



My home, My well-being

Everybody needs a place where they belong

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

SUMMARY OF FINDINGS

by

Kapiti Choices and Kites Trust

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

Definition of Terms Used:

Consumer

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

Tāngata Whaiora

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

Well-being

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

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About Kapiti Choices

Mā Pango mā whero ka oti te mahi

Many Hands Make Light Work

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

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

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

About Kites Trust

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

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

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

1. Introduction

This report is a summary of the findings from the research project, “My Home, My Wellbeing. Everybody Needs A Place Where They Belong.” The larger report can be obtained from Kites Trust website www.kites.org.nz.

Background to the Research Project

In 2005 Kapiti Choices and Kites Trust looked into the limited housing choices for consumers/tāngata whaiora on the Kapiti Coast, and the advocacy that some Kapiti Choices’ members had required in relation to their housing situations. Kapiti Choices and Kites Trust decided to set up a project group to explore these issues further, and so the Kapiti Housing Action Group (KHAG) was formed.

After several meetings to establish the group and determine possible actions, it was agreed that the first step towards finding solutions was to identify and document the housing problems and needs. Applications for funding were made and a grant was obtained, enabling a researcher to be appointed. The research project began in February 2006 and finished in July 2007.

Aim and Objectives of the Research

The Kapiti Housing Action Group determined that the overall aim of the research project was:

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

The objectives of the research were:

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

¹ The Statistics New Zealand document *The Six Dimensions of Housing Adequacy* states that “where inadequacies exist in housing, they manifest themselves via readily recognisable elements; these are the six interrelated dimensions of housing: affordability, suitability, habitability, tenure security, freedom from overcrowding, freedom from discrimination”. See <http://www.stats.govt.nz/analytical-reports/six-dimensions-hsing-adequacy/default.htm>.

Research Methods and Participants

KHAG decided that in order for the research to adequately address the overall aim and the specific objectives of the research project, it would need to be a qualitative study involving face-to-face interviews and small focus groups.

The primary focus of the research was mental health consumers'/tāngata whaiora experiences of housing needs. KHAG also included community perspectives in the research project: those of family members of people with experience of mental illness, as well as those of community organisations that were involved in some capacity with mental health consumers/tāngata whaiora. The findings relating to the consumer participants are presented in Part A of this summary. The findings relating to community participants are presented in part B.

Consumer participants—recruitment and participation

Eleven consumers/tāngata whaiora participated in the research project by way of confidential face-to-face interviews with the researcher. All participants were members of Kapiti Choices. Before their participation in the project commenced, all participants were sent information sheets about the project and informed consent forms, which were signed and sent back to the researcher or given to the researcher at the interview. Interviews were conducted using an interview guide: a flexible approach that ensured all topics were covered, yet gave the participants the opportunity to direct the flow of their interviews. The interviews were tape-recorded and later transcribed.

In order to protect the anonymity of the participants, the only demographics recorded were age and gender: of the eleven consumer participants, nine were female and two male, and their ages ranged from 30 to 60.

Community Participants—recruitment and participation

Community participation in this study was sought through existing community networks. A total of 17 people participated in this phase of the research:

- Three family members of people with experience of mental illness were interviewed.
- Two supported accommodation providers were interviewed.
- Some members of the Kapiti Community Mental Health Team were interviewed (as a group).
- A focus group of nine social service providers was held.²

All community participants received information sheets and informed consent forms, which were signed and returned to the researcher before participation. Interviews and focus group sessions were tape-recorded and later transcribed.

² See Appendix 1 for the social service organisations involved in the focus group.

As the community phase of the research occurred after the consumer/tāngata whaiora research, at the beginning of the focus groups and interviews the researcher shared with participants the key findings of the consumer/tāngata whaiora research. Participants were invited to comment on these findings and to share their own experiences of and thoughts on the housing needs and issues that face mental health consumers/tāngata whaiora. Participants were also encouraged to raise other issues pertinent to their situation, either as family members or as providers of services and/or accommodation to consumers/tāngata whaiora.

Part A. Consumer/Tāngata Whaiora Perspectives

Living on the Kapiti Coast

The eleven mental health consumers/tāngata whaiora participating in this study all resided in the area served by Kapiti Choices. Six of the participants had moved to the Coast from Wellington and three from the Hutt Valley. Of the two remaining participants, one had come from the central region of the North Island, whilst the other had been transient around the lower North Island, moving in and out of the Coast. Three of the participants had resided on the Coast for at least 16 years, and two had moved to the Coast eight to nine years ago. Around half of the participants had relocated to the Coast since 2001.³

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

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

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

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

Discrimination

Whilst none of the consumer/tāngata whaiora participants reported experiencing discrimination in regard to accessing and maintaining housing on the Kapiti Coast, some did acknowledge that, because they had experienced discrimination in other locations, they had fear of it happening here. Furthermore, most participants did not disclose their mental health conditions to landlords.

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

“There’s a lot of old people up here but I get on well with old people. I find them more understanding and more sympathetic. I’ve started talking to complete strangers a few years

³ In the period from the 2001 census to the 2006 census, the usually resident population in the Kapiti region increased by 3753 people. Over the same period, the number of occupied dwellings increased by 1905 dwellings. Statistics New Zealand, Census Usually Resident Population Count for Area Units in the Kapiti Coast District, 1996, 2001 and 2006.

ago when I was a bit crook, and I ramble on about my illness and I usually find them very sympathetic and understanding, most of them.”

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

Suitability of housing

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

Most of the participants enjoyed the locations of their housing; particularly those closest to the coastline, who generally enjoyed their access to the beach. Most participants felt they had access and proximity to the services and infrastructure that they needed, apart from two who had ongoing transportation issues. Most participants, one excepted, perceived their neighbourhoods as safe.

Most of the participants also felt that their houses were suitable to their needs, with the exception of two single parents who were the only participants with more people residing in their houses than there were bedrooms. They had inadequate space for their needs and their families’. Because of financial constraints and the shortage of suitable accommodation either for rent or purchase, they could not envisage their situations being rectified in the future.

All three of those renting privately and a long-term homeowner who faced the prospect of renting privately held concerns that they would not be able to afford suitable accommodation in the future.

Security of Tenure

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

Four participants were homeowners with mortgages, whilst another participant rented their family trust property, which was mortgage-free. A further two participants rented Housing New Zealand houses, one directly from Housing New Zealand, the other through a Community Group Housing scheme. Three participants were private renters, and one participant boarded.

Homeowners and the participant renting from a family trust generally acknowledged feeling safe and secure in their tenure, mainly due to the fact that there was no threat posed by landlords asking them to leave. The Housing New Zealand tenant expressed similar views. The other participants did not express the same feelings of safety and security as the homeowners. The lack of guaranteed long term tenure was raised as an issue by most private renters and also by the participant residing in the Community Housing Group

property. Only one private renter reported feeling secure in this respect, having rented the same property for eight years at a fairly consistent rent and feeling assured that no changes threatened in the future.

Most of the participants reported levels of independence in their tenure situation that were positive for their mental well-being. Homeowners generally highlighted their freedom to do what they liked in and to their properties, although financial constraints on what they could do to their properties were noted. Being able to have pets was also noted by a few of the homeowners as important to well-being. Most of the renters, including the Community Group Housing tenant, reported that although what they could do to their properties was dependent on the approval of landlords, they had been able to make their houses into homes:

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

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

Housing Affordability

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

Ten of the eleven participants' main source of income was a benefit from WINZ, although some supplemented their benefits with part time work. The other participant worked nearly 32 hours per week. Ten noted that they also received some form of accommodation assistance. Nearly all of the eleven participants highlighted their budgeting skills and strategies to manage their financial situations even in the face of what was, for some, considerable self-reported financial hardship.

The participants were asked about the extent to which they felt they had quality of life after paying accommodation costs. Four participants felt that they managed financially without too much stress. A common factor was that their housing situations caused them less financial strain than those of the other participants. Two were homeowners with very low mortgages, another boarded with all costs bundled together and fixed, and the other rented a freehold family trust home. None of the four had dependents, and two were able to participate in some form of paid work.

In contrast to these participants, four others reported not having enough money to actually live on each week. The common characteristic of this group was that they were spending at

least 50% of their income on accommodation costs. One of these participants was a homeowner; the other three rented privately. Two were heading single parent families. All of these participants reported experiencing hardship living week to week. One of the renters describes this experience and the effects on them as follows:

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

Some of the participants who struggled to make ends meet reported that seeking help from WINZ in regard to their situations was often hard, because of the processes that they had to go through and the attitudes of staff:

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

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

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

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

A consistent theme amongst the participants—across tenure type, gender and family status, and irrespective of whether they were experiencing financial stress week to week—was that going to the doctor or dentist was not something that they could easily afford. Some reported that they did not go when they needed to, whilst others went but could not pay at the time. As ten of the eleven participants’ main source of income was a Work and Income benefit, and ten also received some form of accommodation assistance, this suggests that

these benefit levels are not adequate to cover housing, living and health care costs combined.

Housing Habitability

Housing habitability relates to the physical condition of the dwelling, structurally, internally and externally, with the essential components being the adequacy of a house to live in and its energy and resource efficiency.

Housing habitability was raised as an issue by seven participants, with six of these participants also being affected by housing affordability issues. The seven highlighted either inadequate heating sources and/or difficulties in heating their houses due to other issues such as lack of insulation or holes in the building structure, including floors, roofs, walls and windows. Other issues reported by these seven participants related to the need for other major repair work and to general maintenance and upkeep of properties.

Both public and private tenants identified problems with getting landlords to address the habitability issues adequately. One of the renters reported that:

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

Homeowners were not able to address the issues themselves because of either a lack of tools, finance, or knowledge and skill in fixing things.

One of the homeowners stated, *“The thing that I always maintain is that I can’t actually afford to maintain the house.”* Acknowledging the assistance available from WINZ to help with maintenance costs, they pointed out that this was also problematic:

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

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

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

All the single parents in this study further mentioned a lack of social support and a lack of help to address issues adequately.

The six participants who reported both housing affordability and habitability issues were women from a range of tenure types. Four were single parents; two resided alone. Four had asthmatics in their household, with three of the single parents having asthmatic children. All four lived in uninsulated houses or in houses with either inadequate sources of heating or gaps or holes in the roof, outside walls or floors. Three of the participants with asthmatics in their households, including two single parents, paid more than 50% of their income on housing costs:

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

Private renter

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

Homeowner

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

Community Group Housing renter

The six participants with both affordability and habitability issues also reported a level of financial stress over the winter months from very high heating costs. Those with children in their households pointed out that their own well-being was further affected by the stress of trying to deal with their children’s health and make their houses more suitable for their children. Some of these participants struggled from week to week with basic living costs which, for some, included food. Also impacting on well-being were issues of habitability and affordability being overwhelming for some who reported instances of depression and worsened physical health conditions such as asthma.

Accessibility / Availability of Housing

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

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

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

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

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

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

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

Part B. Community Perspectives

The community participants generally reiterated the perspectives of the consumers/tāngata whaiora, particularly in regard to affordability, habitability, accessibility and availability. In addition, the community participants also identified a lack of emergency and transitional housing and shortages of supported accommodation. Some of the community participants also felt that there were discrimination issues on the Kapiti Coast that could impact on future housing provision for mental health consumers.

Housing Affordability

Community participants were well aware of housing affordability issues for mental health consumers they came into contact with during the course of their work:

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

Kapiti Community Mental Health Team

“I don’t think it’s about the facility, I think it’s affordability, how people fund all that stuff that goes with that—people [their clients] may say, ‘I want to live on my own’, or they really want to go out flatting, but they can’t do it—they couldn’t financially manage it.”

Supported accommodation provider

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

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

Housing Habitability

There was a general awareness amongst the community participants that consumers/tāngata whaiora were vulnerable to living in poor housing conditions:

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

Kapiti Community Mental Health Team

“We had a group in our latest house—two of them came from unbelievably bad places. And they were full of infections. They had only had poor hygiene, and poor standard of housing,

and also no one was keeping an eye on them. And mentally they went down and down and down.”

Supported accommodation provider

Issues to do with the maintenance of properties were identified by the social service providers group. As did the consumers/tāngata whaiora, they highlighted the lack of resources, skills and support to do maintenance work:

“A lot of people experiencing mental health issues—often they want family support—but the actual extended whānau support is quite limited, so that’s where the whole thing like maintenance—the ability to keep, to maintain the house well, whether it’s private rental, or whether it’s your own home, they both create issues—‘How can I keep the section well? How can I, if there’s broken windows or doors, how can I actually make sure that I can get those fixed?’ They are the common themes when I think about the families that come through—so maintenance is certainly a high priority housing issue.”

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

“It’s a very old house—the house, as it is now, is disgusting. The bathroom is just dreadful—the bathroom is just shocking. It’s a wonder they’re not all sick—The whole place needs doing up.”

They had addressed the particular issue of the bathroom with the manager:

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

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

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

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

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

Community participants also believed that there was a case for the provision of more support in the form of housing advocacy for mental health consumers to address habitability issues.

Discrimination

The community participants raised issues relating to discrimination in housing provision on the Kapiti Coast.

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

One of the supported accommodation providers also raised the issue of stigma, which may stop private landlords letting their properties to supported accommodation providers:

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

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

Accessibility/Availability of Housing

Low cost affordable housing

The shortage of affordable or low cost housing on the Kapiti Coast for purchase, rent or supported accommodation was a recurrent theme amongst the community participants. Like the consumer/Tāngata whaiora participants, they noted an inadequate supply of Housing New Zealand housing. In particular, the Kapiti Community Mental Health Team noted that a number of their clients were on the waiting list for Housing New Zealand houses and that the response from Housing New Zealand was “very, very slow”. The team also felt that:

“Housing Corp is the only recourse we’ve got with people. Apart from that it’s ‘find your own housing’—we need more cheap or subsidised accommodation similar to Housing Corporation flats & houses. There is a shortage of low cost accommodation.”

They noted that they tell people, *“what we know about: Oasis, Mary’s Guest House; if they’re male, emergency accommodation, and the motor camp.”*

Other comments from the community highlighted the shortage of affordable housing and the possible consequences of this for mental health consumers on the Kapiti Coast:

“It’s not very good really; you don’t find anything for under \$200,000 very much. It’s getting gradually worse, isn’t it? You’re getting all the council approving all the big homes, beautiful homes around Waterstone and these new subdivisions going through but they’re not thinking about the other end—it’s going to force everyone out of Paraparaumu, isn’t it, the cost of living, it seems like it—the people who need to be safe and secure and settled are the ones having to move—it’s kind of like a vicious cycle.”

Family member

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

Supported accommodation provider

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

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

Emergency housing

Community participants also highlighted a lack of emergency housing in the Kapiti Coast:

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

Kapiti Community Mental Health Team

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

Social Service Providers’ focus group

Transitional housing

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

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

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

Supported accommodation for youth

Community participants also identified a particular need for accommodation for mental health consumers between the ages of 17 and 27:

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

Supported accommodation provider

“If you get somebody who’s really struggling, a young person with bipolar—I know of two or three actually; it became intolerable for them to be able to stay at home for parents. And there is a gap. There is a very big gap. Where does that young person go?”

Social Service Providers’ focus group

“There’s a friend—she has a son who she’s desperately trying to get support with for some other accommodation—the mother’s desperate. She’s got health problems herself now because of the stress of it but she just can’t find anywhere for him to go—and this has been like this for about two years—it’s just worn the mum down really and its really, really tough—she just keeps getting fobbed off all the time.”

Family member

Supported accommodation for other mental health consumers

All the community participant groups identified a need for more supported accommodation on the Kapiti Coast:

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

Social Service Providers’ focus group

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

“I think she’d manage quite well—but just knowing that someone was there if she needed them, to call.”

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

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

9. Conclusion

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

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

The effects of housing affordability

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

The effects of housing habitability and the link to housing affordability

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

Across tenure types there was a direct correlation between housing affordability and habitability, with just over half of consumers impacted by both. The houses they resided in were all they felt they could afford. They did not have the resources to improve their situations and they could not afford to move to houses in better condition. As a result of their situations some had become overwhelmed by compounding issues, reporting stress and depression and worsening physical health conditions such as asthma.

At-risk groups

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

The future

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

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

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

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

Appendix 1

Social Service Providers participating in Social Services Focus Group

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



Kites Trust

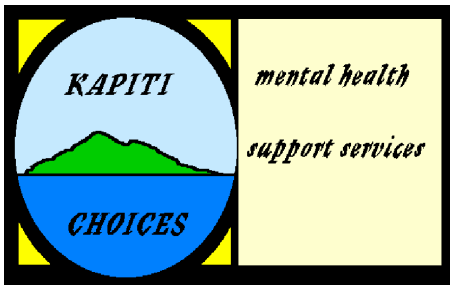
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