THE SINGLE PARENTS' HOUSING STUDY

The Effect of Housing Governance on
the Health and Wellbeing of Single Parent Families
in Vancouver

Veronica Doyle, PhD
Beverly Burnside, PhD
Sheila Scott

May 1996

Copies of this report and an accompanying summary are available from the following sources:

Canadian Housing and Renewal Association
251 Laurier Avenue West, Suite 401
Ottawa, Ontario K1P 5J6
(613) 594-3007

Public Health Association of British Columbia
101 - 1700 West 75th Avenue
Vancouver B.C. V6P 6G2
(604) 263-0160

Co-operative Housing Federation of British Columbia
133 East 8th Avenue
Vancouver, B.C. V5T 1R8
(604) 879-5111To the Reader:

TO THE READER

There are two audiences for this paper. One is professionals and members of community groups interested in either housing, healthy communities or ways of improving the health of individuals and families. The second is the academic engaged in research on the social determinants of health.

The ideal would be to write a separate paper for each of these audiences, geared to their interests and technical expertise. Housing and community audiences, we have already discovered, have little interest in alphas, probabilities and regression analysis -- they assess the validity of the data from their own experience. Academic audiences may generally be uninterested in the differences between housing programs, or unaware of the fine points of improving housing management. Certainly non-sociologists in both camps find themselves taking a deep breath before taking a second run at the literature we've reviewed to set the framework for the personal network analysis.

However, the circumstances under which this report was written preclude the production of two papers, and we hope readers will simply skip the parts they find baffling or uninteresting. The academic detail is set out so that the validity of our conclusions can be judged on its merits. The quotes from our case studies, written in the third person but as faithful as possible to the respondents' own voices, are included to bring to life the experiences of real people in real situations. The statistics are there not to present proof but to help readers understand.

We have left a certain amount of repetition in the paper which a keen editor might want routed out. We know that some of our basic hypotheses will be unfamiliar to may readers, academic and non-academic alike, and think it will be easier if there is a return to the "chorus" in between stanzas. If the reader is not convinced by the end of the paper, she or he will at least be familiar with our argument.

Non-academics may be helped with a couple of basic statistical pointers. The symbol "p <" indicates the probability of a particular result occurring by chance. If the probability is less than .05, then the result is statistically significant. It may or may not be important, but it could not have occurred by chance. "Correlation" is a measure of patterns or association between variables. For instance, people who smoke very often contract lung cancer; smoking is "correlated" with lung cancer. We now know that smoking in fact "causes" lung cancer, but for a long time all that could be said was that there was a pattern: the two phenomena -- smoking and lung cancer -- frequently occur together. This paper has begun to show the patterns that occur between housing governance and health. Perhaps someday the meaning that underlies the patterns will be clear.

We hope this research has made a contribution to bringing that about.

ABSTRACT

This study of 272 single parents living in various types of social housing on the east side of Vancouver treated housing as a mid-level variable with potential to mediate the negative effect of macro-level factors that determine socioeconomic status on health and wellbeing at the micro- or family level.

The major finding is that housing conditions do perform such a mediating function. However, once basic shelter can be taken for granted, it is not housing conditions, nor even affordability, that has the most effect on wellbeing, but the social structure of the housing environment. The most influential housing variable was *Influence* itself--the ability to make one's views heard in the housing setting, a variable that was closely linked to the number of *Instrumental Roles* respondents occupied in other aspects of their lives. *Influence* was significantly associated with health/wellbeing as measured by the General Wellbeing Scale.

The researchers concluded that social housing settings can ameliorate the marginalizing effects of low socioeconomic status through opportunities for residents to expand personal networks and develop instrumental roles. This improvement can be accomplished through provision of a well-managed housing setting that allows residents to have a say in their housing environment, or by offering more explicit opportunities to participate in decisions within the housing development that affect their lives. Such opportunities may be provided by governance structures, as with self-managed co-operative housing, or by management policies and procedures that support tenant participation in real decisions.

The conceptual basis for the study is found in the literature on the macro- and micro-level social determinants of health discussed above, which shows that increased rates of disease occur when:
> a) supportive ties between people are interrupted, b) people occupy low positions in a hierarchy resulting in feelings of low self-esteem, less opportunity for meaningful participation and less control over conditions affecting their lives, and c) people are disconnected from their biological, personal and historical past (Lindheim and Syme 1983: 353).

This research concludes that housing communities can assist the development of personal social networks that deliver not only emotional and instrumental support but also a respected social identity. Through opportunities for meaningful participation and control over conditions affecting one's life, and the ability to remain in a stable community, social housing in particular can enhance the health and wellbeing of low income families.

TABLE OF CONTENTS

LIST OF TABLES

THE SINGLE PARENTS' HOUSING STUDY

The Effect of Housing Governance on
the Health and Wellbeing of Single Parent Families
in Vancouver

SECTION 1: PURPOSE AND BACKGROUND

1.0   Purpose of the Study

The intuition that housing is fundamental to health and wellbeing is widespread. Housing is cited specifically in the U.N. Declaration of Human Rights as a component of the right to an adequate standard of living (Article 11). It is virtually always mentioned by local groups when asked what contributes to good health in their community.

However, the exact role that housing plays in health is not equally self-evident. Rachlis and Kushner (1989) in reviewing the Canadian health care system as a whole, pinpointed the question if not the answer:

> ...our health care system is *not* a major determinant of health.   But we're only at the beginning of this research, and meanwhile, our ideas about the other more important influences on health remain very general. For instance, we know that housing can affect health -- there's plenty of data to support that conclusion. But *what* exactly about housing is the key to improving health? Its cost? Its design? The neighborhood in which it's located? Its physical size? How much private space it contains? All of the above? (: 194)

The Single Parents' Housing Study, which is reported here, was designed to explore this question: how does housing affect health and what are the characteristics of a health-promoting housing environment? However, based on previous studies by Doyle (1990) and Burnside (1990), the focus of the study was not on the physical or locational characteristics of housing mentioned above, but on housing as a social environment.

The study was grounded in the literature on social determinants of health, which shows that increased rates of disease occur when:

> a) supportive ties between people are interrupted, b) people occupy low positions in a hierarchy resulting in feelings of low self-esteem, less opportunity for meaningful participation and less control over conditions affecting their lives, and c) people are disconnected from their biological, personal and historical past (Lindheim and Syme 1983: 353).

1

The reverse of this statement suggests that good health would be associated with a positive social environment: having supportive ties, having opportunities for meaningful participation and control over conditions affecting one's life, and being able to remain in a stable community. These factors can be characterized as promoting *social integration*. An environment that enhances these opportunities would be a *health-promoting* environment. The study explored the social-structural qualities of a housing environment that would be health-promoting.

One group especially vulnerable to housing problems is single parent renters, particularly in high-cost areas like Vancouver. Canada Mortgage and Housing (CMHC) data show that 62% of single parent renters in British Columbia met official criteria for housing need (CMHC 1993)[1] in 1993.[2]

This study was designed to look at housing from the perspective of single parent families and, in addition, to compare the experience of those living in various kinds of social housing with that of others living in the private market. Residents of social housing developments subsidized by federal and/or provincial governments pay rents set at 25% to 30% of their gross income, whereas CMHC reports that single parents frequently pay more than 50% of income for shelter in market rental units (CMHC 1993). A survey undertaken by CMHC in 1990 found that five times more renters than owners had moved in the previous twelve months, not by choice but because of increased cost, loss of income, or being evicted (CMHC 1990). Other statistics show that single people and single parent families are most likely to move (CMHC 1990a). It was hypothesized that the stability provided by social housing developments with subsidized rents would lead to differences in the lives of the families involved, by offering opportunities to expand social networks and take on new roles.

1.1 Background

In planning the study, the researchers recognized that the role of housing in health and wellbeing can be looked at from a number of distinct, but highly interrelated, perspectives:

---

[1] The standard for shelter in Canada, as defined by Canada's national housing agency, consists of suitability (no more than two persons per bedroom, children of opposite sexes over age six and single adults having separate bedrooms), adequacy (presence of all basic facilities, not in need of major repair) and affordability (available in the community at not more than 30% of gross family income). If a household cannot find suitable and adequate housing in its community at 30% of income or less it is said to be in Core Housing Need. About 130,000 renter households in British Columbia were in Core Housing Need in 1993; 26,000 of these were single parent families, up from 21,700 just two years earlier.

[2] The housing situation of single parent families will not be reviewed in detail here. The reader is referred to recent CMHC publications on this subject including Issues 1, 5, 11 and 12 of the series: *Research and Development Highlights*. These are obtainable from the Canadian Housing Information Centre, 700 Montreal Road, Ottawa Ontario K1A 0P7, (613) 748-2367.

- Housing is *shelter*, protection from the elements, and as such must be considered in physical terms: is it safe, warm and dry? is it in good repair? are sanitation and ventilation adequate? does it contain all basic facilities such as furnace, cooking equipment, indoor plumbing? Is the number of bedrooms suitable for the size of the household? Is the location safe and convenient? An important aspect of shelter is its affordability, which is a major predictor of physical characteristics and of security of tenure.

  Research in the first half of the century (reviewed briefly below) established associations between physical characteristics of shelter and the prevalence of germ-borne diseases. Where housing does not meet the basic standards of shelter, the physical and mental health of its occupants is at risk through problems as minor as the common cold or as major as tuberculosis and cholera. However, research in recent decades has established that neither biomedical nor lifestyle factors are as important as social inequality in predicting health outcomes. Inequality marginalizes and isolates, creating a barrier to social integration.

- Housing -- its physical quality, location, size, tenure, and appearance -- is largely determined by, and reflective of, *socioeconomic status* (SES), commonly measured by income, occupation and education. Since SES is the major predictor of population health, it is likely that housing is related very immediately to health outcomes on a socioeconomic basis as well as in its role as physical shelter.

  A premise underlying the present research is that SES affects health *by shaping the personal social networks of individuals*, which are also independent predictors of health and wellbeing. SES correlates positively with both network size and health. Thus high socioeconomic status is linked to large networks and positive health; low status to small networks and poor health.

- The dwelling situates a household in an implicit *social structure* -- a neighborhood, a housing development or an apartment building -- that is a potentially powerful agent for the social integration of its residents. These social structures offer opportunities for participatory roles that can substitute for, or augment, employment roles as vehicles for social identity construction and network building. Since a role, by definition, involves at least one other person, social roles generate personal networks that enhance *social integration*.

  It is important to note that social integration means being an actor in society. It means being embedded in a core network of close ties and associates that is itself embedded in a much larger, extended network that reflects active participation in the wider community and confers a respected social identity as an "actor". In the terms of Lindheim and Syme (1983), the social structures of the housing environment can foster supportive ties between people or disrupt them, and can mitigate or reinforce low position in the hierarchy and loss of influence over the circumstances of one's life.

This study looked at housing with respect to its characteristics as shelter and as a function of socioeconomic status, but focused particularly on its qualities as a social environment affecting social integration. Housing is treated throughout as a *mid-level variable* capable of mediating the negative effect on health of the *macro-level* forces that determine SES by enriching the social networks of individuals and families at the *micro-level*. In other words, housing can foster social integration.

An important conceptual and practical link between housing as shelter and housing as a social-structural environment is the *governance* of the housing development and the manner in which it is *managed*.

To a certain degree, differences in management are implicit in the ownership or governance of housing. Home ownership is characterized by full responsibility for financing, mangement and maintenance of the dwelling, coupled with the freedom to treat it as a castle where one can reign (one hopes) undisturbed. Renters, on the other hand, have less financial and management responsibility, but also less autonomy within the dwelling, less control over their surroundings and less security of tenure. In short, home owners have influence in their housing environment limited only by local regulations, the quality of the neighborhood and their ability to pay for the home. Renters by definition are involved in a power relationship in which their major freedom is the freedom to leave, and in which control over their housing setting depends on the characteristics of that relationship, including their ability to pay the rent, and on the effectiveness of provincial regulations governing residential tenancy.

To the degree that management efforts are focused on revenue and expenses and the cleaning and maintenance of buildings and grounds, it is simply property management intended to sustain the quality of the shelter provided. However, management can also address the social environment in two ways, firstly by attending to the standards set for treatment of tenants and definition of the services that may be available to them, and secondly by offering opportunities to participate in the governance of the development or to promote neighborliness or "community" among them.

1.2 Study Design

The design of the study was based on a comparison of four types of housing available to single parent renters in Vancouver.[3] Three of the types are publicly-subsidized or *social housing*; the fourth, rental housing in the private market, is treated as a control. Since the three types of social housing differ among themselves and from private rental housing with regard to governance, in their characteristics as shelter and as social environments, the study plan was to search for corresponding differences in health and wellbeing among the residents. In addition,

---

[3] Homeowners were excluded from the sample to eliminate tenure as an important housing and socioeconomic variable.

the researchers kept in mind that access to social housing confers an economic benefit that may provide an artificial rise in functional socioeconomic status -- it leaves more money to cover other expenses and it provides access to a quality of housing the household could not otherwise afford -- therefore indirectly affecting health and wellbeing.

The four types of housing compared in the research are:

• *Co-operatives -- owned and managed by residents*. These developments are owned by non-profit co-operatives incorporated under provincial legislation, and occupied by members of the co-op. Co-ops are mixed-income communities, with normally a third to a half of the units targeted to households in core housing need. Although assisted by federal government subsidies under standard operating agreements, the developments are self-managed, within the terms of an operating agreement with CMHC, through a system of elected Boards and committees, normally assisted by paid staff. Residents pay monthly housing charges equivalent to 25% of gross family income, to a maximum originally set at the low end of local market rents at the time the development was built. These maximums rise from year to year to cover increased operating expenses.

Co-operatives in British Columbia require members to purchase shares on entry, partly to signify commitment to the co-op as a form of home ownership and partly to serve the function of a damage deposit. The share funds are returned to the member on moving out of the co-op. At the time of the study the share purchase was in the $1500 - $2,000 range, but the commitment for some of the older co-ops could be considerably higher. Most co-operatives assist prospective members to borrow the money if necessary. Nevertheless, the requirement is frequently mentioned as a barrier to entry for lower-income households, particularly since (as of this writing) the Ministry of Social Services has not been prepared to provide social assistance recipients even the amount equivalent to a rental housing damage deposit.[4]

All of the developments surveyed in this research were built under a program cancelled in 1986 that was intended to promote mixed-income housing for households with low and moderate incomes who could not afford home ownership. Residents are selected by a membership committee according to criteria that usually include ability and willingness to participate in governance of the community in some way. The developments are primarily family-oriented townhouses and apartments built to federal government standards of structural quality, size, and finishing.

• *Non-profit Rentals -- owned and managed by community housing societies*. The developments in this sample are owned and managed by non-profit societies under a federal/provincial program established in 1986. All residents pay 30% of gross income,

---

[4] The stated rationale is that co-operatives are a form of home ownership rather than rental housing, since they are incorporated under a different Act than non-profit rental societies.

5

there being no maximum rent. In British Columbia, the program is administered by the province's housing agency, the B.C. Housing Management Commission (BCHMC). One quarter of residents are referred from the Commission, the remainder being selected by the non-profit society from its own waiting list using a BCHMC-approved point-score system to assign priority. This program is targeted to low-income families, the lack of maximum rent creating an incentive to move out if incomes rise. BCHMC reports that the average income in these developments is approximately $12,000.[5] Like co-operatives, these are primarily family townhouse developments, although the increasing cost of land in East Vancouver has led to higher levels of building density in stacked townhouse/apartment form.

• *Public Housing -- owned and managed by government:* Built under federal-provincial programs that began after World War II and continued until the late 1970's , these developments are owned and managed directly by the B.C. Housing Management Commission. Residents, all of whom are drawn from Commission waiting lists, pay 30% of income with no maximum. Again, these developments are targeted to low-income households, and a point system is used for allocating units that ensures that the most needy are housed first. Although most of the developments are in apartment form, they are frequently less dense than the other two types of social housing, having for the most part been built when land prices were relatively low.[6]

It should be noted that this study took place just before a shift in provincial housing policy toward a more supportive and participatory approach to management. For instance, a Public Housing Advisory Council has been established, and tenants' associations formed in many of the developments. Community development programs such as the Student Tenant Employment Program, which hired older teenagers to provide first aid training and leadership programs during the summer, have been initiated and a Community Services branch formed at BCHMC to assist non-profit groups to manage effectively.

• *Market Housing -- owned and managed by private landlords:* East Vancouver is typified by two-storey plus basement wood-frame homes built since the early 1900's, and three- or four-storey frame apartments constructed since 1950. Many of the houses have been converted to suites, including basement suites. Homeowners may now apply to the City to have one secondary suite legalized, a privilege which, since it normally involves considerable upgrading cost, has not been widely utilized to date.

---

[5] Personal communication, January 1993.

[6] The programs under which these developments were funded are, respectively, the Co-operative Housing Program, the Federal/Provincial Non-Profit Housing Program, the Federal/Provincial Public Housing Program.

Rents in East Vancouver in 1993, when the survey was taken, averaged $692 for two-bedroom apartments, $777 for three-bedroom units. Vacancy rates were 2% and falling (CMHC 1993a), a result of continued high levels of immigration to the City and a land base which, apart from a few large parcels of public and institutional land, is almost completely built out. At the time of the study there was no form of rent control or consumer protection for renters in B.C.

At the time of the study, the minimum wage was $6.00 per hour, yielding a gross of $960 per month for full-time workers. The maximum shelter component of Income Assistance for single parent families in British Columbia was $520 for a parent with one child, $610 for two children. At the time, more than half of social assistance recipients in the province were using part of their funds for food and other necessities to keep their families housed.

Fundamentally, this study compares two housing forms: social housing, which is stable, since it offers security of tenure, and at least relatively affordable, and market housing which, in East Vancouver at the current time, tends to be neither stable nor affordable. Within the category of social housing, the three types vary primarily in the manner of governance, from resident managed, through non-profit landlords, to public management. Market units provide a fourth governance type, the private landlord-tenant contract.

1.3   Objectives

Based on the purpose articulated for the study and the design chosen, the **objectives** specified were as follows:

Objective 1: To describe and compare the housing situation of single-parent families living in co-operatives, non-profit rental housing, public housing and private market units in East Vancouver. Levels of analysis for the comparison are:

- characteristics as shelter, such as cost, size, safety, repair, security of tenure, suitability of design and location; management variables will be treated under this heading;

- characteristics as a social environment, such as the chance to meet new people and to take on new roles to enhance personal networks, and the opportunity for meaningful participation in the housing environment to develop a measure of control over the circumstances of their own lives.

Objective 2: To present the subjective experience of single parents and their children living in social housing and market housing. This includes their experience in previous housing settings, the degree to which their current housing meets their perceived needs and their

view of the contribution of housng to their own and their children's health and wellbeing. The same two levels of analysis stated in Objective 1 are used here.

Objective 3: To examine the contribution of housing variables in mediating the effect of the socioeconomic situation of single parents and their children[7] and providing opportunities to expand personal networks and social integration. The researchers' hypothesis is that housing variables mediate socioeconomic status by their impact on opportunities to develop personal networks.

Objective 4: To articulate the health-promoting qualities of a housing environment with a view to their being fostered elsewhere. Particular attention will be given to the role of governance and management.

Objective 5: To make policy and program recommendations, based on the linkages found between housing and overall health and wellbeing, in order to improve the effectiveness of program delivery in housing, health, education, and social welfare.

The study is essentially a policy study: an analysis *of* the outcomes of social housing policy over the last three decades, a policy that has focused on improving the supply of suitable, adequate and affordable shelter, and an analysis *for* policy (Ham and Hill 1984), exploring the role of housing as an unacknowledged component of both social and health policy, in order to develop new policy and program directions.

The following section reviews in more detail the literature on which the study is predicated.

1.4   Literature Review

1.4.1   Housing and Health.

The fact that attention to characteristics of housing could have a preventative effect on the health of the population was established in the 19th and early 20th centuries. Statistical associations were found between poor housing conditions such as inadequate heat, sanitation and ventilation, and the prevalence of diseases such as tuberculosis and cholera, and interventions were undertaken to prevent the spread of diseases borne by germs (Byrne et al. 1986; Smith 1990).

Later, the common understanding of health broadened to include *mental*, and more recently, *social* health, and the association of overcrowded housing and high-rise living with depression, particularly among women, the poor school progress of children, and the prevalence of violence and other social ills was established (Byrne et al. 1986; Duvall and Booth 1978; Michelson and Roberts 1979). CMHC's current definition of housing need to include affordability, suitability

---

[7] That is, isolation and role deficits

(i.e., crowding) and adequacy represents the thinking of this era, when the relationship between housing and mental/social aspects of health began to be understood.

In Canada, housing responses to this wider concept of health included the development of subsidized housing programs outside the regular market (i.e., the non-profit and co-operative housing programs) to replace the massive public housing projects of the 1950's and 1960's. These programs aimed at developing mixed-income communities designed for families, and provided comprehensive design guidelines to ensure that the developments were suitable places for rearing children.

The reliance on non-profit and co-operative societies for much of the delivery of social housing programs has created a sizable stock (in British Columbia approximately 28,000 units in 1995) of family-oriented, government subsidized housing which is owned and managed neither by the private sector nor by government. Some analysts see this "third-sector" involvement as a major strength of the Canadian housing system (Drier and Hulchanski 1993), removing it from both the inefficiencies of management by government and the ineffectiveness, given the needs of residents, of management by the private sector.

The federal government withdrew from the funding of new social housing as of January 1994, but continues to administer all programs and subsidize existing stock. In the budget of 1996, the federal government announced its intention to approach the provinces and territories with a view to transfering administration of all social housing stock to those governments.

1.4.2 Social Determinants of Health and Wellbeing

For a full review of the literature on social determinants of health and wellbeing on which the study is based, the reader is referred to Doyle and Burnside (1996). What follows is a summary of the literature showing that the determinants of health and wellbeing are social.

The theoretical model underlying this study rests on international public health research which has established that the major determinant of the physical and mental health of individuals is their socioeconomic status (SES) (Dohrenwend 1990). Now confirmed in Canadian data, this fact has been recognized in government policy papers since Epp's (1986) *Achieving Health For All*. A recent paper, *Strategies for Population Health*, published by the Federal/ Provincial/ Territorial Committee on Population Health in 1994, further reported that, in all provinces and cities in all parts of Canada people at *each* step on the income scale, from the top to the bottom, are healthier than those on the step below. That is, people with adequate incomes but subordinate status are vulnerable to illness. This finding is consistent with cross-national research which has demonstrated that income explains pathology *only at the lowest levels of poverty* (e.g. Illsley 1991, Schwab & Schwab 1978). Therefore it is now recognized that *low status itself is pathogenic*. To quote health care analysts Rachlis and Kushner: "inequality makes people sick" (1989: 317); paraphrasing anthropologist Lionel Tiger: status, prestige and power are not only fun, they promote health (1992).

In a recent two-part paper (Doyle and Burnside 1996), Burnside, starting with the above premise, draws on an extensive literature to argue that the link between the macro-social forces that determine SES and health can be accounted for in large part by the effect of SES on the micro-social structures, or networks, of individuals. This hypothesis rests on prospective mortality studies which have demonstrated that, when the social networks of individuals are taken into account, network characteristics are stronger predictors of survival than are indicators of SES (e.g. Berkman & Syme, 1979, for Alameda County, California; House et al., 1982, for Techumseh County, Michigan; Orth-Gomer & Johnson, 1987, for the population of Sweden). These studies also controlled for factors considered to influence both availability of social contacts and mortality risk, such as presence of chronic illness, disability and lifestyle factors (e.g. smoking, lack of exercise); it was reported that the magnitude of risk for social network deficits remained relatively unchanged.

Low status groups lack access to the mainstream occupational roles that bring community integration and are a primary source of personal network members in our society. Examples are persons with disabilities, ethnic minorities, low income elderly and single parents. Employment instability and residential mobility suggest weak or limited network ties and frequent disruption of network relationships (Mueller 1980). Network deficits have been linked to physical and mental illness, substance abuse, suicide, demoralization, hopelessness and low self-esteem (see Burnside 1990; Doyle and Burnside 1996). Single mothers are among those most at risk of social isolation and its consequences (Anderson 1982; Hammer et al. 1982; Richman 1976; Weissman and Paykel 1974). For example, single, unemployed mothers display extremely high rates of depression (Aneshensel et al. 1981).

Doyle and Burnside (1996) take the position that, since the social status of individuals is determined by macro-level socioeconomic institutions beyond the control of individuals, appropriate intervention will be at the *social-structural, not individual, level*. Past research has shown that major health transformations follow on social change, not on individual intervention (Utela & Tuomilehto 1990). Thus poor functioning on the part of individuals can be understood as the result of lack of economic and other social resources necessary for successful performance (Rappoport 1981). Therefore programs and policies should be aimed at helping people find "niches for living" with access to those social resources which allow them to gain control over their lives.

There is increasing recognition that poverty and social disadvantage may be offset by environmental resources such as social networks and housing (Leighton 1989). The Health 2000 Report of the Dutch Government recommended that, because of increases in one-parent families, measures need to be taken in the areas of housing and employment to reduce the vulnerability of this (and other) populations (Book 1989). Swedish researcher Freden (1982), who recognizes the causal role of social-environmental deficits in physical and mental illness, also sees housing as a primary target for research and application in the field of disease prevention and health promotion. Recent recommendations for health-care reform in Canada include provision of funds for social housing (e.g. Rachlis & Kushner, 1989).

The hypothesis being tested in this study is that the mid-level social structure that constitutes a social housing development can mediate the isolating effect of SES on the personal networks of single parents. By purposefully creating management structures that foster instrumental activities and facilitate the formation of "community", social housing can be a vehicle for the social integration of marginalized, socially-disadvantaged groups (cf. Moos & Mitchell 1982). These factors may be particularly important for certain populations which depend on the immediate residential setting for friendship, as has been demonstrated for working class unmarried women by Blau (1961). We hope to demonstrate that the housing setting can provide not only opportunities for friendship but also opportunities for the expression of competence through meaningful activity.

Burnside (1990) has provided a model for assessing personal social networks in terms of their health-promoting characteristics. Drawing on research from a number of disciplines, Burnside's core construct is *social identity*. This perspective goes beyond current popular and academic assumptions about the salience of close ties which provide emotional support and practical assistance in explaining the link between health and the social environment. The model portrays a personal network structure that is not only supportive, but is also identity-enhancing because it provides its owner with active links to the wider community.

A number of writers have referred to the human need to locate the self as a valued person in one's community -- that is, to have a *respected social identity* (Goldschmidt 1974, Leighton et al. 1963, Sarbin 1970). The term "social identity" refers to the totality of social roles played by a person in society (familial, occupational, recreational, political, etc.) A health-promoting social network reflects and supports a repertoire of satisfactory identities which permit the individual to be continuously integrated with, and to participate actively in, a segment of the larger society. Among the psychological consequences of such an identity are feelings of self-worth, self-esteem and wellbeing (Gecas and Schwalbe 1983; Gecas and Self 1989).

Each social role is embedded in, and validated by, a sector of the personal network because one cannot play a role in isolation -- a "teacher" is not a teacher without at least one student. Thus a large, extended network is the result of having a number of social roles, each generating a "sector" of the network. For both sexes having a complex identity based on multiple role occupancy is associated with positive health (Golding 1989, Kandel et al. 1985, Tennant et al. 1982, Thoits 1986, Verbrugge 1983). In these studies multiple role occupancy means having both ascribed (familial) and achieved (primarily occupational) role identities. Burnside's (n.d.) comparison of depressed and never-depressed older women associated depression with current and past role-related social identity deficits.

In modern societies, the paid-work role is the principal means of achieving a respected social identity. It confers status derived, not only from economic resources, but also from demonstrating competence and being seen to make a contribution to the work of the community. Having a job embeds the person in a local network located within the larger community network, thus assuring regular interaction with others and opportunities to meet new people. Employed people are healthier, *mentally* (Aneschensel et al. 1981; Brenner 1982; Brown et al. 1975;

Comstock & Helsing 1976; Gore & Magione 1983; Kessler & McRae 1982; Leeflang et al. 1992; Meddin 1986; Radloff 1975) and *physically* (Bartley 1988; Hazuda et al. 1986; Kessler et al. 1987; McLanahan & Glass 1985; Verbrugge 1985), than are the unemployed. But *research suggests that the social benefits of paid employment can also be derived from non-occupational roles* (Hibbard & Pope 1985, 1991, 1992). Competence can be expressed and identity as a contributor achieved through non-paid instrumental roles in a variety of arenas: aid and services to friends and neighbours, volunteer work in the local and wider community, participation in sports, recreation and the arts. Such roles have been reported in co-operative housing settings (CMHC 1990).

The present study is concerned with the social environment of single parents. It seeks to assess the strength of their social resources as reflected in network sectors generated by the roles they occupy. Network characteristics to be examined have been linked in the literature to physical and/or mental health and to wellbeing. This literature is extensively reviewed by Burnside (Burnside 1990; Doyle and Burnside 1996). A brief summary of the health-related network characteristics studied in this research is presented here:

- The most consistent finding reported from large population surveys is the positive association between *network size*[8] and longevity (Berkman 1984). Findings from small and medium-scale studies generally support the conclusion that sheer size and/or *frequency of contact* with others is associated with wellbeing (e.g. Fischer & Phillips 1979; Miller & Ingham 1976). Conversely, small networks are associated with poor health, particularly mental illness (Dohrenwend & Dohrenwend 1974; Hammer 1983; Pattison 1975; Tolsdorf 1976; Weissman & Paykel 1974). Large networks with extended links to the community are associated with high SES, small networks with few community ties to low SES (Babchuck 1978-79; Hammer 1981).

- *Participation in community organizations*, as reflected in memberships in formal organizations and informal groups, predicts positive health, longevity and wellbeing (Berkman & Syme 1979; Doyle 1993; House et al. 1982).

- Some degree of network *homogeneity*-- the presence of others "similar" to the self, that is, 'fitting in' -- is associated with positive physical and mental health and being a "misfit" is associated with poor health (reviewed in Mueller 1980). This effect is documented for ethnicity, age, marital status, occupational status and religion. These findings have important implications for social housing in so far as it lends itself to the formation of communities of similar others sharing a common lifestyle, interests and problems.

---

[8]   World-wide research shows that, when asked to name the people in their lives, most individuals list between 20 and 40 names with a range of about 18 to 60. This is often called the "core network", and is comprised of family, friends, neighbours, workmates and others seen regularly. But, depending on the geographic and social context, most people have direct contact with far more people -- hundreds to thousands -- during the course of a year (Hammer 1983).

- *Number of friends* is positively correlated with health in scores of studies (e.g., Berkman's review, 1984).[9]

- Although research results are not clear-cut, many social scientists agree that people need some degree of *intimacy*, as provided by close relatives and/or friends (Berkman & Breslow 1983). Similarly, while some studies report a positive relationship between health and having a "confidant" (e.g. Brown et al. 1975; Lowenthal & Haven 1978; Miller & Ingham 1976; Roy 1978), others report no such relationship (e.g. Burnside n.d.; Cooke 1985; Patrick et al. 1986; Olsen et al 1991). We suggest that naming a confidant means that one has at least one close relationship; that it is likely "intimacy", not "disclosure", that is health-promoting.

- Personal networks with high *proportions of kin* are associated with poor mental health, behavioural disorders and low morale (e.g. Arling 1976; Blau 1961; Burnside n.d.; Cohler & Lieberman 1980; Dressler 1985; Hirsch 1980; 1981; Lopata 1978; Sheridan 1984; Stone 1984; Taylor 1986; Warheit et al. 1982; Wood & Robertson 1979). Kin-dominated networks tend to be small and their owners tend to occupy few non-familial social roles.

- Networks containing many *role sectors* (network members associated with the performance of a particular role) derived from community activities including paid and unpaid employment are associated with positive mental and physical health (Golding 1989; Kandel et al. 1985; Tennant et al. 1982; Thoits 1986; Verbrugge 1983). In this study such roles are termed "instrumental roles".

This review of the literature pertaining to the macro- and micro-social determinants of health has strong implications for the health and wellbeing of single parents because they are among the poorest of all population groups in Canada, more than 60 percent qualifying for social assistance (Statistics Canada 1995). Since most are unemployed and therefore lack access to socially-integrating roles, they tend to have extremely small personal networks and are thus at high risk for mental and physical illness (Mueller 1980). For example, a nation-wide study of wellbeing in the U.S. reported that single mothers were among those groups ranking lowest on the wellbeing scale (Campbell 1981).

The hypothesis underlying this research is that the social structure of social housing has the potential to mediate the social and psychological effects of low socioeconomic status described above: marginalization, isolation, low morale and poor mental and physical health. Our population of high risk single parents allows us to test this hypothesis by examining the relationships between housing type, the structure of residents' personal social networks and their perceived health and wellbeing. The hypothesis incorporates an assumption that such mediation

---

[9] Since having many friends suggests a relatively large network -- and vice-versa -- the question of whether or not it is the "friendship" content of these relationships or the fact of size that determines health is unanswered. Probably both are involved.

is in a positive direction and would lead to recommendations for housing interventions to improve health and wellbeing for low-income single parent families.

SECTION 2: METHODOLOGY

The major component of this research was a survey by self-administered questionnaire. This was supplemented by three other mechanisms:

- *focus groups* with single parents in the study area held to assist in identifying issues which should be included in the questionnaire,

- *feedback workshops* to discuss the preliminary results with respondents, and

- *case studies* portraying households that exemplified the major patterns found in the study. The case studies were based on the questionnaire supplemented by a structured interview designed to flesh out the details of the respondent's housing situation and her opinions about it.

This report draws primarily from the questionnaire, supplemented by information from the focus groups and feedback sessions. The case studies are used to illuminate the reporting of the results, and are shown complete in Appendix 1.

2.1   Sampling

Sampling was restricted to the east side of Vancouver, a working class area that, because it has the least expensive housing within the City itself, draws many low-income renters. The area ranges from the inner-city core known as the Downtown East Side, out through middle-income neighborhoods now being gentrified by young professional families who cannot afford to buy homes in more desirable parts of the City. The upper-income enclave of Champlain Heights along the southeast corner of the City was excluded from the study.

The approach taken to sampling was as comprehensive as possible: all single parents, male and female, residing in social housing developments within the study area were offered the opportunity to participate.

For social housing developments, the procedure was as follows:

1.   Written support for the project was first obtained from the Co-operative Housing Federation of B.C. (CHF/BC), the umbrella organization for housing co-operatives in B.C., and from the B.C. Housing Management Commission, central administrator for both

non-profit housing developments and for directly-managed ("public housing") stock.[10] Letters were written from CHF/BC and BCHMC to the boards of all co-operatives and non-profit developments in the study area stating support for the purpose of the study, outlining the credentials of the researchers, and encouraging boards to allow the survey to be implemented within their developments. In addition, the lead researcher spoke to representatives of co-op boards at a semi-annual general meeting. On-site staff in BCHMC directly-managed developments were also asked by their central office to work with the researchers in notifying residents of the study.

2.   One contact researcher, in co-operation with on-site staff, identified a *tenant distributor* in each development to work with her in notifying all single parents residing in the complex about the survey (through an introductory flyer delivered to their doors), answering questions, giving out the questionnaires and consent forms, and collecting them when completed. The tenant distributors were paid at a rate of $18 per hour, and worked generally about 5 hours, although in some cases up to 10 hours or more. The contract researcher supervised the tenant distributors and was available to answer any questions which they could not handle.

Potential respondents living in market housing had to be contacted through notices posted on community bulletin boards, by word of mouth, and through articles in local newspapers (the *Vancouver Sun* and *Vancouver Courier*). The contact researcher was the point of communication for all potential respondents living in market housing and for the tenant distributors, thus ensuring consistency in presenting the purpose and procedures of the research.

Table 1 shows the number of each housing type represented in the survey, the number of respondents, and the response rate.

Table 1: Number of Developments, Number of Respondents and Response Rate

Variable	Co-op	NProfit	Public	Social Housing	Market	Total
Number of Developments	14	10	9	33	N/A	33
Number of Single Parents (est)	240	101	500	841	N/A	841
Number Approached	103	82	156	341	52	393
Number of Respondents	67	65	95	227	45	272
Response Rate (%)	65	79	61	67	86	69

[10] The B.C. Non-Profit Housing Association, umbrella organization for non-profit housing, was not formed until November of 1993, after the survey had been completed.

The response rate for the social housing developments was calculated as a proportion of the number of single parents approached by the tenant distributors in each development. In most cases all the single parents in the development were informed about the study and offered the opportunity to participate. However, not all eligible tenants or members were actually reached by the tenant distributors, for reasons ranging from absence, illness, illiteracy, inability to read and write English, or failure to make contact. For the market renters, the response rate reflects the number of people contacted, or who initiated contact with the researchers after hearing about the study, who actually completed a questionnaire.

Although the usual questions may be raised about a the representativeness of a sample whose participants are volunteers, (i.e. that respondents are more outgoing, confident and willing to extend their range of activity than non-respondents), the researchers feel confident that this social housing sample is representative of the population living in social housing on the east side of Vancouver. Virtually all the social housing developments in the study area were canvassed.

Approximately 50% of residents in the family units of social housing developments are thought to be single parent households.[11] Combining this estimate with the number of units with two bedrooms or more in the developments surveyed, it is estimated that the population from which the sample is drawn numbers approximately 800 - 1000 households. Our sample of 227 social housing respondents represents a less than 5% margin of error for for a population estimated at 840 single parents in the social housing developments surveyed.

The sample of market renters is simply a convenience sample. It is probably biased towards the less isolated and better informed who had enough social confidence to respond to a general invitation in newspapers and community bulletin boards.

2.2   Instrumentation

Respondents completed a five-part self-administered questionnaire containing a mix of closed-ended and open-ended items that included many opportunities to elaborate on multiple-choice answers. Different forms of the questionnaire were produced for each of the four housing types in the study, but these varied only in the terminology referring specifically to the development itself, e.g., "your co-op," "your housing development, "public housing" or "the apartment or house where your live." Respondents reported that the questionnaire took about 1½ hours to complete. A copy of the questionnaire is attached in Appendix 2.

---

[11] Peter Robinson, Director of Operations at the B.C. Housing Management Commission, and Mary Flynn, Executive Director of the Co-operative Housing Federation of B.C., personal communication, May 1996.

An honorarium of $15 was paid to the respondents for three reasons. First, it was recognized that, since the survey form was long and contained a section on personal networks that was laborious and somewhat tedious to fill out, the completion rate would be much higher if respondents were paid. Second, it became clear during piloting that to acknowedge the value of respondents' time and information was an issue of fundamental respect related to the underlying premise of the study: it recognized the women involved as having knowledge that makes a valuable contribution to research and to social policy. In effect, it recognized a "respected social identity." A third, very practical issue was that some parents would require child care in order to have enough free time to do the work of completing the survey form.

2.2.1 Structure of Questionnaire

Part I of the questionnaire focused on the family's *general situation* (number of people in the family, income, education levels) and its housing history. Respondents were asked how long they had been single parents; how many children and adults made up their household; the length of tenure in their present and previous homes; their experience in private market and subsidized housing, and with different types of housing units; their reasons for leaving their previous accommodation, the available housing choices (if any) at their last move, and their reasons for choosing their present housing.

Part II dealt with the respondents' degree of *satisfaction with their current housing situation*. People were asked their feelings about the safety of both their neighborhood and their housing development; the convenience of the location; the degree to which the design of their units suited their needs; and the adequacy of housing management and maintenance. They were also asked to comment on more subjective issues: the sense of community or lack of it; whether they felt they could influence aspects of their housing situation (rules and regulations, maintenance, management, etc.).

Respondents were asked to indicate how much they were paying for shelter costs (including heat, electricity, parking, etc.), whether they found that amount affordable, and whether they felt that it would continue to be affordable in the foreseeable future. Finally, they were asked to comment on their overall degree of satisfaction with their present housing, and what their long-term housing plans were.

Part III explored the respondents' *assessment of the effects on themselves and their children* of living in their present home and neighborhood. In the respondents' view, had their housing situation had an impact on their physical or mental health? Had it had an effect on their career or financial situation? Had their children's mental or physical health been affected by where they were living? Had the children's academic work or social development been affected?

Part IV of the questionnaire asked respondents to describe their *personal networks*, and to assess the role their housing may have played in developing or strengthening those connections. Detailed information was requested on personal network characteristics known to be related to health, including the frequency and number of contacts with family, neighbors, work colleagues,

schoolmates, service-providers, fellow-participants in volunteer activities and "other acquaintances". Respondents were also asked to describe any volunteer roles or tasks they had undertaken in the past year ("instrumental role sectors"). Part IV is discussed more fully below.

Part V used the General Wellbeing Scale (GWB) developed by Dupuy (1972), to explore self-assessed levels of *physical and mental health*, as a measure of respondents' morale.

Finally, Part VI gathered standard *socio-demographic information* on the respondents.

2.2.2 Measures Employed

Variables of particular interest were measured as follows:

Housing Satisfaction. A number of items from the questionnaire were examined as a set in order to gain an overview of the housing qualities that respondents considered important in their housing. Twenty-three items as a group formed a reliable index which was considered, as a whole, to be a measure of housing satisfaction according to a resident's perspective. The index was then subjected to a principal components analysis, which yielded four clearly identifiable factors, that formed usable indices of several aspects of satisfaction with one's home. These measures are:

- *Health-in-Housing:* This variable reports the respondent's view of the impact of her current housing on her own and her children's mental health, and on her children's social development and their progress in school or daycare. This index was ultimately used as an outcome measure in the study, to assess housing-specific aspects of health.

- *Home and Community:* This index consists of a number of subquestions assessing the respondent's and her children's comfort with their neighbors, the degree to which it is their "real home" and a "real community", its safety and the general fairness of their housing situation. It appears to be a good indicator of belonging, of being at home.

- *Maintenance and Management:* This measure gives the respondent's judgement of the quality of maintenance and management in her housing.

- *Influence:* This index constitutes a judgement by the respondent of the degree to which she can influence events in their housing environment. It shows the extent to which she believes she will be heard and thus whether she has some degree of control of the circumstances of daily life beyond her own unit. This variable, which emerged

as a distinct factor in the principal components analysis, coincides exactly with an index developed by Doyle (1990) in a previous study.[12]

Personal Networks. To examine personal networks as a social indicator in housing settings, an instrument named the Personal Network Worksheet was designed for this study. The construction and use of this instrument is described fully in Section 4.

Key variables drawn from the data in the Personal Network Worksheets and known to be linked to health and wellbeing were:

- *Total Network Size:* the total number of people in the network.

- *Network Extension:* obtained by subtracting the number of people in the "primary zone" (relatives and close friends) from total network size. The remaining "extended zone" consists of weak or acquaintance ties.

- *Total Group Membership:* obtained by addint the total number of memberships in formal organizations to the number of informal groups belonged to.

- *Proportion of Kin:* the number of relatives in the network.

- *Frequency of Contact:* number of network members seen daily and weekly.

- *Instrumental Roles:* the number of instrumental roles occupied by respondents, obtained by summing the number of volunteer tasks taken on, activities relating to upgrading work qualifications, other courses taken and paid work.[13] It should be noted that while this is not a network variable as such, social roles indicate the presence of related network sectors.

The above six variables are viewed as indicators of social identity. A large, extended network containing relatively few kin, with links to community groups and organizations and sustained by high levels of interaction indicates that the individual occupies multiple social roles and has, therefore, a complex social identity.

The Personal Network Worksheet proved a relatively economical format for gathering data on the key characteristics of a health-promoting personal network. It should be noted that perfect

---

[12] Doyle (1990) developed this index for use with a sample of 165 community-dwelling seniors. In that study, the alpha for the index (an indicator of reliability, i.e., that the index would likely show similar results if used again with a similar population) was the same as in the current research, i.e., .82.

[13] The latter was inferred from data on work-related income and student loans and scholarships.

accuracy of reporting is not expected nor perhaps even necessary in employment of this worksheet. There is an underlying assumption, based on the research cited above, that when inaccuracies occur, they will occur in the same direction, so that comparisons across housing types will be generally valid.

Health/Wellbeing. Standard measures of health/wellbeing, as well as a new index designed to examine health as specifically related to housing, were employed

- *General Wellbeing Scale:* The standard measure of health/wellbeing employed was the General Wellbeing Scale, developed by Dupuy (1972) to assess population morale for the U.S. National Institute of Mental Health. The GWB produces two scores: GWB-A measures current wellbeing; GWB-B measures past help-seeking/psychiatric history. The latter allows for the identification of chronic mental health and related problems not attributable to current living conditions.

- *Bradburn Affect Balance Scale:* In a follow-up questionnaire sent by mail, respondents were asked to complete the Bradburn Affect Balance Scale (Bradburn 1969), because it was felt necessary to confirm the results from the GWB.[14] Also designed to assess the affective status of the general population, the Bradburn Scale consists of five questions tapping current negative affect and five tapping current positive affect. Three scores are generated: Postive Affect, Negative Affect and Affect Balance, the latter being the difference between the positive and negative scores.

- *Health-in-Housing.* This index was used as an outcome measure as well as an aspect of housing satisfaction.

2.3   Analysis

2.3.1 Analytical Framework

The analytical framework for the study treats socioeconomic status as the major set of independent variables. *Housing variables* (shelter and social-structural) are viewed as mediating or moderating the effect of low socio-economic status on health and wellbeing. As such, they are treated as either independent or dependent variables according to the purpose of each component of the analysis. As noted above, this study focuses on social-structural housing

---

[14] The Bradburn scale had been used successfully in similar housing studies by Doyle (1990, 1993). A copy of this scale is included in Appendix 2. As in those studies, the Positive Affect scale has been augmented by adding two other items, also derived from Bradburn, to improve the reliability of the index for this population. The alpha for the standard 5-point positive scale was .69; for the augmented positive scale it was .81. Alpha for the Negative Scale, which had performed reliably in its original form with the seniors' samples from the two previous studies, was .58.

20

variables. More specifically shelter-related variables such as cost, size, physical qualities, suitable design, and convenience of location are discussed in the results section, but are not analyzed further, for two practical reasons in addition to the theoretical considerations discussed above:

- firstly, since 83% of the respondents live in social housing that is designed to housing program criteria, there is not a large variance on these characteristics, except between residents of social housing and market housing;

- secondly, previous research by Doyle (1990) found that the subjective issues of control and belonging were of more importance in the relationship between housing and wellbeing.

Personal Network variables are also mediating variables, but are considered here in conjunction with the social-structural characteristics of housing. The researchers' hypothesis is that social structures of housing offer opportunities to expand personal networks, with consequent improvement in social integration which leads to improvements in health and wellbeing.

The dependent variables of interest are various aspects of satisfaction with the housing setting found in the principal components analysis, and measures of health and wellbeing, including the specifically housing-oriented Health-in-Housing measure.

The key independent, intermediate and dependent variables used in the framework are listed below.

INDEPENDENT VARIABLES

Sociodemographic Variables[15]

    Education
    Income
    Source of Income (wholly/partly Social Assistance or not)

MEDIATING VARIABLES

Housing Variables

    Length of tenure
    Home and community
    Perceived quality of maintenance/management

---

[15] Since, as will be seen below, respondents were almost all female, gender does not enter the analysis.

Influence in the housing setting

Personal Network Variables

Total network size
Network Extension
Number of groups belonged to
Frequency of contact
Proportion of kin
Number of Instrumental Roles

DEPENDENT VARIABLES

General Wellbeing Scale
Bradburn Affect Balance Scale
Health-in-Housing

2.3.2 Methods of Analysis

Quantitative, Qualitative. A combination of quantitative and qualitative methods was used to analyze the data. Since the primary focus of the study is to compare outcomes experienced by residents of different housing types, all fixed-response data were first analyzed in a four-way crosstabulation with chi-square statistic. Analysis of variance and multiple regression were subsequently employed to examine the contribution of specific variables and sets of variables. These will be reported where appropriate in the results section.

The questionnaire offered many opportunities for respondents to elaborate on their answers to fixed-response items. These qualitative responses, coded and tabulated, were used to supplement and clarify the information from the quantitative analysis. In addition, information from the focus group discussion and the case studies are added to flesh out the portrait being developed of the housing situation of single parent renters. In sum, analysis in this study was done by a conventional combination of quantitative and qualitative methods, including statistical techniques supplemented with material from free-response items and case studies.

Reporting. Data are presented throughout this report in a format that shows results by housing type. This convention is adopted to show the patterns by housing governance type that appeared in the data. However, it should be noted that the more important relationship is between the housing and personal network variables *in themselves* and the outcome variables. Housing governance type is not important in and of itself -- any particular development may be a good or bad example of its kind -- but only insofar as it enhances the"health-promoting" qualities that contribute to residents' health and wellbeing.

SECTION 3: RESULTS

3.1 Sociodemographic Characteristics of Respondents

There were 272 respondents, whose sociodemographic characteristics are set out by housing type in Table 2.

Table 2: Sociodemographic Characteristics of Respondents

Variable (mean)	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Age	38.4	35.5	37.9	34.1	36.8	.01
Number of Children	1.4	1.3	1.7	1.3	1.5	.01
Age of Children	13.8	10.0	12.4	10.9	11.9	.10
Years as Single Parent	8.7	7.1	10.0	7.2	8.5	.01
Size of Household	2.6	2.3	2.7	2.6	2.6	.06
Education Level (1-9)	7.8	7.6	6.9	7.3	7.4	.0000
Improved Qualifications (%)	47.8	38.7	28.6	28.6	35.9	.06
Income[16]	$22,200	$12,700	$10,700	$14,000	$14,600	.0000
Social Assistance (%)	29.8	69.2	83.2	73.3	65.0	.0000

Sex, Marital Status: Nearly all the respondents in the study (95.6%), regardless of their housing situation, were female. They were similar in terms of marital status across housing types, about 58% being separated or divorced. More than a third of the respondents from each housing type had never been married.

Age, Age of Children, Years as Single Parent: Residents of social housing were significantly older than those living in private market accommodation; their average age was 37.3, while that of people living in private market housing was 34.2. Co-op residents were the oldest, and non-profit tenants the youngest among the social housing respondents. Age range was 17 - 61.

The mean age of respondents' children reflects the same pattern, without significant differences.

Overall, respondents had been single parents for an average of 8.6 years, but individuals had carried single-parent responsibilities for periods from less than one year to more than 33 years. There was a significant difference among residents of the four housing types on this score:

---

[16] Mean incomes are estimated from categories by taking the mid-point of each category.

23

public housing residents had the longest history of single-parenting (mean = 10 years)[17] while people living in co-ops ranked second (8.7 years) and those in non-profits or the private rental market had been single parents for the shortest period, (7.1 and 7.2 years, respectively).

Household Composition: More than 60% of the families studied contained only 1 child; about a quarter had 2 children. Forty-four respondents (16.2%) reported other adults living in their household, either adult children or stepchildren (20), a parent or other relative (9), a male or female partner (9),[18] or unrelated housemates (6). Significantly more (p < .02) co-op members and residents of public housing reported adult children or stepchildren than did non-profit and market rental respondents, presumably because these are the oldest respondents in the sample. A few of the market respondents (6) had unrelated housemates living with them, a fact which reflects both the higher cost of market rental housing and the design of social housing units, which generally have one master bedroom and one or two small ones to accommodate a couple with children.

Education: Reported educational levels varied significantly (p < .0000) by housing type. Of respondents who lived in co-op housing, nearly three quarters had some education beyond high school (trades or technical training, a professional diploma, or college/university courses or degrees). The same was true of two thirds of those in non-profit housing, and about 60% of those living in private market housing, but less than 30% of public housing residents had education beyond the high school level. About 40% of public housing residents and almost a third of respondents living in private market housing had less than high school education. Education levels were not significantly related to age.

Nearly half of those living in co-op housing (47.8%) had improved their work qualifications since moving into their present home; more than a third of non-profit residents (38.7%), but just over a quarter of public housing or private market residents reported having done so. This difference approaches significance at p < .06.

Income, Source of Income: Household income also varied significantly across the four housing types (p < .0000). With a mean estimated at $22,200, almost half (46.1%) of co-op members surveyed reported incomes above $20,000. Respondents from all other housing types were

---

[17] This mean may be affected by the fact that recruiting in some public housing developments included a few older women whose children, now adults, no longer lived with them. However, since the pattern is not the same for mean age of the respondents themselves, it is not possible to tell for certain.

[18] A potential respondent was considered a single parent, regardless of the presence of a partner who was not her children's biological parent, if she took full responsibility for the children's welfare.

24

overwhelmingly at the bottom end of the range, three quarters of those subsamples having incomes below $12,000 (vs 21.5% of the co-op group).

Almost two-thirds of the sample (65.6%) reported that their income came wholly or partially from social assistance. However, this varied considerably by housing type (p < .0000): about 30% of co-op members, 70% of non-profit residents, well over 80% of those from public housing, and nearly three quarters of respondents living in the private market reported at least some income from Social Assistance.

Receiving income from social assistance was significantly, and negatively, but weakly correlated to age (-.17, p < .006): the mean age for those not on social assistance was 38.7, and for those receiving Social Assistance 35.8. As would be expected, the correlation between education level and being on Social Assistance was negative: (-.30, p < .001).

Forty-seven respondents (17%) reported receiving child support payment from their children's other parent.

In summary, the sociodemographic profile of the respondents shows considerable difference among residents of different housing types, with co-op members showing advantages over the others. The latter are older, have higher education levels and higher incomes, presumably because a much larger portion of this group have their income from employment or self-employment rather than Social Assistance. At the opposite end of the spectrum are the residents of public housing, 40% of whom had less than a high school education, and 83.5% of whom were recipients of Social Assistance. Residents of non-profit and market housing fall between on most scores, although both are younger than the other two resident types.

The obvious advantage enjoyed by the single parents in this study who live in housing co-operatives raises a key issue: are the co-op respondents better off because of their sociodemographic strengths, or has living in a co-operative somehow contributed to their developing those strengths?

Support for the latter suggestion is found in the fact that co-op members in much greater proportions that respondents from other subgroups have improved their work qualifications since moving into their current housing, though their incomes are still not high in comparison to the general population.

A similar confound appears with the age variable and the age of the respondent's children, since single parents are more likely to be employed or engaged in serious studies after their youngest child has started school (Lero and Brockman 1993).

This question can never be adequately resolved in a cross-sectional study, which is always limited by the maxim that "correlation is not causation." It can only be addressed in the course of the analysis by examining the association of age, income and other sociodemographic variables with the housing settings in which respondents live. In fact this issue is key to the

25

hypothesis that housing settings can mediate the usual predictors of health and wellbeing. If the hypothesis is upheld, the correlations would be weaker and levels of wellbeing higher than expected in a population of low-income single parents.

3.2 Housing

3.2.1 Shelter Variables

This section of the report focuses on the situation of these single parents, considering their housing first in terms of shelter as such. It deals first with their reasons for leaving their previous dwelling and their reasons for moving into their current home. Comparisons are drawn between between different types of social housing , but also between social housing and market housing, in order to flesh out the description of the housing available to these families.

Throughout this report, quotes from the case studies, in italics, are used to illustrate the statistical results.

Previous Housing

Data on respondents' previous housing is shown in Table 3.

Table 3: Previous Dwelling and Reasons for Moving into Current Housing

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Tenure Type of Previous Dwelling (%)						
owned	4.5	0.0	4.3	0.0	2.6	
rented	79.1	84.4	65.6	91.1	77.7	
social housing	13.5	10.9	20.4	4.4	13.8	
other	3.0	4.7	9.7	4.4	5.9	.033
Building Type (%)						
family housing	40.3	23.4	31.5	38.6	33.0	
apartment, suite in house	52.2	67.2	60.9	56.8	59.5	
other	7.5	9.4	7.6	4.6	7.5	.364
Presence of Non-Family	33.3	20.3	28.4	73.3	35.7	.000

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Reasons for Moving						
too expensive	46.3	73.8	55.8	44.4	55.9*	.004
too small	47.8	63.1	44.2	53.3	51.1	.115
design	26.9	64.6	35.8	35.6	40.4	.000
inadequate	25.4	50.8	37.9	48.9	39.7	.013
noisy	28.4	44.6	29.5	40.0	34.6	.126
management unsatisfactory	13.4	32.3	25.3	44.4	27.2	.003
landlord harrassment	11.9	4.6	11.6	26.7	12.5	.007
Sexual Harrassment Ever	11.9	9.2	8.4	18.2	11.1	.360

Tenure Type: Before coming to their current housing, a large majority of respondents (78%) had lived in rented housing. A few had moved from homes they owned into co-ops or directly into public housing; about 14% of the sample had moved from other social housing developments. More variety is shown by the group in public housing: only two thirds of them had previously rented in the private market, the others having come from other social housing (20%), homes they owned (4%), or "other" situations such as a transition house, or staying with family or friends. This finding reflects in part the allocation policies of BCHMC, which gives priority to households in urgent need, particularly those in transition houses. Co-ops, on the other hand, fill vacancies from a waiting list, as do non-profits except for the 25% of units filled by referral by BCHMC. The distribution for this item is significant at p < .033.

Building Type: About 60% of the sample had previously lived in apartments or suites in converted houses rather than family-oriented dwellings. The lower incidence for co-op members, slightly more than half, reflects the number who moved from homes they owned, or from other co-op or non-profit developments, which tend to be ground-oriented. Fewer than a quarter of the single parents currently living in non-profit developments had previously lived in housing designed for families.

Previous Household: More than a third of the group (36%) reported that, before moving into their current home, they had shared housing with people other than their immediate family. This was much more the case for people now in private rentals (73%) but was still substantial (up to a third) for social housing residents. Differences on this item are significant at P < .000.

Reasons for Moving: Respondents had moved from their previous accommodation (where they had lived for an average of 3 years) for a number of reasons. The most frequently noted was high cost (56%). This problem was cited particularly (p < .004) by respondents now living in non-profit developments (74%), in contrast to co-op and private market residents (46% and 44%) respectively, but is still a substantial problem for the entire sample.

> *Helen and her daughter had previously lived in market rental housing but the rent was so high that Helen could not afford after school childcare for Tara, who had to be home*

27

alone with the doors locked. This was always a source of worry and concern for Helen, who was 45 minutes away in case of an accident or emergency.

Half the sample found their previous dwelling too small (51%). An unsuitable design and/or physical inadequacy of the unit were cited by about 40%, and about a third (35%) stated that there was considerable noise inside the building. In each case, the problem was cited least by the co-op respondents and most by non-profit and private rental residents. This may indicate higher incomes at the time of moving, a possibility that cannot be confirmed by these data, but equally may reflect the fact that co-op and public housing respondents have longer tenure in their current homes, suggesting that costs and conditions in the private housing market may have deteriorated over the last decade.

> *Janis and her family moved into the (non-profit) development when it was newly built four years ago.... After Janis' unhappy marriage broke up, she went on social assistance and tried to stay where she had been living, but found she could not cover the rent and other expenses. In order not to have to give up her children to her husband, Janis sought subsidized housing.*

Reasons not widely cited for their most recent move were: noise outside the building, lack of safety in the building or neighborhood, change in family situation, or eviction. Only 14 of the respondents (5%) had been evicted from their previous home.

Respondents were also asked whether they had ever experienced "what you consider sexual harrassment" from the landlord or caretaker of a building in which they lived. Only 11% said that they had.[19]

> *If the landlord does come to do repairs, he doesn't give twenty-four hours' notice and often loiters and stays longer than he needs to. When Claire told him to stop coming so late at night without advance notice, he stopped doing repairs altogether. Claire finds his presence intrusive and she knows of another woman tenant who was sexually harrassed by him. Claire fears eviction if she expresses her objections about the landlord's manner and presence.*

In summary, a large majority of these families had moved from rented apartments or suites in the private market. More than a third of them had shared those apartments with non-family members. In most cases, the reason for moving was that the unit was too expensive and/or too small for the family.

---

[19] The per cent of this sample who reported having been sexually harrassed by a landlord is similar to that found in a survey of 310 women renters in Quebec in 1986 (12%) (Aubin, Paquin et al 1986).

Patterns differed somewhat for the different housing types. Compared to those in social housing, respondents who resided in private suites at the time of the survey were most likely to have previously lived in rented units, and much more likely to have shared with others. They were also the most likely to report landlord harrassment and to state that they had at some time experienced sexual harrassment by a landlord or caretaker. Only two of them had previous experience of living in social housing, whereas 15% of the others had moved from other social housing developments.

Among the social housing respondents, greater discontent with past housing was expressed by people living in the non-profit developments. Co-op residents were least likely to have serious complaints about their previous housing. People from public housing came from a greater variety of settings, including other social housing developments.

Present Dwelling

Choice of Present Home: When asked what had brought them to their current housing, respondents gave reasons that paralleled the problems cited with their previous homes: cost, size, design and state of repair. However, other issues affecting quality of life also came into play, such as security of tenure, convenience of location. The data on these items are shown in Table 4.

Table 4: Reasons Cited for Choosing Present Home by Housing Governance Type
(% of Sample)

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Cost	83.6	89.2	82.1	60.0	80.5	.001
Size	64.2	73.8	56.8	48.9	61.4	.040
Physical Qualities	34.3	53.8	31.6	44.4	39.7	.025
Design	44.8	56.9	28.4	42.2	41.5	.004
Well Maintained	50.7	56.9	31.6	24.4	41.2	.000
Security of Tenure	82.1	55.4	25.3	13.3	44.5	.0000
Safety	56.7	49.2	28.4	28.9	40.4	.000
Location	65.7	41.5	48.4	62.2	53.3	.018
Near Family, Friends	58.2	32.3	30.5	28.9	37.5	.001
Neighbors	76.1	43.1	23.2	24.4	41.2	.0000

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Only thing Available	13.4	33.8	45.3	40.0	33.8	.000
Acceptable Alternatives (No)	72.7	93.8	92.6	84.1	86.6	.001

Choice of Present Home. The two major concerns in the *choice* of their present home were consistent across all housing types: cost and size. Eighty per cent of all respondents cited affordability as the first concern and more than 60% mentioned unit size. Physical qualities of the dwelling such as heat and soundproofing, along with convenience of design and quality of maintenance, were noted by approximately 40%. Other issues such as security of tenure, safety, location, proximity to family and friends, and the prospect of congenial neighbors were also mentioned by more than a third of the sample.

> *Helen wanted to live in a co-op for the affordability and the security of tenure. While living in market housing, she and her daughter had moved fifteen times in ten years.*

The market renters mentioned cost and quality of maintenance as an issue in unit choice much less frequently than residents of social housing. This suggests that the housing available to them differed little in price and maintenance quality -- i.e., that they may have low expectations. However, though they cited cost less than others, these respondents appeared to be concerned about cost more than any other issue except location. They were also very likely (40%) to say that their current home was the only thing available. Only 13% of the market renters chose their place because they felt they would have security of tenure there.

> *Claire and Kelly left their previous rented dwelling a year and a half ago because of problems with the landlord. Claire doesn't feel she had any choice in where they live now; it was simply a question of finding housing that was available, affordable, and where pets were permitted.*

Co-op members appear to have had more choice about their housing than respondents from other subsamples; very few (13%) said it was the only thing available. They report being drawn to their present homes primarily by the affordable cost, the promise of security of tenure, and the possibility of a community of congenial neighbors. For non-profit residents, cost and size were paramount, with physical and design qualities also showing considerable importance. Respondents from public housing most often mentioned cost, size and location, but they were also the most likely (45%) to say that it was the only thing available at the time. This finding is probably related to the fact that BCHMC referral policies give priority to households with most urgent need.

High portions of all groups stated that they had no other acceptable housing alternatives at the time.

Jennifer and her three children previously lived in a market rental that they had to vacate because it was sold. Jennifer applied for public housing because of her limited income, and because she could not find market housing large enough or suitable for her family. Public housing seemed to her the only option.

Most social housing residents reported having been on a waiting list for their current homes. In the market renter questionnaire, the question was revised to ask whether the respondent was currently on a waiting list for social housing. Well over a third said that they were. However, it appears from researchers' conversations with many of the market renters that a large proportion of them did not appear to be aware of social housing an an option for themselves.

Suitability: Canada Mortgage and Housing Corporation defines suitability in housing according to a National Occupancy Standard, which is essentially an index of crowding. The standard establishes household size and composition relative to the number of bedrooms in a dwelling and is widely applied in the allocation of social housing units. The standard prescribes a maximum of two persons and a minimum of one person per bedroom, with one bedroom allocated for a couple, and one each for single adults. Parents are not required to share a bedroom with a child. Children under age 6 share bedrooms but, when over 6, only children of the same sex are expected to share.

Data on the suitability of respondents' housing in these terms are shown in Table 5:

Table 5: Number of Bedrooms Relative to Household Composition by Housing Governance Type (%)

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Private Bedroom for Each Person	85.1	90.8	71.6	42.2	74.6	.0000
Adults Share with Adults (yes)	9.0	3.1	7.4	4.4	6.3	.429
Adults Share with Children (yes)	0.0	1.5	7.4	15.6	5.5	.002
Same-Sex Children Share	1.5	3.1	11.6	17.8	8.1	.004
Children of Opposite Sexes Aged 6+ Share	0.0	1.5	2.1	6.7	2.2	.122

Respondents were asked if each person in the household had his or her own bedroom. As would be expected, the social housing occupants differed considerably on this item from market renters: 81% of them had private bedrooms for each family member, while only 42% of the market renters had the same (p < .0000). Fifteen respondents (5%) reported that an adult in their

31

household shared a bedroom with one or more children: 7 of these were from public housing (7%),[20] 1 from a non-profit and 7 from private market units (16%).

> *Claire finds their living space is too small and poorly designed. Kelly sleeps in the bedroom, Claire on the couch in the living room. The only access to the bathroom is through her daughter's room. There is no counter space and only one closet, so that their belongings cannot be put away.*

Fewer than 10% of the sample reported that they had children of the same sex sharing a bedroom. This occurred primarily in public housing and in private rental units. Only 6 households (2.2%) had children of opposite sexes over the age of 6 sharing a bedroom.

In summary, as would be expected in a group largely recruited from social housing developments, this sample of single parents in large part meets the National Occupancy Standard with regard to crowding. Considerably fewer of the market renters have a separate bedroom for each person in the household, but only a small proportion do not meet national criteria with regard to crowding.

Affordability: Another national housing criterion is affordability, a concept defined as at or below 30% of gross family income. Co-operatives in the study were developed under a guideline that set 25% of income as the housing charge, with a maximum set relative to local market rents at move-in. The other social housing developments have a guideline of 30% of income with no maximum. Rent levels are intended to take into account the cost of heat and power, although the custom in many co-ops is to exclude utilities from the calculation. Data on affordability of housing, incorporating estimated utility costs, are shown in Table 6.

Table 6: Affordability by Housing Governance Type

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Monthly Cost (mean)	$507	$348	$284	$663	$418	.0000
Affordability (mean of 4)	3.4	3.4	3.2	2.3	3.2	.0000
Continue to Afford (mean/4)	3.4	3.3	3.2	2.4	3.1	.0000
Difficulty with Other Expenses (mean: 4=low)	2.9	2.7	2.7	2.2	2.6	.001
Length of Tenure (years)	7.1	2.0	5.1	2.3	4.6	.0000

---

[20] As this is not consistent with the National Occupancy Standards that govern unit allocations, it may be that the bedrooms intended for children are considered too small for children, especially teenagers, to share.

As anticipated, average monthly shelter costs paralleled income levels for all three types of social housing -- but not for private housing. Co-op members, who had the highest mean income among the social housing residents, paid an average of $507/month for shelter. Those who lived in non-profit housing (with fewer upper-range income earners and more people in the lowest range) paid, on average, $348/month for shelter. Public housing tenants, with the smallest group of high-range earners and the largest number of people with low incomes, paid an average of $284/month. However, people in the private rental market, with mean income only slightly higher than that of non-profit respondents, had an average monthly shelter cost of $663.

> *Claire is struggling to make ends meet financially. She is receiving welfare and student loans and does not have enough money to cover all her expenses. She will also be $40,000 in debt if she completes her studies and doesn't know how she will pay off her loans.*

The questionnaire contained an item asking respondents to assess affordability on a 4-point scale from "very affordable" to "very unaffordable." Not surprisingly, a quarter (24%) of tenants in the private market reported that their shelter costs were "not at all affordable". The mean for this group on the 4-point scale was 2.3. compared to means above 3.2 for residents of the three types of social housing (p < .0000). Only very small numbers of non-profit and public housing tenants claimed the same degree of difficulty with their rent payments, and no co-op residents stated that their shelter costs were unaffordable.

On the other hand, more than half the co-op members (54%) said that their shelter costs were "very affordable", as did somewhat fewer than half the non-profit and public housing residents (48% and 43% respectively). The co-op members, it will be remembered, were paying 25% of income up to a maximum "low end of market" rent, while residents of the other two kinds of social housing paid 30% of income with no maximum.

> *Living in a co-op has been a great help to Helen financially. Her rent and other expenses, such as laundry, are less, which means she has extra money for other things. She hasn't had to say no to her daughter so often and can pay for her school activities such as skiing. Because of her housing, Helen has fewer worries than she used to have. This in turn has improved the quality of her relationship with her daughter.*

Over half the co-op members (57%) were confident that they could continue to cover costs for their unit in future; this was true as well of almost half the non-profit residents (45%) and a somewhat smaller proportion of public housing tenants (40%) -- but of only 9% of renters from the private market. Mean for market renters on this item was 2.4, out of 4, compared to means among social housing respondents above 3.2. Again, the contrast between social housing and market housing respondents for this item was highly significant at p < .0000.

Predictably, people in social housing had a great deal less difficulty in covering non-housing expenses than did people in private market housing. The means on the 4-point scale, with 1

indicating "extremely difficult", show the contrast between the social housing and market groups, 2.7 or more for social housing, 2.2 for market housing.

These findings on relative affordability, as well as those that follow on degree of housing satisfaction, mesh with data on the likelihood of a move in the near future: less than one-third of the respondents living in social housing said that they were likely to move in the coming year, while nearly half of those living in private market housing said that they were either "quite likely" or "very likely" to move in that time period. The reasons most frequently given for wishing to move were to live in a more acceptable area, i.e., a safer, quieter neighborhood (15%) or to find a less expensive or more acceptable (e.g., more spacious) place (16%). However, 19% responded that they saw no reason to move at all; 15% felt trapped, that they had no choice but to stay where they were.

> *Jennifer feels very trapped where she is and does not feel the subsidy is enough of a fair trade-off for so many negative aspects. Although she has put in for a transfer, and is on a waiting list for a co-op, she does not want to uproot her children again while they are in school.*

Length of Tenure is also clearly related to affordability. It is an important component of housing stability and, as mentioned above, single parents are particularly prone to having to move frequently.

A few families in this sample had lived in their current housing for many years, but the average length of residence across all housing types was 4.6 years. There was a significant variation (p < .0000) in length of tenure between housing types, however: residents of co-ops and of public housing units had lived in their current units on average at least twice as long (7.1 and 5.1 years, respectively) as had those in non-profits (2.0 years) or private rental accommodation (2.3 years).

This finding is related to the fact that the co-ops and non-profits studied are older developments, produced under previous housing programs. The non-profit program was initiated only in 1986, and most of the buildings in the subsample are less than 5 years old.

Respondents were also asked to assess on a 4-point scale from "unlikely to "very likely," the probability that they would move within a year. Mean response on that item differed significantly by housing type. The mean for each group of social housing respondents was well below 2 -- indicating something less than "somewhat likely" (1.4 for co-ops, 1.5 for non-profits, and 1.6 for public housing). Market respondents, on the other hand, had a mean of 2.5 (p < .0000). Two thirds of social housing residents (76% of those living in co-ops) said they were unlikely to move, but only 27% of market renters felt the same security.

> *The fact that Helen and Tara will be living in their unit for the next eight years gives her a space of time in which to think about future plans. Her housing has provided her with real new possibilities that the never had previously; she is considering working part time*

34

or going to school. She can receive a housing subsidy and live off student loans until she is trained in a new career.

The relationship found between housing costs and income is expected in the three social housing settings, where rents are geared to income (except for higher-income co-op members who pay "low end of market" rents). The disproportion between income and rent among market tenants, on the other hand, reflects the real situation of unassisted renters in the Vancouver housing market.

Adequacy: The third component of the CMHC standard for housing, after suitability and affordability, is *adequacy*, which is concerned with the presence of all necesssary facilities, and need for major repair. This issue was not measured directly in the study, since lack of physical adequacy at that very basic level is rarely a problem in urban dwellings in Canada, particularly in British Columbia with a relatively new housing stock. CMHC data show that as of the 1991 census, only 4.8% of the dwellings in the province were in need of major repair (CMHC 1994). However, a proxy for adequacy was contained in a series of items exploring residents' satisfaction with safety, quality of maintenance and a number of related issues, as shown in section 3.2.2.

> *The house, which has five suites, is very poorly built. It is not properly insulated; there are leakages; the heating does not work and the soundproofing is very poor.... Concerns and requests are not taken seriously; the landlord will only do repairs if he is hounded, and then they are not done professionally, so that nothing is ever fixed properly.*

Summary. The main concerns of these single parents in choosing housing for their families were cost and size. Residents of social housing were also interested in issues such as heat, soundproofing, design and quality of maintenance, and co-op respondents were also interested in security of tenure and having congenial neighbors. Market renters, on the other hand, appear to have had relatively low expectations, mentioning only cost and location as factors in their housing choice. High portions of all groups said that their current housing was the only acceptable alternative they had at the time.

A large majority of these families' homes meet the national housing standard with regard to suitability or crowding. There is a substantial difference between social housing residents and those living in the private market, where only 42% of respondents have a private bedroom for each family member, and 15.5% have an adult sharing with at least one child.

The data on affordability (monthly cost in dollars) show that market renters pay much higher rents than the other respondents. They are also much less likely to find their housing affordable or to believe that they can continue to afford the rent on their current dwelling, and much more likely to be finding difficulty with covering other costs after shelter costs had been paid. This led to considerable difference in length of tenure between residents of the older types of social housing, co-ops and public housing, and those in non-profit and market units. The former had been in their homes an average of 7 years and 5 years, but the latter just over 2. Since non-

profits have the same subsidized rent structure as the other social housing developments, but are more recently built, it can be predicted that over time the non-profit renters would also stay where they were longer than people renting in the private market.

Alison has benefited financially from the housing subsidy. She and Brent are able to eat better and have more money for social activities such as going to the movies. They are financially better off than they have ever been and do not worry so much. Management is flexible and understanding of tenants' financial situation in a way that does not extist in market housing.

3.2.2 Housing Satisfaction:

Housing satisfaction, for this study, is examined on two levels. First, the basics--safety, convenience, design, maintenance -- the features of the home itself which, for convenience, will be termed *shelter satisfaction*. After discussion of these characteristics, the focus will move to more subjective but nonetheless very important aspects of housing satisfaction, the qualities a home must have to be a healthy place and to be considered a *real home*.

Shelter Satisfaction. Data for other variables that impinge on satisfaction with one's housing, are found in Table 7.

Table 7: Mean Responses to Housing Satisfaction Items (3-point Scales)

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Safety in Development	2.5	2.0	2.1	2.1	2.2	.0000
Safety in Neighborhood	2.0	1.7	2.0	1.9	1.9	.011
Convenient Location	2.9	2.7	2.7	2.7	2.7	.016
Run Car (% Yes)	59.1	36.9	21.1	40.0	37.3	.0000
Design of Unit	2.4	2.4	2.3	2.2	2.3	.174
Design of Development	2.5	2.4	2.3	2.0	2.4	.0001

Safety. Co-op respondents were significantly (p < .0000) more likely than residents in other housing types to feel safe in their housing development or building. Their mean was 2.5, compared to means between 2.0 and 2.1 for the others. This pattern did not hold, however, with regard to neighborhood safety. Neighborhoods surrounding co-ops and public housing developments were rated higher than those in which the sampled non-profits or market units were situated. The difference, while not large, was significant at p < .011, and may be attributed partly to the fact that co-ops and public housing developments in the survey were built when

land costs were relatively lower. More recent buildings, and lower-cost market housing, tend to be located in more marginal neighborhoods.

> *The older her daughter gets, the more independence she wants and Susan cannot give it to her. Susan dreads the spring and summer when it is warmer, and lighter in the evenings. If Emily wants to play outside, they have to arrange to go somewhere. Susan finds this restriction very stressful; it creates tension between them and they are obliged to spend a lot of time together indoors.*

Most respondents appeared to view the safety of their development itself differently from that of their neighborhood. Mean for co-op respondents on the 3-point scale for safety in the development was 2.5, but mean for neighborhood safety was only 2.0. For tenants of non-profits and private rental units, the means also diverged for the two questions, though not to such a large degree. In public housing, however, there was a closer perceived match between neighborhood safety and building safety. Public housing means were 2.1 and 2.0 respectively for those two items.

Threats most frequently mentioned were harrassment by other people, either neighbors or strangers (65 responses); illegal or distasteful activities such as sex trade or drug dealing (58), property crime like vandalism and break-ins (91), or the threat of personal violence, e.g., from gangs (61).

> *Alison looked forward to increased social contct when she moved in; she didn't know many people where she previously lived. She has made two close friends in the building and knows neighbors she and her son could turn to for help. However, ... tenant relations in the development are very bad, with in-fighting and disruptive behavior and no opportunity for recourse or mediation. Alison has been threatened by a neighbor with a knife.*

Convenience. Most respondents felt that their housing location provided convenient access to the places they needed to go (stores, work, schools, parks, doctors' offices). About three-quarters of those living in non-profits, public housing and the private housing market and over 90% of co-op members said their housing was conveniently located. Means on this item, though significantly different, did not actually vary greatly. Co-op members once again appear to be the most satisfied, with a mean of 2.9 on the 3-point scale; means for the others ranged near 2.7.

The question of convenience was supplemented by an item asking whether the respondent owned and ran a car. Almost 60% of co-op members in the survey did so, followed by well over a third of non-profit and market residents. Only 21% of public housing tenants in the survey had cars (p < .0000).

Design. There was little variance between the responses of social housing tenants and private renters on the issue of how well the design of their unit met their families' needs. Co-op members were best satisfied and market renters least so, with means of 2.4 and 2.2 respectively,

but the difference was not significant. The same pattern obtained for design of the building or development: co-op residents were most, market renters least satisfied. In this case the difference is significant at p < .001.

Satisfaction with "Home"

A number of items from the questionnaire were examined with a view to gaining an overview of the housing qualities that respondents considered important to their own and their children's health/wellbeing. Twenty-three items as a group formed a reliable index (alpha = .91) of satisfaction with home according to a resident's perspective. The index was then subjected to a principal components analysis, which yielded four clearly identifiable factors. The factors and their statistical characteristics are presented in Table 8.

Table 8: Scale Parameters for Satisfaction with Home

Scale	Factor Loading	Mean	Std Dev	Alpha	Validity Eta	Validity p <
Healthy Housing (23 items jointly)		69.9	13.1	.91	n/a	.0000
4 components aggregated		67.9	14.7	.79	.42	.0000
Health and Child Development (6 Items)		13.4	3.5	.79	.37	.0000
Living here promotes children's mental health	.823					
Living here promotes children's physical health	.735					
Housing positive for own physical health	.715					
Housing positive for own mental health	.706					
Living here promotes children's progress in school/daycare	.577					
Living here promotes children's social development	.555					
Home and Community (8 Items)		33.9	6.0	.80	.36	.0000
Children feel comfortable with other children in devt	.706					
I feel comfortable with other people in development	.659					
Present housing is "a real community"	.654					
The effect of moving here has been positive	.630					
This is a real home, not just where I live[21]	.604					
Life is treating me fairly as far as housing is concerned	.573					
I like this housing as a place for my children to live	.531					
This housing is safe for me and my children	.470					
Maintenance and Management (3 Items)		7.9	1.8	.83	.22	.004
This housing is well maintained	.807					
Maintenance requests are responded to well	.829					
Overall, this housing is well managed	.781					

---

[21] This item is derived from Bradburn (1969).

38

Scale Factor Loading	Mean	Std Dev	Alpha	Validity	
				Eta	p <
Influence (6 Items)	13.0	2.5	.82	.43	.0000
I have influence on setting rules and regulations .787					
Have influence on social/recreational matters in housing .764					
Have indluence on management matters .704					
My opinions are taken into account .687					
I feel free to express my opinion .564					
Have as much of a say as I wish in my housing .478					

All these factors are valid and reliable, since they can distinguish statistically between the four housing governance types (eta, p <) and have high reliability estimates (alpha). Discriminant function analysis indicates that 79.1% of co-op respondents and 81.1% of public housing respondents are correctly classified. Non-profit residents (32.3%) and market housing ones (54.3%) are frequently incorrectly classified as public housing tenants.

The table shows that the issues of most concern to respondents when considering whether their housing is satisfactory are:

- its effects on their own and their children's mental and physical health, and on their children's social development and progress at school/daycare,
- their feeling about it as a community for themselves and their children,
- their opinion about the quality of maintenance and management,
- the degree to which they feel they have influence in their housing setting.

Together, these four aspects of a family's or individual's housing can be considered descriptive of a "home" rather than just shelter, and point towards the importance of social variables in assessing the contribution of housing to wellbeing. These factors are discussed in detail here in terms of housing satisfaction. A later section of the paper will address their relationship with health.

Health-in-Housing. The components of this index are drawn from Qu. 50, 52, 53 and 54. Table 9 shows the responses to these items by governance housing type.

Table 9: Response to Health-in-Housing Items by Housing Governance Type

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Living here promotes children's mental health (% yes)	58.2	46.2	21.1	35.6	38.6	.0000
Living here promotes children's physical health (% yes)	35.8	41.5	26.3	33.3	33.5	.236

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Living here positive for own physical health (% yes)	41.8	43.1	24.2	35.6	34.9	.044
Living here positive for own mental health (% yes)	71.6	55.4	27.4	44.4	47.8	.0000
Living here helps children in school/daycare (% yes)	32.3	31.7	17.9	31.6	27.1	.006
Living here helps children's social development (% yes)	72.7	45.2	23.3	45.5	45.0	.0000
HEALTH-IN-HOUSING (mean of 18)	15.0	14.2	11.8	13.1	13.4	.0000

Mental and Physical Health. The pattern among the items of this index is striking: public housing residents are least likely, by a wide margin, to feel they and their children are living in a healthy place. Even the market renters are more positive about their environment. Co-op members are most appreciative of the benefits to their own mental health and their children's progress but, surprisingly, are less likely than non-profit residents to be positive about the effect of their surroundings on their children's physical health.

> *Janis feels that emotionally she has come through a lot and that the stability of her housing has enabled her to deal with longstanding problems. Coming from a dysfunctional family, Janis felt that she was repeating negative patterns in her abusive relationship with her husband. Making a change, however, required stability in other aspects of her life .... Over the course of two years, she received counselling, did volunteer work, and took some subsidized courses. This affected her children in a positive way; her son had been upset by the breakup of his family and having to move and adapt to new surroundings. However, he saw how much better and happier his mother was and how she could now focus on the family instead of her problems. Janis feels that her housing has made her a better and healthier mother.*

In general, respondents who found their housing a positive influence on their own health attributed the improvement to having more security and fewer money worries than in the past, and to living in safer, more supportive surroundings. Those who reported a negative effect mentioned noise, conflict, lack of safety in their housing environment, or problems resulting from poverty such as anxiety and poor diet. With regard to their children, positive effects were related to improvements in physical environment, but particularly to having more freedom and stability, and less stress. Negative effects were generally the opposite, but particularly mentioned were problems with the neighborhood, and bad experiences the children had been subjected to.

*Patrick likes where he lives and has friends to play with in the development.
Unfortunately, ... kids cannot be watched from the units. Also, some of the boys are
bullies, and because the development is unsafe, Patrick cannot play outside unsupervised.
Because he can't go outside when he wants, there is tension between him and his mother
and other kids tease him. It also means he watches too much TV.*

Children's Development. Again, residents of public housing seem least positive about the effect
of their housing on their children's social development and their progress in school. However,
there was little consensus among these respondents about the problems their children
encountered. Levels in the non-profit and market subsamples are similar, and co-op levels are
higher, considerably so in terms of children's social development.

Two themes arose when reasons for the improvement were articulated: first, the network of
friends and playmates available to the children in social housing communities, and second, the
security of having a stable home and the resulting decrease in children's stress.

*Alison feels that Brent has been affected in a negative way by their housing. The school
he attends is very rough and violent. He has been bullied and has given in to peer and
gang pressure. He has been influenced by aggressive boys in the development and has
become rude and defiant towards his mother. He is angry and belligerent and is failing
at school.*

Health-in-Housing. The means on the index overall confirm the item-by-item pattern: co-op
respondents are by far the most likely to find their housing a healthy place to live, and public
housing residents by far the least. The middle ground is occupied by non-profit residents, nearer
the top and market housing residents nearer the bottom. The strength of this finding suggests
that although stability and affordability may be important aspects of healthy housing, there must
be other factors at work. Residents of public housing have both stability and affordability in
well-maintained and conveniently-located developments; market residents frequently have none
of these, yet on almost all items, public housing residents are less likely than the latter to see
their housing as health-promoting. As other components of this index are examined, more light
will be shed on this discussion.

*When Helen first moved in she bacame sick and had to be hospitalized, an experience
that she likens to post-traumatic stress -- her housing allowed her to be sick. Perviously,
Helen was always in a state of crisis and exhaustion. Once her housing provided her
with safety and security, she was able to release years of stress and strain her previous
housing had placed on her.*

Home and Community. This variable summarizes the respondents' feelings about their home,
and is perhaps the best expression in the data of the sense of belonging that is generally

associated with the word "home"[22]. It is drawn from Questions 19, 32-35, 44-45 and 57. Table 10 shows the means by housing type on the items in this index.

**Table 10: Mean Scores for Items in Home and Community Index
by Housing Governance Type**

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
My children are comfortable (of 4)	3.3	3.1	3.0	2.9	3.1	.033
I am comfortable (/4)	3.2	3.0	2.8	3.1	3.0	.020
This is a real community (/10)	6.7	5.2	4.9	4.8	5.4	.0003
Effect of moving here is positive (/4)	3.5	3.2	3.0	2.9	3.2	.0000
This is my real home (/10)	7.6	6.6	5.5	5.3	6.2	.0000
Life is fair re housing (/4)	3.3	3.3	3.1	2.1	3.0	.0000
I like this housing for my children (/4)	3.4	2.8	2.5	2.7	2.8	.0000
This housing is safe for us (/3)	2.5	2.0	2.1	2.1	2.2	.0000
HOME AND COMMUNITY	33.9	29.2	27.0	26.2	29.1	.0000

The pattern established for Health-in-Housing continues in the Home and Community variable insofar as co-operative housing is concerned: respondents from that subsample appear to feel very comfortable and at home in their communities. However, the significant contrast is between co-ops and the other three groups.

Results for the three are a little more mixed than for the previous index, and in general do not differentiate strongly among the three. Non-profit residents come close to the co-op members in feeling that this is their real home and that life is treating them fairly with regard to housing. It is possible that if they had lived in their homes as long as co-op respondents they might have a similar profile on these questions. On the rest of the items there is little to distinguish the three non-co-op groups, with the sole exception of the relatively low mean (2.1) for market renters on the question of whether life is being fair to them about housing -- respondents from social housing, by contrast, are apparently quite aware of the benefit they are receiving (3.3, 3.3, and 3.1).

---

[22] This factor parallels a variable found to predict housing and satisfaction among community-dwelling seniors in Doyle (1990).

Susan feels that her living situation is never secure because she has to live with the possibility of the housing being sold at any time. She is also embarrassed by the shabby appearance and the poor upkeep of the building and feels that it reflects on her when her friends come to visit.

An interesting sidelight on this variable is found in the responses to questions (Questions 46 and 47) about the parents' and children's feelings about living where they do. The questions were intended particularly to explore whether people felt stigmatized because of living in social housing. Given the perspective of the study, there were two possible effects that could have been anticipated. On the one hand, if living in social housing contributes to stigma and/or social isolation, it could reinforce marginalizaion and a low position in the hierarchy, contributing to a degraded social identity; on the other hand, the dignity of having decent housing and the potential opportunity to make links with a wider community might facilitate the development of larger networks, enhancing wellbeing and health.

Janis plans to gradually learn more skills and take on more work as her kids get older. She feels good about being able to provide her children with the comfort and stability to grow up happy and strong with positive outlooks on life. She does not feel like a failure; her stable housing has provided her with the opportunity to succeed.

The wording of Question 46 (parents' feelings) suggested a range of likely answers (e.g., *feeling trapped, enjoy not having to take responsibility for maintenance*) in order to minimize the potential for socially-acceptable responses. Almost all of the respondents gave at least one response to the question and nearly half gave two or more. The most prevalent response was positive: people were happy in their homes, enjoyed the community and the sense of security. Others had mixed feelings, felt trapped, or mentioned disliking the interpersonal conflicts around them. A fair number felt simply grateful. Only 17 respondents admitted to feeling ashamed or stereotyped because of living in social housing, though it had been specifically mentioned in the question as an acceptable response.

Helen was brought up by a single mother and lived in public housing. As a child, she experienced the stigma of living in social housing and was picked on by other children for being a "project kid" .... She did not want her daughter to have a similar experience .... The co-op is Tara's favourite home of all the places they have lived and she doesn't want to move again.

Question 47 probed for the children's feelings. Ninety-six respondents believed that their children were happy in their present home. Others felt the community atmosphere was good for them (23). A fair number (53) thought that it didn't make any difference to the children, often because they were still too young to be noticing such things. Some degree of embarrassment was mentioned in 23 responses, but only 12 thought it was a serious problem for their children, or that they had been teased about living in social housing.

Cindy likes living in this positive, stable and confortable environment. She has grown up with roots and a sense of community and doesn't want to move. She does well in school and oftern socializes with her friends in the co-op. Her housing has affected her life in a very positive way.

Maintenance and Management. The third component of *Satisfaction with Home* is satisfaction with the maintenance and management of the dwelling. Mean scores on this items of this index are shown in Table 11:

**Table 11: Mean Scores on Items in Maintenance/Management Index
by Housing Governance Type**

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
How well maintained (3 pts)	2.4	2.4	2.5	2.0	2.3	.0001
Maintenance response (3 pts)	2.2	2.4	2.3	2.1	2.3	.090
Well managed (4 points)	3.2	3.2	3.1	2.8	3.1	.010
MAINTENANCE AND MANAGEMENT (10 points)	7.9	8.1	7.9	6.8	7.7	.004

Maintenance. On the issue of quality of maintenance, all three social housing subsamples have means between 2.4 and 2.5 out of 3, indicating a relatively high level of satisfaction with the maintenance of their housing. However, these are significantly higher (p < .0001) than the mean for market renters at 2.0. It is interesting to note that co-ops and non-profit developments, which are managed by volunteer boards, appear -- at least to their own occupants -- to be matching the standard of maintenance provided by the professional staff of BCHMC.

As to the market units, many of them are also managed non-professionally, by private landlords with one or two units in converted houses, but, it appears, less to the satisfaction of their tenants.

Management. The questionnaire contained a 4-point item requesting an assessment of the overall management of the housing. As with quality of maintenance, the co-op and non-profit respondents were most satisfied with management, both with means of 3.2, followed closely by public housing (3.1), and distantly by market tenants (2.8). The difference between the three social housing types and the control group of market renters is significant at p < .05.

Janis is very satisfied with the management of her development. She feels that management is genuinely concerned about the tenants and the quality of their housing. She appreciates the maintenance and upkeep they do, and wouldn't want the additional responsibility herself because she is parenting and working part time.

These questions were supplemented by opportunities to discuss the good points in the management and the areas that needed to be improved. On the positive side, many residents appreciated the cleanliness and good maintenance in their units or developments (50 responses), good communication about the progress of repairs (70), and opportunities to participate or have input into what needed to be done (58). The main problem on the negative side seemed to be communication as well, between tenants and management (34) or within committees (17). A number of people mentioned problems with the physical maintenance of the building (47), rather than management issues as such.

The property manager is not providing the services she is responsible for. Tenants who feel helpless in an emergency because management cannot be reached, often turn to Alison for help.... Alison thinks that the property manager is not passing on tenants' issues and concerns to management. She finds the housing society to be disorganized and poorly run. Staff members do not seem to work together and problems are passed on or avoided.

The Maintenance and Management index summarizes clearly the respondents' opinions: the three social housing groups enjoy the same, relatively high, level of satisfaction with maintenance and management (means 7.9, 8.1 and 7.9 respectively); the market renters are significantly less satisfied (6.8).

Influence. The question of residents' influence within the housing setting is a key element in this research. It bridges the two major themes of this study -- housing as shelter and housing as a social structure. The researchers hypothesized that measuring respondents' sense of the degree to which they could influence their housing environment would throw light on the social structures implicit in four settings characterized by different governance structures. It was hoped thereby to link housing governance structures to outcomes in terms of family health and wellbeing by looking closely at perceived influence in this setting. Moreover, since being able to have an impact on the housing environment *is* an instrumental role, the link between housing structures and an important aspect of social identity becomes explicit.

To return to the theme set by Lindheim and Syme (1983) above, the *Influence* index enabled researchers to focus specifically on the possibility that housing structures could mediate the degree to which "people occupy low positions in a hierarchy resulting in feelings of low self-esteem, less opportunity for meaningful participation and less control over conditions affecting their lives ... (: 353)." It also could examine the opposite possibility, i.e., that housing structures may also operate to *reinforce* that same low position.

From a social policy perspective, the purpose was to examine the relationship between current housing programs and larger social policy objectives (i.e. an improvement in wellbeing and self-sufficiency for households served by the programs) by linking influence in the housing setting to development of personal networks. It was also hoped to find ways in which housing interventions could support social policy goals.

The index of *Influence* was composed of seven items (Questions 29, 30, 30a, 30b, 30c and 31) with 3-point closed-ended response options. Three points were allocated for each response, making a possible range of 18 points. The items were worded as follows:

29.How free do you feel to express your opinion in your co-op (development, etc.) about how it should be run: very free (3), somewhat free (2), or not very free at all (1)?

30.If you express your opinion about how your co-op should be fun, do you think it will be taken into account: a lot of the time (3), sometimes (2), or rarely (1)?

30a.Do you think your opinions and acions can have an effect on social/recreational matters in your co-op: a lot of the time (3), sometimes (2), or rarely (1)?

30b.Do you think your opinions and acions can have an effect in setting rules and regulations in your co-op: a lot of the time (3), sometimes (2), or rarely (1)?

30c.Do you think your opinions and actions can have an effect on management matters such as deciding on imporvements or raising monthly charges: a lot of the time (3), sometimes (2), or rarely (1)?

31.Do you feel that you have about as much of a say in how your co-op is run as you wish: about as much as I wish (3), too much (2), not enough (1)?

Data for items in *Influence* are shown in Table 12.

Table 12: Mean Response to Items in *Influence* Index by Housing Governance Type

Variable (3 pts / item)	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Free to express opinion	2.6	2.3	2.2	2.1	2.3	.0003
Opinions taken into account	2.5	2.4	1.9	2.3	2.3	.0000
Rules, regulations	2.4	2.2	1.7	1.9	2.0	.0000
Social/recreational	2.3	2.2	1.9	1.8	2.1	.0000
Management matters	2.3	1.8	1.7	1.7	1.9	.0000
As much as I wish	2.7	2.5	2.3	2.5	2.5	.0001
INFLUENCE (18 pts)	14.9	13.4	11.7	12.4	13.0	.0000

Influence Items. In general, the scores on this index suggest that the respondents do not see themselves as helpless in their housing environments. Almost all means for these items are

46

above 2 on a 3-point scale. Not unexpectedly, since democratic management is a defining precept of co-operatives, people living in co-ops felt considerably more free to express their opinions in their housing setting than others. The other three groups clustered a little lower, but still above 2.

"The co-op is managed by a Board and five committees, with members responsible for all the work that needs to be done .... Members vote on all major decisions .... There is a process for dispute resolution, and the priorities of people of different incomes are considered .... Helen feels connected to the co-op community and can choose her degree of involvement on both a social and management level."

On the overall question of whether their opinions would be taken into account, public housing residents were considerably less confident than all the others. When the questions are more specific, however, the public housing and market housing residents tend to give more similar responses. For example, if their comments concerned how their building should be run, about half the co-op members and non-profit residents -- but only a fifth of public housing tenants, and a third of private market renters -- felt that their opinions would be taken into account "a lot of the time".

In most of these categories, a clear pattern emerges: with respect to a sense of influence in the housing situation, people living in co-operatives indicated the greatest level of confidence in their potential to influence decisions, followed by those living in non-profit housing, and then by renters in the private market. Tenants of public housing expressed by far the lowest level of confidence in their ability to affect housing decisions, as exemplified in the following quote from the case studies.

Jill feels frustrated and degraded by the attitude of both the caretaker and the property manager. They talk down to tenants as if they were children. Jill feels that her right to voice concerns and opinions is taken away by management's attitudes. The yearly inspection of the unit by the property manager and the caretaker feel like an invasion of her space. Jill feels she is being judged and rated on how she lives.

Given the degree of influence perceived by each housing group on those issues, it is not surprising that with regard to having "about as much say as I wish", the mean for those living in co-operative housing, at 2.7, is much higher than that for public housing tenants (2.3). Non-profit residents expressed the same level on this measure as market renters, midway between. In the free-response section of this question, responses varied, from those who stated that they simply had no opportunity to express their concerns (23%), or who felt inhibited by social dynamics such as relationships between committee members (11%), to those who felt the democratic process was alive and well in their housing (25%) or were simply prepared to advocate for themselves under any circumstances (8%).

Susan feels that the house in which she lives is poorly managed. Although the owner is pleasant, he has a "hands off" approach towards managing the building and isn't

47

interested in putting any time or money into its upkeep. Although he would not refuse to do repairs, Susan is reluctant to make requests for fear that the rent would increase, or that he might, as he has said, sell the house.

Mean scores on the *Influence* index as a whole confirm the pattern of a strong and significant difference between co-op and public housing residents (14.9 and 11.7), at the extremes, with non-profit tenants (13.4) and market tenants (12.4) in the middle, the latter not far above the public housing respondents.

The pattern is consistent with the portrait emerging for the different housing types, and not unexpected given the governance structures of the four settings. Co-operatives, being constituted as self-managing developments, would be expected to have high levels of participation; public housing developments are managed by a large, government housing commission that was just beginning, at the time of the study, to address the issue of tenant participation. The fact that some non-profit housing societies have explicit tenant involvement policies and others have not sheds light on the somewhat lower mean for this group than for co-ops. For market renters, of course, having an influence is largely a matter of the relationship with an individual landlord.

It should be understood that the intent here is not to evaluate housing institutions on criteria they have never set for themselves, but to examine the importance of having influence in the housing setting with a view to making proposals for future housing and social welfare policy.

Influence and Other Variables. Because the ability to have an impact on the housing environment might be more a reflection of the socioeconomic status of the respondent than of housing governance structures and management policy, and particularly to address the question raised above about the relatively privileged position of the co-op respondents, this index was examined in the light of key socioeconomic characteristics, i.e., education, income and source of income. Data for education, income and source of income are shown in Table 13.

Table 13: Means on the Influence Index by Key Socioeconomic Variables

Variables	Influence (Mean)	p <	Influence r	p <
Education				
• Degree or degrees	14.5	.131	.10	.05
• Some post-secondary	13.0			
• High school graduation	13.1			
• Less than high school	12.7			
Group Mean	13.0			

Income				
• < $9,000	12.7	.023	.19	.01
• $9,000 - $11,999	12.5			
• $12,000 - $14,999	12.4			
• $15,000 - $19,999	14.0			
• $20,000 - $29,999	13.7			
• $30,000 or more	14.5			
Social Assistance				
• Receive Social Assistance	12.5	.0004	-.21	.001
• Do not receive Social Assistance	13.9			
Group Mean	13.0			

As the table shows, some of the variables are significantly associated with *Influence*. Education, however, does not appear to be correlated, although the means are in the direction that would be expected, those having degrees having a higher sense of being able to influence their housing environment. Income shows an interesting pattern, with a distinct shift at the $15,000 income level that may be related to a shift from income assistance to paid employment as a source of income. Those receiving social assistance, with a mean of 12.5 compared to 13.9 for working respondents, are significantly more likely to feel able to be effective in their housing.

Although the correlations between these variables and *Influence* are in most cases significant, the correlations are not very strong. This weakness suggests that there may an intervening factor, possibly housing governance type, mediating the expected relationship between higher socioeconomic status and respondents' ability to make an impact. It also shows that the sociodemographic strength of the co-op respondents is not the major factor in the co-op profiles.

Plans to Move. Respondents' satisfaction with their current housing has to be read in the light of the options they have available to them. These single parents have relatively little freedom in an expensive housing market, since all their choices are constrained by affordability, and satisfaction is necessarily relative to their realistic expectations. Two questions (48 and 49) attempted to take a broader perspective on housing satisfaction by asking how much their housing had met their expectations, and what their long-term plans were.

Sixty-six respondents (24%) said their hopes had been met or surpassed and another 12% said most, but not all had been; just under 10% expressed themselves as very disappointed and another 6% confined themselves to describing changes they would like to see. Seventy-three (27%) respondents simply had no expectations: for them it was simply a place to live.

The question about plans to move gave four response options: you plan to live here indefinitely; you plan to remain here for the moment but hope to move sometime in the future; you plan to move soon; or you would like to move but cannot see any possibility of doing so. Table 14 shows the percentage distributions of the responses:

Table 14: Respondents' Plans to Move, by Housing Governance Type (%)

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Live here indefinitely	36.4	23.4	25.5	15.9	26.1	
Remain now but move in future	31.8	50.0	43.6	43.2	42.2	.006
Move soon	6.1	1.6	7.4	22.7	8.2	
Want to move eventually but can't see possibility	25.8	25.0	23.4	18.2	23.5	

The table shows that, although few people plan to move soon, the market renters are much more likely than social housing residents to be thinking of doing so. Since they also have one of the shortest lengths of tenure in the sample, the contrast between the stability of social housing and the insecurity of the market is apparent here. At the other end of the scale are those who are satisfied to live indefinitely in their present homes. More than twice as many co-op residents as market renters chose that option, many of them describing themselves as perfectly content.

It is interesting, however, to look at the two intermediate categories, expressing the desire to move sometime in the future. For co-ops, the response to these options adds up to 58% of the sample; for non-profits it is the highest at 75%; for public housing and market renters, it amounts to two thirds. The housing satisfaction data must be considered in this light. Free response elaboration on their answers shows that about a quarter have dreams of moving to a better environment--a rural area, a nicer location, closer to friends and relatives, or back to their original home. Thirty-six voiced the desire to own a home one day in the future. Others (11%) wished to get away from a specific conflict, or foresaw changes in their housing needs (7%).

Substantial proportions of the social housing groups -- roughly a quarter of each -- appear to feel trapped where they are, not seeing any possibility of getting back into market housing, owned or rented. Thirty-six respondents voiced that feeling directly, and it was also expressed by participants in the feedback workshops.

Now that Susan has secured a well-paying job, she has the option of moving and could afford to pay more rent for housing on a quieter street. However, as a working single

mother she feels trapped .... She is not earning enough money to afford a down payment on property. What Susan would like is the option of renting to own or some kind of equity plan that would enable women like herself to be able to borrow money for a down payment on a house.

This finding is interesting in the light of the policy in non-profit and public housing of setting no maximum rents in order to create an incentive to move on as incomes rise. It suggests that residents cannot imagine having enough income to duplicate in private market the housing environment they currently have, and the no-maximum rent policy appears accordingly harsh. But it also suggests that policy or program approaches aimed at *helping* people to move from social housing when they are able to would find a willing response among residents. Given the loss of funding for social housing that has occurred nationwide since 1990, this may be one of the best approaches to utilizing to the full the social housing available.

Summary. The housing satisfaction of these single parents can be summarized by reporting the responses to Questions 55 and 56, which ask generally for the positive and negative effects on the respondent and her children of living where they do.

On the positive side, 25% mentioned increased self-esteem, empowerment, or a brighter outlook on life; 23% referred to the good effects of belonging to a community; friendships and playmates for the children were also alluded to. Interestingly, increased stability and not having to move, the financial benefits of affordability, and safe and liveable design were reported less often (17%, 14% and 10% respectively).

The largest group of responses about negative effect was 81 (30%), the number who said there were no negative effects of living where they did. Thirty-four people (12.5%) had concerns about their neighborhood, such as safety or noise; 29 (10.6%) criticized the physical layout or design of the unit, and 23 (8%) found inadequacies in the development and the way it was managed. But that was all.

3.2.3 Housing Portraits

The following section provides a sketch of the single parent families in the survey and the four main housing options available to them based on the information given us by these respondents.

Co-operative Housing.

The co-operatives represented in the study are resident owned and managed family housing developments providing homes to low- and moderate-income households. Housing charges amount to 25% of income, up to a "low end of market" maximum which varies by development.

A typical co-op respondent was a woman about 38 years of age, who had one or two children about 10 years old and had been a single parent for about 8 or 9 years. She had upgraded her

51

work qualifications since moving into her present home, and now had a university degree. She was working, with a salary in the $20,000 range. About 30% of the co-op respondents drew their income wholly or partly from Social Assistance.

Co-op members had chosen their present homes with cost and size in mind, but were also seeking congenial neighbors and, in particular, security of tenure. They had lived in their homes an average of 7 years. Co-op residents in large part met the criteria for acceptable housing set by Canada Mortgage and Housing Corporation, since most occupants have a private bedroom (suitability), and their homes were affordable for them (average $507 per month). They reported that they were confident they could continue to afford their current housing, and had little difficulty with meeting their other expenses after housing costs had been paid.

Respondents from co-ops were significantly more likely than other groups to be satisfied with safety in their housing developments, but that difference did not extend to their neighborhoods. Their location got high marks for convenience, which may have been partly influenced by the fact that significantly more of these respondents (60%) than others owned and ran a car.

When it comes to more subjective issues of satisfaction with one's housing as a *home*, members of housing co-operatives tended to be very positive by comparison with the other three groups. The majority felt that living where they did was positive for their own and their children's mental health and their children's development. They were less likely to attribute improvements in physical health to living in a co-op, less than half the sample--and in fact fewer proportionately than non-profit renters--doing so. Their mean on the *Health-in-Housing* index, however, was strong at 15 points on an 18-point scale. Co-op respondents were also positive about their housing as a home and community for themselves and their children, scoring a mean of 33.9, well above the group mean of 29.3.

Respondents' assessment of maintenance and management was roughly the same in co-ops as in other social housing developments, despite the very different methods of providing property management services. Although co-op members expressed some complaints about the way maintenance was handled by their volunteer committees, their evaluation generally stacks up to that of the professional staff in the public housing developments.

With regard to the influence they could have on their housing environment, co-op respondents appeared confident that their opinions would be taken into account most of the time and appeared to feel that they had as much say in their housing as they wished. More than a third of co-op respondents feel that they will continue indefinitely to live in their present homes. The high levels of housing satisfaction in co-ops are tempered by a desire on the part of almost 60% to move eventually--some to a dreamed-of rural situation or a home they own.

Non-profit Housing.

The non-profit housing developments sampled were owned and managed, usually with the help of paid staff, by community-based non-profit societies that varied in their approach to

management of housing for low-income people. Some laid strong emphasis on involving tenants; others regarded property management as their primary function. Most of the housing was in the form of family townhouse developments, although some were in apartment format. Rents for all residents were set at 30% of gross household income, with no maximum.

Non-profit respondents were single mothers aged about 35, with one or two children about 8 years old. They had been single parents for an average of about 7 years. They had some college or university education and more than a third had improved their work qualifications since moving into their current homes. However, most drew their income from social assistance, averaging approximately $12,000.

In choosing their present housing, the non-profit renters primarily sought affordability and a size suitable for their family. Ninety-four per cent of them said they had no other acceptable alternatives at the time. They had lived in their current dwelling about 2 years. Like co-op members, they had a bedroom for each family member, and considered their unit affordable. With an average housing cost of $348, they believed they could continue to afford their present home and, on the whole, felt they could meet their other expenses after paying shelter costs.

Respondents from non-profit developments had concerns about safety both in their developments and in the surrounding neighborhoods. They were more satisfied with the convenience of the location even though just over a third owned cars.

Non-profit respondents' assessment of the part their housing plays in family health was generally positive, though not so strikingly so as for the co-op members. Over half said their present home was positive for their own mental health and to their children's progress. Somewhat fewer than half thought their housing promoted their children's mental health, but these respondents were somewhat more inclined than co-op residents to say their housing contributed to physical health. Their mean on the Health-in-Housing index was less than a point below that of the co-op sample.

Non-profit renters came relatively close to co-op members in their sense of home and community, and it is possible that after living there a few more years the levels would be comparable. However, at the time of the survey they had more concerns about safety and felt less positive about it as a place for their children to live than residents of co-ops.

Maintenance and management appear to be relatively well provided in the non-profit developments surveyed. Although the means on the *Influence* index were a little lower than for co-ops, these respondents appear to have a sense of being able to make their wishes known and having them generally respected. Housing satisfaction is tempered, however, by a desire on the part of three quarters of the respondents to move eventually, some expressing themselves as feeling trapped where they are.

Public Housing.

The public housing developments in the survey were owned and managed by the B.C. Housing Management Commission, an agency of the provincial government. Most were in the form of apartment buildings. Rents were set at 30% of household income, with no maximum.

Respondents from the public housing sample were, like the co-op group, approximately 38 years old. They had been single parents for 10 years. Most had 2 children, about 8-year-old range. On average, they had a high school education with some post-secondary training, but had not upgraded their qualifications since moving into their current home. Their income, drawn from Social Assistance in most cases, averaged $10,700.

Public housing respondents focused only on cost when choosing their present housing, and 93% said they had no other alternative at the time. These women had lived in their homes about 5 years. They were less likely than co-op or non-profit residents to have private bedrooms for everyone in the household, and reported some instances of same-sex children over age 6 sharing bedrooms and parents sharing with children. With an average housing cost of $284, they considered their housing affordable even on their low incomes, and believed they would continue to be able to afford it. While expressing more problems in making ends meet than co-op or non-profit respondents, the public housing tenants still did not find too much difficulty in meeting non-housing expenses.

Single parents in the public housing sample ranked with the non-profit and the market renters in their assessment of safety in their development, all well below the co-op members. They were, however, more sanguine than the others about neighborhood safety. Their assessment about the convenience of their location was equal to the others, even though very few of them had cars.

Residents of public housing were the least likely to find their housing situation healthful according to any of the items in the survey. Their mean on the *Health-in-Housing* index, at 11.8 out of 18, was in sharp contrast to the higher means for the other groups, even the market renters who had much greater housing costs and much less objectively suitable housing. Their feelings about their housing as a home were at about the same levels as the market renters, except that they were close to the other social housing groups in feeling that life was relatively fair to them as far as housing was concerned.

Public housing respondents give their maintenance the highest rating of all four groups, and judged overall quality of management at the same level that co-op members did. The mean scores from this group on the *Influence* variables, however, suggest strongly that the residents of public housing feel much less able to have an impact on their housing environment than any other group. Their scores were particularly low in assessing the degree to which their opinions, if expressed, would be taken into account, with a corresponding low level of satisfaction with the amount of "say" they had where they lived.

About two thirds of the public housing respondents hoped to move eventually and a few planned to move soon. About a quarter, however, felt they were there indefinitely.

Market Housing.

Respondents living in market units occupied apartments in low-rise frame buildings or suites in converted houses. Since British Columbia does not have rent controls, they paid full market rents for their accommodation. The survey was carried out before the introduction of legislation in 1994 giving consumer protection to renters by obliging landlords to justify rent increases for sitting tenants.

Respondents in this subsample were younger than the others, approximately 34, and typically had 1 or 2 children, aged about 8. They had been single parents for an average of 7 years. They had post-secondary professional training or some years of college, but no degree, and had not recently upgraded their qualifications. Their income, mostly from Social Assistance, averaged $14,000.

In stating why they chose their current home, the market renters mentioned cost significantly less often than the other respondents, presumably because they had little hope of finding housing that was inexpensive for them. Their major concern was location. A large majority (84%) felt they had no alternative housing at the time. They had lived in their homes about 2 years.

The homes of market renters were less likely to meet housing standards than social housing residents. Fewer than half of those respondents had a bedroom for each family member, reporting adults sharing with children, same-sex children sharing, and even a few instances of children of opposite sexes over the age of 6 sharing bedrooms.

High cost was the major housing problem experienced by these women. Their average rent was $663, an amount that few found affordable, and equally few believed they could continue to afford. Significantly more of them than of the social housing residents reported having difficulty with other expenses after housing costs had been covered.

Safety in development and in neighborhood for these renters was about on a par with that for public housing residents and better than that reported by non-profit renters. They also felt about the same in terms of the convenience of their location. About 40% of them owned a car. While social housing respondents all ranked unit and development design at about the same level, the market renters rated theirs lower, significantly so in the case of the design of their building or development.

The market renters occupy a clear third place with regard to the health-promoting qualities of their homes. On the issue of feeling at home in a community, they come fourth, but not far behind the public housing tenants, who have, objectively speaking, many more advantages in terms of location, affordability, stability, length of tenure and possibilities for developing personal networks. They were significantly less satisfied with maintenance and management of

their dwellings by their landlords than any of the three social housing groups. However, for the items of the *Influence* variable, they were better off than the public housing residents, expressing a considerably stronger confidence that their opinions would be taken into account, and being equal to the non-profit group in having as much say as they wish. This greater level of confidence may be related to the fact that they are paying their whole housing cost themselves and feel some entitlement as consumers.

A smaller proportion of this group (16%) planned to remain where they were indefinitely and a much larger fraction (23%) than in the other groups hoped to move soon. Like public housing residents, two thirds of the market renters had the intention of moving eventually, but a considerably smaller proportion than in the social housing groups felt that they could see no possibility of moving from where they were.

Summary. The portraits above present quite different housing experiences in different settings. *Co-op housing* appears in large part to live up to the claims of its adherents, in that it creates communities where people know each other and participate in decision-making. In terms of the Lindheim and Syme (1983) summary of the determinants of health, it offers opportunities to develop and maintain supportive ties between people, at least insofar as people feel safe and comfortable with their neighbors, and have a sense of being in a real community. It also appears to fulfill its promise of giving people "opportunity for meaningful participation and ... control over conditions affecting their lives", in housing matters at any rate. Because co-op housing provides security of tenure, it can offer the opportunity to remain in one's housing for a long period of time, thus building and maintaining connections with the "biological, personal and historical past."

Co-op respondents were a little older and more established than respondents from other groups. A substantial proportion have used the opportunity of living in co-operative housing to improve their work qualifications, so that at this point in their lives they are better educated than the other groups and most are working rather than receiving social assistance. Among the co-op sample there is a suggestion of wishing to move to a new stage of life. The sense one gets reading through the questionnaires is of a group who are "satisfied."

> *The fact that Lori has warm, secure, comfortable housing has reduced the stress in her life as a single parent and helps her to cope with other stresses. These factors have also contributed to her daughter's well-being and happiness. Her home provides her with great peace of mind.*

Non-profit housing seems to run a close second to co-operative housing and, when managed with tenant participation in mind, might well provide a more health-promoting environment than an ill-functioning co-op, or one more suited to residents who do not wish to put in the time, or take the responsibility, required by self-managed housing. The dwellings themselves meet national standards, and residents appreciate the opportunity to live in homes that are both decent and affordable, in order to get on with their lives. However, non-profit developments are frequently

56

sited in marginal neighborhoods, making safety much more of an issue for these developments than for co-operatives and public housing developments, which, being older, are better situated.

Most of the non-profit respondents were in their mid-thirties, had some education beyond high school, but nevertheless drew their income from social assistance. A third of them had improved their work qualifications since moving into their present housing. A read through their survey forms gives the impression of a group in the porcess of improving their lives and relatively "hopeful" in spite of less than perfect conditions in the present.

> *Janis was very happy to get into her current housing. she visited the site while the units were still being constructed. Seeing her new home being built gave her hope at a time when she felt that her life was self-destructing. For her, moving into a new place meant a new beginning and a new life for her and her children....*

Public Housing was most noteworthy, on the positive side, for good property management in conventional terms. Residents appreciated the quality of maintenance, the response to their particular requests, and the overall standard of management they observed around them. They were also more positive than other groups about the convenience and safety of their neighborhoods. On the other hand, these respondents appeared to have a sense of disempowerment that undermines rather than supports attempts to promote health and encourage residents to become more self-sufficient.

The public housing respondents were about the age of co-op members in the survey, but less well educated and less likely to have upgraded their qualifications since moving into their present home. By far the majority listed social assistance as their main source of income. These respondents as a group could be characterized as "resigned".

> *Jill feels trapped in public housing and brought down by the attitude and the atmosphere in the development. Many people there have given up hope of ever living in different housing; no one seems to be getting anywhere. The stress and tension of dealing with management and difficult tenants undermines her confidence. She struggles not to feel that she is in a rut and won't reach her goals.*

Market Housing renters were living in the most difficult situation, paying large portions of their income for housing which was crowded and unaffordable by national standards, and less acceptable in design. They tended to be less satisfied with maintenance and management than any of the social housing residents, but did at least have more confidence than public housing residents that they could influence their housing environment. The comparison on this score between market and public housing respondents tends to support the hypothesis that being confident of having an effect in their housing setting is more important to housing satisfaction than having housing that meets national shelter standards.

This was the youngest of the subsamples, and very like the non-profit residents on most scores. However, their average income at $14,000 was higher than the latter, and a full 10% fewer

(28.6%) had made improvements in their qualifications since moving into their current home. Almost three quarters (73%) were on social assistance at the time of the survey. The impression of these respondents left with the reader is primarily one of anxiety and stress.

For Susan, housing plays a huge part in her health and well-being. Feeling powerless and not in control of her housing situation or her future is very stressful; it impacts negatively on her sense of self-esteem and self-worth.

Sections 3.1 and 3.2 above reported the results of this survey with regard to the sociodemographic characteristics of the respondents and the qualities of their housing. The housing section addressed both shelter as such and the housing satisfaction, finishing with a summary portrait, from the residents' point of view, of each of the four housing governance types in the study. The following section will report on the personal networks of the single parents in the study.

3.3 Personal Network Variables

Based on the literature reviewed above, respondents' personal networks were measured on the following dimensions: total network size, network extension (size of the extended zone of casual friends and acquaintances), number of memberships in formal organizations and informal groups, frequency of interaction with other people, composition (number of relatives, friends, close friends, neighbours, co-workers, fellow students, teachers); number of "close ties" (total of close, or intimate, ties with friends and relatives), proportion of relatives and network homogeneity (presence of others "like" the self in terms of age, marital and parental status). Also, number of instrumental roles (paid and unpaid) was counted. Results are reported below under the following headings: network dimensions and housing type, networks and socioeconomic status, networks and social identity. Finally a summary and evaluation of the networks of residents of the four housing types in terms of their health-promoting characteristics, parallel to the housing portraits above, is presented.

3.3.1 Network Dimensions and Housing Type

The major network variables were examined to shed light on differences, in our population, by housing type. Table 15 compares the networks of residents of the four housing types on these variables.

Table 15: Mean Scores on Selected Personal Network Variables by Housing GovernanceType

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Size	46	38	41	46	41	*

58

Extension	32	24	27	29	28	*
Formal Groups	1.8	1.4	1.3	1.6	1.5	*
Informal Groups	.8	.7	.4	.6	.6	*
Total Groups	2.6	2.1	1.7	2.2	2.1	.08
Frequency of Contact	27.8	26.4	27.2	27.4	27	*
No. Friends	14.9	10.6	9.1	10.3		.005
No. Close Friends	7	5.5	4	5		.008
No. Neighbors	9.3	6	6.4	4	6.7	.000
No. Coworkers	8.5	5.2	4.4	5.2	5.8	.03
Total Kin	7.2	8	8	6.8	7.6	*
Proportion of Kin (%)	22.1	26.0	26.7	19.5	24.1	*
No. Instrumental Roles	2.5	1.4	.9	1.5	1.5	.0000
No. Neighbors Similar in: age marital status parents	5.7 4.2 6.2	3.2 3.1 5.6	4.4 3.1 5.6	1.8 1.6 2.5	4.0 3.1 5.2	.000 .003 .009

* p > .05 (non-significant)

At 41, the mean total network size of the single parents was at the top of the normative range established in cross national and cross-cultural research: 20 to 40 with a range of 18 to 60. Further, neither size, extension, group membership nor frequency of interaction differed significantly by housing type, in spite of significant differences in income, a known predictor of these network characteristics. These findings were unexpected, since, as noted in an earlier section, single, unemployed parents are typically among the most isolated groups in contemporary society.

Respondents differed significantly by housing type on certain components of network composition. People in co-ops had more friends, more close friends, knew more neighbours and named more co-workers than did residents of the other housing types.

Another way to assess network homogeneity is to consider the portion of the network that is made up of people similar to oneself. Table 16 shows the homogeneity of respondents' networks from this perspective.

**Table 16: Homogeneity: Percentage of Similar Network Members
on Age, Marital Status and Parental Status**

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272
Age	66	74	69	65	68.5
Marital Status	42	37	45	51	56.5
Parental Status	69	73	64	49	64

Table 15 shows that, in respect of age, marital and parental status (i.e., the status of being parents), the networks of all participants in this study contained a substantial proportion of similar others. Further, each category contains at least 26 percent of "different" others to provide variety and social-environmental "normalcy." It was noted in an earlier section that homogenous communities are health promoting and that friendship formation is fostered by similarity. The high levels of parental-status homogeneity in the networks of the social housing residents in this sample illustrate one of the ways in which social housing provides a potentially health-promoting environment.

> *Susan doesn't know her neighbors, and doesn't feel that she is part of a community where she lives. There are neighbors she could go to in an emergency, but she does not consider them friends. Susan's friends are scattered all over the city, so she has no social network in the immediate area.*

3.3.2 Networks and Socioeconomic Status (SES)

Table 17 shows the correlations between the characteristics of respondents' personal networks and the three indicators used to measure socioeconomic status: level of education, income and source of income (receiving/not receiving social assistance).

**Table 17: Pearson's Correlations between Respondents' Network Characteristics
and Socioeconomic Status Indicators.**

Variable	Income (r)	S.A. (r)	Education (r)
Size	.147	-.190*	.252**
Extension	.106	-.151	.270**

Total Groups	.095	-.13	.247**
Frequency	.042	-.091	.120
No. Friends	.237**	-.193**	.173*
No. Close Friends	.295**	-.276**	.161*
No. Neighbors	.117	-.104	-.165*
Total Kin	.004	-.038	.123
Proportion Kin	-.094	.173*	-.118
Instrumental Roles	.409**	-.374**	.410**

* p < .01
** p < .001

The well established positive association between network size and socioeconomic status was only weakly reflected in the study population. Total income predicted neither total network size, network extension, group membership, nor frequency of interaction, accounting for a negligible fraction of the variance in these dimensions. Number of friends and close friends correlated weakly and positively with income, close friends showing the strongest association.

The other network-related variable of interest, number of instrumental roles, was moderately correlated with income, a predictable finding, given that the higher incomes of a minority of respondents (primarily co-op residents) is accounted for by their employment roles.

The correlations with receipt of social assistance reflect the other side of the coin: network size, number of friends, number of close friends and number of instrumental roles were weakly to moderately correlated with receipt of social assistance but in a negative direction. Only proportion of kin showed a low positive link to receiving social assistance. These findings show that respondents receiving social assistance were more likely to have restricted social networks, and are consistent with past research showing that low-income single mothers tend to have very small networks (e.g., Anderson 1982).

Network size, extension and group membership showed a low positive correlation with education but overall, education explained only a fraction of the variance (no more than 7%) in scores on these three dimensions. Education was also weakly correlated with number of friends and number of neighbours in the network. And there was a moderate positive association between education and number of instrumental roles, those holding degrees averaging three roles, those with less than high school, one.

The most striking feature of the above findings is that, although there is a clear association between SES and the network variables, it is weaker than would be expected on the basis of the literature. In this sample, the anticipated strong effect of SES on networks appears to be

mediated by factors other than SES. For example, with regard to the findings on instrumental roles, it is noteworthy that income accounts for only 17 % of the variance in these scores. It is clear that these predominantly unemployed, low-income parents are engaged in non-paid activities which involve accomplishment not related to earning a living.

3.3.3 Networks and Social Identity

An important purpose of the analysis of respondents' personal networks was to determine the extent to which those networks enabled respondents to maintain a satisfactory social identity. That is, how health-promoting were those networks? It will be recalled from the literature review that a) social identity is defined as the sum total of all one's social roles; b) in our society only instrumental roles -- roles involving accomplishment of some kind -- confer a respected, valued social identity; c) the number of roles occupied determines the size of the personal network.

The following variables were selected as indicators of social identity: total network size, network extension, total number of group memberships, frequency of interaction, proportion of kin and number of instrumental roles. The data were subjected to a principal components analysis to see if, for this sample, they formed a coherent measure of social identity. The analysis confirmed that these six variables constituted a single dimension which we have labeled 'social identity'. Table 18 shows factor loadings on the component network variables.

Table 18: Component Loadings for Social Identity Factor.

Variable	Loading
Network Extension	.93396
Total Network Size	.92725
Frequency of Interaction	.87839
Total Organizations	.61673
Instrumental Roles	.61205
Proportion of Kin	-.52033

The fact that these components constitute a single factor supports Burnside's approach to conceptualizing and measuring social identity, on which the analysis of respondents' personal networks is based. Where necessary, the highest-loading variable, network extension can be used as a single indicator.[23] The factor is used to guide assessment of the capacity of the

---

[23] The high loading on network extension suggests that this component could function on its own as a satisfactory indicator of social identity. This would also be a first choice on theoretical grounds, since the extended zone of the network reflects community-based activities. While total network size also has a high loading, it is less attractive as a social identity indicator because it includes the core zone. While a large network suggests a large extended zone, exceptional cases with very large core zones could bias results in analyses which depend on total network size as a proxy measure of social

62

networks of residents of the four housing types to deliver a satisfactory social identity (see section 3.3 below). In this study the factor, as such, will not be used in further data analysis.

These findings confirmed our expectation that certain network characteristics, together with number of instrumental roles occupied, would form a coherent measure of social identity. Number of instrumental roles is moderately and positively correlated with the major network dimensions: size ($r=.427$, $p < .001$), extension ($r = .444$, $p < .001$), group membership ($r = .391$, $p < .001$), frequency of interaction ($r = .409$, $p < .001$) and negatively with proportion of kin ($r = -.263$, $p < .001$).

3.3.4 Summary: Health-Promoting Qualities of Resident Networks by Housing Type

In the following section the network characteristics of residents of the four housing types are summarized and evaluated on the basis of Burnside's model for a health-promoting personal network. To reiterate, a health-promoting personal network that supports a satisfactory social identity:

- is large in size
- contains a large "extended zone" of friends, acquaintances and weak ties
- is linked to formal and informal groups and/or "people settings"
- is "active" (regular, frequent interaction with network members).
- includes intimate ties
- contains more friends and acquaintances than relatives
- has some degree of homogeneity
- contains multiple role sectors leading to instrumental roles that delivers achieved as well as ascribed role identities

Notwithstanding the findings of "no difference" on major network variables examination of within-group differences revealed consistent patterns that differentiate the four housing types. The contrast between the networks of Co-op and public housing residents is particularly striking.

Co-op Housing

The network composition of co-op respondents did differ significantly from that of other subsamples. As shown in Table 14, they listed more "friends" and "close friends", named more co-workers and knew more neighbours than did residents of the other house types. In terms of homogeneity, their neighbours were significantly more "like" themselves in age and marital status and in being parents.

---

identity.

Co-op residents also listed significantly more instrumental roles than did the other single parents in the study population (p < .0000), an expected finding, given that over two-thirds of this subsample were employed or self-employed. The finding that they scored highest on the Influence measure, reported above, suggests active involvement in resident committees and other housing-related activities. These findings indicate that co-op residents had the most complex social identities in this sample. When evaluated according to the criteria outlined in the Burnside model, their network structures were the most health-promoting in the study population. Their networks provided emotional and instrumental support plus a positive social identity.

> *Helen feels that co-op housing is of real value to single mothers, providing affordability, security and stability. It gives them control over their housing and a voice in how they want to live. The added responsibilities Helen assumes as a co-op member are a fair trade off; co-op housing provides a supportive structure and eases the toll and hardship of single parenting.*

These data fit well with the already-reported finding that a majority of co-op residents said that they resided in a "real community" and were most likely to "feel comfortable" with their neighbours. Most of these single parents thought that co-op living had had a positive effect on the social development (and presumably on the personal networks) of their children.

Non-Profit Housing

Non-profit residents had the smallest, least extended networks in the study population but differences were not significant. Their networks resembled those of the market renters in some respects, both tending to occupy a middle ground between those of co-op and public housing residents. Social identity indicators suggest that the networks of these single parents do not deliver a strongly positive identity. At the same time their networks appear to be generally adequate and they are far from being isolated. Thus their networks appeared to be somewhat health promoting.

> *Brent likes some of the kids in the development with whom he plays. However, some of the other kids are violent and bullying and parents are not responsive to problems. He prefers to play in the hallway with his friends rather than outside in the playground.... He cannot play outside the development and wants to move. He has asked to return to their old home in market housing.*

Public Housing

The networks of public housing residents contained significantly fewer friends, close friends, and co-workers than residents of the other housing types. Although differences were not significant their networks contained the highest proportion of kin. They belonged to the fewest organizations (although, again, differences did not reach statistical significance) and reported the fewest instrumental roles (p< .0000).

This network profile reveals marked deficits. The fact that these respondents' networks had the highest proportion of relatives and the fewest close friends indicates that they occupied fewer non-familial roles and therefore had fewer links to the wider community with, consequently, fewer opportunities to meet new people and make new friends. Probably the most serious weakness is the restriction, imposed by the failure of their networks to provide social "access", on the ability of these single parents to construct a respected social identity.

Although the average size of the public housing respondents' networks was in the normal range and similar to those of the rest of the study population, it appears that a good deal of their social interaction took place with neighbours and kin. Their social identities were thus weighted towards ascribed, familial identities. Since the majority were unemployed and on social assistance, they lacked the primary pathway to social recognition and integration offered by our society, a job. In fact, their status as welfare recipients degraded their identities. Data on the Influence variable, reported earlier, tell us that instrumental roles within the housing development were largely unavailable. Although the networks of the respondents living in public housing are within the normal size range, they cannot be characterized as health-promoting.

Recall that this subgroup were least likely to "feel comfortable" with neighbours (p < .02). Less than a quarter of these mothers thought that the environment of their housing had a positive effect on the social development of their children.

> *Although there is not much agreement among the people living in the development, she and other neighbors have requested that some disruptive people be evicted, but they appear to be protected by the rules and policies of the public housing system. Jennifer does not see how the problems can be resolved without evictions.*

Market Rental Housing

Market renters' networks had much in common with those of the both the non-profit and public housing residents. These respondents are most distinguishable for knowing the fewest neighbours and for having neighbours most "unlike" themselves in age, marital status and parental status. These findings were to be expected, given that these parents live in the general community. However, their total personal networks reflected reasonably high levels of overall homogeneity -- suggesting that these parents sought out the company of others with common concerns and interests.

The market renters also had the smallest proportion of relatives. (If employed -- and only about one quarter was -- the "people who help" were co-workers rather than relatives). These renters belonged to slightly more groups than did the social housing respondents, although the difference was not significant. This, plus the relative homogeneity of their networks, suggests that these women, aware of their own and their childrens' vulnerability to

isolation, made a conscious effort to network, but also strengthens the suggestion that our sampling method tended to recruit "activists".

The social identity and network deficits reflected in the market renters' profiles, attributable primarily to low levels of employment, may have been offset, to some extent, by their relatively high levels of group participation. It is clear that this subsample of single parents are not socially isolated and their networks appear to be somewhat health promoting.

Claire doesn't know anyone in the neighborhood; none of her friends live nearby, and now that she has started school full-time, she feels very isolated and doesn't have time to socialize .... Kelly doesn't have room to play with her friends or have them sleep over. She has friends at school and knows kids in the neighborhood with whom she plays; however, she is embarrasses to have her friends see where she lives.

3.3.5 General Discussion of Network Findings

The well established positive correlation between indicators of socioeconomic status (particularly the education component) and network size and extension, group affiliation and number of friends was upheld in this study. However, the correlations are weak, the SES factors accounting, in general, for a very small proportion of the variance in the network measures. These findings are particularly noteworthy, given that 65 percent of these single mothers did not participate in occupational roles and were therefore at high risk of social isolation. The isolating effect of low status appears to have been mediated by other factors.

Since employment accounted for only a portion of the link between number of instrumental roles occupied and income, the single parents must have been engaged in a variety of instrumental roles not related to employment. Examination of the Influence measure suggests that opportunities for these roles are to be found in their housing environment. The fact that residents in certain housing types reported that they felt free to express their opinions and take action on housing-related matters, and that these opinions could influence how their development was run, is evidence for the existence of instrumental roles in these settings (e.g., committees, elected positions). Such roles enhance the social identity and, therefore, the self-esteem of those who occupy them. Further, such roles necessarily involve interaction with others which, in turn, provides opportunities for network augmentation. The data showed that both total group membership and number of neighbours in the network were linked to Influence.

The network findings are consistent with our hypothesis that the social structure of housing can mediate the isolating effect of low status on single parent families. Contrary to expectations based on past research, the size and extension of the single parents' networks are in the normal range and size is not linked to socioeconomic status. Thus our findings suggest that social housing of any type is protective against social isolation and its known pathogenic effects. But our findings also show that housing that promotes the involvement of residents in management decisions greatly enhances the social opportunities of residents.

66

This, in turn, suggests that a proactive, prosocial policy in designing governance structures could further increase the social benefits of social housing.

Findings about the relationship between residents' housing, their network characteristics and their health/well-being are reported in the next section.

3.4 Health and Wellbeing

3.4.1 General Well-Being Schedule (GWB) and Self-Perceived Health

At a mean of 95 on total GWB this sample of single parents scored in the "strong positive" range established for this instrument (Fazio 1977).

With the exception of education, none of the indicators of SES (education, income, receipt of social assistance) was linked to the GWB scores. Chi square analysis showed that education was positively associated with total GWB ($p < .04$). Analysis of variance showed that, while the GWB-A component (current morale) was not significantly linked to education ($p < .10$), the GWB-B component, which explores past help-seeking behaviour for mental health and/or social problems, was strongly linked to education ($p < .005$). Thus it was help-seeking behaviour, not morale, that accounted for the association. The most educated respondents reported fewest contacts with professional helpers.

The GWB findings were examined for differences by housing type. Table 19 depicts the results obtained by comparing total GWB, GWB-A and GWB-B scores of residents of the four housing types.

Table 19: Mean Scores on GWB by Housing Governance Type

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total
GWB Total	93.7	97.4	96.7	90.2	95*
GWB-A	59.3	64.4	62.8	57.5	59.3
GWB-B	34.4	33	33.9	32.7	34.4

* all statistics are non-significant

There were no meaningful differences on total GWB, or on GWB-A or GWB-B scores among residents of the four housing types. Because the GWB is a global indicator of mental health status, and because the GWB-B scale probes past and current involvement with mental health professionals, this instrument functioned as a test for possible mental health biases

among residents of the four housing types. The finding of "no difference" indicates there were no such biases -- the levels of mental health were the same for the four subgroups.

In general these data show that, as a group, this sample of single parents studied exhibited normal levels of mental health and morale. It is important to note, however, that the GWB identifies distress/depression/ demoralization; it does not necessarily tap positive morale and well-being (Dupuy 1974). That is, the respondents as a group are not in distress, but they may or may not be particularly happy.

Looking for clues to understanding this admittedly unexpected result of "no difference" between residents of the four housing types on the GWB, the researchers discovered one (and only one) item showing a significant difference by housing type. Item 60e ("under strain, stress or pressure during the past month") showed market renters and co-op residents more stressed than respondents from the other two housing settings ($p < .01$).

A measure of self-perceived health was administered in a follow-up questionnaire in order to confirm and further explore the domain "health/ well-being". Data analysis showed that there was no association between perceived health and socioeconomic status. Further, there were no significant differences on perceived health among residents of the four housing types.

3.4.2 The Bradburn Affect Balance Scale

The Bradburn Affect Balance Scale (Bradburn 1969), along with the measure of perceived health, was administered after the basic questionnaire in order to confirm the GWB findings of "no difference" among housing types.[24] Forty-eight percent (130) of the original population responded. The reader is reminded that we were interested only in the Positive Affect Scale and the Negative Affect Scale results rather than the combined Affect Balance scores. Table 20 shows the scores for positive affect and negative affect.

---

[24] The Bradburn Scale had preformed reliably and had measured significant differences among community-dwelling seniors living in co-op, rental and condominium housing in a previous study by Doyle (1990).

68

**Table 20:   Mean Scores on Positive Affect and Negative Affect
by Housing Governance Type**

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45	Total n = 272	p <
Positive Affect /11 [25]	5.4	5.2	4.9	4.9	5.1	*
Negative Affect /5	1.9	1.7	2.1	3.3	2.0	.005

* non-significant

No differences on the Positive Affect Scale, nor for any individual items, were found for this sample. However, market housing residents had significantly higher scores on the Negative Affect Scale than did the social housing residents. Following the same procedures established for the GWB we analyzed single items from the Positive and Negative scales and found a striking difference between residents of the three types of social housing and market renters on three of the five items from the Negative Affect scale of the Bradburn. Table 21 shows the percent of social housing residents, compared with percent of market renters, who answered yes to each item.

**Table 21:   Comparison of Social and Market Housing Residents
on Negative Affect Scale
(per cent selecting "yes")**

Variable	Social Housing n = 227 (% yes)	Market n = 45 (% yes)	p <
too restless to sit	37	80	.002
bored	44	53	*
depressed/unhappy	44	73	.03
felt lonely/remote	35	67	.02
upset because of criticism	32	53	*

* non-significant

---

[25] The Bradburn Positive Affect Scale was augmented as discussed in section 2.2.2 above.

The above analysis of selected items on the GWB-A and the Bradburn Negative Affect Scale suggest that although strong differences in wellbeing or affect do not exist between respondents from different housing types, there may be more anxiety and distress among single parents renting in the private market. They were more likely to report feeling "depressed/unhappy" and being "too restless to sit" than the social housing residents. Perhaps most tellingly, from the perspective of this study, was the finding that about twice as many market renters as social housing residents felt "lonely and remote from others". This result supports the intuitive characterization of this group as "anxious" that arose from reading through the survey forms.

The most important finding from the above measures of wellbeing and health was the absence of meaningful association with indicators of SES, given that this is probably the best-documented association in the epidemiology of health (Dohrenwend 1990). It seems clear that, in our population of single parents, other factors are intervening to mediate the impact of low SES on health/wellbeing. Further, the absence of an association between these measures and housing type suggests that being in social housing, regardless of governance type, provides some basic level of health/wellbeing "insurance".

But what about the market renters? Why did they not reflect the expected positive correlation between SES and health/well-being? It was suggested in Section 3.3.3 that our sample of market renters may have been biased in favour of community-involved "joiners". If this is the case, we may be looking at a population of over-all healthy, involved single parents containing a small sub-group of distressed, depressed, lonely and alienated individuals *or* a group who, as a whole, manage to remain healthy and involved despite anxieties related to their housing situation (since they differ from the social housing renters primarily in housing type).

3.4.3 Networks and Health/Wellbeing

Contrary to past research, there was virtually no association between network variables and any of the health/wellbeing measures in this sample composed largely of social housing residents. This result parallels the equally unexpected finding, reported in Section 3.3, of no association between network variables and SES. Past research has established that SES and social networks predict health and wellbeing (e.g., Berkman and Syme 1979; Larson 1978).

These data strongly reinforce the conclusion reached in the previous section and allow us to modify it as follows: social housing, *per se*, appears to support social connection and, therefore, moderate levels of health/well-being. However, variations in social connection and opportunities for instrumental activity among the housing types suggest that there are ways to increase the health-promoting effect of social housing -- specifically through participatory models of housing management.

The next section moves from general indicators of health to measures more specifically tailored to health in the housing setting.

3.5 Health-in-Housing

The *Health-in-Housing* index emerged as part of the principal components analysis that examined satisfaction with "home." The index is a judgement by respondents of their present housing's contribution to their family's health -- their own and their children's physical and mental health -- and their children's development. As such, it constitutes a definition of a healthy housing environment.

With this index available for use as an additional outcome measure, it becomes possible to examine in detail the variables that contribute to a health-promoting housing setting. The key socioeconomic, housing and personal network variables in the analytical framework identified in the data from this study are:

1. *Socioeconomic Variables:* Age, Education, Income and Income Source

2. *Housing Variables:* Length of Tenure, Home and Community, Maintenance and Management, Influence

3. *Personal Network Variables*: Network Size, Network Extension, Number of Groups Belonged to, Frequency of Contact, Proportion of Kin, Instrumental Roles.

Findings for these key variables in the light of their relationship with *Health-in-Housing*, and their relationships with each other, are set out in this section.

This is done in order to summarize the variables that have been found in these data to be most important, and and to clarify their relationship will both general health/wellbeing (GWB-A scores) and *Health-in-Housing*. The reporting format that shows the association between each variable and residence in one particular type of housing (as opposed to any of the other types) is also continued.

3.5.1 Socioeconomic Variables

Because it is a primary predictor of health, the socioeconomic status (SES) of respondents was of particular interest, in this study measured by education, income and source of income (receipt or non-receipt of social assistance). Correlation between these variables and *Health-in-Housing*, and the means by housing type, are shown in Table 22 below.

Table 22: Pearson's Correlations between Key Socioeconomic Variables, GWB-A Scores and Health-in-Housing

	H/H	GWB-A	Age	Ed'n	Income	S.A.
Health/Hsg	1.00					
GWB-A	.30**	1.00				

71

Age	.06	.10	1.00			
Education	.09	-.03	.06	1.00		
Income	.21**	.00	.11	.35**	1.00	
Social Asst	-.17*	-.04	-.17*	-.30**	-.62	1.00

* p < .01 * *p < .001

The association between those same variables and the four housing governance types is presented in Table 23.

Table 23: Pearson's Correlation between Key Socioeconomic Variables, GWB-A Scores, Health-in-Housing and Housing Governance Type

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45
Health-in-Housing	.263**	.126	-.326**	-.032
GWB-A	-.058	.078	.048	-.083
Age	.115	-.092	.093	-.146*
Education	.264**	.145*	-.350**	-.026
Income	.503**	-.110	-.320**	-.052
Social Assistance (%)	-.422**	.049	.278**	.077

* p < .01   ** p < .001

Table 22 shows that respondents with higher income, higher scores on the GWB-A, and not on social assistance are more likely to consider their housing healthy for themselves and their children. It also shows the expected association between low income, lack of education and being on social assistance. These correlations are significant but generally weak. There is no statistical relationship between age and *Health-in-Housing*; in fact age is unrelated to any of the other variables under discussion except that respondents on Social Assistance are somewhat likely to be younger than others.

The correlations by housing type confirm the socioeconomic pattern developed in previous sections: residents of housing co-operatives are generally better educated than other respondents, have higher incomes and are less likely to be on social assistance; public

housing tenants, on the other hand, are the exact opposite. Market and non-profit renters again come in between.

3.5.2 Housing Variables

Next, the key housing variables are shown in Table 24:

Table 24: Pearson's Correlations among Key Housing Variables, GWB-A Scores and Health-in-Housing

	H/H	GWB-A	Tenure	Home	Maint	Influence
Health-in-Housing	1.00					
GWB-A	.303**	1.00				
Length of Tenure	-.059	.049	1.00			
Home and Community	.627**	.284**	.145	1.00		
Maintenance and Management	.276**	.291**	-.007	.403**	1.00	
Influence	.419**	.170*	-.068	.591**	.401**	1.00

* p < .01 ** p < .001

The table demonstrates that, with the exception of length of tenure, all these key housing variables are strongly correlated with a healthy housing setting. Clearly the strongest relationship shown is between the sense of being at home in one's community, and being in a healthy place. The belief that one can influence conditions in the housing setting is also of considerable importance, with perceptions of maintenance/management quality still important but of less concern.

The association between the key variables and residence in a given housing governance type is shown in Table 25:

73

Table 25: Pearson's Correlations among Key Housing Variables, GWB-A Scores, Health-in-Housing and Housing Governance Type

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45
Health/Housing	.263**	.126	-.326**	-.032
GWB-A	-.058	.078	.048	-.083
Home/Community	.339**	-.007	-.222**	-.126
Maintenance/Management	.033	.100	.053	-.219**
Influence	.356**	.077	-.319**	-.094

* p < .01 ** p < .001

While there is no association between housing governance type and scores on the GWB-A, the table otherwise shows a strong pattern by housing type for the housing variables and for *Health-in-Housing*. For *Health-in Housing* itself, as well as *Home and Community* and Influence, the contrast is between co-ops at one end of the range and public housing at the other, with non-profits and market apartments in between. For *Maintenance/Management* the contrast is rather between social housing (even though the three types differ considerably among themselves in the structures through which maintenance and management are provided) and market housing units.

3.5.3 Personal Network Variables

The key characteristics of respondents' personal networks are shown, with their relationship to *Instrumental Roles*, the *Health-in-Housing* index and the GWB, in Table 26:

Table 26: Pearson's Correlations between Key Personal Network Variables, Instrumental Roles, GWB-A Scores and Health-in-Housing

	H/H	GWB-A	Size	Extent	Grps	Freq	Kin	Roles
Health-in-Housing	1.00							
GWB-A	.303**	1.00						
Network Size	.200*	.142	1.00					
Network Extension	.178*	.162*	.964**	1.00				

	H/H	GWB-A	Size	Extent	Grps	Freq	Kin	Roles
Number of Groups	.111	-.014	.431**	.415**	1.00			
Frequency of Contact	.190**	.078	.834**	.802**	.476**	1.00		
Proportion of Kin	.000	-.062	-.357**	-.453**	-.222**	-.299**	1.00	
Instrumental Roles	.222**	.061	.427**	.444**	.391**	.409**	-.263	1.00

* p < .01 ** p < .001

The data show that a healthy housing setting correlates weakly with the number of instrumental roles occupied and by certain network characteristics: the size of the respondent's network, its extension (links to the wider community beyond family and close friends), the frequency of contact with members of that network. These correlations, like those for SES, are significant but relatively weak.

It was noted in earlier sections that the lack of a strong association between health/wellbeing and the macro- and micro-level predictors of health (SES and personal networks) was unexpected in the light of current knowledge. The findings are similar for the specifically housing-oriented measure of health: characteristics of networks are not strongly related to the judgement that one's housing is healthy for oneself and one's family.

Eighty-three per cent of this sample live in social housing, a setting that is stable, well maintained and moderate in cost when compared to the private market. Their relatively homogeneous housing communities offer opportunities for frequent social contact beyond the family. In many of the developments, residents participate in decisions that affect them, taking on at least one instrumental role in the housing environment. While a portion of these social housing residents express a sense of stigma and frustration with negative social environments, most see their housing as having a socially-integrative effect, enhancing their self-respect and increasing their wellbeing.

The findings from this study point to the conclusion that, if these respondents do not differ enough among themselves for the major predictors of health to be strongly operative, it is because of the social opportunities they have available in their housing environment.

Finally, the correlations between the personal network variables and the four housing governance settings are shown in Table 27.

Table 27: Pearson's Correlations between Key Personal Network Variables, Instrumental Roles, GWB-A Scores, Health-in-Housing and Housing Governance Type

Variable	Co-op n = 67	NProfit n = 65	Public n = 95	Market n = 45
Health/Housing	.263**	.126	-.326**	-.032
GWB-A	-.058	.078	.048	-.083
Network Size	.101	-.048	-.046	-.002
Proportion of Kin	-.049	.047	.080	-.096
Frequency of Contact	-.018	-.029	.000	.014
Number of Groups Belonged To	.140	.008	-.152	.014
Network Extension	.088	-.075	-.029	.020
Instrumental Roles	.432**	.057	-.334**	.007

* p < .01 ** p < .001

This table shows that residence in a given type of housing is not related to characteristics of respondents' personal networks. However, the number of instrumental roles undertaken, a determinant of network structure, is strongly and positively related to living in co-operative housing and strongly but negatively associated with living in public housing.

While social opportunities are found in social housing communities, the opportunity to take on instrumental roles is more characteristic of co-operative housing than of other types of social housing.

3.5.4 Major Predictors of Health-in-Housing

In an effort to pinpoint the variables, of all those that had been examined in the study, that would best predict a healthy housing setting, the *Health-in-Housing* index was subjected to a regression analysis incorporating all the key socioeconomic, housing and personal network variables discussed above. The results of the regression analysis are shown in Table 28.

Table 28: Predictors of Health-in-Housing

Variables	Multiple R	R² (cumulative)	p <
Step 1: Influence	.419	.175	.0000
Step 2: GWB A	.480	.231	.0000
Step 3: Instrumental Roles	.501	.252	.0000

The table shows that the best predictor of a healthy housing setting from a single parent's perspective is, *Influence*, the degree to which she feels she can influence her housing environment. *Influence* contributes more than 17% to the variance in *Health-in-Housing*.

The impact of this variable is supplemented by the current wellbeing of the respondent, which adds about 6% to variance, and the number of instrumental role sectors occupied (3%). Together, these variables account for 25% of the variance in perceived contribution of housing to family health. Notably *absent* as major predictors are the socioeconomic status and network variables. These variables do not differentiate our respondents in this housing-specific measure.

> *Claire feels that housing plays a major role in her health and well-being. Her housing is a constant reminder that she is a failure and that she has done things wrong. She feels that she is living in an oppressive environment with no way out.*

The results reveal the importance of *Influence* and *Instrumental Roles*, variables that tap the domain of social power in the housing context. In exercising influence one is acting instrumentally; thus these significant predictors are overlapping constructs, and in fact are correlated *(Influence/Instrumental Roles* r = .201, p = .001; *Influence*/GWB-A r = .166, p < .01). They also point to one of our central concepts, social identity, and its link to SES. The opportunity to exercise instrumentality and influence and thereby to enhance social identity is not generally available to low status persons. Thus these variables, taken together, may be viewed as an indicator of social identity as played out in the housing setting.

> *Helen has gained in self-esteem. she finds that she sometimes wakes up happy, something she doesn't remember experiencing often. Her participation in co-op meetings has enabled her to overcome fears of interacting and speaking out in a group situation. She feels comfortable expressing her opinions or voicing disagreement. This comfort has crossed over to other realms of her life: she participates more in meetings at work and is able to be assertive in expressing her point of view.*

The idea that opportunities to influence one's housing environment (which is in itself an instrumental role), combined with one's current wellbeing and the number of other instrumental roles one undertakes, would be predictors of health in housing is consistent with Lindheim and Syme's summary quoted above: opportunities to participate, to develop a positive social identity, to relate over time to a community, are fundamentally health-promoting. Housing that offers those opportunities is a healthy or "health-promoting" housing environment.

SECTION 4: DISCUSSION AND CONCLUSIONS

In taking a look at the importance of housing to single parent families, the researchers set out to describe the housing situation of lower-income single parent renters in one expensive urban housing market and to examine the role, if any, that housing plays in mediating the macro-level determinants of health. The research was also intended to identify the qualities of a health-promoting housing environment. At base, this was a policy study undertaken in order to incorporate housing into new perspectives on social policy.

The findings, for this sample of 272 single parent renters living in East Vancouver, are discussed in this section within the framework of the five objectives of the study presented in Section 1.3.

4.1   Findings for Study Objectives

Objective 1: To describe and compare the housing situation of single parents living in various types of housing.

The housing situation of the single parents who responded to this survey has been described fully above. With regard to shelter as such, respondents living in social housing had suitable, adequate and affordable housing that met national standards. Those living in market housing had housing that was more crowded and often inadequately maintained but not seriously in disrepair. The major disadvantage of market rental housing was that it cost high portions of the family income, leaving the parent in a state of anxiety about being able to continue to pay the rent, and with major concerns about meeting other basic household expenses. The high cost also undermined family stability: while length of tenure in the older social housing types was 5 - 7 years,[26] market renters had been in their current homes an average of 2 years, and almost 40% of them thought it very likely they would move within the year.

---

[26] Length of tenure for the non-profit residents is confounded by the relative newness of the buildings in which they live.

Safety where they lived was something of an issue for most of the women and men who participated in the survey. Although most co-op members felt safe on the co-op grounds, concerns were expressed by all other subgroups about safety in their own development or building. All worried about the safety of their neighbourhood, particularly for older children who needed more independence, and some reported conflict between themselves and their children on that account. The residents of the newer non-profit buildings, some of them located on the edge of industrial areas, reported anxiety because of drug-related activity, prostitution, street violence and gangs in their immediate neighbourhoods.

Satisfaction with the convenience of their neighbourhoods was high among all subgroups, even for the 63% of respondents who did not own cars. The part of Vancouver surveyed has easily accessible public transportation and good local services. With regard to building and unit design, satisfaction was generally moderate to high across all groups, except that market renters were not so pleased as others with the design of their buildings.

Objective 2: To present the subjective experience of single parents and their children living in social housing and market housing.

There were some common themes in the perceptions of respondents who lived in social housing. They were, in most cases, well satisfied with the way in which their projects were maintained. There was little evidence that respondents or their children felt stigmatized by living in social housing. Where a sense of stigmatizing was reported, it was likely to be associated by tenants with feeling stereotyped or disempowered by management. Although by definition this does not take place in resident-managed co-operatives, similar conflicts may occur between Boards and members in ill-functioning co-ops.

The families represented in this study had quite different experiences depending on the type of social housing they lived in. Those living in *co-operative housing* generally reported a positive environment that helped them and their children to remain mentally and physically healthy, and promoted the children's social development and progress in school. They felt comfortable, safe and "at home" where they lived -- considerably more so than any of the other groups. Co-op respondents reported an average of more than 9 neighbours that they saw or spoke to regularly.

The board and committee system by which co-operatives are managed allows these single parents a high degree of participation in decisions affecting them, a factor that, in these data, is strongly correlated to Health-in-Housing.

The experience of respondents living in *non-profit* developments was, on most accounts, similar to that of co-op members, but less pronounced. While they appreciated the relief from worry derived from having stable and affordable housing, respondents knew that their quality of life depended to a great extent on the approach taken by management. This is evident from the contrasting case studies for this group. One interviewee characterized the manager as *respectful of tenant rights and tenant relations and interested in working with tenants instead of trying to control them.*

In contrast, a respondent from another development feels

> *... degraded by the manager's attitude. She feels she is being stigmatized as a single mother on welfare and has no right to express her opinions. She feels as if she has no control over her housing; the units feel like playpens and she feels that tenants are treated like children.*

Residents of *public housing* appeared to have similar mixed feelings, caught between their appreciation for having stable, affordable housing and their fear and frustration in the environment where they found themselves. Of particular concern were the activities of some of their neighbours, the sense of being stereotyped by managers and the frustration they felt in the face of management policies and practices that deprived them of any influence over matters that affected them very closely:

> *Jennifer feels she does not have enough say where she lives. There is an on-site caretaker who does repairs, and who does a good job despite management restrictions. However, there has been no recourse for the problems she has experienced with her neighbours, including excessive noise, abusive and threatening behaviour and theft, in spite of her -- and her neighbours -- filing complaints with management .... Jennifer feels very trapped where she is and does not feel the subsidy is enough of a fair tradeoff for so many negative aspects.*

The *market renters* had an entirely different experience. They paid high proportions of their income for housing that was frequently crowded and sometimes in poor repair. Many feared that any complaint would result in their having to move, or that other circumstances beyond their control -- such as the landlord's decision to sell the building -- would end in their losing *what is not even good housing in the first place.* Although these single parents expressed more confidence than public housing tenants about having some influence in their housing environment, many also expressed embarrassment about the poor quality of their homes, and reluctance to have other people visit them. They appeared to be more isolated as a group, lacking the sense of built-in community available in many social housing developments. The average number of neighbors in their personal networks was only 4, in contrast with 6 in non-profit and public housing, and 9 in co-operatives.

Some took their inability to provide better housing for themselves and their families as a judgement on their own worth, feeling depressed, powerless and trapped--providing graphic and direct illustrations of the relationships among housing, social identity and mental health.

Objective 3: To examine the contribution of housing in mediating the socioeconomic situation of single parents and their children and providing opportunities to expand personal networks.

The respondents in this study were characterized by relatively low socioeconomic status: 65% were on income assistance, mean income is estimated at less than $15,000, and the characteristic education level was high school graduation only. This profile, according to

well-established research findings, would predict small networks and low levels of general wellbeing. Nevertheless, these respondents scored at the top of the normative range for network size. In addition, they scored in the strong positive range of the General Wellbeing Scale, demonstrating a lack of demoralization that was unexpected given their personal circumstances. Only in analyzing individual items of the GWB and the scores on the Bradburn Negative Affect Scale was evidence of anxiety and unhappiness found, and then primarily for the market renters.

It is clear that some opportunities to expand personal networks were available to the majority of these single parents. For most, network opportunities arose simply from the fact of living in a housing development where at least some other residents were similar to themselves, and from having both enough money to socialize with friends and a home they were not embarrassed to entertain in. Opportunities to meet their neighbors arose both informally and through formal structures such as member or tenant meetings, work parties and other community-building activities.

The more formal structures appear, in addition, to have provided opportunities for developing instrumental roles. Given the salience of the Influence variable, the consistent pattern it demonstrated by housing governance type, and its relationship to Instrumental Roles, we feel justified in concluding that these opportunities in their housing environment contributed to the health and wellbeing of these single parents.

This effect is easily seen in co-operatives because of the existence of a board/committee system that offers structured opportunities for meaningful participation in housing decisions. However, in housing settings where a landlord-tenant relationship exists, the opportunities for influence vary according to the management structures prevailing, and the degree to which residents' opinions are taken into consideration. These structures can range from formal opportunities for participation, such as tenant representation or a well-functioning tenants' association, or informal circumstances such as the presence of a talented and respectful on-site manager. The public housing developments in the study portrayed the other side of the coin at the time of the study: a large and apparently rigid system that tended to disempower residents by appearing impervious to their opinions and offering little choice or control in their immediate surroundings.

Objective 4: To articulate the health-promoting qualities of a housing environment with a view to their being fostered elsewhere.

The preponderance of the data, and the opinions of the single parents themselves as exemplified in the open-ended items and in the case studies, show clear patterns that link housing with mental health and wellbeing for both parents and children. These patterns differ substantially according to the type of housing respondents live in, and are not strongly influenced by socioeconomic differences.

To explore the health-promoting qualities of housing environments in detail, specific indicators of various aspects of health-in-housing were developed from the data, i.e., the

"Satisfaction with Home" measures: *Home and Community, Maintenance and Management, Influence* and *Health-in-Housing* itself.

These variables showed significant correlation with the GWB-A and strong differences by housing type. This finding suggests that while the basics of shelter may not have a great deal of explanatory power with regard to the influence of housing on health and wellbeing, certain social-structural variables do.[27] The finding is consistent with the literature on which this research is based, which shows that social integration is a key determinant of health, operating particularly through our Home and Community factor (linked to close ties, neighbours and friends -- a domain frequently labeled "social support") and Influence (linked to the social identity factor through instrumental roles). It is worth noting that Influence was also linked to knowing many neighbours. This shows the socially integrating effect of opportunities for participation in the management of one's local community.

The results of this study show that the impact of housing occurs on several levels and in many ways:

Shelter

Data for the market renters illustrate the influence of shelter problems as such on family health. While no one in the study was actually homeless, many of the market renters were on the verge of homelessness because of rents that were very high relative to their income. They reported that this led to chronic insecurity, and also to deprivation of food and other necessities. Respondents frequently expressed concern about the effect of this stress on their own and their children's health; those living in social housing felt the relief from this stress led to a major improvement in family health.

Another source of strain for respondents living in market units was the crowded condition of their accommodation coupled with a conviction that their neighborhoods were unsafe. This created tensions between parents and children from being confined together in a small space. In addition, market renters frequently complained of physical problems with their units, repairs not done, some of which, like dampness and poor heating, directly undermined health, and others like dangerous electrical wiring, which were possibly life-threatening. The worry and anxiety expressed by respondents living in private market units in this relatively low-rent section of Vancouver contrasts with the relief and appreciation found in questionnaires completed by social housing residents in the same neighborhoods. This qualitative finding was confirmed by item-by-item contrasts in the GWB-A and the Bradburn Negative Affect Scale.

---

[27] This suggestion is supported by similar findings in Doyle (1990).

Social-Structural Environment

The contrast among the three types of social housing provides an equally enlightening perspective on factors in the social structure of the housing environment that can promote or undermine health and wellbeing for families. Once stable and affordable shelter that meets family needs can be taken for granted, the factors identified by the literature relating to the social determinants of health come to the fore. The degree to which a housing environment supports the social integration of parents and children is the degree to which the housing is healthy for that family.

It is important to reiterate here that social integration means being an actor in society. It means being embedded in a core network of close ties and associates that is itself embedded in a much larger, extended network that reflects active participation in the wider community and confers a respected social identity.

The major findings of this research with regard to the social-structural aspects of housing may be summarized as follows:

1. A healthy housing environment is defined by these single parents as one that promotes their children's mental and physical health and their own, and that helps their children's social development and their progress in school. This factor emerged from the data and was named *Health-in-Housing*.

    Health-in-Housing is significantly correlated to current wellbeing as indexed by the General Wellbeing Scale (Dupuy 1972).

2. *Health-in-Housing* is significantly but weakly correlated with the key socioeconomic variables of income and being on income assistance. It is not, however, related to education or to age. The weakness of this association suggests that other variables -- housing variables, we would contend -- are acting to mediate the impact of socioeconomic varibles for this sample.

    Three factors that do predict *Health-in-Housing* and General Wellbeing are:

    *   *Home and Community:* the degree to which the parent believes that her[28] children feel comfortable, feels comfortable herself, and sees it as a "real community" in which they are at home and safe.

    *   *Maintenance and Management:* the degree to which the parent judges that the housing is well maintained and managed, and that her own maintenance requests are appropriately responded to.

---

[28] The number of men in the sample is so small that it is impossible to tell whether these generalizations apply to male single parents.

- *Influence:* the degree to which a resident believes that she is able to have an effect, should she wish to, on issues and events in her housing environment, and her degree of satisfaction with the amount of influence she currently has.

3.   When key socioeconomic status variables and personal network variables are taken into account, the primary predictor of Health-in-Housing is the degree to which the respondent judges that she has influence in her housing setting. Supplementary factors are her current state of wellbeing and the number of active ("instrumental") social roles she occupies.

4.   Among the four types of housing surveyed, a strong pattern is displayed. Housing co-operatives were generally viewed by their residents as healthy places to live, scoring high on the home/community index and on the measure of influence. Public housing showed exactly the opposite pattern, being seen by tenants as unhealthy, uncomfortable and alienating, and producing a sense of powerlessness.

In non-profit housing, residents' assessment appeared to differ depending on the management style of the society: many non-profit developments appeared to be somewhat like co-operatives, some were more like public housing. Market renters appeared to be vulnerable primarily on the issue of maintenance and management -- they were significantly more likely than the social housing residents to have concerns on this score. About half of the market renters in the survey seemed to feel as trapped and marginalized as the residents of public housing.

It is important, however, to reiterate that the three types of social housing have been presented here not as absolutes, but for purposes of analysis and illustration, in order to highlight the main issues. Although co-operative housing appears from these data to be highly successful in creating healthy housing environments, it is certainly true to say that a badly-managed co-operative could be worse than public housing managed with an effective process for tenant participation. This research has identified *social-structural factors in housing*, rather than a particular type of housing, that predict and promote health in a manner consistent with the literature on the social determinants of health.[29]

5.   There is surprisingly little difference in outcome between having housing that does not meet shelter standards and having housing that meets standards but does not provide opportunities to influence one's housing environment. In both cases, tenants from this sample express feelings of being stereotyped, marginalized and trapped.

---

[29] The variable of income mix was not addressed in this study. However, in theory the access to a broader socioeconomic range of people for developing personal networks would be a positive factor in promoting social integration. Since co-operatives are the only mixed-income social housing in this study, income mix may well be a confounding variable in explaining the results.

Personal Social Networks

The structure of personal social networks is a key construct underlying this research and the conclusions that can be drawn from it. Burnside's (1990) model explains the known link between socioeconomic status and health in terms of the influence of SES on an individual's social opportunities. The higher the social status, the greater are the social opportunities that ensure social integration through an extensive personal network and its consequences: positive mental and physical health . Both SES and network size are positively linked to mental and physical health.

The fundamental hypothesis of this study was that housing would be found to mediate the debilitating effects of low SES *through* its effect on the structure of social networks. The findings for personal social networks do support this hypothesis, since network size for this sample is in the normal range, and independent of socioeconomic status. In addition, a set of network variables deemed to be indicators of social identity did form a coherent factor in these data. In particular, it appears that social housing as such offers opportunities for social connection that would not otherwise be available to these low-income single parents.

As mentioned above, the importance of the Influence variable and its link to Instrumental Roles, as well as significant differences between housing governance types on this score, justifies the conclusion that opportunities to develop networks that deliver respected social identities are to be found in at least some of these housing environments.

4.2 Policy Implications

Objective 5: To make policy and program recommendations, based on the linkages found between housing and overall health and wellbeing, in order to improve the effectiveness of program delivery in housing, health, education and social welfare.

The purpose of this study was to seek links between housing and health/wellbeing as part of a search for new directions in social policy. We have concluded, partly through the *lack* of expected relationships with both socioeconomic status and health outcomes, that this sample, largely resident in social housing, was protected by that very fact from the usual effects of low socioeconomic status. Further, differences by housing governance type suggest that opportunities for meaningful participation in decisions affecting one's housing environment are critical in this outcome. This conclusion leads to policy recommendations from this study in several areas.

4.2.1 Housing Programs

Expand Social Housing. The first policy recommendation is that housing programs be continued and expanded. However, it is not simply the shelter component of housing -- its suitability, adequacy and affordability -- that is health-promoting, but the particular housing

environments that promote health and social integration for parents and children. Therefore, it is the *well-managed social housing environment* rather than the housing assistance itself that is health-promoting.

This is an important point, contradicting the frequent argument that limited program resources should be applied to direct financial assistance to the individual (known as *shelter allowances*) rather than to increasing the social housing supply. The findings of this study clearly support the provision of new social housing supply as a constructive direction for social policy, at least with regard to single parents, but in all probability for other marginalized groups at risk for social isolation.

The results of the Single Parents' Housing Study suggest very strongly that some social housing settings are indeed health-promoting, providing an environment that enhances wellbeing for many single parent families. As such, social housing is an important -- and frequently unrecognized -- instrument of social policy and health policy in Canada, which can reduce social marginalization and consequent isolation and enable families to improve their circumstances, perhaps more effectively than expensive "self-sufficiency" programs.

Support Opportunities for Home Ownership. One interesting trend in the data is the expressed frustration of some respondents who had used the opportunity of having stable and affordable housing to improve their work qualifications and income, but believed they would never be able to move out of social housing into equivalent market rentals or on to home ownership in the expensive Vancouver market. It appears that for some families there may be a time for social housing, followed by a turning point at which the parent, with children now older, would prefer a change of lifestyle, which she may not be able to bring about. It is well known in the co-operative housing sector, for instance, that most higher-income families (who usually, in the nature of things, have two incomes) eventually move out to buy a home. Single parents, confined to one income, are generally not able to do so.

This finding suggests that a certain proportion of social housing residents would be willing to take advantage of opportunities to move out of their current homes into either a secure rental situation or affordable home ownership. This would open up subsidized housing to new residents, making efficient use of publicly assisted housing stock. However, current residents are reluctant to risk the stability, security and affordability they presently enjoy, particularly given the perceived importance of their housing communities to their children's development. While this inability to move may not occur in regions with a well-functioning rental market, it is endemic in Vancouver.

One approach being taken by the government of British Columbia is to offer financing assistance to non-profit and co-operative groups attempting to develop new, limited-equity forms of home ownership such as the equity co-operative.[30] Another possibility would be to

---

[30] Information on the New Options for Home Ownership program may be obtained from the B.C. Housing Management Commission, 4330 Kingsway, Burnaby, B.C. V5H 4G7.

offer incentives, affordable second mortages or cash assistance to social housing families whose incomes would allow them to carry a mortgage. This might be effective at the point where children have left home and a single parent or couple could move to an inexpensive condominium.

Another, negative approach, is to maintain rents at 30% of income with no cap. Since there may come a point at which rising incomes generate costs above local market rents, families then have an incentive to vacate. This somewhat punitive measure does, however, put families in a difficult position if their sources of income is not reliable, undermining the security -- and the sense of having control of one's housing environment -- that is one of the strengths of social housing. A more positive variation on this policy is to promote mixed-income housing in which a portion of the units are rented at market levels. This would provide the housing stability that families require as they improve their circumstances, while minimizing the public subsidy they receive.

Encourage a Variety of Housing Opportunities. Although the data from this research suggest that co-operative housing provides a generally health-promoting housing environment, it is not for everyone. Sharing in the responsibility for managing a housing development places a drain on energy and time that many single parents can ill afford. Likewise, respondents from both co-operatives and non-profits geared to tenant participation mentioned the loss of privacy that accompanies close involvement with one's neighbors. There are also advantages to public housing as a policy alternative: a large housing commission has more resources to ensure high-quality management and maintenance, and can move effectively to implement programs and services that will enhance tenants' lives.

And in the end, the vast majority of housing available to single parents will be in the private market. Any policy directions intended to improve quality of life for single parent families must take market renters and landlords into account through legislation, education and provision of services to both parties.

4.2.2 Social Housing Management

The second policy area for recommendations is the management of social housing. The study results show that improved levels of wellbeing are associated with residents' judgement that maintenance and management are effective, and with their belief that they can influence their housing environment. These results suggest several policy directions.

Set Standards of Management for Social Housing. The first is to promote excellence in the governance of the development, and implies setting clear standards that include attention to the way that tenants are treated by staff.[31] Such standards would include, for example,

---

[31] This direction has been taken by the provincial government of British Columbia and its housing agency, the B.C.Housing Management Commission, in the operating agreement (i.e., the contract under which subsidies are provided) for the provincial housing program,

policies about the way in which staff and board treat residents on a day-to-day basis, usual methods of communicating with residents, what opportunities are available to residents for discussing issues with staff or board members, how operating procedures and rules are developed. The goal of such policies is not to "take care" of the residents. Rather it is to create a well-functioning and stable environment which gives residents the opportunity to expand their personal networks, take on new roles, and improve their families' lives.

This approach also implies standards for the way the Board treats its employees, assuming the same respect with which the residents are expected to be treated. Clear operating policies must be supplemented by training and the necessary support where changes in procedures are required.

Another aspect of creating a respectful environment, and probably the most difficult of all, is developing (with the tenants, presumably) and enforcing standards for the way tenants treat staff, each other and their common environment. Here the issue of evictions arises. The data from this study suggest that management's response to their petitions to evict troublemakers is an important indicator for tenants of their influence in their housing setting. The trick here is to set up a procedure that includes appropriate participation without abdicating management's responsibility by allowing the majority of tenants to transgress the civil rights of others.

Such operating standards would also apply in co-operatives, providing guidelines for Board and committee members for their dealings with other members. In principle, Board members who misunderstand their responsibilities or misuse their position would not be re-elected for another term. However, the realities of a democratically managed community in which most of the work is done by volunteers do indicate that, since this does not always happen, guidelines to educate Board members and support more vulnerable members would be useful.

Promote Tenant Involvement. A second policy direction of social housing management, which would build on the first, is to manage social housing on a more participatory basis. This approach would focus more directly on promoting health and wellbeing, specifically by enhancing social identity, that is, by offering real opportunities to expand social networks and develop new social roles that promote self-esteem, through participating in their housing environment. While co-operatives offer that opportunity by the very nature of their governance structure, non-profit and even public housing developments can and often do have policies and structures for tenant involvement. Sometimes this results from the vision of a board of directors or public housing staff, sometimes from the work of a gifted property manager or the leadership of determined tenants.

HOMES BC. A set of Operating Standards, which includes a section on Tenant Relations, is part of the operating agreement, supplemented by a more detailed Guide that provides more explicit criteria.

This approach can be implemented at many levels, from simply making available the opportunity to form a tenant association, to a full community development program, depending on the goals of the society and the concerns of the residents. But where tenant participation works well, one necessary characteristic is that the decisions to be made are of real importance to the tenants themselves.

Another characteristic is that the involvement being offered them (or which they are taking on for themselves) will be such as to increase their stature in heir own and others' eyes by real achievement -- making decisions, having their opinion considered, taking on.meaningful tasks. The basic thrust of a tenant involvement policy must be to enhance the social identity of the residents and, it must be cautioned, this does not occur with either mandatory or meaningless involvement.

The danger is, of course, that participation may be more apparent than real, if the situation does not in fact offer substantive involvement or real control. In these circumstances, so-called participation could become an exercise in frustration, or worse yet, undermine the self-esteem of residents by making them part of an ineffective and dishonest enterprise which demeans their potential contribution. In a word, offers of participation which are not genuine serve to deepen the alienation of people already struggling on the fringes in society, with precarious control over the circumstances of their own lives.

Two cautions should be stated about tenant involvement initiatives in social housing:

1. There are many ways to implement tenant involvement. No one model is appropriate for all groups of tenants, or for every society. Part of the challenge of implementing real tenant participation is for tenants and managers to arrive together at a type of involvement that meets the needs and desires of tenants as well as the capabilities and responsibilities of the society.

2. Since many residents have been in powerless positions for much of their lives, and many managers are used to a hierarchical model of management, education and guided experience may be needed for both tenants and managers. Educators in the co-op sector have found, for instance, that new members who have always been renters may find it difficult to realize that there is no landlord, that they, as a group, are responsible for the maintenance and management of the development, and there is no one else to blame for problems or to remedy problems. Members on Boards for the first time may find themselves acting like "landlords" because they have no other model to work from.

    For this reason, societies and co-operatives should seek assistance from people with skills in community development and education as they strive to involve tenants for the first time in decision-making.

Review Selection Policies. A third area of consideration in the management of social housing is resident selection policies. There is a delicate balance to be maintained between

what is often called "creaming" -- selecting only the strongest applicants in order to minimize problems in a given housing community, and evicting households whose behaviour threatens the peace, wellbeing and safety of their neighbours -- and providing opportunities to the neediest households, whose needs may social as well as financial. This is an issue frequently raised by members of tenant associations, and one which was mentioned often by our respondents.

In British Columbia, priority for public housing units and non-profit housing units funded prior to 1993 is established by a point-score system designed to ensure that the most needy applicants are housed first. Non-profit societies have some latitude within this system, and can choose from among several applicants with roughly the same point score the household that will best fit into their community. For instance, in small developments, they may wish to find children of the same age as a child already living there who doesn't have age-mates at the mement. The B.C. Housing Management Commission, being a public agency, has little such latitude, and some of the complaints made by our respondents are the result of public housing being, in effect, the housing of last resort. Co-operatives, on the other hand, are frequently accused of "creaming" in the necessary process of finding residents who will participate in the governance of their community and must continually review the openness of their selection policies.

We believe a policy review is in order to address this issue. Selection policies must be fair and methodical, to prevent discrimination on the basis of identified characteristics such as race, gender, country of origin or family type. Nor should they systematically discriminate against eligible groups among the identified clientele for social housing. By using a point-score system to give priority to the most needy households, the current system makes if very difficult for households at the high end of the low-income band to gain access. Yet many of these households would have a good chance of profiting from the opportunity provided by a well-managed social housing environment.

4.2.3 Private Market Housing

Review Residential Tenancy Laws. We are left with the question of how to support tenants living in the private market. An example of a public policy initiative designed to do just this is the recent (199) revision of British Columbia's *Residential Tenancy Act*.[32] Following a Quebec model, the amendments are designed to strengthen tenants' position vis à vis their landlords by establishing an arbitration procedure for increases in rent that cannot be justified by cost increases. (Any rent that the market will bear can be set for incoming tenants). The revisions also allow tenants to apply for an arbitrator's order to change the locks on their homes -- and keep the only keys -- if the landlord repeatedly violates the notice provisions protecting their privacy.

---

[32] Information from Residential Tenancy Branch, Ministry of the Attorney General, 1019 Wharf Street, Victoria B.C. V8V 1X4

While it is still too early to know how well this system will work, it is well-based -- given the findings of this study--in terms of the wellbeing of tenants, redressing to some degree the powerlessness inherent in renting for low income people.

Increase Public Education. The new Residential Tenancy system in British Columbia is complemented by a housing grants program aimed at supporting low and moderate income market renters by a range of community-based public education and advocacy initiatives, and by housing registries. The findings of this study suggest, in particular, that encouraging education and community action among tenants themselves would be a productive housing policy direction.

Another approach is public education to address the isolation and lack of information about housing services that was found among the market renters. The researchers found that many of these respondents did not realize that social housing was an option for them, and that community agencies also had little information about services available from housing registries or about social housing options. In addition, since each society or co-operative maintains its own waiting list, parents interested in social housing need information to help them choose which to apply to, i.e., information on the characteristics of well-managed social housing.

A third public education intiative should directed towards private landlords, especially those with only one or two units. There were frequent complaints from the market renters about landlords' unwillingness to do repairs, and some concerns about highhanded and occasionally harrassing treatment. Courses and information to assist small landlords to understand their obligations towards their tenants, and to help them develop skills in financial and property management as well as tenant relations, could be offered on a commercial basis by apartment owners' associations, or by educational institutions.

Encourage Municipal Action. Since the availability and quality of rental housing is most directly affected by municipal by laws and regulations, the commitment of local governments is key to preserving the quantity and quality of the rental housing stock. Among the initiatives that might be considered are standards of maintenance by laws, provisions to encourage safe secondary suites, and assistance to social housing development such as land-banking, proactive rezoning decisions and negotiating with developers, using density bonusing and comprehensive zoning provisions, to provide affordable rental units.

4.2.4 Housing and Services

Ensure that Services are Health-Promoting. Finally, the relationship of housing and services should be discussed briefly. Many social housing residents, whose low socioeconomic status puts them at risk for physical and mental health problems, make use of, or are offered, social services by professionals such as counsellors, social workers, educators, home-care aides and recreational programmers. The services are intended to improve the functioning of the individual or family. Recently, the focus has shifted to supporting "family

self-sufficiency" as exemplified by the following excerpt from a housing conference planning memo:

> What is the experience ... of moving dependent families (particularly single-parent households) to more self-sufficiency? Each country has efforts to provide support services in relation to housing; can these efforts succeed short of a comprehensive national program *to bring guidance and assistance to family life*, particularly in inner cities, such as the 1991 Rockefeller Commission Report in the U.S. (emphasis added).[33]

It is a short policy step to recommending that social services be added to social housing settings.

In the light of our findings, we suggest that this policy direction be approached with caution. While it is clearly valuable to receive services when they are required, particularly in pursuit of self-sufficiency, services improperly delivered can be the means of undermining a respected social identity. There is danger that the move to "bring guidance and assistance to family life" may contribute to the isolation and powerlessness of people who are already struggling to maintain their self-respect. Focusing on the deficiencies of individuals, and developing structures to "take care" of them or "improve" them, in the absence of any consideration of potent underlying social structures that reinforce social marginalization and dependency suggests interventions that. *treat* and ultimately *blame* the victim.

In general, a health-promotion approach to providing services in housing developments will focus on development and empowerment of the resident community, rather than on treating the deficiencies and difficulties of individuals within it. Concentration on *provision of services* is an approach derived from the medical model; *availability of resources* to support and develop the household's own competencies and social networks has, according to the literature, a higher chance of positive outcomes.[34]

The basic question to be asked is: do these services treat the person or strengthen the structure of the social environment? Services that give residents real involvement, not only in decisions about the services to be provided, but in defining the problems to be addressed will, like participatory management structures, be likely to be appropriate and, in the end, health promoting.

---

[33]   Unpublished memo, Tri-Country Conference on Facing up to Housing and Urban Issues: 1992. Convened by National Association of Housing and Redevelopment Officials, Institute of Housing and Canadian Housing and Renewal Association. San Francisco, September 1992. The three countries in question are Canada, the U.S. and the United Kingdom.

[34]   A good example of community development efforts directed towards supporting family self-sufficiency is reported in Armstrong (1993).

4.3 Future Research

This study was exploratory, in that it has opened new areas for consideration with regard to the impact of housing on family wellbeing, and as far as they go the results appear to be fairly robust. However, it would be very useful to replicate this study in other parts of the country, even in other parts of the City of Vancouver. In particular, a more representative sample of single parents renting in the private market must be sought, and more sensitive measures of family health and wellbeing developed.

In addition, it would be helpful if more specific information about respondents' past and present financial resources were obtained in future studies, so that more accurate analysis of changes over time can be obtained. More detailed information on family health would be useful as well.

This study did not attempt to identify particular management structures that may or may not be health-promoting. A great deal of work remains to be done to give more specific information for societies on the most effective methods of enhancing a housing environment.

While the Personal Network Worksheet proved a viable method of collecting data on respondents' networks, the proven procedure of asking respondents to log their contacts should be used to confirm our findings. Fortunately, future researchers could learn from our results to avoid the redundancy of our personal network measure, concentrating on the six items in the social identity factor.

Given the literature underlying this study which affirms the importance of access to broader social networks, it would be valuable to carry out a study similar to this one with more attention to the variable of income-mixing. There are income-mixed non-profit developments constructed under programs that are structurally identical to the older co-operatives. These could be compared in detail to isolate the effects of co-operative vs rental tenure in social housing.

Given policy and administrative changes occurring at the moment in British Columbia, it would be very interesting to re-survey the developments in this study approximately five years later. Current community development initiatives, such as the formation of the Public Housing Tenants' Advisory Council and the expansion of the Student Tenant Employment Program, and the burgeoning of tenant associations in both the public and non-profit stock, would have matured by then. Such a review would also capture the effect of the education programs developed by the recently-formed B.C. Non-Profit Housing Association and the Operating Standards developed for the new provincial housing program known as HOMES BC. In addition, the impact of the 1994 amendments to the Residential Tenancy Act might then be able to be assessed.[35] The introduction of new policies also allows a pre-test/post-

---

[35] All this assumes a relatively stable housing policy environment, which of course may not occur.

test methodology to be used in developments outside this study as revised procedures are introduced.

While the data from this cross-sectional study suggest an important health-promoting effect in well-managed social housing, a longitudinal study would be the best way to determine the lasting effects of housing on vulnerable families and the contribution of stable and affordable housing to improvements in self-sufficiency. A long-term study is the only way to explore with any confidence the question of whether the strengths and weaknesses of, for instance co-op housing vs public housing, are truly the result of the housing setting or primarily an effect of self-selection by resident. The effect on children growing up under various social housing governance styles and the true impact on them of parental opportunities to participate in the making of real decisions about their surroundings needs closer examination.

Likewise the effect for children not living in social housing should be explored in more depth. One of the respondents to this study reported having moved, with her nine-year old daughter, fifteen times in ten years. Data should be gathered on the actual mobility rates of these children, and then on the effects of being uprooted so frequently. What is happening to children growing up in these circumstances -- changing neighborhoods, schools, friends that often? Even the strongest and most caring of parents could not protect a child from the dislocation and disruption of social networks that are so fundamental to their health and social development.

Researchers with an interest in various sub-topics might wish to build on this research. For instance, it has been suggested that some of the variance in contact with other residents may be related to project design. Not all of the developments in which respondents lived were designed around the needs of children, and the needs of parents supervising children, and differences between housing clustered around play spaces and that in traditional apartment form might be found. It would also be useful to examine the effect of the number of units, which varies dramatically between the public housing and non-profit/co-operative stock.

Students of the life cycle might wish to follow up on suggestions that there is a time for housing communities and a time when parents wish to move on to another type of housing, whether or not they are able to do so.

4.4 Summary

In summary, this study of 272 single parents living in various types of social housing on the east side of Vancouver treated housing as a mid-level variable with potential to mediate the negative effect of macro-level factors that determine socioeconomic status on health and wellbeing at the family level.

The major finding is that housing conditions do perform such a mediating function. However, once basic shelter can be taken for granted, it is not housing conditions, nor even

affordability, that has the most effect on wellbeing, but the social structure of the housing environment. The most influential housing variable was *Influence* itself--the ability to make one's views heard in the housing setting, a variable that was closely linked to the number of *Instrumental Roles* respondents occupied in other aspects of their lives. *Influence* was significantly associated with health/wellbeing as measured by the General Wellbeing Scale.

The researchers concluded that social housing settings can ameliorate the marginalizing effects of low socioeconomic status through opportunities for residents to expand personal networks and develop instrumental roles. This improvement can be accomplished through provision of a well-managed housing setting that allows residents to have a say in their housing environment, or by offering more explicit opportunities to participate in decisions within the housing development that affect their lives. Such opportunities may be provided by governance structures, as with self-managed co-operative housing, or by management policies and procedures that support tenant participation in real decisions.

The conceptual basis for the study is found in the literature on the macro- and micro-level social determinants of health discussed above, which shows that increased rates of disease occur when:

> a) supportive ties between people are interrupted, b) people occupy low positions in a hierarchy resulting in feelings of low self-esteem, less opportunity for meaningful participation and less control over conditions affecting their lives, and c) people are disconnected from their biological, personal and historical past (Lindheim and Syme 1983: 353).

This research concludes that housing communities can assist the development of personal social networks that deliver not only emotional and instrumental support but also a respected social identity. Through opportunities for meaningful participation and control over conditions affecting one's life, and the ability to remain in a stable community, social housing in particular can enhance the health and wellbeing of low income families.

However, with all its strengths and weaknesses, social housing can only be evaluated according to the degree that it meets the criteria of a "home":

> *Ideally, she would like to own her own home or co-own a home with some friends. She would like to be in control of her living situation and would rather have a mortgage than be paying market rent with no return on her money. She would like to own a small townhouse on a quiet street with a sense of community, where her daughter could play outside with her friends. Susan takes pride in her self-sufficiency and independence. However, she doesn't feel as if she has any security with which to retire, or savings for her daughter. Owning a home would mean investing in her future. She would like her daughter to grow up seeing her mother managing on her own, so that she knows this is something she can do as well.*

95

REFERENCES

Anderson, C. (1982). The community connection: The impact of social networks on family and individual functioning. In F. Walsh, ed. *Normal Family Processes.* New York: Guilford Press.

Aneshensel, C.S., R.R. Frerichs and V.A. Clark (1981). Family roles and sex differences in depression. *J. Health Soc. Beh.* 22: 379-93.

Arling, G. (1976). The elderly widow and her family, neighbors and friends. *J. Marr. Fam.* 38: 757-68.

Aubin, J., G. Paquin et al. (1986). *Discrimination, harcelement et harcelement sexuel.* Rapport de l'enquete Femmes et Logement. Montreal: Comite Logement Rosemont et FRAPRU.

Babchuck, N.P. (1978-79). Aging and primary relations. *Int. J. Aging Human Dev.* 9: 137-51.

Bartley, M. (1988). Unemployment and health: selection or causation--a false antithesis? *Sociol. Health Illness* 10(1): 41-67.

Berkman, L.F. (1984). Assessing the physical health effects of social networks and social support. *Ann. Rev. Public Health.* 5: 413-32.

_____ and L. Breslow (1983). *Health and Ways of Living.* New York: Oxford U. Press.

_____ and S.L. Syme (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. *Amer. J. Epidemiol.* 109: 186-204.

Blau, Z.S. (1961). Structural constraints on friendships in old age. *Amer. Sociol. Rev.* 26: 429-39.

Book, O.H. (1989). Prevention aspects of mental health policy in the Netherlands. In B. Cooper & T. Helgason, eds. *Epidemiology and the Prevention of Mental Disorders.* London: Routledge.

Bradburn, N. (1969). *The Structure of Psychological Wellbeing.* Chicago: Aldine.

Brenner, M.H. (1982). Assessing the social costs of national unemployment rates for the older population. Testimony before the House Select Committee on Aging, U.S. Congress, Wash. D.C.

1

Brown, G.W., M.N. Bhrolchain and T.S. Harris (1975). Social class and psychiatric disturbance among women in an urban population. *Sociology* 9: 225-54.

Burnside, B. (n.d.). *Test of a Social Treatment for Depression: A Meta-Analysis of Social Health Outreach Program (SHOP) Trials.* (in preparation)

_____ (1990). *Depression is a Feminist Issue.* Vancouver: Mature Women's Network.

Byrne, D.S., S.P. Harrison, J. Keithley, P. McCarthy (1986). *Housing and Health: The Relationship between Housing Conditions and the Health of Council Tenants.* Aldersh ot: Gower Publishing.

Campbell, A. (1981). *The Sense of Well-Being in America.* New York: McGraw-Hill.

Canada Mortgage and Housing Corporation (1994). *Reference on the 1991 Census Baseline Core Housing Need Estimates.* Ottawa: Research, Program Operations and Statistical Services Divisions, CMHC.

_____ (1993). *Core Housing Need Database 1993.* Ottawa: CMHC.

_____ (1993a). *Rental Market Report Vancouver CMA.* Ottawa: CMHC.

_____ (1990). *Evaluation of the Co-operative Housing Programs. Draft Report.* Ottawa: CMHC.

_____ (1990a). *Research and Development Highlight Sheet 90 - 212.* Ottawa: CMHC.

Cohler, B.J. and M.A. Lieberman (1980). Social relations and mental health. *Research on Aging.* 2(4): 445-69.

Cooke, D.J. (1985). Psychosocial vulnerability to life events. *Br. J. Psychiat.* 147: 71-75.

Dressler, W.W. (1985). Extended family relationships, social support, and mental health in a southern black community. *J. Health Soc. Beh.* 26: 39-48.

Dohrenwend, B.P. (1990). Socioeconomic status (SES) and psychiatric disorders: Are the issues still compelling? *Soc. Psychiatry Psychiatr. Epidemiol.* 25: 41-47.

_____ Dohrenwend, B.S. and B.P. Dohrenwend (1974). Social and cultural influences on psychopathology. *Ann. Rev. Psychol.* 25: 417-425.

Doyle, V.M. (1993). *It's My Turn Now: The Choice of Older Women to Live Alone.* Burnaby, B.C.: Simon Fraser University Gerontology Research Centre.

_____ (1990). *The Effects of Tenure Type and Age Mix on Housing Satisfaction and Wellbeing of Seniors in Multiunit Housing*. Doctoral Thesis. Simon Fraser University.

_____ and B. Burnside (1996). Indicators of a health-promoting housing setting. Paper No. 5 in the series *Indicators of Quality of Life, Health and Wellbeing in Social Housing*. Ottawa: Centre for Future Studies in Housing and Living Environments, Canada Mortgage and Housing Corporation.

Drier, P. and J.D. Hulchanski (1993). The role of non-profit housing in Canada and the United States: Some comparisons. *Housing Policy Debate*. 4(1): 43 - 81.

Dupuy, H. (1972). *General Well-being Schedule (GWB)*. Washington DC: National Center for Health Statistics, Department of Health, Education and Welfare.

_____ (1974). *Utility of the National Centre for Health Statistics General Well-being Schedule on the Assessment of Self-representations of Subjective Well-being and Distress*. National Conference on Education in alcohol, Drug Abuse and Mental Health Programs. Washington DC: Department of Health, Education and Welfare.

Duvall, D. and B. Booth (1978). The Housing Environment and Women's Health. *Journal of Health and Social Behaviour*. 19: 410-417.

Epp, J. (1986). *Achieving Health for All: A Framework for Health Promotion*. Ottawa: Dept. of National Health and Welfare Canada, Minister of Supply and Services Canada.

Fazio, A. T. (1977). *A Concurrent Validational study of the NCHS General Well-being Schedule*. U.S. Vital and Health Statistics, Series 2 No. 73. DHEW Publication No. 78 - 1347. September 1977.

Fischer, C.S. and S.L. Phillips (1979). *Who is alone? Social characteristics of people with small networks*. Paper presented at the UCLA Conference on Loneliness, May.

Freden, L. (1982). *Psychosocial Aspects of Depression*. Chichester: John Wiley and Sons.

Gecas, V. and M.L. Schwalbe (1983). Beyond the looking class self: Social structure and efficacy-based self-esteem. *Social Psych. Quart.* 43(2): 77-88.

_____ and M.A. Self (1989). Social class, occupational conditions and self-esteem. *Sociol. Perspectives.* 32(3): 353-64.

Golding, J.M. (1989). Role occupancy and role-specific stress and social support as predictors of depression. *Basic Applied Social Psychol.* 10(2): 173-195.

Goldschmidt, W. (1974). Ethology, ecology and ethnological realities. In G.V. Coelho, D.A. Hamburg and J.E. Adams, eds. *Coping and Adaptation.* New York: Basic Books.

Gore, S.L. and T. Mangione (1983). Social roles, sex roles, and psychological distress: Additive and interactive models of sex differences. *J. Health Soc. Beh.* 24: 300-312.

Ham, C. and M. Hill (1984). *The Policy Process in the Modern Capitalist State.* Sussex: Wheatsheaf Books.

Hammer, M. (1983). Social networks and the long term patient. In I. Barofsky and R.D. Budson, eds. *The Chronic Psychiatric Patient in the Community: Principles of Treatment.* New York: Spectrum.

_____ (1981). Social supports, social networks and schizophrenia. *Schiz. Bull.* 7: 45-57.

_____, L. Gutwirth and S.L. Phillips. (1982). Parenthood and social networks: A preliminary view. *Soc. Sci. Med.* 16: 2091-2100.

Hazuda, H.P., S.M. Haffner, M.P. Stern, J.A. Knapp, C.W. Eifler and M. Rosenthal (1986). Employment status and women's protection against coronary heart disease. *Amer. J. Epidemiol.* 123(4): 623-40.

Hibbard, J.H. and C.R. Pope (1992). Women's employment, social support and mortality. *Women Health.* 18(1): 119-33.

_____ (1991). Effect of domestic occupational roles on morbidity and mortality. *Soc. Sci. Med.* 32(7): 805-11.

_____ (1985). Employment status, employment characteristics, and women's health. *Women Health.* 10(1): 59-77.

Hirsch, J.B. (1981). Social networks and the coping process. In B.H. Gottlieb, ed. Social Networks and Social Support. Beverly Hills: Sage.

_____ (1980). Natural support systems and coping with life changes. *Amer. J. Psychol.* 8: 159-172.

House, J.S., C. Robbins and H.L. Metzner (1982). The association of social relationships and activities with mortality: Prospective evidence from the Tecumseh Community Health Study. *Amer. J. Epidemiol.* 116: 123-40.

Illsley, R. and D. Baker (1991). Contextual variations in the meaning of health inequality. *Soc. Sci. Med.* 32(4): 359-65.

Kandel, D.B., M. Davies and V.H. Raveis (1985). The stressfulness of daily social roles for women: Marital, occupational, and household roles. *J. Health Soc. Beh.* 26: 64-78.

Kessler, R.C., J.S. House and J.B. Turner (1987). Unemployment and health in a community sample. *J. Health Soc. Beh.* 28: 51-59.

_____ and J.A. McRae (1982). The effect of wives' employment on the mental health of married men and women. *Amer. Sociol. Rev.* 47: 216-27.

Larson, R. (1978). Thirty years of research on the subjective well-being of older Americans. *J. Geront.* 33: 109-129.

Leeflang, R.L., D.J. Klein-Kesselink and I.P. Spruit (1992). Health effects of unemployment -- I. Long-term unemployed men in a rural and an urban setting. *Soc. Sci. Med.* 34(4): 341-52.

Leighton, A.H. (1989). Global and specific approaches to prevention. In B. Cooper and T. Helgason, eds. *Epidemiology and the Prevention of Mental Disorders.* London: Routledge.

Leighton, D.C., J.S. Harding, D.B. Macklin, A.M. MacMillan and A.H. Leighton (1963). *The Character of Danger.* New York: Basic Books.

Lero, D.S. and L.M. Brockman (1993). Single parent families in Canada: A closer look. In J. Hudson and B. Galaway, eds. *Single Parent Families: Perspectives on Research and Policy.* Toronto: Thompson Educational Publishing.

Lindheim, R, and S. Syme (1983). Environments, people and health. *American Review of Public Health.* 4: 335-359.

Lopata, H.A. (1978). Contribution of extended families to the support systems of metropolitan widows: Limitations of the modified kin network. *J. Marr. Fam.* 40: 355-64.

Lowenthal, M. F. and C. Haven (1978). Interaction and adaptation: Intimacy as a critical variable. *Amer. Sociol Rev.* 33: 20-30.

McLanahan, S.S., and J.L. Glass (1985). A note on the trend in sex differences in psychological distress. *J. Health Soc. Beh.* 26: 328-36.

Meddin, J.R. (1986). Sex differences in depression and satisfaction with self: Findings from a United States national survey. *Soc. Sci. Med.* 22(8): 807-12.

Michelson, W., and E. Roberts (1979). Children and the urban physical environment. In W. Michelson, S.V. Levine, A.R. Spina, et al, eds. *The Child in the City: Changes and Challenges.*

Miller, P. McC. and J.G. Ingham (1976). Friends, confidants and symptoms. *Soc. Psychiat.* 11: 51-83.

Moos, R. H. and R.E. Mitchell (1982). Social network resources and adaptation: A conceptual framework. In R.A. Wills, ed. *Basic Processes in Helping Relationships.* New York: Academic Press.

Mueller, D.P. (1980). Social networks: A promising direction for research on the relationship of the social environment to psychiatric disorder. *Soc. Sci. Med.* 14A: 147-61.

Olsen, O., L. Iverson and S. Sabroe (1991). Age and the operationalization of social support. *Soc. Sci. Med.* 32(7): 767-71.

Orth-Gomer, K., and J.V. Johnson (1987). Social network interaction and mortality. A six year follow-up study of a random sample of the Swedish population. *J. Chron. Dis.* 40(10): 949-57.

Patrick, D.L., M. Morgan and J.R.H. Charlton (1986). Psychosocial support and change in the health status of physically disabled people. *Soc. Sci. Med.* 22(12): 1347-1354.

Pattison, E.M., D. de Francisco, P. Wood, H. Frazier and J. Crowder. (1975). A psychosocial kinship model for family therapy. *Amer. J. Psychiat.* 132: 1246.

Rachlis, M. and C. Kushner (1989). *Second Opinion.* Toronto: Collins.

Radloff, L. (1975). Sex differences in depression: The effects of occupation and marital status. *Sex Roles* 1: 249-265.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *Amer. J. Comm. Psychol.* 9: 1-25.

Richman, N. (1976). Depression in mothers of pre-school children. *J. Child Psychol. Psychiat.* 17: 75-78.

Roy, A. (1978). Vulnerability factors and depression in women. *Br. J. Psychiat.* 133: 106.

Sarbin, T.R. (1970). A role theory perspective for community psychology: The structure of social identity. In D. Adelson and B.L. Kalis, eds. *Community Psychology and Mental Health*. Scranton: Chandler.

Schwab, J.J. and M.E. Schwab (1978). *Sociocultural Roots of Mental Health*. New York: Plenum Medical Book Co.

Sheridan, K.D. (1984). *Social Network Characteristics and Mental Health of the Aged Population*. Master of Nursing Thesis, U. Wash.

Smith, S.J. (1990). Health status and the housing system. *Social Science Medicine*. 31(7): 753-762.

Stone, L. (1988). *Family and friendship ties among Canada's seniors: An introductory report of findings from the 1985 General Social Survey*. Ottawa: Statistics Canada.

Taylor, R.C. (1986). Environmental and behavioural factors in psychiatric disorders. In H. Hafner, G. Moschel and N. Sartorius, eds. *Mental Health in the Elderly*. Berlin: Springer-Verlag.

Tennant, C., P. Bebbington and J. Hurry (1982). Female vulnerability to neurosis: The influence of social roles. *Aust. and New Zealand J. Psychiat.* 16: 135-40.

Thoits, P. (1986). Multiple identities: Examining gender and marital status differences in distress. *Amer. Soc. Rev.* 51: 259-272.

Tiger, L. (1992). *The Pursuit of Pleasure*. Boston: Little, Brown and Co.

Tolsdorf, C. (1976). Social networks, support and coping. An exploratory study. *Family Process*. 15(4): 407-17.

Utela, A. and J. Tuomilehto (1990). Changes in disease patterns and related social trends. *Soc. Sci. Med.* 35(4): 389-99.

Verbrugge, L.M. (1985). Gender and health: An update on hypotheses and evidence. *J. Health Soc. Beh.* 26: 156-182.

_____ (1983). Multiple roles and physical health of women and men. *Health Soc. Beh.* 24: 16-30.

Warheit, G.W., D. Shimuzu, W. Vega and K, Meinhardt (1982). Interpersonal coping networks and mental health problems among four race-ethnic groups. *J. Comm. Psychol.* 10: 312-424.

Weissman, M. and E. Paykel (1974). *The Depressed Woman: A Study of Social Relationships.* Chicago: Univ. of Chicago Press.

Wood, V. and J.F. Robertson (1979). Friendship and kinship interaction: Differential effect on the morale of the family. *J. Marr. Fam.* 40: 367-78.

APPENDIX 1

CASE STUDIES

Note: Respondents to be profiled in the Case Studies were selected by Sheila Scott, the one of us who had the greatest amount of personal contact with the respondents. After hours of sitting in people's living rooms, a child on her lap, hearing the story of this family and its housing, she was the best equipped of us to choose women who seemed to be typical of each housing type. However, she was also given this task because she had no previous experience of housing issues, and was the least likely to be influenced in her selection by existing loyalties.

She selected families who could help us describe the strengths and weaknesses of each housing type, and who could articulate for our readers the story she heard again and again: how important housing is to family health. The reader will note that while non-profit and market housing are each represented by one positive and one negative story, the two co-op cases are positive, and the two public housing cases are negative. This portrayal is true to what we heard from our respondents and it is true to our data.

CASE STUDIES

MARKET HOUSING

Susan and Emily

Susan Baker, 42, and her nine-year-old daughter, Emily, live in market rental housing. Their suite is on the top floor of a detached house. The duplex faces a busy main street with a constant flow of traffic. The surrounding area is a combination of detached houses, apartment buildings and stores. Some of the houses appear kept up; however, there is not a sense of neighbourhood.

Susan and her daughter moved into their apartment nine years ago, when Emily was five months old. It was important to Susan that she and her daughter have enough space in which to live as a family. Susan looked at suites all over the city, most of which were too expensive, or run-down basements.

Susan is very satisfied with the design of the suite; the apartment is spacious, with three bedrooms, a large open living room, a small kitchen and a bathroom. The affordable rent has meant that she hasn't had to move frequently. However, Susan's present living situation has always been a trade-off: affordable rent and space in exchange for a bad location and no say in the upkeep of the apartment.

Susan does not like the location and didn't want to live in this area. However. she felt she had no choice; it was the only suite she saw that was both affordable and big enough. The suite becomes dusty if windows are open and the noise from the traffic is stressful. The area is also very transient and it is not safe for Emily to go outside and play. There is no fenced-in yard and the back alley is not accessible from the house. The constant flow of traffic makes it too dangerous for Emily to play in front.

The older her daughter gets, the more independence she wants and Susan cannot give it to her. Susan dreads the spring and summer when it is warmer, and lighter in the evenings. If Emily wants to play outside, they have to arrange to go somewhere. Susan finds this restriction very stressful; it creates tension between them and they are obliged to spend a lot of time together indoors.

Emily, who has lived in the apartment all her life, wants to move; she doesn't like not being able to go out and play when she wants, and she would to have a back yard. Since her school is nine blocks away, her friends do not live nearby. Emily misses socializing; there are no neighbourhood kids who can come calling and no spontaneity in socializing locally in the neighbourhood.

Susan doesn't know her neighbours, and doesn't feel that she is part of a community where she lives. There are neighbours she could go to in an emergency, but she does not consider them

friends. Susan's friends are scattered all over the city, so she has no social network in the immediate area.

Susan feels that the house in which she lives is poorly managed. Although the owner is pleasant, he has a "hands off" approach towards managing the building and isn't interested in putting any time or money into its upkeep. Although he would not refuse to do repairs, Susan is reluctant to make requests for fear that the rent would increase, or that he might, as he has said, sell the house. She doesn't like living in a house that is not well maintained, for safety and health reasons. She also finds it stressful not to have a voice or any say in the maintenance or upkeep of the house. She feels that a nicer, safer living environment would make her feel better emotionally, and that she would be happier if the house was maintained. She also feels that her living situation is never secure because she has to live with the possibility of the house being sold at any time. She is also embarrassed by the shabby appearance and the poor upkeep of the building and feels that it reflects on her when her friends come to visit.

Now that Susan has secured a well-paying job, she has the option of moving and could afford to pay more rent for housing on a quieter street. However, as a working single mother she feels trapped. Now that she is earning more money, she has entered a tax bracket that disqualifies her for subsidies for such things as co-op living or after school daycare. As a single mother with expenses, she is also not earning enough money to afford a down payment on property. What Susan would like is the option of renting to own or some kind of equity plan that would enable women like herself to be able to borrow money for down payment on a house.

Ideally, she would like to own her own home or co-own a home with some friends. She would like to be in control of her living situation and would rather have a mortgage than be paying market rent with no return on her money. She would like to own a small townhouse on a quiet street with a sense of community, where her daughter could play outside with her friends. Susan takes pride in her self-sufficiency and independence. However, she doesn't feel as if she has any security with which to retire, or savings for her daughter. Owning a home would mean investing in her future. She would like her daughter to grow up seeing her mother managing on her own, so that she knows this is something she can as well.

For Susan housing plays a huge part in her health and well-being. Feeling powerless and not in control of her housing situation or her future is very stressful; it impacts negatively on her sense of self-esteem and self-worth.

MARKET HOUSING

Claire and Kelly

Claire Williams, 31, and her eleven-year-old daughter, Kelly, live in market rental housing, a small basement suite in a semi-detached house situated in a neighbourhood with a combination of apartment buildings and houses. There is a small yard in the back and a school and a park nearby.

Their unit has two rooms: a small bedroom connected to a small bathroom with a shower, and a living room with a small kitchen area. The suite is attractively and comfortably furnished; however, the space is very cramped and cluttered and the rooms are quite dark.

Claire and Kelly left their previous rented dwelling a year and a half ago because of problems with the landlord. Claire doesn't feel she had any choice in where they live now; it was simply a question of finding housing that was available, affordable, and where pets were permitted.

Claire considers the area they live in to be very unsafe. A dead woman was found in the dumpster of a store nearby; there is prostitution and drug dealing. Industrial plants close by cause air pollution, especially in the summer, Claire worries about her daughter walking alone to school in the morning; she has been harassed by teenagers and has had nightmares about an attempted abduction at her school. Claire doesn't know anyone in the neighbourhood; none of her friends live nearby, and now that she has started school full time, she feels very isolated and doesn't have time to socialize.

The house, which has five suites, is very poorly built. It is not properly insulated; there are leakages; the heating does not work and the soundproofing is very poor. Claire knows another single mother and her son who live upstairs, but most tenants are transient. Some tenants have been evicted for violence, drug dealing, and damaging the property. The owner does not screen tenants and appears interested only in receiving rent.

Claire finds their living space too small and poorly designed . Kelly sleeps in the bedroom, Claire on the couch in the living room. The only access to the bathroom is through her daughter's room. There is no counter space and only one closet, so that their belongings cannot be put away.

Kelly doesn't have room to play with her friends or have them sleep over. She has friends at school and knows kids in the neighbourhood with whom she plays; however, she is embarrassed to have her friends see where she lives. Claire finds that the cramped living conditions make everything in her life twice as stressful and create tension between herself and her daughter. She feels that the quality of their relationship would be so much better if they lived in an adequate space in a safer area.

Claire finds the management of her home to be oppressive. She believes that the landlord is only interested in making money and that tenants am crammed in like cattle. The landlord collects the rent monthly; however, he is uninterested in doing any upkeep or respecting tenants' rights.

Concerns and requests are not take seriously; he will only do repairs if he is hounded, and then · they are not done professionally, so that nothing is every fixed properly. If the landlord does come to do repairs, he doesn't give twenty-four hours notice and often loiters and stays longer than he needs to. When Claire told him to stop coming so late at night without advance notice, he stopped doing repairs altogether. Claire find his presence intrusive and she knows of another woman tenant who was sexually harassed by him. Claire fears eviction if she expresses her objections about the landlord's manner and presence.

Her housing is a constant reminder to Claire of how low on the totem pole she is; the bottom of the barrel. She already feels a considerable stigma for being a single mother on welfare; she feels stereotyped and looked down upon by society. Her housing only adds to that stigma and makes her feel that she is a failure.

Claire has recently returned to school to study full time at an art college where she has an extremely demanding course load. Balancing parenting and studying full-time, while living in such a small space is extremely difficult. There is no space for her to work at home and no space to store supplies. She is expected to do most of her studio work at school; however, she has to collect her daughter from after school care at a certain time. Socially, she does not feel connected to a community or supported in any way in what she is doing. The stress of their lifestyle makes her feel discouraged and depressed; she sometimes just wants to drop everything.

Claire is struggling to make ends meet financially; she is receiving welfare and student loans and does not have enough money to cover all her expenses. She will also be $40,000 in debt if she completes her studies and doesn't know how she will pay off her loans. Although she wants to get full time employment, and is working very hard to develop her art work, she is starting to feel disillusioned.

Although she would like to move Claire has no options. She has looked at other basement suites but has found nothing affordable or suitable--she has two cats and a dog. She feels very trapped. She would like to have a space of her own for herself and her daughter. Her ideal would be to live in North Vancouver or on Mount Seymour in a cabin or a house that she would own or rent, with good management.

The inherent risk and lack of security of market housing is a constant stress for Claire; she fears losing what is not even good housing. She would like to see subsidies extended to market housing so that if she could find decent housing but could not afford the full rent, government would provide a subsidy to pay the landlord.

Claire feels that housing plays a major role in her health and well-being. Her housing is a constant reminder that she is a failure and that she has done things wrong. She feels that she is living in an oppressive environment with no way out.

CO-OP HOUSING

Helen and Tara

Helen Walker, 40, and her twelve-year-old daughter, Tara, have lived for two years in a co-op situated on a residential street where there are both houses and apartments. The development, composed of modern low-rise apartments stacked around a central paved courtyard, is near a main commercial area. Stores, school and other services are within walking distance. Helen and her daughter live in a two-story apartment with two bedrooms and a bathroom downstairs and a kitchen and living room upstairs. The space is comfortable and well designed. Structurally the building is also very sound.

Helen and her daughter had previously lived in market rental housing, but the rent was so high that Helen could not afford after school childcare for Tara, who had to be home alone with the doors locked. This was always a source of worry and concern for Helen, who was forty-five minutes away in case of an accident or an emergency. Helen wanted to live in a co-op for the affordability and the tenure. While living in living in market housing, she and her daughter had moved fifteen times in ten years.

Helen was brought up by a single mother and lived in public housing. As a child, she experienced the stigma of living in social housing and was picked on by other children for being a "project kid." For emotional reasons, she did not want her daughter to have a similar experience. Because of her childhood, she wanted both affordable housing and control over the kind of life she wanted to lead.

Helen feels connected to the co-op community and can choose her degree of involvement on both a social and management level. She takes the minutes at meetings and knows all members by sight. She also knows her neighbours, who are always available for help or support. Tara, who has friends in the co-op, can now be at home alone after school without Helen ever having to worry.

The co-op is Tara's favorite home of all the places they have lived and she doesn't want to move again. Since she attends the same school as her friends in the co-op, she sees them often. Her membership in the kids' committee, which receives money from the co-op for activities, makes her think she might like to live in a co-op when she is older.

The co-op is well managed by a board and five committees, with members responsible for all the work that needs to be done. Members vote on all major decisions. Helen thinks that the board works hard to foster in members the desire to live and work together collectively. There is a process for dispute resolution, and the priorities of people of different incomes are considered.

Living in a co-op has been a great help to Helen financially . Her rent and other expenses, such as laundry, are less, which means she has extra money for other things. She hasn't had to say no to her daughter so often and can pay for her school activities such as skiing. Because of her

housing. Helen has fewer worries than she used to have. This in turn has improved the quality of her relationship with her daughter.

When Helen first moved in she became sick and had to be hospitalized, an experience that she likens to post-traumatic stress--her housing allowed her to be sick. Previously, Helen was always in a state of crisis and exhaustion. Once her housing provided her with safety and security, she was able to release the years of stress and strain her previous housing had placed on her.

After settling into the co-op, Helen took time off work and quit smoking. She felt it was the first time that her stress level was low enough for her to focus on stopping an old destructive habit. Helen feels that she has more energy and more optimism because she is not having to think constantly about how she is going to survive or cope , or how she is going to get through to the end of the month. She now has "frivolous" thoughts, and can go out and socialize with her friends without worry.

By participating in co-op meetings, Helen gained the skills to obtain a new position at her work. At the same time, she is taking a job she considers to be less stressful because she has been able to reassess her life and sees aspects she can change.

Helen has gained in self-esteem. She finds that she sometimes wakes up happy, something she doesn't remember experiencing often. Her participation in co-op meetings has enabled her to overcome fears of interacting and speaking out in a group situation. She feels comfortable expressing her opinions or voicing disagreement. This comfort has crossed over to other realms of her life: she participates more in meetings at work and is able to be more assertive in expressing her point of view.

The fact that Helen and Tara will be living in their unit for the next eight years gives her a space of time in which to think about future plans. Her housing has provided her with real new possibilities that she never had previously; she is considering working part time or going to school so that she can receive a housing subsidy and live off student loans until she is trained in a new career.

Helen feels that co-op housing is of real value to single mothers, providing affordability, security, and stability. It gives them control over their housing and a voice in how they want to live. The added responsibilities Helen assumes as a co-op member are a fair trade off; co-op housing provides a supportive structure and eases the toll and hardship of single parenting.

CO-OP HOUSING

Lori and Cindy

Lori Mills and her thirteen-year-old daughter, Cindy, have lived for eight years in a newly built co-op, one that is well maintained and well designed. It is situated in a neighbourhood of detached houses, apartment buildings and other housing developments, close to a commercial area. Two low-rise modem buildings form a square around a central courtyard. Lori's unit is a two bedroom apartment on the ground floor.

When she moved here from Ontario, the appeal for Lori was the rent geared to income and the fact that an instant community would provide an opportunity to meet people and make friends in a new city. She also felt she would feel safer, with neighbours looking out for one another and sharing child care.

During her time in the co-op, Lori has become very good friends with some of the other members. Social gatherings have provided the opportunity for members to get to know one another. Lori feels connected to a community and could call a neighbour for help in the middle of the night if necessary. Cindy no longer attends after school daycare, and can safely return to the built-in community where they live. She has some school friends in the co-op and has started baby-sitting other children.

Cindy likes living in this positive, stable and comfortable environment. She has grown up with roots and a sense of community and doesn't want to move. She does well in school and often socializes with her friends in the co-op. Her housing has affected her life in a very positive way.

The co-op, which is managed by a board and committees, aims to provide safe, affordable housing. Members can attend workshops on a variety of topics to do with management, and childcare is provided so that all members can attend meetings. Members do have a say in their housing; extra locks were provided to increase security; lights were put up at the back of the co-op because members did not feel safe walking behind the development. Lori participates in the decision-making process by attending meetings and being on committees. Although participation can be time consuming and tiring, Lori is satisfied with her degree of involvement.

Living in a co-op has been a great financial benefit for Lori. She considers herself a success story. She quit her job, returned to university for five years, maintained her subsidy and lived off student loans. She started working two years ago. Her income is high enough now for her to pay market rent--an event that was celebrated in the co-op--and still pay off her student loan.

Lori feels that housing played a huge role in her present situation. She could not have gone back to school without the subsidy. The co-op setting gave her a comfortable home and also meant that she could defer her housing charge if necessary and pay the following month without threat of eviction--an option she would not have had in market housing. Lori also had the support of

her neighbours in caring for her daughter when she went back to school. She does not feel she would have had that kind of support from a landlord or neighbours in an apartment building.

The fact that Lori has warm, secure, comfortable housing has reduced the stress in her life as a single parent and helps her to cope with other stresses. These factors have also contributed to her daughter's well-being and happiness. Her home provides her with great peace of mind. Lori feels that co-op housing has changed her life dramatically. Her involvement gave her a self-confidence that she did not previously have. The community aspect of her housing, coupled with the fact that many of the meetings were with her neighbours and friends, made participation very safe. Lori has gone on to promote co-ops outside the sector and speaks with groups and chairs meetings attended by large numbers of people. She attributes the change in her confidence and her successful involvement to her housing community.

Lori plans to work for the next twenty years, and now that she is earning a good income, has started to think about retiring. She is also in a position to consider housing options and thinks that she would like to buy a retirement home up the coast but still live in the co-op in the city.

NON PROFIT HOUSING

Janis, Paul and Elizabeth

Janis Gordon, 37, and her two children, Paul, 14 and Elizabeth, 10, live in a non-profit housing development situated at the end of a cul-de-sac in a residential area. The units are modern townhouses built six in a row, linked by pathways and lawns. Their unit has two stories , with three bedrooms and a bathroom upstairs and a kitchen and living room downstairs.

Janis and her family moved into the development when it was newly built four years ago. They had previously been living in market housing, the upper part of a duplex. After Janis' unhappy marriage broke up, she went on social assistance and tried to stay where she had been living, but found she could not cover the rent and other expenses. In order not to have to give up her children to her husband, Janis sought subsidized housing geared to her income. Janis was very happy to get into her current housing. She visited the site while the units were still being constructed. Seeing her new home being built gave her hope at a time when she felt that her life was self-destructing. For her, moving into a new place meant a new beginning and a new life for her and her children after the break up of their family.

The location of the development, with its proximity to the skytrain, which she takes to work, is ideal. Although Janis feels that she and her children need to be cautious when walking in the area, she feels fairly safe. Her children also like where they live; they have friends who live nearby and socialize often.

Janis feels very connected to the community where she lives. She feels close to some of her neighbours; some feel like family. They watch out for one another and are committed to protecting the community. There are social events in the development, such as potluck dinners, and a community centre at the back of the development that is used for garage sales and other activities where tenants can meet and socialize. In the summertime, Janis likes to sit outside on her front step after dinner and chat with her neighbours. She finds socializing with them a good way of finding out about things such as bargains, friends who can fix things, and ways of saving money. Living with other single mothers who share her concerns, and the supportive aspects of her community have helped her adapt to being a single mother. She is very satisfied with the management of her development. She feels that management is genuinely concerned about tenants and the quality of their housing She appreciates the maintenance and upkeep they do, and wouldn't want the additional responsibility herself because she is parenting and working part time.

There is an on-site caretaker who is very understanding and approachable and always available to deal with repairs or concerns quickly and effectively. Janis considers him a friend. The property manager, who is skilled in dealing with tenants and understanding of the needs of single mothers, also does an excellent job. He is very respectful of tenants' rights and tenant relations and interested in working with tenants rather than trying to control them. Problems and concerns are always heard and responded to; there a process for recourse and retribution in tenant conflicts,

and breach of policies can result in eviction. At tenant meetings the property manager always hears tenants' ideas and opinions; he offers choices and shares decisions. The property manager encourages tenants to take pride and have a sense of ownership in where they live. For example, prizes were awarded for the best tenant garden.

Although financially Janis is not entirely independent, her housing subsidy cases her financial situation. She knows that if she did lose her job, her subsidy would be increased so that she would not face eviction or homelessness.

Janis feels that emotionally she has come through a lot and that the stability of her housing has enabled her to deal with long-standing problems. Coming from a dysfunctional family, Janis felt that she was repeating negative patterns in her abusive relationship with her husband. Making a change, however, required stability in other aspects of her life. Janis found that obtaining a secure and comfortable space offered her the opportunity and time to focus on her problems and work on herself. Over the course of two years, she received counseling, did volunteer work, and took some subsidized courses. This affected her children in a positive way; her son had been upset by the breakup of his family and having to move and adapt to new surroundings. However, he saw how much better and happier his mother was and how she could now focus on the family instead of her problems. Janis feels that her housing has made her a better and healthier mother.

Janis' housing subsidy enables her to work part time as an administrative assistant, giving her time to be with her children. Janis plans to gradually learn more skills and take on more work as her kids get older. She feels good about being able to I provide her children with the comfort and stability to grow up happy and strong with positive outlooks on life. She does not feel like a failure; her stable housing has provided her with the opportunity to succeed.

Janis feels that her housing plays a very big role in her health and well-being. It has given her a quality life whereas previously her life had consisted of trying to cope and survive. Her housing has given her choices.

NON PROFIT HOUSING

Alison and Brent

Alison Sanders, 41, and her eleven-year-old son, Brent, live in a non-profit housing development, a modern four-story apartment building situated on a busy main street and near a commercial area. There is a central courtyard and a playground for children. The surrounding neighbourhood is a mixture of houses and apartment buildings.

Their unit, on the ground floor, has two bedrooms and a bathroom upstairs, a kitchen and living room downstairs. Both Alison and Brent like the unit and find it comfortable. Although Alison likes the development's close proximity to a community centre and a school, she does not like the surrounding area and feels stigmatized by the location, which is unsafe and crime ridden.

Alison and her son moved into the building when it was built two years ago. They had previously lived in a two-bedroom basement suite that was damp, run down, and very depressing. Alison was ashamed of her home and was always embarrassed to have friends over to visit. She feels that this development, although well designed, is not well built; the building materials have caused high toxicity levels in the units and the high fences make the development feel like a prison.

Both Alison and Brent have been affected by the toxic fumes in the units caused by the combination of building materials. They experience headaches, nausea, and dizzy spells; Brent still has skin rashes and all Alison's plants continue to die because of the fumes. Alison's sleep is disturbed both by the toxic fumes and by the disruptive behaviour of other tenants.

Alison looked forward to increased social contact when she moved in; she didn't know many people where she previously lived. She has made two close friends in the building and knows neighbours she and her son could turn to for help. However, much of the contact she has with other tenants is a result of poor management. Tenant relations in the development are very bad, with in-fighting and disruptive behaviour and no opportunity for recourse or mediation. Alison has been threatened by a neighbour with a knife.

Brent likes some of the kids in the development with whom he plays. However, some of the other kids are violent and bullying and parents are not responsive to problems. He prefers to play in the hallway with his friends rather than outside in the playground. He is also bothered by the neighbours' abusive and disruptive drunken behaviour late at night. He has been frightened by a series of fires lit throughout the development and the fire alarms that are pulled in the middle of the night. He cannot play outside the development and wants to move. He has asked to return to their old home in market housing.

Alison feels that Brent has been affected in a negative way by their housing. The school he attends is very rough and violent. He has been bullied and has given in to peer and gang pressure. He has been influenced by aggressive boys in development and has become rude and defiant

towards his mother. He is angry and belligerent and is failing at school. They argue about his behaviour and Alison feels disrespected.

The management of the development is very frustrating for Alison. There is no on-site caretaker to deal with problems such as flooding and replacement or repair of fixtures. The property manager is not accessible and is not qualified to deal with tenant problems or maintenance. Alison feels that management does not want to work with tenants and that her concerns are not being heard. When she and other tenants met with the property manager to discuss the twenty-three fires, the tenants were told to be grateful for what they had and to stop complaining. Although the property manager is available for tenant meetings, few tenants attend because they feel it is futile to express concerns and that their issues will not be heard. Alison fears that serious destruction or abuse will have to occur before management intervenes.

Alison feels degraded by management's attitude. She feels' she is being stigmatized as a single mother on welfare and has no right to express her opinions. She feels as if she has no control over her housing; the units feet like playpens she feels that tenants are treated like children.

The property manager is not providing the services she is responsible for. Tenants who feel helpless in an emergency because management cannot be reached, often turn to Alison for help. She finds her involvement with other neighbours' problems to be stressful and sometimes feels as if she has to hide out in her unit. Alison thinks that the property manager is not passing on tenants' issues and concerns to management. She finds the housing society to be disorganized and poorly run. Staff members do not seem to work together and problems are passed on or avoided.

The constant dissatisfaction among tenants is a strain for Alison. It is a preoccupying issue, and conversations are often negative and discouraging. Tenants feel degraded and as if they don't count.

Alison has benefited financially from the housing subsidy. She and Brent are able to eat better and have more money for social activities such as going to the movies. They are financially better off than they have ever been and do not worry so much. Management is flexible and understanding of tenants' financial situations in a way that does not exist in market housing. Other positive aspects are their unit space, and the security and stability it provides. Alison is proud of her home. However, the financial benefit is not a fair trade-off for the management problems, tenant conflicts, and the bad influences surrounding her son.

Although her involvement in the development has not been positive, Alison finds that her self-esteem has improved through her work at the community centre next to the development. Here she can escape from the problems in her housing and can network with other single mothers and access resources and information. Because she feels supported and respected at the community centre, she feels more confident and assertive in dealing with management. She is considering organizing a tenants' association. This increase in confidence has carried over into other aspects of her life. She doesn't feel the prior stigma attached to being a single mother on welfare, that she was a failure and could not provide; now she is involved, does volunteer work, and has the mind space and the energy to pursue interests.

Alison is interested in starting a licensed day care and will start studying day care courses at the community centre. She plans to move up-country and open a day care, so that her son can live in a good environment and attend a good school. She appreciates the concept of subsidized housing and has benefited from some aspects of it. However, the attitude of management in her development has not made her housing situation worthwhile. She would not want to live in a housing development again and sees it as only a short-term solution.

PUBLIC HOUSING

Jennifer, Sean, Peter and Melissa

Jennifer Carson, 42, and her three children moved into public housing two years ago. The housing development, built in the 1950s, is poorly built, with virtually no soundproofing. It is composed of townhouses built in long rows around a square. Some of the houses face a busy and dangerous main street, while others face a courtyard with a basketball court. Lawns and pathways link the houses, and each one has a small fenced-in yard.

Jennifer's townhouse has three small bedrooms and a bathroom upstairs, a living room, a kitchen and a basement downstairs. The bedrooms are very small, and she and her daughter have to share a room. The family space is barely tolerable and there is no room for guests to stay. The lack of personal space and the noise from neighbours and the heavy traffic nearby cause tension. The basement provides some get-away space for her children; however, the walls are damp from the water leakage. The outside space does not compensate for the lack of space inside because of problems with other tenants.

Jennifer and her family previously lived in a market rental that they had to vacate because it was sold. Jennifer applied for public housing became because of her limited income, and because she could not find market housing large enough or suitable for her family. Public housing seemed to her the only option.

Jennifer doesn't feel at all connected to a community where she lives. Her friends live in other parts of the city and she has less direct contact with them since she has been living at the development. She knows one set of neighbours who are supportive; however, Jennifer has had serious problems with her other neighbours. Young adults and teenagers living in the development congregate outside during the day and late at night. They are often loud and rowdy, drinking heavily, racing cars, and being abusive. A neighbour down the row was stabbed and other tenants have been threatened. She and her family cannot sit outside in the summertime because of the noise, nor do they feel they can go away for the weekend for fear of being burglarized. In general, Jennifer feels that she and her family are not safe where they live.

Neither Sean, who is 18, nor Peter, 11, have school friends in the area. Few of the children in the development are suitable friends, as many are involved in gang activity and have dropped out of school. Both boys miss healthy socializing in their community. Jennifer's four-year-old daughter, Melissa, attends a nursery school but doesn't play with the kids at the development . She cannot play outside unsupervised because the development is not safe and because so many kids are left outside unattended.

Jennifer feels that she does not have enough say in where she lives. There is an on-site caretaker who does repairs, and who does a good job despite management restrictions. However, there has been no recourse for the problems she has experiences with her neighbours including excessive noise, abusive behaviour and theft in spite of her filing a complaint with management. The

property manager, whom she finds detached and not very sympathetic, also does the yearly inspections, making Jennifer feel that her home is public property.

Although there is not much agreement among the people living in the development, she and other neighbours have requested that some disruptive people be evicted, but they appear to be protected by the rules and policies of the public housing system. Jennifer does not see how the problems can be resolved without evictions.

Jennifer has found that the housing subsidy is helpful financially; she is no longer having to use part of her support component to pay for her rent. Even so, the support component she receives is not enough, and she has to cut back on things such as clothing and social activities.

Jennifer feels that their housing is not health promoting. She was so emotionally devastated when she and her family first moved into the development that she had to go on anti-depressants. She can never relax and always has to be on her guard to protect her family. However, she has learned how to cope because she has had no other choice. Jennifer feels that if she were to move into better housing where she could relax, she would initially experience sickness because of being able to release all the strain she has had to endure.

Jennifer feels very trapped where she is and does not feel the subsidy is enough of a fair trade-off for so many negative aspects. Although she has put in a transfer to move, and is on a waiting list for a co-op, she does not want to uproot her children while they are in school.

Jennifer is unsure about the future and does not know what will happen in terms of her housing. Busy parenting and coping with her family's living situation, she does not have time to think about future goals or interests.

PUBLIC HOUSING

Jill and Patrick

Jill Morris, 32, and her seven-year-old son, Patrick, have lived in public housing for seven years. The development, built in the 1950s in a residential area, is a combination of townhouses and high-rise apartments that face each other across a wide concrete thoroughfare.

When Jill's son was born, they lived in a one-bedroom apartment that was unsafe, badly managed, and very run down. Jill suffered a nervous breakdown because of the stress of their living conditions and applied for public housing. Although she didn't like the stereotype of living in a project, she was able to choose a development in the area where she grew up. She likes the neighbourhood and wanted her son to grow up living near his grandparents.

Jill and Patrick live in a small but comfortable and well-designed two-bedroom apartment on the third floor of one of the apartment buildings. Jill likes her neighbours and sees them daily. She considers half the people on her floor to be her friends. She feels there is a sense of community, with neighbours watching out for one another and providing mutual support and aid. Having lived there for seven years, she and Patrick have established roots and Jill has known some of the teenagers since they were children.

Patrick also likes where he lives and has friends to play with in the development. Unfortunately, the outside play area was moved down to one end of the development so that kids cannot be watched from the units. Also, some of the boys are bullies, and because the development is unsafe, Patrick cannot play outside unsupervised. Because he can't go outside when he wants, there is tension between him and his mother and other kids tease him. It also means he watches too much TV. As well, since he goes to school out of district, his school friends live far away. He doesn't want to move but he would like to live in a house with a big yard and a dog. In spite of these drawbacks, living in a warm comfortable home has helped alleviate his previous behaviour problems.

Jill is not satisfied with the management or safety of her development and feels frustrated at the lack of input she has as a tenant.

Because of constant noisy disturbance in the early evening and at night by drug dealers, gang members and young kids congregating outside, tenants successfully petitioned for an on-site caretaker. However, the caretaker lives with her husband in a three-bedroom apartment at the end of the building and hears and sees nothing of the problems that occur at night. The caretaker, who is supposed to be on call, is not dealing with the problems outside and only responds if property is damaged. She has also imposed new rules, such as forbidding children over the age of six to play on the grass and threatening their parents with legal recourse if they do. This means that children play in the parking lot, which is very unsafe. Tenants are now trying to organize another petition to have her removed.

Jill feels frustrated and degraded by the attitude of both the caretaker and the manager. They talk down to tenants as if they were children. The caretaker assumes that single mothers want handouts and expect support. Jill feels that her right to voice concerns and opinions is taken away by management's attitude. Her self-esteem is damaged by being talked down to by someone who was once on welfare and living in public housing herself.

Jill does not have contact with management unless there is a specific problem. If concerns are voiced or complaints filed, the property manager rarely responds. Jill feels that most of the time that she is not respected or heard. The property manager has a forceful attitude and is very difficult to talk to; Jill had to struggle to prevent pesticides from being sprayed in the unit, because of her allergies and her son's heart defect. The property manager finally gave in after other tenants also objected. However, it felt as if what was in the best interest of tenants was not respected.

The yearly inspection of the unit by the property manager and the caretaker feel like an invasion of her space. Jill feels she is being judged and rated on how she lives, and feels that inspections are not necessary for long-term tenants. The previous caretaker would not do them if tenants objected. Jill feels it is a power and control issue for management to do this, since none of the tenants want the inspections.

Jill's financial situation is difficult. The housing subsidy she is receiving from welfare means she does not have to take money from her support component to pay for her rent. However , since she is trying to pay off a student loan, she and her son have to go without things. Even so, she hopes to continue her social work studies next fall, and will appreciate the housing subsidy. She would like to own a three-bedroom house with a garden. However, currently she does not feel that she financially has any housing options.

Jill has mixed feelings about her housing. Although it is stable and affordable, there are tenant problems and no recourse. Management is defensive and does not respond to concerns. Jill feels stereotyped by where she lives. She feels a lack of control over her housing. She has to live with the fact that her housing security is determined by someone else's decision and she does not trust management. She is bothered by the rules and regulations that are constantly changing--she was told at one point that she could not put pictures on the wall. She feels trapped in public housing and brought down by the attitude and the atmosphere in the development . Many people there have given up hope of ever living in different housing; no one seems to be getting anywhere. The stress and tension of dealing with management and difficult tenants undermines her confidence. She struggles not to feel that she is in a rut and won't reach her goals.

APPENDIX 2

QUESTIONNAIRE

PERSONAL NETWORK WORKSHEET

BRADBURN AFFECT BALANCE SCALE

Number ___ - _____ - _____   FORM N

Date   _____

C O N F I D E N T I A L

Single Parents' Housing Questionnaire

PLEASE ANSWER <u>ALL</u> QUESTIONS. IF YOU NEED MORE SPACE, WRITE ON THE BACK OF THE PAGE. (Disregard the numbers in brackets which appear throughout the questionnaire.)

I. FAMILY HISTORY IN THIS HOME

1. How long have you been a single parent?

    _____ years

2. How many children under age 19 do you have living with you now?

    _____ boys   ages: ____ ____ ____ ____ ____
    _____ girls   ages: ____ ____ ____ ____ ____

3. Are there any other adults living in your household?

    _____ (2) yes
    _____ (1) no

    If yes, please check the categories which apply:

    _____ (5)   your adult children or stepchildren
    _____ (4)   your parent or other relative
    _____ (3)   your partner (male or female)
    _____ (2)   one or more unrelated housemates
    _____ (1)   other (please explain:
                   _____)

4. Household size:

    Total number of men: _____
    Total number of women: _____
    Total number of children   _____

5. Does each person in your household have his or her own bedroom?

_____ (2)   yes
_____ (1)   no

a. If not, who shares (check all categories which apply):

_____ (6)   adults with each other
_____ (5)   adults with children
_____ (4)   children of the same sex
_____ (3)   children of opposite sexes age six or over
_____ (2)   children of opposite sexes under age six
_____ (1)   some other combination (please explain:

_____)

6. How long have you lived in the housing development where you live now?

_____ years

7. How long did you live in your previous home?

_____ years

8. Was your previous dwelling

_____ (5)   a rented dwelling (in the private market)
_____ (4)   another unit in social housing or public housing
_____ (3)   a unit in a co-operative
_____ (2)   a dwelling you owned
_____ (1)   other (e.g. owned by family or friends, transition house, shelter)

Please explain:

_____

9. Was your previous dwelling

_____ (2)   occupied by your immediate family only, or
_____ (1)   shared with friends, relatives, or housemates?

(If you checked 1, please explain.)

_____

10. Was your previous home

___ (6)   a single family detached house (no suites)
___ (5)   a duplex or townhouse
___ (4)   an apartment in an apartment building
___ (3)   a suite in a converted house
___ (2)   a mobile home
___ (1)   other _____
                         (please specify)

11. What were the concerns, if any, with your previous home which led you to move? **[PLEASE CHECK ALL IMPORTANT REASONS.]**

___ (16)   it was too expensive
___ (15)   it was too big
___ (14)   it was too small
___ (13)   not physically adequate (e.g. leaks, appliances not working, not fumigated, poor heating)
___ (12)   inside noise (poor soundproofing, noisy neighbors)
___ (11)   outside noise (e.g. traffic)
___ (10)   not suitable in design (e.g. no play space for children)
___ (9)   management not satisfactory (e.g. repairs not done)
___ (8)   too far from family and friends
___ (7)   too far from places you need to go (e.g. schools or daycare)
___ (6)   unsafe building or neighborhood
___ (5)   harassment by landlord or caretaker
___ (4)   emotional reasons (e.g. bad memories, fear of eviction)
___ (3)   evicted
___ (2)   a change in family composition or other significant life change (please explain:

            _____)
___ (1)   other (e.g. house sold, housemates moved)

            _____
___ (0)   no particular concerns

a. Please tell us a little more about why you moved from your previous dwelling.

    _____

    _____

    _____

12. Have you ever experienced what you consider sexual harassment from the *landlord or caretaker* in a building where you lived?

_____ (2) yes
_____ (1) no

If yes, please explain.

_____

_____

_____

13. What were the main reasons for choosing your present home (i.e. the reasons you had *at the time*)? **[PLEASE CHECK ALL IMPORTANT REASONS.]**

_____ (12) its cost
_____ (11) its size
_____ (10) physical qualities (e.g. heat, soundproofing)
_____ (9) suitable design
_____ (8) well maintained
_____ (7) security of tenure
_____ (6) safety
_____ (5) location
_____ (4) family and friends nearby
_____ (3) congenial neighbors/sense of community
_____ (2) only thing available at the time
_____ (1) other (e.g. view)

_____
(please specify)

a. Please tell us more about why you chose to move to your present home.

_____

_____

_____

14. Did you feel you had other acceptable housing alternatives at the time?

_____ (2) yes
_____ (1) no

a.   If yes, what were those alternatives?

　　　　　_____ (8)　　staying where you were
　　　　　_____ (7)　　renting another place on your own
　　　　　_____ (6)　　moving into a social housing development
　　　　　_____ (5)　　moving into a co-operative
　　　　　_____ (4)　　moving in with parents or family members
　　　　　_____ (3)　　sharing with a friend or housemate
　　　　　_____ (2)　　moving out of town
　　　　　_____ (1)　　other (specify) _____

15. Were you on a waiting list before you moved into your present home?

　　　　　_____ (2)　　yes
　　　　　_____ (1)　　no

a.   *If so*, how long: _____ years   _____ months

b.   *If so*, what was your experience during the time you were on that list?

_____

_____

II. SATISFACTION WITH YOUR HOME

This section asks for your assessment of various aspects of your housing development including location, design, management and cost. The next section will explore the effects for you and your family of living where you do.

16. How convenient is the location of this housing development relative to places you want to go (e.g. stores, schools, daycare, parks, services such as banks, doctors)?

　　　　　_____ (3)　　most are easy to get to
　　　　　_____ (2)　　some are easy to get to
　　　　　_____ (1)　　few are easy to get to

Which ones are <u>difficult</u> to get to?   _____

17. Do you currently own and run a car?

　　　　　_____ (2)　　yes
　　　　　_____ (1)　　no

18. How safe do you feel the *neighborhood* is for you and your children? Would you say you feel:

    _____ (3)   very safe
    _____ (2)   somewhat safe, or
    _____ (1)   unsafe?

19. How safe do you feel the *housing development* you live in is for you and your children? Would you say you feel:

    _____ (3)   very safe
    _____ (2)   somewhat safe, or
    _____ (1)   unsafe?

20. What, if anything, do you feel may threaten your family's safety where you live?

    _____

    _____

    _____

21. How suitable do you find the layout and design of your *housing development* for your family's needs? Would you say it is:

    _____ (3)   very suitable
    _____ (2)   suitable but with some problems, or
    _____ (1)   not very suitable?

22. How suitable is the layout and design of your *unit* for your family's needs? Is it:

    _____ (3)   very suitable
    _____ (2)   suitable but with some problems, or
    _____ (1)   not very suitable?

23. What do you particularly like or not like about the design of your unit or development (e.g. amount of storage, size or number of rooms, soundproofing, play areas)?

    _____

    _____

    _____

24. Would you say your development is maintained

_____ (3)   very well,
_____ (2)   somewhat well, or
_____ (1)   not very well?

Why do you say that?

_____

_____

25. Do you feel your particular maintenance requests, if and when you have any, are responded to

_____ (3)   very well,
_____ (2)   somewhat well, or
_____ (1)   not very well?

Why do you say that?

_____

_____

26. What would you say are the *good points* about the way your housing development is managed?

_____

_____

27. What aspects of the management of your building need to be improved?

_____

_____

28. All in all, would you say your housing development is

_____ (4)   very well managed
_____ (3)   moderately well managed
_____ (2)   just adequately managed, or
_____ (1)   poorly managed?

29. How free do you feel to express your opinion in your housing development about how it should be run? Do you feel:

　　_____ (3)　　very free,
　　_____ (2)　　somewhat free, or
　　_____ (1)　　not very free at all?

30. *If* you express your opinion about how your development should be run, do you think it will be taken into account:

　　_____ (3)　　a lot of the time,
　　_____ (2)　　sometimes, or
　　_____ (3)　　rarely?

a.　Do you think your opinions and actions can have an effect on <u>social/recreational</u> matters in your housing development

　　_____ (3)　　a lot of the time,
　　_____ (2)　　sometimes, or
　　_____ (1)　　rarely?

b.　Do you think your opinions and actions can have an effect in setting <u>rules and regulations</u> in your housing development

　　_____ (3)　　a lot of the time,
　　_____ (2)　　sometimes, or
　　_____ (1)　　rarely?

c.　Do you think your opinions and actions can have an effect on <u>management matters</u> such as deciding on improvements or raising the rent

　　_____ (3)　　a lot of the time,
　　_____ (2)　　sometimes, or
　　_____ (1)　　rarely?

31. Do you feel that you have about as much of a say in how your development is run as you wish?

　　_____ (3)　　about as much as I wish
　　_____ (2)　　not enough
　　_____ (1)　　too much

Why do you say that?

_____

_____

32. For the most part, how comfortable do you personally feel with the people who live in your development? Would you say you feel:

_____ (4)   very comfortable,
_____ (3)   moderately comfortable,
_____ (2)   somewhat <u>un</u>comfortable, or
_____ (1)   not comfortable at all?

Why do you say that?

_____

_____

_____

33. How comfortable do you think *your children* feel with the other children they meet in your development? Would you say they feel:

_____ (4)   very comfortable,
_____ (3)   moderately comfortable,
_____ (2)   somewhat <u>un</u>comfortable, or
_____ (1)   not comfortable at all?

Why do you say that?

_____

_____

_____

34. Circle the number on the scale below which shows how much you consider that your present housing is a *real community*.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

not a
community

a real
community

35. Circle the number on the scale below which shows to what degree you feel this is your *real home* or *just a place you live*.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

just a place I live

my real home

36. How much do you pay monthly for this unit?

   $ _____

   Does this amount include:

a. heat?   _____ (2)   yes
                       _____ (1)   no

b. electricity?   _____ (2)   yes
                       _____ (1)   no

c. parking?   _____ (2)   yes
                       _____ (1)   no

37. How much extra per month, if any, do you pay for:

a. Heat $ _____
                               or, combined $ _____
b. Electricity $ _____

c. Parking $ _____

d. Cable TV $ _____

e. Telephone $ _____

f. Other $ _____ (what for? _____)

38. Taken altogether, how affordable do you find your monthly
    shelter expenses (not counting cable and telephone costs)? Do
    you find them:

    _____ (4)   very affordable
    _____ (3)   somewhat affordable
    _____ (2)   somewhat unaffordable, or
    _____ (1)   very unaffordable?

39. How confident do you feel that you can continue to afford your
    housing costs for the foreseeable future?

    _____ (4)   very confident
    _____ (3)   somewhat confident
    _____ (2)   somewhat unconfident, or
    _____ (1)   very unconfident?

Why do you say that?

_____

_____

40. How difficult do you usually find it to cover other expenses after your monthly housing costs have been paid? Do you find it:

_____ (4)   not very difficult
_____ (3)   somewhat difficult
_____ (2)   quite difficult, or
_____ (1)   extremely difficult?

41. How likely is it that you and your family will move within the next twelve months? Would you say it is:

_____ (4)   very likely
_____ (3)   quite likely
_____ (2)   somewhat likely, or
_____ (1)   <u>un</u>likely?

a. If you were to move in the next twelve months, what would probably be the **primary** reason? Would it be that:

_____ (7)   the rent became too high and you had no choice but to move,
_____ (6)   you found a less expensive place that was still acceptable,
_____ (5)   you found a more acceptable place that you could still afford (subsidized or unsubsidized),
_____ (4)   you moved for safety reasons (yourself or your children)
_____ (3)   you were evicted, or
_____ (2)   some other reason (please specify:
               _____)
_____ (1)   DOES NOT APPLY (very unlikely to move).

Please tell us more about why you feel you are likely or unlikely to move in the next year.

_____

_____

42. All in all, what are the things you like <u>best</u> about living in your housing development?

_____

_____

_____

43. What are the things you like <u>least</u> about living there?

_____

_____

_____

44. How well do you like your present housing as a place for your children to live? Would you say you like it:

_____ (4)   very well
_____ (3)   moderately well
_____ (2)   somewhat well, or that
_____ (1)   you do not like it for them at all?

Why do you say that?

_____

_____

45. How <u>fairly</u> do you feel life is treating you as far as housing is concerned?

_____ (4)   very fairly
_____ (3)   moderately fairly
_____ (2)   somewhat <u>un</u>fairly
_____ (1)   very unfairly

Why do you say that?

_____

_____

46. We are interested in your overall feeling about living in social housing. For example, some people feel embarrassed or stigmatized, especially if their rent is subsidized. Others feel grateful, or proud of their homes and glad to be part of a community. Still others feel a bit trapped, and unable to move on to other kinds of housing they would prefer. Please write a few lines about your feelings about living where you do, however negative, mixed or positive they may be.

_____

_____

_____

_____

47. What general feeling, if any, do you think your children have about living in social housing?

_____

_____

_____

48. To what degree has this development met the hopes and expectations you had when you moved in, or did you not have any particular expectations?

_____

_____

_____

49. What are your long-term plans and hopes about housing? Would you say that:

_____ (4)   you plan to live here indefinitely
_____ (3)   you plan to remain here for the moment but hope to move sometime in the future
_____ (2)   you plan to move soon
_____ (1)   you would like to move eventually but cannot see any possibility of doing so

Why do you say that?

_____

_____

III.   EFFECTS OF LIVING WHERE YOU DO

This section asks about the effect on yourself and your family of living where you do. In particular, we would like to know what effect you think *moving into social housing* has had for your family.

50. On the whole, what effect would you say living here has had on your own physical or mental health? (Please mark *any* of the following responses which apply:)

    _____ (5)   a positive effect on your *mental* health
    _____ (4)   a positive effect on your *physical* health
    _____ (3)   no particular effect on your health at all
    _____ (2)   a negative effect on your *mental* health
    _____ (1)   a negative effect on your *physical* health.

    Please give us more information about what the effect on your health, if any, has been:

    _____

    _____

    _____

51. What effect, if any, would you say that living here has had on your career and/or your financial situation?

    _____

    _____

    _____

52. What effect, if any, would you say living here has had on your children's physical or mental health? (Please mark any of the following responses which apply to one or more of your children:)

_____ (5)   a positive effect on their mental health
_____ (4)   a positive effect on their physical health
_____ (3)   no particular effect on their health at all
_____ (2)   a negative effect on their mental health
_____ (1)   a negative effect on their physical health.

a.   Please give us more information about what the effect on your children's health, if any, has been:

_____

_____

_____

53. What effect, if any, would you say living here has had on your children's progress in school or daycare? Would you say it has:

_____ (3)   helped your children to do better in school
_____ (2)   made no difference one way or the other, or
_____ (1)   caused their school progress to get worse?

Why do you say that?

_____

_____

54. What effect, if any, would you say living here has had on your children's social development? Would you say it has:

_____ (3)   helped promote healthy social development
_____ (2)   made no difference one way or the other, or
_____ (1)   hampered their social development?

Why do you say that?

_____

_____

55. All in all, what would you say have been the *positive* effects on you and your children, if any, of living here?

_____

_____

_____

_____

56. Have you noticed any *negative* effects, or anything particularly lacking, for yourself or your children in living here? If so, what are those effects?

_____

_____

_____

_____

57. On the whole, would you say for your family the effect of moving into social housing has been:

_____ (4)   very positive
_____ (3)   moderately positive
_____ (2)   somewhat negative, or
_____ (1)   very negative?

Please explain:

_____

_____

IV. PERSONAL NETWORKS

The next section of this questionnaire looks at your personal networks, because it is known that the type of network a person has is closely related to his or her quality of life. We want to understand better the part housing plays in personal networks.

Please take the time required to do this section carefully, because it is very important to the conclusions we draw from the study.

You received a yellow "Personal Networks Worksheet" with this questionnaire. Please turn to it now, using it as a rough work sheet before completing the questions which follow.

A. Network Lists

On the yellow worksheet, **please list *each* person you see, phone or talk to regularly in *each* of the categories**. Write them down, using first name, initials or some other identifier which you can keep track of. If you run out of space, use the back of the sheet.

When you have finished, return to this questionnaire.

B. Character of Networks

Based on your list, answer the following questions for each group in turn. If you have questions, the example on page 4 of the worksheet may help, or ask the neighbour who gave you the questionnaire.

i) *Close Family (i.e. parents, children, siblings) and other relatives*

Look through your list in column i.

a. How many close family members (i.e., your parents, children and siblings) are there in your list?

Total: _____

b. How many of these close family members do you *usually* see or talk to:

Daily or nearly every day? _____
About once a week? _____
Once or twice a month? _____
Less than once a month? _____

c. How many other relatives are there in your list?

Total: _____

d. How many of these other relatives on your list do you *usually* see or talk to:

Daily or nearly every day? _____
About once a week? _____
Once or twice a month? _____
Less than once a month? _____

ii) *People in Your Housing Development*

a. How many names are on your list of people from your development whom you see or talk to regularly?

Total: _____

b. How many of these people from your development do you *usually* see or talk to:

Daily or nearly every day? _____
About once a week? _____
Once or twice a month? _____
Less than once a month? _____

c. How many of these people in your development:

Are in the same age group as you?
      (i.e. are within 5 years of your age?) _____
Have the same marital status as you? _____
Are also parents? _____

iii) *People You Know From Work*

a. How many names are on your list of people from work?

Total: _____

b. How many of these people from work do you *usually* see or talk to:

Daily or nearly every day? _____
About once a week? _____
Once or twice a month? _____
Less than once a month? _____

c. How many of these people from work:

Are in the same age group as you?
      (i.e. are within 5 years of your age?) _____
Have the same marital status as you? _____
Are also parents? _____

iv) ***People You Know from School, College or University*** if you are currently taking classes. This includes classmates, teachers and other educational personnel such as principals and counsellors.

a. How many are on your list of people from school, college or university?

Total: _____

b. How many of these people from school do you *usually* see or talk to:

Daily or nearly every day? _____
About once a week? _____
Once or twice a month? _____
Less than once a month? _____

c. How many of these people from school:

Are in the same age group as you?
    (i.e. are within 5 years of your age?) _____
Have the same marital status as you? _____
Are also parents? _____

v) ***Service People*** such as daycare workers, teachers, social workers, shopkeepers.

a. How many are there on your list of service people?

Total: _____

b. How many of these service people do you *usually* see or talk to:

Daily or nearly every day? _____
About once a week? _____
Once or twice a month? _____
Less than once a month? _____

c. How many of these service people:

Are in the same age group as you?
    (i.e. are within 5 years of your age?) _____
Have the same marital status as you? _____
Are also parents? _____

vi) **People from Community Organizations**, e.g. sports, recreational, political, church, parents' group, service or community centre group, or other volunteer activities outside your development.

a. How many different organizations did you name on page 2 of the worksheet?

Total: _____

b. What is the total of <u>all</u> the people you listed on page 2.

Total: _____

c. How many of these people from community organizations do you *usually* see or talk to:

Daily or nearly every day? _____
About once a week? _____
Once or twice a month? _____
Less than once a month? _____

d. How many of these people from community organizations:

Are in the same age group as you?
    (i.e. are within 5 years of your age?) _____
Have the same marital status as you? _____
Are also parents? _____

vii) **People from Informal Groups**. (e.g. support groups, social groups, people who gather for coffee, drinks, meals, card games, dancing, etc. **Mention only those people whose names do not appear elsewhere on your worksheet.**)

a. How many informal groups are there on your list?

Total: _____

b. How many are there on your list of people from informal groups?

Total: _____

c. How many of these people from informal groups do you *usually* see or talk to:

Daily or nearly every day? _____
About once a week? _____
Once or twice a month? _____
Less than once a month? _____

d. How many of these people from informal groups:

Are in the same age group as you?
        (i.e. are within 5 years of your age?)   _____
Have the same marital status as you?   _____
Are also parents?   _____

viii)   **Other Friends and Acquaintances**. Use this category for anyone whose name doesn't fit into the previous groups.

a. How many are there on your list of the "other" people you see or talk to regularly?

Total: _____

b. How many "other" people on your list do you *usually* see or talk to:

Daily or nearly every day?   _____
About once a week?   _____
Once or twice a month?   _____
Less than once a month?   _____

c. How many of these "other" people:

Are in the same age group as you?
        (i.e. are within 5 years of your age?)   _____
Have the same marital status as you?   _____
Are also parents?   _____

C. Relationships in Networks

58. Please go back now to your Personal Network Worksheet:

a. How many names appear more than once on the list?

Total: _____

b. Circle the names of people that you consider to be *"friends."*

How many are there in all?   _____

c. Put a square around the names of those you consider *"close friends"* that is, you can talk to them about just about any joys, sorrows, problems or accomplishments?

How many are there in all?   _____

d. Put a check beside the names of the people with whom you have a *"mutual aid"* relationship, that is, you help each other out with childcare, information, rides, and other day to day needs?

How many are there in all? _____

e. Put a star beside the names of people who help you in any way with parenting your children.

- Do the names you have starred include your children's father (or mother)?

  _____ (2) yes
  _____ (1) no

- How many of the people whose names you have starred are:

  close family? _____
  other relatives? _____
  neighbors? _____
  workmates? _____
  classmates? _____
  service people? _____
  people from community groups? _____
  people from informal groups? _____
  other friends and acquaintances? _____

D. Responsibilities in Organizations

59. Please go back to the column headings and mark all the groups or organizations, including your housing development, in which you have carried out some task or responsibility **in the past year** (e.g. making coffee, telephoning, being an executive or committee member, distributing leaflets, planning activities, cleanup committee).

   This includes extra activities at work or school. For some groups you may have taken on three or four responsibilities or more. List these extra responsibilities and tasks on the next page.

a. List of Extra Tasks and Responsibilities:

Group	Responsibility

b. Based on the list above, how many volunteer tasks or responsibilities have you taken on in the past year?

Total: _____

c. On the lines below, please add any comment or explanation you feel is important about your personal networks and volunteer activities.

_____

_____

_____

_____

_____

_____

V. PERSONAL HEALTH AND FEELINGS

Please do not skip any questions in this section.

60. This section of the questionnaire contains questions about how you feel and how things have been going with you. For each question, mark (x) the answer which best applies to you.

a. How have you been feeling in general (DURING THE PAST MONTH)?

      _____ (1)   in excellent spirits
      _____ (2)   in very good spirits
      _____ (3)   in good spirits mostly
      _____ (4)   I have been up and down in spirits a lot
      _____ (5)   in low spirits mostly
      _____ (6)   in very low spirits

b. Have you been bothered by nervousness or your "nerves" (DURING THE PAST MONTH)?

      _____ (1)   extremely so -- to the point where I could not work or take care of things
      _____ (2)   very much so
      _____ (3)   quite a bit
      _____ (4)   some -- enough to bother me
      _____ (5)   a little
      _____ (6)   not at all

c. Have you been in firm control of your behavior, thoughts, emotions OR feelings (DURING THE PAST MONTH)?

      _____ (1)   yes, definitely so
      _____ (2)   yes, for the most part
      _____ (3)   generally so
      _____ (4)   not too well
      _____ (5)   no, and I am somewhat disturbed
      _____ (6)   no, and I am very disturbed

d. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile (DURING THE PAST MONTH)?

      _____ (1)   extremely so -- to the point that I have just about given up)
      _____ (2)   very much so
      _____ (3)   quite a bit
      _____ (4)   some -- enough to bother me
      _____ (5)   a little bit
      _____ (6)   not at all

e. Have you been under or felt you were under any strain, stress, or pressure (DURING THE PAST MONTH)?

 _____ (1)   yes -- almost more than I could bear or stand
 _____ (2)   yes -- quite a bit of pressure
 _____ (3)   yes -- some - more than usual
 _____ (4)   yes -- some - but about usual
 _____ (5)   yes - a little
 _____ (6)   not at all

f. How happy, satisfied, or pleased have you been with your personal life (DURING THE PAST MONTH)?

 _____ (1)   extremely happy -- could not have been more
                satisfied or pleased
 _____ (2)   very happy
 _____ (3)   fairly happy
 _____ (4)   satisfied -- pleased
 _____ (5)   somewhat dissatisfied
 _____ (6)   very dissatisfied

g. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory (DURING THE PAST MONTH)?

 _____ (1)   not at all
 _____ (2)   only a little
 _____ (3)   some -- but not enough to be concerned or worried
                about
 _____ (4)   some and I have been a little concerned
 _____ (5)   some and I am quite concerned)
 _____ (6)   yes, very much so and I am very concerned

h. Have you been anxious, worried , or upset (DURING THE PAST MONTH)?

 _____ (1)   extremely so -- to the point of being sick or
                almost sick
 _____ (2)   very much so
 _____ (3)   quite a bit
 _____ (4)   some -- enough to bother me
 _____ (5)   a little bit
 _____ (6)   not at all

i. Have you been waking up fresh and rested (DURING THE PAST MONTH)?

    _____ (1)   every day
    _____ (2)   most every day
    _____ (3)   fairly often
    _____ (4)   less than half the time
    _____ (5)   rarely
    _____ (6)   none of the time

j. Have you been bothered by any illness, bodily disorder, pains, or fears about your health (DURING THE PAST MONTH)?

    _____ (1)   all the time
    _____ (2)   most of the time
    _____ (3)   a good bit of the time
    _____ (4)   some of the time
    _____ (5)   a little of the time
    _____ (6)   none of the time

k. Has your daily life been full of things that were interesting to you (DURING THE PAST MONTH)?

    _____ (1)   all the time
    _____ (2)   most of the time
    _____ (3)   a good bit of the time
    _____ (4)   some of the time
    _____ (5)   a little of the time
    _____ (6)   none of the time

l. Have you felt down-hearted and blue (DURING THE PAST MONTH)?

    _____ (1)   all of the time
    _____ (2)   most of the time
    _____ (3)   a good bit of the time
    _____ (4)   some of the time
    _____ (5)   a little of the time
    _____ (6)   none of the time

m. Have you been feeling emotionally stable and sure of yourself (DURING THE PAST MONTH)?

    _____ (1)   all of the time
    _____ (2)   most of the time
    _____ (3)   a good bit of the time
    _____ (4)   some of the time
    _____ (5)   a little of the time
    _____ (6)   none of the time

n. Have you felt tired, worn out, used-up, or exhausted (DURING THE PAST MONTH)?

    _____ (1)   all of the time
    _____ (2)   most of the time
    _____ (3)   a good bit of the time
    _____ (4)   some of the time
    _____ (5)   a little of the time
    _____ (6)   none of the time

For each of the four scales below, note that the words at each end of the 0 to 10 scale describe opposite feelings. Circle any number along the bar which seems closest to how you have generally felt **during the past month.**

o. How concerned or worried about your HEALTH have you been?

    0   1   2   3   4   5   6   7   8   9   10

    not   very
    concerned   concerned
    at all

p. How RELAXED or TENSE have you been?

    0   1   2   3   4   5   6   7   8   9   10

    very   very
    relaxed   tense

q. How much ENERGY, PEP, VITALITY have you felt?

    0   1   2   3   4   5   6   7   8   9   10

    no energy   very
     AT ALL,   ENERGETIC,
    listless   dynamic

r. How DEPRESSED or CHEERFUL have you been?

    0   1   2   3   4   5   6   7   8   9   10

    very   very
    depressed   cheerful

s. Have you had severe enough personal, emotional, behaviour or mental problems that you felt you needed help (DURING THE PAST YEAR)?

       _____ (1) yes and I did seek professional help
       _____ (2) yes, but I did not seek professional help
       _____ (3) I have had (or have now) severe personal problems but have not felt I needed professional help
       _____ (4) I have had very few personal problems of any serious concern
       _____ (5) I have not been bothered at all by personal problems during the past year.

s. Have you ever felt that you were going to have, or were close to having, a nervous breakdown?

       _____ (1) yes -- during the past year
       _____ (2) yes -- more than a year ago
       _____ (3) no

t. Have you ever had a nervous breakdown?

       _____ (1) yes -- during the past year
       _____ (2) yes -- more than a year ago
       _____ (3) no

u. Have you ever been a patient (or outpatient) at a mental hospital, a mental health ward of a hospital, or a mental health clinic, for any personal, emotional, behavior, or mental problem?

       _____ (1) yes -- during the past year
       _____ (2) yes -- more than a year ago
       _____ (3) no

v. Have you ever seen a psychiatrist, psychologist, or psychoanalyst about any personal, emotional, behavior, or mental problem concerning yourself?

       _____ (1) yes -- during the past year
       _____ (2) yes -- more than a year ago
       _____ (3) no

w. Have you talked with or had any connection with any of the following about some personal, emotional, behavior, mental problem, worries, or "nerves" CONCERNING YOURSELF DURING THE PAST YEAR?

- regular medical doctor (except for definite physical conditions or routine check-ups)

  _____ (1)   yes
  _____ (2)   no

- brain or nerve specialist

  _____ (1)   yes
  _____ (2)   no

- nurse (except for routine medical conditions)

  _____ (1)   yes
  _____ (2)   no

- lawyer (except for routine medical conditions)

  _____ (1)   yes
  _____ (2)   no

- police (except for simple traffic violations)

  _____ (1)   yes
  _____ (2)   no

- clergyman, minister, priest, rabbi, etc.

  _____ (1)   yes
  _____ (2)   no

- marriage counsellor

  _____ (1)   yes
  _____ (2)   no

- social worker

  _____ (1)   yes
  _____ (2)   no

• other formal assistance

     _____ (1)   yes -- what kind? _____
     _____ (2)   no

y. Do you discuss your problems with any members of your family or friends?

     _____ (1)   yes - and it helps a lot
     _____ (2)   yes - and it helps some
     _____ (3)   yes - but it does not help at all
     _____ (4)   no -- I do not have anyone I can talk with about my problems
     _____ (5)   no - no one cares to hear about my problems
     _____ (6)   no - I do not care to talk about my problems with anyone
     _____ (7)   no - I do not have any problems

61. On the lines below, please add any comment or explanation you think is important about how you have generally been feeling lately.

_____

_____

_____

_____

_____

62. Please mark how much you agree or disagree with the following statements:

a. I would rather decide things when they come up than always try to plan ahead.

     _____ (4)   agree a lot
     _____ (3)   agree a little
     _____ (2)   disagree a little
     _____ (1)   disagree a lot

b. I have always felt pretty sure my life would work out the way I
    wanted it to.

    _____ (4)   agree a lot
    _____ (3)   agree a little
    _____ (2)   disagree a little
    _____ (1)   disagree a lot

c. I seem to be the kind of person that has more bad luck than
    good luck.

    _____ (4)   agree a lot
    _____ (3)   agree a little
    _____ (2)   disagree a little
    _____ (1)   disagree a lot

d. I never have any trouble making up my mind about important
    decisions.

    _____ (4)   agree a lot
    _____ (3)   agree a little
    _____ (2)   disagree a little
    _____ (1)   disagree a lot

e. I have always felt that I have more will power than most people
    have.

    _____ (4)   agree a lot
    _____ (3)   agree a little
    _____ (2)   disagree a little
    _____ (1)   disagree a lot

f. There's not much use for me to plan ahead because there's
    usually something that makes me change my plans.

    _____ (4)   agree a lot
    _____ (3)   agree a little
    _____ (2)   disagree a little
    _____ (1)   disagree a lot

g. I nearly always feel pretty sure of myself even when people
    disagree with me.
    _____ (4)   agree a lot
    _____ (3)   agree a little
    _____ (2)   disagree a little
    _____ (1)   disagree a lot

h. I have often had the feeling that it's no use to try to get anywhere in this life.

     _____ (4)   agree a lot
     _____ (3)   agree a little
     _____ (2)   disagree a little
     _____ (1)   disagree a lot

Demographic Questions

Finally, we need some basic information about your circumstances.

63. Sex

     _____ (2)   female
     _____ (1)   male

64. How old were you on your last birthday?

     _____ years

65. Are you presently:

     ____ (4)   married
     ____ (3)   separated or divorced
     ____ (2)   widowed, or
     ____ (1)   never-married?

66. What was the language you first learned as a child and still understand today?

    _____

67. What is the highest level of formal education you have *completed* up till this time?

     ____ (9)   no formal education
     ____ (8)   .elementary school only
     ____ (7)   some high school
     ____ (6)   high school graduation
     ____ (5)   trades, technical or artistic training
     ____ (4)   professional training (e.g. teaching, bookkeeping)
     ____ (3)   some college or university
     ____ (2)   bachelor's degree
     ____ (1)   graduate degree(s)

68. Are you working on any of the above qualifications at the moment? If so, which?

    _____ (7)   not working on them at present
    _____ (6)   high school graduation
    _____ (5)   trades, technical or artistic training
    _____ (4)   professional training (e.g. teaching, bookkeeping)
    _____ (3)   some college or university
    _____ (2)   bachelor's degree
    _____ (1)   graduate degree

69. Have your work qualifications changed since you moved into this housing development? If so, how?

    _____ (2)   no change
    _____ (1)   changed as described below:

_____

_____

70. Please give a list of the last five paid jobs, part-time and full-time, you have had:

Dates: from / to	Part-time or Fulltime (circle which)	Type of work (e.g. waitress, carpenter...)
	PT FT	
	PT FT	
	PT FT	
	PT FT	
	PT FT	

71. How would you rate your children's health at the present time?

a. **Child No. 1**

    _____ (1)   excellent
    _____ (2)   good
    _____ (3)   fair
    _____ (4)   poor

b. **Child No. 2** (if applicable)

_____ (1)   excellent
_____ (2)   good
_____ (3)   fair
_____ (4)   poor

c. **Child No. 3** (if applicable)

_____ (1)   excellent
_____ (2)   good
_____ (3)   fair
_____ (4)   poor

If you have other children, please add information for them in the blank space above.

d. What are the concerns, if any, you have about the health of any of your children?

_____

_____

72. What was your <u>household's</u> total income last year? (_Include income of other adults in your household **if** you pool your finances. See question 68 (10) below._)

_____ (1)   less than $9,000
_____ (2) $9,000 - $11,999
_____ (3) $12,000 - $14,999
_____ (4) $15,000 - $19,999
_____ (5) $20,000 - $29,999
_____ (6) $30,000 or more

73. What sources of income does your household currently have?
[CHECK ALL SOURCES OF INCOME WHICH APPLY TO YOU]

_____ (1)   salaries
_____ (2)   GAIN
_____ (3)   self-employment or contract income
_____ (4)   student loans
_____ (5)   scholarships
_____ (6)   unemployment insurance benefits
_____ (7)   alimony or support payments _for yourself_
_____ (8)   support payments _for your children_
_____ (9)   Savings or investments
_____ (10) rent or food/utility contributions from other
            adults in your household
_____ (11) other (which? _____)

74. What was your source of income when you moved into your present
housing development?

_____ (1)   same as above, or
_____ (1)   salaries
_____ (2)   GAIN
_____ (3)   self-employment or contract income
_____ (4)   student loans
_____ (5)   scholarships
_____ (6)   unemployment insurance benefits
_____ (7)   alimony or support payments _for yourself_
_____ (8)   support payments _for your children_
_____ (9)   savings or investments
_____ (10) rent or food/utility contributions from other
            adults in your household
_____ (11) other (Which? _____)

75. Finally, please use the space below and on the next page to
mention anything you would like to add about your experience
with housing as a single parent.

When you have finished, please put

- this questionnaire, and
- your network worksheet

into the manila envelope. Seal the envelope.

Your neighbor who is working with us will collect

- the envelope
- the signed consent form, and
- the permission to review your office file.

THANK YOU AGAIN FOR YOUR HELP ON THIS PROJECT. WE WILL BE SURE TO LET YOU KNOW THE RESULTS IF YOU WISH.

nextvers.qur
May 17, 1996

PERSONAL NETWORK WORKSHEET

In the columns below and on the next pages, please list *each* person you see, phone or talk to regularly in *each* of the categories.

Write them down, using first name, initials or some other identifier which you can keep track of. If you run out of space, use the back of the sheet. Then turn back to the main questionnaire.

i Close Family and Other Relatives	ii People in your Housing Development	iii Workmates (including supervisors); professional or union associates	iv Classmates, Teachers and other Educational Personnel	v Service People (e.g. daycare worker, teacher, social worker)

vi.   Community Organizations (e.g.sports, recreational, political, church, shcool or daycare parent's group, service or community centre group, other volunteer activities).

Place each group's name in a column heading and list below all the people there you see or talk to regularly.

1. Name	2. Name	3. Name	4. Name	5. Name

vii. Informal Groups (e.g. support groups, social groups, people who gather for coffee, drinks, meals or cards).				
Write a name for the group and list the people you see or talk to regularly.				
1. Name	2. Name	3. Name	4. Name	viii Other friends and acquaintances

BRADBURN AFFECT BALANCE SCALE[1]

Please indicate how life in general seems to you these days by answering "yes" or "no" to each of the following items.
[Please do not skip any items.]

In the past few weeks, did you ever feel...

a)   pleased about having accomplished something?

_____ (2)   yes
_____ (1)   no

b)   so restless you couldn't sit long in a chair?

_____ (2)   yes
_____ (1)   no

c)   bored?

_____ (2)   yes
_____ (1)   no

d)   that things were going your way?

_____ (2)   yes
_____ (1)   no

e)   depressed or very unhappy?

_____ (2)   yes
_____ (1)   no

f)   proud because someone complimented you on something you had done?

_____ (2)   yes
_____ (1)   no

g)   particularly excited or interested in something?

---

[1]   The ten items of the scale are augmented with two supplementary items also derived from Bradburn, as discussed in Doyle (1990).

_____ (2)   yes
_____ (1)   no

h)   very lonely or remote from other people?

_____ (2)   yes
_____ (1)   no

i)   upset because someone criticized you?

_____ (2)   yes
_____ (1)   no

j)   on top of the world?

_____ (2)   yes
_____ (1)   no

Taken all together, how would you say things are these days -- would you say that you are

_____ (3)   very happy
_____ (2)   pretty happy, or
_____ (1)   not too happy?

In getting the things you want out of life, would you saya that you are doing

_____ (3)   very well
_____ (2)   pretty well, or
_____ (1)   not too well?