

A QUALITATIVE ANALYSIS OF SOCIAL HOUSING RESIDENTS

By ANDREW E. BECK, B.A. (HONS.)

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AUTHOR: Andrew E. Beck, B.A. (Hons.) (University of Toronto)
SUPERVISOR: Dr. J. R. Dunn
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ABSTRACT

The social determinants of health are the social and economic conditions in which people live that determine their health and housing is a determinant of health. The home holds important significance to individuals as it offers protection and privacy from the surrounding physical and social conditions, aids in the development of relationships, and is the centre of family life. However, many individuals are not able to experience the benefits stemming from an acceptable home.

This thesis explores the socio-economic aspects of housing through the transitional experiences of individuals moving from the private market level housing into rent-geared-to-income housing. The aim was to offer a descriptive account of individuals who have moved into social housing from private market housing and to find which of the dimensions of housing (physical conditions, psychological benefits, social environment and financial dimensions) most definitely contribute to individuals' everyday lives, health and well-being.

Through the use of in-depth interviews, this cross-sectional research study involves 12 individuals paying rent-geared-to-income and living in social housing in Hamilton, Burlington and Oakville, Canada.

Individuals reported several improvements to the different dimensions of housing that can influence health. Better housing conditions did improve their general and mental health. Individuals reported a greater sense of security, autonomy and self-identity. Social interactions and support were more commonly experienced and individuals did feel a decrease in the burden of rent. The most substantial changes were living in a less stressful environment and the financial security of social housing.

This thesis shows that securing social housing had an influence on participants' everyday lives, health and well-being. The findings may contribute to literature on the impacts of affordable housing on lower-income individuals' health and well-being. Additionally, the findings have important housing policy implications for addressing affordable housing.

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CHAPTER 1: INTRODUCTION

Utilizing a housing and health perspective, this thesis examines the transitional experiences of individuals moving from the private market level housing into rent-geared-to-income housing, it also explores the socio-economic aspects of subsidized housing. In total, 12 residents paying rent-geared-to-income (30% of their income) in social housing in the Municipality of Hamilton and the cities Burlington and Oakville completed in-depth interviews. Throughout this thesis, social or subsidized housing is used synonymously with rent-geared-to-income housing. Rent-geared-to-income housing refers to individuals who are paying 30% of their income on housing, a more detailed definition appears in the data collection section of Chapter 3. The current research project explored is part of a larger research project, the Greater Toronto Area (GTA) West Housing and Health Study being carried out in the Municipalities of Toronto and Hamilton, and the Regional Municipalities of Halton and Peel.

The social determinants of health are the social and economic conditions in which people live that determine their health. Furthermore, the socio-economic factors embedded in everyday life are important social determinants of health (Dunn et al., 2004; Macintyre, 2008). Housing is a central part for everyday life, and this thesis explores the material and meaningful effects of housing on health. The home holds important significance to individuals as it offers protection and privacy from the surrounding physical and social conditions, aids in the development of relationships, and is the centre of family life. However, many individuals are not able to experience these benefits stemming from an acceptable home.

RESEARCH OBJECTIVES

The research question guiding this thesis examines how the socio-economic aspects of social housing influence individuals' everyday lives. Guided by the housing and health framework supplied by Dunn et al. (2004), the focus of this project is around the housing dimensions of physical hazards, physical design, psychological benefits, social benefits, and financial dimensions among social housing residents. The goal of this study is to explore the changes in re-housed social housing residents' experiences under selected dimensions of housing.

The research objectives of this research project are:

1. To offer a descriptive account of individuals who have moved into social housing from private market housing, and to find which of the dimensions of housing most substantially contribute to individuals' everyday lives, health and well-being.

Informed by the first objective, the following objectives are:

2. To evaluate participants' perceptions of the physical conditions, psychological benefits, and social benefits of social housing compared to private market housing.
3. To explore the financial dimensions of private market and social housing. Currently there is a lack of research on the possible financial dimensions of social housing and how it affects social housing residents' everyday lives.

In order to investigate this objective, 12 social housing residents living in Hamilton, Burlington, and Oakville, Ontario completed in-depth interviews.

CONCEPTUAL FRAMEWORK

The conceptual framework in Figure 1 demonstrates only a glimpse of the complexity of housing and health. Figure 1 presents the particular aspects of housing that can influence health through multiple pathways. The framework is developed from the selected background literature on housing and health and applied to the area of social housing. As presented in Figure 1, housing has physical elements that influence health. For example, there is a strong association between poor health and poor housing conditions (Bonney et al., 2003; Marsh et al., 2000; Pevalin, Taylor & Todd, 2008; Shaw, 2004; Thomson et al., 2013). Housing also has meaningful aspects that are likely to influence health. For instance, private renters have increased distress if they lack control due to worrying about involuntary relocation, and having greater autonomy within the home may reduce stress and anxiety (Costa-Font, 2008; Dunn & Hayes, 2000).

Additionally, the physical aspects of housing can interact with the psychosocial aspects which can influence health, such as having a private entrance or “defensible space” can increase privacy and security among individuals which increases a sense of control (Clark & Kearns, 2012; Gibson, 2011b; Hiscock et al., 2001; Newman, 1972; Rowles, 1981). The physical and psychosocial aspects can also influence the social environment. For example, poor quality housing can have an effect on self-identity which can prevent individuals from inviting others into their home.

Lastly, the financial dimensions of housing can interact with the physical and psychosocial aspects and influence health. For example, individuals with higher incomes are able to secure higher quality homes in better neighbourhoods, which can also

influence the psychosocial aspects (such as, self-identity and status) (Baker, Bentley & Mason, 2013; Hartig & Fransson, 2006). The financial dimensions can also influence the psychosocial aspects. For instance, with unaffordable housing individuals feel vulnerable and this has an effect on mental health beyond the effects of financial hardship (Mason et al., 2013).

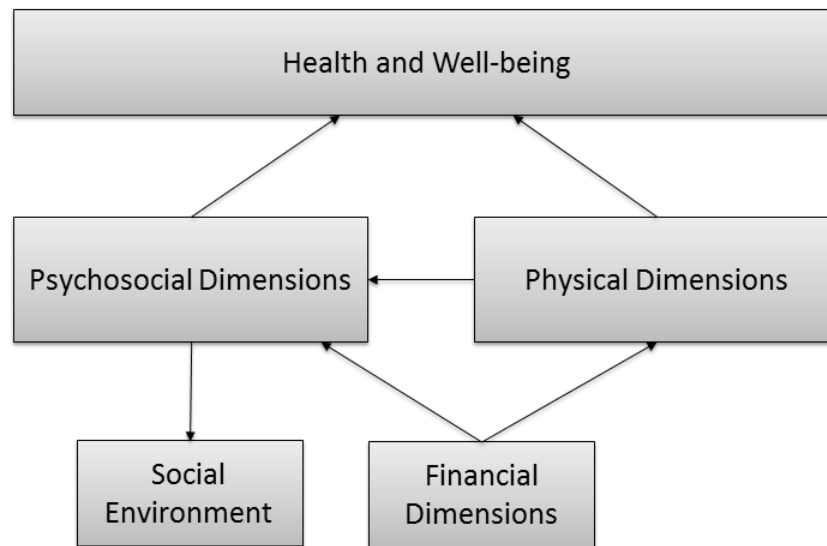


Figure 1: Conceptual Framework of Housing and Health

There is a large literature surrounding the different dimensions of housing and health, however, there is a small amount of research focussing on social renting, especially around the financial and psychosocial dimensions of housing. At first it seems irrelevant to include the literature on housing tenure and its influence on health since it mainly focusses on private owners and private renters. The inclusion of housing tenure

derives from the assumption that social renters could experience similar benefits of private owners (such as, autonomy and secure housing) and private renters (managed maintenance). Furthermore, despite the amount of various studies the review of the literature demonstrates an absence of empirical research specific to social housing and health within a Canadian context. This study offers evidence from a Canadian context as most of the housing and health literature occurs in United States, United Kingdom and Australia.

POLICY IMPORTANCE

In Canada, roughly 95% of households obtain their housing from the private market (Hulchanski, 2007). In between 2001 and 2010, the average price of a new home nearly doubled and in addition to this, monthly rental rates continue to increase in many major Canadian cities (Federation of Canadian Municipalities, 2012). With this in mind, those who can afford homeownership tend to have better health compared to private renters for several different reasons (Acevedo-Garcia et al., 2004; Thomson, Petticrew & Morrison, 2002; Windle, Burholt & Edwards, 2006). For example, different housing tenures may expose individuals to different levels of physical hazards that affect health, such as housing disrepair, cold and damp conditions, and crowding. Moreover, the research on social renters is scant. Social renters could experience the benefits private owners encounter (such as, secure housing) or what private renters come across (such as, managed maintenance). The private housing market redistributes “wealth and income in a highly regressive fashion” (p. 24) and individuals who have lower incomes are at a higher

risk of inadequate and unaffordable housing (Dunn et al., 2004). Thus, some individuals' housing needs are not met in the private market. Furthermore, inadequate housing can have direct negative influences on health as there exists an association between poor housing conditions and poor general and mental health (Bonney et al., 2003; Kearns et al., 2011; Marsh et al., 2000; Shaw, 2004; Thomson et al., 2013). Also, the indirect health effects of unaffordable housing may require individuals to discount their health through not having spare income to afford other non-shelter necessities such as food and transportation (Bentley, Baker and Mason, 2011; Cheer, Kearns & Murphy, 2002; Kirkpatrick & Tarasuk, 2011; Mason et al., 2013; Pollack, Griffin & Lynch, 2010).

Currently, Ontario has one of the highest incidences of households who are in core housing need at 15.4%, with the exception of British Columbia. Of those who are in core housing need, 80.4% are contained within the lowest income quintile. Furthermore, 61.4% were private renters and 19% were homeowners (Canada Mortgage and Housing Corporation [CMHC], 2012a). According to the CMHC (2012a), a household is in “core housing need” if it does not meet a minimum standard for any of the following criteria: (1) adequacy (no major repairs needed); (2) suitability (acceptable amount of space) and (3) affordability (not spending 30% or more of their before tax income on the median rent and basic utilities).

With the exception of the United States, Canada possesses the smallest social housing sector compared to other Western nations (Hulchanski, 2007). Social housing has traditionally been provided as an important source of affordable and secure housing. However, with the limited number of social housing units being preserved for those with

high needs—which may also influence social composition and stigma—many low-income households will continue to struggle in the private rental market and experience negative health effects. Lower-income individuals who obtain social housing may experience health benefits as compared to living in low-income private market housing.

ORGANIZATION OF THE THESIS

The thesis consists of five chapters. Chapter 2 presents an extensive overview of the academic literature related to the research objective. This will examine the current literature on housing as a socio-economic determinant of health. The literature review consists of three sections. The first section begins with a discussion of the recent expansion of high quality research and follows with a review of the research investigating the physical conditions of housing and health. This section will limit the focus on the main areas of research interested in housing disrepair, cold and damp conditions, crowding, and housing types. The second section will focus on the psychosocial aspects of housing and health and will begin with a discussion on the operationalization of ontological security and follow with the research investigating the psychosocial aspects of a sense of security, autonomy and self-identity. The third section provides information on the financial dimensions of housing. This section will provide information on different tenure groups, the burden of debt, and housing affordability. Following this, the first section of Chapter 3 provides the research context of the study with information on Hamilton, Burlington, and Oakville, Ontario. This chapter will describe the background information about the study locations. The last section details the methods employed

throughout the study. Chapter 4 provides the results of this thesis from the in-depth interviews conducted in Hamilton, Burlington, and Oakville with social housing residents. The results presented link to their significance to the current academic literature. The last chapter, Chapter 5 provides a summary of the findings and how they accomplished the research objective of this thesis. This chapter will consider the limitations of the study and suggestions for future research.

CHAPTER 2: REVIEW OF THE LITERATURE

The following section provides a review of the literature on the diverse dimensions of housing related to general and mental health. The first section presents an examination of the physical aspects of housing to highlight how the physical conditions of housing can alter health. The following section of the review discusses the psychosocial aspects of housing and to conclude, the last section will present the financial features of housing. Compared to the sparse research specific to social housing and health, the extensive general housing and health literature is the basis for the existing evidence. The social housing literature tends to focus on the highly negative aspects of social housing such as fear of crime (Alvi et al., 2001; DeLone, 2008; Roman et al., 2009), violence (DeKeseredy, Alvi, Tomaszewski, 2003; DeKeseredy et al., 2003), clinical mental disorders (Jang et al., 2010; Nebbitt & Lambert, 2009; Nebbitt & Lombe, 2007; Simning, Wijngaarden & Conwell, 2011), and stigma (Kearns, Kearns & Lawson, 2013; McCormick, Joseph & Chaskin, 2012; Palmer et al., 2004).

PHYSICAL ASPECTS OF HOUSING

This section considers the physical dimensions of housing that can influence general and mental health. It will begin with a discussion of the past and current quality of studies and how this has evolved over time. Following this is an overview of the key aspects of housing and how they affect general and mental health. This will include a broad overview of poor housing conditions, the more dominant topic of cold and damp conditions, crowding and different types of housing. Within each of these subsections, is

a display of the present evidence on general and mental health followed by the recent research focussed on the influence of housing improvements within these topics.

Concerns about the Evidence

The relationship between housing and health is a complex phenomenon, making any claims to the existence of a causal relationship challenging. There are several possible confounding factors and pathways that can influence health such as other social determinants of health: poverty, pre-existing poor health, and poor neighbourhood quality (Pevalin, Taylor & Todd, 2008; Thomson et al., 2013).

Until recently, the quality of evidence concerning the relationship between housing and health was poor, but it has become stronger. Previously, the literature consisted primarily of a large number of small-scale, cross-sectional, and observational studies which favoured self-reported measures of health and housing quality, which generated small effect sizes with occasional conflicting results (Dunn, 2000; Evans, 2003; Navarro, Ayala & Labeaga, 2010; Pevalin, Taylor & Todd, 2008; Shaw, 2004; Thomson, Petticrew & Morrison, 2001; Wells & Harris, 2007). Shaw (2004) provides a useful illustration of the past evidence as “piecemeal”, but she argues “when amalgamated, the sum of the extensive range of ways in which housing is related to health is quite considerable” (p. 403). Acknowledging this, a few researchers have called for more robust and high quality studies of housing and health with a greater need of prospective randomized or quasi-experimental designs in order to strengthen the evidence on housing and its influence on health (Gibson et al., 2011b; Thomson et al., 2009;

Thomson, Petticrew & Morrison, 2001). Equally important was the need for additional qualitative research to offer more comprehensive accounts of the different pathways linking housing improvement to health (Acevedo-Garcia et al., 2004; Gibson et al., 2011b; Thomson, Petticrew & Morrison, 2001).

Thomson et al. (2013) conducted a systematic review on housing improvements and health which established that there is now supportive evidence to claim that improvements in warmth positively affect general, mental and respiratory health. This was an updated systematic review, the progress from the previous review demonstrates the increasing interest of high quality research on housing improvements and health.

The earlier reviews only identified 18 studies of reasonable quality since 1936 (Thomson, Petticrew & Morrison, 2001). The amount of included studies expanded to 45 yet only 9 of the studies scored high in overall methodological quality (Thomson et al., 2009). Most of the earlier studies on housing improvement and health consisted of small effect sizes and suffered from methodological limitations such as lack of controls and small sample sizes, however, the positive effects on mental health were steady (Thomson, Morrison & Petticrew, 2007).

Housing Disrepair

There is a strong association between poor health and poor housing conditions (Bonney et al., 2003; Marsh et al., 2000; Pevalin, Taylor & Todd, 2008; Shaw, 2004; Thomson et al., 2013). Dating back to the 19th century, Edwin Chadwick in 1842 and Freidrich Engels in 1872 identified a possible relationship between poor health and poor

housing conditions (Dunn, 2000; Navarro, Ayala & Labeaga, 2010). Today much of the research on housing and health focusses on the physical features of housing. These are usually designated to the following three branches: indoor conditions (such as, cold temperatures and moisture), crowding, and hazards (Baker, Bentley & Mason, 2013; Gibson et al., 2011a). Another growing area is housing-led area regeneration (Gibson et al., 2011b; Mason, Kearns & Bond, 2011; Petticrew et al., 2009). However, the support is not as strong as housing improvements because housing improvements studies target those in need, where area level interventions target everyone. Since only some individuals can move the previous area and the poor conditions are unlikely to change, and the remaining individuals will continue to experience a disadvantage (Gibson et al., 2011a; Sampson, 2008; Thomson et al., 2013). The influence of poor housing quality is also witnessed over the life course. Those who experience poor housing earlier in life are more likely to suffer from poor health even when settling in good quality housing (Marsh, 2000). Additionally, age has an association with housing and health. Being older is relates with more housing problems and poor conditions which influence health. This may also inhibit older individuals to effectively age in place (Braubach & Power, 2011; Nolan & Winston, 2011).

Concerning mental health, the same pattern exists, although less extensively. There is an association between poor housing quality and housing dissatisfaction on mental health (Kearns et al., 2011). Poor housing quality may impact mental health through the formation of stressful environments, lack of space, and lack of daylight.

Adequate dwellings may also relate to feelings of identity, self-esteem, insecurity, privacy and control (Evans, Wells & Moch, 2003; Smith et al., 1993).

Cold and Damp Conditions

Housing conditions can present individuals to many different exposures and many factors in the indoor environment can influence health: cold, damp conditions and inadequate ventilation and asthma; poisoning; and injuries (Krieger et al., 2010; Gibson et al., 2011a; Jacobs et al., 2009; Hopton & Hunt, 1996). Furthermore, such risks to biological agents can have unfavourable influences on health. For example, excess moisture and mold can accommodate a positive environment for dust mites, cockroaches and rodents (Krieger et al., 2010). Concerns about air quality, temperature and moisture, are certainly the most extensively documented area within housing and health (Gibson et al., 2011a; Gibson et al., 2011b; Richardson et al., 2006; Smith et al., 1993; Thomson et al., 2013; Thomson, Morrison & Petticrew, 2007; Thomson, Petticrew & Douglas, 2003; Woodfine et al., 2011). In a systematic review by Thomson et al. (2013) they noticed 15 out of 33 studies concentrate on warmth improvements, along with 7 out of the 12 qualitative studies. This could be due to fewer difficulties in measuring housing quality and the cost-effective interventions as compared to expensive housing renovations or relocating individuals as commonly executed in studies focussing on crowded housing.

There is strong support for the position that the combined effects of cold and damp conditions are causally related to poor health, especially among children and older people (Evans et al., 2000; Nolan & Winston, 2011; Smith et al., 1993). With regards to

mental health and damp conditions, Hopton & Hunt (1996) did witness higher levels of psychological distress in people living in damp housing conditions, although the measures for indoor conditions indoors were subjectively reported.

The conditions of housing can expose people to harmful environments that are harmful to health. There is a great quantity of research and substantial evidence that cold and damp conditions are causally related to poor health. This is true for mental health as well, although less notable.

Crowding

As housing costs grow relative to incomes, so too does the likelihood that households will double up, and household crowding will increase (Maani, Vaithianathan & Wolfe, 2006). Within housing and health research, overcrowding is one of the most established and commonly applied measures of housing conditions (Britten & Altman, 1941; Marsh et al., 2000). Very early research from the United States has found an association between increased crowding and an assortment of different infectious diseases (Britten & Altman, 1941). Other health conditions associated with crowding are stomach cancer and short height (Barker et al., 1990; Montgomery, Bartley & Wilkinson, 1996). Universally, it is commonly found that living in multi-family houses, apartments, smaller residences, and households with fewer rooms increases asthma symptoms (Acosta et al., 2010; Dong et al., 2008; Frisk et al., 2006; Litt et al., 2010).

Crowded environments in the home can create psychological stress and have negative consequences, especially among children. There is some evidence that academic

achievement and to a lesser extent general health among children is lower for those exposed to crowded housing (Solaris & Mare, 2012). Above all, these negative effects can carry throughout life influencing socio-economic status and adult health well-being. Marsh et al. (2000) found that individuals, who live in good quality housing, are more likely to experience poor health if they experienced housing deprivation earlier in life. Longitudinal studies have revealed that crowding in homes relates to psychological distress generally after 6 months of occupancy (Lepore, Evan & Schneider, 1991; Wells & Harris, 2007). Although crowding does elevate distress it does not seem to cause serious mental illness (Evans, 2003).

A few studies have investigated the effect on health of reductions in crowding (achieved by increasing the amount of space in the dwelling), although this is a much less common housing improvement in the research than studies which focus on warmth improvements (Kearns et al., 2011; Thomson et al., 2013). Arguably the absence of studies of interventions to increase living space is due to the physical limitations and financial costs of adding more space, however, people can gain space (or lose it) in situations where they are re-housed. With this in mind, better mental health has an association with low levels of crowding, accompanied by the increase of privacy and tranquillity (Kearns et al., 2011; Kling et al., 2004; Wells & Harris, 2007). With warmth improvements, increased house space can occur by expanding usable spaces into areas that were previously closed off due to cold or damp conditions. The added space can stimulate improved privacy, housing satisfaction, household relationships and diet (Gibson et al., 2011b; Thomson et al., 2013).

Housing Types

Within housing and health research, different housing types can influence health. There is an association between residing in an apartment, and higher asthma prevalence in children and the indoor and outdoor air quality is usually worse in slum housing as compared to social housing (Acosta et al., 2010; Burgos, Ruiz & Koifman, 2013). In addition, individuals living in apartments as compared to semi- or detached houses report worse general and mental health (Macintyre et al., 2003). This is important because the majority of social housing buildings are high-rise apartments.

There is an association between floor levels in high-rise buildings and mental health. Individuals who live on higher floors tend to have more mental health issues (Evans, 2003). There are several explanations for the association between high-rising housing and mental health, including: families on higher floors are more likely low-income; social isolation; shared spaces are usually not close in proximity to the units, and lack of feeling in control (Evans, 2003; Evans, Wells & Moch, 2003). Additionally, with these studies the sample populations of high-rise buildings include lower level individuals which will diminish the association between housing height and mental health.

Again, however, the quality of research is questionable. A review of studies by Evans, Wells & Moch (2003) found that many of the included studies, besides weak designs and lack of controls for confounding variables, had used subjectively defined independent variables, based results on self-reports, and housing quality was not

measured. Although the evidence is sparse and not very robust, in some way different housing types can influence health.

PSYCHOSOCIAL ASPECTS OF HOUSING

The home holds important significance to people. It offers protection and privacy from the surrounding physical and social conditions, aids in the development of relationships and is the centre of family life. With this investment, it is no surprise that the home is a reflection of identity and status and that individuals take a special pride in their home. Within a good home, individuals are able to exercise control (Dunn, 2002; Evans, Wells & Moch 2003; Shaw, 2004; Somerville, 1997).

The home does not solely consist of physical parts. The use of the term “house” under the physical section was purposely intended to convey the physical features, for this section “home” will be used to convey the meaningful aspects. Individuals immensely invest in their homes, it is the largest and most expensive commodity that one will purchase and needs. We invest financially and psychologically more into the home than any other product and spend most of our time there (Dunn, 2013). With this in mind, there is a strong likelihood that the social and psychological aspects of the home influence general and mental health (Kearns et al., 2000). Notwithstanding, the meaningful and financial aspects of housing are not often considered (Evans, Wells & Moch, 2003; Kearns et al., 2000).

As shown by the preceding section on the physical aspects of housing, a large amount of research exists focussing on the physical aspects of housing and its influence

on health. The current section concentrates on the equally important, but less extensively studied, psychosocial aspects of the home environment and the possible influence on health (Clark & Kearns, 2012; Hiscock et al., 2003; Kearns et al., 2000; Shaw, 2004; Thomson, Petticrew & Morrison, 2001; Wells & Harris, 2007). To put this into perspective, a recent systematic review of reviews only found 2 reviews that explored the psychosocial aspects in the home environment (Egan et al., 2008).

Definition of Psychosocial

It is possible that the psychosocial aspects of housing and health are not as prominent in the literature as the physical aspects of housing because of the lack of a clear and definite definition and the difficulties in measurement. The term “psychosocial” has become frequently used in research, although, there is a lack of consensus on its definition, and it is typically used reciprocally with psychological (Egan et al., 2008; Martikainen, Bartley & Lahelma, 2002). The psychosocial features are the meso-level variables in between the more easily defined and measured micro- and macro-level variables which do not extend over with each other (Martikainen, Bartley & Lahelma, 2002). Martikainen, Bartley & Lahelma (2002) offer a definition of psychosocial as “a psychosocial explanation of health is that macro- and meso-level social processes lead to perceptions and psychological processes at the individual level” (p. 1092). Due to the complexity of measuring the psychosocial aspects of health, researchers have adopted this definition as excluding both the macro-level factors and psychological characteristics (such as, depression and anxiety) and focussing on the interactions between people and

their social environment and following how this influences health directly or indirectly (Egan et al., 2008). This adds to the complexity of the psychosocial aspects because many factors considered psychosocial can influence health in non-psychosocial ways (Egan et al., 2008). As Gibson et al. (2011b) has pointed out, “it is not clear that psychosocial processes will necessarily feed through to mental health outcomes (in a clinical sense), although they might contribute to affective outcomes such as mood, sense of well-being and quality of life” (p. 559).

Ontological Security

Ontological security is commonly referred to when discussing the psychosocial dimensions of housing. Again, this is a difficult concept to grasp, define, and operationalize. Giddens (1990) formalized ontological security as:

“The confidence that most human beings have in the continuity of their self-identity and in the constancy of the surrounding social and material environment of action. A sense of the reliability of persons and things, so central to the notion of trust, is basic to feelings of ontological security; hence the two are psychologically related. Ontological security has to do with 'being' or, in the terms of phenomenology, 'being-in-the-world.' But it is an emotional, rather than a cognitive, phenomenon, and it is rooted in the unconscious” (p. 92).

Adapted from Giddens’ (1991) discussion of ontological security, the psychosocial aspects of housing are categorized into three interrelated and accessible constructs. The home is a site of: haven (sense of security), autonomy, and self-identity (Evans, 2003; Hiscock et al., 2001; 2003; Kearns et al., 2000; Saunders, 1989). Moreover, before an individual can have confidence in another person or object (sense of security), they must

have confidence in themselves (autonomy & self-identity) (Hiscock et al., 2001).

Ontological security is about continuity and social order, which relates well to the home and surrounding neighbourhood as individuals must have confidence in society, their place in society and their right to express themselves, and to do this individuals need a secure base to return to if disturbances or exhaustion arise when attempting to live satisfied (Hiscock et al., 2001). People attach meanings to their homes and people in any tenure group experience the psychosocial benefits of the home, however, there is more supportive evidence that homeowners report better mental health because of better individual characteristics, better quality housing and neighbourhoods and satisfaction with their home (Hartig & Frasson, 2006; Kearns et al., 2000).

Security

The home offers protection and privacy from the external world and people use the home as a sense of security (Hiscock et al., 2001). Furthermore, security can influence autonomy and self-identity because the three concepts relate to each other. Clark & Kearns (2012) found that the largest impact on control was from the positive perception of the security of the home. With acceptable security individuals are able to experience more autonomy as a result of being unrestrained by surveillance and can safely construct identities inside the home (Dupuis & Thorns, 1998). Much of the research on security and housing focusses private owners and private renters and homeownership is often claimed to allow greater security and stability as compared to renting (Bright & Hopkins, 2011; Gibson et al., 2011b; Hiscock et al., 2001).

A private entrance, commonly found with homeowners, influences feelings of security and privacy which alters feelings of control and safety. Gibson et al. (2011b) found that participants linked this association to a decrease in stress. A “defensible space” allows people to supervise and administer their passageways, giving them greater control but also security (Newman, 1972; Rowles, 1981). Both tenure groups can feel vulnerable with the burden of debt. However, renters are more mobile which may influence autonomy. Another possible reason renters may lack security as compared to owners is because, especially among low-income families, the elevated risk of involuntary relocation, poor housing quality, vulnerable to leases ending, and renters tend to depend on others (Evans, 2003; Evans & Kantrowitz, 2002; Gibson, 2011b). Duke-Lucio, Peck & Segal (2013) suggest that, with frequent moves, there are possible negative effects on social ties and relationships. Although, with regards to health, Burgard, Seefeldt, & Zelner (2012) found that frequent moves did not have an association with poorer health and “doubling up” and evictions were not associated with health. However, among children there is an association between children living in insecure housing who had made multiple moves and poor health (Cutts et al., 2011).

Hiscock et al. (2001) found that when asked about security all of the housing tenures spoke of their home as a source of security. The small differences in tenure and source of security may reflect the cultural ideals that homeownership is an achievement to accomplish to indicate personal progress or autonomy—a perception that renters are not able to achieve. However, social renters may gain more security due to affordability, housing stability, and the accountability standards their landlords must adhere to.

Autonomy

While the home offers security, it also allows for an environment where individuals have control and freedom over their lives, which influence the confidence they have in themselves. Inside the home, individuals are able to independently express themselves by doing whatever they please but are also protected from the approval and conformity of others expectations (Hiscock et al., 2001). The positive perception of security has a large influence on the sense of control (Clark & Kearns, 2012).

The interior of the home relates to the psychosocial benefits of the home, having the ability to decorate the space and layout influences control and identity as well (Bright & Hopkins, 2011; Clark & Kearns, 2012). Homeowners tend to benefit from this greater sense of independence and freedom because renters may lack control due to contract agreements, which prohibit changing the interior of the home (Kearns et al., 2000; Kleinhans & Elsinga, 2010). Also, landlords are the ones who own and maintain the units which may affect slower housing updates and poorer quality (Hiscock et al., 2001). Private entrances, and to a lesser extent a garden, increase privacy and security among individuals which increases a sense of control (Clark & Kearns, 2012; Gibson, 2011b; Hiscock et al., 2001). Having this control may reduce stress and anxiety (Costa-Font, 2008).

Dunn & Hayes (2000) found that renters were more likely distressed if they lacked control due to worry about involuntary relocation. Following this, a lower level of control relates with poorer general and mental health (Dunn, 2002). Although it is isolating, living alone could be the greatest model of self-management to obtain privacy

(Kearns et al., 2000). Living alone relates with increased levels of control and associated with psychosocial benefits (Kearns et al., 2000). Control could be less of a tenure effect and more of a class effect where owners experience greater education and income which contributes to the level of control (Kleinhans & Elsinga, 2010).

Self-Identity

Gibson and colleagues (2011a) posit that homeownership may give “greater feelings of security or prestige than social or private renting” (p. 176). Giddens demonstrated the importance of status to maintain ontological security. Accordingly, the self must be viewed positively in relation to others (Hiscock et al., 2001). Along with security and control, the home reflects a person’s identity and satisfaction. The meaning of the home is a symbol of social status and reflects identity and standing in society (Hiscock et al., 2003). This is important for housing and health because better quality housing influences self-identity, social status, and a sense of personal progress (Clark & Kearns, 2012; Kearns et al., 2008). Also, in Western culture, many recognize homeownership as a source of wealth, a preferred and desired goal, where private renting is temporary and social renting as a lack of success (Howden-Chapman et al., 2011; Macintyre et al., 2003; Smith et al., 2003). Private renters and presumably social renters commonly experience “social depravity”, where one feels anchored to poor quality housing and cannot progress to nicer homes (Hiscock et al., 2001; Kearns, 2002; Gibson, 2011b). Similar with security, Kearns et al. (2000) found that both private owners and social renters acquired feelings of social status and personal progress. Although the

evidence is not quite clear as private and social renters can have greater self-esteem than homeowners (Kleinhans & Elsinga, 2010).

This review of the psychosocial benefits of the home provides a portrait of how complex and heterogeneous this dimension of housing is. Due to the absence of an abundant source of literature the evidence is still unclear compared to the physical aspects. However we know how important the home is for individuals' security, autonomy and identity where we invest a great deal of financial and psychological resources.

FINANCIAL DIMENSIONS OF HOUSING

Homeownership is usually promoted by many Western countries; however, there is a dearth of research understanding the pathways that tenure choice can affect health (Baker, Bentley, & Mason, 2013). Ellaway & Macintyre (1998) witnessed an association between tenure and health, stating that the differences in housing types, housing stressors and neighbourhood conditions may influence health. Different tenures may reveal individuals to different levels of hazards that affect health such as those previously mentioned: housing disrepair, cold and damp conditions, and crowding. Following this, the evidence began to demonstrate that homeowners tend to have better health compared to private renters (Acevedo-Garcia et al., 2004; Thomson, Petticrew & Morrison, 2002; Windle, Burholt & Edwards, 2006). Baker, Bentley, & Mason (2013) identify five leading pathways related to tenure which may influence health. These include: (1) prestige; (2) burden of debt; (3) affordability; (4) residential instability; and (5) housing

conditions. The following section will focus on the composition of tenure groups, burden of debt, and affordability.

Composition

It has not been until recently that there has been some support that the association between tenure and health is heavily influenced by the composition of tenure groups and their different housing characteristics (Baker, Bentley, & Mason, 2013; Hartig & Fransson, 2006; Hiscock et al., 2003). There exists a social gradient of health, where those with the poorest socio-economic status exhibit worse general and mental health. This gradient continues along a spectrum from the bottom to the top with each segment gaining better health than the previous portion (Dunn, 2002). Similar to health research, owners and renters can typically be distinguished based on demographic characteristics such as income, education, and age. Socio-economic status is an important component of housing tenure and health. Those who have higher socioeconomic status are able to secure higher quality homes in better neighbourhoods (Baker, Bentley & Mason, 2013; Hartig & Fransson, 2006). Homeowners tend to experience fewer housing issues such as disrepair, cold and damp conditions, and overcrowding. Owned homes are also more likely in neighbourhoods that are not prone to crime or antisocial behaviour from neighbours (Macintyre et al., 2003). Being able to live in this environment with better overall housing conditions may explain why owners enjoy better general and mental health. Private and public renters report worse health and usually encounter more negative health outcomes (Baker, Bentley & Mason, 2013; Windle, Burholt & Edwards,

2006). Baker, Bentley & Mason (2013) argue that the differences in tenure and mental health are attributable to the composition of those groups regardless of altering housing tenure. In this way, it is not the tenure which affects health but the diverse factors needed to acquire homeownership.

Burden of Debt

As previously discussed, the earlier research suggests that homeowners are more likely to experience a psychosocial benefit from their tenure as compared to private and social renters (Ellaway & Macintyre, 1998; Hiscock et al., 2003; Howden-Chapman et al., 2011; Macintyre et al., 2003; Mason et al., 2013; Windle, Burholt, & Edwards, 2006). However, more recently studies have also identified the negative mental health effects of the burden of debt experienced by homeowners—also experienced by renters (Hiscock et al., 2003). Renters were more likely to report the criteria for depression where homeowners were more likely to report fair or poor health (Burgard, Seefeldt & Zelner, 2012). More specifically, since the sub-prime mortgage crisis in the United States, more studies have increasingly shown the negative impact of foreclosure on general and mental health, similar to job loss and marital breakdown (Burgard Seefeldt & Zelner, 2012; Pevalin, 2009; Taylor, Pevalin & Todd, 2007). In these cases, the costs associated with homeownership can be a burden which makes owning a home not beneficial to health (Baker, Bentley, & Mason, 2013). Although housing costs for private renters could be more damaging to mental health because rental payments are not an asset or investment. On the contrary, renters have the ability of being more mobile and relocating to less

expensive units (Mason et al., 2013). As Baker, Bentley & Mason (2013) have shown, health differences between owners and renters are best explained by the composition of the tenure groups and owners are more resilient to a burden of debt because of other forms of financial support are available to them.

It is commonly assumed that tenants of social housing will have a reduced burden of debt as compared to owners and private renters although this research is lacking. Affordable housing benefits individuals through many dimensions of housing, however, the question about if this allows them other financial benefits such as being able to spend money on other important necessities has not been explored. Combining social housing and burden of debt into the same phrase also runs against one of the greatest arguments for the involvement of the government in the housing market, the private housing market fails to produce an adequate and affordable housing (Olsen, 2003). Beer et al. (2011) found that when assisting low-income individuals into homeownership, that rather than exhibiting the benefits from the tenure of owning, individuals experienced worse health and well-being. The explanation for this was that new homeowners lacked their previously provided protections from the social housing system—such as subsidized rent and maintenance. Baker, Bentley & Mason (2013) believe that social housing is a place where people with worse mental health reside instead of social housing being harmful for mental health.

Affordability

Housing affordability is a determinant of health that can affect individuals' general and mental health (Bentley et al., 2011; Pollack, Griffin & Lynch, 2010). Poor housing affordability influences mental health (Bentley et al., 2011; Taylor, Pevalin & Todd, 2007). In a recent longitudinal study, Mason et al. (2013) found that private renters are much more vulnerable when experiencing unaffordable housing. Private renters did experience a small, but significant, decline in their mental health when they experienced unaffordable housing, however, the decreases concentrated on the bottom 40% of the income distribution. Whereas, on average homeowners did not display any change. Poor housing affordability has an effect on mental health beyond the effects of financial hardship (Mason et al., 2013). It is not just the association between tenure and health on affordability. The rental market is also an insecure system that may influence health indirectly (Baker, Bentley & Mason, 2013). The indirect effects of unaffordable housing that may affect health are the financial trade-offs, such as the difficulty in affording non-shelter necessities, such as, food, utilities, transportation, or medical and preventive services (Bentley, Baker and Mason, 2011; Kirkpatrick & Tarasuk, 2011; Mason et al., 2013; Pollack, Griffin & Lynch, 2010). However, there was no difference in prevalence between food insecurity in private market and social housing. Social housing families had a lower prevalence of food insecurity compared to market families living in unaffordable housing (Kirkpatrick & Tarasuk, 2011).

Berger et al. (2008) compared residents living in social housing with those living in private market housing and receiving rental assistance. It was found that social housing

residents experienced a large decrease in rent burden and some decreases in crowding. Residents with rental assistance experienced a large increase in rent burden, but an increase in housing stability and a decrease in crowding. Furthermore, Williamson (2011) found that those without rental assistance and living in low-income rental units, 76% experienced cost burden with 15% experiencing severe cost burden. Those with assistance and living in low-income rental units, only 35% experienced both simple and severe cost burden.

This review provided an overview of the financial dimensions of housing that influence health. Together the research studies show that homeowners experience health benefits for a variety of reasons, such as being able to afford quality housing in decent neighbourhoods and having more protection from a burden of debt. Interestingly, when social housing residents achieved homeownership they did not witness the same benefits as typical homeowners. Social housing provides adequate and affordable housing for those in need and unaffordable housing can have a detrimental influence on general and mental health.

CHAPTER 3: METHODS

The following section begins with the information on each of the study locations. The second section of this chapter considers the methodological aspects of the research study. The final section of this chapter describes the specific methods employed in conducting the research project. The important difference between methodology and methods is that the former is more than just a set of the methods used. Methodology explains the rationale and philosophical assumptions of the project which influences the choice of tools for data collection.

RESEARCH CONTEXT

The following section provides an overview of the study locations in Hamilton, Burlington and Oakville. These three locations neighbour each other along the west coast shore of Lake Ontario. The comparisons of the study locations will highlight some of the similarities and differences in each location. Table 1 provides a summary of the population size and age differences, Table 2 presents information on income, and Table 3 shows the housing characteristics for Hamilton, Burlington and Oakville.

Population

Hamilton has the largest population and total land area compared to the other study locations but had the smallest population percentage change. Between 2006 and 2011, the population of the City of Hamilton increased from 504 559 to 519 949, a

population change of 3.1%. For Burlington, the population increased from 164 415 to 175 779 which was a 6.9% change. Oakville had the largest population percentage change at

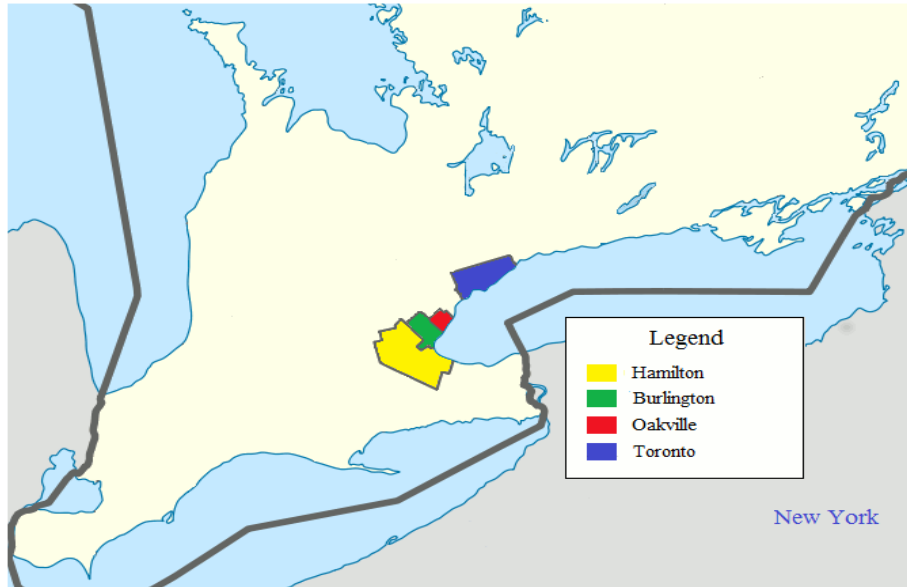


Figure 2: Map of Hamilton, Burlington and Oakville

10.2%, the population increased from 165 613 to 182 520. Oakville also has the highest population density at 1 314 persons per square kilometers compared to Burlington (947 persons per sq. Km) and Hamilton (465 persons per sq. Km). The variations in the population density between the study locations results from the differences in the total land area. Hamilton has the largest land area at 1 117 square kilometers, where, Burlington (186 sq. Km) and Oakville (139 sq. Km) are smaller areas.

Age

The ages of the population in the three locations are very similar. Hamilton has a slightly younger population with a larger proportion between the ages of 19-39 years at

26.9%. For Burlington, they have an older population with the highest percentage among the senior population at 17% and a higher median age of 41.8 years old compared to Hamilton (40.9) and Oakville (40.2). Oakville has the larger population between 40-64 years of age at 37%.

TABLE 1: Population and Age Information for Hamilton, Burlington and Oakville			
	Hamilton¹	Burlington	Oakville
<i>Population</i>			
2011	519 949	175 779	182 520
2006	504 559	164 415	165 613
2001	490 268	150 836	144 738
% change from 2006 to 2011	3.1	6.9	10.2
Land Area (sq. Km)	1 117.23	185.66	138.88
Density (persons per sq. Km)	465.4	946.8	1 314.2
<i>Age</i>			
Median	40.9	41.8	40.2
Population, > 65 years old (%)	15.7	16.9	12.9
Population, 40 – 64 years old (%)	35.5	35.8	37.4
Population, 19 – 39 years old (%)	26.9	25.2	24
Notes: 1. The data on Hamilton was based on the City of Hamilton not the census metropolitan area, which includes Burlington and Grimsby. Source: Statistics Canada 2012a, 2012b.			

Income

There are large variations in the income rates for the study locations. While Burlington (\$34 379) and Oakville (\$35 650) have similar median incomes, Hamilton has a much lower median income at \$26 353. Additionally, Hamilton has a higher proportion of the population relying on government transfers for income at 12% while Burlington is 7.3% and Oakville is 4.8%. Furthermore, Hamilton has the highest percentage of people

living with low-incomes at 18%, almost double that of Burlington (9.5%) and Oakville (9.7%). Hamilton also has a higher unemployment rate at 8.7%.

TABLE 2: Income Information for Hamilton, Burlington and Oakville			
	Hamilton	Burlington	Oakville
Median income - Persons 15 years and over in 2006 (\$)	26 353	34 379	35 650
<i>Composition of total income %</i>			
Earnings in 2006	75.4	78.5	82.6
Government transfers in 2006	12	7.3	4.8
% in low-income before tax - All persons in 2006	18.1	9.5	9.7
Unemployment rate in 2011 (%)	8.7	6	7
Source: Statistics Canada, 2007a, 2007b, 2007c, 2013a, 2013b, 2013c.			

Housing Characteristics

There are large variations in the housing characteristics between the study locations which could result from the before mentioned income differences. Burlington and Oakville have higher rates for homeownership (84.1% and 79.6%) compared to Hamilton (68.3%), they also have much higher housing and monthly rent prices. With that in mind, Hamilton had the highest rates of renters at 31.7%, compared to Burlington (20.4%) and Oakville (15.9%). Based on 2006 data, the average value of a home is \$472 244 in Oakville and \$348 041 in Burlington, where, in Hamilton it was \$252 248. There were large differences in monthly rent as well. In Oakville, the average rent for a two bedroom apartment is \$1 251 and \$1 117 in Burlington, where, in Hamilton it is \$814. Concerning the different types of housing, Hamilton had the highest percentage of

apartments at 25.8%, slightly higher than Burlington (22.2%). Oakville had the highest amount of single-detached homes at 65%, where, Burlington (54%) and Hamilton were very similar (57.8%). Regarding housing quality, Hamilton has a larger number of homes requiring major repairs (7.4%). With regards to social housing, Hamilton has the largest amount of rent-g geared-to-income housing around 14 600 units, which is almost 3% of Hamilton’s population. Burlington and Oakville have a much smaller amount of rent-g geared-to-income housing with 1 368 units and 1 679 units or less than 1% of their populations. These variations could be because of the larger population and a greater number of people with low-incomes.

TABLE 3:
Housing Characteristics for Hamilton, Burlington and Oakville

	Hamilton	Burlington	Oakville
Single-detached houses - as a % of total occupied private dwellings	57.8	54	64.5
Apartments in buildings - as a % of total occupied private dwellings	25.8	22.2	15.7
Dwellings requiring major repair - as a % of total occupied private dwellings	7.4	4.7	3.4
Number of owned dwellings (%)	68.3	79.6	84.1
Number of rented dwellings (%)	31.7	20.4	15.9
Average rent 1 bedroom in 2012 (\$)	687	989	1 081
Average rent 2 bedroom in 2012 (\$)	814	1 117	1 251
Average value of owned dwelling (\$)	252 248	348 041	472 244
Amount of RGI Housing	14 600	1 368	1 679
Source: CMHC, 2012b, 2012c; Halton Region, 2010; Statistics Canada 2012a, 2012b; Wetselaar & Mayo, 2010.			

METHODOLOGY

In-depth Interviews

This study employs in-depth interviews using a semi-structured design to address the study objectives which are to examine the transitional experiences of subsidized housing tenants and explore the socio-economic aspects of subsidized housing. The objectives of this study rely on the highly subjective experiences of the interview participants, and the use of a qualitative approach fits best with the research goals. People attach personal meanings to their home and neighbourhood, and open-ended interviewing methods allow for the exploration such phenomena. As Patton (2001) notes, interviewing allows researchers into the participants' perceptions of subjective reality:

“We interview people to find out from them those things we cannot directly observe. The issue is not whether observational data are more desirable, valid, or meaningful than self-report data. The fact is that we cannot observe everything. We cannot observe feelings, thoughts, and intentions. We cannot observe behaviours that took place at some previous point in time. We cannot observe situations that preclude the presence of an observer. We cannot observe how many people have organized the world and the meanings they attach to what goes on in the world. We have to ask people questions about those things. The purpose of interviewing, then, is to allow us to enter into the other person’s perspective.” (p. 340-341)

As mentioned previously, individuals attach significant meanings to their homes and within housing and health research, a great deal of the possible health influences of housing are the conditions that are not easily observed, such as the psychosocial benefits of the home. Therefore, the decision to use qualitative interviews corresponds well with the research goal of understanding the experiences of moving into social housing from

private market housing and how this may influence their health. Developing an understanding about how participants experience, perceive and expect social housing can perhaps illuminate the various processes that impact health.

RESEARCH DESIGN

Data Collection

Rent-geared-to-income Housing

There are four types of government-assisted housing, although their availability varies by province, these include: (1) social housing; (2) non-profit housing; (3) co-operative housing; and (4) rent supplements. Rent-geared-to-income housing attached to the tenant and not the specific housing unit. Thus, rent-geared-to-income can exist within the first three types of government-assisted housing (CMHC, n.d). The tenant's income and the rent-to-income percentage determine the amount of monthly rent charged. The rent-to-income percentage charge varies by municipality, but for Hamilton, Burlington and Oakville, it is 30% of the tenant's income. For the purposes of this research project, the attention is on tenants paying rent-geared-to-income in social housing.

Recruitment of Participants

This study is part of a larger research project, the Greater Toronto Area (GTA) West Housing and Health Study currently being carried out in the Municipalities of Toronto and Hamilton, and the Regional Municipalities of Halton and Peel. These districts form a continuous region on the north shore and the western end of Lake

Ontario, covering 3958 km² (Statistics Canada, 2012a, 2012b, 2012c, 2012d). The larger project is a prospective study interested in studying the effects of transitioning into rent-gear-to-income housing on the well-being and mental health of adults and children. It is a longitudinal study consisting of a cohort of people who are on the wait list for subsidized housing in one of the four municipal regions. Over the study period, some people on the wait list move into subsidized housing and the study is then able to compare changes in mental health and healthy child development between households who received subsidized housing and those who did not, at 6, 12 and 18 month intervals.

The present research study draws its participants from the GTA West cohort, and fortunately had the recruitment and scheduling of participants provided by the Hamilton research team for the GTA West Housing and Health Study. The main reason for this decision was to respect the participants and avoid redundancy. In order to support a positive relationship with the participants and to keep them engaged in both studies, the researchers more familiar with the participants conducted the recruitment for the current study. Adopting this recruitment strategy for the current study was instrumental in being able to get access to and approach eligible participants in a way that maintained a positive relationship with them, thereby minimizing the risk to losing their ongoing participation in the main study. Eligible participants were simply contacted by the research team from the GTA West study and asked if they would be interested in participating in an additional study. I provided the recruitment team with my availability, recruitment telephone script (see Appendix A), letter of information and consent form (see Appendix

B), interview guide (see Appendix C), and my approved McMaster Research Ethics Board protocol (see Appendix D).

The GTA West Housing and Health Study enroll participants who are on the waiting list for subsidized housing in Hamilton, Halton, Peel and Toronto. The inclusion criteria consist of individuals who are: (1) between the ages of 18 and 75; (2) currently not living in social housing and (3) not Special Priority Policy (victims of domestic abuse), medical priority, or special needs housing (supportive or accessible housing). Due to the changeable housing status of participants and uncertainty about when this will occur, participants cannot easily be divided into control and intervention groups from the beginning. The initial sample population consists of social housing applicants who are most likely to move into social housing. In Hamilton and Halton, the research team used a predictive model to determine the probability of being selected into social housing. While in Toronto and Peel, the housing agencies selected the sample applicants who are most or not likely to move into social housing. After the selection procedure, possible applicants received recruitment letters. If an applicant, did not respond to the first recruitment letter, they received another recruitment letter. If the second recruitment letter was not replied to, applicants received a phone call.

All participants complete a baseline interview and then complete follow-up interviews at 6, 12 and 18 months. The control group consists of the participants who are on the waiting list and have not moved into social housing 12 months after their baseline interview. After 12 months, they complete their first follow-up interview. Participants who are in the control group can transfer over to the intervention group if they are re-

housed into social housing. Based on their move in date into social housing, they complete the intervention follow-up interviews from the beginning, even if they have completed earlier interviews under the control group. For participants who have been re-housed into social housing, they complete follow-up interviews at 6, 12 and 18 months based on their move in date. In order to determine who has moved into social housing, the housing agencies provide an updated list of the housing status of the sample applicants each month.

The sample used for this research study were the participants who had moved into rent-gear-to-income housing and completed their follow-up interviews. In order to ensure that the participants were comfortable, and the interview was convenient for them, they were given the opportunity to choose the location of the interview.

Interview Process

My interest in the experiences of transitioning and living in subsidized housing led me to look for the opportunity to speak with subsidized housing tenants and for that purpose, I used semi-structured interviews. The interview guide (see Appendix C) used in this research project consisted of open-ended questions influenced by concepts from earlier research in housing and health (Dunn et al., 2004; Petticrew et al., 2009). It inquired about the following main subjects: (1) participants' experience with the waiting list procedure, including how they found out about the housing application, how long they were on the waiting list, what was going on in their life at that time and how the waiting list affected their life; (2) the experience of living in their previous home; (3) the

experience of living in their current home and how it compares to their previous place. These two topics focussed around the physical (quality, design, arrangements), social (relationships), psychosocial (security, autonomy, self-control), and financial (reduced rent burden) aspects of housing and (4) thoughts on subsidized housing (image, importance).

All of the interviews were conducted in person, in English, with 12 adult tenants who currently live in rent geared-to-income housing in various locations around Hamilton (n=6), Burlington (n=4), and Oakville (n=2). Interviews were completed between December 2012 and April 2013. One interview was canceled by a participant who did not want to be involved in the project. Another interview had a recording error midway through the conversation, therefore, the interview had to be re-scheduled and partially repeated. The length of time for the interviews ranged from 26 to 104 minutes with an average length of 59 minutes. Nearly all of the participants (n=10) were interviewed in their own home while the others were interviewed in their apartment lounge (n=1) and at a local library branch (n=1). Participants received \$20.00 as payment for their participation.

Before each interview, I handed out their copy of the letter of information and the consent form (see Appendix B). Following this I let the participants know the interview structure and the estimated interview length of an hour. I then went over my letter of information. The letter of information included telephone and e-mail addresses of the people involved in the project (myself, faculty supervisor, research coordinator for the GTA West project and the McMaster University ethics board), a description of the

research project, a description of how their data would be kept confidential, the potential harms and benefits of being a participant, that participation was voluntary with the option of skipping questions or ending the interview at any point in time while still being reimbursed. Afterwards, participants were asked to sign the consent form. The consent form also included questions asking, whether they would be willing to be recorded during the interview, if they wanted a summary of the research results and if they could be contacted at a later date for more information. All of the participants agreed to be recorded during the interviews and to be contacted later if necessary. Also, most participants (n=8) were interested in receiving a summary of the results. Only one participant had to be contacted again because of a failed digital recording. Before the re-scheduled interview, the previous recording was transcribed up until the recording failure. The next interview took place after that section of the interview.

The interview process began with the “standardized open-ended interview” approach (Patton, 2001, p. 342). This common approach consisted of a set of precisely worded questions that were asked with the same wording and sequence to each participant. Although this method limited variations of questions asked in each interview, it also limited flexibility in probing (Patton, 2001). Following the initial three interviews, the general “interview guide” approach was adopted (Patton, 2001, p. 343). This approach consisted of a checklist for the interview to ensure that all topics were covered during the interview (see Appendix E). This style was more of an informal conversation format rather than a typical question and then answer format. Each conversation pathway

was unpredictable, and the general interview guide kept the flow of the conversation continuous, without interruption with unrelated questions.

The conversational style of the interview guide proved to work extremely well as compared to the question and then answer style of the standardized interview. During the first three interviews, the set of key questions were asked in a very strict order. This approach generated a very brief interview that did not allow for a fluid and conversational style because of the fixed question and answer format. These initial interviews were then used to improve the structure and add additional themes to the improved general interview guide.

The differences between the approaches used were quite evident as the first three interviews had the shortest length of time out of the all the interviews conducted. The first three interviews ranged from 26 to 32 minutes, with an average time of 29 minutes. Whereas the following three interviews, post-modification, had a time range of 44 to 86 minutes and an average time of 68 minutes. Despite the greater length of time, this does not necessarily mean that the longer interviews contained better information. However, the interview guide allowed for a more informal environment where the conversation could flow more easily, and this allowed for the possibility of discovering information that may not have been captured with a strict question and answer format.

A collection of basic socio-demographic measures were included at the end of the interview. The reason these measures were left toward the end, rather than at the beginning of the interview, was because it was thought that it would disrupt the flow of a conversational interview to begin with short uninteresting questions that would later be

apparent during the interview. Also, any checklist items from the general interview guide that were not answered were asked before the interview finished. After each interview had been conducted, the field notes were completed which recorded any additional thoughts about the interview and participant (see Appendix F). This review period helped to “establish a context for interpreting and making sense of the interview later” (Patton, 2001, p. 384).

DATA ANALYSIS

In qualitative research, data analysis is involved at many points during the research project and the distinction between data collection and data analysis is far less noticeable than with other research methods (e.g., surveys and experimental designs). As Creswell (2007) states, “the processes of data collection, data analysis, and report writing are not distinct steps in the process—they are interrelated and often go on simultaneously in a research project” (p. 150). As a consequence of this, no definitive procedures exist for qualitative analysis (Patton, 2001). This is one of the unique challenges in conducting qualitative research. According to Patton (2001), “direction can and will be offered, but the final destination remains unique for each inquirer” (p. 432).

Part of the data analysis was performed during the data collection process, for example, after each interview, relevant information was added to the field notes (see Appendix F). However, this was not as comprehensive as the primary analysis. The field notes consisted of several distinct areas such as: (1) qualities of the location (conditions of the outside and inside environment); (2) qualities of the participant (their mood and

reactions); (3) emerging themes; (4) conversation after the digital recorder was turned off and (5) thoughts and feelings about the interview.

The interviews were digitally recorded and transcribed verbatim, and participants were assigned pseudonyms in order to protect their confidentiality. The transcription stage also allowed for the possible identification of developing themes. Once transcriptions were completed, they were transferred to the qualitative data analysis software NVivo 10 for data analysis.

Before line-by-line analysis was carried out, each transcription was evaluated multiple times from the beginning to end in order to benefit from an awareness of the context and meaning of the interview. This preliminary scanning stage assisted the primary process of coding the data through identifying possible themes and generating thoughts about the data. During the coding stage, Creswell's (2007) approach termed, "lean coding" was adopted (p. 152). The reasoning behind this approach is rather than eventually arriving with hundreds of categories, which will have to be accommodated within a limited number of themes, "lean coding" begins with a much briefer list of categories, where the bulk of the coding is contained within the categories under sub-categories. In this way, the amount of categories does not exceed an imposing number and will easily fit within a few major themes. This worked especially well because emerging themes were identified well before the last interview. The interview guide was influenced by the housing and health framework and past research which allowed the categories to be limited to the main themes from those pieces of work: the physical, social, financial, and psychological dimensions of housing (Dunn et al., 2004; Petticrew

et al., 2009). In addition, any information that was easily quantified was also captured to provide a more in-depth profile for each participant. The characteristics of participants and their housing history is presented in the Table 5 and 7 from Chapter 4.

The preceding sections described the methodological aspects and the specific methods employed in conducting the research project, the following chapter will present the results of the qualitative analysis.

CHAPTER 6: RESULTS

The following chapter presents the results of the analysis of in-depth interviews exploring the transitional experiences of individuals moving from private market housing into social housing and the socio-economic aspects of social housing. This section begins by identifying the variations in study locations and participant characteristics. The final portion in this section presents the results of the analysis organized by the emerging themes and subthemes.

Overview of Study Locations

Participants were recruited by the researchers from the GTA West research project. Eligible participants were individuals currently living in social housing in Hamilton, Burlington and Oakville. Participant characteristics did vary by location (Table 4). All of the male participants currently live in Hamilton. Participants living in Hamilton were all residing in high-rise apartment buildings, which is not surprising given the fact that Hamilton has a slightly higher proportion of apartment buildings (25.8%) than Burlington (22.2%) and Oakville (15.7%) as seen in Table 3 from Chapter 3. There were only three participants who had children living in their home and each parent lived in one of the three locations. In Hamilton, there are 6 062 individuals on the waiting list for social housing and 3 153 for Halton. Of these, there are currently 2 618 families (43.2%) waiting for access to social housing in Hamilton and 1 362 (43.2%) in Halton (Ontario Non-Profit Housing Association [ONPHA], 2012). Furthermore, all but one of the participants who were seniors lived in Burlington. Currently, Halton has a higher

proportion of seniors (26.1%) on the waiting list for social housing than Hamilton (14.2%) (ONPHA, 2012).

The average waiting time for gaining admission into social housing in each location also differed substantially. According to self-reports of how long participants waited for admission into social housing after applying, Burlington had the highest average wait time (44 months), followed by Oakville (24 months), and then Hamilton (10 months).

TABLE 4: Overview of Study Locations - Hamilton, Burlington and Oakville				
Characteristics	Hamilton (n=6)	Burlington (n=4)	Oakville (n=2)	Total (n=12)
Male	2	0	0	2
Female	4	4	2	10
Number with Children at Home ¹	1	1	1	3
18-44 years	1	1	0	2
45-64 years	4	0	2	6
65+ years	1	3	0	4
High-rise Apartment	6	0	0	6
Low-rise Apartment	0	3	1	4
Townhouse	0	1	1	2
Average Length of Time on Wait List (months)	10	44.25	24	23.8
Average Length of Stay in RGI Housing (months)	15.5	8.5	13.5	12.8
<i>Notes:</i>				
1. Children refer to anyone under the age of 19 years old.				

Characteristics of Participants

Table 5 presents the characteristics of study participants. All of the study participants were receiving rent-g geared-to-income housing in ten different buildings across Hamilton, Burlington, and Oakville. On average, participants had been living in their current social housing building for 13 months. All of the participants were White and the majority were female (n=10). The most common age range was between 45-64 years of age (n=6), followed by those over 65 years of age (n=4), and 18-44 years of age (n=2). Overall, the average wait length for subsidized housing was 24 months. However, the length of time did vary substantially by location.

TABLE 5: Characteristics of Study Participants						
Participant	Location	Gender	Age Range (years)	Number of Children at Home ¹	Length of Time on Wait List (months)	Current Length of Stay in RGI Housing (months)
Ron	Hamilton	Male	45-64	0	2	20
Tina	Hamilton	Female	18-44	4	6	12
Amy	Burlington	Female	65+	0	27	4
Kristen	Oakville	Female	45-64	1	24	16
Anna	Burlington	Female	65+	0	60	3
Chelsea	Burlington	Female	65+	0	54	12
Maya	Hamilton	Female	45-64	0	10	22
Christina	Oakville	Female	45-64	0	24	11
Elizabeth	Hamilton	Female	65+	0	24	14
Rachel	Burlington	Female	18-44	1	36	15
Wendi	Hamilton	Female	45-64	0	6	6
Will	Hamilton	Male	45-64	0	12	19
				Average:	23.8	13
<i>Notes:</i>						
1. Children refer to anyone under the age of 19 years old.						

Main Themes and Subthemes

The housing and health framework developed by Dunn et al. (2004) guided the themes that emerged from the research project. Table 6 provides the themes and subthemes from the analysis.

TABLE 6: Themes and Subthemes	
Themes	Subthemes
Physical Environment	Housing Quality
	Amount of Space
	Location
Psychological Dimensions	Sense of Security
	Autonomy
	Self-Identity
Financial Dimensions	Unaffordable Rent
	Disposable Income
	Reduced Burden of Rent
Stigma	Unattached
	Low Income
Social Environment	Relationships
	Support

HOUSING AND THE PHYSICAL ENVIRONMENT

This section begins by revisiting the questions around the physical dimensions of housing that asked participants to express how they thought and compared their current social housing with their previous private market housing. Overall, the majority of participants defined their most important physical features of housing as the quality of housing, maintenance of the housing and building, amount of space, and the physical

location and neighbourhood. Many of the participants noticed a notable improvement to their health since moving into rent-g geared-to-income housing, and half of the participants (n=6) attributed the improvements in health to the physical aspects of housing. For instance, when asking, Rachel, a single mother with a young daughter, if moving into social housing had an influence on her health, she believed it had an effect on her physically. Her current townhouse is in downtown Burlington and is within walking distance to many stores, a shopping centre and the waterfront. In her previous place, there was no place to walk safely outside.

R: My health has improved as I said because I'm more physically active and I think it helps here because it's 2 storeys so the bathrooms upstairs ... When it's nice out I try and walk wherever I need to go ... I actually lost 50 pounds since I left Waterdown, I think mainly for the simple fact because I'm walking around more ... but when it's nice I hardly take the car anywhere. [Rachel – Burlington]

Housing Quality

In this research, the two dimensions of physical characteristics and maintenance of housing defines housing quality. Some of the participants (n=5) experienced housing disrepair and poor maintenance in their housing prior to moving to social housing. Many of the participants (n=9) believed that the quality of social housing was better than their previous market housing. Living in good quality housing was an important feature to the participants. As a result of their perceptions of better housing quality, some participants reported that they invited others over more often in social housing than they had in private market housing. For instance, Christina, who is a single mother living with her adult daughter and had moved places often, reported amazement about the quality of social housing as compared to her previous places:

C: I was just so surprised and shocked at how nice it is. I wasn't expecting this at all. It's fairly clean too in here. It's not so horrible you're going "Oh my God it's like this here, what's it like inside? Where's the pit bulls?" but you know what I'm saying, the windows are hanging off the screens, but it's not like that at all. It's very nice, it's nicer in this place than it was in our places in Burlington. Which wasn't under Housing. Sometimes I think this is just the way to go. [Christina – Oakville]

Tina is a 22-year-old mother of four children currently living in a high-rise apartment in downtown Hamilton. During her time at her previous home she had two children and was pregnant with twins. She had shared a two bedroom house with her partner and a friend, who also had children and was pregnant. Disrepair, poor maintenance, and an unreliable landlord were considerable issues for Tina while living at her previous place. Her children's health and safety were a big concern since her previous place had mold, rodents and a flooded basement:

T: There was mold in my old house and with having young children, that's very unacceptable. Like we called him on it and what he did he paid 2 workers to come in and cover the mold, like put more wall over top of it, just to pretend like it wasn't there. So we were like we need to get out of here. [Tina – Hamilton]

She recognized the health hazards of the mold with her children who do have respiratory issues and there is substantial evidence to claim that damp conditions and poor health have a causal relationship, especially among children (Evans et al., 2000; Nolan & Winston, 2011; Smith et al., 1993). Poor indoor conditions and health was also witnessed by Wendi, who reported improvements to her respiratory health with the move into social housing. Wendi related this to being able to control the indoor temperature in her high-rise apartment which is located in downtown Hamilton.

For Tina, the mother of four, the landlord was unhelpful, and she mentioned that she did feel embarrassed to invite anyone into her home, even family, because of the

housing disrepair. She noticed a great difference with the quality of social housing, especially around housing maintenance which was an important factor to her:

T: I would say more or less like the maintenance and everything because of our old place was in such rough shape like everything was broken, the mold, everything. Like when we would try and talk to our landlord about something there he would have no part of it, like no fixing anything like no nothing. Like here it's right away, they're constant. Any problems that I've ever had about anything any questions they come in, they fix light fixtures which they don't even really have to do. So I find the biggest thing from there to here would have been our landlord and our situation with maintenance and all that. [Tina – Hamilton]

Maya, a 64-year-old woman, was previously sharing a two bedroom apartment with her son. During their stay, they had both worked for the building company, and thus Maya had extensive knowledge of her building.

M: I never went on their elevator. Ever. I hated it. I would go on with my son because I knew if something happened at least I had somebody to talk to. Because I knew the building, the building was bad. Their biggest thing there was the old landlords never looked after the building, and their elevator sometimes broke down three times a day. In a day! Every day! The one day I was outside in the hallway because I worked there at the time and there were 7 people stuck in that elevator one day. [Maya – Hamilton]

M: I've always been afraid of elevators, I hate them, but here for some reason or other it doesn't seem to bother me so much. [Maya – Hamilton]

It was quite obvious that Maya did not mind the elevators in her current high-rise apartment building because of her high level of satisfaction with the housing quality. Like other participants, Maya reported that, in her market housing, she did not want to invite people over because of housing disrepair.

Chelsea is a recently retired 65-year-old woman who has lived in social housing in a high-rise apartment for a year. She was very proud of her home and pride was a big concern for her. While searching for an affordable place in Burlington, Chelsea mentioned that poor quality buildings were common and depressing. She wanted a place

where other residents took pride in where they lived. When asked about her previous place, Chelsea said it was a clean apartment building that was well maintained. Unlike some other participants, she did not have any distress over inviting guests inside her home, although, she feels much safer and cared for in her current building:

C: I like this better because it's very well looked after, it's very clean, it feels very safe here. I feel really safe here. The other place had an intercom system and it had good superintendents, but this place for some reason feels more safe and secure. Maybe because it's because it's older folks in here and because it's Halton. So you know for instance, the elevator went out ... it was on Sunday that it happened actually, so it was the Easter weekend, and he [property manager] was hovering in the lobby trying to get a hold of the elevator people. Anyway the concern was the residents here, their safety, and the emergency aspect of it so they took care of that pretty darn fast the next day, it was up and running then. [Chelsea – Burlington]

Even though Chelsea's previous apartment building was good quality and the building was well maintained, she still felt that social housing was an improvement. Although the buildings were similar, maintenance at her current place made her feel much more secure. She is not entirely sure why but alludes to the responsive and caring property manager.

Bed bugs were never mentioned when discussing participants' previous homes. The issue did arise when participants were speaking about their current social housing buildings. For example, Ron, who had previously lived in hotels for 27 years, was asked if he is proud of his current social housing and he replied:

R: No. No, not with the cockroaches and bed bugs in here. No. Other than that it would be fine yeah. But not because of the bugs, no way. I don't tell people. Well everybody knows that's what's happening here. [Ron – Hamilton]

On the contrary, Tina, the young mother of four children, lives close to Ron in a high-rise apartment in downtown Hamilton, and reported that people had advised her not to move into her current building because of bed bug infestation. However, she has not had any

trouble during the past year. Although Will, who was upset about living in social housing in downtown Hamilton, had experienced bed bugs, he said that the building strives to keep it under control and that he has not had any problems in over a year. In Hamilton, bed bug infestations are a growing concern, not only limited to social housing buildings (Carter, 2013). Following the public release of inspection reports, CityHousing Hamilton, the municipal-owned social housing corporation, has recently improved their treatment and management of bed bugs in their buildings (Fragomeni, 2013).

A few of the participants experienced poor housing quality in their previous market housing. When the quality of housing between social and market housing was comparable, social housing was better because of the responsive maintenance which produced a greater sense of security. A few of the participants felt less ashamed in social housing because of the better quality of housing. Despite the fact that bug infestations were an issue in social housing, the participants who experienced this admitted that the social housing organizations were effectively handling the problem.

Amount of Space

Another important physical aspect of housing was the amount of space. A few of the participants (n=7) felt that they had moved into smaller living spaces with social housing. However, those participants had previously lived either in a one bedroom by themselves, shared a two bedroom with family or friends, or owned a house. A few of the participants who felt they had less space reported that they adjusted after a period of time.

Table 7 presents participants’ previous and current housing layouts, half of the participants maintained a very similar housing layout to their previous home.

Participant	Current Location	Previous Location	Current Dwelling Type	Previous Dwelling Type	Current Layout	Previous Layout
Ron	Hamilton	Toronto	High-rise Apartment	Hotel	1 Bedroom	1 Bedroom
Tina	Hamilton	Hamilton	High-rise Apartment	Rental House	3 Bedroom	2 Bedroom
Amy	Burlington	Hamilton	Low-rise Apartment	Apartment	1 Bedroom	2 Bedroom
Kristen	Oakville	Oakville	Townhouse	Parent's House	2 Bedroom	3 Bedroom
Anna	Burlington	Burlington	Low-rise Apartment	Apartment	1 Bedroom	1 Bedroom
Chelsea	Burlington	Burlington	Low-rise Apartment	Apartment	1 Bedroom	1 Bedroom
Maya	Hamilton	Hamilton	High-rise Apartment	Apartment	1 Bedroom	2 Bedroom
Christina	Oakville	Burlington	Low-rise Apartment	Rental House	2 Bedroom	1 Bedroom
Elizabeth	Hamilton	Hamilton	High-rise Apartment	Apartment	1 Bedroom	1 Bedroom
Rachel	Burlington	Burlington	Townhouse	Apartment	2 Bedroom	2 Bedroom
Wendi	Hamilton	Hamilton	High-rise Apartment	Apartment	1 Bedroom	2 Bedroom
Will	Hamilton	Burlington	High-rise Apartment	Apartment	1 Bedroom	1 Bedroom

Ron, who had previously lived in different hotels, had gained more privacy with social housing because he did not need to share a bedroom.

R: Well I lived in a room. I got my own bathroom. The last hotel I lived in I had to share ... you have more freedom here than anywhere ... it's more private here than a hotel. [Ron – Hamilton]

This was also true for Christina, who has her daughter living with her, they previously shared a one bedroom basement unit together. For Rachel, she was previously sharing a two bedroom apartment with her young daughter and a friend she had met at the women's shelter, so it was important for her and her daughter to have their own space.

R: Not having to worry about disturbing my roommate ... didn't have to walk around on tippy toes anymore trying to be quiet or having to keep [daughter] contained in her room so that she can watch her shows cause it drove [roommate] crazy. [Rachel – Burlington]

Four participants had downsized when compared to their previous layout. However, a number of them also gained more privacy because they no longer shared a multi-bedroom unit in order to minimize their housing costs. Ron experienced the most drastic change when he entered social housing, after previously living in three hotels over 27 years. Ron reported that he worried about the small amount of space at first, however, he reported that it is much more comfortable than before. For the first time in 27 years, he has his own bathroom and bedroom.

Rachel's previous housing was a two bedroom unit in an apartment building shared with her daughter and a room-mate. Before this, she was living at a women's shelter and had found it difficult to find an affordable and adequate place to live. For Rachel, who lives in a townhouse in downtown Burlington, the amount of space in social housing as compared to her previous housing increased with the addition of a basement

and a backyard. When asked about the important differences between her market housing and social housing, Rachel replied:

R: [Daughter]’s got her own room. [Daughter] and I shared our 1 big bedroom. So it’s really nice to have my own room back. [Daughter] was happy to get her own room. Her aunt came and painted it for her and got it all nice for her. [Rachel – Burlington]

This additional space is important because crowded environments can create psychosocial distress, especially among children who can experience other behavioural problems as well (Evans, Lercher & Kofler, 2002; Lepore, Evan & Schneider, 1991; Wells & Harris, 2007). Rachel believed she had gained more privacy and independence with the extra space, and a reserved space for her daughter was meaningful to Rachel. This is important for her daughter because academic achievement and general health decrease when exposed to crowded housing (Solar & Mare, 2012). A similar experience occurred with Elizabeth who also had a hard time finding a place after leaving an abusive relationship:

E: When I was first separated I first had to stay in a friend’s bedroom with their kids, their 2 girls. They put a single bed in there, and I slept in there. I found a basement apartment, a bachelor’s apartment and their furnace was covered in asbestos, paid month rent, and I lived there for a month, trying to find something bigger. [Elizabeth – Hamilton]

Prior to obtaining her own place, Elizabeth was “doubling up” with a friend. “Doubling up” has not been associated with health, however, crowding in homes can generate psychological distress (Lepore, Evan & Schneider, 1991; Wells & Harris, 2007). Furthermore, reducing crowded housing environments has a positive influence on mental health through the addition of greater privacy and tranquility (Kearns et al., 2011; Kling et al., 2004; Wells & Harris, 2007).

Overall, slightly more participants felt that social housing was smaller as compared to their previous place. Despite the smaller size, participants reported that obtaining a place of their own had made important improvements to their privacy and independence.

Location

A greater number of the participants (n=10) preferred their current building location as compared to their previous location. Anna, a senior woman who was not proud of living in social housing, had no complaints about her area as it is a “very nice lovely neighbourhood”. Her current area is a suburban area that is easily accessible by public transit. It is also close to amenities and outdoor parks. As presented in Table 7, by obtaining, a quarter of the participants had moved to a different city than before. Some of the participants did not have a vehicle (n=5), therefore, location and walkability were important features to them, especially since walking to destinations reduced their transportation costs. For example, the additional cost of \$100.00 per month to use public transportation influenced Kristen’s locational choice. She is a single mother living with her young adult daughter, they had previously lived at Kristen’s parents for 16 years:

K: 99 dollars for a pass. I go for physio, I need to get around to appointments, so you have to pay this stuff, and then figure out what's left, and then you start buying food, and it's like, you know, I don't have much for food, so that's where food banks come into play.
[Kristen – Oakville]

While living in private market housing, Kristen experienced the difficulty in affording non-shelter necessities, such as food and transportation costs. These financial trade-offs

may have an effect on health as previous research in Toronto has shown that private market families do have a higher prevalence of food insecurity as compared to social housing families (Kirkpatrick & Tarasuk, 2011).

For some of the participants (n=6), living in social housing increased their physical activity when their current place was in a location where walking was an efficient mode of transportation. A number of participants also reported feeling safer in their current place, which had an effect on their physical activity outdoors. Individuals reported that they would walk outside more often because of the physical location. For instance, Elizabeth's previous location had limited areas to walk and she felt unsafe in the areas she could walk. Her current area is in the old city of Hamilton with many parks and is within walking distance to a shopping centre.

E: You don't have to sit in your apartment here. Over there, there was no place to walk ... so if I wanted to go out I had to call DARTS, and there's money for tickets which again over there don't have a lot of money for tickets. So moving here I can leave my apartment ... the other building was not secure, not safe, they had a lot of vandalism ... it makes a big difference about how you feel and how you think and feeling like you want to go out there. There are a lot of senior apartment buildings that are just so depressing. [Elizabeth – Hamilton]

At her previous place, Rachel found it unsafe to walk because it was close to the highway, but at her current location she found it easier to walk than drive her car. Her current area is in downtown Burlington and is within walking distance to many of the stores. In addition to this, Rachel was also more physically active inside her home because it is a two level home with the bathroom located upstairs:

R: I actually lost 50 pounds since I left Waterdown. I think mainly for the simple fact because I'm walking around more. I try to at least take the dog out at least once weather permitting ... when it's nice I hardly take the car anywhere. Unless I'm going grocery

shopping or something but if I got appointments downtown for my counselling I walk over. [Rachel – Burlington]

Most of the participants (n=8) decided to stay in the same city when they chose their social housing building. Of these participants, the most common reasons for staying in their current city were proximity to family, familiarity with the area, and convenient public transit. The participants who had moved to a different area (n=4) reported many reasons for their choice. Amy, a 70-year-old woman who previously shared an apartment with her granddaughter, moved from Hamilton to Burlington and was preparing for the future when she would not be able to drive and will have to walk to her appointments. Her current location is close to a shopping centre and is in a suburban area of Burlington with a mixture of single-detached homes and townhouses.

A: It was nice, but I couldn't afford to live there if I lived there on my own. My granddaughter paid part of the rent...I put in for Burlington because I did live in Burlington for about 30 years, and all my doctors are here, so I was mainly concerned about having—if I wasn't able to drive—having access to my doctors. So that was the reason I came back here. [Amy - Burlington]

Christina and her daughter, who originally lived in Mississauga, had moved several times since Christina was laid off. She decided to move into social housing in Oakville because most of her family is in the area and she does not own a car. Her current area is within walking distance to the main shopping street.

C: We don't have a car. Like how would we get...so I mean I love it here because I think it's the greatest spot I could be in, really. And for this situation that I'm in, it's great. Close to everything and even if I wasn't in that situation, I wouldn't mind staying here in this apartment, it's nice, and it's not like it's a big building, so it's kind of nice. It's a little bit more...I don't know...friendlier you would say. [Christina - Oakville]

Christina reported housing satisfaction with many features of her social housing including the location, building, and neighbours. Similar to other participants, she reported that she would stay in her current social housing even if she can afford market housing. Will decided on Hamilton because he had heard that it had the shortest wait list and he was struggling with paying the rent in a one bedroom apartment.

Moving into social housing has provided improvements in the quality of housing. With these improvements, many of the participants are less embarrassed to invite others over. With improvements to building maintenance others felt more secure knowing that problems would be taken care of promptly. For example, bed bugs were a concern for some of the participants, but they recognized that their building was taking effective action. Although many of the participants reported that social housing was smaller than their previous place, some felt more comfortable in social housing. A notable change was the improvements in privacy and independence because it was solely their place. For many of the participants, the current location of social housing was better than market housing in terms of being close to family and available public transport.

PSYCHOSOCIAL DIMENSIONS OF HOUSING

This section describes the findings from the interviews on the meaningful aspects of housing. Due to the difficulty in measuring Giddens's (1990) notion of ontological security, housing researchers have divided it into three interrelating concepts: (1) the home as a haven (sense of security), (2) autonomy, and (3) self-identity (Evans, 2003; Hiscock et al., 2001; 2003; Kearns et al., 2000; Saunders, 1989). The majority of

participants reported improvements to their sense of security, autonomy, and self-identity since moving into social housing. Social housing had provided a less stressful environment and explanations for the difference related to the changes in the physical and social environment, and the financial dimensions of housing.

Sense of Security

Ontological security is about order and continuity of a person's routinely experienced daily environment. In order to support ontological security, individuals must have trust in the people surrounding them and this contributes to a sense of security. The home offers protection and privacy from the external world. Some of the participants described their previous market housing as having a lot of "undesirable people" and that the buildings had a "destructive element". Some expected this with an inexpensive building and believed that the only way to avoid this atmosphere was to live in a higher-rent building. Half of the participants (n=6) reported that their previous area had more disturbances when compared to social housing, and only one participant felt that disturbances were worse, compared to their previous place.

A few of the participants spoke of crime as being ubiquitous, although they did not mention specific types of crime. However, most reported that they felt that there was less crime in social housing than in their previous market housing. For Ron, who had previously lived in several hotels, felt safe and did not worry much about crime in his current social housing. His current home is in a high-rise apartment located in downtown Hamilton.

R: There's crime in every fucking area, everywhere. I don't think there's so much here than other places ... I feel safe here I feel safe everywhere I walk. [Ron – Hamilton]

Similar to Ron, Kristen, a single mother and previously lived at her parents, reported comparable feelings around crime in her current area, although, she felt safe in her social housing. Her current area is located in a new suburban area of Oakville.

K: From knowing and talking to people you get to know. You just get to know, and if you read our local paper you see a drug bust here and a drug bust there, and the police I mean every area has the police. We have them in here. They come but this is a nice little area...I feel okay here. [Kristen – Oakville]

These findings do not confirm what earlier research on social housing and crime in Canadian social housing has found. DeKeseredy et al. (2013) reported that crime was more often in social housing as compared to the general population. Although, for this research project, it is difficult to assume anything since crime rates were not measured.

Maya, who was recently laid off and previously shared an apartment with her son, probably had one of the worst experiences living in her previous private market building. Until after she moved into social housing, she did not realize how bad her previous housing and neighbourhood was. While entering her previous building with her son, aged 30, one night, someone tried to steal her purse and in the attempt, broke her son's jaw:

M: I've seen a lot of bad things and when we first moved in there, that first summer it was like "wow" it's just was. I mean I saw drug deals going down on the front step and everything. It's like "wow", but I mean I'm not one of those people that judge people. I got involved in a few things there, where I just felt that it was right that I did it. Like I saw a woman one day punching the shit out of her kid. I stepped in, she kept [saying] "Mind your own business" ... and I said, "You know what, I'm making it my business right now because you have no right doing what you're doing to her"... I don't miss none of that stuff either. Not at all. [Maya - Hamilton]

Maya also mentioned that the owners of the building lived in Vancouver and owned the apartment building as a financial investment. She reported how astonished she was by the things that happened and that there was no control or order inside the building.

Noise was a common complaint participants had about their previous place. Part of the reason for the change could be about the people who live there and the housing itself, as many of the participants (n=8) had moved into much quieter seniors' buildings. Regarding this issue, Maya talked about the lack of respect that other residents exhibited in her previous building. Maya reported how she woke up several times during the night because residents were not concerned about others.

M: I mean I used to do the same thing myself, but I always respected other people. [Maya - Hamilton]

Carelessness was also commonly experienced at their previous places. Ron was in a unique situation because he had lived in hotels before. At each hotel, Ron had said that there were, “drunks falling up and down the stairs, puking in the bathroom”. Another participant had a corrupt rent collector and felt that no one cared about the neighbourhood:

K: Since I'd moved out they fired the guy who was doing the rent collecting and stuff like that because he was walking off with money, he was charging people extra money for things ... like but this [that] place, it's almost like nobody cared about it. [Kristen – Oakville]

Pride was a big concern for Chelsea in her earlier and current home. She had previously mentioned that she feels much safer in social housing but was not sure about why.

However, she expressed similar feelings about the lack of respect and pride in her private housing which could have contributed to her sense of security:

C: There were lower income families that really couldn't care less there were people that let their dogs go in the hallway, you know stuff like that, no pride. There were a lot of people that I knew there that had been there for years and they had flowers everywhere, and they took care of the place. [Chelsea – Burlington]

Tina, a young mother of four children, mentioned several times how subsidized housing had such a positive effect on her emotional health. Stress was greatly reduced for her. Tina had experienced poor housing quality and an unreliable landlord in her private market housing which made her worry about the health of her children:

T: I don't have to worry about them getting sick from mold or anything like that. Whereas their health and everything was at risk before because of the mold. They were young, and my twins were premature, so they already had breathing problems. If that were to ever happen here, they'd get rid of it. So it's less stress less worry. [Tina – Hamilton]

To have secure housing and a well maintained home really meant a great deal to Tina. She was already living a stressful life with several young children and she was on a low-income. Subsidized housing had eliminated the stresses around housing (housing quality, rent burden and possible eviction). Furthermore, poor quality housing can impact mental health through the formation of stressful environments and studies have shown that people living in poor quality housing are more likely to suffer from psychological distress (Dunn & Hayes, 2000; Evans, Wells & Moch, 2003; Hopton & Hunt, 1996).

Rachel, a single mother with a young daughter, felt that security was important to her but also important for her daughter. They are currently living in a townhouse in downtown Burlington.

R: I'm just happy that [daughter]'s got a nice safe place to live. [Rachel – Burlington]

For Chelsea a sense of security was personal security from harm or danger and financial security used as a safety net if a bad situation occurs. Security was importance to her especially at her age.

C: I like to be self-sufficient. If I get ill or something happens to me, how do I manage? And that's a frightening thing when you get older. When you're younger, you can think, oh you know I'll take care of that. But I always had to have the feeling that I had at least 1 or 2 months rent saved up. So that if anything did happen to my job ... then I'd have enough for the money for the roof over my head. Now I know my family would have taken me in but I wouldn't want that. So that's what this place has done for me. It's given me a huge sense of security ... I feel like I'm in Halton's system now. For some reason I feel like I've got a security thing, I'm not out there on my own. A safety net. [Chelsea – Burlington]

Chelsea also mentioned how she feels more secure in her current high-rise apartment, which she said is a nice feeling to experience. Furthermore, Chelsea mentioned how feeling safe where you live has an influence on health and well-being:

C: Safety is a prime issue for my feeling of well-being. [Chelsea – Burlington]

More than half of the participants had experienced disturbances and negative behaviours in their previous private market housing. A few of the participants reported that social housing had improved their sense of security in their home and neighbourhood. This was due to the fact that they felt there was less crime in social housing than market housing and felt safer in their quieter building.

Autonomy

Individuals having confidence in themselves is another part of maintaining ontological security (Hiscock et al., 2001). Autonomy is traditionally defined as the free will of an individual. Although some participants felt there were more rules within social housing, which did limit their freedom to do much inside their home, a greater number of participants believed that they were more independent because they did not have to share living accommodations and felt a sense of personal progress. When asked if participants felt stable in social housing almost all the participants (n=11) reported a greater sense of control over their lives. In market housing, many of the participants felt vulnerable and lacked control in their situation. Some respondents reported that before moving into social housing, they would avoid contact with other neighbours and not go outside of their building due to safety concerns, or would ride the bus around town just to get out of their place—home was not seen as a haven for them. Having a positive perception of security has the largest impact on autonomy (Clark & Kearns, 2012). Most of the participants reported that they had gained housing independence and/or greater privacy since moving into subsidized housing, although, this seems to be limited to those who had previously shared living arrangements. For example, Anna had previously lived alone in an apartment, with the move into social housing she felt that she had lost some control because she could not have her grandchildren stay overnight. For Christina, she had gained independence with social housing but felt that her freedom was limited as compared to private market housing where she could do almost anything, she mentioned that social housing had too many rules to follow. In market housing, most participants

(n=8) reported that they had shared living arrangements with non-family members and that receiving subsidized housing had allowed them to afford a place of their own. For instance, Rachel, a single mother who previously shared a two bedroom apartment with her young daughter and a roommate, believed that social housing allowed her more freedom:

R: And then having my independence, not having to worry about disturbing my room-mate ... And just being able to do what I want, when I want. Just being able to open up the door and go out and not have to take an elevator 9 floors down and when I'm ready to go, I just go out. [Rachel – Burlington]

For Kristen, who had been living with her parents for 16 years prior to moving to social housing, affordable housing enabled her to have control of her own housing. She did not have to rely on others for housing:

K: My independence for one. For the first time in my life, I'm independent. I make the decisions, I make the rules. I'm in control ... Living here, is just, like night and day. It's like I'm a whole new person it's just a fresh start and I don't worry. [Kristen – Oakville]

Similarly, Tina, the young mother of four children, felt that she did not have to rely on others for housing as much since moving into social housing. She can afford a home to share with only her family and mentioned how this had impressed others with her personal progress:

T: We've changed a lot since we've come here. I think that we've more or less grown up because my last place was my first place of being on my own without my parents, and then this is completely on my own, not with friends trying to pay rent. [Tina – Hamilton]

Privacy was another factor that the participants mentioned when asked about the important differences. For Ron, it was a substantial change from the hotel

accommodations. He now has his own bedroom, telephone, bathroom and a kitchen. He reported that he had much more freedom and was very comfortable now.

Prior to moving into social housing, some participants reported that they were desperate for money and would accept any available job instead of waiting for a job in their field. Rachel, a single mother who had previously shared an apartment with a friend from a women's shelter, found that the stability and security of tenure offered by social housing had enabled her to take more time on improving her depression and being a better candidate for employers:

R: Eventually I want to go back to work. Right now I'm still with the counselling it's not really an option right now, I wouldn't make a very good employee. I just don't have the... focus ... my self-esteem is starting to come back I just have to learn to not second guess myself all the time. [Rachel - Burlington]

Christina, a recently laid off single mother living with her adult daughter, mentioned how work from temporary employment services was sporadic and did not provide enough money to pay for her monthly rent and because of this she had to share shelter with a friend.

C: Going to a temp service and that just wasn't enough to cover my bills or even cover my rent from what I was used to. And nobody has a lot of savings and everybody has credit cards, mine was average amount that most people would have on a credit card. Of course I got behind on the bills, I made sure I paid the rent and the cable but I just couldn't go on anymore and so we ended up in a friend's place. [Christina - Oakville]

For Rachel, a single mother, full-time employment was difficult to obtain and part-time work did not provide enough income to live in private housing market housing:

R: I don't know how they expect people that are working part time to be able to afford a place. Cause there's some places that that's all they hire is part time. You may work 5 days a week, but you don't work full days, so you're part time. So that's really hard, you don't get benefits. [Rachel - Burlington]

Many of the older participants had lived stressful lives and for some, it was not the physical housing or social environment that had made a difference in their levels of stress, but rather the ability to retire and not have to struggle for work to earn enough to pay rent in reasonable quality housing. A few of the older participants struggled to find employment and felt that employers would not hire them because of their age. Maya was recently laid off due to the massive closure of hundreds of locations of a Canadian discount retail chain. At 64 years-old with experience in retail, she had applied to the new purchaser of the store she had worked in, and a restaurant in the same plaza, but the employers denied her a job. She explained the dilemma further:

M: Because of my age and everything nobody wants to hire you. It is really tough ... And you know what they tell ya? “You’re not qualified” and I can understand my part of it because I worked in a restaurant ... But I’ve known a couple girls now, this one girl J---- worked there for 17 years at customer service, and it’s the same thing, not qualified or under qualified. But they don’t want to train you because first of all they don’t want to hire full time people they want as least full time as they can have, and now me I turn 65 this coming September, so why would they want to train me, I can quit if I wanted to. Why would they take that chance and besides that I’m not going to be a long term person, and I think that’s what they’re looking for, a much younger person. [Maya – Hamilton]

At her age, it was unreasonable to do any additional training which she would have to pay for as well. She even found social services unhelpful around employment at her age.

M: I was going to try to apply to [the restaurant] but then I found out I have to have a course ... for serving because most of the places that you go to today have booze ... you have to pay for this course yourself and I don’t know if it costs \$35 or \$45 that’s beside the point I really can’t afford that even right now ... So anyway when I went to unemployment, she said, “Well maybe you should investigate into doing this course” and it’s like you know what, I’m going to be 65 first of all, and that’s not guaranteeing me a job and why would I waste my money if I’m not going to get hired. So then she said, “Well maybe you should go back to school” ... Well why would [you] want me to go back to school to get trained? For what? So now I get trained for another, and you just don’t know, and then a lot of places want experience. Well if I’m being trained for a new job I’m not going to have no experience. [Maya – Hamilton]

Within market housing, some participants had moved places quite often due to the unaffordable rent and poor housing quality. The lack of affordable housing options for lower-income individuals encourages housing instability which can result in frequent moves or homelessness (Crowley, 2003). For instance, Christina, who was recently laid off, moved several times while waiting for social housing and was very close to being homeless:

C: The first one we moved into after being at the friend's place ... was just horrible it really was. It's what you would think a 1 bedroom basement apartment would be like, but we were thankful that we even had a place because it was either that or the street and the rent was real cheap, really cheap. [Christina – Oakville]

Social housing provided stable housing tenure. This was a similar feeling for Amy, who was also laid off and moved around frequently. Moving into social housing meant less moves and stable housing for her:

A: Because I feel settled now. From when the plant closed I lived in Niagara Falls, Brantford, Hamilton, 2 different, 3 different apartments. So now I'm settled. That makes it much better. [Amy - Burlington]

With greater privacy and stable housing, participants felt that they had gained autonomy since moving into social housing. Also, social housing may give people a sense of autonomy, which in turn reduces the stress they felt as a result of unaffordable housing.

Self-Identity

Before people can have confidence in other people, they must first have confidence in themselves (Hiscock et al., 2001). The meaning of the home is a reflection of self-identity (Hiscock et al., 2003). When asked if participants were proud to live in

social housing, the majority (n=9) reported being proud about their current home. Each participant constructed their self-identity in unique ways. Social housing had allowed them to feel more confident and less embarrassed to invite others over. For a few of the participants, they now held family gatherings in their home. Tina, the young mother of four children, for instance, did not want to invite people over in her market housing due to embarrassment because of the mold, rodents and odour:

T: The exact same area but before I never really brought people over to my house ... Now I like to. Like Christmas dinners and stuff we have here, at my old house, no. [Tina – Hamilton]

Maya's experience was similar to this, she previously lived in a "bad" building with her son, she did not invite others over because of the poor quality of the building. She worried about the possibility that visitors would be trapped in the elevators since the elevators discontinued multiple times a day:

M: I don't think I ever had anybody come over there, not very often, not very often at all. I just didn't want to bring them there, and I know even my daughter-in-law ... I felt bad because I wouldn't go on the elevator, so I didn't want them going on. [Maya - Hamilton]

Pride was a big issue for Chelsea, who had recently retired, "When you get older you kind of want to feel like you have a little bit of pride in where you live". The meaning of her home was a reflection of her identity. She reported that she was somewhat proud about her previous place. When asked if she was proud to live in social housing, Chelsea said it was better and that she is much happier to invite people over. Being proud of one's home did relate to the identities of the participants. For example,

Kristen, who had previously lived at her parents for 16 years, publicly posted pictures of her new social housing on Facebook:

K: I don't like people see you going in and go "Oh she lives in housing." Where here I've shown pictures that I've taken out front to people, and they're like "Oh wow it's a nice house." I came in when I first got the place, and I finally had the keys, and I took pictures inside and outside and I posted them on my Facebook and people we're like "Oh wow that's really nice, that's housing?" Yes, that's housing. I'm not afraid to say it. [Kristen - Oakville]

Kristen was comfortable and proud of her identity and she displayed this by showing pictures of her home. Interestingly, many of the participants felt ashamed of their previous private market housing because it was lower quality housing and in mediocre neighbourhoods. When asked if she was proud to live where she does, Christina replied:

C: Yeah it's a beautiful area. I love it here. We could stay here and pay regular rent if we wanted to [and] in that way it's good ... So I know that if we ever, if they say forget it, we can stay here. [Christina – Oakville]

For others, the relationship between self-identity and housing was not a positive one. There were a number of issues from the participants (n=3) who reported that they were not proud of living in social housing. Will, for example, expressed a great deal of dissatisfaction with social housing. He felt the quality of housing was worse than his previous market housing which had more space and a shared backyard. In addition to this, he reported that his immediate social environment was more stressful, and because of this he does not interact much with his neighbours.

W: I hate this place with a passion, but I have nowhere to go. Living on disability where am I going to go? ... I feel like I'm in a cell in here. This is what I really hate about this place. [Will - Hamilton]

Ron acknowledged that his current place is better than his hotel stays; however, he reported that he was not proud living in his current housing. This was due to the bed bug and cockroach issues in the building, not because it was social housing *per se*. Anna became upset when asked if she was proud to live in her social housing building.

Previously she owned a house with her ex-husband. After the divorce, they sold the house and she used the money for her rent until it ran out.

A: Am I proud to live here? I'm ashamed that I blew so much money. I'm ashamed I did that and that's what brought me here. To say I'm proud I'm here, if I had been [crying] I don't know quite how to answer that. Like if I had been smarter with my, with things all my life I wouldn't be here and I would have a home. See my big thing is that I don't have a home where my grandkids could come and stay over, and that's always been my dream in life you know that my grandkids could come over and sleep over night, and they can't do that here, and that hurts me. So I'm not proud to be here because they can't do that. So it's my stupidity that brought me here. There were things that caused it, but it doesn't make me feel good. Like do I feel good that I'm here? Um no because of you know, but am I proud to be here? I'm much prouder to be here than under a river, or under a bridge, but it's a nice place to be if you had to be if you have to be here. [Anna – Burlington]

Unlike many of the other participants, Anna did not consider her social housing a home. She was grateful to have a house, but was not completely satisfied with her current home. Previously, she had maintained her ontological security with a sense of security, autonomy and self-identity, but this stopped once her rent became unaffordable with her limited income. She believed that she did not have complete control in her social housing and with lack of control, it is difficult to build a positive identity (Kearns, 2000).

Additionally, the meaning of the home is a symbol of social status and reflects identity (Hiscock et al., 2003). Anna experienced and preferred homeownership as compared to social renting. She felt that social housing represented a lack of success, similar to earlier

research findings (Howden-Chapman et al., 2011; Macintyre et al., 2003; Smith et al., 2003).

Taken together, many of the participants had maintained ontological security by way of gaining a sense of security, autonomy and a positive self-identity with the move into social housing. Participants were able to invite others into their home and much of this was because of the better quality housing. This is similar to previous findings on better quality housing and the association between better status, identity and sense of personal progress (Clark & Kearns, 2012; Kearns et al., 2008).

STIGMA

Few of the participants reported that they had experienced direct forms of stigma since living in subsidized housing. Instead, they said that there was more of a stigma attached to having a low-income or living in a bad neighbourhood. That said, some did recognize and accept that there was a certain image of subsidized housing or “housing”. However, most participants did not think that the stigma of social housing applied to them. Some experienced stigma in their previous place and it was more associated with living in “bad” neighbourhoods. When asked if people would respond when she mentioned her previous housing, Maya, who shared an apartment with her son, replied:

M: Oh yeah. No matter. Lots of time you wouldn't dare say anything where you lived. “Oh I know that place” I never really did I just said, “Oh I knew that neighbourhood.” [Maya - Hamilton]

Maya recognized and experienced the stigma attached to her previous building and neighbourhood. Her area had a certain reputation acknowledged by the media, police and

city councillors. Because of this stigma Maya would hide information about where she lived. Anna, for instance, learned about the negative reputation of social housing when she told her brother that she was moving into social housing:

A: I have a brother who lives in Toronto and when I told him that I got an apartment in subsidized living, he said, “Oh my God no” he said “Anna do you have to go there?” and I said, “What am I going to do?” he said, “Oh they’re horrible places” and that was from Toronto, and I said “Well B---- they’re not that bad” and he said, “Oh they are. Like I’ve seen them” and then he helped move my stuff in here, and he said, “Wow this is really nice.” Like I guess in Toronto and here there’s a big difference. [Anna – Burlington]

Even though Anna recognized the negative image of social housing and felt that it did not apply to her building, she still avoided mentioning that she lives in social housing to other people because she felt ashamed living in subsidized housing instead of the private housing market:

A: I’m very happy to be here, I’m grateful to be here, to have this place to live, but you don’t like to walk around on your back “I live in a subsidized building.” If you can kind of understand what I’m saying, but I’m very grateful to have this place to live in, like I don’t know where I’d be if I didn’t have this place.

I: Can you tell me more about stigma and the label of subsidized housing, have you heard people talk about it before?

A: When you meet new people and the last thing I will tell them is where I live, and when they eventually find out where I live, because you can’t hold it forever and ever, some are okay and some are “Oh” and they back away and they aren’t meant to be a friend of mine obviously, but it just shows you how people are, and it’s hurtful very hurtful. [Anna – Burlington]

Acquiring social housing was important to Anna, she knew that her close friends and family were happy for her obtaining social housing because they knew about her financial situation. When Anna met new people, she would refrain from mentioning that she lived in social housing. Other participants reported that most people do not understand much about social housing. For Christina, a single mother living with her

adult daughter, a negative image did exist for social housing, but she felt that the people who would accept the negative image did not have any experience with social housing:

C: It's just common knowledge kind of thing that you pick up from other people. Like "Housing, oh my God." ... most of the people that I knew weren't in the same situation that I was. So they had no idea what housings like anyway cause there you know like how I was originally, and living their own life and working. So they weren't in the same situation. [Christina - Oakville]

Those who had experienced stigma offered some reasons about why there was a stigma still attached to subsidized housing even though the participants had never experienced those negative images. Christina illustrates the reasons for stigma when she says:

C: I mean what you hear is not so good. Negative things. You know what it is? I think it's a set attitude that people have about it, and it's just...it's like anything else it takes a long time to move back. [Christina – Oakville]

Anna is more defiant in her response to stigma, she says:

A: I find that some people who have never had money problems are still, they're still understanding, some are, but some people are just ignorant. I just don't understand how you cannot have some kind of empathy ... It's not my problem it's theirs. It's just like an illness some people just don't understand an illness, "well if they took better care of themselves" well that's not an answer, that's not what you say, how about some sympathy for them. Everybody's different, you just leave them alone. [Anna - Burlington]

For many of the participants, it was a positive surprise when they first saw their social housing. Many of the participants who did not experience stigma around subsidized housing, believed that it was because their units and the areas were well maintained and did not have the physical appearance of being "housing", which was important to them. Moreover, a few of the participants volunteered that they thought that

mixing incomes could really help reduce the stigma of social housing even further. Although it is difficult to know how many of the participants were living in mixed income buildings as the information was not readily available, but social housing buildings tend to consist mainly of rent-g geared-to-income tenants (CMHC, n.d).

- R: So not everybody that lives here is on assistance. They're paying full market value rent they're not on geared to income. There are some that are set aside, so you're not in the stigma of living, growing up in housing.
- I: Do you feel like there is stigma at all here?
- R: No. No. Because of the mixing ... I grew up in, back then it was called Ontario Housing, and as I was growing up I didn't realize it, but everybody just knew that you lived in the town houses. After I moved, then I realized that "the town houses" were housing and that meant that your parents weren't making a lot of money or whatever ... So I'm hoping that that...you know that [daughter]'s not going to have to deal with that. [Rachel - Burlington]

The ones who did experience some form of stigma felt unconcerned about the negative judgments around subsidized housing. Having a place to live was too important to them. Rachel, a single mother, for instance, when asked how it made her feel when people attach a stigma to social housing, replied:

- R: Right now I don't really care what they think because I've got a nice home. I've got a shelter for my daughter. Until you've lived it, you have no reason, no right to judge me. This complex is kept clean, it's accessible, it's ... everything that you would want in a neighbourhood. Neighbours are great, if you need anything there's always somebody to ask and if you don't know who to ask there's people that you can ask for help and then they know where to get it ... I'm just happy that S----'s [daughter] got a nice safe place to live. [Rachel – Burlington]

Rachel responded and challenged the negative reputation of social housing by announcing the positive aspects of social housing, in doing so, she was arguably reshaping the image of social housing.

Although there is support for the notion that the participants were aware of a negative image of subsidized housing, they believed that there was more of a stigma associated with having a lower-income and/or relying on assistance. Some respondents believed that many people hold a negative stereotype towards individuals receiving assistance. When discussing low-income housing and the lack of pride, Chelsea, for instance replied:

C: I'm not saying that people of low-income are dirty or whatever, but some of them it becomes easy to them if they don't have the same...the same care with their places...And unfortunately, there's minority they kind of...there's a lot of people that do need help and do need assistance and they get kind of brushed with the same brushes that people that don't care. [Chelsea - Burlington]

For Chelsea, she recognized that living with a low-income was difficult. Being able to take care of your home was not imperative for most individuals. Consequently, the negative image takes precedence over the positive image. Elizabeth has similar beliefs about how people on assistance are usually portrayed without sympathy:

E: Because there are some people that just have these negative issues with welfare ... it's not a lifestyle it's a helping hand. Some people make it a lifestyle I know, but it doesn't have to be it's a helping hand, and I wish people would look at it like that, but they don't, they look at it like a lifestyle, they're going to get their cheque, they're going to the beer store ... I had this one girlfriend she lived in Barton in the housing ... she was on assistance and she was going back to school too, but there's a real stigma even just with her neighbours. Here's this woman, single mother, going back to school and her children are reasonably dressed, and she'll go and she'll buy from Value Village and places like that and then you've got 2 houses of bums and then another house for somebody who's trying, but they're all painted with the same brush. [Elizabeth – Hamilton]

Most the participants reported that a negative image of social housing exists and is widespread. A few of the participants would conceal any information that they live in social housing because the response was distressing, although a greater number of

participants were indifferent toward these negative responses. They explained that the stigma attached to social housing did not apply to them and that there was a greater stigma attached to living in a “bad” neighbourhood and/or receiving assistance. They were sympathetic towards those who undergo this stigma for the reason that they had similar experiences. Many participants stated that a number of people do not have direct experience living with a low-income and due to this misunderstanding they neglect the beneficial aspects of social housing and financial assistance.

HOUSING AND THE SOCIAL ENVIRONMENT

The most prominent aspects of the social environment in participants’ experiences of social housing were relationships and available support from others in the building.

Relationships

Almost all the participants (n=10) felt that they had better relationships now which had a positive influence on their levels of stress, as opposed to their earlier living arrangements. Some of the participants (n=5) reported that, in their social housing building, other residents would gladly help others. Only a few participants (n=3) mentioned that, at their previous place, there were positive relationships. For the most part, participants reported that when they previously lived in market housing, there was less interaction between nearby residents than in social housing. Private renters tend to report less social capital, this might be because renters move more frequently as a result of having less stable housing or because they have the ability to move more readily to

inexpensive places (Mason et al., 2013; Ziersch & Arthurson, 2007). Social renters may experience more social interactions and relationships because everyone has stable housing, as Duke-Lucio, Peck & Segal (2013) suggested, frequent moves have potential negative effects on social ties and relationships, which may only be limited to private renters. Although there were more opportunities for interaction in social housing, many of the participants reported that they were just not interested in connecting with other residents because they had friends and family outside of the building.

All of the participants in “non-senior” buildings (n=4) believed that they could rely on their neighbours to watch out for each other. Cristina, a recently laid off single mother living with her adult daughter, for instance, appreciated the informal surveillance that neighbours provided and felt that there was a sense of community because of this:

C: It's nice. They're really funny people. They watch everything, so they know...they know that anybody that's not supposed to belong here, they will call the cops for sure. Oh yeah they watch. [Christina – Oakville]

Another important aspect of the social dimensions on housing was the development and support of relationships with others. Kristen, a 45-year-old single mother with a 19-year-old daughter, had lived at her parents' home for 16 years before moving into social housing. While she was waiting for social housing Kristen mentioned how she would avoid her mother and stay in her bedroom all day. As a result of housing affordability, Kristen had the ability to move on her own, and this allowed for the repairing and maintenance of social ties with her mother outside the household which helped reduced stress.

K: So I was living with them and my mother was verbally abusive toward my daughter. To the point where there was explicit words used towards her. Calling her names, telling her, threatening physical harm but never doing physical harm. At the time, she was 16. So she's going to be 19 this month. At the time this all started she was 16, and it was really tough and affecting me emotionally. I was so stressed, and I didn't need the added stress for looking for work and stuff. It was affecting my relationship with my daughter. The whole wait list it was stressful. I didn't communicate with my mother. I lived in the same house with her, and I didn't communicate for about 3 months with her. I never spoke to her, I passed her, and that was it. It was like passing a stranger in the street. So it was a stressful wait and things improved a bit with my mom. [Kristen - Oakville]

She now visits her parents every Sunday and has noticed an improvement in her relationship with her mother and daughter. Relationships within the building were especially important for Rachel and Wendi who both came from abusive marriages. Rachel's previous place was in two bedroom apartment shared with her daughter and a friend that she had met while staying at a women's shelter. In her current housing she is pleased to know that there is a sense of community and watchful neighbours. At first Rachel felt uncomfortable about with the neighbours' awareness, however, after some time she found it reassuring to know there was a sense of community and security where she lived.

R: It was huge. Being on my own because I had gone from a marriage to the shelter to a room-mate to just my daughter and I felt like...it took me a long time cause I felt like I was on display because you're the new person and everybody's peeking out the window and asking questions ... my mom pointed out that it's good to have nosy neighbours because I'm by myself, so they know what's going on all the time. They probably know about more about what I'm doing than I do. It's a really good community. I'm happy as happy, you're going to have to get a stick of dynamite to get me out of here now. [Rachel – Burlington]

Wendi came from an abusive marriage and has post-traumatic stress disorder. She mentioned that in her previous place of residence, prior to moving into social housing, residents would not help each other. In her current social housing building, she felt

accepted and did not have to hide the fact that she was living in subsidized housing. Neighbour interactions were extremely important for Wendi as she felt isolated in her previous home. In her current building, she is now involved in several different activities with other neighbours. She has only been living in social housing for six months, but she did notice a difference:

W: But as far as the building and the people here and the housing, they're so accommodating, and they don't make you feel...that you're a beggar or anything, that's not the right word... I mean getting in here was great and the housing people are so accommodating. They come and they check like check if you're okay and different things where in normal buildings nobody wants to know their neighbour. You know don't get involved, but this is a good building, and I know there are other senior buildings in the city but...in my opinion this is best.[Wendi – Hamilton]

Only a few participants (n=2) felt that there were more negative relationships in social housing than in their previous market housing. However, a larger number of participants (n=7) believed that negative relationships existed in their previous market housing. Ron, who had previously lived in hotels, explained that there were a lot of “ignorant” people in his current building. He believed that they consisted of half of his building. Ron offered an example of how a resident did not hold the door open for him while he was carrying groceries and mentioned that he wanted other residents to act more like neighbours.

R: I don't complain about nothing I'm just happy just open the fucking door when I'm coming with bags. You know what I mean. Be a neighbour. It's the ignorance that gets to me. There not all like that. [Ron - Hamilton]

Will has lived in social housing for nineteen months at the time of the interview. He found the social life in his new housing exclusionary and selfish, leading him to withdraw:

W: Like some people get in here and leave because they hate it. Like I'm telling you, like the cliques in here and the people are just fucking insane. Like I said, keep to myself...So it's an eye opener I'll tell you. I just don't associate with most people. There are some nice people. [Will – Hamilton]

Will provided some reasons about why this exists. He believes that the problem is the types of people in the building. He pointed to the Crisis Outreach and Support Team (COAST) program, cliques, and the fact that “street people” are allowed in, to fill the building. COAST is a mental health crisis program in Hamilton that responds to help people with serious mental health problems, who are in crisis. Will says that there are a few people in his current building who are part of the program. Until Will moved into social housing, he never knew how bad it was in the building, and he really preferred his market housing.

Both Ron and Will experienced more negative than positive relations in their current buildings. Although Ron does not have an explanation for this, Will believes it is because of the COAST program and because there are more short-term residents, which could explain the lack of social interactions among residents. Additionally, both of these buildings are not full to capacity either.

Support

Some of the participants experienced direct help from others in their social housing accommodations. Tina, a 22-year-old mother of four children, who has lived in social housing for a year, found his help particularly valuable. Previously, others had advised her not to interact with others in the building because people will “back stab”

each other. However, Tina has had only positive experiences with other residents and spoke about another mother in the building who will watch her children while she runs some errands.

T: We're kind of on our own and I know more people in the building that I can rely on and stuff like if I wanted to go out and do something with the kids. It'd be easier than before. I wouldn't have to be worried about it, and I could still go and do the things that I need to do. Whereas before it was kind of hard doing that knowing that I had other people living with me, and it wasn't always I didn't know who was in there and around my kids. It's definitely better here. [Tina - Hamilton]

For Tina, trusting another neighbour with her children had made life a little easier. When asked if this kind of support is common in the building Tina replied,

T: Around here yeah. It's really good like that. A lot of my neighbours are very very friendly. I've got this girl down the hall who's constantly here "Oh you got some ketchup, you got some barbecue sauce" and I'm all like "You got some cat litter or some air freshener" It's really good. There's people that if I need something it's close it's in the building. Whereas my old place, I didn't get to know any of the neighbours because it was kind of just a grimy neighbourhood area, everything like that. We didn't really get out much. [Tina - Hamilton]

Tina noticed that relationships are better, this has allowed her some more freedom and less worry. Of the participants who saw other residents helping each other, sharing food or items was the most common form of help. In Kristen's little area, neighbours commonly exchange food. When Kristen receives a vegetable that she does not like from her church food share, she will give it away or exchange it with her neighbours. Elizabeth mentioned, that in her building, she feels ashamed if she brings in items from the food bank, because others would gladly help her.

E: If I had to go the food bank it would bother me. In fact if it did bother me, it would be because other people would say "Oh you shouldn't have done that I can help you". They'd be leaving bags at my door in here. I didn't even know my neighbours in the

other place. Everybody stuck to themselves, especially when those new supers came in.
[Elizabeth – Hamilton]

For the most part, participants experienced feelings of acceptance and belonging in their social housing building. Some became involved with formal and informal networks within the building. Whereas, others noticed that social interactions had improved in social housing but were not interested because they had friends and family outside of the building to visit. Although social capital was not specifically measured, there was interaction and feelings of trust among residents that resulted in collective benefits. This is interesting since past research has found that social renters express lower levels of interpersonal trust than private renters or homeowners (Donoghue & Tranter, 2012). Within the surrounding environment, having confidence in others is a crucial part in maintaining ontological security. This research project found that social housing residents had gained confidence in their neighbours, which had influenced their sense of security.

FINANCIAL DIMENSIONS OF HOUSING

This section begins by revisiting the questions around the financial dimensions of housing. Overall, the majority of participants mentioned the unaffordability of private market housing. With the move into social housing, a few of the participants reported that they now have a little more disposable income and have experienced a reduced burden of rent.

Unaffordable Rent

Not surprisingly all the participants (n=12) complained about unaffordable rent in their previous market housing. Even if a participant was able to rent an inexpensive dwelling, many struggled with not having much money left over after rent for other necessities. For Christina, who had recently been laid off, it was very difficult to afford monthly rent. Additionally, unaffordable housing made it difficult to afford food. She was experiencing food insecurity while living in market housing. Unaffordable rent can increase the likelihood of not being able to get adequate food, and there is an association between food insecurity and poorer physical and mental health due to a weakened diet (Kirkpatrick & Tarasuk, 2011; Thomson, Petticrew & Douglas, 2003). Christina remembered what it was like waiting for subsidized housing:

- C: In dire straits because they have to pay regular rent, and they're probably not even eating cause I know we found it really hard to even really survive to tell you the truth ... the only good thing about it is that we know that we can afford to pay it and then we are eating.
[Cristina - Oakville]

The stress of poverty and low-income was more than just worries about money, but also about food. An indirect effect of social housing on health could be related to food insecurity. Unaffordable housing can increase the likelihood of food insecurity, which has a relation on poorer general and mental health (Kirkpatrick & Tarasuk, 2011; Thomson, Petticrew & Douglas, 2003). Most of the participants reported that they no longer rely on food banks, which mainly stock non-perishable food items. Despite that many participants believed subsidized housing did not allow them to spend money on other things, a number of them reported that they had stopped using food banks (with the

exception of one participant). Food was a significant cost for the interview participants. Some participants would stock up on food at the beginning of the month and hope that it lasted the month. Others reported that they do not eat at restaurants anymore because it was too expensive.

C: I'm appalled at the cost of food when I go shopping, and I find that very hard sometimes to eat well to be able to afford it. I have to watch every penny that I spend on food, so I'm very aware of what's out there and what's available ... basically the same, maybe even better because I can't afford the bad stuff. I can't afford all the fats and the eating out and all of that. It comes down to eating healthily as cheaply as I can. [Chelsea – Burlington]

Many of the participants had trouble finding an affordable, let alone adequate and suitable place to rent. Participants became somewhat hopeless about being able to find affordable housing and found the housing options and prices shocking. Many of the participants experienced what Hiscock et al. (2001) call “social depravity”, they felt limited to lower quality homes and could not progress to nicer homes. Chelsea found this very depressing especially on minimum wage:

C: Being on minimum wage but very hard finding an apartment, a worthwhile apartment, a nice apartment that I could afford ... I would've been very depressed living there. They weren't well looked after, they were shabby, you could tell they were a bit run down ... But anybody on minimum wage, but I was lucky because I did have a couple of small retirement pensions from the UK, so that really helped me. Otherwise, I couldn't have afforded to get an apartment by myself, not on minimum wage, not in Burlington. [Chelsea - Burlington]

Participants who had lived in market housing in Hamilton before moving to social housing did have more affordable rent as compared to Burlington and Oakville. However, some participants felt that it was not right being forced out of their favoured location because they could not afford it. Rachel, a single mother of one daughter, for example, had spent her whole life in Burlington, and she wanted to stay there. Although she

experienced difficulty in finding an affordable and adequate home because house prices and monthly rents were increasing:

R: So I thought that's not fair why should you have to change where you live because you've got all these rich people pushing up the prices of real estate and there's nothing left over for the low-income people. [Rachel - Burlington]

Participants who had lived in an affordable place for some time reported that they were often forced to move because of even slight rent increases. With their fixed income, their housing could become unaffordable very quickly.

W: Where I was living it was \$769 and it kept going up every year by I think one and half, one and three-quarters, two percent. So every year it was climbing like \$14, \$15, \$16. Well I like it here, but in 2 or 3 years I'm going to be screwed. [Will – Hamilton]

While living in private market housing, participants were witnessing how quickly their housing was becoming unaffordable. This was incredibly stressful for many of them especially because poverty intensifies the effects of stressors (Almeida et al., 2005). Maya, who had previously lived in a “bad” building with her son, even thought that she was going to have a nervous breakdown because she was struggling to pay for rent and bills. Some participants doubted that they were going to obtain social housing in time and worried about being homeless. Unaffordable housing forced participants to rank which basic services, such as hydro, heating, or food, they needed to survive.

Disposable Income and the Reduced Burden of Rent

The question that received a mixed consensus was, whether or not participants had more disposable income after moving into subsidized housing. The mixed response

might be because of the different types of incomes that the participants receive depending on their age, employment status, or if they have children. Some (n=6) felt that they did not have more money to spare and actually had more disposable income in their private market housing. However, two of these participants had savings from selling their house. They moved into subsidized housing because their savings became depleted. For Chelsea, her budget was slightly larger when she was working, receiving minimum wage, and living in a private rental property. However, she admitted that, while she had a larger income, it was impossible to find a decent place to live while receiving a minimum wage salary. While working, Chelsea noticed that her health was becoming worse, and she related this to stress on the job. What subsidized housing did for Chelsea was, it allowed her to retire. If she had stayed in market housing, Chelsea believed that she would still be working to afford a place to live. When asked if she had more money to spend on other things, Chelsea replied:

C: No. No ... I was still in the job for a little while after I'd actually got the apartment for a couple of months and they were charging me the market rate which was almost \$800 a month because my income ... So in that 2 months though I was just paying \$800 for this place and I had a good income, and it was lovely. It was really really nice and I had a little holiday and that kind of thing, and I knew that that was all going to end once I retired, and it has, and now it's hard to make it month to month. Yes, it is definitely. Yeah. Yeah. Because I'm basically living on \$1500 a month and my rent is \$500 a month. So what with a car and insurance and all of that kind of thing. [Chelsea – Burlington]

For Christina, she did not believe that she had more disposable income since moving into social housing. She did believe that she is in the same situation as before, living on a low-income. Interestingly, to keep her current rent lower, she decided to decline extra money from her retirement package because it would have increased her rent. However, as

compared to private market housing, the greatest benefit of social housing was the reduced burden of rent which allowed her to spend her limited income on other necessities such as food:

C: You know what, no. It doesn't. You think it does, but it doesn't ... we're in the same kind of situation really, really there's no difference. Every time you make more money, the rent goes up. In fact, I have some money that I could have like every year I can get three, four thousand dollars, it works out from my retirement that way and the guy who I need to send it this month ... I said, "Don't send it whatever you do, our rent will go up" and it's not worth to get two thousand, three thousand dollars and our rent goes up to \$400. Like they take...really when you consider it they take a good, almost half of that and use it, charge us towards rent if you understand what I'm saying. You're caught in a circle kind of thing, but the only good thing about it is that we know that we can afford to pay it and then we are eating, and it is a fairly nice place, but as far as am I making, is there more money? No, there's not. Not really. [Christina – Oakville]

On the other hand, some of other participants believed that they now had a little more to spend, and this was usually put towards food or caring for their children. Tina, for instance, reported that she was not struggling as much as before and had more money to spend on her kids and on food:

T: Oh big time. I mean we could barely afford food or anything before obviously we were struggling because all the bills and everything. We were worried about getting kicked out and everything like that. Now with being on housing and having less rent, we have more money to focus on other things like the kids and our groceries. We have people involved who help us with budgeting and everything like that. So I mean financially, and everything it's been great. [Tina – Hamilton]

Elizabeth was able to increase her disposable income quite substantially, and she reported that it allowed her to plan for the future.

E: But yes it goes further. You can plan a few things if you... I was paying almost \$800 in rent and then the hydro on top of that, then telephone and basic cable. You're getting pretty close to \$900 before I went on Old Age Pension I was getting \$930 from disability. So take care of the roof over your head and then the hydro and then the telephone if there's enough, and you go to the food bank and there's a lot of ways to supplement that too like McDonald's. Salt things and they'll give you containers of ketchup. If the cable gets cut, then the cable gets cut you can't do it all. I pay \$400 it went up as of September. I was

paying \$413 when I moved in, so it's like \$447 or something now which compared to almost \$900 that's a big difference. [Elizabeth – Hamilton]

Within the academic literature, there is little research on the possibility of social housing reducing the burden of rent. This research project highlights some of the only findings around the burden of debt in private market and social housing. Even though some of the participants believe they did not have more disposable income, the majority of participants (n=9) felt that with subsidized housing they now worried less about being able to pay the monthly rent. Participants felt that since 30% of their income was automatically withdrawn by the housing organization at the beginning of each month, they were not as concerned about their finances. The financial dimensions of social housing were the largest change for Tina and her children. With social housing, she was now able to focus more attention towards her children. When she was living in private market housing, she was struggling to pay for rent, bills and food. As mentioned by other participants, they felt that a weight lifted off their shoulders with the move into social housing:

T: I was constantly stressed out, worried about things. We could never really pay our bills. With being here, the biggest change is the financial situation. I mean like when I got the call for housing it was like the biggest relief like a weight lifted off your shoulders because you don't have to worry about all these extra things, and like I said welfare helps with it going direct so that's never a stress for me I don't have to worry about if we're going to get kicked out or our rents not going to be paid because it's always done automatically. It's the biggest change ever. From being in that situation, I think that's the most beneficial to me anyway. [Tina - Hamilton]

Participants felt secure and more stable knowing that if their income decreased, or increased, their rent would be adjusted, and they would not be forced to leave their current social housing.

R: I feel a lot more stable here ... but because my rents paid every month right off the bat ... I don't have to worry about. If I get a job and it doesn't work out I know that I'm not going to lose my home because they...it's on a sliding scale, the more I make the more they make, the less I make the less they make. So that took an incredible weight off my shoulders. It's just knowing that no matter what happens they're not going to throw me out. I'm not going to lose my place. [Rachel - Burlington]

Altogether though, participants still lived in poverty and still struggled with a very limited household budget. However, participants did not experience food insecurity anymore. Five participants spoke about using food banks, three of these participants had used food banks in the past, but after moving into social housing, they did not need to. Interestingly, two participants had the opposite experience—they never used a food bank in market housing, but began doing so once they moved into social housing. That said, one of those participants previously lived at her parents' house and shared the grocery bill. Also, participants were now confident that they could pay their rent each month and did not have to worry about possible evictions or homelessness. It was also reassuring to them knowing that if their income fluctuated that they would still get secure housing.

The chapter demonstrated a detailed account about how the different dimensions of housing interact and influence health and everyday life. The following chapter provides a summary of the findings and discusses further the connections to the current academic literature. The next chapter will conclude by considering the limitations of the study, suggestions for future research, and the eventual implications.

CHAPTER 5: DISCUSSION AND CONCLUSION

The purpose of this thesis was to explore the different dimensions of housing applied to social housing. Housing has important significance for the health of individuals and can influence health in a multiple of ways. Furthermore, much of the academic literature on housing and health primarily investigates homeowners or private renters. The results of this thesis supplement the research area on social housing and health. Within the limited literature on social housing, there is a strong tendency to assume social housing as a negative and stressful environment. The preceding results projected a different picture. Social housing, despite some negative features, held important significance for individuals who were struggling in the private housing market. The in-depth interviews suggest that the different dimensions of housing and health influence the daily lives of most social housing tenants.

SUMMARY OF KEY FINDINGS

Physical Dimensions of Social Housing

Concerning the visible physical elements of housing, social housing provided higher quality housing and maintenance. This positive transformation was evident among those who had previously lived in good quality private market housing, and the crucial element influencing their housing satisfaction was the positive difference in maintenance reliability. Participants also attributed improvements in general and mental health to improvements in their housing conditions, which confirms with earlier work investigating housing improvements and health (Thomson et al., 2013). Not only did participants

identify improvements in the quality of housing and maintenance in social housing, for most participants, social housing was a less stressful environment. For example, while living in her private market housing, Tina had worried about her children being exposed to mold. The problem was not addressed appropriately, the concealed mold was not removed because it was the most inexpensive option for the landlord. This situation created a lack of trust with Tina and her landlord and corresponds well with earlier work confirming that social housing can help protect individuals from unresponsive landlords (Grineski, 2008). Furthermore, previous work has found that inadequate maintenance influences a perceived lack of control which relates to an increased risk of psychological distress (Evans, Wells & Moch, 2003).

Social housing may offer higher quality housing and maintenance as compared to lower-income private housing because municipalities support housing agencies who have a greater responsibility in providing adequate housing and are more easily evaluated than private market landlords. Moreover, if affordable housing is difficult to obtain, tenants may avoid disrupting relations with private landlords in fear of possible evictions and homelessness. Past research has established that rental landlords hold considerable power over low-income tenants who are usually reluctant to report housing problems by reason of fearing eviction (Grineski & Hernandez, 2010; Oliveri, 2009).

There was a prevailing image of social housing as buildings with very poor housing quality, however, this impression transformed with the move into social housing as many of the participants reported that the quality of housing in social housing is better. Many individuals had previously reasoned that higher quality housing in a better

neighbourhood was only accessible by paying a higher rent. For individuals with lower incomes, private market housing could not provide affordable and adequate housing, and so they had to tolerate poor quality housing. This is a common perception among renters who felt limited by other available housing options and reported that they felt like they could not progress to nicer homes (Hiscock et al., 2001; Kearns, 2002; Gibson, 2011b). Furthermore, it is well documented that there is an association between poor housing and poor health (Bonney et al., 2003; Marsh et al., 2000; Pevalin, Taylor & Todd, 2008; Shaw, 2004).

In most cases, moving to social housing meant that people had a reduced amount of space as compared to private market housing. The smaller space, however, also meant housing which was private and unshared for a number of participants. Although there were no direct links between the amount of space and general health reported there is a large literature which focuses on the negative effects of overcrowded housing environments (Acosta et al., 2010; Solaris & Mare, 2012; Wells & Harris, 2007). Nonetheless, possessing a dwelling that was solely theirs contributed to gains in privacy and autonomy for a number of participants. In a number of cases, prior to moving into social housing individuals had no other option than to share accommodations with family or friends in order to afford private market housing. These results are comparable to Berger et al. (2008) who found that social housing renters tend to experience decreases in crowding as compared to private market renters. The reported combination of security and autonomy fits well with recent research on ontological security. Clark & Kearns (2012) established that the largest impact on autonomy was from a positive perception of

security. Social housing had provided a haven or sense of security for individuals who had previously felt vulnerable in their earlier private market building. Additionally, this contribution to security and autonomy empowered individuals to occupy an area where they could elude agitating scenarios, inside or outside of the home. Many of the participants lived alone in social housing, which may have had an influence on the improvements of security and autonomy. As Kearns et al. (2000) found, those who live alone are “associated with higher haven and autonomy benefits of [the] home” (p. 407), the assumption is that a single person household is the “ultimate form of self-management to achieve embodied privacy” (p. 407).

Location was an important feature for participants when they were applying for social housing. The results of this study show that the majority of participants reported satisfaction with their current location. This is not surprising since most of the participants had put a great deal of effort into researching their preferred location for social housing. Consistent with earlier research on locational choice, people base their decisions on neighbourhoods with less crime, better public transportation and proximity to amenities which help lower the costs of living (Torres, Greene & Ortuzar, 2013; Wu, Zhang & Dong, 2013). However, areas with these advantages are often in higher income neighbourhoods that are unobtainable for lower-income individuals—this is especially true as Canadian cities are becoming more segregated by income (Ross, Tremblay & Graham, 2004). Additionally, many of the participants were previously living in lower-income neighbourhoods, and there is an association between deprived neighbourhoods

and poorer health (Fauth, Leventhal & Brooks-Gunn, 2004; Hou & Myles, 2005; Poortinga, Dunstan & Fone, 2008).

With relation to health, some participants linked their current location with feelings of greater security and living in a more walkable neighbourhood which had contributed to them being more physically active outdoors and visiting stores afoot.

Psychosocial Benefits of Social Housing

Living in private market housing exposed more individuals to “bad” neighbourhoods and unconcerned neighbours. Living in social housing had contributed to a sense of security by providing an innocuous environment where improved neighbour interactions had increased. A further influence on security was being cognizant of the financial security and the reduced likelihood of being evicted. When comparing different housing tenures, social renting may offer the most security for lower-income people. Previous work has shown that, private renters tend to lack security as compared to homeowners, however, even homeowners are not totally secure due to the possible risk of losing their home (Evans, 2003; Evans & Kantrowitz, 2002; Gibson, 2011b; Hiscock et al., 2001). Furthermore, lower-income homeowners do not experience the same benefits as wealthier homeowners (Beer et al., 2011). Along with financial security, the building environment was far less stressful. Participants reported social housing as a safe place because people felt secure and comfortable in their home. Obtaining this sense of security and having trust in others influenced self-identity and feelings of pride about where and

whom they lived around. This was especially true among senior residents, who highly valued a place with concerned neighbours.

Living in social housing presented a positive response towards autonomy. With the move, many of the participants felt in control of their lives and were able to support independence. In contrast, living in private market housing had made many of the participants feel unstable, lack control, and they perceived themselves as more dependent on others for housing. The gain in autonomy combined with a sense of security had an influence on reducing participants' reported stress levels. Autonomy resulted more from the financial dimensions of housing as compared to the physical elements of housing. While living in private market housing, people were struggling to afford increasing rent by way of high effort and low reward jobs. Participants reported poorer health due to job strain and the difficulty in paying bills. In this position, they felt vulnerable to unemployment and/or housing loss. The improvements in general and mental health were through having more latitude by living in rent-geared-to-income housing than in private market housing.

Along with security and autonomy, the home reflects a persons' identity and their housing satisfaction. The meaning of the home is a symbol of social status and reflects identity and standing in society (Hiscock et al., 2003). With the move into social housing, self-identity improved for many participants. Some reported that the higher quality of physical conditions of social housing had influenced their ability to invite guests into their home. This is an important aspect since the home is one of the central places to develop meaningful relationships with others (Dunn, et al., 2004). Additionally, this is

consistent with past research showing that better quality housing relates to better status, identity and a sense of personal progress (Clark & Kearns, 2012; Kearns et al., 2008; Kearns et al. 2000).

Participants acknowledged a traditional image of social housing as poor quality housing, however, once they moved into social housing many found that the negative image did not apply to their specific home. They created an alternative image of social housing which reflected their feelings of how proud they were of their home and their personal progress. This is another important aspect because people who experience housing dissatisfaction are more likely to experience distressed (Dunn, 2002).

Living in social housing was not seen as a lack of success, as commonly found by other authors (Howden-Chapman et al., 2011; Macintyre et al., 2003; Smith et al., 2003). Although homeownership may offer better feelings of security or prestige than social or private renting, many lower-income individuals are not able to afford homeownership due to rising housing costs and a limited income. Also, Beer et al. (2011) found that when assisting low-income individuals into homeownership that rather than exhibiting the benefits from the tenure of owning, these individuals experienced worse health and well-being. Social housing provides an alternative in acquiring a positive self-identity commonly seen with homeowners.

Existing/Exiting Stigma

Although many of the participants acknowledged that social housing holds a familiar image associated with bad neighbourhoods and poor housing quality, many felt

that this negative reflection did not apply to their current housing. Stigma was more often felt while living in private market housing when it was in adverse neighbourhoods. The reduction in stigma people experienced was because of the improved combination of the physical conditions and psychosocial benefits with their specific social housing building or unit. For example, Kristen stated that with her current housing, “to an outsider it looks like a great place it’s not your typical looking housing”, where other social housing buildings may show the familiar image of social housing, “you can look at them and you can kind of tell it’s a housing complex.” Additionally, the physical location of their housing may have influenced their experiences with stigma since a good deal of lower-income private market housing is in dangerous neighbourhoods.

The psychological benefits of housing were another factor influencing stigma. The move into social housing had provided an improved sense of security. Some of the participants felt that moving into more mixed neighbourhood had an influence on stigma. For example, Rachel believed that there was no stigma in her current neighbourhood because it was more mixed than her previous one. Rachel and Chelsea felt that a mixed neighbourhood felt safer and had encouraged more people to take care of the surrounding environment. Furthermore, the gains in autonomy and self-identity allowed participants to counter the tainted image of social housing, for example, many participants now invited others into their homes, and some posted images of their current social housing online for others to see. There was an awareness that the unfavourable perceptions of social housing were commonly believed by people who have not experienced social housing or the stressful lives of participants. The judgments were only based on the

negative aspects of social housing while they neglected the positive aspects. Social housing was extremely important for all the participants as many remarked that, without social housing, they do not know where they would be and speculated that they would have been homeless.

Social Environment

Social interactions were reported to be more common in social housing than in private market housing. However, many of the participants felt that they did not want or need to interact with other residents because they had friends and family outside who they regularly visited. Social interactions were most valuable for residents who spent most of their time inside the building as it was helpful to know other people whom they could rely upon in their building. The financial and psychosocial benefits of the home may have had some influence on the perception of social interactions. It has been found that older social housing residents were more likely to keep up social ties due to their lower rent, which guarantees them security of tenure and longevity of residence (Morris, 2012). This could be equally true about why many perceived more social interactions in social housing than in private market housing. It also seems that ontological security relates to social interactions, particularly the sense of security. Many of the participants had noticed that neighbours would watch the neighbourhood while participants mentioned that they could not trust other neighbours in their previous housing. Also, those interested in interacting with neighbours in social housing seemed to have made large gains in autonomy as compared to private market housing.

Financial Dimensions of Social Housing

It is often assumed in the academic literature, that rent-geared-to-income housing will decrease the burden of rent and that the additional funds will allow social housing residents better access to other goods, which were unattainable because of unaffordable rent. Unaffordable housing in the private market was a considerable issue for all participants in this study, which is understandable since 80% of people who are in core housing need are in the lowest income quintile (CMHC, 2012a). This is important because people living in unaffordable housing have an increased risk of poorer health (Dunn, 2002; Pollack, Griffin & Lynch, 2010). Many were struggling to stay housed and had little money to pay for other necessities. Living in the private market with a limited income was also very stressful as a result of frequent relocations and feelings of vulnerability, both of which were driven by high housing costs relative to income. Rent-geared-to-income housing did decrease the burden of rent for participants, a finding that is consistent with the scant amount of research investigating the reduced rent burden in social housing (Berger et al., 2008). In addition to this, participants reported that their food bank usage had diminished with the move into social housing, which may confirm that the additional funds allowed for other, previously unaffordable, necessities. The ability to forego the food bank and buy food at retail outlets was also a significant contributor to improved psychosocial well-being for many participants.

While living in private market housing, some participants found that they had slightly more post-shelter disposable income, however, the trade-offs were a lack of security, such as living in poor housing conditions and vulnerable to evictions which is

common among private renters (Evans, 2003; Evans & Kantrowitz, 2002; Gibson, 2011b). Although some participants felt that they had a higher post-shelter disposable income while living in private market housing, the greatest benefit of moving into social housing was the financial security. Individuals could be confident in retiring, relying on precarious employment, or looking for employment. Some of those who were working while living in private market housing found that it was difficult to afford rent and that job strain was weakening their health. The earlier finding relates well to past research that has established that increased employment uncertainty and workload influences poorer health (Lewchuck, de Wolff & King, 2007). Living in rent-g geared-to-income housing contributes to improvements in health through providing less uncertainty about finances, this was especially important for senior adults who had trouble finding employment due to their age. The results suggest that there was a reduced burden of rent and a slight increase in post-shelter disposable income. These findings suggest that social housing is incredibly important for those living on a limited income especially with the rising costs of housing.

LIMITATIONS

There are several limitations recognized from this research project. First, because the sample was a small convenience sample of a single group of social housing residents this thesis does not allow for any generalizations about those who live in social housing in general, generalizations were not the intention of this thesis. With regards to gender of the study population, female participants were relatively over-represented. In reference to

Table 5 from Chapter 4, 83% of the study population were female residents. Also, due to my linguistic ability I only contacted English-speaking residents. Additionally, the study population lacked diversity as all the participants interviewed were White. It is difficult to know the diversity of social housing residents in the three locations since this information is not readily available. Despite this, it is known from census data that Oakville (22.8%) and Hamilton (15.7%) do have a large number of visible minorities (Statistics Canada, 2013b, 2013c). However, Creswell (2007) stated that, with qualitative research methods, it becomes difficult to find patterns in a sample population that has greater diversity. Also, most of the participants (66.7%) were living in social housing specifically for seniors. These buildings may experience social housing differently as they are quieter buildings.

Second, due to lack of time and resources this was a cross-sectional study with a one-group posttest-only design. There were some variations in individuals' length of residence in social housing. The average length of residence was 13 months, the shortest was 3 months while the longest was 22 months. There is the issue of recall bias since the interviews only took place after the participants had moved into social housing. This focus of this thesis was around participants comparing their previous housing to their current social housing. Interviews were only conducted once and data on the earlier housing details are from participants' memory which could be subject to recall bias. The importance of recall bias is mitigated, however, by the fact that the research was primarily interested in people's perceptions, experiences and accounts of the transition into social housing, or how they made sense of their transition as opposed to any

objective reality related to it. Although this could not be considered the robust (quantitative) research which many past housing and health researchers have called for, it nevertheless adds to the growing literature with more avenues for research, particularly the psychological and financial dimensions of social housing.

FUTURE RESEARCH

Research on the influences of housing on health offers many avenues to pursue. This thesis used a non-diverse sample population of social housing residents, which provided only a segment of the social housing population. Prospective research may help from understanding the different perspectives from other vulnerable populations such as new immigrants, visible minorities, and those who were previously homeless. In addition to this, since the home holds great meaning to people there could be some cultural differences as to living in socially rented properties. The data provided valuable information on the psychosocial and financial benefits of social housing. Future research should continue down this barely explored pathway and find out how high quality social housing can offer similar benefits that homeowners experience.

CONCLUSIONS & IMPLICATIONS

Housing is a social determinant of health affiliated with other social determinants of health, such as income, social exclusion and food insecurity. Social housing seemed to reduce the other social determinants of unemployment and income with acquirement of secure housing. In addition to this, social housing residents were able to experience

benefits that are commonly saw among homeowners. This has important housing policy implications for addressing affordable housing. The promotion of social housing may be a more beneficial as compared to the promotion of homeownership (which is the focus of most housing policy), especially among those excluded from the private housing market because of low incomes and high rental housing costs.

In conclusion, the development of this thesis saw how vast and complex the area of housing and health research is. Confining the research topic to social housing still exposed the numerous pathways housing can influence health. It is indisputable the exceptional value that social housing has contributed to participants' viability. Overall, the acquisition of social housing has provided substantial psychosocial benefits of home. This was especially important to live in a less stressful environment as many of the individuals were before living a very strained existence with the difficult circumstances of a minimal income and lack of resources. Securing unconstrained surroundings have had an influence on participants' everyday lives, health and well-being.

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APPENDIX A: Recruitment Telephone Script

I: Interviewer P: Participant

INTRODUCTION

I: Hello, my name is [first name] from the GTA West Study. May I please speak to [participant's name]? Thank you.

If unavailable:

I: Is there a better day and time to reach [participant's name]?

P: (responds)

I: Thank you. I will try to call back then. **End call.**

If available:

I: Hello [participant's name], my name is [first name] from the GTA West Social Housing & Health Study. You have previously been interviewed by us. Today I am calling about a new and separate study that you may be interested in. I'd like to tell you more about the study. Is now a good time?

If no:

I: Is there a better day and time to reach you?

P: (responds)

I: Thank you. I will try to call back then. **End call.**

If yes:

I: Great. I'll tell you a little more about the study.

STUDY OVERVIEW

I: This study is part of Andrew Beck's Master's degree at McMaster University. The purpose of his study is to understand how tenants have experienced getting and living in rent-geared-to-income housing. He is interested around your experiences living in rent-geared-to-income housing. He would also like to know your opinion about affordable housing.

This means participating in 1 interview which should take approximately 1 hour. This interview will be conducted in person, when and where ever is best for you. You will also receive \$20 cash for your time and participation.

I: Do you have any questions?

I: Would you be interested in participating?

If no:

I: Okay thank you for your time. **End call**

If yes:

I: Great. Remember your participation in this study is voluntary. If you decide to participate, you can decide to stop at any time, even after signing the consent form. There are no serious risks involved in this study. But you may find it stressful remembering and sharing negative experiences. You may also feel uncomfortable telling Andrew how you feel about your health. You do not need to answer questions that make you uncomfortable or that you do not want to answer. There is also the social risk of neighbours observing you speaking with a researcher. Andrew will not be identifiable as a researcher and no one will know whether you participated in this study or not, unless you tell them.

With your permission, the interview will be recorded and Andrew will take handwritten notes. Your personal information will be kept confidential. Anything that you say or do in the study will not be told to anyone else.

This study has been reviewed and cleared by the McMaster Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted please contact the McMaster Research Ethics Board Secretariat at (905) 525-9140 ext. 23142 or email at ethicsoffice@mcmaster.ca

SCHEDULING

I: Let's find a time for you to have an interview with Andrew Beck. What day and time works best for you? Where do you want this interview to be? Your home, the apartment lounge, a nearby coffee shop?

Date:

Time:

Location:

CONFIRM INFORMATION

I: Before meeting with Andrew Beck, I'd like to confirm all of your contact information.

- I: Could I please get/confirm your address? And your home phone number is? Do you have a cell phone or another number? Which is the best number to reach you at? Do you have an email address you would like us to use?
- I: Some participants like to receive a reminder call or email before their meeting. Is this something you'd like us to do? So just to confirm, the interview is set for [time, date, location, of interview].
- I: Thanks again for your interest in the study. Do you have any questions for me?
- I: Again, my name is [first name] but if you have any questions or concerns before the interview, please feel free to call Andrew Beck at 289-456-3553 or email at beckae@mcmaster.ca. Thanks for your time today. **End call.**

APPENDIX B: Letter of Information & Consent Form

[date]

Understanding the Experiences of Social Housing Tenants

Student Investigator:

Andrew Beck, Hon. BA
Master's Candidate
Department of Health, Aging & Society
McMaster University
Hamilton, Ontario, Canada
E-mail: beckae@mcmaster.ca
Tel: (xxx) xxx-xxxx

Faculty Supervisor:

Dr. James R. Dunn
Associate Professor
Department of Health, Aging & Society
McMaster University
Hamilton, Ontario, Canada
E-mail: jim.dunn@mcmaster.ca
Tel: (xxx) xxx-xxxx ext. xxxxx

Purpose of the Study: The purpose of my study is to understand how tenants have experienced getting and living in rent-g geared-to-income housing and how this may affect their health and well-being. This study is part of my Master's degree at McMaster University. You have been offered to participate because you have previously been interviewed through Dr. Dunn's GTA West Social Housing & Health study. This study is completely separate from Dr. Dunn's GTA West Social Housing & Health study.

Procedures involved in the Research: I would like to invite you to participate in an interview asking about your experiences living in rent-g geared-to-income housing. I would like to know your opinion about affordable housing and your personal experiences and knowledge of affordable housing. Participation is completely voluntary. I will also take some handwritten notes during the interview to help me better understand what you are saying. The interview should take approximately 60 minutes and will be conducted in person. The questions will be largely open-ended and will include the following areas:

- Your previous living arrangements and the housing application process.
- Any changes that you may have experienced since moving to this home.
- What affordable and stable housing means to you.
- Relationships in your building.
- Your health and lifestyle in this area.
- Demographic information such as age, gender, ethnicity and education

With your permission, the interview will be recorded and transcribed. Your personal information will be kept confidential and once the interview is transcribed, the audio recording will be erased.

Potential Risks: The risks involved in participating in this study are few. You may find it stressful remembering and sharing negative experiences. You may also feel uncomfortable telling me how you feel about your health. You do not need to answer questions that make you uncomfortable or that you

do not want to answer. There is also the risk of neighbours observing you speaking with a researcher. If this does occur your reputation may be affected. I will minimize this risk by not being identifiable as a researcher. If they ask me directly what I am doing, I will reply that “I am simply visiting someone.” No one will know whether you participated in this study or not, unless you tell them.

Your decision to participate or not participate will have no impact on your status with the housing agency you are affiliated with. No housing agency will ever know whether you chose to participate in this study or not, unless you tell them. They will not have access to any personal information or the information you provide to me.

Potential Benefits: Although the results of this study may not benefit you directly, by taking part in this study you will be contributing to a better understanding of rent-geared-to-income housing and how it may affect people’s daily experiences and health. This may help to increase supports for people living in rent-geared-to-income housing and create better municipal policies.

Payment or Reimbursement: For your time and participation in this study you will receive \$20.00.

Confidentiality: You are participating in this study confidentially. Confidentiality will be respected. No information that discloses your identity will be released or published without your specific consent to the disclosure. Anything that you say or do in the study will not be told to anyone else. I will not be asking to provide your name in the interview and will be using a unique ID number on any transcripts and publications resulting from the study. Although sometimes you can be identified through the stories you tell, if this does occur only Andrew Beck will know and your information will still be confidential. All study materials will be kept locked in Andrew Beck’s personal filing system in his office. The audio files will be destroyed after they have been typed out and the transcribed files will be kept on Andrew Beck’s personal computer and a back-up USB drive both secured by a password. Once the study has been completed, the transcripts of the interviews will be deleted, the USB will be destroyed and all the written materials will be shredded.

Participation and Withdrawal: Your participation in this study is voluntary. If you decide to participate, you can decide to stop at any time, even after signing the consent form or part-way through the study up to August 1st, 2013. If you decide to stop participating, there will be no consequences to you. You will still be provided with the participation payment. In case of withdrawal, any data you have provided to that point will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

Information About the Study Results: I expect to have this study finished by August 2013. You may obtain information about the results of the study by contacting Andrew Beck at beckae@mcmaster.ca or at (xxx) xxx-xxxx. Once the study is completed, I can e-mail you the brief summary of preliminary findings at your request.

Questions About the Study: If you have questions or require more information about the study, please contact Andrew Beck, the Student Investigator at beckae@mcmaster.ca or at (xxx) xxx-xxxx.

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the

study is conducted, please contact:

McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 ext. 23142
c/o Research Office for Administrative Development and Support
E-mail: ethicsoffice@mcmaster.ca

STATEMENT OF CONSENT

I have read the information presented in the information letter about a study being conducted by Andrew Beck of McMaster University. I have had the opportunity to ask questions about my involvement in this study and to receive any additional details I requested. I understand that if I agree to participate in this study, I may withdraw from the study at any time without having to provide a reason or suffer any consequences. I understand that handwritten notes will be taken during the interview to ensure accuracy. I have been given a copy of this form. I agree to participate in the study.

I understand that I have signed a consent form for the GTA West Housing & Health Study, which states that I may be contacted for three follow-up interviews. I understand that with this interview, I may now be contacted for a total of 4 follow-up interviews. If you have any questions about this, please contact the GTA West Housing & Health Study research coordinator Angela Di Nello at gtawest@mcmaster.ca or at (xxx) xxx-xxx ext. xxxxx.

Name of Participant (printed): _____

Signature: _____

Date: _____

Please indicate your agreement or disagreement to each of the following requests:

1. Do you agree to the recording of the interview?
YES/NO
2. Do you wish to receive a summary of the results emanating from the study?
YES/NO
3. Can I contact you at a later date if I need to ask you about any more information?
YES/NO

If you wish to receive a copy of the results of your interview transcript, please provide e-mail/mail address

TO BE COMPLETED BY THE STUDENT INVESTIGATOR:

I have received and reviewed the consent form. To my knowledge, the participant is voluntarily and knowingly giving informed consent.

Name of Investigator:

Date:

APPENDIX C: Standardized Interview

Housing Process

1. How long were you on the waitlist for? Tell me about your experience with the waitlist process? Did the waitlist process have an impact on you and your family? In what ways? How did you feel about the whole waitlist process?
2. How did you keep an active file on the waitlist? What was your experience with this? What worked well? What didn't?
3. When did you move into this building? What was your previous living situation before moving to this building? Where was it? What was your general feeling about your last place? Were you proud of your last place?

Housing Effects

4. Can you tell me about your current living arrangements? (Probe: number of rooms, who sleeps where, enough privacy, how comfortable). Do you feel more or less settled here than your last place? What are some of the most important differences, positive or negative, between this place and your last one? (Probe: warmth, space, privacy, repairs, safety, location, gardens)
5. How do you feel about living here and your neighbourhood? Does it meet your needs and your family's needs? In what ways? (Probe: space, privacy) Do you feel moving here has had an effect on you or your family? In what ways? How different is the neighbourhood from your last place?
6. Do you have any favourite places to visit? (Probe: coffee shops, restaurants, parks) Are you closer to stores and services than your last place? (Probe: grocery stores, coffee shops, community centres, schools).
7. Since moving here, do you feel you are better or worse at managing money? In what ways? Are you now able to afford other things by living here? Do you think there are more or less job opportunities for you here? In what ways?
8. To you, what are some of the most important features of your current place? (Probe: size, accessibility, parking, green space, privacy, safety/security,

affordability).

9. Are you proud to live here? Do you consider this place your home? If so, are you proud of your home? How? Does your home reflect who you are? Do you feel like you have control in your home? In what ways?
10. What does a home mean to you? What about affordable and stable housing? How important is it to you? In what ways? Do you believe your current place is affordable and stable?

Networks

11. How would you describe your relationship with others in the building? Do people in this building do anything to help each other? In what ways? (Probe: shopping, cleaning, babysitting, going out together) Do you do anything to help others? Do others help you? In what ways?
12. Since moving here, are you still in contact with the same friends and family as before? (Probe: visits, phone calls, Facebook). Has moving here made any differences to how much you communicate with them? (Probe: accessibility, distance, transportation, safety).
13. Are you proud to tell people where you live in the city? What do people who do not live here say about this building? (Probes: safety, crime, community, location). How does that make you feel?

Health and Well-being

14. How would you describe your overall health? Do you have any health issues? Have you noticed any recent changes in your health? Why do you think there have been changes? Does living here make any difference to how you deal with them? (Probe: transportation, lower rent price, accessibility, close to amenities).
15. Do you think you are a calm or stressed person? In what ways? Why do you feel like that? Do you think living here has made a difference in the way you feel? In what ways? Has living here made you feel more able to deal with everyday

stresses? How? (Probe: lower rent price, layout of apartment/building, more space, close to services, sense of community, more control).

16. Do you think your current living situation has affected your lifestyle? In what ways? (Probe: less stressed, exercise, nutrition, smoking) Why do you think living here has changed your lifestyle? Do you think it is easy to have a healthy lifestyle in this area? How?

End

17. How would you summarize your feelings about your home?
18. Now that you have this place, what's your next major goal?
19. Is there anything you feel we forgot to talk about?


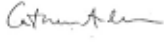
Demographic Profile

20. How old are you?
21. Gender?
22. Where were you born?
23. How many people are currently living in your household this month? Does this change much?
24. How many children are currently living in your household this month? What are their ages?

APPENDIX D: McMaster Research Ethics Board Clearance

MREB Clearance Certificate

Page 1 of 1

		<p align="center">McMaster University Research Ethics Board (MREB) c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH</p>	
Application Status: New <input checked="" type="checkbox"/> Addendum <input type="checkbox"/> Project Number: <input type="text" value="2012 154"/>			
TITLE OF RESEARCH PROJECT: Understanding the Experiences of Social Housing Tenants			
Faculty Investigator (s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
J. Dunn	Health_Aging & Society	23832	jim.dunn@mcmaster.ca
Student Investigator(s)	Dept./Address	Phone	E-Mail
A. Beck	Health_Aging & Society	613-794-6727	beckae@mcmaster.ca
The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB: <input type="checkbox"/> The application protocol is cleared as presented without questions or requests for modification. <input checked="" type="checkbox"/> The application protocol is cleared as revised without questions or requests for modification. <input type="checkbox"/> The application protocol is cleared subject to clarification and/or modification as appended or identified below:			
COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.			
Reporting Frequency: Annual: <input type="text" value="Oct-26-2013"/> Other:			
Date: <input type="text" value="Oct-26-2012"/> Chair, Dr. B. Detlor / Vice Chair, C. Anderson: 			

APPENDIX E: Interview Guide

Experience on the wait list

- Length
- Move in date
- Impact on life
- Overall experience and feelings
- Living situation at the time

Previous Home

- Details
- Physical space and neighbourhood
- Favourite places, proximity
- Important features, positive and negative
- Landlord
- Relationships, support, contacts
- How was your health?
- Feelings about previous place
- Proud, settled, control
- What did others say about the previous place?

Current Home

- Details
- Physical space and neighbourhood
- Favourite places, proximity
- Important features, positive and negative
- Relationships, support, contacts
- Change in health?
- Feelings about current place
- Proud, settled, control
- What do others say about this place?
- How is it different

Financial

- Managing money
- Disposable income
- Rent
- Overall difference

Health

- Describe overall health and any changes

Social Housing

- What is a home to you?
- What is affordable housing to you?
- How important is it
- What does it mean to you?

End

- Feelings about home
- Next goals
- Forget anything?

Additional

- Age
- Birthplace
- Employment status

APPENDIX F: Field Notes

Participant ID:

Gender:

Age:

Children:

Time Spent on the Wait List:

Qualities of the Location:

Qualities of the Participant:

Non-verbal Actions:

Possible Themes:

After the Recording:

Interesting Thoughts:

APPENDIX G: Participant Profiles

HAMILTON

Ron

A retired federal employee who had worked for Canada Post for several years. He grew up in Toronto and moved to Hamilton in the early 1980s after being married. Currently, he is living in a one bedroom unit in a high-rise apartment for seniors just east of downtown Hamilton. The area is an urban area with a mixture of high-rise apartments and older homes. His place is easily accessible by public transit and is next to two of Hamilton's busiest roads. Ron has lived in his current place for almost 2 years and only spent 2 months on the waiting list. He attributes his short wait to being a senior on disability. His earlier housing history may have been a reason as well. He previously lived in 3 different hotels in Hamilton and Toronto over a span of 27 years. Currently he pays just over \$600 per month for rent, however, he said that he would not mind paying more because he likes his home so much. The most important difference as compared to his previous place was gaining privacy and control over his home. The interview took place in his apartment unit on December 10, 2012.

Tina

Is a young mother of 4 young children including a set of twins, one of which has cerebral palsy. She is originally from Burlington but moved to Hamilton due to proximity to family. Tina is currently living in a three bedroom unit in a high-rise apartment with her boyfriend and children. Her current area is in the same as Ron's which is an urban area with a mixture of high-rise apartments and older homes. Tina has lived in her current place for 1 year and spent 6 months on the waiting list. Previously she lived in a two bedroom rental house in the same area with a friend who was also pregnant and had children. She lived there for around 2 months. Currently she is paying just under \$300 a month, a real difference compared to her previous monthly rent of almost \$2000. The greatest difference for her was the affordability, privacy, independence and less stress about her children and housing quality. The interview took place in her home on December, 10, 2012.

Maya

A 64-year-old Hamilton native who is currently living in a one bedroom unit in a high-rise apartment for seniors. Her current area is in East Hamilton with lots of high-rise apartments in the area. It is easily accessible by public transit and is close to several strip malls and a major highway. She has lived in her current place for almost 2 years and spent 10 months on the waiting list. Her earlier living situation was with her son in the same area but in a two bedroom unit in a high-rise apartment. Her previous building had a negative reputation and she felt unsafe living there during the 3 years. After being terminated without cause from her job with the apartment building, she applied for social housing. Recently, she was laid off from a discount retail chain due to the massive closure of hundreds of locations. Maya reapplied to the new store, but was unfortunately turned down because they claimed she was not qualified for the position. She is struggling to find employment and believes it is because of her age. The most important differences to her were the housing quality and tranquility. The interview took place in her unit on January 15, 2013.

Elizabeth

A 71-year-old female living in a one bedroom unit in a high-rise apartment building. She has lived in her current place for just over 1 year. Her current area is located in the old city of Hamilton and is a mixture of high-rise apartments and semi-detached houses. She is close to many outdoor parks and a plaza. Her area is easily accessible by public transit. Elizabeth spent 2 years on the waiting list. She turned down her first offer from the housing organization because it was in an area that she believed was a bad neighbourhood. Obtaining social housing was important to Elizabeth, she mentioned this when she spoke about rescheduling her surgery date for an artificial knee so that she could move into social housing first. Her earlier place was in Hamilton in a one bedroom unit in an apartment building. She lived there for 3 years. The greatest change for her was the financial difference. The interview took place in the lounge area of their building on January 29, 2013.

Wendi

A 64-year-old female who was born in Hamilton. She is currently living in a one bedroom unit in a high-rise apartment building for seniors. This is the same area as Ron and Tina which is in the old city of Hamilton and a mixture of high-rise apartments and older homes. She has lived her for 6 months and spent 6 months on the waiting list. Her earlier place was a two bedroom unit in an apartment building in Stoney Creek, a formerly independent town east of Hamilton. The most important features, in her current place, to her was the financial difference. The interview took place in a local library on February 6, 2013.

Will

A 63-year-old single male who was born in Ancaster, a formerly independent town of Hamilton, and grew up in downtown Hamilton. His current place is a one bedroom unit in a high-rise apartment building he has lived there for 19 months. His area is located in downtown Hamilton and is a mixture of apartments and semi-detached homes. Will spent 1 year on the waiting list. Will was the only participant who had a negative experience living in social housing as compared to his earlier home. He stated several times his hatred of Hamilton and his apartment, partly because of the people inside his building. Most of the time he feels locked in, living in a high-rise building with small windows and no balcony. Will suffers from anxiety issues and recently his mother, sister and dog had passed away. He is struggling inside his building but feels he has no other place to go since living on disability is very limiting. His earlier place was in Burlington, it was a one bedroom unit in a low-rise apartment building with access to a backyard for his dogs. He had lived there for 8 years. The reason for the move was because of a lack of steady income and monthly rent increases. After he had moved into social housing, Will believes that he was financially the same as his earlier place with the increased car insurance in Hamilton and reduced benefits. The interview took place in his apartment unit on April 1, 2013.

BURLINGTON

Amy

Is a senior woman from Hamilton who lives in one bedroom in a low-rise apartment. Her building is located in a suburban area of Burlington. She is close to many parks and a shopping centre. Her area is a mixture of single-detached homes and townhouses. She has only lived in social housing for 4 months and spent over 2 years on the waiting list. She turned down her first social housing offer because her granddaughter was still living with her. She previously shared a two bedroom unit in an apartment building in Hamilton with her granddaughter to afford the monthly rent. Amy had worked at the same company for over 30 years, however, the company closed before she was 65 years old and she could not receive her full pension which made it financially difficult for her. After the closure, she moved around 3 different cities, with social housing she finally feels settled. The interview took place in her home on December 11, 2012.

Anna

A senior woman who lives in a one bedroom in a low-rise apartment building. She has lived in social housing for only 3 months. Her area is in the same area as Amy's, which is in a suburban area with a mixture of single-detached homes and townhouses. She spent 5 years on the waiting list for her current place. The reason the wait was so long was because she never received the annual housing application update forms. So she had to reapply and start again. Her earlier place was a one bedroom apartment in Burlington she had lived there for 3 years. Before her private rental housing, she lived in a house with her husband. Once they divorced, she used the money from the house to pay for her rent until she could not afford it anymore. She was previously on disability before retiring, so her pension was minimal. She is not proud living in rent-gearred-to-income housing, but admits that she is very fortunate that social housing exists; otherwise she believes she would be homeless. The interview took place in her home on January 10, 2013.

Chelsea

A 65-year-old woman who moved to Canada in the late 1960s. She returned to the United Kingdom for 14 years but moved back to Canada in the late 2000s. She is currently residing in a one bedroom unit in a low-rise apartment building in Burlington. Her area is in a suburban area of Burlington which is easily accessible by public transit and close to parks, a bike path and a plaza. She has lived there for 1 year. She considers Burlington her hometown, where she raised her children, and where her daughter and grandchildren live. Her earlier place was in Burlington and was in a decent building that she lived in for 2 years. She spent over 4 years on the waiting list. She wanted to stay in Burlington but found it difficult to find an affordable place, and if she did find a place she would have to continue working. Social housing had allowed her to retire comfortably. Before her retirement while living in social housing but paying market level rent, she knew she would be living with less income, so she decided to stock up on key items for the future and take a vacation knowing. The interview took place in their home on January 11, 2013. Another interview was completed on April 4, 2013 due to a digital recording malfunction from the previous interview.

Rachel

A single mother in her forties who lives in a two bedroom townhouse with her young daughter. She has lived in her current unit for over 1 year and was on the waiting list for 3 years. Her area is in downtown Burlington surrounded by condominiums and high-rise apartments and is close to the waterfront. Her earlier place was in the same area in a two bedroom unit in a high-rise apartment building. The shared unit was between her daughter and a friend she met at a women's shelter. She lived here for over 2 years. Rachel suffers from depression and finds that social housing has reduced a lot of stress and allows her to work on her depression to become a better employee. The interview took place in her home on January 30, 2013.

OAKVILLE

Kristen

A 45-year-old single mother living with her daughter in a two bedroom townhouse. Her area is in a suburban area which is not within walking distance of many services. Although there is public transit, Kristen finds it much quicker to drive. Kristen spent 2 years on the waiting list. Before moving into rent-g geared-to-income housing, she lived with her parents for 16 years. Kristen had worked for the same company for 14 years, but was laid off because an American company purchased the company and transferred several positions to Mexico. She is with a temporary employment agency but is still struggling to find secure employment. One of the biggest effects of social housing was gaining independence and privacy. This also allowed for a better relationship with her mother than before. The interview took place in her home on January 8, 2013.

Christina

A single mother in her forties who lives in a two bedroom unit in a low-rise apartment building with her adult daughter. Her area mainly consists of large single-detached homes. She is close to many parks and stores and is within walking distance to the waterfront. She spent 2 years on the waiting list for rent-g geared-to-income housing. During this time, Christina and her daughter moved often in several different cities. Before moving into her current building, the building had a negative reputation with other neighbours. She has not experienced any problems since the new building ownership, but believes the past attitudes about the building still exist. She had worked for the same company for 23 years, but the company closed down. She is struggling to find employment and has completed employment workshops with social services but finds it is tailored for young people. The interview took place in her home on January 16, 2013.