet the affordability standard of no more than 25 – 30 percent of total household income. An example given was that the basic benefit plus accommodation supplement of \$100 to \$105 makes a total income of around \$328. If rent is \$200 then 61 percent of income is going in rent. The CORT manager states that in the private rental sector “there's no way you can get close to 25 percent no matter what way you do it. It generally is plain straight not affordable (pegging to 25 – 30 percent formula of income). It is an ideal but not realistic”.

Mental health service user RB commented in relation to the 25 – 30% affordability level:

That is totally out. From my experience of mixing with people who need housing, they pay a lot more than that, a lot more... From a personal aspect I was fortunate to get a house through a divorce settlement...but the purchase of a house is impossible for people on a benefit. I think people are paying about \$160 in boarding houses...just for a room and \$200 odd for a CORT house.

While CORT offers a choice it appears limited. Mental health service user RB stated:

I don't think consumers have a choice of housing. When people look around for CORT housing they have a choice. I had a friend who wanted to be in the St Lukes catchment and wanted plenty of sun and was coming from a Housing New Zealand flat which was dingy and dirty and mouldy, she was having health problems. She did stipulate those things so she did have some choice. She turned down one CORT but quickly found another. Yes there is choice but for a lot of people there isn't choice.

A benefit of a service provider such as CORT is that it provides houses of reasonable quality. As the CORT manager stated:

We have to take into account features of the flat, noise proof. We try to make it a successful placement and that tenants are not just placed anywhere. We want quality flats that I would be happy to live in myself...We give them a choice and try to match them with the place that would be the most suitable. E.g. neighbours, location of services, shopping.

While there was a positive response to the support CORT offered there was concern about the affordability of these tenancies for mental health service users as CORT still set market rents. Mental health workers BP believed that CORT were at times charging more than market rents:

What they were doing before they had their bluff called was that they were charging market rental plus their costings so that rather than a market rent being \$200 a week CORT were charging \$250 a week and once they were challenged on that they reduced it to \$200 a week so CORT as an organisation is morally bankrupt.

Mental health worker FR followed this up by stating:

When CORT talked about adding on an administration fee it got a lot of people's shackles up. You have to go back to what does CORT exist for, who is it funded by, what does that funder expect it to achieve? They are a non-profit organisation so shouldn't be making a profit – they did respond quickly to the fact that we found a problem to their administration fee.

Mental health worker BK in response to the impression that CORT offer a subsidy, stated:

We met with OC from CORT a couple of weeks ago and what they do now is charge the market rate but they get a small subsidy from the ADHB which covers their services which doesn't subsidise the rent and it comes from the DHB rather than the Ministry of Health and it's a per capita rather than a bulk funding. It's especially high for a single bedroom...if they could arrange 2 bedroom flats...(it) would provide immediate savings for each person.

Mental health worker LN thought that, although CORT provided a service liked by mental health service users, the market rents they charged were unaffordable and did not believe they offered a subsidy:

CORT do look for a good standard of housing but that immediately puts them out of the affordability bracket again. So the standard of housing that my clients find for themselves on the rental market is really poor and out our way there doesn't seem to be any middle ground. So what tends to happen is that our clients move out of area in order to get housing. If they get into debt when they become unwell they have got no way of getting housing because they are trying to pay off the debt at the same time.

#### 6.4.2 Auckland Community Housing Trust (AHT)

The AHT began operating in July 2006. The Housing for Mental Health in Northern Region 2006 Affordability Report highlighted the goals for AHT. It stated that mental health users were a priority; and as housing is a social need rents were to be below market rates. By the end of year one, 10 units would be owned and, 10 units leased; by the end of year two, 30 units would be owned and 20 leased and by end of year three, 100 units owned and 100 leased.

#### 6.4.3 Response from mental health workers

Mental health workers emphasised the need to focus on what has been done in the past about this issue and what has been achieved:

To start with we have got to have a historical background in terms of what actually has been done on this issue over the last five or ten years and that

culminated in that Northern Mental Health Housing Project. Everything that has been said today has been said during that project on the various working groups. None of the stuff is rocket science. None of the stuff is new. At the end of the day the question is why with the full support of Ministry of Health, NDSA, the DHBs, Work & Income and Housing New Zealand has nothing changed? (Mental health worker BP).

Mental health worker BK was involved in the Northern Mental Health Housing Project leading to the setting up of ACHT and believes it was a missed opportunity:

The Northern Health Housing Project was purely window dressing and nothing has changed since that occurred. That brought together health, housing, social welfare and the mental health community – they created a project management system which was around the issue being managed rather than being socially addressed – an organisation was created which effectively has done nothing even though it had the opportunity to do so and was told by an ex Minister of Housing how to approach the issue – you get properties, you go to Housing New Zealand, you lease the Housing New Zealand (homes) at market rent so as an organisation you are receiving a market income from properties but because the tenants become tenants of Housing New Zealand they pay income related rents. CORT could do that. Any agency out there could do that. None of them choose to do so. Auckland Community Housing Trust has not bought one house even though it had the mechanism through the Auckland Labour party caucus of Labour MPs in Auckland the support to do so. They've achieved nothing.

Mental health worker BK also discussed the Northern Region Housing For Mental Health Project:

We were at a forum probably 18 months ago where it was mooted there would be the Auckland Community Housing Trust...where they were going to be buying properties or leasing them via Housing New Zealand community housing and providing affordable accommodation at Housing New Zealand rates but being (a) supportive landlord as well which was a

service which has yet to materialise. That would be ideal because it would provide a much quicker access to housing and would be at Housing New Zealand rates which are known to be affordable but nothing has come of that. They were mooting that they would have 100 houses by the end of two years and so far there is none.

Mental health worker BP, involved in the Northern Region Housing For Mental Health Project provided a bullet point summary of a meeting that took place on July 28 2006 between Auckland District Council of Social Services (ADCROSS) and Auckland Caucus of Labour MPs including Mark Gosche, an ex-Minister of Housing. The summary included:

Mark Gosche suggests that ACHT properties could be leased to HNZC thereby making the ACHT tenants eligible for IRR; ACHT would receive market rental payments from HNZC. This would achieve two desired outcomes. Firstly it would meet the social objectives of ACHT. Secondly, this would enable ACHT to remain financially viable, giving ACHT the ability to approach lending institutions (banks etc.) with assured revenue for up to 10 years. There would be no major legislative impediments to adopting this strategy.

#### 6.4.4 Response from the Chair of ACHT

After comments made on ACHT during the interview with mental health workers I interviewed Richard Northey, the chair of ACHT in December 2007 to get an update on the progress since the 2006 Northern Region Housing for Mental Health Project had made its recommendations.

Richard Northey stated that ACHT have a contract to build 10 houses in Papakura and was in the process of negotiating another slightly bigger contract in Oratia. The houses in Papakura will be pretty close together while houses in Oratia will be part of a larger development which the NZ Housing Foundation is coordinating. These houses will be a mixture of one, two and three bedrooms. Other discussions had also taken place around an area for Mangere. Finance has come from the Housing Innovation Fund, the NZ Housing Foundation and from the ASB Community Trust. ACHT also inherited

just under \$900,000 from a trust that had been wound up, on the condition that housing was provided in the Waitemata DHB area. Houses were forecast to come on line in July 2008 (ACHT).

In response to a question about ACHT not reaching its intended target in the first year and not pursuing IRR through leasing properties rather than buying, Richard Northey commented:

We were advised by the board members who were the most knowledgeable that this was the most cost effective way to go. We got a 15 percent discount on the price which we would be unlikely to get under a leasing arrangement. We got a price on property management which the maintenance costs to capital investments costs would be better with properties that we owned in the current market for the foreseeable future so we got financial advice which was that this was the most cost effective way to go...With the various discounts of price and the assistance of Housing New Zealand Corporation it is sustainable spread out to 30 years. We have a fixed interest rate of mortgage for 10 years.

The ACHT chair, Richard Northey, stated that the trust was about six months behind schedule. The chair stated that "if the government programmes can be more effectively targeted such as addressing the IRR that should make it more successful so becoming one of the major housing providers". The plan for ACHT is that 100 houses should be owned and none leased within 3 years. ACHT will subsidise rent but the tenant will still pay 85 percent of the market rent and will continue to access the Accommodation Supplement (ACHT chair, Richard Northey). The issue about leasing properties to HNZA for IRR was discussed. Richard Northey, ACHT chair stated:

That is still an option. We put in an advocacy paper to the Minister last year advocating that approved providers such as ourselves would be able to access Income Related Rents more directly provided we were able to constantly demonstrate that we were well run, managed the money well, that people placed there would have been eligible for the criteria for Housing New Zealand Corporation and that's still under active consideration.

One issue that arose from the interview is that the accommodation is not exclusively for mental health service users. Richard Northey stated “it won’t be entirely for mental health consumers for a range of reasons which were debated. The current objective is that it will be up to 40 - 50 percent for mental health consumers...It’s partly to get a supportive community mix.”

### **6.5 Barriers to accessing housing due to discrimination**

The issue of discrimination was discussed in a written response from HNZZ and by interviews with property managers, private landlords, mental health service users and the manager of CORT.

#### **6.5.1 Response by property managers, private landlords and the CORT manager**

One of the property managers had little understanding of people with mental illness describing mental health service users as “people not quite here” and “people outside of society” (Property Manager 1). Property Manager 1 went on to say that he believed people had to be treated equally as it was the law but was focussed from the view point of problems that can arise with any tenancy. “They are treated the same way...sign the tenancy agreement...if you don’t hold up your end of the bargain you’re out”.

Property Manager 1 stated that he had not come into contact with people with mental illness but gave no evidence to support this. However, Property Manager 2 and Property Manager 3 gave an alternative view. Property Manager 3 recognised that some property managers did not want to house certain people and were not interested in getting involved with supporting tenants. Property Manager 2 who had been in the job for 18 years and had experience of working with people who experience mental illness commented, “those in the ordinary workforce only hear about the bad side (from the media)...in our job we have a little bit of experience in that sector”.

Property Manager 3 also had a better understanding of the difficulties for people who experience mental illness and believed that she was more proactive than other property managers. She was also critical of the media



stating that the media perception is that "...people with a mental illness should be put in one area away from everyone else". Property Manager 3 believed that the company she worked for did not discriminate against people who experience mental illness. From a personal point of view she described herself as having a social background and was supportive of people who experience mental illness. She gave examples of this, stating that she has advocated on their behalf by attending Work and Income appointments and speaking to support workers if there is a need. Property Manager 3 felt that because her company had property managers employed on a salary rather than commission this made a difference in the approach towards tenants. Property Manager 3 stated that everyone had the right to housing which she saw as a basic need. She went on to state:

We do understand that people have issues...If we can help them and do it safely but also look after our owners asset, which is the home, then we'll do that...We cover our bases but make sure we do the groundwork first and get references and support workers details and as long as we've got that then everything should work fine.

It appears that real estate agents offering property management differ in their approach to working with people who experience mental illness. The manager at CORT, for example, stated that they mainly work with property managers and acknowledged that some agencies refuse to work with them stating that one agency refuses to house people with mental illness. The CORT manager stated that they are well aware of the stigma that still exists in society around mental illness and for that reason will not give much detail to individual landlords. "We normally talk about social housing and that we are contracted to the health board and that their health issues may include mental health issues."

Private landlord 2 recognised that discrimination would exist and hoped that she would not be discriminatory herself by taking the easy option:

You try and choose people that are going to be easiest to look after and if there's a belief that it's not going to be straightforward with someone who is not well...but I think that would extend to someone who is physically not

well...You have a greater responsibility to them. I think a lot of landlords don't want that responsibility. I hope I wouldn't fall into that category but I don't know?

Private landlord 1 believed that he would not discriminate stating that he treats his tenants the same and that as a landlord he has responsibilities to provide a property of reasonable standard. Private Landlord 1 continued that tenants have entitlements under the Tenancy Act and also rights to privacy. "I can't see why I wouldn't rent a house to someone knowing they had a mental illness. I would never ask. I've never been approached by mental health services to see whether I would provide a house". Private Landlord 1 continues by acknowledging that there is potential for any tenant to do damage to a house irrespective of their mental state. For this landlord he is looking for someone who will be a long term tenant and is clear that he would not discriminate against people who experience mental illness.

#### 6.5.2 Response by mental health service users

Both Property Manager 1 and Private Landlord 1 stated that they had not dealt with a tenant who had a mental illness. It is more likely to be that a person with mental illness would not divulge this information. This was confirmed by mental health service users UR and BE who stated that they would not tell anyone about their mental illness. Mental health service user RB talked about stigma and the effect on finding accommodation:

If you have got a mental health disorder it is an immediate question mark over you whether you are suitable for the accommodation so there's stigma there...A lot of people don't divulge but it shows when the landlord does the check, it shows.

Mental health service user OE had a similar opinion when stating that landlords can be discriminating. "I also feel that landlords they would be a bit discriminating, subtly not wanting you in the flat because you have a mental health problem...They would make up something like you might attack someone." Mental health service user GE discussed the result of letting potential landlords know that she was on a benefit:

I've told a couple of places that I was on a sickness benefit but after that they stopped being polite and they don't call back because they're worried about how you're going to treat the place and the stability of your income and whether you are going to pay, and other places I just tried to keep it as quiet as possible...

Mental health service user RB discussed the lack of choice through discrimination and the need for continuing and consistent treatment. This point was supported by mental health service user GE:

It took quite a long time to find somewhere because it was either too expensive or they didn't want to rent with younger people as well...(It) is a big problem and you try to act as normal as possible but then you can't hide your age as well. So age on top of mental health makes it extremely hard to find anywhere, especially in this region because if you want to continue treatment at the mental health unit you have got to try and stay in the area and it's quite a limited area, especially because it's so expensive to stay in this area. I could have moved out to Howick but then I would have been paying about \$100 on gas a week going backwards and forwards.

Mental health service user BE believed that the tenancy laws were too much in favour of landlords and gave an example:

I was sharing with someone, a house for \$280, and six weeks after moving in there the owner was living downstairs and I was upstairs. An old woman owned it and wanted to jack the rent up \$40 a week after just six weeks of living there. And we said no and pointed out the legalities of increasing the rent. The next day we were evicted...We got her into the tenancy court...and she won and we were evicted and to this day we don't know why. No one has ever told me why we were evicted just that I now know the law is if you own a house and want to evict your tenants you can and you don't need a reason and you don't need to give them notice you can just evict them and the next week they're gone.

### 6.5.3 HNZN policy on mental health service users

In response to my written question about training specifically related to working with people who experience mental illness, HNZN stated:

Yes. In November and December of 2005, the 'Like Minds Like Mine' training programme was delivered to all Corporation staff in the Central Auckland region, including Mt. Albert and Mt. Roskill. The training was developed in conjunction with the Mental Health Foundation.

In May and September 2007, two staff from the Mt. Roskill and two from the Mt. Albert Neighbourhood Units attended training on managing clients with complex needs. The training was provided through the Australasian Housing Institute. The staff who attended provided feedback to their colleagues after the course.

In response to my written question about whether Mt. Albert and Mt. Roskill Neighbourhood Units have a specific policy relating to people who experience mental illness HNZN stated:

No. Corporation staff are expected to provide a consistent level of quality service to all customers, and to demonstrate equity, respect and empathy. The Corporation's needs assessment process, which every applicant undertakes, provides an opportunity for Corporation staff to establish whether an applicant is a mental health consumer, should they wish to disclose such, and whether the correct support networks and people are assisting the applicant. Both Neighbourhood Units consult closely with Auckland Mental Health Services regarding tenants and situations that require assistance.

### 6.5.4 Response by mental health service users and mental health workers

It is not just the private sector seen by mental health service users as discriminatory. Mental health service user OE thought HNZN were not supportive landlords either:

As I said people don't listen to me...Mind you I have a good case worker with WINZ who is really nice...she understands...dealing with Housing Corp was impossible so had to get (a) CSW (Community Support Worker)

or nurse... I think it was because I had a mental illness and others who had a mental illness I knew who felt the same. I think it is Housing New Zealand generally. I had to wait two months to get my bond back. And they kept saying you will get it. After two months my CSW went down there and said we want the bond back and HNZ gave it straight back.

These comments were supported by mental health worker FR who felt that HNZC do not respond well when working with people who experience mental illness. Mental health worker FR commented that not only do mental health service users have to cope with finding suitable HNZC accommodation but once they are there the support HNZC provides to maintain their tenancy is questionable. Mental health workers FR and LN recognised that while some HNZC case managers provide positive support, it appears to be sporadic. Mental health worker FR stated that:

Housing New Zealand don't provide support once someone is in the house and act with no more a social conscience than a private landlord in terms of how they deal with difficulties. They are quick to exit people at times...Some case managers who do have a conscience, they have acknowledged that their mandate is superficial and they don't provide any meaningful social support or a restorative mechanism for that. I've seen Housing New Zealand jump very quickly into tenancy tribunal eviction status and not move quickly enough when there have been issues around the quality of housing and you get a different level of standard between case managers...there is a lack of proactiveness to provide any support.

### **Summary**

The data provided through statistical information and through interviews with the various participants indicate a number of barriers to accessing affordable housing for mental health service users accessing St. Lukes CMHC housing. The statistical information both from the St. Lukes CMHC database and the survey reports that the majority of mental health service users are unemployed and therefore reside in the low income bracket. Statistical information from other sources highlights the continued disparity between high and low income households and compared to other OECD countries, New

Zealand has the biggest growth in income disparity. The mean percentage of weekly income spent on rent or mortgage for those participants that took part in the survey stood at 59.37 percent. This is above the accepted measurement of housing affordability of between 25 and 30 percent of income spent on housing costs used in this research. Mental health service users discussed the difficulties of finding affordable housing. This is supported by the statistic that 81.8 percent of households were paying private rentals. Information provided by HNZA showed an increase of state housing properties between 2004 and 2007. However, mental health service users discussed the difficulties of finding state housing. Social housing has been encouraged by successive governments since the late 1980s. CORT acknowledged that rents were set at or near market rentals and do not meet the affordability standard. The ACHT was set up to assist in meeting the housing needs for mental health service users. To date no houses have been provided to support this commitment. The issue of discrimination was discussed where property managers and private landlords and HNZA gave the opinion that they would not discriminate against mental health service users. Mental health service users and mental health workers discussed some of their concerns, suggesting discrimination existed in both the public and private sector.

## **Chapter Seven: Analysis of the data**

### **Introduction**

This chapter describes the analysis of the data collected through both statistical information and information from interviews with the participants. There are five themes to this chapter – Barriers to housing due to income, Barriers to housing due to affordability, Barriers to accessing HNZA houses, Barriers to accessing social housing and Barriers to housing due to discrimination. An analysis of the data is made using a Marxist theoretical approach providing a class analysis to the data; the social model of disability provides an understanding of the structural disadvantages for mental health service users; and a history of government housing policy.

### **7.1 Analysis of barriers to housing due to income and barriers to housing due to affordability**

Mental health service users have provided their own personal stories about the difficulties of finding affordable and suitable housing which supports the statistical information gathered.

#### **7.1.1 Analysis from a Marxist perspective**

Capitalist society is determined by its economic mode of production and is therefore structured from ideological, political and cultural view points which serves the interest of the ruling class (Joseph, 2006; Heywood, 1992). Two components within the mode of production, material forces and wage labour, result in a struggle over physical resources. The capitalist economy supports the interests of the minority who owns the means of production and who control the forces of production (Bedggood, 1980; Callinicos, 2001; Cheyne et al., 1997; Cox, 2000; Duncan, 2004; Gough, 1979; Harman, 2004; Joseph, 2006; Worsley, 2002; Wright, 1978).

The capitalist system initially divides people through the division of labour. Then there is further division between the employed and the unemployed. Unemployment, viewed as surplus labour, is the result of capitalist production

(Cox, 1995; Joseph, 2006). This surplus labour is recognised as the reserve army of labour and is an essential element for the continuation and expansion of the capitalist mode of production. By keeping benefits low this reduces any restriction on the supply of labour when demand is strong and is also used as a tool against the constant pressure on wages to rise (Ginsburg, 1979; Gough, 1979; Wolf, 2002). The need to restrict wage increases is to further exploit workers through the increasing accumulation of wealth for the dominant class.

For the majority of mental health service users under community mental health services, their main source of income is through benefits. This is borne out with the statistical information from the St. Lukes database and from the survey answered by mental health service users. Mental health service users are therefore situated in the low income household bracket. The disparity between high and low income households has risen between 1988 and 2004 with a decline in the ratio between 2004 and 2007, partly attributed to the WFF package and an increase in the minimum wage. The majority of mental health service users are long term beneficiaries and therefore would not gain financially from the WFF package and minimum wage increases. While the proportion of people on low incomes rose from 1990 to the mid 1990s it has reduced since then, yet the figure is still higher than in the 1980s. Part of the reason for this rise in the proportion of low incomes is due to the cuts made in benefits and this is cited in the 2008 Social Report. A consequence for mental health service users being long term beneficiaries means their chances of finding affordable housing are low. As long term beneficiaries they suffer the consequence of the state choosing to maintain a policy of restricting the amount beneficiaries receive so as to restrict the pressure on wage increases and increase the wealth of the dominant class. Therefore mental health service users as long term beneficiaries are an integral part of the capitalist system to maintain its expansion.

Classes are shaped and developed by antagonisms determined on the basis of who owns or who does not own the means of production (Coates, 1996; Cox, 1995; Gough, 1979; Joseph, 2006; Wright, 1985). The working class are



essentially excluded from any responsibility and power where life experience can be shaped, by the fact of class and class inequality (Miliband, 1989). Though unemployed, mental health service users are connected to the capitalist relations of production as are all parts of the reserve army of labour; and are therefore part of the oppressed working class and seen as the marginalised working class (Wright, 1978). Mental health service users, like all the working class, have to deal with surviving under a capitalist system and for many this is intensified through having to cope with having a mental illness as well as having to access benefits long term. This was touched on by mental health service users discussing the stress of living in poor quality housing.

The role of the state is dependent on the mode of production and the point for the competing interests of capital and the working class (Gough, 1979). So on the one hand the state supports the accumulation of capital but because of class struggle the state has to, at times, support the interests of the working class. The role of the welfare state is important for mental health service users in relation to housing and in their need to access benefits and the AS. Mental health service users are therefore affected by the tension between the need to keep a limit on public spending and the need to address the dominant class interests (Clapham et al., 1990; Ginsburg, 1979; Gough, 1979; Roper, 2005). An example of limiting public spending was the cuts in benefits in 1991. As discussed above, statistical information suggests that the cut in benefits in the early 1990s was part of the reasoning behind the decline in household incomes up to the mid 1990s. The improvement in household incomes is partly due to the WFF package, a government initiative clearly supporting sections of the working class, namely those in paid work. Another example is the AS which can be described as a benefit for mental health service users who live in private rental accommodation. However, most mental health service users do not benefit from the WFF package and the AS is not linked to inflation, so the gap between income and rent has increased.

The effect of being on benefits was emphasised by mental health service users who discussed how housing was expensive and unaffordable and they expressed that they had to make sacrifices to keep their home. The responses highlighted that private rental was really the only option for mental health service users and they were therefore exposed to market rents which are unaffordable. Any concessions made to the working class are variable. The Labour led governments since 1999 have seen an increase in public spending with, for example, the WFF package which supports those who are currently in work, while those on benefits, such as mental health service users, continue to be bypassed. This is another example of government policy having a negative effect on those trapped in the low income bracket - meaning there is little chance of mental health service users finding affordable, quality housing.

The direction of policy is also related to the notion that the dominant ideology legitimises the capitalist economic structure, law and politics through generating ideas about society (Gough, 1979). If people are unable to recognise the underlying processes of society, then their thoughts are superficial and they will adopt the dominant ideology. Ideology is seen within the values of a nation's culture while the state is seen to represent all society's interests. This results in the economic structure being adapted to meet the demands of capitalism and at the same time hiding the outcome of capitalist relations. The dominant ideology promotes the notion that while the social order is not ideal, it is better than any alternative (Bedggood, 1980; Gough, 1979; Joseph, 2006; Miliband, 1989; Wolf, 2002). For example, welfare policy is described by successive governments at the time, as the best and only option available. It is portrayed as being in the best interests of the recipient of that policy rather than any acknowledgment of the state acting in the best interests of capital. The responses of mental health service users describe the constant struggle of managing the difficulties of accessing affordable housing within current housing policy and there was a sense that they had to manage as best they could as there was no obvious alternative. This again means the mental health service users are trapped in a cycle of low benefits and reduced opportunities for finding affordable housing.

### 7.1.2 Analysis from the social model of disability perspective

The previous section analysed the issues of housing affordability for mental health service users in relation to class. Analysing housing affordability for mental health service users utilising the social model of disability highlights the tension existing between mental health service users and society. With the increasingly complex forms of production the social environment in turn becomes more complex leading to differences in society produced by the connection between the mode of production and the core values of society. Disability is seen as a social problem for people who are unable to fit into the requirements of the capitalist labour market. This suggests that disability is a product of the economic and social forces of capitalism (Oliver 1999; Oliver, 1986). For many mental health service users this determines their existence on low incomes. People with disabilities are seen as unfit for the capitalist labour market since capitalism brought changes in the mode of production during the 19<sup>th</sup> century. People with disabilities were excluded from the workforce and society. The legacy of this is people with disabilities being unable to participate in the workforce have become more acceptable to society. At the same time this acceptance defines how society responds to people with disabilities resulting in fewer opportunities for employment (Oliver, 1990).

Being beneficiaries, without any likelihood of increasing their incomes through employment, results in the majority of mental health service users lying within the low income group. The responses by mental health service users in interviews indicated that they were on a benefit and that the cost of housing and the limited amount of the benefit meant housing was expensive. 76.12 percent of mental health service users that access St. Lukes CMHC and 72.2 percent of those that completed the survey identified themselves as unemployed. As capitalist society views people with disabilities unfit for the labour market, it is likely that the majority of mental health service users will remain long term beneficiaries. This then leads to the question that if mental health service users are likely to be long term beneficiaries, how does government housing policy affect the availability of affordable housing?

### 7.1.3 Analysis related to the history of housing policy in New Zealand

The chapter on the history of housing in New Zealand emphasises the state's support of home ownership. The commodification of housing in New Zealand exists in a capitalist society through the dominance of home ownership. This, in turn, has led to a rental market dominated by the private sector which subsequently means that many people on low incomes have difficulty in affording market rents. The housing tenure in New Zealand has been driven by the dominant ideology to the point where home ownership and the private rental housing market are engrained into society. Statistical information highlights this, as the homes of 80.4 percent of Auckland households paying rent are owned by private landlords. With the limitation on state housing, discussed below, the only option for the majority of mental health service users on benefits is to access housing in the private rental housing market. This statement is supported during the interviews with mental health service users and mental health workers, expressing the limited options for housing other than the private rental market.

Since the laissez-faire approach to housing policy in the nineteenth century, the commodification of housing, through the tenure of home ownership, has resulted in housing being unaffordable for people on low incomes in both the home ownership and private rental markets. Government involvement in housing was made in an environment where private production for profit was dominant and where the state ensured favourable conditions for the capitalist system to exploit and oppress the working class and expand capital accumulation (Davidson, 1994; Roper, 2005; Wilkes & Wood, 1984).

Government housing policy has continually promoted home ownership through the provision of various schemes implemented through legislation and for the most part at the expense of public housing schemes. Between 1890 and 1935 state intervention did improve housing conditions for some but the distribution of housing followed class lines suggesting that resources were unevenly distributed. The inequalities were evident with the private sector owning and controlling the housing stock. The Keynesian approach to economic management was the only time there has been comprehensive

state intervention in housing. This was between 1935 and 1949 when an attempt at the decommodification of housing took place with a programme of state finance and construction and is an example of the state providing concessions to the working class. However, this was one part of a three tiered system with the other tiers supporting home ownership either through state loans or the private market for those able to afford larger mortgage payments (Davidson, 1994; Wilkes & Wood, 1984).

From 1950 onwards housing policy has shifted back to supporting home ownership. The neoliberal agenda from the 1980s, with the deregulation of the financial market, led to increased involvement of private institutions from the 1980s to provide housing finance. This was promoted as creating equal access to home ownership for all sections of society. This helped the middle to upper middle and high income earners but meant that many working class people had fewer opportunities in both the home ownership and rental markets (Davidson, 1994).

The housing policy of the 1990s essentially returned to the laissez-faire period prior to the 1890s leading to familiar consequences where the working and lower-middle classes had to cope with a widening gap between income and housing affordability (Davidson, 1994). Since 1999, Labour led governments have continued to support home ownership through the acceptance of private financial institutions in the housing market. The history of housing policy in New Zealand describes how the state has strongly supported housing as a speculative commodity. Despite varying economic approaches – neo-classicalism, Keynesianism and neo-liberalism, this approach to housing has not produced the homes for all people. The outcome for mental health service users in the last twenty years, the majority of who are beneficiaries, has resulted in difficulties in accessing affordable housing. This is supported by the statistical information discussed in the previous chapter. The difficulties in finding affordable housing remain with mental health service users as they identified the difficulties they have finding affordable housing during their interviews. This is further supported by mental health workers who also

expressed the problems that mental health service users have in accessing affordable housing.

## **7.2 Analysis of barriers to accessing HNZC houses**

As discussed previously a Marxist analysis of the capitalist system states that the dominant ideology of capitalist society promotes the commodification of housing through home ownership over state or social housing which leads to unaffordable housing options for mental health service users. Mental health service users and mental health workers gave a consistently negative response regarding the operation of HNZC and contradicted the information provided by HNZC. Problems that both groups discussed included limitations of accessing homes as there were not enough available; the differing levels of support provided by HNZC staff; and the poor quality of homes. The chapter on the history of housing provides a clearer picture of the problems of state housing raised by mental health service users and mental health workers.

While housing policy has primarily focussed on the commodification of housing through home ownership, there has been a state housing sector since 1935. The Labour Party came into power in 1935 and attempted to de-commodify a large part of the housing stock through state construction, stating that the private sector could not meet the demand for housing supply, quality and affordability (Davidson, 1994; Roper, 2005). It is the only time in New Zealand's history that a clear alternative to home ownership or private rentals was offered for people on low incomes. The 32,000 state houses built by 1949 represented a quarter of the residential housing market. However, even through this period there were affordability issues as rents were set too high for those on low incomes (Davidson, 1994; Gordon, 1982; Lynch, 1999).

From the 1950s till today, state housing policy has consisted of periods of state housing sell-off, reduced housing construction and the construction of poor quality multi-house unit housing which essentially 'ghettoises' the poor. This policy resulted in a residual non-integrative approach to state housing. The move to community mental health care in the late 1980s coincided with the 1991 benefit cuts, the introduction of market rents in state housing and the

selling off of state houses. Between 1993 and 1999 the state housing stock decreased from 70,000 to around 60,000. The removal of market rents in 1999 by the Labour Government and the introduction of Income Related Rents (IRR) set at 25 percent of disposable household income have made state housing more affordable. However, a residual non-integrative approach to state housing policy remains and this is emphasised by the statistic that, in 1973, state housing was six percent of the total housing stock. Today HNZC figures for 2008 shows that state housing is five percent of total housing stock (Davidson, 1994, Ferguson, 1994, Gordon, 1982, HNZC, 2008, Lynch, 1999, Schrader, 2005).

From a Marxist perspective the policy of state housing shows the contradictory nature of the state to serve the interests of capital and to, at times, make concessions to the working class to reduce the tensions of class struggle that exist in a capitalist society. The decommodification of housing between 1935 and 1949 had benefits for sections of the working class. However, since the 1970s, state housing policy has essentially been one of a residual non-integrative approach. While one can argue that small concessions have been gained such as the implementation of IRR in 1999, a residual non-integrative approach to state housing appears to support the interests of capital, as state expenditure on areas such as housing can be contained. For mental health service users and mental health workers state housing is seen as inaccessible and not just in relation to limited numbers but in terms of quality as well. Despite HNZC houses becoming affordable with the introduction of IRR, the “ghettoisation” of a proportion of state homes has led to some people preferring to pay market rents in the private sector. The outcome is that the state housing sector does not support mental health service users in accessing affordable housing.

### **7.3 Analysis of barriers to accessing social housing**

The social housing sector consists of NGOs that specifically provide housing support for mental health service users. This sector is small, as CORT, for example, have a limited number of houses within the St. Lukes CMHC catchment area. This limit on numbers is accentuated by the difficulty to

ascertain what ACHT is providing. As from November 2008, there has been no confirmation of any houses being available for mental health service users. The statements made by mental health workers during the interviews are supported by the lack of movement in the supply of housing by ACHT.

CORT funding includes the use of the clients' benefit and also income from the local DHB. If one considers the social model of disability there is an argument that, by using health funding, the housing issue is seen as a health issue and not a social issue. This then reiterates society's classification that people who experience mental illness as individuals require the support of the medical profession to meet their social needs. Although other factors are important, considering CORT gains funding from a number of sources, the issue remains that health agencies have a strong involvement in the social issues of an individual as indicated through the interviews with participants, the manager at CORT and through the responses of HZNC.

The issue of affordability is also related to the social housing sector. Mental health service users described benefits for living in social housing with the tenancy held by, for example, CORT. Despite having to pay market rent or close to market rent, there was a preference for CORT homes over HNZC homes - a strong statement against HNZC. Funding, together with a lack of policy initiative to introduce IRR into this aspect of the social housing sector, is evident through responses made by the participants. The manager at CORT acknowledged that mental health service users pay either market rents or close to market rents. ACHT also acknowledge that rents would be close to market rental prices.

The outcome in terms of affordability is similar to the private rental market despite, for example, assurances of the promotion of income related rents in relation to ACHT. The current format and funding for social housing means mental health service users continue to pay market rents, or close to market rents which are unaffordable. The only affordable housing available is a residual state housing sector which is hard to access, of questionable quality and often stressful for people who experience mental illness. The analysis on



social housing is the same as discussed in the previous section. As housing continues to be used as a speculative commodity, mental health service users will have difficulties in accessing affordable housing.

#### **7.4 Analysis of barriers to housing due to discrimination**

Discrimination is viewed as how one or a group of individuals, or an agency impose their values and beliefs on other individuals or groups such as people with disabilities. All respondents who discussed discrimination, understandably and validly discuss the issue from an individual's perspective, whether it is about themselves or others. A Marxist perspective views the notion of discrimination and the comments made as acceptance of the dominant ideology which views society as being made up by individuals. However, by focussing on the issue of housing relating specifically to mental health service users, restricts the use of conventional Marxist theory of class analysis in relation to the antagonistic relationship between the capitalist and working classes. Therefore the use of the social model of disability, specifically the notion of ideology in relationship to disability, is used to analyse the comments made within this theme.

The private landlords and two property managers who had worked with people who experience mental illness were aware of their difficulty to access housing. Mental health service users discussed the discrimination that they faced when looking for and keeping accommodation both through the private sector and with HNZA. Mental health service users' response to HNZA was in contradiction to the HNZA written responses about working with people who experience mental illness.

The ideology of the dominant capitalist class portrays relationships where individuals are free to do as they wish in society (Bedggood, 1980; Gough, 1979). Gramsci provided a connection between the social structures and ideologies of society through the concept of hegemony where the dominant ideology becomes the 'natural' reality of society. It then becomes a way of thinking that is taken for granted over social, economic and political issues. Capitalism perpetuates and promotes the negative connotations of disability

through a non-neutral ideology that permeates society. So in terms of disability, society is defined through an ideology embedded in the social conscience and therefore seen as a “fact” (Oliver, 1990). In this sense comments made by property managers and private landlords support the notion of how capitalism perpetuates the connotations of disability despite a general acceptance that discrimination exists in society. This is due to their focus being on the problems that exist for the individual mental health service user and not acknowledging or being unaware of the structural disadvantages that exist in society for mental health service users.

If one is looking for discriminatory comments then perhaps property manager 1 is an example - describing people who experience mental illness as “people outside of society”. However, there was also an awareness of discrimination from property managers and private landlords. Examples of comments included an awareness of the difficulty for people who experience mental illness in accessing affordable housing and trying to support people at times. Issues around stigma were acknowledged, with the manager of CORT stating that one real estate agent refuses to house people who have a mental illness in private rentals. Private landlords discussed how they would not or hope not to discriminate against mental health service users. Mental health service users expressed the pressure of not divulging to prospective landlords that they have a mental illness. HNZA discussed how staff is trained to help individuals who experience mental illness. This was however, disputed by both mental health service users and mental health workers.

One can argue that the above comments, although not necessarily negative, define disability by the ideology of individualism which supports the historical process of the medicalisation of disability. The medicalisation of disability underpins the view of disabled people as having a personal problem where the medical profession intervenes in their lives to prevent, treat and cure disability. The mental health service users are excluded from society as they are unable to take part in the production process and therefore not able to take part in the social and economic relations under capitalism (Oliver, 1990). This results in mental health service users with limited prospects of finding

work and therefore likely to remain as long term beneficiaries. This limits mental health service users' access to affordable, suitable housing. Property managers 2 and 3 and private landlords appeared to recognise the difficulties for people who experience mental illness. However, mental health service users and the CORT manager expressed experiences of discrimination from landlords and property managers in both the public and private sectors.

This ideological construction of the free individual is suggested with HNZN comments that all tenants are expected to receive the same service. The issue here is that the service provided by HNZN does not match the requirements for mental health service users. Comments by HNZN that their staff will work with mental health services are disputed by the responses from mental health service users and mental health workers. Comments made by HNZN that Neighbourhood Units work closely with Mental Health Services is an acceptable response in supporting tenants to maintain a tenancy. However, it raises the issue about how far the medical profession is involved in supporting and also determining the suitability of a person in relation to housing options. This also suggests that HNZN comments towards mental health service users is made within the confines of the dominant ideology and is therefore made on behalf of mental health service users rather than in conjunction with them.

The previous themes have identified structural disadvantages that exist for mental health service users in accessing affordable housing within a capitalist society. This theme suggests that the existing structural disadvantages are to a certain degree hidden from members of society. Services to support mental health service users accessing housing are made to support the individual to fit into the current requirements expected of an able-bodied or in this case an able-minded society. The question is whether these services are appropriate. The comments made above suggest that mental health service users who live in private rentals have to rely on the goodwill of a landlord or a property manager together with the limited resources provided by mental health services to maintain their tenancy. This, together with HNZN policy, is an example of society not adjusting to those who experience mental illness, as it

appears it is the limitations of an individual which are the cause of the problem. It is the failure of a capitalist society to provide the appropriate services to ensure that the housing needs of mental health service users are fully met. If this is the case then the inability of society to adjust to mental health service users results in this group remaining an oppressed group within society.

### **Summary**

The themes, utilising a combination of Marxist theory, the social model of disability and a history of housing policy identify barriers for mental health service users in accessing affordable housing. Mental health service users are trapped in the low income bracket as they do not fit into the requirements of the capitalist labour market which determines their existence on low incomes. Successive governments have supported policies through varying economic approaches where housing is a speculative commodity. An attempt at the decommodification of state housing occurred from 1935 – 1949. However, since then, and particularly from the 1970s, state housing policy has been one of a residual approach. The outcome of this is that affordable housing in the public sector is inaccessible and state housing is of poor quality and unsuitable for mental health service users. The social housing sector is small and although it may provide quality homes, rent is charged at market rates, or near to market rates, so is also unaffordable for mental health service users. Discrimination was related to the structural disadvantages that occur for mental health service users. The social model of disability explains how the perpetuation of the negative connotations of disability within a capitalist society makes it difficult for mental health service users to access housing. This is further emphasised by the ideology of individualism which supports the historical process of the medicalisation of disability which views disabled people as having a personal problem leading to the ongoing discrimination as described by mental health service users. While mental illness continues to be seen as a health issue rather than a social issue, discrimination towards accessing affordable and suitable housing will continue in the public and private housing sector. To conclude, the analysis described

within the five themes identified a number of existing barriers preventing mental health service users from accessing affordable housing.

## **Chapter Eight –Conclusions of the research**

### **Introduction**

This chapter begins by restating the issue of housing affordability. This is followed by the conclusions, strengths, limitations and the implications of the research.

### **8.1 Restating the issue of housing affordability**

For many mental health service users accessing CMHCs, barriers exist to finding affordable housing. Housing is an essential aspect of the human experience and is a determinant for people's well being. It is also a political issue as housing is a core policy area for governments, determining not only well being but quality and health for its citizens. There are three forms of housing tenure in New Zealand - home ownership, private renting and state housing. The encouragement by successive governments of a home ownership policy has led to a shortage of affordable housing for people on low incomes (Davidson, 1994).

### **8.2 Conclusions**

The research question was: "What existing barriers prevent mental health service users from accessing affordable housing?" The data was split into five themes: Barriers to housing due to income, Barriers to housing due to affordability, Barriers to accessing HNZA houses, Barriers to accessing social housing and Barriers to housing due to discrimination.

A Marxist analysis of the capitalist system, supported by both statistical data and the response of participants explains the findings that there are barriers to housing affordability for mental health service users. These barriers exist as mental health service users are part of the exploited and oppressed working class, shaped and developed by the antagonism between those who own and those who do not own the means of production. Even though the majority of mental health service users are unemployed they are connected to the capitalist relations of production.

The majority of mental health service users who access St. Lukes CMHC are unemployed and are an essential element for the continuation and expansion of the capitalist mode of production (Wright, 1978). As part of the reserve army of labour mental health service users' income is limited by the amount received when on a benefit. This results in mental health service users not being able to access affordable housing. The role of the welfare state is important for the majority of mental health service users who access benefits, as they are affected by the tension between the government's need to contain public spending and the need to address working class interests (Gough, 1979). The conclusion is that there is an income barrier preventing the majority of mental health services users accessing affordable housing.

From a perspective incorporating the social model of disability, disability is seen as a social problem for people who are unable to fit into the requirements for the capitalist labour market. Disability is therefore seen as a production of the economic and social forces of capitalism (Oliver, 1999; Oliver, 1996). For many mental health users, this determines their existence on low incomes, and limits the opportunities available to them, as they are part of the reserve army of labour, without any likelihood of increasing their incomes through employment. This is supported by the statistical data on the number of mental health service users unemployed. The conclusion is that mental health service users will have difficulty finding employment and this therefore is a barrier to accessing affordable housing.

An analysis on the history of housing explains that the housing policy of successive governments has promoted and supported home ownership from the 19<sup>th</sup> century to the current day. The commodification of housing has resulted in housing being unaffordable for people on low incomes both in the home ownership and private rentals market. Despite an attempt to decommodify housing by the First Labour Government, state sector housing policy has been one of a residual approach, particularly since the mid 1970s. This approach has led to the problems of accessing and living in HNZN homes, highlighted by those interviewed and supported by the statistical data. The social housing sector supported by NGOs is small and has a funding

regime which requires rent to be charged at market rates or close to market rates. The conclusion is that past and present government housing policy results in mental health service users having difficulty in accessing affordable housing in the state and social housing sector.

The analysis of discrimination was made with the use of the social model of disability, specifically with the notion of ideology in relationship to disability. Capitalism promotes disability in a negative way through a non-neutral ideology that has become embedded in the social conscience. This is further emphasised through the medicalisation of disability which holds the view that disabled people have a personal problem (Oliver, 1990). While the comments of private landlords, and property managers were not discriminatory towards individuals they defined disability by the ideology of individualism where the individual is considered free to participate fully in society. This then explains the implementation of services to support the individual mental health service user in fitting in with the requirements of an able-minded society. The conclusion is that society based on a notion of individualism, and that defines disability as a personal problem, results in structural disadvantages within society limiting access to affordable housing for mental health service users.

### **8.3 Strengths of the research**

Identifying barriers to affordable housing for mental health service users was made through the use of statistical information and the response of the participants involved. The use of a Marxist theoretical perspective, the social model of disability and a historical perspective of housing policy in New Zealand provided explanations of the existing barriers.

Within social science, it is difficult to be objective and objectivity can be seen as undesirable. This research was open in identifying personal beliefs and bias and supports an understanding that social science cannot be neutral or value free and is therefore political. By adopting a Marxist approach, a political stance is embraced, by analysing the power relations that exist in society and how these relations have an effect on both how people exist and how they perceive their social reality within society (Morrow & Brown, 1994).



Adopting both a quantitative and qualitative approach to gaining information gave the opportunity to collect useful and relevant data. This approach resulted in both methods complementing each other and also the Marxist methodological approach, the social model of disability and a historical perspective of housing policy. Utilising interviews for data collection allowed the participants to describe their perceptions and beliefs about an issue they were interested in. Within the focus group setting, the researcher acted as a facilitator, encouraging debate, allowing for differing experiences and opinions to be expressed, so enriching the data. Similarly, in-depth individual interviewing allowed for the participants to express their experiences and opinions which provided the detailed and useful data used for analysis.

#### **8.4 Limitations of the research**

This research is a student thesis and therefore the availability of resources is limited. The researcher acted alone and, outside the student supervisors input, prepared, conducted and analysed the research without support from others. The scope of the research resulted in the collection of a limited amount of statistical information and the involvement of a small number of participants. Therefore this research could be charged with being vulnerable to bias as the amount of data was limited, so possibly skewing the results.

It was the intention to use an action research approach where the participants and researcher worked collaboratively and the participants had some form of control over the research process. However, this did not eventuate due to there being no active group of mental health service users concerned with housing affordability; that there are limitations to resources for student research; and the involvement of HDEC which imposed bureaucratic barriers which, to some degree, took away the researcher's control of the research process.

#### **8.5 Implications of the research**

This research has offered a different perspective to previous studies carried out in relation to people who experience mental illness, and housing and barriers to affordable housing for mental health service users, were issues

identified. As far as I am aware this is the first research that has used a Marxist approach to housing affordability in relation to mental health service users. The Marxist approach identified the power structures and social relationships that exist in capitalist society, from a class analysis. However, the limitation of using a class analysis when focussing on a specific oppressed group was evident. Therefore, further Marxist research is required to provide a more robust class analysis in this specific field. The social model of disability did assist in identifying the structural disadvantages for mental health service users as an oppressed group. However, the social model of disability is generally used, by those both within and outside the disability movement, with respect to people with physical disabilities. To date, there has only been limited use in regarding people who experience mental illness. Further work is required in respect of the social model of disability and people who experience mental illness. It was evident in the research that individual mental health service users and mental health workers had an interest in the housing issue. Therefore there is an opportunity for an active group to be set up that can encourage debate about housing affordability, and raises the possibility of future action research within this field of research.

## **Appendices**



**Massey University**

Te Kuenga ki Pūrehuroa

**SCREENING QUESTIONNAIRE  
TO DETERMINE THE APPROVAL PROCEDURE**

*(Part A and Part B of this questionnaire must both be completed)*

Name:  
Project Title:

This questionnaire should be completed following, or as part of, the discussion of ethical issues.

**Part A**

The statements below are being used to determine the risk of your project causing physical or psychological harm to participants and whether the nature of the harm is minimal and no more than is normally encountered in daily life. The degree of risk will then be used to determine the appropriate approval procedure.

If you are in any doubt, you are encouraged to submit an application to one of the University's ethics committees.

**Does your Project involve any of the following?**

*(Please answer all questions. Please circle either YES or NO for each question)*

**Risk of Harm**

1. Situations in which the researcher may be at risk of harm.	YES	NO
2. Use of questionnaire or interview, whether or not it is anonymous which might reasonably be expected to cause discomfort, embarrassment, or psychological or spiritual harm to the participants.	YES	NO
3. Processes that are potentially disadvantageous to a person or group, such as the collection of information which may expose the person/group to discrimination.	YES	NO
4. Collection of information of illegal behaviour(s) gained during the research which could place the participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships.	YES	NO
5. Collection of blood, body fluid, tissue samples, or other samples.	YES	NO
6. Any form of exercise regime, physical examination, deprivation (e.g. sleep, dietary).	YES	NO
7. The administration of any form of drug, medicine (other than in the course of standard medical procedure), placebo.	YES	NO
8. Physical pain, beyond mild discomfort.	YES	NO
9. Any Massey University teaching which involves the participation of Massey University students for the demonstration of procedures or phenomena which have a potential for harm.	YES	NO

### Informed and Voluntary Consent

10. Participants whose identity is known to the researcher giving oral consent rather than written consent (if participants are anonymous you may answer No).	YES	NO
11. Participants who are unable to give informed consent.	YES	NO
12. Research on your own students/pupils.	YES	NO
13. The participation of children (seven (7) years old or younger).	YES	NO
14. The participation of children under sixteen (16) years old where parental consent is not being sought.	YES	NO
15. Participants who are in a dependent situation, such as people with a disability, or residents of a hospital, nursing home or prison or patients highly dependent on medical care.	YES	NO
16. Participants who are vulnerable.	YES	NO
17. The use of previously collected information or biological samples for which there was no explicit consent for this research.	YES	NO

### Privacy/Confidentiality Issue

18. Any evaluation of Massey University services or organisational practices where information of a personal nature may be collected and where participants may be identified.	YES	NO
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### Deception

19. Deception of the participants, including concealment and covert observations.	YES	NO
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### Conflict of Interest

20. Conflict of interest situation for the researcher (e.g. is the researcher also the lecturer/teacher/treatment-provider/colleague or employer of the research participants or is there any other power relationship between the researcher and research participants?)	YES	NO
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### Compensation to Participants

21. Payments or other financial inducements (other than reasonable reimbursement of travel expenses or time) to participants.	YES	NO
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### Procedural

22. A requirement by an outside organisation (e.g. a funding organisation or a journal in which you wish to publish) for Massey University Human Ethics Committee approval.	YES	NO
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## Part B

The statements below are being used to determine if your project requires ethical approval by a Regional Health and Disability Ethics Committee. The statements are derived from the document, "Guidelines for an Accredited Institutional Ethics Committee to Refer Studies to an Accredited Health and Disability Ethics Committee" prepared by the Health Research Council Ethics Committee.

(<http://www.hrc.govt.nz/assets/pdfs/policy/ReferralGuidelines.pdf>)

In situations where you are not sure whether the research needs approval by an HDEC, you should seek an opinion from the Administrator of the relevant HDEC.

(<http://www.newhealth.govt.nz/ethicscommittees/> )

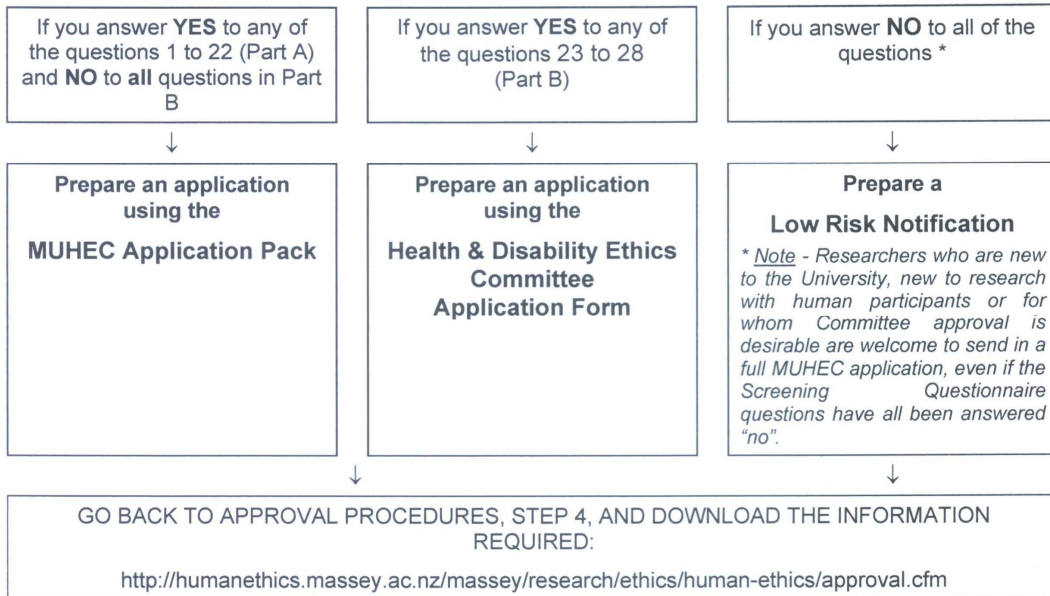
Include a copy of your written response from the Administrator with your application.

### Does your Project involve any of the following?

*(It is important that you answer all questions. Please circle either YES or NO for each question)*

23. The use of staff or facilities of a health provider.	YES	NO
24. Support, directly or indirectly, in full or in part, by public health funds.	YES	NO
25. Participants who are patients/clients of, or health information about an identifiable individual held by, an organisation providing health services (for example, general practice, physiotherapy, occupational therapy, sports medicine), disability services, or institutionalised care.	YES	NO
26. Requirement for ethical approval to access health or disability information about an identifiable individual held by the Ministry of Health, or held by any public or private organisation whether or not that organisation is related to health.	YES	NO
27. A clinical trial which: requires the approval of the Standing Committee on Therapeutic Trials; requires the approval of the Gene Technology Advisory Committee; is sponsored by and/or for the benefit of the manufacturer or supplier of a drug or device.	YES	NO
28. Research in categories 23-27 involving New Zealand agencies, researchers or funds and undertaken outside New Zealand.	YES	NO

**Determine the type of approval procedure to be used (choose one option):**



1 March 2007

Mr Andy Colwell  
43 Astley Ave  
New Lynn  
Waitakere 0600  
**Auckland**

Dear Andy

**NTX/07/02/015                      Barriers to accessing affordable housing for Mental Health Service Users?**  
Principal Investigator: Mr Andy Colwell  
Supervisor: Dr Grant Duncan, Massey University  
Massey University, Auckland DHB

Thank you for attending the meeting while the above application was considered by the **Northern X** Regional Ethics Committee on 13 February 2007.

The Committee had some concerns in relation to the validity of the research proposal (para 57, OpSEC). The study relates to an important community issue but to inform improvements or changes the research must be of a sufficiently high standard. The Committee would like more comfort around how the real, concrete experiences of the participants are to be drawn out, separate from the researchers social/political views, and then analysed within an academic framework which may validly be a critical and Marxist perspective.

Subject to receiving comfort around how the experiences of participants are to be drawn out and subject to the following conditions, the study is **approved subject to the following conditions**.

The Researcher is requested to please provide/amend:

**Application Form**

- Auckland DHB Maori Research Review Committee letter of support yet to be received.
- P.12: Data to be kept for a minimum of 10 years.
- E3: Interpreters: Expand/explain this section.

**Information Sheets**

- Researchers required to go to Guidelines NAFG and produce separate information sheets for users and workers.
- Insert a statement that the study falls under ACC and the participants may wish to consult the ACC website [www.acc.co.nz/claimscare/making-a-claim/medical misadventure](http://www.acc.co.nz/claimscare/making-a-claim/medical-misadventure)
- Insert an explanation that if a participant wishes to withdraw from the study, information already given to the researchers cannot be deleted.
- The destruction or return of audiotapes should be identified under Privacy/Confidentiality.
- Explain why the researchers are approaching the proposed participant.
- The following advocacy statement is to be in the workers I.S. 'If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact your professional body'.



- The following advocacy statement is required to be in the users' information sheet' - 'If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact an independent Health and Disability Advocate'.

Telephone: 0800 555 050  
Free Fax: 800 2787 7678 (0800 2 SUPPORT)  
Email: advocacy@hdc.org.nz

- Line 3 does not make sense
- Amend to reflect each target group.
- Insert 'I understand my audio tape will be returned if I require its return or otherwise destroyed after .....years.'

**Questionnaire**

- Top reflect each target group – in interview format.

Please forward your response to me in letter format with one copy only of:

- Amended pages only of the application form.
- Full copy of the amended information sheets/consent forms with updated version no. and date.

Please highlight the changes for speed of review.

Your response will be reviewed by two committee members/ and if the above points have been addressed to their satisfaction, final ethical approval will be given by the Chairperson under delegated authority.

If you have any queries, please contact me.

Yours sincerely



**Pat Chainey**  
**Administrator**  
**Northern X Regional Ethics Committee**

Cc: Massey University



Auckland District Health Board  
St. Lukes Community Mental Health Board  
615 New North Road  
Morningside  
Auckland, New Zealand

## Barriers to Accessing Affordable Housing for Mental Health Service Users?

### Information Sheet for Mental Health Service Users

<b>Principal Investigator::</b>	Andrew Colwell C/- St. Lukes Community Mental Health Centre 615 New North Road Morningside Auckland Tel: 828 3488 or 021445410 Email: andyc@adhb.govt.nz
<b>Supervisor:</b>	Dr. Grant Duncan Massey University School of Social and Cultural Studies Private Bag 102904 North Shore Mail Centre Tel: 414 0800 Email: L.G.Duncan@massey.ac.nz

Please take your time to think about it and decide whether you wish to take part in it. Taking part is completely voluntary (your choice).

#### **Why are you being asked? / what is it all about?**

You are invited to take an active part in a research study. The purpose of the study is for you, as a participant, to be actively involved in discussing the social impact of current housing policy on people with mental illness. This is specifically related to the issues of affordability, lack of choice and discrimination within the housing sector. As a mental health service user the study is interested in your opinions on accessing housing in relation to affordability, choice and whether you have experienced discrimination. The study will run between March and October as part of postgraduate studies for a Master of Public Policy Degree. There are four groups being selected;

Group 1 - mental health service users who access treatment at St. Lukes Community Mental Health Centre and which will have 5 participants.

Group 2 - mental health service workers employed by Auckland District Health Board and which will have 5 participants.

Group 3 – employees from Housing New Zealand Corporation and Work and Income New Zealand and which will have 16 participants.

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*Barriers to accessing affordable housing for mental health service users  
Patient Information Sheet Version 2, 5/03/2007.*

Group 4 – private landlords and property managers and which will have 6 participants.

**What happens during the study?**

The study will consist of a focus group. The data will be used to identify the social impact of current housing policy on people with mental illness. The session will last between one and one and a half hours and will take place at St. Lukes Community Mental Health Centre or Mount Albert Recreation Centre. The session will be audio taped.

**Risks & benefits**

There is no direct gain to you, as participants, by taking part in this study. However, as participants, by sharing your issues these may enable changes / improvements in housing policy direction in the future.

There are no identified risks. Prior to the sessions participants will be reformed of the broad outline of the topic and the issues that will be discussed.

There are no financial costs for taking part in the study.

**Participation**

Your participation is entirely voluntary (your choice). You do not have to take part in this study, and if you choose not to take part this will not affect your future treatment.

If you do agree to take part, you are free to withdraw from the study at any time, without having to give a reason and this will in no way affect your future treatment. Any information already given to the researcher cannot be deleted.

You may stop the interview at any time and you do not have to answer all the questions.

You may have a friend, family or whanau support to help you understand the risks and/or benefits of this study and any other explanation you may require.

This study falls under ACC and as a participant you may wish to consult the ACC website [www.acc.co.nz/claimscare/making-a-claim/medicalmisadventure](http://www.acc.co.nz/claimscare/making-a-claim/medicalmisadventure)

**Confidentiality**

No material which could personally identify you will be used in any reports on this study. During the study the researcher and supervisors will have access to all raw data. After the required storage period (10 years) all data will be destroyed according to protocols of Massey University.

**Results**

There will be a delay between data collection and publication. All participants will receive a summary of the findings. Participants will receive a transcript of the part of the study they took part in if they wish.

**Who should I contact if I have further questions?**

If you have any questions about the study, do not hesitate to contact the Principal Investigator or supervisor.

If you have any queries or concerns regarding your rights as a participant in this study you may wish to contact an independent Health and Disability Advocate.  
Telephone: 0800 555 050.

Free Fax: 800 2787 7678 (0800 2 SUPPORT)

Email: [advocacy@hdc.org.nz](mailto:advocacy@hdc.org.nz)

For Maori health support at the ADHB, or to discuss any concerns or issues regarding this study, please contact Mata Forbes RGON, Maori Health Services Co-ordinator / Advisor, 5th Level, GM Suite, Auckland City Hospital. Tel 307 4949 extn. 23939 or Mobile 021 348 432.

This study has received ethical approval from the Northern X Regional Ethics Committee.

The Clinical Director has given permission for this study to be carried out.

Thank you for making the time to read about, and consider taking part in this study.



2 April 2007

Mr Andy Colwell  
St Lukes  
43, Astley Avenue  
New Lynn  
Waitakere

Auckland District Health Board  
Greenlane Clinical Centre, Green Lane West  
Auckland 3, New Zealand  
Telephone: 09 638 9909  
Website: [www.adhb.govt.nz](http://www.adhb.govt.nz)

Service: ADHB Research Office  
Office: Level 8, Bldg. 13, GCC  
Postal: PB 92189 Auckland  
Phone: 630-9943  
Ext: 4085, 4077 and 3122  
Fax: 630 - 9799 or 4999  
Email: [GaylH@adhb.govt.nz](mailto:GaylH@adhb.govt.nz)  
Website: [www.adhb.govt.nz/RDO](http://www.adhb.govt.nz/RDO)

**This is the ADHB Approval for Research.  
Please keep in your Trial Master File.**

Dear Mr Colwell

**RE: Research project A+3689 (Ethics # NTX/07/02/015) Barriers to Accessing Affordable Housing for Mental Health Service Users?**

We wish to advise you that the Auckland DHB Research Review Committee (ADHB-RRC) has reviewed and given approval for your research project.

This approval is given based on the materials submitted for the ADHB-RRC via the Research Office. It is **essential** that you notify the Research Office immediately should there be changes or amendments to the study, e.g. changes to the protocol, study finance, legal documents and/or change of study status. Continued Auckland DHB approval for research is dependant on the Research Office receiving all new documentation.

Please send a copy of your final report to the Research Office (Level 8, Bldg 13, Greenlane Clinical Centre, PB 92189, Auckland) on completion of the project.

If you have any questions please do not hesitate to contact the Research Office.

Yours sincerely

**On behalf of the Research Review Committee  
Gayl Humphrey  
Manager, Research Office  
Auckland DHB**

c.c. Nick Argyle, Adele Wakeham (on behalf of Lynne Edmonds), Fionnagh Dougan



28 March 2007

Mr Andy Colwell  
St Lukes  
43, Astley Avenue  
New Lynn  
Waitakere

Tena Koe Andy

Auckland District Health Board  
Greenlane Clinical Centre, Green Lane West  
Auckland 3, New Zealand  
Telephone: 09 638 9909  
Website: www.adhb.govt.nz

Service: ADHB Research Office  
Office: Level 8, Bldg. 13, GCC  
Postal: PB 92189 Auckland  
Phone: 630-9943  
Ext: 4085, 4077 and 3122  
Fax: 630 - 9799 or 4999  
Email: GaylH@adhb.govt.nz  
Website: www.adhb.govt.nz/RDO

*This support letter is issued by the Maori Research Review Committee and **does not** represent the Ethics approval or the ADHB management approval. Investigators are advised to seek other approvals separately.*

**RE: Research project A+3689 (Ethics # NTX/07/02/015) Barriers to Accessing Affordable Housing for Mental Health Service Users?**

Thank you for your letter dated 23 March 2007 and the revised ethics application that includes changes requested by the MRRC. The Committee is happy to support the study.

Please send a copy of the final report to the Maori Research Review Committee (c/o Jenny Ma, Research Office, Level 8, Bldg 13, Greenlane Clinical Centre) at the conclusion of the study.

We wish you the very best in your research.

Noho ora mai,

On behalf of the ADHB Maori Research Review Committee  
Gayl Humphrey  
Manager, Research Office  
Auckland DHB

c.c. Mata Forbes, MRRC



**Auckland Healthcare**  
**Te Toka Oranga O Tamaki Makau Rau**

**VRAM Clerk - External Requests**  
 Grafton Clinical Records Department  
 Building 21, Ground Floor  
 Park Road, Grafton, Auckland  
 +64 9 3074949 Ext 5484

**ACCESS TO PATIENT INFORMATION**

**FOR RESEARCH / AUDIT / QA / EDUCATION**

*To be completed when records are required for purposes other than continuing patient care and treatment.*

**COMPLETE ONE OF THE BOXES BELOW:**

Audit:

Research:  \*  
 (Including clinical trial)

QA

Educational:

**COMPLETE FOR RESEARCH ONLY:**

A+ Project No.

Ethics Committee No.

Principal Investigator's Name:

**COMPLETE FOR ALL REQUESTS:**

Date:

Requested by:

Date Required:

To be Accessed by  
*[Name of person who will be viewing records]*

CRIS User ID  
*[CRIS User ID of person who will be viewing records]*

Contact Phone & Email (to advise when ready)

Authorisation

1.
2.
3.

*(1. Business Manager; 2. Clinical Director; 3. Research Office)*

**AVAILABILITY OF RECORDS FOR DIRECT PATIENT CARE IS THE CLINICAL RECORDS DEPARTMENT'S PRIORITY. RECORDS MUST BE VIEWED WITHIN THE CLINICAL RECORD VIEWING AREA FOR ALL PURPOSES OTHER THAN DIRECT PATIENT CARE.**

**ST LUKES CENTRE**

**Total Open Cases as at 31 July 2007**

**934**

**Ethnicity**

NZ European / Pakeha	489
Other European	40
European not further determined	19
NZ Maori	112
Cook Island Maori	22
Fijian	5
Niuean	12
Tongan	16
Samoan	43
Other Pacific Islander	5
Southeast Asian	4
Asian not further determined	1
Chinese	38
Indian	42
Other Asian	22
Middle Eastern	21
Latin American/Hispanic	2
African	11
Other	16
Not Stated	14
<b>Grand Total</b>	<b>934</b>

**Gender**

Female	439
Male	495
<b>Grand Total</b>	<b>934</b>

**Living Situation**

Lives Alone	119
Lives With Friends/Other	127
Lives With other Relatives	9
Lives With Parent/s	128
Lives With Partner/Family	199
Lives/Flats Alone	2
Flatting	14
Non Accredited Boarding House	26
Residential Care Level 1	13
Residential Care Level 2	32
Residential Care Level 3	51
Residential Care Level 4	19
Rest Home	3
Retirement Village	1
Unit	5
Boarding House	6
Caravan	1
No Fixed Address	6
Other	6
Prefer Not to Say	1
<<unknown>>	26
(blank)	140
<b>Grand Total</b>	<b>934</b>

**Employment**

Unemployed	486
In Paid Employment	133
Student	52
Home Exec	55
Unpaid Employment	3
Retired	12
Other	8
Prefer not to say	3
<<unknown>>	27
(blank)	155
<b>Grand Total</b>	<b>934</b>





### Survey for St. Lukes Community Mental Health Centre Users

Please do not put your name on this survey.  
If you require assistance please ask the researcher who is available at reception.

**Q1. What type of accommodation do you live in?**

- State house
- Private rental
- Social housing other than state housing (e.g. C.O.R.T.).
- Own your own house
- Boarding house
- Other (please specify) \_\_\_\_\_

**Q2. Who do you live with?**

- Alone
- With partner
- With partner and children
- With flat mates
- With family   
(including parents, brother, sister, extended whanau)

**Q3. What is your total income after tax per week?** \_\_\_\_\_

**Q4. What is your rent per week?** \_\_\_\_\_

**Q5. What is your mortgage per week?** \_\_\_\_\_

**Q6. What is your main type of income?**

- Invalids benefit     Sickness benefit     Unemployment benefit
- Part time employment     Fulltime employment

**Q7. Gender**

- Male
- Female

**Q8. Age**

18 – 30

31 – 44

45 – 60

60 plus

**Once you have completed the survey please place in the box at reception.  
Thank you for taking the time to complete this questionnaire.**

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