

**LEFT IN THE COLD:
Women, Health and The Demise of
Social Housing Policies**

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LEFT IN THE COLD: Women, Health and The Demise of Social Housing Policies

Executive Summary

As an appreciation for the significance of housing on health status has broadened over recent years (in a shift to population health and preventative health models), access to adequate housing for low income Canadians has nevertheless narrowed.

In the early 1990's federal and provincial-debt reduction strategies resulted in decreases in social program expenditures, and the federal government began systematically withdrawing from social housing responsibilities. Canada's total housing stock is approximately 660,000 units. One third of that amount is public housing, meaning it is directly or indirectly administered by some level of government. The government stock of public housing, is around 200,000 units, of these 164,000 were built before 1978. Very few new public housing initiatives have been built since the late 1970s; those that have been developed have been specifically for seniors and special needs groups (Geller, 2000; Wolfe, 1998).

The gap left by the federal government's withdrawal from housing has not been filled by others. The ability to pay has become a central factor in determining housing status,

putting women at double disadvantage because they already have lower incomes than men do.

This report is designed to draw links between housing policies and women's health. Typically, housing research differentiates between different income levels (i.e. low-income and poverty measurements) but neglects to analyze the effect of gender on accessing and maintaining adequate housing. This report seeks to make connections between gender, housing and health by developing an explanatory theoretical model that is grounded in the experiences of women who have lived in and who are living in sub-standard housing.

While it is clear that women are, as a group, likely to face affordability and accessibility problems in housing and shelter, there is a lack of research on why this is and what consequences of recent changes in housing policies have on women's health. Answers to questions such as these will be strengthened through research that documents women's housing situations and how it has affected their well being.

The first part of the report provides a review of the literature available which examines the links between housing, health and gender, as well as an overview of housing policy and practice changes in Canada over the last decade.

The second part of the report examines the gender-related issues of housing and health in the cities of Regina, Saskatchewan and Winnipeg, Manitoba. The relationships among gender, health, income, education, employment and family history are explored in the context of the housing situations of women who have lived in social housing and also women who have rented low-cost housing in the private housing market. The authors interviewed thirteen women who were reached through community organizations that provide services to women (e.g. the YWCA, community health clinics). The women had first-hand experiences of difficulties in accessing or maintaining adequate housing.

In addition, the perspectives of eight professionals are included. They work in housing policy and social planning for government (provincially or municipally) or provide front-line services through a government-funded agency (such as the Health District). Others in the professional group are front-line service providers working with non-government or charitable organizations.

Broadly, the research was designed to address four main questions relative to women's health and housing.

What are the changes to policy?

How does sub-standard housing affect the lives and health of women?

What action needs to occur to address women's housing issues?

How can women, women's concerns and gender issues be included in the development of housing policy?

KEY FINDINGS

Among the findings from this research, certain key points arose:

- ◆ All the participants have lived in or are currently living in unaffordable, unsuitable or sub-standard housing.
- ◆ Gender is a variable that appears to be significant in increasing a person's risk of living in unsuitable housing. Changes in housing policies and programs over recent years have specific gender effects, particularly for women with children. They report particular difficulties in affording and getting into suitable housing.
- ◆ The majority of the women interviewed have been struggling with housing issues for numerous years and have been displaced multiple times from various residences. The effects of having to move again and again are substantial. The women's children were affected both psychologically and educationally by constant re-locations and having to change schools and make new friends.
- ◆ Women living in sub-standard and unsafe housing report high levels of stress due to conditions within their homes as well as danger and difficulties with neighbours and in their neighbourhoods.
- ◆ Substandard housing conditions included plumbing and heating problems, infestations of rodents and insects, air-quality problems, and various safety issues which participants felt affected their health and the health of their children.

- ◆ Women with pre-existing health problems (disabilities or a major illness, for example) report that living in substandard housing worsens their health, particularly when their home does not meet their basic health needs.
- ◆ Most of the women reported feeling harassed including sexually harassed or mistreated by their landlords both as tenants and as women.
- ◆ The current housing system is insensitive to gender-specific housing issues, and there are not adequate processes and mechanisms for women to harassment or abuse by landlords.

KEY RECOMMENDATIONS

Key recommendations fall into two categories: health and housing issues; and gender-specific process issues.

The main recommendations are:

- Address the shortage of adequate and affordable housing for women, particularly women raising young children.
- Ensure basic health and safety rules and regulations are followed in all areas of rental housing, especially in the private housing market.
- Provide support to landlords and tenants to ensure heating systems and insulation are suitable so that, in light of high energy costs, women and their children are not living without appropriate heat in the cold of winter.
- Respond to the needs of women with serious health problems and disabilities so that they are living in homes that suit and accommodate their basic health needs.

On gender-specific housing issues, the recommendations are:

- ◆ Support the establishment of stable, longer-term low-cost housing for women and their children to reduce multiple displacements. Solutions must adopt a grassroots approach that includes extensive consultations with women. Policy approaches must meaningfully include the women who are affected.
- Housing policies must recognize that women have particular challenges in the housing market – especially in accessing and sustaining decent housing – and often require additional support in finding and financing suitable housing.
- Support, and training for home maintenance should be available to women without the tools and/or training to do routine home maintenance and repair. This is particularly important for women who are in a home-ownership program and who find themselves responsible for maintaining a home without adequate skills, tools or finances for household repairs.
- Facilitate communications and relations between private sector landlords and female tenants to reduce harassment and ensure health and safety issues are addressed in a timely fashion. This role would be best fulfilled through a non-government organization. An organization at arms-length from the government could also provide a mechanism for advocacy in more extreme and complex situations.
- ◆ Provide training in gender-based analysis to housing professionals and policy makers to ensure policies and practices are gender sensitive.

LEFT IN THE COLD: Women, Health and The Demise of Social Housing Policies

PART 1 INTRODUCTION

The World Health Organization (WHO) defines health more broadly than the mere presence or absence of disease to include factors that determine health. These Determinants of Health include:

- ◆ Income and income distribution
- ◆ Social environment
- ◆ Education and literacy
- ◆ Employment
- ◆ Working conditions
- ◆ Physical environments
- ◆ Biology
- ◆ Genetics
- ◆ Personal health practices
- ◆ Coping skills
- ◆ Healthy child development
- ◆ Culture and
- ◆ Gender

It is now accepted that adequate shelter is a prerequisite to good health. In fact, the practical and policy connections between housing and health have been clear for over 100 years in the western world.

For women, who spend much of their lives in the domestic realm, adequate housing is the basis for creating the place they and their children call home. A home has social and

psychological significance beyond its physical structure. Women who cannot afford proper housing may have to live in an unhealthy physical environment, with crowded, noisy conditions, inadequate water and sanitation facilities, and poor air quality. Furthermore, a lack of affordable housing options may force women to remain in a relationship that exposes them and their children to abuse. Housing affordability problems – having to pay more than 30% of one's earnings for shelter – can mean

Canada is experiencing a crisis in housing, with high levels of homelessness in our major cities and crisis in availability of rental units in other parts of the country.

women jeopardize other basic needs such as food, clothing, medicine, and child care. All of these issues, together with race and class which also determine housing status, can affect women's physical and

mental health.

Yet as an appreciation for the significance of housing on health status has broadened over recent years (in a shift to population health orientations and preventative health programs), access to adequate housing for low income Canadians has narrowed. In the early 1990s, federal and provincial-debt reduction strategies resulted in decreases in social program expenditures, and the federal government began systematically withdrawing from its previous

responsibilities for social housing. For many Canadians it has become increasingly difficult over the last decade to secure and sustain affordable, adequate and suitable housing. While all human service sectors were affected, such as health and education, the impact of social and financial policies of the last decade on the housing sector have been substantial.

The gap left by the federal government's withdrawal from social housing has not been filled by others such as municipal governments, non-government organizations (NGOs), cooperative housing movements or women's groups. The ability to pay has become a central factor in determining housing status, a situation that hits women particularly hard, given their distinct and disadvantaged position in the labour force and family provision. This can be exacerbated for women who are immigrants to Canada, members of visible minorities or First Nations people.

Statistics from the 1996 census highlight the gender inequalities for women nationally, and for those living in Regina and Winnipeg. Women across Canada earn considerable less than their male counterparts. In Regina, women on average earn 64% of what men earn annually; in Winnipeg, that number is 63%. In light of these gender imbalances, it is not surprising that opportunities afforded to Canadians under federal and provincial social or third sector housing programs including community non-profit, public housing and cooperative housing were of tremendous benefit to those women able to take advantage of them.

Sometimes the problem is obscured, however, behind gender-blind data. Government Canada's 1999 population health report *Towards a Healthy Future* gives an excellent overview of housing issues in the last decade, but does not report gender-specific differences in statistics. It states only that housing affordability was a problem for 51% of one-person households,

58% of lone-parent families, 76% of single parents under 30 years, and 59% of Canadians over 65 and living alone. It is not unreasonable to suspect that the majority of people in each of these categories are women.

An important issue within the context of housing is the availability of shelter to women who are dealing with abuse and violence. Numerous studies and advocacy in the last decade have highlighted the widespread prevalence of violence against women. The link between men's violence and women's homelessness has also been brought to light. Women's groups have emerged as key players in shelter and service provision for abused women, developing a network of battered women's shelters, transition housing where women may stay for a specified time period and in some parts of Canada, permanent affordable housing. However, despite the provision of some government funding there are insufficient facilities and shelter spaces for abused women, especially in rural areas. For example, the Provincial Association of Transition Houses of Saskatchewan reports that while 4,000 women and children are housed in transition facilities each year, another 2,000 are turned away because shelters are full.

While it is clear that women are, as a group, likely to face affordability and accessibility problems in housing and shelter, there is a lack of research on why this is and what consequences of recent changes in housing policies have on women's health. Answers to questions such as these will be strengthened through research that documents women's housing situations and how it has affected their well being.

This report was designed to provide a gender-based analysis of issues facing low-income women living with adverse housing conditions. The researchers wondered if women, especially women who are poor, experience gender-specific difficulties in accessing and maintaining adequate

housing. This research was designed to document the connections between housing, health and gender.

Broadly, the research was designed to address four main questions relative to women's health and housing:

- ◆ What are the changes to policy?
- ◆ How does sub-standard housing affect the lives and health of women?
- ◆ What action needs to occur to address women's housing issues?
- ◆ How can women, women's concerns and gender issues be included in the development of housing policy?

These questions were explored in the capital cities of Saskatchewan and Manitoba, in Regina and Winnipeg respectively. A triangulation method was used to collect data from multiple sources. Technical and non-technical data and publications provided quantitative data on gender-related housing trends, and policy/practice issues.

The other two data sources involved qualitative research from two participant groups. One group consists of professionals working in the housing sector, either in front-line service delivery roles or as policy-makers of government. The other group of participants was all women who have had difficulty in finding and keeping adequate housing.

This report makes the links between gender, housing and health, highlighting how policy changes of the last decade have not taken into consideration gender-based analysis.

Part 2 summarizes research and data on housing policy and practice changes as well as social changes of the last ten years with respect to gender. The next sections provide analysis and interpretation of the interviews with women facing housing problems and housing professionals. The report concludes with a series of recommendations for developing healthy, gender-sensitive housing policies and programs.

PART

2

REVIEW OF THE LITERATURE

This literature review provides an overview of the policy and practice changes in the housing sector of the last decade and a half, using gender-lens analysis.

Very little literature is available which ties together the three variables involved in this report: gender, housing and health. Consequently this literature review seeks to provide an overview of available technical and non-technical sources. Technical data refers to scientific research publications, peer review journal, and housing data. Non-technical sources of information include other publications, Government policy and practice documents, NGO newsletters, Internet and media reports and various other “non-scientific” sources.

Publications that address some or all of the issues around women’s housing are highlighted. It is, however, impossible to explore completely all related materials

A. CHANGES IN CANADIAN HOUSING POLICIES

To begin, some key definitions are offered below.

Core Housing

In order for housing to be deemed as meeting core needs, it must be:

Affordable

Does not cost more than 30 per cent or more of household income.

Adequate

Not in need of ‘major’ repair with respect to basic health and safety codes.

Suitable

Not over-crowded, according to the age and gender of children, based on a National Occupancy Standard (NOS) (Carter, 1997, p. 594).

When these three factors, affordability, adequacy and suitability are met, housing is deemed to meet the basic – the core – needs of its residents and so is defined as “core housing”. The Canada Mortgage and Housing Corporation (CMHC) has used this formula since 1977 to determine housing that meets core needs.

Sub-Standard Housing

The CMHC defines sub-standard housing as housing that is not affordable, adequate or suitable. In this report sub-standard housing refers to housing that fails to meet one or more of the three basic criteria for decent or core housing.

Social Housing

This term applies to all forms of publicly assisted housing, including public, non-profit and co-op housing (Wolfe, 1998). Canada's total housing stock is approximately 660,000 units. One third of that amount is public housing, meaning it is directly or indirectly administered by some level of government. The government stock of public housing is around 200,000 units, of these, 164,000 were built before 1978. Very few new public housing initiatives have been built since the late 1970s; those that have been developed have been specifically for seniors and special needs groups (Geller, 2000; Wolfe, 1998).

Other social housing has been developed and is run by voluntary groups like charities, churches, the YMCA/YWCA or not-for-profit community organizations. Non-profit housing programs typically are administered by a voluntary board of directors, and increasingly involve residents in the day-to-day management (Geary, 1995).

Co-op housing became popular in the mid-1970s to promote resident-controlled management and was designed to promote a social mix of residents and remove the supposed social stigma of being in 'public' housing (Wolfe, 1998). Co-ops were typically designed so that the mix of residents with differing incomes and tenants would ensure the collective would have the skills needed to successfully run the housing program. The mix method was designed to avoid the widespread social and economic problems stemming from concentrating large numbers of poor people into 'reports', as was done in many large US cities (Wolfe, 1998).

In the last ten years getting affordable, adequate and suitable housing has become more difficult for many Canadians across the country as a larger proportion of the rental housing has become privately owned, while an ever smaller

proportion of housing is publicly supported and low-cost.

Changes to advanced capitalist democracies over the last two decades are linked to economic trends, ideological changes and cultural/demographic shifts. Economic slowdown and recessions of the late 1970s and into the 1980s resulted in massive economic restructuring (Graham, Swift & Delaney, 2000; McGilly, 1998). Economic efficiency became increasingly important for government agendas in all sectors. This transition toward economic emphases had profound influences on the entire housing sector.

Beginning in 1987, new unit construction for social housing began to gradually be reduced by the federal government in Canada. The federal social housing budget was capped in the early 1990s and in 1993 any new social housing commitments were terminated (MacNeil & Warnock, 2000; Styles, 1997).

Then in 1996 the federal government announced that:

- It planned to phase out its role in social housing when program commitments lapsed in the future; and,
- It would be capping expenditures on a provincial basis over the long term at 1995/96 levels.

In 1997 Saskatchewan was the first province in Canada that signed a new housing agreement with the federal government, transferring administrative responsibility for some 9,800 social housing units (Styles, 1997). Other Canadian provinces followed Saskatchewan's lead in the months and years to follow, and today the federal government remains disengaged from the operating of social housing programs. A market-orientation to providing housing for Canadians has dominated the housing sector in this country since the early 1990s, and market solutions are being promoted

by both the public and private sectors through a wide range of activities (Wolfe, 1998).

The overall outcome of the housing policy changes in Canada during the last fifteen years is that the provision of housing is no longer on the federal political agenda. In Canada today about sixty percent of houses are privately owned as primary residences, about thirty percent of accommodations are private market rentals and some seven percent of housing stock, about 10 million units in total, is social housing (Wolfe, 1998).

Over the 1990s there was an increase in the proportion of the rental population that is in need of basic housing in most provinces in Canada. As indicated in Figure 1, all provinces except for British Columbia and Alberta experienced an increase in the proportion of residents in need of core housing in the first half of the 1990s. It is estimated that Canada's core housing needs rose to 1.4 million households in 1996 from 1.16 million in 1991 even though interest rates remained low during that same time period (Wolfe, 1998).

Not only are more people needing basic housing, a larger and larger proportion of renters across the country are spending more than thirty percent of their income on housing, meaning housing is not affordable for an increasing number of Canadians (Figure 2).

In 1991, the Canada Mortgage and Housing Corporation reported that 12% of Canadians, or roughly one million people, faced housing affordability problems, particularly people living alone, single-parent families and elderly households (Rostum & Thonney, 1991). The 1996 census indicates that 42% of renters spent more than 30% of their income on housing.

Rent amounts increased throughout the 1990s but the patterns differed by city (Figure 3). In Winnipeg, for example, all types of rents increased but the largest increase was in two

bedroom rental units, which would mostly affect families. Conversely, in Regina bachelor rental units increased the most during the 1990s as shown in Figure 3. Single, childless individuals are most affected by this rental increase pattern.

SUMMARY

It is widely conceded by housing advocates, researchers and non-governmental organizations that Canada is in the midst of a housing crisis. In analyzing the effects of the devolution of the housing sector to the broader social policy community, a participant said in one Toronto study:

What is tragic in the devolution, however, is the loss of a consistent national housing policy upon which to build effective programs and solutions for real people. It has become almost impossible to find the position of housing within the broader social policy framework (Bruce, 1999).

“Re-engaging” the federal government in a substantial and sustainable federal/provincial/municipal partnership is an often-repeated recommendation of housing professionals in Canada (Wolfe, 1998).

Given the policy and program changes of the recent years and that the existing affordable housing stock has deteriorated since no new housing has been built for well over a decade, communities and governments face three recurring challenges:

1. The maintenance of the stock of rental housing both private and public.
2. Providing rent supplements or shelter allowances versus physically providing social housing (Wolfe, 1998).
3. The broader question of maintaining the health and viability of inner cities.

While Canadian cities face similar housing problems, strategies to responding to housing needs vary significantly by province and there is no longer a single housing policy in Canada. However, the federal government is beginning to

become more involved in some targeted housing initiatives, such as the 2001 Supporting Community Partnerships Initiative (HRDC, 2001) designed to foster community partnerships between all levels of government and community groups. Given the wide variations in provincial economies and provincial housing programs, though, Canada's housing policy remains a checkerboard of different provincial and local programs (Wolfe, 1998).

B. HEALTH AND HOUSING

HEALTH

'Health' is understood in a population health or determinants of health orientation, which is in line with the expansion of a traditional disease-treatment view of health. This perspective of health follows the World Health Organization (WHO) current working definition:

...a state of complete physical, mental and social well being and not merely the absence of disease and infirmity (WHO, cited in ACPH, 1994).

Accordingly, in exploring the relationships between housing and health, the authors of this report consider health to mean an individual's physical, mental, and social well-being.

The importance of the social environment in influencing health status, especially in relation to health inequalities, became a major focus of health research and health policy in the 1990s. In Canada, the approach to broad social and economic factors that can affect health is known as a **population health** philosophy (Federal/Provincial/Territorial Advisory Committee on Population Health, ACPH, 1994). The determinants of health movement has focused more emphasis and attention on examining and addressing the links between health and housing since among this list of

determinants is the importance of the physical environment, including core shelter needs.

While the recent population health movement has reemphasized the significance of housing and health, the link between the two goes back at least as far as Victorian England, when public health officials observed that crowded slum housing promoted illness, outbreaks of contagious disease and fires. In a series of essays published in 1872, entitled *The Housing Questions*, Freidrich Engels observed a relationship between housing conditions and health problems in large cities. His emphasis was on the spread of infectious diseases, making the connection among income, housing and sanitary conditions and disease transmission. Engels clarified the connection between differing health status and differing social status, leading to sanitation interventions of the 'poor districts' that were relatively simple to design yet highly effective, such as removing waste, improving sanitation, reducing overcrowding, reducing fire risks and improving housing construction (Dunn, 2000).

Despite the emphasis on population health in the last decade, researchers are increasingly exploring the question of how housing affects health, and to a degree, how health affects housing. In a review of 639 articles, Fuller-Thomson, Hulchanski and Hwang (2000) found research on the relationship between housing and health is limited, narrowly focussed, fragmented, and of marginal practical relevance to either housing or health policy. Existing research has centred on physical, chemical and biological exposures (i.e. radon, lead, dampness, and mold) and the physical characteristics of housing rather than on the social, economic and cultural characteristics of housing. Dunn (2000) argues that contemporary research on health and housing has so far focused on the health of homeless people, stress associated with unaffordable and/or inadequate housing, and how physical aspects of housing affect health outcomes.

Some work has documented the inequalities generated by housing but researchers have made few explicit links between housing and health. The complex web of social, economic and biological factors in the lives of human beings makes it difficult to establish a clear cause-and-effect relationship. Researchers face the challenge of trying to clarify whether housing is the direct cause, a related outcome, or one of several confounding variables affecting an individual's health (Whitehead, 2000). Dunn (2000) stresses that while interventions to address housing, sanitation and epidemiological concerns were relatively effective in 19th century London, the mechanisms and pathways by which social and housing inequities may create systematic differences in health status are multiple, complex and more contingent. Meaningfully responding to housing issues involves more than disease control and the 19th century concern of sanitation. In accordance with today's determinants of health orientation, contemporary housing interventions are most useful when they are tied to educational opportunities, employment availability, and access to community and social supports (ACPH, 1999).

C. WOMEN, HEALTH AND HOUSING

GENDER-BASED ANALYSIS

Women and men have different life experiences and social expectations as people – parents, workers, and members of their communities. The result is that they are affected differently by social and economic policy initiatives. To appreciate and document the differences, it is necessary to apply gender analysis to both the policies themselves and to the effects of those policies on any given group of women. Gender-based analysis is:

.... a process that assesses the differential impact of proposed and/or existing policies, programs and legislation on women and men. It makes it possible for policy to be undertaken with an appreciation of the gender differences, of the nature of relationships between women and men, and their different social realities, life expectancies and economic circumstances. It is a tool for understanding social processes and for responding with informed and equitable options.... It compares how and why women and men are affected by policy issues. (Status of Women Canada, 1996, p. 4)

Gender-based analysis, therefore, goes beyond documenting how a specific policy affects women. It includes focusing a gender-sensitive lens on the housing policy itself and questioning the supposed gender-neutrality of some the macro-economic principles driving that policy. It includes a full understanding of the gender inequalities that existed before and are part of the society in which the policy was developed and implemented.

Some central concepts in gender-based analysis are a consideration of gender roles, and the sexual division of labour, which is essentially societal notions about which work best suits which gender. In most societies, women have traditionally been responsible for the 'private' realm of the home while men have dominated the 'public' realm of society, external to the house. Despite societal changes in both the position and situation of women in the last century, the realm of the private sphere, with its focus on the reproductive work of household chores and raising children, still largely remains their responsibility. Women in Canada consistently devote more absolute and proportional time to household duties. While men may now contribute more than in previous

decades, women continue to perform an estimated 75 to 80 percent of all housework work (Nelson & Robinson, 2000).

These factors affect women in several ways. First, the special nature of caring for children means women will not switch to more “profitable” forms of work, which “rational,” “economic man” is expected to do in a market economy (Elson 1991). Second, the invisibility of their reproductive work, still uncounted for in Canada’s gross national product, implies that it has no economic value, but of course it will continue, despite other pressures on women. Some writers have pointed out that this amounts to a reproductive tax on women (Palmer 1991: 79), as the burden of housework and child rearing limits women’s ability to participate in paid work.

Within the public sphere, the sexual division of labor continues to affect women, as jobs seen as traditionally “female” – nurses, care-givers, day-care employees – tend to be the most lowly paid. Women employed full-time earn just 72.5% of what full-time working men make (Status of Women Canada, 1997). In addition, discrimination against women in other sectors, such as less education and limited access to resources, doesn’t allow them to enter labour markets on the same footing as men (Palmer 1992: 74-75). While a push to free market economies may aim to remove market distortions, they don’t affect the terms, including gender, on which individuals enter the labor market (Joekes 1989, p. 79).

GENDER, HOUSING AND HEALTH

The public-private divide has a specific effect on housing. Watson and Austerberry (1986) have argued that the division has kept the housing (and homelessness) question hidden in the last century. Home is:

seen to be private, and a matter of choice, unlike employment, which operates within a more public, socialized and organized setting. Unlike health services or access to education, which are considered ‘rights’ in Canada, housing is not a right (p. 169).

Watson and Austerberry (1986) go so far as to say that homes do not simply represent a form of shelter but embody the dominant ideology of a society and reflect the way in which that society is organized.

For women, a home has social and psychological significance beyond its physical structure, for it helps enable women to lead full and healthy lives, provide for their families, and contribute to society (Novac et al, 1996). Fulfilling their gender role in society – in a nutshell, its reproduction - becomes extremely difficult if women are unable to keep an adequate roof over their head. For women, there can be no home without housing.

Second, the sexual division of labor, including the burden of reproductive labor, limits women’s ability to rent or buy adequate housing. Early Canadian housing policy, prior to the changes of the last two decades, represented some recognition that not every person could afford adequate shelter in a profit-driven housing market. The gap left by the federal government’s withdrawal from social housing provision has not been filled by others, such as municipal governments and NGOs including co-operative housing movements and women’s groups. Then, the ability to pay becomes a central factor in determining housing status, a situation which hits women particularly hard, given their distinct and disadvantaged position in the labour force and family.

Women’s inferior position within the labour market will be intricately connected with their marginalized housing position, in any

society where housing is primarily a commodity, and a source of gain (Watson, 1988, 22).

This can be further exacerbated for women who are immigrants to Canada, members of visible minorities or First Nations people (Novac, 1996).

In light of these gender imbalances, it is not surprising that Wekerle (1994) found the opportunities afforded to Canadians under federal and provincial social or third sector housing programs, including community, non-profit, public housing and cooperative housing, were of tremendous benefit to those women able to take advantage of them.

A number of social factors have led to increased numbers of women living alone. First, women live longer and generally outlive their spouses. Second, the increased labour force participation of women, and the increased independence that brings, has led to women marrying later and divorcing more often (Nelson & Robinson, 1999; Waring, 1988; Eichler, 1988). As well, increased acceptance of single parenting means more women are having children outside of marriage. As shown in Figure 4, considerably larger numbers of women live alone or are lone parents.

Generally, however, there is very little data on women and housing, and gender is seldom addressed directly as a variable in housing publications. Sometimes the problem is obscured, however, behind non-gender specific data. Canada's "public healthy policy" (1999), while giving an excellent overview of housing issues in the last decade, does not report gender-specific differences in statistics. It states only that housing affordability was a problem for 51% of one-person households, 58% among lone-parents families, 76% among single parents under 30 years, and 59% among Canadians over 65 and living alone (ACPH, 1994).

The gender gap is even larger when considering Canadians who are "in need" of core housing, as in Figure 5. While the gender differences between the various household types are not significant for most categories, there are substantially larger numbers of women living alone and heading families alone.

OTHER HEALTH DETERMINANTS AND COMPOUNDING ISSUES

Not only does gender, in and of itself, influence housing issues but compounding issues such as experience of violence, a disability, or being in an ethnic minority group (which includes indigenous Canadians as well as immigrants) further interacts with housing and health.

An important issue within the context of housing is the availability of shelter for women who have experienced **violence**. Numerous studies and advocacy in the last decade have highlighted the widespread prevalence of violence against women, both at home and in the public sphere (Saskatchewan Women's Secretariat, 1999; Statistics Canada, 1994).

The link between men's violence and women's homelessness has also been brought to light (MacNeil & Warnock, 2000; Eichler, 1988). Women's groups have emerged as key in shelter and service provision for abused women, developing a network of battered women's shelters, transition housing where women may stay for a specified time period and, in some parts of Canada, permanent affordable housing. Despite the provision of some government funding, however, there are insufficient facilities and shelter spaces for abused women, especially in rural areas. For example, the Provincial Association of Transition Houses of Saskatchewan (PATHS) reports that while 4,000 women and children are housed in transitional facilities each year, another 2,000 are turned away because shelters are full (1999). Efforts by

women's and advocacy groups to raise awareness about violence are likely to create a growing demand on shelters if more and more women, supported by groups, decide to leave a violent relationship (University of Regina, 1997; Thompson, 1997). The relationships between violence in our society and women's housing are significant, and it is widely established there is a lack of shelter and second-stage housing in Canada even though there are crisis and second-stage housing reports in most every major Canadian city (CMHC, 1997).

A recent survey in the Regina area of the supportive housing needs of women with **mental health** issues looked at the needs of women who do not easily fit into existing programs (Geller & Kowalchuk, 2000). The findings were that participants required housing for several reasons related to second-stage housing. Some were living in shelters and needed to move to more permanent housing, and others were leaving treatment programs or a psychiatric facility. Several of the women were leaving or had left abusive relationships (Geller & Kowalchuk, 2000). The survey also found the reasons men with mental health issues required housing included eviction because of behavior related to addictions, leaving a psychiatric facility, medical reasons or the inability to manage finances (p. 21).

Other compounding issues include **culture and ethnicity**. Aboriginal women face almost a double disadvantage when it comes to income. In 1995, the median annual income for Aboriginal women in Saskatchewan was \$8,613, compared to \$13,563 for non-aboriginal women. The housing status of Aboriginal people, particularly lone-parent Aboriginal women, is significantly poorer than for the non-Aboriginal population. Urban Aboriginal people experience some of the worst housing problems (Saskatchewan Women's Secretariat, 1999). Housing data broken down by Aboriginal ethnicity and need shows an inverse relationship. Regardless of gender, considerably higher

numbers of female and male Aboriginal people are in need of housing (Figure 6).

A similar inverse relationship exists when considering **disabilities** and housing in that regardless of gender, people with disabilities are considerably more likely to be in need of housing than people who do not have disabilities (Figure 7). Supports are needed to better coordinate housing programs for people who have special needs due to disabilities, and an advocate is needed to liaise between the various agencies involved in providing housing for special needs individuals (Geller & Kowalchuk, 2000).

D. INTERNATIONAL COMPARISONS

Gender and housing are related in other countries in ways that are similar to Canada in that all Western countries have experienced similar changes in housing policy, with increased reliance on private market forces and minimized assistance to those who cannot afford private market rates. In North America about two-thirds of households are homeowners, and about one-third of the population rents. The two countries differ in fiscal policy however, for in the US mortgage interest and property taxes are income-tax deductible, transferring a large hidden subsidy to middle and upper-income Americans which exacerbates income disparities (Dreir & Atlas, 1995).

In the UK the government has similarly moved away from public housing over the last twenty years, and financing has moved steadily toward private financing. The Housing Act of 1988 forced housing associations to "*change their modus operandi to that of the business world. ...the private market rental sector is pressured to increase rents and the future looks gloomy for tenants*" (Wolfe, 1998, p. 131).

In recent years the connections between human rights and housing have been advocated, specifically with respect to instruments of the International Bill of Rights and countries, Canada included, who have signed into instruments of the Bill such as:

1. The Universal Declaration of Human Rights (1948);
2. The International Covenant on Economic, Social and Cultural Rights (1966); and,
3. The International Covenant on Civil and Political Rights (1966). (UNHCR, 2000).

International forums have raised awareness of how state parties are bound to bring national legislation, policy and practice into line with existing international legal obligations (UNHCR, 2000). 1987 was the International Year of Shelter for the Homeless, which raised awareness of housing and how housing problems are still prevalent throughout the world. The year 2000 was a follow-up and a Global Strategy for Shelter placed housing issues more prominently on the human rights agenda of the United Nations (UNHCR, 2000).

E. CONCLUSION

The relationship between housing and health has been established since the last century. Yet, today the places many women and children in our communities call 'home' fail to meet the most basic needs of 'core' housing. The CMHC definition for core housing includes the need for the house to be affordable - not more than 30% or more of household income; adequate - not in need of major repair for health and safety; and to be suitable, not over-crowded according to the National Occupancy Standard.

PART 3

METHODS

The approach used in analyzing the information summarized in the literature review as well as the interview data is called *The Grounded Theory Approach to qualitative analysis* (Strauss & Corbin, 1998, 1990).

The method involves using historical and quantitative, and non-technical data (in this case, the information used in the Literature Review) in conjunction with qualitative data (in this case, the interviews). The ultimate goal of this method is to develop a model that is based on the experiences of the participants - an exploratory approach - rather than to impose a pre-conceived (and possibly restrictive) theory onto the qualitative data.

Given that data came from three sources, two participant groups and the Literature Review, the method to collecting data is considered a triangulation. The goal of gathering information from different sources is to attain completeness, and to ensure information is compared against different sources to improve credibility. A triangulation allows for a more complete, holistic, and contextual portrayal of the phenomenon under study, linking the data with the method and the theory (Denzin, 1978).

This method focuses on process – the flow of events that occur with the passage of time – and the mechanics of process. Exploring process, according to Strauss & Corbin (1990) gives the reader a sense of the flow of events that occurs with the passage of time.

When exploring the concept of ‘change’ (as this research process is designed to do) it is essential to consider the characteristics of change. These include, among others, the rate of change, its scope, degree of impact and ability to control.

Participant Selection

Participants from Regina, Saskatchewan and Winnipeg, Manitoba were selected purposefully, rather than randomly, and were sought according to who could best answer the research question (Creswell, 1994). While using a randomized selection process reduces the risks of data bias, the goal was to find participants who could share experiences with housing difficulties (related to health) and professionals who could speak to policy and service changes and issues. The goal was to find participants who could speak to housing *processes*, bringing time and movement to the analysis.

The network technique was used to select participants (Glesne & Peshkin, 1992). 'Networking' involves developing a sample of participants based on conversations with initial contacts. It is an effective technique when working with a small pool of participants, in this case women who have had difficult experiences and who are willing to talk about their experiences in a reflexive and articulate way.

Fundamentally, the research model was designed to gather as much information as possible from sources within the context of the report's budget and timeline. The goal was to assess the current housing program environment and to consider what policies and programs could, and should, look like in the future.

Interviews

In accordance with the open-ended approach of this research report (in that it was an exploratory survey, seeking to discover the connections between housing and health for women) the interviews remained flexible throughout the data collection phases. It was important to accommodate as much input as possible from the participants, and to broaden the researchers' understanding of the complex topic matter. As the interviews progressed, additional interview questions around housing, health and gender were added.

Twenty-one participants were interviewed: 13 women who were experiencing housing difficulties and eight housing professionals. Six of the professionals worked on the front lines delivering housing services, while two were bureaucrats working strictly in policy-making roles. Later, during the analysis and interpretation phases of the research report, three additional front-line housing professionals working for non-government and charitable organizations were informally interviewed to provide additional gender-based analysis of existing housing initiatives.

Women in Sub-Standard Housing

In both cities, the researchers contacted a number of organizations to introduce them to the study and speak to staff who might be potential professional participants. The contact was also a strategy to help identify women participants, since the staff and volunteers in such organization frequently knew women experiencing housing difficulties. Trust was key to interviewing and this had to be built through other organizations and people who already knew the women. As both researchers live in Regina, the first contacts with women in Winnipeg, were made over the phone, either by cold calling or with the contact name of certain individuals who were working in housing directly or indirectly.

The response from organizations, which ranged from health clinics and community centers to food banks and women's shelters, varied tremendously. In some situations, staff were not interested in housing, struggled under heavy workloads, or expressed skepticism about the efficacy of conducting more research. Others supported the work but professional confidentiality prevented them from asking potential participants or providing names. In a few situations, the staffs' frustration with inadequate housing – for their clients and/or for themselves – garnered an enthusiastic response. The organizations that had advocated the most for women in housing – with social services, landlords, etc. – proved the most cooperative, the most willing and able to help.

Usually staff of non-governmental organizations or provincial governments contacted women they knew to have experienced difficulties with housing, to ask if they would be interested in participating. In one situation, women living in one housing area were invited to a meeting and introduced to the study; four volunteered afterwards to be interviewed. At that point,

the researchers met the women in person or called her to arrange a meeting.

After a verbal introduction to the study, the participants were asked two questions:

1. Have you ever had an experience with housing that you feel impacted your health in some way?
2. If yes, would you be willing to be interviewed?

The women themselves selected an appropriate interview location, most frequently their own homes or a school or community centre. Occasionally, participants identified other women for researchers to interview. Participants were provided with information packages about the research and consent forms to be signed before the interview. A semi-structured interview format was followed (Appendix B) and the interviews were tape-recorded.

Some women who were known to have serious housing problems refused to participate. Staff at one food bank invited three women, regular food bank clients, to participate. All refused, expressing distrust and hinting at a fear of repercussions for speaking out. The researchers were left with the distinct impression that the women most seriously troubled with housing were the hardest to reach. These would include those who moved frequently or had little or no contact with social service agencies or NGOs.

The data collection process experienced some delays primarily because it was difficult to contact participants. Some did not have a telephone, and many moved after the initial contact with the researcher. Nevertheless, the participants were enthusiastic about participating in the research report and genuinely interested in the research question. Each participant's contribution varied; however, all participants provided thoughtful, experience-filled and/or analytical information during the interview process.

Following the data gathering, the cassette tapes were fully transcribed, verbatim. The transcribed interviews were sent out to participants for review, along with a participant sign-off sheet (Appendix C). The participants who responded signed off the interview "as is", or noted minor changes.

Housing Professionals

The participation and support of the municipal and provincial housing professionals was sought by sharing a summary of the research report and details of what was expected of participants (Appendix A).

About one-third of these were readily identified by their position within government or an organization that dealt directly with housing. In other cases, the researcher pre-interviewed other professionals whose work put them into contact with housing or had extensive experience in advocating for their clients. Some declined to participate, saying they did not have a particular interest in housing. Those interviewed ranged from policy makers and housing advocates, to child and family service workers, health workers and women's shelter staff.

Again, a semi-structured interview format was followed (Appendix B) and the interviews were tape-recorded. Professionals and policy makers were also provided with a transcript of the interview and a sign off sheet, allowing for any corrections and additions.

PART

4

FINDINGS AND INTERPRETATION

This section summarizes the analysis of the interview data that includes two groups of participants:

1. Women who were currently experiencing housing difficulties or had in the past, and
2. Housing professionals.

In order to respect the confidentiality and anonymity of the participants, quotes used in this section reflect only non-identifiable statements. Many welcomed a chance to vent their frustration and launched into stories during the initial contact, before the actual interview. Each participant's contribution varied; however, all participants thoughtfully shared their experiences during the interview process.

For several women, the interview was merely a snapshot of chronic housing problems. Some had had so many negative experiences that they had difficulty remembering the chronology of their different events. Three participants had moved by the time they were re-contacted after the interview to review a transcript of their interview. Others, on meeting the researcher again, picked up the interview where they had left off, narrating the latest round of battles with a landlord or other experiences they hadn't mentioned in the initial interview. While the formal interviews were taped on audiocassettes, additional information shared after the initial interview was collected in note form.

The interviews with women, particularly those done in the participants' homes, profoundly affected the interviewer. It was impossible to remain unmoved, listening to women's stories and fears for the safety of themselves and their children, as well as witness their living conditions. In the days following the researcher experienced depression, despair, anger and insomnia, and a feeling that to be a woman is to live with a constant struggle to keep a roof over one's head.

Of the thirteen women who participated:

- ◆ Their ages ranged from early 20s to early 50s.
- ◆ Five were First Nations women
- ◆ Twelve were mothers; two did not live with their children.
- ◆ Two were married; the rest were divorced or separated from partners. One was in the middle of a divorce.
- ◆ All were on social assistance, disability or workman's compensation. One lived on a divorce settlement.
- ◆ Two referred to taking drugs for mental health problems. One was on methadone treatment.
- ◆ One woman suffered from a chronic health condition.
- ◆ Five women lived in the private rental market, four in a women-only housing, two in municipal housing, and one in rent-to-own community housing and one in second-stage housing.

The following section summarizes the women's experiences and insights of housing issues. Following the stories of the female participants, the comments and findings from the housing professionals is added, to provide broader analysis of program delivery and policy development issues.

A. THE WOMEN'S STORIES

1. HOUSING

The participants reported many difficulties in acquiring and sustaining adequate housing. The women reported a wide range of problems both in finding adequate homes, and particularly with living in sub-standard conditions. Many of the women talked about the shortage of affordable housing and long waiting lists for subsidized housing. Most had never owned a home, although a few of the participants had previously owned homes with former partners or husbands.

With respect to core housing issues (defined earlier as housing that is **affordable** in terms of not costing more than 30 percent of household income, **suitable** in not being over-crowded, and **adequate**, not needing major repairs), the women reported the following.

Unaffordable Housing

Almost all of the women felt their housing was unaffordable and reported having difficulty paying rent, monthly bills and grocery expenses. Most reported being unable to make ends meet every month. Some have accumulated debts, are behind in paying utilities and other bills, and are not able to afford more expensive groceries, such as meat and fresh produce, throughout the month.

Unsuitable Housing

All of the participants were living in circumstances they deemed to be inadequate. For some their living conditions were unsuitable in terms of being too crowded. Women living in shelters, whose residence consisted of one small room and a shared kitchen, were most likely to express that their main housing challenge is around suitability, and would prefer to have a less crowded and more spacious home.

Women with children living in cramped situations spoke about having no space for their children to move around and play: *"It drives a person crazy, living in an apartment, especially with small children. They can't run and play and enjoy. They tend to fight and bicker amongst each other more because they don't have the space they need."*

Inadequate Housing

The most intense stories came from women with inadequate housing, meaning residences in need of major repair. Most women have at some point lived in inadequate housing, and about half are currently living in buildings or homes they feel do not meet their basic health and safety needs. Women's stories ranged from unclean and unsanitary situations such as filthy carpets and poor ventilation/insulation, to infestations of insects, faulty plumbing and heating, and structural defects.

The women repeatedly talked about serious problems with ants, spiders and other pests in their homes. One woman said there were so many insects in her basement that she could not even open the basement door. Others had rats in their basements or mice scurrying across kitchen counters. A woman told of animal droppings in the heating ducts, left by the previous owner's pets, created foul odors that made her and her child ill. One participant said she had insects coming in from the basement. The health

department had ordered an exterminator but the landlord had not responded.

Women spoke about not having screens on their windows. As a result, they and their children were either uncomfortably hot in the summer, or plagued and bitten by mosquitoes and other insects that entered through open windows. Wintertime could also be uncomfortable for many of the participants, whose homes lacked adequate windows, doors or other insulation, leaving them shivering with cold and struggling with hefty heating bills.

...it was the middle of winter and the door had a crack in it that was this big (approximately two inches) and the frost and the snow was coming in the bottom of the door. There [were] no windows...they just had plastic in them.

...We didn't have...heaters or anything. It was cold in there. You'd get sick and... the water was another problem we had there. It would always break down.

Other women spoke about not having proper carpentry or plumbing:

I had a fireplace with wires hanging out of it, and there was no back on the toilet and no burners on the stove - and only one of them worked. We had to siphon water from the [bathroom] sink to do dishes...the water would come up through the basement and get the floor all wet...and the sink fell off.

One woman talked about having a hole in the floor in her kitchen while some participants reported other physical problems included electrical problems and inadequate heating: “the light switches don't even work. The heaters upstairs don't work when you turn the heat on.”

Another woman's basement was collapsing:

...the [basement] walls were caving in so we had...the health department come in and they checked the basement and said the walls all had to be replaced because they were caving in and....this is the third, fourth time they've been here since they've started [caving in]. And I've phoned the landlord like maybe five or six times, telling him to tell the people to come and work but they wouldn't because they said it rained or they had some excuse.

Women expressed extreme frustration when their refrigerators break down or do not cool or freeze food properly. Several women spoke about having had food ruined because of problems with their fridge, which they feel is especially stressful since their food budget is so limited (and often compromised to pay rents that take up 30% or more of their incomes).

Almost all of the women have lived with inadequate housing; more than half reported currently living in inadequate homes or apartments.

Personal Safety

Not only did many women report unsafe housing conditions in terms of faulty fixtures, holes in floors, and heating or ventilation problems, but also many spoke of a lack of personal safety for themselves and their children. Some of the women had lived in homes where locks on doors were missing, and said they used to barricade furniture against the doors at night. Others had windows that did not lock (or did not even have windows, as noted earlier), or other problems that left them feeling vulnerable to break-ins. One woman told this story:

The worst place? It was probably, this one house I used to live in, the front door didn't lock at all. There wasn't even a locking doorknob or nothing...there was

only me and my son at that time. I didn't have a phone and I remember one night somebody was banging on my window and saying "I know you're in there, I know you're in there." ...I had my shorts on and a T-shirt and I threw a little jacket on and my runners and I ran to the pay phone. The cops didn't even want to come and check it out or nothing. I sat at the pay phone until, like, four o'clock in the morning.

Neighbourhood safety was reported as a source of stress by many of the participants. Given their low-incomes, and the low availability of affordable housing, almost all of them live in high-crime neighborhoods - in the urban ghettos. Some of the participants with children live in social housing where there are many other low-income families. They talked about how such neighborhoods can be difficult, stressful environments. High noise levels not only during the day but throughout the night, bullying, and strife with neighbours and calls to police were commonly reported by the participants.

Several women reported their children experiencing bullying and said that they regularly fear for their safety. In one situation, a woman moved after she found a neighbor physically abusing her daughter. Several participants reported seeing drug abuse and drug trafficking occurring openly on the street or in houses nearby. One woman unknowingly moved into a former drug house in Winnipeg's North Main neighborhood. She awoke one night to hear two men finalizing a drug deal on her porch; on several other occasions, her family heard noise and found people were using the crawlspace of her house to shoot up. In the spring, when the snow disappeared, her children came rushing in to report that the backyard was covered in used syringes.

For women, the issue of safety was one that limited their choice of housing. Some said they turned down otherwise acceptable basement or first floor apartments because they feared intruders coming through windows. Others said a big factor in remaining in women-only housing was that they felt safe going to sleep there at night. This was especially true for women who had survived experiences of violence and did not want to live alone.

2. HEALTH

Some of the women did not feel their housing situation directly affects their health - in that they enjoy reasonably good health - but they did talk about the difficulties of feeling unsafe and the frustration of living in sub-standard housing.

Other women felt their housing situation does affect their health, from suffering with insect bites, to respiratory problems due to molds and mildews, filthy carpets, and poor ventilation and inadequate heating. In extreme cases, there were feces from the pets of previous residents or from mice, which was both nauseating and affected air quality.

One pregnant woman talked about being sick after her landlord fumigated her place, that there was cat feces from previous residents all over the place, and that the front door did not have a lock. She tried pleading with her landlord:

During my pregnancy when I moved there, I was always sick. I had a hard time breathing and stuff. The landlord said, "Oh it's just you, it's just you. We don't see nothing, we can't smell nothing". ...there was a time when I had to be rushed to the hospital because I had almost stopped breathing and doctors

thought I had chemical poisoning from somewhere.

She also had to cope with another tenant who lived in the basement of her house and who was a junkie, with open sores on her arms and legs. The participant stopped washing clothes in the same machines as her neighbor after she and her children developed a rash that her doctor could neither explain nor treat effectively. Although she could not afford it, she began doing her laundry in Laundromats and the rashes disappeared.

Many of the women identified a lack of space for their children as a health issue. Being cramped into small spaces, particularly in the heart of winter, was difficult. Even in the summer it was difficult for many women and their children to enjoy the space of outdoors as they reported feeling unsafe or not having any play space nearby. One woman felt it was harder to be a patient parent when she and her children were cramped and short of space.

Fumigation was an issue several women spoke about, as many had to share their apartments and houses with insects. One woman said her landlord fumigated for the red ants that were overwhelming her home, but did not check whether she and her children could stay elsewhere for 24 hours, which is standard practice when fumigating. She recalls how everyone was ill: "We all got sick. It was just awful."

Another woman reported that her water was a brownish colour. She checked with her neighbors and found their water was fine. Before that, she suffered stomach cramps and diarrhea on several occasions, and was concerned her health problems were the result of the water quality in her house.

Several women spoke about the stress they feel. Some referred to anti-depressants they were taking, though they did not say their use was due to the housing situation only. In response to being asked by the interviewer how housing affects women's health, one woman said: "What are the health effects [of housing] on women? Well, it turns us into nervous wrecks. We don't eat and we don't sleep." The women spoke about the constant stress of noisy and unsafe neighborhoods, bills they cannot afford, repairs their homes need that they cannot do themselves and cannot get landlords to do and emphasized how the on-going housing stress they face affects their sense of well being and their psychological health.

The same woman spoke about how hard her housing plight is on the physical and mental health of her children, which in turn, affects her. "It's hard on my kids...they are whiney, and they're depressed and they are anxious...your prime concern is getting your kids settled. She spoke about feeling thankful she was on disability (social assistance for the disabled), stating that if she were not on disability she'd "be debt-ridden and I'd be kicked out onto the street...if I wasn't on disability I'd be dead meat."

A participant who lives in women-only housing (after leaving an abusive family of origin) said being in close proximity to so many other women triggered asthma problems. "I get bronchial asthma so I have to be careful of fumes and living here. There are people that have put on a lot of perfume and that has triggered my asthma up. Even nail polish fumes - if people use it too much - will trigger it. So any slight fumes of any kind will trigger my breathing [troubles]".

Some of the women had serious pre-existing health problems. One woman suffers from Crohn's Disease (a chronic condition) and

needed to have a home with a bathroom on the main floor, as she could not go far from her young twins during her frequent trips to the bathroom. She reported that she's been able to find housing that is mostly suitable, but only after a long struggle to obtain disability benefits which would allow her to afford housing with appropriate bathroom facilities: "For the most part I like the complex and the location, and stuff like that. For the most part I'm happy with it. There is little stuff that I am not happy with."

Another woman was disabled from a serious car accident that broke her feet, her hip and pelvis, her back, and three ribs. She did not receive timely or effective health services and has had to undergo one operation and is awaiting another. Her injuries make it impossible for her to resume her previous work of cleaning office buildings and doing janitorial work. She talked about how not being able bodied, she requires housing that is affordable, since her income has dropped and she needs a home that minimizes her mobility limitations.

One participant was on disability leave from a job because of a painful back injury. She is on a two-year waiting list for surgery to her back for a bulging disk. She is a single-mother and has had a difficult time finding and sustaining suitable housing for herself and her children. Moving multiple times, as all of the participants have, devastated her financially because her back pain meant she was unable to clean up her apartments enough and would lose her damage deposits. She was on social assistance for a few months because her formal disability pay did not begin right after her Employment Insurance sick benefits ran out, so she ran out of money. She was not able to settle their financial affairs, as she lived in hiding from an abusive ex-husband. His default of payments on the house and car left her unable to access bank loans, or qualify for a home ownership plan because their property was jointly owned.

She recalls the trauma multiple moves brought on her young son, who cried when she told him he would have to, yet again, start at a new school in the fall:

He's upset with me because he has to change schools. But I tried, you know, I tried to explain to him that it's better now to change schools and start a new year than start at your other one and halfway through the year to move.

She said the constant turmoil and chaos from moving has definitely affected her health:

...a lot of times it's completely overwhelming. You know, it seemed like every time I thought I was taking a step forward I would hit a brick wall." The stress she feels keeps her awake some nights: "I've had trouble sleeping. It affects my back as well...the stress makes my back pain...increase.

One woman, her husband and five children sold their house in Manitoba and moved to a small Ontario town. Regrettably, the move did not work out as planned, and the family tried to move back to Manitoba. The family's situation deteriorated as the family was unable to rent a house upon returning to Manitoba. Neither of them was working and they had lost money in purchasing and then selling a home in Ontario. They ended up living for an entire summer with their five children in a tent trailer. She fell into a depression and one of her sons, who later was diagnosed with ADHD (Attention Deficit Hyperactivity Disorder) began acting difficultly. They eventually got into a house but it was in a rough neighborhood and her son developed hepatitis. He later recovered, after which she began to involve herself in community activities, taking some action against local crime and bullying. She said this action lifted her out of depression.

Many of the women whose present homes were “not too bad”, all things considered, shared stories of previously living in sub-standard conditions that had affected their health. One woman talked of when her son was a newborn in a previous apartment, there were problems with the heating as well as a mouse problem and that her son was sick for his first six months with diarrhea and respiratory problems. But after she moved out, he was all right.

3. SOCIO-ECONOMIC ISSUES

In addition to discussing specific housing experiences, the participants were also asked about their social and family supports, work histories, educational background and, where suitable, parenting experiences.

Social Supports

In terms of family supports and social participation, almost all of the women were not in contact with their families of origin. Some had no living family members while others were intentionally not keeping in contact with their family. In general, the women interviewed had difficult experiences in either their families of origins, and/or with partners, often the fathers of their children. Many of the women reported experiences of abuse by family members and former partners.

The majority are single mothers with, on average, two children. Only one woman was living with her husband and children. A couple of the participants have boyfriends whom they do not live with.

In addition to generally being isolated from family, the women participants were also isolated from friends. Most of them reported having friends, and sometimes making friends in

neighborhoods or buildings/facilities they live in, but the demands of moving often, having neither a car or money for the bus and sometimes not even a telephone made it difficult to visit with, and sometimes to make, these friends. Some of the women reported seldom having a chance to share time with friends, aside from some brief visits: “But other than having coffee with [a friend], I really don’t talk to anybody. I don’t really go anywhere. My going out consists of taking my daughter with me.”

Other women talked about how stressful it is to parent alone without a spouse or any support: One woman was also having a hard time with her adolescent son and felt overwhelmed:

It is hard. ...I have problems with my health. I have anxiety attacks. I have the kinds of attacks where my heart flashes. A lot of times it is like I am ready to pass out. Sometimes my son is afraid to leave my home, because he is scared. I mean it is all the time. And lately the anxiety attacks have been getting worse. I think it is all the stress I am under, not being able to cope with what is going on with my son.

This woman’s saving grace, in her words, is that she shares a supportive friendship with a woman in a similar situation.

It’s nice to have somebody to talk to who has gone through a lot, and who understands. And you feel more like talking to that person because you feel the person is not judging you. So that helps a lot. Even one person is better than nothing.

While some of the women reported having some social supports, feeling isolated, both from family as well as in a broader social sense, was commonly reported by the participants.

Education

The women interviewed in this survey have varying levels of education. Some had not completed high school, while others had some post secondary education. The majority of the women did not finish high school as teenagers, although a few have upgraded and passed a high-school equivalency exam. One of the women had recently written the GED and not passed, but was hoping to re-write it in the future. Few of the women have completed post-secondary studies. In general, the women did not talk very much about their own education. Those with children were considerably more concerned about immediate issues of the education of their children.

Many struggled with the triple load of trying to care for children, earn an education and keep food on the table. One woman was studying to obtain her GED, raising two young children, and wrestling with housing problems (a sink fell off, almost on her infant son. She was evicted and charged for the sink repair). She later failed the GED exam, finding it too difficult to study and care for her children on a very limited income.

Fire disrupted another woman's educational efforts. Due to electrical problems, the Moose Jaw house she was living in while studying business administration at SIAST burned down, and she lost all of her things, and had no insurance. She failed in school and scrambled to find new housing without possessions.

One participant was receiving an allowance to take some work training at a local Centre but found the funding inadequate. She had about the same amount of money as she did on social assistance yet faced the same bills and daycare expenses. The financial arrangements proved unmanageable so she quit the program.

Women also spoke about the education of their children, stressing the importance of minimizing

the number of times they have to transfer their child(ren) to a new school because of a move. Many of them said they accepted sub-standard housing, or lousy neighbors, so they could avoid transferring their children to another school.

Another woman talked about the lack of continuity between the local women's shelters, the housing authority (in this case Regina Housing) and the school year. She said she had to move her children to different schools three times during the last school year, as she was fleeing an abusive relationship and in both shelter and then transitional housing. She felt the experience would have been less disturbing if her children did not have to switch schools: "they were very bitter about it", she recalled.

Unemployment

None of the women interviewed were currently working. Some were on leave (disability) from jobs, and some had worked previously but were not earning an income now. Eleven women lived on social assistance. Some received the higher benefits of disability assistance, giving them a slightly larger income than social assistance, and coverage for additional health-related expenses (such as transportation, etc.). The women expressed their hopes to be able to support themselves one day.

Monthly Income

All participants struggled with a lack of money and many said they routinely spent more than 30% of their income on housing. Often they dipped into their food budgets to pay extra for housing, so they could stay in a better place than what the social assistance housing rates afforded them. The women talked about how they risked cut off of services by alternately paying bills late – one month they paid nothing on the phone bill so they could pay off the power bill, then switched the next month. Other women spoke of going to the food bank to pick up extra food, or living on just one daily meal so that their

children could eat three times a day. The women talked about the importance of saving money for their children's school needs:

I try to buy more stuff that would stretch into bigger meals. I sometimes, depending on what my daughter needs, I may put something aside so that I can get something for her that can be going to school or in regards to clothes or whatever.

The woman clearly emphasized the pain and difficulty of being poor and feeling high stress about either getting adequate housing or coping with problems where they are living with. She talked about how being so broke was extremely hard to deal with - there seems no way out:

With the money situation...I am fighting depression. I find it is very hard to not lock myself in my bedroom and just say to heck with everything. That is what I want to do. Then, I look at my kids and say, "Well, I can't do this."

One woman talked about how important it is to understand the rules of obtaining social assistance. For example, she sacrificed paying bills and buying groceries to buy school supplies for her children each fall, before realizing there were provisions to cover some school supply costs if a social assistance recipient applies for some extra support. She noted, though, the rates of coverage are low and sometimes the schools ask for more money than people on social assistance can afford.

4. HOUSING POLICIES

The women repeatedly expressed feelings that existing policies and practices worked against them. For example, low-income - or government subsidized - housing prefers to rent to people who are low-income workers rather than social assistance recipients, which most of the participants are. They also felt that two-parent families were valued more highly than single parents (which were more than half of the participants).

Women also felt they were picked on for being single women with respect to their yards. Many remembered that when they were married and rented houses they were not bothered by landlords about the state of the yard, but now have to cope with what they feel is harassment.

Single - and childless - women expressed frustration with the lack of low-income or subsidized housing for women without children. While there are some facilities for single women with kids, there are no targeted facilities for poor women who do not have children. Participants who stayed in women-only housing expressed extreme frustration that their children could not stay with them, even for one night.

Housing Authorities

The women, by and large, expressed a great deal of skepticism towards the various government and non-government organizations established to deal with these issues. Examples of 'Authorities' include Provincial Housing Authorities (offices that are designed to mediate disputes between landlords and tenants), Municipal Housing programs, and also some charitable organizations that directly or indirectly provide housing services. Their general consensus was that there is very little support within the system for them and that they are basically on their own in finding and maintaining housing. Those that had experiences with the provincial dispute-settlement office (which in Regina is the *Office*

of the Rentalsman, or in Winnipeg the *Residential Tenancy Branch*) had not fared well, in general, and felt that landlords, and the variety of agencies or bureaucracies involved in housing were not accessible or generally helpful to them.

Aboriginal single mothers said they felt cut out of native housing initiatives, which preferred to rent to students, the employed or families. Women living on assistance and raising children full-time stood little chance of getting into such housing, despite being among the most disadvantaged members of their community. In some cases, participants were told priority would be given to women with children, but they themselves were trying to obtain custody of children who had been seized by Social Services. Ironically, they could not get their children back until they found suitable housing.

5. LANDLORDS

Many of the participants discussed frankly the difficulties they have had or are having with landlords. Some of the landlord-related issues relate to negligence with respect to not ensuring homes or apartments meet health and safety standards (as discussed in the previous section). Most of the women reported unpleasant and even abusive experiences with landlords. . Aboriginal women shared experiences of being turned down when speaking to a landlord on the phone or being told there was no longer housing available once they were seen to be Aboriginal.

The reports of mistreatment by landlords ranged widely. Some women spoke about feeling misled by landlords when acquiring housing. Sometimes women felt they were forced into renting sub-standard units by either being in desperate situations (particularly if they have children) and feeling pressured by a landlord to rent something in need of serious repair with

verbal promises that the repairs would be done later. In one particularly shocking story, a woman told of going to look at a house with the landlord:

The man living there had beat up the woman who was seven months pregnant. She went into labor right on the floor of the living room. The baby died there. When we went, there was still blood everywhere, on the carpet, and all over. So the guy (landlord) just said, well you guys can clean it up. I'll give you 20 bucks or something....

The woman and her boyfriend left immediately.

Completing damage reports at the beginning of a rental agreement was a commonly discussed area as many of the women spoke about being unclear of some of the details in the lease, particularly around existing damage to an apartment or house, and landlord statements about repair major problems. One woman spoke about landlords who assume male tenants will take care of many of the problems within a dwelling (plumbing or heating problems, for example), meaning fewer demands on the landlords. Another woman repeatedly talked about being so relieved to be avoiding homelessness or resorting to a shelter that they did not debate with a landlord the details of a damage report and consequently tended to lose their damage deposits. Some women did not notice the extent of the pre-existing damage until they were moving in:

I really didn't get a chance to look around [before I moved in - my landlord] ended up filling out the rent papers and signing some other things and he made me sign this [form] and a checklist for what's damaged and not damaged in the house...I really didn't get a chance to look around to see what was damaged and what

wasn't damaged. And then...two weeks after...that I was here...I started looking around and there are holes in the walls and closets.

The women spoke of landlords who did not take their health and safety concerns seriously, or blaming them for the problems. After finding mice and mice droppings in her basement, one said the landlord blamed her:

He said that it's our fault that the mice are coming in because we had all our laundry downstairs. Like it was sorted into piles and he said, 'that's what mice like, dirty laundry piles.' And it was kind of like...blaming me, he's saying, 'it's your fault the mice are in here'. I'm sorry...but it's not my fault...you can't blame me.

One woman reported her landlord made light of her situation by saying: "Oh, you're scared of a little mouse..."

Several participants talked about landlords making fun of their being afraid of insects - in response to complaints of troubles - and did not address their concerns about bites and other troubles their children were experiencing.

Other participants reported experiencing hostility when requesting repairs of their landlords. One woman's heating system barely worked; her children were getting colds and having respiratory problems during the coldest part of winter. Their home did not get warm - her children huddled in blankets - yet her heating bills reached \$200 a month. She said: "...and when we told him, he wouldn't do anything. He came and yelled at me, telling me to stop bitching about getting it done because he'd get it done when he felt like it".

Some women reported being sexually harassed by landlords, particularly when they were struggling to cover monthly costs. For example, one participant said: "The landlord, he was, um, very flirtatious with us. You know, like he'd tell us... 'If you can't pay the rent, there's other ways we can sort it out'...". Another woman reported that her current landlord said to her: "Get a sitter for the weekend and I'll take you camping and we'll drink". Another reported feeling uneasy that the landlord always visited the house when she was out and her teenage son was home alone. Many women expressed feeling powerless about their landlords investigating how the state of the inside or outside of the house is, and recollected how landlords are unlikely to "drop around" as often when they were living with men.

Women who rent in the private sector overwhelmingly report experiences of harassment and feeling powerless with a landlord who has control over not only their present housing situation but also their future housing. Women fear current landlords will give them a bad reference when they are trying to rent apartments or homes in the future. Real or not, many female renters feel landlords in the low-rental market - the only market they can access - are well networked and they fear being blacklisted amongst that group is to risk homeless for themselves and their children. Only one participant told of "losing it" with the landlord. Tired of the rubbish left all over her front yard from work being done in the basement over six months, the woman called the landlord. She threatened to pour gasoline over it and light it on fire, not caring if the house caught on fire. Within two hours, the landlord was there to clean up the mess, which was what she wanted, but soon after he also served her with an eviction notice.

Although some women referred to a good landlord they had had, most felt that overall their experiences with landlords had been bad.

Feeling Powerless

Most of the women in this sample expressed a sense of powerlessness, of defeat. This sense of having little control over meeting their housing needs was mostly directed at landlords but also in a larger sense toward government-run programs. Women feel on extremely unequal ground with their landlords, in general, not only with present day situations but also are painfully aware that parting poorly with a landlord can affect their future.

Most expressed fear that bad references from a landlord would leave them with fewer choices in the future. The power imbalance is clear: women in such situations, concerned for their well-being and safety and of that of their children, have a much lower break-down point and negotiate from a greatly disadvantaged position. In a dispute with a woman tenant, the landlord may face a temporary loss of rental income or some repair costs. A woman, on the other hand, may live month-to-month on limited income, with few resources to draw on. Going to battle with a landlord does not mean her concerns about the housing will ultimately be dealt with. It may even put her at risk of subsequent harassment or eviction as a troublemaker, a frightening possibility in a tight rental market, particularly in the middle of winter. It is for this reason that many women tolerate insufferable conditions with holes in their walls and floors, infestations of insects, water and plumbing problems and a host of other problems that most tenants would demand be fixed, or threaten to move.

A sense of powerlessness was also a common sentiment when discussing government programs and services. Most are deemed inaccessible, with waiting lists that are too long,

and women did not express a sense that services or the people running them were approachable. They very much expressed a feeling of having to fend for themselves, and being isolated.

Gender Matters

Several of the women talked about how poverty is difficult for everyone but more difficult for women. As women whose gender roles left them responsible for childcare and domestic work, they had less money for suitable housing. Their isolation at home kept them out of the public sphere, where they might find better housing or job possibilities. They spoke about how men, even men who are poor, are more likely (and more able) to help one another financially. This relates to finding work, perhaps working "under the table" in construction or as a labourer, and then within that network may be more likely to meet someone who can rent them a room, or part of a house. Most of the women felt it was more difficult for them as women to acquire low-rent housing as landlords assume men can better handle plumbing and heating troubles that are common with low price rental units. All in, there was a sense that it is more difficult for a woman, especially a woman with children, to find and sustain a home than for a man, even if both have low incomes.

The women felt that the landlords believe women will have more needs than men – often being unable to make minor repairs around the house – and thus are more difficult tenants. Their general sense was that being a woman, especially a single woman with children, means it is more difficult to find and keep appropriate housing.

B. PROFESSIONAL PERSPECTIVES

Half of the professional employees interviewed work for their provincial government and half work in non-government or charitable organizations. Six of the professional participants work in front-line positions either at Health Centers (as employees of the extended civil service in the health system) or as service providers and caseworkers for community (NGO and charitable) organizations. Two of the interviewees are in policy-making roles within government departments (provincial and municipal) and do not provide front-line service. All of the participants had several years of experience in their field, on average about five although the range was wide. The experience of each participant meant that they could speak of changes over the last decade in the social and private housing sectors.

The participants included eight professionals:

- ◆ Two male, six female,
 - ◆ Two policy makers, six community-based workers,
 - ◆ Three First Nations people, one a recent immigrant,
 - ◆ One disabled.

There were significant between-group differences in the professional participant group as some of the front-line housing professionals have themselves lived in sub-standard housing. The biggest difference between their backgrounds and the experiences of the second participant groups – the women with housing experiences – is that they are no longer living in poverty and in poor housing. The professional participants from middle-class backgrounds, and have not had the same experiences to front-line workers who have experiences similar to their clients.

To respect the confidentiality and anonymity of the participants, quotes used in this section reflect non-identifiable statements by participants.

The housing professionals were asked questions similar to those asked of the women but more from a perspective of analyzing program delivery and policy development issues. (See Appendix B for the Semi-Structured Interview Questionnaire.)

The professionals interviewed fell into two categories. Some of the interviewees in this group were in policy-making positions working in policy and program areas with a provincial or municipal government. Other participants were front-line workers in charitable or NGOs, related to housing, health or social services, who provided or facilitated the provision of housing to women like the female participants in this study. The majority of professional participants were women; the few men interviewed did not constitute a large enough sample to allow comparisons between the sexes of their understanding of health issues facing women with bad housing.

1. HOUSING

The professional participants affirmed the housing experiences shared by the women participants, stressing how demographic and economic shifts of the last fifteen years have led to more and more families, and single people, having difficulty finding and keeping core housing. While minimum wage and welfare rates have remained virtually unchanged over the last decade, rents have increased. The highest increases in rent are in the private rental market which, given cutbacks in social housing programs, is where more and more women are going to find housing, albeit inadequate.

The participants validated how the cheapest homes tend to be what very poor women can afford and often need repairs. Little affordable housing is available, especially for the most poor. Existing housing programs, home ownership programs for low-income earners, or co-operative or charitable rental units that still subsidize rents are too expensive for people who live below the poverty line. Increasingly, people who spend more than 30% of their income on rent have little or no money left for balanced food budgets and recreation for children, such as summer camp, sport and music programs, and other activities that promote an individual's long-term development and capacities. Most of the professional interviewees expressed concern over the long-term consequences to children who lack extra-curricular opportunities.

Women with health problems, disabilities, HIV and/or AIDS, and other diseases and who are poor have the most difficult time, most of the professionals stressed. Immigrant women, especially refugee women, were identified as another high-risk group with respect to finding and maintaining suitable housing given the potential lack of familiarity with Canadian laws and society. Some of the front-line housing professionals emphasized how vulnerable refugee women may be and expressed concern about the lack of awareness of the culture shock and post-traumatic stress issues women who are refugees could be experiencing.

2. HEALTH

The participants shared numerous health affects of bad housing. Psychological stress and trauma are commonly reported to the front-line workers from women who cannot sleep if a housing facility (a co-op, or a rooming house) is poorly managed or if they live in an unsafe neighborhood. Noise is another issue commonly

reported as being troublesome in poorer areas, particularly at night. The professionals reported cases of women feeling unsafe, not having proper windows, doors and locks, and of even having men break into their homes during the night. Many of the women they serve live in chronic fear, which is known to be damaging to one's mental, physical and social health. Some professionals also spoke about the effects of inadequate housing on a person's self-image – how a run-down house in a poor neighborhood may leave a woman feeling that she deserves no better. Others stressed the importance of a good home as a base that without which, the other aspects of a woman's life – family, work, education – could not easily flourish.

The professionals reported that many women live with infestations of insects, rodents, scabies and lice. They expressed concern for women trying to fumigate their houses on their own, or using insect killers they are not familiar with, and having small children exposed to dangerous chemicals.

The professionals also spoke about how increases in power and energy costs are troublesome, especially in homes with inadequate heating and/or insulation. Inadequate heating in the winter can result in more colds, ill health and respiratory problems for tenants.

Overcrowding is another serious problem and it is sometimes related to heating expenses, as it can be warmer to live in a small apartment in the cold of winter and the heating bills will be considerably less than a larger unit. This is a serious issue, some professionals reported, for landlords who know that the family size is too large for a particular unit, yet may be pressured by potential renters because they cannot afford something more suitable. Immigrant and refugee women and their families are very much at risk of overcrowding.

Other stories shared by the professionals included tales of women – particularly women trying to leave abusive relationships – having to live at various homes of relatives or friends and not being able to get into a shelter or find their own home. “Some people simply have nowhere to go”, one participant said. Almost all of the participants were concerned about waiting lists at shelters and crisis centers because women with housing problems may stay in abusive situations if they feel there are no alternatives. Some of the front-line participants noted that existing housing options are generally not safe enough for women who are leaving abusive men who may be (or who the women fear may be) stalking them.

The professionals reported how some women, even if they are in good health, fear getting sick and wonder what would happen to their children if they could not care for them. Most of the professionals stated the women they have worked with worry a great deal about housing problems, and often are scared about having to move again, further displacing their children socially and educationally. They felt overall that women often sacrifice housing conditions (putting up with conditions that do not suit them, living away from their own friends, and not living close to services they would like to use) so their kids do not have to move repeatedly, changing schools and losing friends.

Participants agreed how disruptive housing difficulties are for children who experience multiple moves. The effects of displacing children from schools during the school year, when families choose to or are forced to move, were stressed as being very serious. Many women will tolerate housing problems, sometimes very serious ones, so that their children will not have to change schools.

For some single mothers living in poverty with housing problems over time, the stress of

continually struggling to sustain shelter for themselves and their children becomes too much, and some contemplate relinquishing their children to the Social Services Department. In other words some consider having their children become Wards of the State, because they feel they cannot carry on physically and psychologically:

...the impact on the woman is the emotional stress and then physically they get worn down and I've heard some of them say, "I want to take [a] Section 9, I want to voluntarily place my kids into care. I'm too stressed. I can't do this."

The professionals noted how for some women without extended family support for respite care from parenting and the inability to have time away from their “crummy houses” is very discouraging over the long run. This can be particularly difficult during the cold winter months, some noted.

The front-line participants spoke about how many women are choosing to pay more rent to avoid a home in disrepair, or in the heart of the ‘slums’. The extra rent money usually comes out of the grocery bill, leaving women with the option of eating less, going to a food bank, or both. Malnutrition and poor diets were commonly identified as areas of concern. Most women sacrifice their own diet to try to improve their children’s diet.

Another health-related concern some professionals felt related to housing issues was the lack of treatment available for people who are trying to recover from addictions in general, and specifically those in solvent abuse programs. They noted that it takes months for a person to recover physically and cognitively after using inhalants and people need support in acquiring and/or sustaining housing during recovery.

During recovery people may need a liaison or an advocate to help get adequate housing because they are vulnerable to mood swings and cognitive/emotional difficulties. Disagreements with landlords, resulting in tensions and sometimes eviction, may lead to re-abusing the inhalants.

3. SOCIO-ECONOMIC ISSUES

The front-line professionals emphasized the vast majority of the women they work with are survivors of abuse, and as victims of violence and other forms of abuse, they are vulnerable and often isolated.

Being isolated was repeated as one of the most serious challenges some women face with regard to not enjoying supportive friends or family members. These professionals acknowledge that people who have support systems fare considerably better than people who are isolated. Moreover, multiple moves increases isolation. Women and their children who move often leave neighbors who may have become friends. The frontline workers noted how hard it is for the women to keep in touch with friends when a person has no transportation, or may not even have a phone.

Policies around under what conditions a person can receive social assistance were a barrier, some people reported, towards clients finding partners and possible support in parenting and home maintenance. Professionals reported how women seeking romance and wanting to develop a relationship with a partner have to hide and break the law in order to be intimate because social assistance payments change if a person takes a roommate (i.e. if a boyfriend moved in).

Access to decent housing can help a community build bonds, and support events where community members can get to know one

another. A few interviewees said that it is important to try to find ways to help people get out of their houses, to meet their neighbors, to end the isolation that accompanies trauma and poverty. One said some people who are not used to social participation, someone who does not work and who might have dropped out of school at a young age for example, requires extra supports to learn how to be more involved in the community. It is important to try to find events, even if it is just a local bingo, to help such people socialize and work on building community bonds, some of the front-line participants suggested. Immigrants were again identified as a group at particular risk of isolation; so community-building exercises need to be culturally appropriate and sensitive.

Some of the participants spoke about how children living in bad housing may be embarrassed to have friends over to play, limiting their social contacts.

4. HOUSING POLICIES

The policy-makers emphasized how difficult it has been over the last ten years with no formal plan to adjust to the rather sudden Federal pullout from funding social housing in the early 1990s:

...the feds getting out of housing was a surprise to everyone. They announced it rather than negotiated it. They did not negotiate a withdrawal. They just announced their withdrawal and they were gone...so everyone was just sitting there saying "now what?" And, in some cases we're still saying that. You know, like we really haven't got anything going in a substantial way. We're still talking about a report there, a report there but there is no substantial piece.

The timing of the Federal government's withdrawal of funding to new housing initiatives and eventually devolving program delivery, in the 1990s coincided with provincial governments grappling with high debts and deficits and which led to a dramatic decline in the availability (amount) of social housing. They discussed the ripple effect of each level of government pulling out of social housing funding and programs. Those participants who were working in housing policy throughout the 1990s talked about the demise of the former cost-sharing initiatives between all three levels of government where the federal government contributed 75 percent of capital costs towards new initiatives, with the province and municipalities making up the rest.

When the Federal government withdrew many of the provinces also said, "Well, our 25% doesn't do a whole lot" and they withdrew from active delivery as well. So, one can point their finger at the federal government and say they withdrew but in a lot of occasions...the result was instead of [provinces and municipalities] delivering 25% of new housing there was no new delivery.

All of the participants were clear in stressing the severe shortage of social housing. New housing starts over the last 15 years have all been suburban, with little differences in cost, some have called "homogeneous housing".

"We say we want mixed housing in our neighborhoods with a mix of owners and renters and a range of prices, yet this has not happened", one participant stressed. Some stressed how narrow the range of available housing options is and that suburban neighborhoods are not supporting the mix of homeowners as well as renters, but rather neighborhoods of strictly homeowners.

The decline of low cost rental has been devastating for many, they all said. Some noted that this loss is related to the decline in middle incomes and particularly the decline in quality of life – in real income – of lower income people over the last two decades in Canada. The poor are poorer, with less real income, and there has been a general deterioration of social housing over the last fifteen years. More private control of all aspects of the housing sector has led to the development of slum neighborhoods and urban ghettos in both Regina and Winnipeg.

The private sector market has not cared for the poor, almost all of the professional participants stressed. Interviewees also said that is not surprising there has been a demise of social housing as it is unreasonable to expect private companies, which operate fundamentally to turn profits, to give away social housing. They see this as the role of government, supported by our society. They felt it was unrealistic to expect private industry to support the poor.

Standards and codes required for a basic home are problematic, a few participants noted, and it is not financially feasible to build even the most basic type of affordable housing. Tax credits are needed in order to stimulate investment in this area. This was stressed by many of the professional participants – there have to be financial incentives prompted by all levels of government to create new social housing such as help with down-payments, rent subsidies and tax credits or forgiveness. New social housing initiatives should be income-geared to reach individuals who currently do not qualify for existing programs.

Besides the need for new social housing stock, the deteriorating conditions of existing units is a serious health issue. Raising welfare rates alone will not solve issues with sub-standard housing, as there needs to be a process to improve the quality of existing housing. Many older houses

require significant insulation upgrading to be more energy efficient. The professionals interviewed for this study recognized that right now the rental market is a “landlord’s market”. In Regina, for example, the Office of the Rentalsman is in a difficult spot. One respondent stated, the current housing situation is frustrating for the landlord and the tenant because the existing dispute-settlement office (the Rentalsman) cannot balance the needs of both landlords and tenants. There is uncertainty as to how to intervene since interpersonal issues, including sexual harassment, as opposed to quantifiable matters such as leases, rental and damage deposit payments, and moving dates, are not the formal jurisdiction of the existing ‘Authority’.

One participant said that the “health care crisis” and continually increasing funding to the health system takes monies away from other social programs and human services. Housing has been hard hit both during the 1990s with budget cutting strategies of the Federal and Provincial governments, and then of late the high priority health funding is being given continues to prevent significant re-investment of governments into social housing.

All professional participants encouraged CMHC to re-enter the social housing sector in a meaningful way – not necessarily in the front-line management and delivery of services, but with changes to social policy and funding. Capital plans are needed to create new housing stock, along with community-based funds for operating costs and other in-kind support in delivering the variety of supported and social housing needed to ensure all citizens have the basic human right of decent housing.

One participant suggested another strategy that could result in more available housing is encouraging senior citizens living in mid-priced homes to move to nearby apartment complexes

(for seniors, where appropriate) to free up more affordable houses either for rent or for purchase.

Some of the participants said that in the absence of a sustained strategy from the Federal government, municipalities have been working together over recent years around housing issues to share strategies, do research and seek partnerships with other levels of government. Some participants noted, though, that the capacities of federal and provincial governments in the housing policy area have diminished substantially in the last decade. For example, the Department of Social Services in Saskatchewan used to employ 40 policy and research professionals in its head office in Regina. In 2001 there are three professional positions for policy research at the provincial head office.

CMHC policies have failed the most needy of people, and there needs to be a re-examination of programs and services for society’s most vulnerable as housing policies are out of date. “Trickle down” thinking (assuming that some of the profits from turning over more of the housing sector would trickle down to meet the needs of the needy) has not worked. The hardest hit, most conclude, are people who are the most poor and/or poor people who face double or triple disadvantages (being a visible minority or having a disability).

Redressing the decline of social housing involves community development initiatives rather than just providing money for crises (i.e. homelessness). Stabilizing neighborhoods, developing community centres, and support for making the places where families live safer and less isolating, were ideas shared by some of the front line workers as well as policy makers.

Many clients spend more than thirty percent of monthly income on rent, the front-line workers said. In recent years, government rates have

remained the same, or decreased for some categories, while rents and the overall cost of living has increased, meaning more and more people are cutting out food and other expenses to pay rent and stay housed. As well, some people have been repeatedly displaced, moving often – sometimes monthly – in a cycle of unstable and unsuitable housing. School administrators report turnover rates as high as sixty percent over one school year.

The professionals talked about how, with respect to home ownership plans, without credit ratings (or with bad credit ratings) women cannot qualify for home ownership programs. They also shared stories of women not qualifying for home ownership programs if their names are on the homes they used to share with partners but in which they no longer live.

5. LANDLORDS

Female tenants have particular problems with landlords according to the front-line workers. While the professionals working in more policy-oriented positions could not verify or refute experiences shared by women in this study who felt they had faced discrimination or harassment by landlords, most of the front-line workers noted they had heard similar stories. The professionals added that the current methods of filing a complaint with existing offices were not accessible for many vulnerable or multiply disadvantaged women. One major barrier is the “nominal” charge of twenty dollars for registering a complaint, an amount too high for someone already sacrificing grocery money to pay rent, some noted. Secondly, following through on a complaint which may or may not involve appearing at a formal hearing with the landlord also present, is too intimidating and not feasible with respect to transportation costs, childcare, etc. Most of the front-line workers stated the existing system favors landlords at

hearings which becomes a matter of the tenant’s word against the landlord’s and tenants, (including women such as those in this study), perceive the system as working against them.

Providing a liaison, an accessible advocate or mediator, for such women would be a useful solution to gender-based housing practice shortcomings, the participants suggested. This person could work in an existing community organization which provides women’s services or a housing-related NGO. The individual should network with existing housing coalitions and committees and should be a human services professional with specific expertise on gender and culture. A liaison could also ensure the voices of women like those interviewed for this study, are heard clearly and unambiguously by housing authorities, committees and coalitions.

Having stakeholders involved at a community level, and truly working together, is the best perceived way to respond to housing needs. There was general consensus that community groups – at an arm’s length from Government – are perhaps in better positions to deliver housing programs. Government’s role should be in funding and supporting an environment, through legislation and regulation, for community-based organizations to provide the types and forms of housing support and services needed in struggling communities. “Government doesn’t necessarily manage well anyway”, one respondent said noting that in advocating for the re-engagement of the Federal Government in social housing does not necessarily mean wanting “the feds” to manage facilities but rather to help support the framework for sustainable community partnerships. What is needed, all participants concluded, is for various organizations and community groups to work together in both short- and long-term community initiatives tailored to meet the needs of each individual community:

...there are community-specific issues and the community really needs to take the lead role to respond to the housing issues of those individual communities. And, what the provincial and federal government should be doing is developing broad policy framework and funding through a broad framework that would enable community groups to be able to access that funding and develop programs that would respond to the specific needs of their communities. ...we don't like cookie cutter programs designed for everybody. Different communities have different needs.

Developing and maintaining a registry of rental facilities would also be useful, some suggested. The women before renting particular houses could access historical information on the bills, housing repairs and landlord issues. This might alleviate some of the difficulties discussed by women interviewed for this report (harassment, sub-standard conditions, problems with neighbors, etc.). As well, such a registry could be useful to develop rental guidelines for social services. Specifically, Departments of Social Services have been reticent to raise Social Assistance rates to meet costs of living increases and inflation rates, as the extra monies spent do not necessarily equate to better housing. Some landlords simply raise rents as much as the assistance rates but do not re-invest the extra funds into repairs and improvements. However, if a systematic registry were developed of landlords and organizations providing decent and affordable housing to Social Assistance recipients, those landlords meeting the criteria could receive higher rents, but landlords not on the Registry would not.

Some participants noted that some landlords claim required repairs are done, when the repairs are not actually completed, so such a registry would provide checks and balances against such

reported cases of misuse of public monies. One participant, a professional working in the front-line provision of housing services to women, proposed landlords who prey on vulnerable tenants, should be treated as 'Johns', someone who preys on and mistreats the vulnerable. This particular professional proposed that developing a campaign to shame so-called slum landlords might be effective, just as the social shame an individual who is caught trying to buy the services of a sex trade worker experiences is seen to be a useful deterrent in reducing levels of prostitution.

The participants were familiar with stories of desperate tenants, needing to house children, signing leases without adequately inspecting the house. They shared experiences of working with clients who, in some cases, are not able to read and understand the lease and damage statement but needing housing and then later being blamed for pre-existing damage and losing their damage deposit. A liaison would be a suitable person to intervene in such situations, working with people in need of support in signing leases and inspecting houses or apartments with tenants.

Encouraging more responsibility on the part of landlords and increasing the number of inspections conducted in issues of sub-standard housing (where rental units fail to meet code with respect to health and safety standards) was stressed by about half of the professional participants. A few interviewees noted that a cohort of landlords that could benefit from some training around clarifying their responsibility versus the responsibility of tenants for new landlords. They spoke about the importance of preparing for demographic trends. Specifically, there is a growing class of new landlords who are adults who have inherited a family home upon the death of a loved one, generally an aged parent. In both Regina and Winnipeg there are considerable numbers of "baby boomers"

(people born in the decade-and-a-half of high birth rate years following the Second World War) who grew up in once-respectable inner city neighborhoods that are now considered part of the urban 'core'. In other words, their family home is in a community in decline and given low property rates in the 'core' they decide to become landlords and to turn their childhood home into a revenue property.

Since this new group of landlords is generally middle-class wage earners, they are ill prepared to relate to tenants who are poor and from drastically different social, cultural and economic experiences. In such cases having a liaison – a professional facilitator – to help people from very different backgrounds work together would be most useful. Providing cultural training and other background to these new landlords would be useful, the professional participants suggested.

Raising awareness amongst new front-line workers, particularly Social Workers, of how bad the housing situation is right now would represent another progressive practical step in addressing the current housing situation. Some participants stressed how new Social Workers are often shocked to learn how severe the housing scenario is but that providing current training in this area prior to practice would allow workers to be more effective.

The front-line workers stressed how difficult their jobs are, and that there is a high level of "burn out" amongst colleagues as there is always too much work and too few resources to meet the needs of clients. They also spoke about how they would like to be more involved in policy and decision-making about how programs will be funded and delivered by front-line agencies. Not only do some of the participants not feel involved in a meaningful way in planning processes but emphasized how the women who are affected by housing problems are often not

able to participate in planned "focus groups" and other forums. The stressed how while some events for getting community input of people with housing problems have been held in recent years, they noted that it is not realistic for women who are struggling to attend, given childcare and transportation barriers. Involving people who most need help has to be done in ways that makes it feasible for people to attend, participants stressed.

It is important to recognize the intergenerational consequences of poverty and abuse. Ensuring people renting to Aboriginal people appreciate Saskatchewan and Manitoba's history of Residential Schools. Some landlords, participants reported, who have come from home-owning middle-class background do not understand how some tenants do not seem to have any "house price" and may come into conflict with renters over issues such as yard maintenance and other housekeeping issues. Some of the front-line workers explained how when people have grown up poor they may be used to sub-standard housing, "they are used to crap" one participant noted, which is difficult for someone who grew up in a house their parents owned and who own their own home. Ensuring there is an intermediary, a moderator or mediator, available who appreciates the cultural and class differences at play when renters and landlords come into conflict would be a meaningful method of having more fair and effective methods in place, some participants stressed. Female renters who are shy and timid are most vulnerable, a couple of professionals said, and would best benefit by having support in arriving at an appropriate and mutually workable relationship with landlords.

Two of the professional participants shared a story highlighting the cultural and ethnic differences between people involved in the low-income housing sector. They shared the story a woman (who is a client at a clinic they work at)

who asked for their help in applying for a home-ownership program. She was feeling defeated and discriminated against in trying to apply for a home-ownership program. One of the professionals involved in this study called the home-ownership program on behalf of her client who had asked for help. She was told that the client would not qualify because she did not have the yard maintenance equipment that would be required to take care of the yard, noting that "...if people do not own a lawnmower they should not be able to have a house". That comment, to the participant in this study, highlighted the difficulties of not sensitizing middle-class employees involved in housing issues to the realities of poverty. The participant noted the faulty thinking of the statement, as someone who has never owned a home, particularly someone who is poor, would not own a lawnmower, as they would have no need for one.

SUMMARY

Overall, the housing professionals shared a very similar message, of urgency in the social housing sector in terms of the recognized high numbers of community residents who are facing housing difficulties, are near homeless or, in larger centers, are absolutely homeless. Developing community partnerships between all levels of government was overwhelmingly emphasized as a critical component of any sustainable strategy. Collaborations between government and community organizations, the business and corporate community, as well as community members was repeatedly highlighted as the most practical and realistic method for improving the quality of life many communities have lost over the last decade in terms of the basic human right to shelter. After all, many stressed, adequate housing is universally viewed as one of the most basic human needs yet increasing numbers of people in our communities are not adequately housed. The participants expressed optimism, although

sometimes pessimistically, that bonds are being built within communities and capacities increased to begin better responding to Canada's housing crisis.

Regarding gender and health, most of the participants, especially the front-line workers, spoke unambiguously about how fundamentally important it is that future housing initiatives, both in the home ownership and rental areas, actively involve women who live in communities where units are being developed. Meaningfully involving people affected by policies and programs is the best way, they noted, to ensure future initiatives are grounded in the actual and urgent needs of all women and children who are in need of core housing.

Rental Households Needing Core Housing

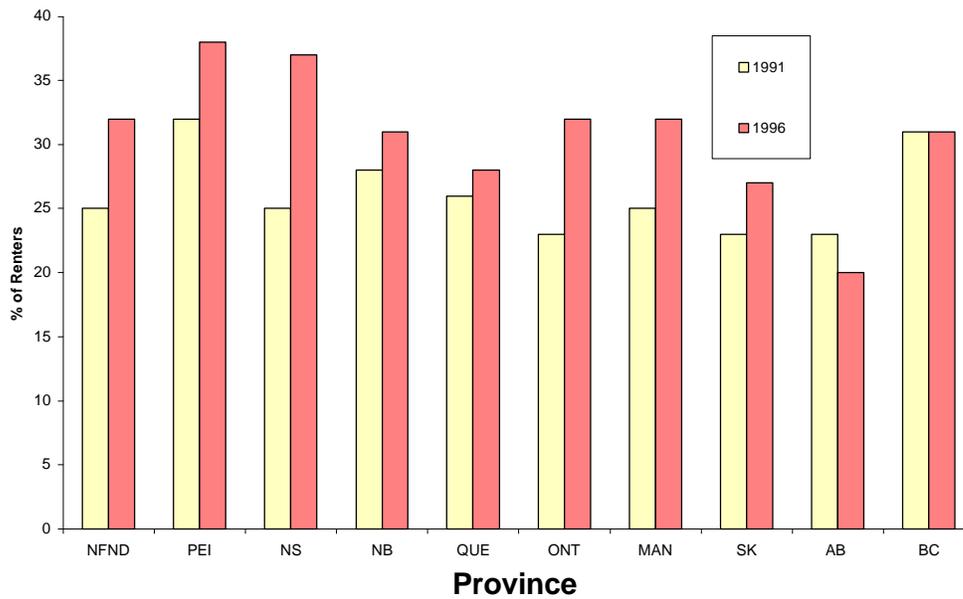


Figure 1. Source: Federation of Canadian Municipalities, 1999.

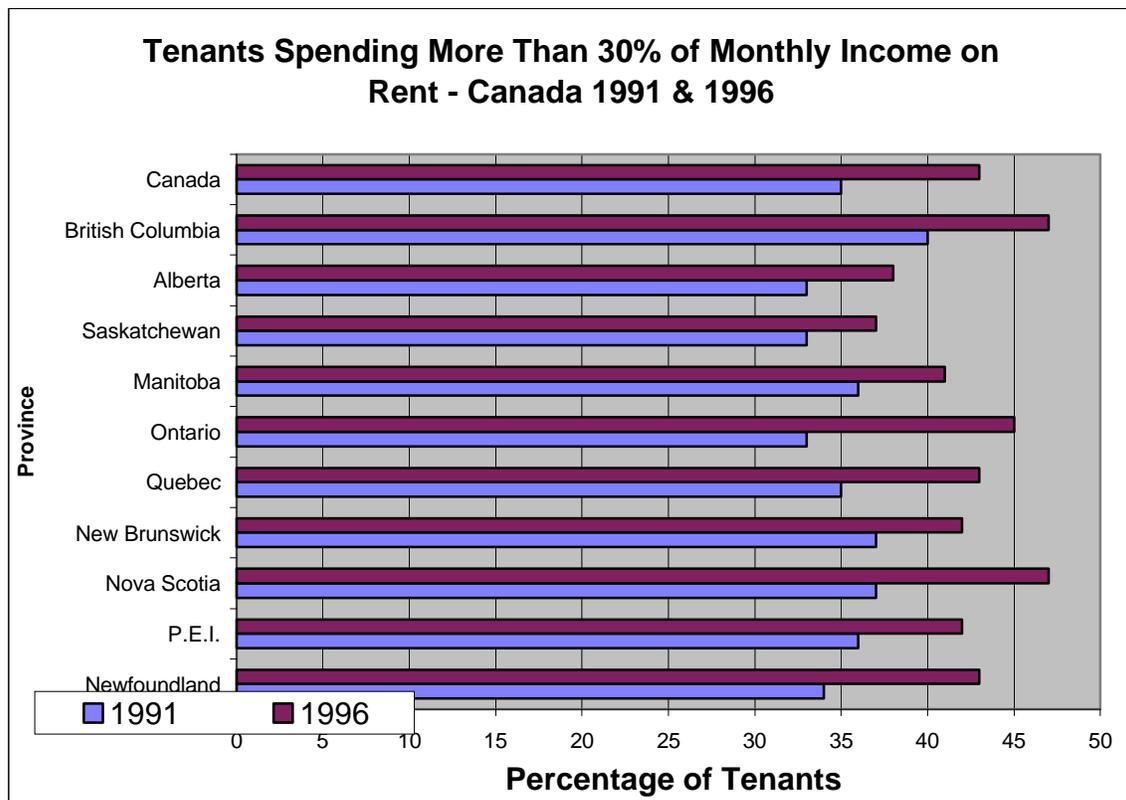


Figure 2. Source: Federation of Canadian Municipalities, 1999.

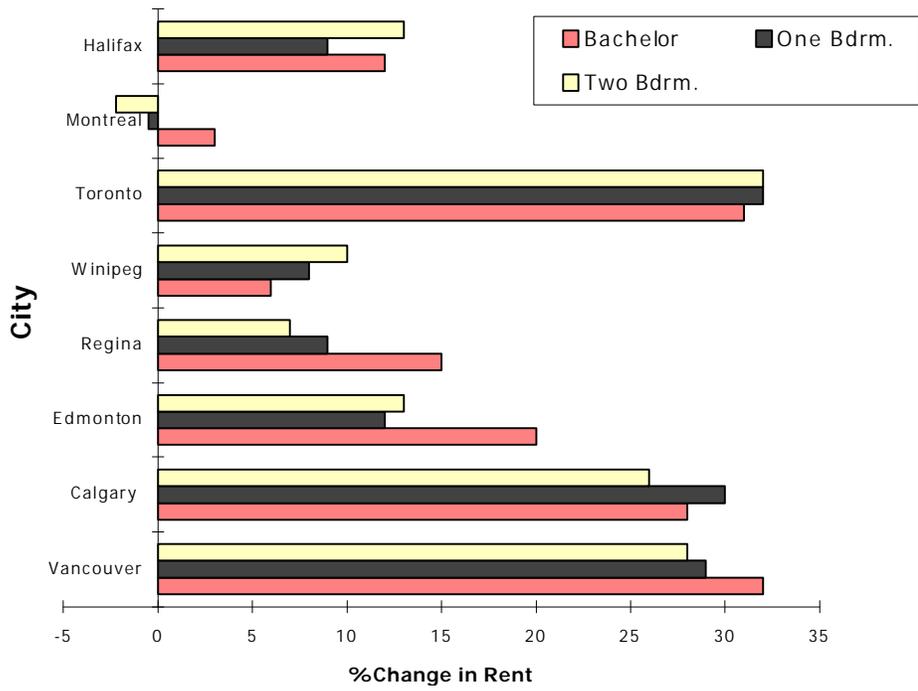


Figure 3. % Change in Rents by City – 1988 to 1998. Source: Federation of Canadian Municipalities. 1999.

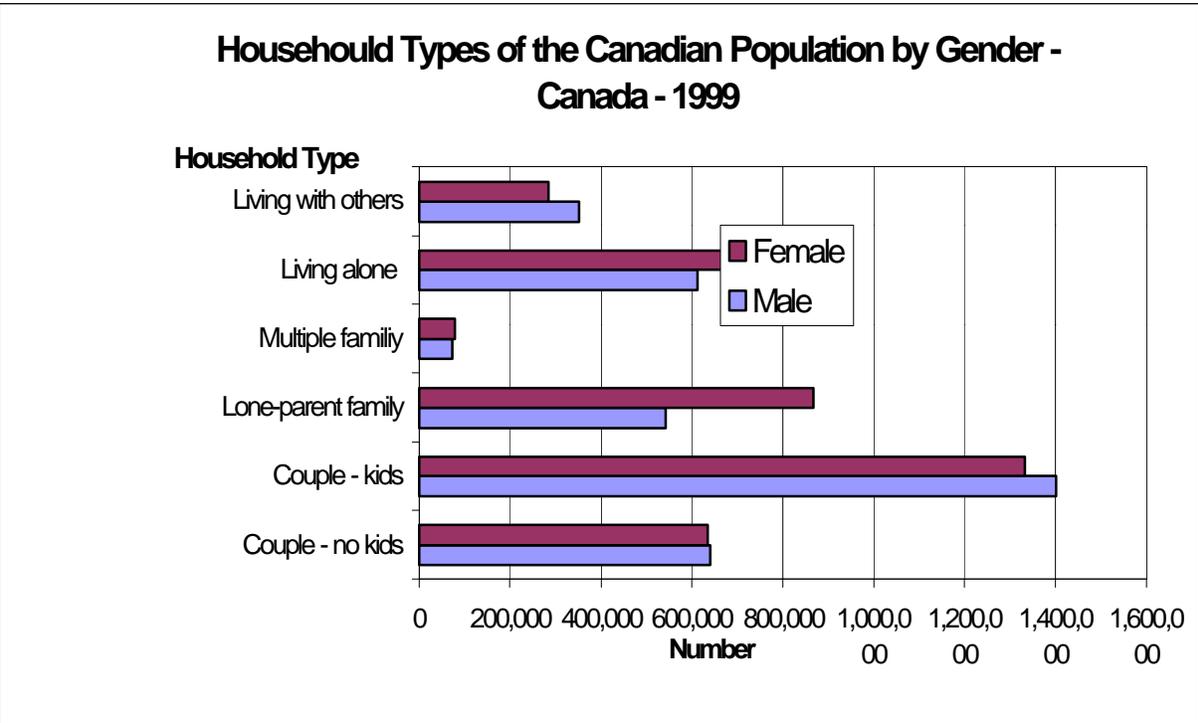


Figure 4. Statistics Canada 1A: Housing Conditions of the Canadian Population by Gender, Age, Household Type and Tenure. Data provided by Sask. Women's Secretariat, May 2001.

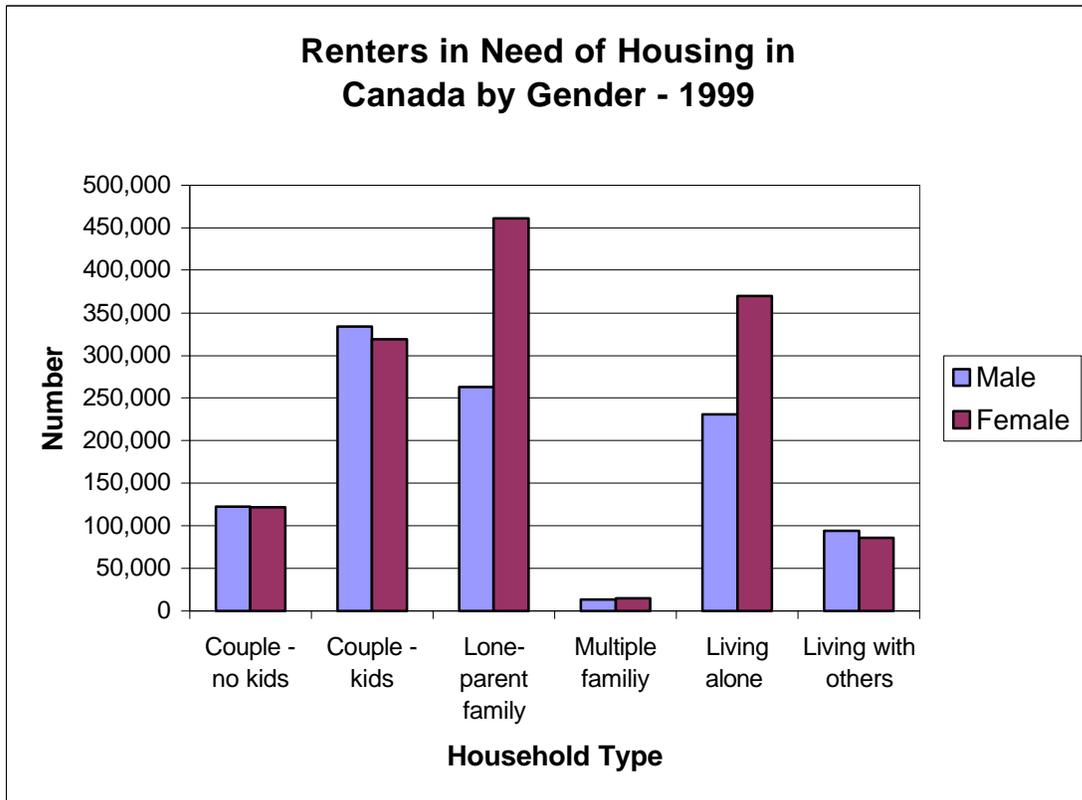


Figure 5. Ibid.

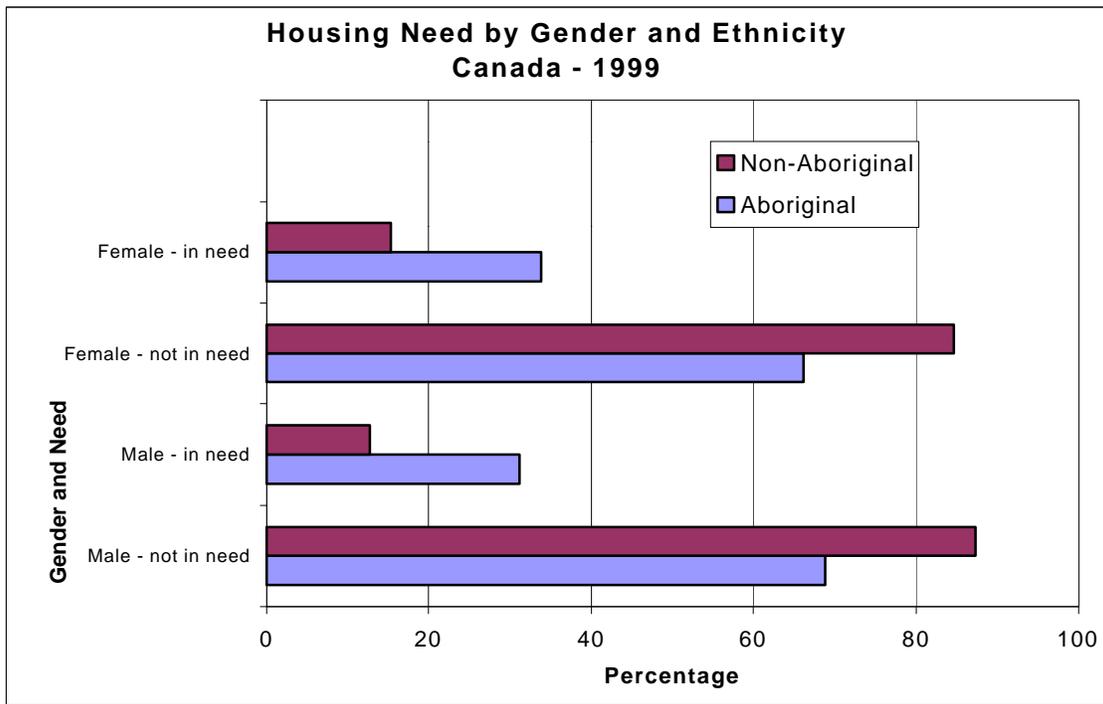


Figure 6. Source: Statistics Canada: Table 2. Housing Conditions of the Canadian Population by Gender, Age and Aboriginal Identity. Data provided by the Sask. Women's Secretariat, May 2001.

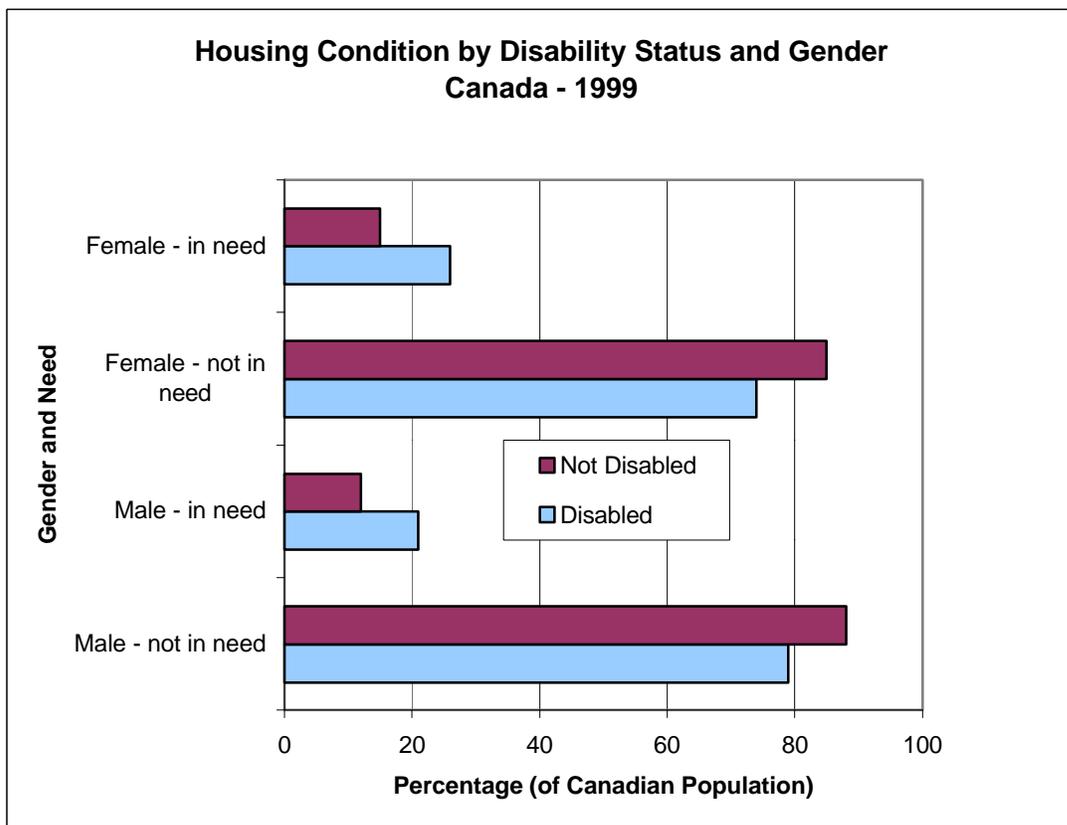


Figure 7. Ibid, Table 3. Housing Conditions of the Canadian Population by Gender, Age and Disability Status. Data provided by Sask. Women's Secretariat, May 2001.

PART 5 CONCLUSIONS & RECOMMENDATIONS

The goal of this study was to explore the connections between changes to housing policy and practices and women's health in the cities of Regina, Saskatchewan and Winnipeg, Manitoba. The key conclusions drawn are that all of the participants, aside from a couple of the professional participants, have lived in or are currently living in unaffordable, unsuitable and sub-standard housing. As social housing policy changed throughout the 1990s, the women interviewed, especially those with children, have found it more and more difficult to afford suitable housing over recent years. Most of them reported specific situations where they felt their gender was a factor in difficulties finding and sustaining housing.

Women who face health and safety problems in their homes feel high levels of stress. Women reported being unable to sleep and feeling deeply distressed, worrying about the well-being and health of their children from living in sub-standard (needing major repair such as plumbing or heating) and unsafe (lacking secure doors with locks and locking windows) housing. They reported being deeply disturbed with conditions in their homes as well as dangers and difficulties with neighbors and in their neighborhoods.

Gender appears to increase people's risk of living in housing that affects their health because it is not affordable, adequate or suitable.

Affordability is gender-related in that more women make less money than men do, and are more likely than men to be poor. The sexual division of labour within society still places barriers on the kinds of jobs women hold and ensures that "female" work – nursing, child and elder care, waitressing and food service work – remains the least lucrative on the job market. The burden of childcare and domestic work remains primarily a female one, so that for single-parent women, going back to school, holding a full-time job, and trying to make regular payments toward owning a house becomes more difficult. Female-headed households, who account for 85% of single parent families, are the most likely group to spend a disproportionate amount of monthly income on housing than men.

Adequacy is also gender-based as men as a group, again due to the sexual division of labor and gender-based notions on who should learn what skills in society, tend to be more likely to be able to take on any required home repairs. Or, as the participants expressed, men who are more familiar with the plumbing and heating 'code' may be more likely to work more collaboratively with a landlord in fixing the repair. Most of the women in this study had neither the tools nor the skills to actively be involved in ensuring their home is adequate in meeting basic health and safety needs.

Finally, suitability is also gender affected, as lone-parent families are most likely to live in over-crowded situations, and women, who constitute the vast majority of lone-parent families, are generally less able to afford larger places and may limit their choices due to safety considerations. Therefore, it is concluded that gender plays a role in a person's risk, or put another way gender is a risk factor, in living in housing that is not 'healthy'.

The high levels of psychological stress, especially distress reported by mothers, leads to health problems such as sleeplessness, constant worrying, and feeling fearful, nervous, jumpy and having difficulty relaxing. Many of the participants reported frequent headaches. Women, and their children, were particularly affected by substandard housing conditions such as plumbing and heating problems, infestations of rodents and insects, air-quality problems, and various safety issues. Participants felt issues of adequacy (of a home not needing major work or fumigation) tangibly affected their health and the health of their children.

Heating problems in the context of increasing utility costs was a commonly discussed area. Non-functioning or poorly functioning furnaces and heating systems combined with insulation problems and rising energy costs means many women and their children are living in the winter without properly heated homes which leads to more colds and often serious respiratory illnesses, especially for their children. Some families live in just a couple of rooms in their home. Others rent apartments (since they are generally less costly than houses to heat in the cold prairie winters) with too few rooms. In other words, women living with their children in places that technically are 'unsuitable' in terms of accepted occupancy standards just so they can be sure they can afford heat throughout the winter even though they are crowded. Being overcrowded over the winter was stressful and difficult, the women reported.

Women with pre-existing health problems (disabilities or a major illness, for example) report that living in-substandard housing worsens their health particularly when their home does not meet their basic health needs. Whether it was a participant with mobility difficulties not able to cope with stairs, or an interviewee with allergies or respiratory problems needing good air quality, if a participant with specific health needs rented an apartment or a house that did not meet their needs, their health deteriorated.

It was common for participants to report frustrations and tensions in relationships with landlords, particularly in the private housing market. All of the participants had at least one troublesome landlord experience. Some of the tensions were around landlords not following through on agreements to fix or repair something broken or not working in a rental unit. Many stories were shared about women expressing concerns over insect or rodent infestations and air-quality problems that were negated and/or ignored.

In addition to issues of health and safety in landlord relationships, most of the women also reported feeling harassed or mistreated by their landlords both as tenants and as women. They do not feel supported by provincial authorities in seeking support in resolving landlord/tenant difficulties, leaving them feeling vulnerable and with few choices. Overall, participants do not feel that supports or resources are available for addressing their concerns within government agencies (i.e. the Office of the Rentalsman). The overall assumption was that housing agencies and authorities tend to side with landlords in most disputes as issues often come down to one person's word against another, and the participants all felt 'authorities' typically side with landlords when concerns are raised.

While a couple of the participants are new to housing difficulties (and may have previously lived with their family of origin and/or an ex-partner), the majority of the women interviewed have been struggling with housing issues for numerous years and have been displaced multiple times from various residences. The effects of multiple moves on their physical and mental health was substantial. They reported their children were often most seriously impacted both psychologically and educationally by constant re-locations and having to change schools and make new friends. Many of the mothers reported they would sacrifice their own well being (feeling unsafe or disliking a neighbourhood or a home) so they would not have to displace their children – yet again – by changing schools and moving away from friends.

In light of these findings it is concluded that the current housing ‘system’ (including all forms of rental housing such as public, charitable, and the private market) is, overall, all things considered, insensitive to gender-specific housing issues.

RECOMMENDATIONS

Briefly, the key recommendations fall into two categories, one specifically aimed at health and housing issues as they relate to gender. The other recommendation category involves gender-specific process issues that are typically not addressed in housing policy and practice documents.

With respect to the **gender, housing and health**, the main recommendations are:

1. Address the shortage of affordable, adequate and suitable housing for women, particularly women raising young children.

Numerous other recent housing publications have stressed how important stable, adequate and affordable housing is as part of an overall strategy to create healthy and sustainable communities. Communities affected by changes such as aging housing stock, a growing shortage of affordable housing, and high number of rental properties with absentee landlords require strategies to foster stable, community based housing initiatives. Strengthening home ownership and also rental programs, through recognizing and responding to the barriers women like those surveyed for this report face in the housing sector would substantially address the shortage of core housing for women and their children.

2. Ensure basic health and safety rules and regulations are followed in all areas of rental housing, especially in the private housing market where women repeatedly reported living chronically in sub-standard housing.

Repeatedly, the participants shared experiences of living in unsafe, unsanitary, and of inadequate housing in need of major repairs and of the effects on their health and the health of their children. Providing mediation and support for women and landlords where major repairs are needed could help reduce the numbers of families that are living in inadequate housing. Given that an estimated eighty percent of inner-city rental houses are in need of major repair, supports must be developed to support both female renters and landlords to bring rental units up to adequacy standards and to help women get training and tools for home maintenance.

3. Provide support to landlords and tenants to ensure heating systems and insulation issues are suitable so that, in light of high energy costs, women and their children are

not living without appropriate heat in the cold of winter.

Heating old houses and apartments in the dead of a prairie winter with increasing heating costs results in women and children being cold and most likely cramped during the winter months. Incentives (including accountability measures) for landlords and low-income home owners to upgrade insulation and heating and ventilation in aging housing stock and larger subsidies on utility bills for the very poor would be useful means of alleviating this commonly reported health related housing problem.

4. Respond to the needs of women with serious health problems and disabilities so that they are living in homes that accommodate and suit their basic health needs.

Women who have significant health problems (a chronic, debilitating disease) and disabilities (such as mobility limitations) are affected substantially by housing that does not meet their basic needs to maintain their health in light of their condition. Providing more linkages between the disability community and women who are isolated could be helpful as isolation was repeatedly reported among participants with health problems. Also, more supportive housing initiatives and expanded affordable housing (both ownership and rental units) could lead to more adequate housing for women with serious health problems and ultimately be a cost-effective preventative measure for responding to the needs of women with health problems and a range of disabilities.

On the topic of **‘other’** gender-specific housing issues, the recommendations are:

1. Support the establishment of stable, longer-term low-cost housing for women and their children to reduce multiple displacements. Solutions must adopt a grassroots approach that includes extensive consultations with women. Policy approaches need to be participatory and to meaningfully include the voices of women affected.

Strategies discussed in other recent relevant publications for a more sustainable national housing policy approach should be supported. Special effort needs to be taken to genuinely include the voices of women affected by housing policies so that programs are suitable and accessible to most in need of housing (women in unsafe situations).

Other sustainable strategies for community development for women, men and children who lack appropriate housing involve broad-based and adequately funded strategies, as proposed by the Federation of Canadian Municipalities (1999):

1. Investing capital to help create new affordable housing;
2. Repairing and preserving existing affordable housing;
3. Ensuring housing is a part of a multi-prong strategy for high-need communities;
4. Encouraging private responses through tax and other policies; and,
5. Continuing to share the cost of ongoing subsidies.

2. Housing policies must recognize that women have particular challenges in the housing market – especially in accessing and sustaining decent housing – and often

require additional support in finding and financing suitable housing.

Poverty, crises, fleeing unsafe situations and a variety of other circumstances lead women to accept living in housing that are not suitable. Often rental units are in need of major repair, or are unaffordable. It would be advisable to have a registry and a supported process of helping women locate and negotiate rental, and ownership, situations. Providing support to women seeking and struggling with housing problems would be useful.

3. Support and training for home maintenance should be available to women without the tools and/or training to do routine home maintenance and repair. This is particularly important for women who have accessed home-ownership programs and who find themselves responsible for maintaining a home yet often do not have the skills, equipment, or the funds to maintain their own home.

Providing in-kind maintenance services and training, as well as tools, could help keep more women in housing that adequately meets their needs. It is important to recognize that many women have not had the chance to learn basic home maintenance skills and seldom own a suitable set of tools.

4. Facilitate communications and relations between private sector landlords and female tenants to reduce harassment and ensure health and safety issues are addressed in a timely fashion. This role would be best fulfilled through a non-government organization. An organization

at arms-length from the government could also provide a mechanism for advocacy in more extreme and complex situations.

As reported in other research on the housing needs of women in Saskatchewan, existing housing services should be better coordinated and a Housing Advocate role or position should be created to liaison between the many government departments and organizations involved in planning and providing housing services. An Advocate/Liaison should be either self-employed or else work through an existing agency or organization at arms-length from government. An organization the Liaison would work with should be aware of and responsive to gender and ethnicity/cultural issues. As well, broadly based city committees should develop guidelines for enforcing rental housing standards, license landlords and develop a list of reputable landlords. Incentives should be provided to landlords who champion and support a new approach to landlord/tenant relationships. In the interim, existing legislation and regulations should be enforced.

5. Provide training in gender-based analysis to housing professionals and policy makers to ensure policies and practices are gender sensitive.

All of the participants in this survey, both women who shared housing experiences and professionals working in the public or not-for-profit housing sector acknowledged that existing programs do not acknowledge and respond to the challenges women face in finding, maintaining and keeping core housing. Providing gender-based training to all professionals in both the civil and extended civil service, as well as non-government, charitable and private sector housing professionals could

result in a more gender-sensitive and thus more humane and effective social housing programs that meet the needs of women in our communities.

Partnerships between government agencies, such as the Women's Secretariat in Saskatchewan, for example, and community-based organizations, libraries or community groups and/or local human resource trainers with expertise in gender-sensitivity training, could be formed to provide training to raise awareness of the impact of gender to the broad housing community.

A FINAL WORD

Our communities can be more successful and strategic in responding to the current housing crisis if the processes involved in developing and implementing policies are grounded in gender-based analysis and grassroots involvement of the women actually experiencing housing difficulties. Then we can achieve more success in providing various forms of housing that meet the needs of low-income women and children in our provinces.

Appendix A – Participant Package

The Demise of Social Housing Policy: The Health Effects on Women

Participant Recruitment Package

A Research Report by
Darlene Rude and Kathleen Thompson

Funded by
The Prairie Women's Health Centre of Excellence
Introductory Letter to Participant

**The Demise of Social Housing Policy:
The Health Effects on Women
A HEALTH POLICY RESEARCH REPORT**

May 2000

To Participant:

Thank you for considering participation in this health policy research report on the health effects on women of recent changes to in the last decade to Canada's social housing policies and practices. As part of the research report we will be conducting interviews with women who have had difficulties accessing adequate housing and also with people who work in the housing field.

Our research report is approved and funded by the *Prairie Women's Health Centre of Excellence* (PWHCE) as part of its program to assess the impact of social policy on the health of women in Western Canada. The PWHCE is one of five Centres of Excellence for Women's Health funded by the Women's Health Bureau of Health Canada. The Centres are dedicated to conducting policy-oriented research aimed at improving the health status of Canadian women by making the health system more aware of and responsive to women's health needs.

Your participation is voluntary. If you agree to be interviewed, your commitment will be approximately 30 to 45 minutes of your time for a personal interview to be conducted by one of the two report researchers, Darlene Rude or Kathleen Thompson. In addition, it is possible that, at a later date, a brief interview may be requested to clarify the information gathered. The information provided would only be used by the researchers for research purposes, and your identity will remain anonymous.

If you agree to participate, your interview will be recorded on a cassette tape. The cassette tapes will be fully transcribed and then erased immediately following transcription. The interview transcriptions will be kept in a locked location during the research and then destroyed upon completion of the thesis.

Participants will be provided with a full transcription of their interview and be invited to offer additional input after reviewing the transcription. A final copy of the report will be available to you through the *Prairie Women's Health Centre of Excellence*.

If you are willing to participate in this research report, please indicate your interest by phoning either Darlene Rude at (306) 525-3231 or Kathleen Thompson at (306) 585-5647. You can also reach us via Internet e-mail at: drude@cableregina.com or Kathleen.Thompson@uregina.ca.

Your participation will provide valuable information. Please accept our appreciation, in advance, for your consideration of this request.

Sincerely,
Darlene Rude & Kathleen Thompson

The Demise of Social Housing Policy:

The Health Effects on Women

Research Report Summary

It has been well established that adequate shelter is a prerequisite of good health. The goal of this research report is to determine how changes in federal and provincial housing policies have impacted the health of women. The purpose is to describe, from the perspective of women, the health impacts arising from a lack of adequate, affordable and safe housing in the cities of Regina, Prince Albert and Winnipeg.

This study documents the erosion of the federal social housing policy in the 1990s and examines existing social housing initiatives through a gender and ethnic-sensitive lens. Part of the objective is to research the implications of the crisis housing faced by many urban aboriginal women. The research also studies the issues relative to funding for shelters and safe houses for survivors of violence.

The rationale for the report is as follows:

- There is an increasing awareness regarding the relationship between inadequate housing and poor health; housing is recognized as a determinant of health;
- Women who cannot afford proper housing may have to live in unhealthy physical environments;
- A lack of affordable housing options may force women to remain in relationships that expose them and their children to abuse;
- A lack of affordable shelter may contribute to homelessness;
- Individuals spending a disproportionate amount of monthly income (i.e. more than thirty percent) on housing have less money to spend on other basic needs, such as food, clothing and health care; and,
- Women, who are already disadvantaged economically within society because of labor wage gaps and gender divisions of labor are further disadvantaged by housing policies that promote home ownership and a profit-driven rental market.

This research report is designed to provide analysis and interpretation of the impact on women's health of housing policies and processes in Saskatchewan and Manitoba to provide recommendations for developing proactive policy and practice responses to women's housing needs.

Scope and Methodology

The research, assessing the impacts on women's health of housing policies and practices in Saskatchewan and Manitoba, will be explored through a triangulation approach to data collection, using both quantitative and qualitative methods.

A triangulation approach combines methodologies in the study of the same phenomenon. It involves using multiple data sources to attain completeness. The approach strives to "capture a more complete, holistic, and contextual portrayal of the unit(s) under study".¹

Data will be gathered from the following sources:

- Historical and current housing policy and practice documents and quantitative housing data information will be gathered from federal, provincial and municipal government and non-government agencies as well from the University of Regina library and the Internet;
- Housing policy makers and professionals, as well as women leaders and spokespeople will be interviewed; and,
- Women whose experiences with housing may have impacted on their health. These participants could include women who have experienced difficulty in finding adequate housing, women living in substandard housing, survivors of domestic violence living in shelters, or who have been turned away from shelters, women living in co-operative housing, and homeless women.

The data will be analyzed using Strauss and Corbin's (1990) Grounded Theory Approach.² The objective of the Grounded Theory Approach is to 'ground' one's theory to the data – to generate theories from the data – rather than impose restrictive, preconceived categories onto the data.³

Participants will have access to the research report, through the *Prairie Women's Health Centre of Excellence*.

¹ Morse, J.M. (1989). Qualitative nursing research: A contemporary dialogue. Newbury Park, California: Sage.

² Strauss, A., Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, California: Sage.

³ Harding, S. (1987). Feminism and methodology. Bloomington, Indiana: Indiana University Press.

Proposed Interview Questions

Policy Makers, Housing Professionals and Community Leaders

Demographic Information:

- Position;
- Term;
- Previous housing-related positions(s), education, and/or training; and,
- Other housing experience.

1. What are some of the major changes that have occurred in recent years to housing policy and practices?
2. How are current housing policies and practices impacting on women, particularly on their health?
3. What suggestions can you offer for improvements to current housing policies and practices to make current approaches more gender-sensitive?

Do you have any other comments or input?

Women with Housing Experiences

Demographic Information:

- Background; and,
- Housing history.

1. Describe your experiences in accessing affordable and adequate housing.
2. Have gotten better, or worse, in recent years?
3. Do you think your experiences in housing have impacted on your health and the health of your children, and if so how?
4. What do you think needs to happen to improve your housing situation?

Do you have any other comments or input?

**The Demise of Social Housing Policy:
The Health Effects on Women**

Informed Consent Form

Researchers: Darlene Rude and Kathleen Thompson

I, _____ have received a copy of this consent form and agree to participate in this research report. I understand that my participation, which will involve participating in a thirty to forty-five minute interview, is completely voluntary, anonymous and confidential. It has been clearly explained to me that I can refuse to answer any questions that I feel uncomfortable with and that I can discontinue the interview at any time.

I understand that by participating in this research report, I am consenting to having portions of the interview, in the form of quotations, used in the final research report.

Should any questions arise following the interview, the researchers can be contacted via telephone. Kathleen Thompson can be contacted during office hours at (306) 585-5647. Darlene Rude can be reached at (306) 525-3231.

This report was approved by The Prairie Women's Health Centre of Excellence. If participants have any questions or concerns about their rights or treatment as research participants, they may contact Josephine Savarese, Program Coordinator, Prairie Women's Health Centre of Excellence, Regina Site at (306)-585-5727.

Date

Signature of Participant

Appendix B – Semi-structured Interview Formats

Women Respondents: Interview Guide

A) Background

Tell me about your current home. How much time do you spend there on a daily or weekly basis (for example, evenings and weekends only, or most of the day)? What is your major activity there?

Do you work for pay outside of your home? If so, doing what? Have you worked for pay at home? If so, doing what?

Apart from yourself, who contributes income to pay for housing and other costs in your family or household?

Do you desire to own a house? If so, why?

Are you in a position to save money for a down payment on a house (regardless of your actual intention to buy)?

B) Housing History

How many different places have you lived in during the last five years?

For each:

- Did you rent or own the property?
- How did you find the place?
- With whom did you live?
- How large was the place (how many people per how many bedrooms)?
- What was its physical form (house, high-rise, basement, etc.) and condition (good repair, damp, secure, etc.)?
- How much did it cost you? Did you receive any assistance from social services to pay? About what percent of your income did you spend on housing?
- Where was it located (i.e. in relation to place of employment, services, schools, etc.)?
- Did you have friends and family nearby?
- Did you feel safe and comfortable in your home and in the neighborhood?
- How long did you live there?
- Why did you move?

If First Nation: During the year, do you spend any time living on a reserve? How much? Please describe the housing you live in on reserve.

C) Housing and Health

Did you ever live anywhere in the last five years where you felt your health was affected? Where, and how so?

What was your worst experience with housing and why? Did you take any action? What was that?

Have you ever continued to stay in a housing situation when you preferred to leave? Why?

Do your housing costs ever force you to spend less on other necessities (i.e. food, clothing, etc.)?
If yes, how has that affected the health of yourself or your family members?

What would need to happen for your situation around housing to improve?

Do you have any other comments or inputs?

Policy Makers/Housing Workers: Interview Guide

Briefly, what is your own background and experience working with housing?

From your perspective, how has social housing policy and practice changed in the last decade?

How are the current social housing policies and practices impacting on people? On women?

Do you think that people's housing can have an impact on their health? How is that?

Do you think housing can impact on women's health? How is that?

What suggestions can you offer for improvements to current social housing policies and practices to make the current approaches more gender-sensitive?

Do you have any other comments or inputs?

Appendix C – Participant Sign-off Sheet

Interview Sign-Off Sheet

Name _____
(please print)

This is to confirm that I have read the transcription of my interview and agree to:

- I. _____ sign-off the interview as it is; or,
- II. _____ sign-off the interview pending the following *changes*.

Required Changes

- you can make changes directly to the transcription, or list the necessary changes below (by referring to the transcription “line number”, as indicated in the left margin of your transcription)

Additional comments

Date

Signature

Appendix D Coding

Appendix D – Qualitative Codes

Women’s Housing Experiences

1. Family

- Of origin (parents & siblings)
- Partner – Marriage
- Father(s) of child(children)
- Single

2. Parenting

- Single-parenting
- Child-focus
- Child’s (or children’s) behavior
- health
- personality
- Childcare

3. Goals

- Assertion
- Action
- Ideal home

4. Education

- Location (proximity)

5. Work

- Accomplishments

6. Housing

- History
- Ownership
- Permanency
- Home
- Availability (shortage)
- Waiting Lists
- Space
- Moving
- Neighbors
- Roommates
- Pets
- Nature
- Poor quality
- Sub-standard housing
 - insects

- Shelter - Squatting
- Advocacy
- Landlords
 - Rent & damage dep.
 - Maintenance (improvements)
 - Eviction & reference

7. Health

- Risks
 - Abuse
 - Addictions
 - Safety
 - Harassment & betrayal
 - Disability
 - Poverty
 - Crime
 - Discrimination
 - Frustration
 - Depression – suicide
 - Loss
 - Food / diet
 - Dysfunctional Relationships
- Treatment (Rx)
- Support
- Friends
- Counselling

8. The State

- Housing Authorities
- NGOs
- Policies
- Welfare
- Services
- Rentalsman

9. Other

- Faith – spirit
- Perspective
- Communication
- Gender differences

- Marginalization
- Trauma – Displacement
- Isolation – Secrecy
- Shame
- Choices?
- Change (social)

- Income generation
- Minimum wage
- Gender \$ inequity
- Cutting costs
- Flat broke
- Debt / bad credit
- Increasing rents
- transportation

10. Financial

- Monthly \$ income

Qualitative Codes

Professional Participants

1. Family

- Partner – Marriage - Boyfriend
- Father(s) of child(ren)
- Families
- Single

2. Parenting

- Single-parenting

3. Goals

- Ideal home
- Advocacy
- Opportunities

4. Education

- Location (proximity)
- Literacy

5. Work

- Position
- History
- Accomplishments

6. Housing

- Ownership
- Permanency
- Availability (shortage)
- Waiting Lists
- Space
- Roommates
- Neighbors - Neighborhood
- Pets
- Nature
- Poor quality
- Sub-standard housing
 - insects
- Shelter – Squatting
- Advocacy

- Landlords

- Rent & Damage Deposits
- Maintenance (improvements)
- Eviction & Reference
- Transportation
- Moving (rural – urban)

7. Health

- Risks
 - Abuse & Addictions
 - Safety/Harassment & betrayal
 - Disability
 - Poverty - Crime
 - Discrimination - Frustration
 - Depression – suicide
 - Loss
 - Food / diet
 - Dysfunctional Relationships (conflict)
- Treatment (Rx)
- Support
- Friends - Networking
- Counselling

8. The State

- Initiatives
- [Housing] Authority
- NGOs – Co-op – Subsidized – Profit
- Policies
- Welfare
- Services
- Rentalsman

9. Other

- Faith – spirit – rights (human + gender)
- Perspective
- Communication

- Marginilization
- Trauma – Displacement
- Isolation – Segregation (ghettoized)
- Choices?
- Culture
 - Immigrant (issues)
 - Métis, Aboriginal, First Nations
- Power
- Healing – The Cycle
- Shame – Trust – Control
- Change (social) – Sustainable

10. Financial

- Monthly \$ income
- Income generation
- [Minimum] wage(s)
- Gender \$ inequity
- Cutting costs
- Flat broke
- Debt / bad credit
- Increasing rents

11. Gender

- Issues
- Differences & ≠

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