

**EXECUTIVE SUMMARY**

**THE SINGLE PARENTS' HOUSING STUDY**

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

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## I. INTRODUCTION

### *Purpose*

The intuition that housing is fundamental to health and wellbeing is widespread. Housing is referred to specifically in the U.N. Declaration of Human Rights as a component of the right to an adequate standard of living (Article 25). 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. Rachis and Kushner (1989)<sup>1</sup> 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 (Doyle, Burnside and Scott 1996)<sup>2</sup> was designed to explore this question: what are the characteristics of a health-promoting housing environment? However, 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 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).<sup>3</sup>

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<sup>1</sup> Rachis, M. and C. Kushner (1989). *Second Opinion*. Toronto: Collins.

<sup>2</sup> Doyle, V.M., B. Burnside and S. Scott (1996). *The Single Parents' Housing Study*. Ottawa: Canadian Housing and Renewal Association.

<sup>3</sup> Lindheim, R, and S. Syme (1983). Environments, people and health. *American Review of Public Health*. 4: 335-359.

The reverse of this statement suggests that good health would be associated with 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. An environment that enhances these opportunities would be a *health-promoting* environment, enabling people to expand their networks and take on new roles that lead to a *respected social identity*.

The major determinants of health and wellbeing are *macro*-level factors that determine socioeconomic status. It is these factors that disrupt ties, assign low position and deprive people of respect and the ability to control their lives. In this study housing was viewed as a *mid*-level variable that could mediate the isolating, and therefore pathogenic, effect of these factors on the *micro*-social environments of individuals. A particular housing setting could have a mediating effect to the degree that it was a health-promoting environment.

The study explored the particular qualities of a housing environment that would be health-promoting, focusing in on the experience of single parents living in social housing and in market rental units in Vancouver.

A survey undertaken by CMHC in 1990<sup>4</sup> 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. Other statistics show that single people and single parent families are most likely to move.<sup>5</sup> Residents of social housing developments subsidized by federal and/or provincial governments pay rents set at 30% of their gross income, whereas CMHC reports that single parents frequently pay more than 50% of income for shelter in market rental units.<sup>6</sup>

The study's hypothesis was 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. It looked specifically at the effects of differing governance approaches to social housing, which by their nature produce different social environments.

- *Co-operative housing* is owned and managed by its residents through a system of elected boards and committees, usually with the assistance of paid staff;

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<sup>4</sup> CMHC (1990), *Evaluation of the Co-operative Housing Programs. Draft Report*. Ottawa: CMHC.

<sup>5</sup> CMHC (1990). *Research and Development Highlight Sheet 90 - 212*. Ottawa: CMHC

<sup>6</sup> Canada Mortgage and Housing Corporation (1993). *Core Housing Need Database*. Ottawa: CMHC.

- *Non-profit housing* is owned and managed by a volunteer non-profit society through its board and committees, usually with the help of paid staff;
- *Public housing* is owned and managed by some level of government, usually municipal or provincial. The public housing in this study is directly managed by the B.C. Housing Management Commission, an agency of the Ministry of Municipal Affairs and Housing.

A fourth legal structure represented in the study is, of course, the relationship between landlord and tenant in the private housing market. Respondents living in private rental units formed a control group for this study.

### ***Methodology***

Single parents (n = 272) living on the East Side of Vancouver filled out a self-administered questionnaire about their housing, their personal social networks, and the effect they felt that housing had on their health and wellbeing and that of their children. The sample was selected from families living in co-operatives, non-profit rental developments and public housing. A control group was recruited from families living in private market units.

Respondents living in social housing volunteered after receiving a flyer at their door, followed up by a neighbor who worked with the researchers to distribute and collect the completed questionnaires. Respondents living in market housing volunteered after reading reports in the local papers, seeing notices on community bulletin boards, or hearing about the study by word of mouth. The response rate for the study overall (number of completed questionnaires/number of potential respondents approached) was 69%. All respondents were paid an honorarium of \$15.

The questionnaire was a conventional mix of open-ended and closed-ended items that took about 1 ½ hours to complete. It included extensive exploration of respondents' experience in past and current housing, standardized and self-reported assessments of health/wellbeing and a set of items designed for this study to examine the extent and characteristics of respondents' personal networks.

Information from the questionnaire was supplemented by discussions with groups of respondents, and by more intensive interviews with 8 respondents.

## **II. RESULTS**

### ***Sample***

The 272 single parents portrayed in the study were almost all women. Typically, they had been single parents for about 8 years and had one child aged about 12. Just over half had at least some post-secondary education. More than a third had improved their work qualifications since moving into their current housing, but still almost two thirds received at least some of their income from social assistance. There was a considerable income difference between housing types, with more than half of co-op residents making more than \$20,000 per year. Co-op

respondents were also more likely than others (48%) to have improved their work qualifications since moving to the co-op.<sup>7</sup>

Average housing cost, net of utilities such as heat and electricity, was \$377 per month, but there was a considerable difference, as might be expected, between those living in social housing (at \$484/month for co-ops and approximately \$260 for non-profit and public housing residents) and respondents living in private market housing at \$627. These single parents had lived in their current home an average of 4½ years.

A standard measure of health, the General Wellbeing Schedule,<sup>8</sup> was included in the questionnaire. By this measure, the single parents in the survey scored in the "strong positive" range, indicating a healthy group with little incidence of serious distress or demoralization. There were no significant differences by housing type on this measure, nor by income level or receipt/non-receipt of Income Assistance.

The strong positive showing on the wellbeing measure was unexpected. These low-income single parents, the majority on social assistance, are a typical "marginalized" group, and at high risk for low levels of health and wellbeing. The first conclusion the researchers drew was that *something* was mediating the macro-level determinants of health for this population. In view of the fact that 83% of them lived in social housing, hypothesis that the mediating factor was their housing environment was further explored.<sup>9</sup>

#### ***What is Housing Like for Urban Single Parents?***

The single parents who participated in the study painted a graphic picture of the importance of housing in their lives.

**Market Housing.** Obviously, *cost and quality* were critical factors. For those living in market housing, cost was an issue in and of itself, for there was usually an extreme shortage of money for other expenses after the shelter costs had been paid. In addition, the high price purchased housing that they mostly considered inadequate. In many cases, these women and their children were living in secondary suites in old houses. Frequently mothers and children shared a

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<sup>7</sup> The possibility that the higher incomes of the co-op members unduly influenced the conclusions is discussed later in the paper.

<sup>8</sup> Dupuy, H. (1972). *General Well-being Schedule (GWB)*. Washington DC: National Center for Health Statistics, Department of Health, Education and Welfare.

<sup>9</sup> There was no significant difference between the social housing and market respondents on GWB scores. Since the sample of market respondents was recruited by advertising and by word of mouth, rather than systematically as could be done in the social housing developments, it is likely that this sub-sample represents the more out-going and confident among low-income market renters.

bedroom, or the mother slept on the couch. If the building was in poor repair, which was often the case, some tenants said they felt reluctant to request repairs, for fear of having the rent raised or the house sold. Occasionally this worry extends to putting up with intrusive or even harassing behaviour from a landlord. Neighbors within the building were often a problem, because of noise, intrusiveness, or sometimes by not carrying their share of the common tasks (e.g., keeping the garbage area clean) or not paying their share of utility bills for the house.

Also linked to cost was *stability*. Throughout the questionnaires and interviews with single parents living in market apartments is the theme of exhaustion--of the devastating effect on their own morale and their children's self-confidence of having to move frequently, mostly involuntarily, and without much hope that the next place would be better.

*Safety* was another important issue for market renters. The respondents frequently complained that their neighborhoods were not safe, that their children could not be allowed to play outside or to walk in the neighborhood on their own--a problem that grew in importance as their children reached school age, causing friction in the family.

The high costs, poor quality housing, instability and fear these women experienced made *isolation and anxiety* the hallmark of the market renters as a group. They could not afford to go out with friends; often they were too embarrassed about their homes to feel comfortable inviting people in; they moved too often to make friends where they lived; their lack of confidence about neighborhood safety kept them and their children tied to their homes. The isolation intensified their worry about losing the housing they did have, for there were few other people they could rely on.

In the interviews, these single parents expressed vividly their feelings of powerlessness, marginalization and being trapped:

*Her housing is a constant reminder to Claire of how low on the totem pole she is; the bottom of the barrel. She is a failure and she has done things wrong. She feels that she is living in an oppressive environment with no way out.*<sup>10</sup>

**Social Housing.** Single parents who lived in social housing had many of these basic problems solved. Their subsidized rents, while not leaving large sums from their small incomes for other expenses, were at least manageable and, almost more important, predictable. They ate better, could go out occasionally, and could pay for school activities for their children. If their incomes should fall below what they currently receive, the rents would fall accordingly. For the same reason, stability was assured. Since eviction would be only for non-payment of rent or for due cause, only they would make the choice to leave.

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<sup>10</sup> Quotes are from case studies based on interviews. The names of the respondents have been changed.

One of the strongest themes in their description of life in social housing is the feeling of no longer being isolated. Living with other families in like situation gives the opportunity to build new networks, to support each other's efforts to improve their situation, to share childcare. Frequently, respondents mentioned that they could now afford to go out occasionally, and felt proud to have people visit them in their homes which, although modest, were of very reasonable quality.

*Janis feels very connected to the community where she lives. She feels close to some of her neighbors; 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. In the summertime, Janis likes to sit outside on her front step after dinner and chat with her neighbors. 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.*

Another frequently-mentioned benefit of living in social housing was the opportunity to make a new start. Once housing is secure, and with support and safety for their children, single parents can and frequently do upgrade their skills and take on better-paying jobs.

*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.*

There can be down sides to living in social housing. Some respondents felt that for the community support they received, there was a price to pay in privacy. As in any close neighborhood, residents tended to know what was happening in each other's lives. Likewise, some neighbors were people who were supportive and could be friends. When that was not the case, the small size of the community could intensify conflict, bullying or disruptions among the adults or the children, presenting residents with a painful conundrum:

*Alison has benefited financially from the housing subsidy. She and Brent are able to eat better 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 conflict, and the bad influences surrounding her son.*

There also was a tendency for the satisfaction of the early years, when children were small and new opportunities were being pursued, to turn to frustration once people were ready to move on to a new phase in life. They had good work, their children were becoming more independent, but they still could not afford decent housing in the private market, still less to buy a home of their own.



The benefits of social housing appear to be highly contingent on the quality of management or, in the case of co-operatives, the strength of the democratic management process. A key issue is whether the "role" assigned to residents is one that carries respect or one that reinforces their sense of helplessness and failure. Since these single parents have virtually all experienced powerlessness and marginalization, they are very vulnerable to insensitive use of power by housing managers or co-op boards. Conversely, opportunities to develop confidence in their own ability to undertake action, to make their opinions known, are highly effective in improving wellbeing. A case in point is the custom in some housing developments of inspecting tenants' homes.

*The yearly inspection of the unit by the property manager and the caretaker feel like an invasion of Jill's space. She 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.*

The opposite experience was expressed by some co-op respondents:

*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. These skills enabled her to obtain a new position at her work.*

This brings us to the issue of the characteristics of a health-promoting housing environment.

### ***What are the Characteristics of Healthy Housing?***

The study set out to describe the characteristics of a healthy housing environment. Frequently health issues are thought to be primarily linked to the physical adequacy of the housing, or its cost, as indeed on a basic level they are. Warm, dry, sanitary and well-ventilated shelter is basic to physical health--to preventing everything from cholera to runny noses. On another level, uncrowded shelter is important to mental health, especially, it seems, of women, and to children's progress in school. However, the Single Parents' Housing Study found evidence that there are other levels, related to the general prediction factors for health outlined by Lindheim and Syme (1983) in the review quoted above, on which housing contributes to health.

The issues of most concern to the respondents themselves when considering the relationship between their housing and family wellbeing were:

- *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*, including its safety, their comfort with their neighbors, their children's comfort with their playmates, their judgement as to whether their housing situation is "fair", and their sense of whether it is their "real home"
- their opinion about the *quality of maintenance and management*, and
- the degree to which they feel they have *influence in their housing setting*.

These factors reflect the themes found by Lindheim and Syme (1983): what these women see as important about their housing is their sense of having supportive ties, of belonging in a place that is good for their family, of being able to have an influence on their surroundings, of being heard. These are essentially the qualities most people associate with a neighborhood and will seek if they have a choice. Since single parents with low and moderate incomes frequently do not have a choice in housing, the quality of the social environments they are able to access through housing programs is of key importance to their ability to become self-sufficient.

Respondents' assessment of the quality of maintenance and management did not differ significantly among the four housing types. On the other factors, however, co-op respondents consistently, and significantly, scored highest, public housing residents lowest. Non-profit residents and market housing ones generally scored in between, although they tended to be closer to the public housing profile on most items. This suggests that the self-management model of co-operatives is especially successful in providing a community environment which these women found health-promoting:

*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."*

This is not to say that co-ops are always successful in providing a community environment. On the contrary, complaints were heard about "cliques" that tended to monopolize board decisions. In these situations, the knowledge that they should be able to have input could even increase the respondents' sense of marginalization. Some single parents from co-ops complained of intimidation when they wanted to raise unpopular issues; others found the volunteer commitment exhausting on top of their already busy lives; a few pointed out that meetings were often held at evening hours when one-parent families would have to arrange child care, which effectively eliminated their participation.

Nor is a healthy housing setting possible only under the co-operative model. In rental settings, since the power dynamic is different from the egalitarian co-operatives, different approaches must be taken. The findings of the study suggest that the key to success in both co-operative and rental housing is to be found in the degree to which the social structure of the housing environment enables residents to have *INFLUENCE*.

### ***The Importance of INFLUENCE***

In this study, the variable that was labeled *INFLUENCE* appears to be critical understanding what makes for a health-promoting housing environment. The variable was measured by an index constructed for this study consisting of the following items:

- I feel free to express my opinion about how my housing should be run
- My opinion is taken into account
  - ▣ in social and recreational matters
  - ▣ with regard to rules and regulations
  - ▣ in management matters
- I have as much say as I wish.

In regression analysis, *INFLUENCE* proved to be the major predictor of the respondents' belief that their housing was good for their own and their children's mental and physical health, i.e., that it was a health-promoting environment.<sup>11</sup>

*INFLUENCE* is significantly, and negatively, related to being on Income Assistance and to having a low income. This is not surprising, since income is critical to wellbeing and the lack of income a major factor in marginalization and powerlessness. *INFLUENCE* was also, after income, the most important predictor of current wellbeing. It is interesting, however, that having a sense of influence in the housing environment is *not* statistically related to age, education level or length of tenure in their current housing for these single parents, although these three characteristics could be expected to provide some measure of ability to make oneself heard. It is also not related to housing cost as such.

On the other hand, since the perception of having influence differs significantly by housing type for this group<sup>12</sup>, it is likely a function of governance mechanisms that differ in the degree to which they offer "opportunity for meaningful participation and ...control over conditions affecting their lives (Lindheim and Syme 1983: 353)." Support for this suggestion comes from the fact that the *INFLUENCE* variable is significantly related to another index developed for the study, which measured the number of "instrumental roles" the respondent had taken on, e.g., jobs, volunteer activities, and other achievement-oriented activities.

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<sup>11</sup> This regression addresses the issue of income confounding the co-op results. It is not really possible to disentangle all the confounding variables, but a regression analysis looks at the major influences with other variables taken into account. *Influence* predicts a healthy housing setting, regardless of housing type, and also regardless of income.

<sup>12</sup> Similar results were found in a previous study by the author for a sample of 165 seniors drawn from rental, co-operative and condominium developments (Doyle, V.M. 1990. *The Effects of Tenure Type and Age Mix on Housing Satisfaction and Wellbeing of Seniors in Multiunit Housing*. Doctoral Thesis. Simon Fraser University.)

Co-ops, being constituted as self-managing developments, could 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 by initiating a tenants' association. The intent here is not to evaluate housing institutions on objectives they have never set for themselves. However, it may point to new approaches to effective housing management.

### III. DISCUSSION

There are many ways in which having secure and affordable housing improved the lives of the families surveyed in this study. Residents of social housing frequently mentioned the benefits of affordability that enabled them to begin upgrading their work qualifications, and the pride they felt in having a decent home in which to entertain family and friends. They wrote and spoke of the support they found among other families like themselves, sharing the care of children and working to improve their lives. Women living in market housing, on the other hand, cited the intense poverty they experienced, problems of "trying to feed both of us on what I have left after paying the rent," their sense of isolation, and the anxiety of worrying about when they would have to move again.

However, other factors that at first appear more intangible and subjective turned out to be very important to these single parents' assessment of the contribution of their housing to their own and their children's health: their feeling about their housing as their "real home," a safe community for themselves and their children, and the degree to which they had influence in their housing environment. Echoing, from their own experience, the epidemiological research summarized by Lindheim and Syme a decade ago, these women knew that their access to supportive networks, ability to participate in ways that raised their self-esteem, and opportunity to stay where they could maintain those connections, created a health-promoting environment for their families.

It must be said that respondents were far from unanimous in espousing one particular type of housing over another. Those who lived in social housing acknowledged that for the affordability, security and--in some settings--the opportunity to have a measure of control over their housing setting, they often had to sacrifice a measure of privacy, and frequently found themselves with extra work that stretched their limited time and resources. Others complained about being excluded from the decision-making process by cliques or by simple lack of time. Many living in public housing complained of feeling demeaned.

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 mother, with children now older, would prefer a change of lifestyle, which she may not be able to bring about.

That being said, however, 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 in Canada, which can reduce social marginalization and enable families to improve their circumstances, perhaps more effectively than expensive "self-sufficiency" programs.

These housing communities promote health 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.

But in all cases where tenant participation works well, one necessary characteristic is that the decisions to be made are of real importance to the tenants themselves. A second is that the involvement being offered them (or which they are taking on for themselves) will be such as to increase their stature in their own and others' eyes by real achievement--making decisions, having their opinion considered, taking on volunteer tasks. The basic thrust of a tenant involvement policy in a housing development 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.

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 (1994) revision of British Columbia's *Residential Tenancy Act*. Following a Quebec model, the amendments are designed to strengthen tenants' position vis a 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.) Eviction notices can also be taken to an arbitrator. 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.

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.

#### **IV. 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.

## **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 are 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 taken seriously; he will only do repairs if he is hounded, and then they are not done professionally, so that nothing is ever 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 finds 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.



## ***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 eases 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 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.

## **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.