

Anyone can live in a boarding house, can't they?

**The advantages and disadvantages of boarding
houses**

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Abstract

Research indicates that housing and tenure type influence well-being. Traditionally, boarding houses are an important type of accommodation, but there is a paucity of knowledge about these dwellings in New Zealand. International studies and a small number of New Zealand studies have shown that boarders staying in the poorest condition boarding houses experience high levels of poverty, poor health and disability and are vulnerable to eviction. Due to inadequate tenancy protection and a lack of privacy, boarders can be considered to be essentially homeless. Some boarders cycle between boarding houses, other forms of temporary accommodation, and sleeping rough.

This qualitative thesis explores the advantages and disadvantages of boarding houses in Wellington, New Zealand. Constructivist grounded theory and semi-structured interviews with nine participants, consisting of two boarders, three health workers, and four landlords and managers are used to understand the drivers for boarding house use, gain insight into the realities of living in these dwellings, and to seek ways to improve boarding house conditions for those with poor health and disabilities.

The analysis indicates a lack of affordable housing, debt, and housing discrimination are key drivers of boarding house use. Others drivers include the lack of connection between health and housing policy and recognition of housing needs when people on low incomes are discharged or released from institutional care.

Results also show that the boarding house market is segmented and that all boarding houses are not equal. The experience of living in a boarding house varies depending on whether the house is in the upper, middle or lower part of an evident hierarchy of boarding houses. Those in the lower part of the hierarchy have the worst physical standards, least safe social environments, and poorest management practices.

Current building legislation is poorly enforced and the complaint-based mechanism to protect boarders from these issues fails due to weak tenancy protection. Weak tenancy protection also denies health workers the ability to advocate for improved housing conditions for people using the service. The study found more can be done to improve the physical standards of dwellings, increase the choice of affordable, quality housing and the provisions of health and social support to vulnerable boarders and to prevent the eviction of boarders due to unmet health needs and disability.

More proactive enforcement of building regulations and the provision of stronger tenancy protection to protect boarders from eviction is required. Landlords and managers that house vulnerable boarders also need better support from health and social services to be able to provide sustainable housing. Boarding houses are not a suitable form of accommodation for some and there is a need to increase the provision of affordable, quality housing for the most vulnerable, as stated in the aims of the New Zealand Disability Strategy (2001).

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Personal Preface

In 1991, I began my nursing training at Kings College Hospital, South London. I chose to be a guinea pig in a new style of nursing training which incorporated both academic study with shift work on the hospital wards and placements with social services and health agencies in the local community. My interest in health disparities was sparked when I had to complete a neighbourhood study in Camberwell. I was shocked by the inequalities in health and the differences in morbidity and mortality rates between differing ethnic and/or income groups across the borough. A desire to reduce these disparities in health was a large motivator throughout my training and subsequent career.

My interest in housing as a determinant of health and health inequalities began during a community placement with a District Nurse in Lambeth, one of the poorest boroughs in London. I was moved by the extremely poor living conditions I saw. Consequently, my first job as a qualified registered nurse was as a community nurse, providing care to people in their own homes across Lambeth, Southwark, and Lewisham. The majority of the people I visited lived in council tenement blocks, poor quality private rental accommodation, and many of those who owned their own homes lived in substandard dwellings, as they could not afford to maintain their properties. Much of my nursing time was spent advocating for improvements to people's housing conditions.

By 2000, I had become a Community Tuberculosis Nurse Specialist and still worked in the same three boroughs of South London. I was interested in health inequalities, housing and homelessness, as many of the people I worked with were sleeping rough, staying in shelters and hostels, or living in privately provided rental accommodation including bedsits, bed and breakfasts and boarding houses. At around this time central government brought in The Homelessness Act (2002), which gave local councils the statutory responsibility to house people who were homeless. There was a proliferation

of homeless hostels and boarding houses, where landlords made money from providing very poor quality housing, including for families. I spent much of my time advocating to local council and central government to improve the regulations related to these dwellings.

I moved to New Zealand in 2002 and began work at Regional Public Health, as a public health nurse in the communicable disease team. I was struck by the disparities in health which exist between Maori and Non-Maori, the poor standard of housing, the crowding and the subsequent high incidence of infectious diseases. In 2004, I moved within the organization to a newly established social environments team and again worked to promote health through advocating for improvements to housing conditions. The work brought me into contact with *He Kainga Oranga*/ Housing and Health Research Programme. Dr Kate Amore and I shared ideas and began to raise awareness of homelessness as a public health issue, as there was such poor recognition about the issue, including the absence of any formal definition of homelessness in New Zealand.

My master's thesis was obviously going to be about health inequalities, housing and homelessness. Boarding houses interested me because there were so many complaints about conditions in these dwellings by health and social service agencies that I worked with. I was confused about the place of boarding houses in the housing market and whether they were a legitimate form of accommodation in 2010, or if they were outdated and needed closing down, as some people suggested. I visited boarding houses in Wellington with my work at regional public health, but the experiences I have had during the research process have moved me as deeply as those experiences I had over 20 years ago in South London. It saddens me that today such large inequalities in people's living standards persist but it is encouraging to have worked alongside such a committed group of people who believe and have proven through research that the disparities in health can be reduced through improvements in the quality of housing.

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Chapter One: Introduction

Boarding houses are an important provider of low-cost, private rental accommodation and are likely to be a key part in the cycle of homelessness for vulnerable groups. Johnson and Coutts (2008) describe how people cycle through various forms of low-cost and insecure housing and homelessness. Further understanding of issues relating to boarding houses may contribute to breaking the cycle of homelessness and improving conditions for people living or working in boarding houses.

There is a paucity of research about the experiences of people who live in boarding houses in New Zealand. In recent years, there has been growing concern in the health and social service sectors, about boarders with poor health and disability. These concerns relate to the poor physical and social environment and management practices of some boarding houses, and the negative impact that this is having on people's health. Concerns include:

- Buildings that do not comply with safety standards;
- Lack of regulation of boarding houses;
- Threats to safety from others living or visiting the boarding house;
- Harassment and threats of eviction from managers or owners;
- Insecurity of tenure (48 hours' notice of eviction);
- Lack of access to health services;
- Social isolation.

Literature reflects the concerns of Wellington service providers about the quality of boarding houses. Studies in New Zealand have found that people living in boarding houses are vulnerable, in poor health, and often lack the economic or social resources to find safer and more secure accommodation (Sole and Robinson 1988; Baxter 1996).

However, this small volume of New Zealand research, published as reports and theses, does not provide a comprehensive understanding of boarding houses.

The vulnerability of boarders has been recognised with boarders gaining tenancy rights for the first time under the Residential Tenancies Amendment Act (2010). Officially, this means boarders can ask for minimum standards for the boarding house's physical and social environment. However, health workers and social service providers report that some boarders remain too afraid of eviction to raise any issues they have with managers or landlords, and are concerned that little has changed to improve living standards and that boarders remain vulnerable to eviction and poor health.

New Zealand's regulation of boarding houses, including building occupancy and maintenance standards are weak and compare with the least regulated parts of the Australian and Canadian sectors, where there is variation between local jurisdictions (Social Housing Strategists Inc 2004a; Eastgate, Hunter et al. 2011). England, Canada and Australia, like New Zealand, set minimum standards via a central government (including the Federal or National governments), but leave the implementation of the standards to local agencies, including councils, fire departments, and public health units. Some jurisdictions have stronger regulations, which include licensing and coordinated proactive inspection (Social Housing Strategists Inc 2004a). However, all other jurisdictions lag behind those of England which under the Housing Act (2004) require licensing, proactive inspection, and provide strong financial disincentives to landlords for providing poor quality accommodation. The regulations are discussed in more detail later in this chapter.

Overseas there has been interest in the health of people living in different housing tenures. People who own their own homes have better health than those who rent their homes (Howden-Chapman 2004). There is robust evidence that tenure type and dwelling type may be used as a marker for poor health status separate from that of

income status (Hwang, Wilkins et al. 2009). Hwang and colleagues (2009) found the morbidity and mortality rates for people in the lowest fifth income earners varied depending on their housing status. Those with incomes in the lowest income quintile living in their own homes had better health than those with the same incomes living in hostels and boarding houses, whose health was only marginally better than that of people sleeping in shelters, and those who slept rough.

Health can be improved by raising housing conditions and the inequalities in health between those living in different tenures can be reduced. Sweden has an aspiration that people should enjoy 'tenure neutrality', meaning owners and renters are no better or worse off financially than each other. The term is used to describe financial 'tenure neutrality', however it could also apply to people having similar health status whether they are home owners or renters (Thalmann 2007).

While there has been some interest in New Zealand with improving health through housing, government policy strongly favours home ownership (New Zealand Productivity Commission 2012). Home ownership is still part of the 'kiwi' identity. Although, there have been decreases in levels of home ownership amongst middle income earners, as house prices have become unaffordable to many first time buyers (New Zealand Productivity Commission 2012). Over the period 1996 to 2006 Wellington house prices increased by 163 percent and between 1991 and 2006 home ownership levels declined by 18.6 percent in Wellington City and Lower Hutt, and by 16.3 percent in Porirua (Statistics New Zealand 2007). Middle income earners are now more reliant on the rental market for housing and are better able to access rental property in comparison to those on lower incomes. Those on lower incomes have always been more reliant on rental housing in either the social housing sector or the private rental sector (New Zealand Productivity Commission 2012).

For groups on the lowest incomes, recent government policy to increase the criteria of 'need' required by applicants to be allocated social housing has forced more households into the private sector with the accommodation supplement (New Zealand Productivity Commission 2012). The accommodation supplement is a demand-driven subsidy which costs the government about 1.2 billion dollars annually. The majority of this goes to the private sector landlords. Reliance on the private rental sector for tenure is problematic for those on the lowest incomes due to incidents of housing discrimination, the poor condition of some properties, and the lack of regulation to address these issues (Bierre, Howden-Chapman et al. 2007; Robson and Harris 2007; Bierre 2008; New Zealand Productivity Commission 2012). New Zealand is a long way from the 'tenure neutrality' vision of the Swedish government (Thalmann 2007) where people living in rented accommodation, including boarding houses, enjoy the same level of wellbeing and financial advantage as those who own their own homes.

Purpose of the study

There has been minimal research completed on boarding houses or boarders in New Zealand. The purpose of this study is to increase the level of qualitative knowledge about this topic. This study uses Grounded Theory to address the gap in knowledge and specifically aims to answer the question and meet the aims below.

Research question

What are the advantages and disadvantages of boarding houses in the Wellington Region?

Aims of the research

1. Identify the drivers for people living in boarding houses;
2. Provide insight into the experience of living in these dwellings;
3. Explore options to improve boarding houses, particularly for those with poor health or disability.

Scope

The research is limited to the Wellington region and will only include private, for-profit boarding houses that are defined under the Residential Tenancies Amendment Act (2010) as:

“boarding house means residential premises

“(a) containing 1 or more boarding rooms along with facilities for communal use by the tenants of the boarding house; and

“(b) occupied, or intended by the landlord to be occupied, by at least 6 tenants at any one time.”

“boarding house tenancy means a residential tenancy in a boarding house—

“(a) that is intended to, or that does in fact, last for 28 days or more; and

“(b) under which the tenant is granted exclusive rights to occupy particular sleeping quarters in the boarding house, and has the right to the shared use of the facilities of the boarding house.”

Thesis outline

This introduction has outlined why it is important to know more about boarding houses in New Zealand and the questions that are asked in this study. Chapter Two provides background information about housing and health in New Zealand and a literature review on boarding houses. It outlines the health issues for people living in boarding houses, issues that impact on the boarding house sector, and discusses the standards and regulation of boarding house in Canada, Australia, and England compared with those in New Zealand. Chapter Three describes the qualitative methodology and methods used for this study. Chapter Four provides the results of the study and Chapter Five discusses the public health implications of this study and the strengths and limitations of the methodology and methods used. Finally, policy recommendations are made which, if implemented, would hopefully have a positive impact on conditions for boarders.

Chapter Two: Literature Review

Background

Under the Universal Declaration of Human Rights (1948) everyone has the right to an adequate standard of living, including housing. The right to adequate housing is also one of the rights in the International Covenant of Economic, Social and Cultural Rights (1966) to which New Zealand was a signatory in 1978. The New Zealand Action Plan for Human Rights (Human Rights Commission 2005) acknowledges that homelessness exists, but the right to adequate housing is not included in any New Zealand legislation (Richards 2009). However, some partial protection is offered by existing legislation, for example, the Housing Improvement Regulations (1947), the Building Act, and the Residential Tenancies Amendment Act (2010). For those living in boarding houses, the right to adequate housing is not realised. There are negative health implications for this failure.

Housing and health

Housing is one of the key social determinants of health and health inequalities (Howden Chapman and Carroll 2004 ; World Health Organisation 2008). The quality of housing can impact positively or negatively on health, through its physical structure, indoor environment and psychosocial dimensions (Howden-Chapman 2002; Howden Chapman and Carroll 2004). Living in poor quality housing is linked with specific conditions including asthma and depression, living in crowded housing is associated with rheumatic fever, meningococcal disease, and skin infections (Baker, McNicholas et al. 2000; Howden Chapman and Carroll 2004). Improving housing conditions has been shown to improve people's physical and mental wellbeing (Thomson, Petticrew et al. 2001) and access to quality housing is a method advocated by those interested in public health as a means to improve population health and reduce disparities in health between groups in society (British Medical Association 2003; Howden Chapman and

Carroll 2004 ; Bierre, Howden-Chapman et al. 2007; Whitehead 2007; Bierre 2008; World Health Organisation 2008; Severinsen 2009).

Improvements in health through housing can be made at the household, neighbourhood or societal level, the later appearing to be more effective at reducing poverty and reducing inequalities in society (Thomson, Petticrew et al. 2001; Bierre, Howden-Chapman et al. 2007; World Health Organisation 2008). The delivery of universal or integrated social housing is one way a country can try to improve the health of those on the lowest incomes (Whitehead 2007).

Tenure is the legal conditions under which people live in their dwellings. Homes are rented from either the social or the private sectors, or owner occupied with or without a mortgage (Howden-Chapman 2004). Home ownership is a common aspiration in New Zealand culture and living in your own home is associated with better health status compared with living in rental accommodation (Howden Chapman and Carroll 2004 ; Bierre, Howden-Chapman et al. 2007; Hwang, Wilkins et al. 2009). Owning a home also means the accumulation of asset wealth for households and the advantages of not being taxed on the income gained from property (New Zealand Productivity Commission 2012).

Home ownership as a form of tenure is increasingly unaffordable as the gap between incomes and house prices widens. The cost of rental housing increased between 2000 and 2009 with the median rents increasing in Wellington City by 72 percent, by 55 percent in Lower Hutt, by 84 percent in Upper Hutt, 55 percent in Porirua and 50 percent in Kāpiti (Massey University Real Estate Analyst Unit 2010). During the same period the median household income in the Wellington Region increased by 42 percent (Statistics New Zealand 2010). Good quality private rental housing is unaffordable for people on the lowest incomes and is becoming increasingly unaffordable for those on middle incomes.

Housing affordability

Housing is affordable if a household spends less than 30 percent of their household disposable income on rent or mortgage costs (New Zealand Productivity Commission 2012). Wellington has the third least affordable housing market in the country and in the 8th Annual Demographia International Housing Affordability Survey (2012) Wellington was categorised as 'severely unaffordable'. Securing affordable housing remains hardest for households on low incomes, particularly single people, and single parents on low incomes, who cannot compete for rental housing with more affluent households (DTZ New Zealand and Stimpson & Co 2006; New Zealand Productivity Commission 2012). For Māori, Pacific, new migrants from ethnic minorities and young people there is also evidence of discrimination in the housing market (Robson and Harris 2007; Bierre 2008). The Wellington region has a proportion of social housing to assist those on low incomes, or those experiencing discrimination in the private rental sector (DTZ New Zealand and Stimpson & Co 2006).

However, over the past 20 years the number of households in social housing has decreased by 30 percent (DTZ New Zealand and Stimpson & Co 2006). At present Housing New Zealand Corporation and local councils do not intend to increase the supply of social housing and affordable housing to meet the demand. In Wellington there is an upgrade of existing Wellington City Council housing stock following an investment of 200 million dollars from central government. The upgrade will take place over twenty years and includes earthquake strengthening, insulation, and internal and external renovation of the properties and communal spaces. The upgrade is generally welcomed by the health and community sector that recognises the value in the work being done. However, there is concern about the further reduction in access to affordable rental housing in the city, due to the upgrade process itself, and the overall reduction in house numbers for single people, as a result of reconfiguration and co-joining of studio apartments into larger two room units (Cadman 2012). Without the

social housing sector being able to supply additional low cost housing, the private low cost rental sector is required to meet the shortfall. Privately-run boarding houses are one of the private rental market solutions to meet the demand for low cost and low-entry cost housing for those on low incomes.

Social housing in New Zealand

In the 1940s and 50s, many countries invested in social housing to improve the health, social and economic wellbeing of their populations (British Medical Association 2003; Bratt, Stone et al. 2006; Norris and Shiels 2007). New Zealand invested in social housing in the 1940s and 50s and government subsidised housing was available through either actual provision of a state house or grants to assist people into home ownership (Bierre, Howden-Chapman et al. 2007). However, during the National-led terms in government the level of investment in social housing reduced and the standard of the social housing stock deteriorated (Thomson, Petticrew et al. 2001). In the 1990s, 10,000 houses were sold into private ownership and the remaining stock deteriorated with further government disinvestment (Schrader 2005; Bierre 2008). In the early to mid-2000s, the Labour led government reinvigorated funding in the social housing sector and re-introduced household income -related rents to replace the market rents introduced by the National government. Some of the housing stock was upgraded through a mixture of specific community renewal projects. For example, in areas like Porirua East there was installation of insulation and healthy forms of heating. These upgrades were shown to have a positive impact on occupant's health (reduced time off school and less visits to the doctor for children) and made houses more energy efficient (Howden Chapman and Carroll 2004).

The current National-led government policy directive has placed Housing New Zealand Corporation as a landlord of last resort, which provides housing on the basis of those in most 'need' for the period of time that they are in 'need'. This is a shift away from the

role of being a universal provider of affordable housing for people on lower incomes (New Zealand Productivity Commission 2012). Similar policies have been introduced in Britain where social housing is now a 'residual tenure' for those who are most in need of social housing (British Medical Association 2003). The change from a more integrated housing system based on universal housing provision to a dualistic one, where only those most in 'need' access social housing and others in 'need' have to go to the private sector, with the support of the accommodation supplement, is less likely to be effective at reducing poverty and reducing inequalities in society (Whitehead 2007).

Marginal housing and homelessness in New Zealand

The lack of affordable housing is a major contributor to people living in low quality informal housing or housing alternatives (Bierre, Howden-Chapman et al. 2007; Bierre 2008; Carroll 2009; Severinsen 2009). To be able to access accommodation, people are living in poor quality private rental housing, caravan parks, and boarding houses, without any security of tenure (Bierre 2008; Severinsen 2009), or living in garages, sheds, mobile homes and self-built homes in Auckland and the Coromandel Peninsular (Carroll 2009). Studies highlight a mismatch between the realities of people's everyday living situation and the 'ideals' of regulatory standards in place. The actual enforcement and upkeep of standards is difficult, largely due to a lack of available resources at either the individual level (landlords or home owners) or the sector level to improve standards of housing. Without alternative accommodation to go to, action to enforce the current regulations means boarders evicted from their accommodation are literally without shelter. However, not taking action against poor quality housing perpetuates the cycle of poor housing for those on low incomes and denies the extent of the problem for people who are already homeless, but hidden from the view in various forms of marginal housing (Bierre 2008; Carroll 2009; Severinsen 2009). Bierre (2008) highlights a lack of knowledge about specific types of tenure in the private rental sector, including the

people living in them. It is the intention of this research to better understand boarding houses and the boarders who live in them.

Boarders are defined as homeless due to the lack of adequate tenancy protection and privacy provided by boarding houses (Statistics New Zealand 2009). For boarders to no longer be considered homeless, they would have to be provided with equal tenancy rights as other tenants under the Residential Tenancies Act (1986). Some boarders also cycle between boarding houses and other forms of homelessness, including sleeping on a friend or family member's sofa, sleeping in cars, parks, and public spaces. Some boarders experience regular episodes of institutional care, including prison, hospital, or residential health care for alcohol and/or other addictions. Episodes of institutional care make it difficult for this group to maintain security of tenure (Al-Narallah et al 2005). Poor institutional discharge practices and a lack of action putting housing in the centre of reintegration or recovery compounds the problem of securing adequate housing particularly given the lack of affordable housing (Al-Narallah and et al 2005; Johnson and Coutts 2008; Richards 2009; Wild 2012).

Housing is not prioritised in policy and for some this results in homelessness, despite the right to housing being listed in the declaration of human rights, to which New Zealand is a signatory. One of the key recommendations made by advocates to reduce the incidence of homelessness is for government to implement policy which recognises and actions a right to adequate housing (Richards 2009).

Although little has been written on the topic, the following section reviews the literature found regarding boarding houses.

Literature on boarding houses

The literature search uncovered a paucity of articles related to New Zealand and boarding houses. The search used included “boarding hous*”, “rooming hous*”, “single room occupancy”, “hous* of multiple occupation”, “boarding hous* AND (standards OR regulation)” “boarding hous* AND peoples experiences” as well as various combinations of the above and “vulnerable”, “safety”, and “health”. The terms “boarding school” “dog” and “cat” were excluded from the search as there were numerous inappropriate studies identified relating to these categories.

The limited literature uncovered is more generic and focused on the broader issue of homelessness and studies only contained a small number of people who actually lived in boarding houses amongst the wider sample of participants. The lack of New Zealand specific literature made it necessary to look to other countries to inform this research. The literature located in the search originates from three main sources, Canada, Australia and England. All are English speaking countries, which allowed for reading of the regulations relating to boarding houses, all have identified significant issues of concern related to these dwellings, and all have reviewed regulations relating to boarding houses over the past decade.

The literature will be discussed in four main themes. The first is an overview of boarders, their health issues, and the advantages and disadvantages of boarding house life; secondly, the issues that impact on the boarding house sector; thirdly, an overview of the regulations applied to boarding houses and the challenges experienced when setting standards; and lastly, the strengths and weaknesses of the implementation of regulations in the boarding house sector in Canada, Australia, England and New Zealand are discussed.

Literature located

A total of 37 articles were found using the search method described in the preceding section of the thesis. New Zealand studies on boarding houses are few and consist of a thesis (Baxter 1996), local authority service reviews (Sheering and Gale 1983; Pearson and Fitzgerald 2008) and an advocacy group report (Sole and Robinson 1988)(See Table One for summary of articles). It is not possible to generalise from these studies to all boarding houses in New Zealand and three of the four studies predate 1996. In addition to these studies, there were also several media articles pertaining to events in Auckland, Wellington, and Dunedin boarding houses (Fisher 2008a; Fisher 2008b; Fisher 2008c; Amore 2009; TVNZa 2011; TVNZb 2011; Hunt 2012; Mglwis and Son 2012).

Overseas literature on boarding houses is contained in a variety of types of studies, including theses and government and advocacy group reports. A number of different study designs have been used to acquire information, including a large (n=15100) quantitative 11-year, follow-up study (Hwang, Wilkins et al. 2009); community-based cohort studies (Shannon, Ishida et al. 2006); surveys (Distasio, Dudley et al. 2002; Hwang, Martin et al. 2003; Hwang, Martin et al. 2004; Social Data Research Ltd 2006); and qualitative studies, using in-depth interviews (Browne and Courtney 2005), and mixed methods research for government and advocacy group reports (Distasio, Dudley et al. 2002; Anderson, Hume et al. 2003; Greenhalgh, Miller et al. 2004; Social Housing Strategists Inc 2004a; Social Housing Strategists Inc 2004b; Oriole Research & Design Inc 2008a; Oriole Research & Design Inc 2008b; Oriole Research & Design 2008c; Eastgate, Hunter et al. 2011). The information gathered is used to explore the similarities and differences amongst boarding houses here and overseas.

Table 1: New Zealand studies on boarding houses

Study Name	Reference	Design	Objective	Study Outcomes
A Review of Auckland City Council's Hostel Bylaw.	Pearson, A, Fitzgerald, M (2008)	Survey Random selection N=15	To assess the type of accommodation available and its condition and the effectiveness of the bylaw for boarding houses.	The study found none of the premises knew about the bylaw. Tourist hostels are self-regulating as they need to remain competitive. If used, licensing should target hostels where people stay on a long-term basis. A risk-based system like that used in the UK might be useful. Businesses need to be encouraged by council to be involved in the way forward for regulation.
In Her Place- a study of women's personal safety in boarding houses.	Baxter, T (1996)	Survey N=13 R Interviews N=20 W Purposeful sampling	To explore the operatives of safety and security in the lives of women who live in boarding houses.	Boarding houses are not safe places for women. There is evidence of serious incidents and attacks on women living in boarding houses. This has been by managers, other tenants or their visitors. Little or no protection is available. More needs to be done to protect women living in boarding house, including women only boarding houses and improved tenancy legislation.
Housing For Singles. The Boarding House Option. A profile of Wellington Boarding Houses.	Sole, D, Robinson, D (1988)	Survey N=67 Purposeful sampling	To profile low to medium cost Wellington boarding houses and their tenants to study the social implications of a reduction in this housing.	Support the need for boarding houses as a type of accommodation for single people. Highlights a lack of council recognition of those living permanently in short-term accommodation and requests improved standards. Calls for public housing authorities to address issue of loss of affordable housing for single people.
Quality of Life in the community.	Sheering, I, R Gale (1983)	Survey N=111 Interviews N=20 Purposeful sampling	To compare the quality of life experienced by people with schizophrenia in the community compared to institutionalisation.	Agreed that living out in the community was better than the hospital but the majority of people in boarding houses wanted to move out. Clients and relatives were dissatisfied with boarding houses and high priority needed to be given to a review of placing and supporting clients in them.

The people who live in boarding houses

Health issues and boarding houses

Hwang and colleagues (2009) were the first to show that living in shelters, boarding houses and hotels in Canada was associated with higher rates of mortality. The association was independent of income, as people living in these dwellings have avoidable premature mortality ratios much higher in comparison with those in the bottom income quintile of the general population. The probability of survival at 25 years to 75 years is 32 percent for men and 60 percent for women and is the equivalent of being born in 1921 for men and 1956 for women. The rates were lower for women when stratified into a group purely on boarding houses. Men had higher rates ratios of homicide (11.3) and poisoning (10.3) compared to that of the bottom fifth income group in the general population and women had higher rates ratios of mortality through suicide (5.6). There are also significantly higher rates ratios of death for men caused by diseases of the blood and blood forming organs (4.6) and higher numbers of deaths related to drugs (11.5 and 9.2) and alcohol (6.4 and 8.2) for men and women respectively. There are also rate ratio differences relating to smoking related diseases, ischaemic heart disease and deaths amenable to medical intervention. Hwang and colleagues (2009) study is significant, as it shows that housing type is a marker of health disadvantage and it supports arguments for improving housing affordability and the quality of housing to reduce disparities in health.

Shannon, Ishida et al. (2006) argue for the improvement of housing quality as a means to improve health. Their study looked at the health of people who lived in unregulated single room occupancy (SRO) hotels in Vancouver. Living in SRO hotels is independently associated with HIV infection, emergency room use, intravenous drug use, and physical assault. Shannon, Ishida et al. (2006) argue that harm reduction is best achieved by improving housing conditions and through housing solutions, including on-site management and viewing drug users as tenants, as poor housing is “a critical

obstacle on drug policy reform.” Without addressing their significant housing problems, it is unlikely that harm-reduction drug programmes, identified in the unregulated hotels, will have any impact on the health of boarders.

Hwang et al (2003) confirmed a very strong correlation between boarding house condition and the health status of boarders in Toronto. Boarding-house conditions were rated using a Multiphasic Environmental Assessment Procedure and health status scored using a SF-36 test; migraine, headaches, sinusitis, urinary incontinence, and epilepsy were significantly more prevalent among boarders than in the lowest income quintile in the Canadian population. Hwang et al (2003) suggest that finding the boarding houses in worst condition will identify people with the worst health, and advocating for improved housing standards may go some way in improving health of boarders. The research also makes a case for further research to explore the process by which people with the poorest health end up in certain kinds of housing, and to what extent this is through selection, or through boarding houses themselves impacting negatively on the health of boarders.

Not all the influences of boarding houses on health are negative. People moving from the street into a boarding house talked about the positive effect the move had had on their mental health. Other positive outcomes include a reduction in stress levels and an increase in access to health services via community organisations (Oriole Research & Design Inc 2008b). In Toronto, 57 percent of people living in unlicensed boarding houses reported their health to be good, very good or excellent. Over half of the people in the same study thought their health had improved or expected it to in future (Oriole Research & Design Inc 2008b). The attitudes are a contrast to the morbidity and mortality rate ratios in other key studies (Hwang, Martin et al. 2003; Shannon, Ishida et al. 2006; Hwang, Wilkins et al. 2009). However, people who are living on the street or sleeping rough have worse health outcomes than those reported to be living in boarding houses (Hwang, Wilkins et al. 2009) and the positive outlook may be due to the fact that

31 percent had moved into the boarding house from the street and extreme hardship (Oriole Research & Design Inc 2008b).

Mental illness and boarding houses

A common theme in the literature is the increased use of boarding houses by people with mental illness, following the process of deinstitutionalisation (Burdekin 1993; Horan, Muller et al. 2001; Greenhalgh, Miller et al. 2004; Browne and Courtney 2005). Family members, health workers, and boarding house managers have raised concerns about the lack of support provided in the community setting, and the negative impact that living in a boarding house has on people's ability to maintain their wellbeing. (Horan, Muller et al. 2001). Browne and Courtney (2005) indicated that people living with schizophrenia preferred living in their own home compared to living in a boarding house. Living in their own home was also associated with less hospitalisations and incidence of mental ill health compared with boarding houses.

Horan and colleagues (2001) question the necessity to address sub-standard boarding houses at the risk of them closing down, if people with severe mental illness living in them express satisfaction with life. Results show people living with schizophrenia in boarding houses have higher scores for general life satisfaction, satisfaction with their living situation, more money to spend on themselves, and less victimisation compared to those living in hostels. Despite acknowledging the poor standard of boarding houses, they provide a less institutionalised alternative for people with severe mental illness, and boarders with schizophrenia are even worse off in hostels (Horan, Muller et al. 2001). However, arguably the accommodation benchmark for comparison with boarding houses in the study is very low and even though boarding houses appear more favourable than hostels, they are also considered inappropriate for the long term due to their lack of privacy and tenancy security (Statistics New Zealand 2009).

The only New Zealand-based study to explore experiences of living in boarding houses for people with mental illness is from Christchurch (Sheering and Gale 1983). Following the closure of Sunnyside Hospital, the process of deinstitutionalisation moved people from the hospital into alternative forms of accommodation in the community. The majority of people in boarding houses wanted to live somewhere else, but there was an overwhelming agreement that living out of the hospital was better than living inside the institution. Most people, who said that they did not like their accommodation, lived in boarding houses and comments from both clients and relatives revealed dissatisfaction with this accommodation and requests that a high priority should be given to reviewing the way clients are placed and supported in boarding houses. However, staff working with participants expressed satisfaction with boarding houses and the study concluded that disasters that have been seen with deinstitutionalisation elsewhere have been avoided in Christchurch. The creation of Skid row in the United States was sighted as an example, arguably a very low criteria for success.

All studies highlight the important role that housing plays in the promotion of health for people with poor health and disability, and that without suitable housing other health interventions or policies are unlikely to improve health outcomes significantly for vulnerable populations. The findings also point to the need to have some benchmarks of quality in boarding houses to aspire to as health professionals. Comparing boarding houses with living on the street and living in shelters or hostels means even the poorest condition boarding houses compare favourably. Living in secure private or social housing with adequate resources to keep well is a more appropriate benchmark for comparison.

Advantages of boarding houses

There is a consensus in the literature about the positive aspects of living in a boarding house, including affordability, access to a better neighbourhood, close proximity to public transport and shops, and the possibility of companionship (Sole and Robinson 1988; Baxter 1996; Distasio, Dudley et al. 2002; Hwang, Martin et al. 2003; Social Data Research Ltd 2006; Oriole Research & Design Inc 2008b; Hwang, Wilkins et al. 2009). Affordability and easy entry into the accommodation is particularly important for people on a very low income that cannot afford to pay a large bond, or to buy furniture, bedding, and cooking equipment. Boarding house rent also includes utility costs, so it is possible to budget for the same costs each week without worrying about large bills in addition to weekly rent. Hwang; Martin et al (2003) report more than half (54 percent) of survey participants were food insecure; when they run out of food, people use food banks and drop-in centres in the neighbourhood to be able to eat. There is also evidence that rents in boarding houses are high, in Canada boarders pay as much of 75 percent of their weekly income on rent, leaving little money for food, transport or medical expenses (Distasio, Dudley et al. 2002).

The neighbourhood is an important sense of identity and pride for boarders (Sole and Robinson 1988; Baxter 1996; Distasio, Dudley et al. 2002; Hwang, Martin et al. 2003; Social Data Research Ltd 2006; Oriole Research & Design Inc 2008b). Some people rent a boarding house room in a central suburb, rather than rent an entire house in a more rundown neighbourhood further away from the centre (Sole and Robinson 1988; Distasio, Dudley et al. 2002; Oriole Research & Design Inc 2008b). Living in the boarding house enables a lifestyle that they otherwise do not have access to, including being close to friends, health and social services, proximity to public transport, walking distance to shops, or leisure activities (Sole and Robinson 1988; Distasio, Dudley et al. 2002; Hwang, Martin et al. 2003; Social Data Research Ltd 2006; Oriole Research & Design Inc 2008b).

Some people prefer living in boarding houses in suburban neighbourhoods, as these were more like regular houses and they felt less conspicuous. People enjoy the atmosphere in the smaller houses that accommodate fewer people (Anderson, Hume et al. 2003; Oriole Research & Design Inc 2008b). However, in the Wellington based study, Sole and Robinson (1988 p9) state *“most single people living in boarding houses would not fit comfortably into a suburban lifestyle”* and emphasise the importance of being in the central city for many of the men living in boarding houses as they walked to use services like the soup kitchen nearby.

Companionship, friendship, and being social are important positive aspects of boarding house life. Some participants particularly like the larger places as there is the greater opportunity to be social and meet more people, compared with small boarding houses (Anderson, Hume et al. 2003). One women participant comments *“it is very important, one of the most important things is, like a home where, everyone supports you if you need to be supported, you know, that’s the main thing”* (Browne and Courtney 2005). Hwang, Martin et al (2004) challenge the stereotype of a boarder being socially isolated, as the majority of people participating in their study (65 percent) had regular or occasional contact with their neighbours. In Wellington people used statements like *“there is a family atmosphere”* and *“they are caring people here”* (Sole and Robinson 1988) to describe connections at their place.

Disadvantages of boarding houses

Distasio et al (2002) highlight how each advantage of boarding houses has a corresponding disadvantage. There is consensus in the literature about the nature of these disadvantages, including poor standards, crowding, having to share communal areas, poor behaviour of some boarders, feeling unsafe, and insecurity of tenure. The advantage of companionship is contradicted by the stress of having to share communal facilities and the unwanted behaviour of other boarders (Anderson, Hume et al. 2003;

Hwang, Martin et al. 2003; Social Data Research Ltd 2006; Oriole Research & Design Inc 2008b). Baxter (1996) argues that there is a significant difference between men's and woman's experiences of boarding houses. Women in Auckland boarding houses feel extremely vulnerable in mixed sex premises and express fear in relation to sharing communal areas of the houses (Baxter 1996).

In Winnipeg, Canada, a survey of 98 participants found 47 percent of people report that the lack of privacy and behaviour issues with other boarders, or the other boarder's visitors, as being the issues they most dislike about living in a boarding house (Distasio, Dudley et al. 2002). In a Toronto study, 23 percent of boarders feel unsafe due to being verbally or physically abused by other boarders or their visitors (Hwang, Martin et al. 2003). Across all the literature uncovered, the most frequently mentioned problem behaviours include partying, drinking, drug taking and theft (Sole and Robinson 1988; Baxter 1996; Anderson, Hume et al. 2003; Hwang, Martin et al. 2003; Shannon, Ishida et al. 2006; Social Data Research Ltd 2006).

To manage unwanted behaviours some landlords and boarders screen prospective boarders, those with mental health, and/or addiction issues are denied access to the accommodation (Distasio, Dudley et al. 2002; Anderson, Hume et al. 2003; Oriole Research & Design Inc 2008b). To manage the social environment landlords and boarders make it clear to new comers that they will need to fit in, those who do not fit in are encouraged to leave or are forceably evicted (Sole and Robinson 1988). These actions are beneficial to the people already living in the boarding house, as it helps to protect them against unwanted anti-social behaviours. For people whose behavioural issues relate to their poor mental health and or addiction issues, it makes it difficult to find accommodation. A recurring theme in the literature is that these groups require alternative forms of housing from boarding houses, including supported accommodation, as well as an increase in the level of tenancy protection they are given

under legislation (Sole and Robinson 1988; Anderson, Hume et al. 2003; Shannon, Ishida et al. 2006; Oriole Research & Design Inc 2008b).

Housing histories

Peoples' housing histories provide interesting information about the circumstances in which people moved into their current boarding house and the length of time they have been there. Hwang; Martin et al (2003) use the phrase "*housing ladder*" to describe the multidirectional movement between housing tenures for study participants. While some people move "*down the ladder*" from more secure forms of tenure, including from renting apartments and houses, and owning their own homes, a high number of people also move "*up the ladder*" into a boarding house from living on the street, staying with friends, or in shelters. The most common reason for moving "*down the ladder*" is a breakdown in the relationship with their partner. For other boarders, it is the change in their role as a parent because they are no longer looking after children, or they were a carer for a parent and their parent had died (Anderson, Hume et al. 2003; Oriole Research & Design Inc 2008b). In an Australian study, 17 percent of people surveyed by Anderson et al (2003) were homeowners, but moved "*down the housing ladder*". For example, Tom's housing declined after the break-up of his marriage, with periods of time in insecure forms of accommodation and in a drug rehabilitation unit. Tom also ran up a large debt with the local housing authority and was no longer eligible for housing. Moving into a boarding house was not his preferred housing option, as he would prefer to live in housing authority housing.

In all the studies reviewed by Oriole Research & Design Inc (2008b), over 50 percent of people moving into the boarding houses were moving "*up the ladder*" after being homeless in the past five years. Star Group Inc (2002) reported the figure to be slightly higher, as 54 percent of people had been homeless in the past three years, although the definition of homelessness used between studies could be different. It is also necessary

to be cautious about using the term homeless, when discussing people moving from homelessness into a boarding house, as by definition in New Zealand people remain homeless if they move into a boarding house, they just move from one type of homelessness to another (Statistics New Zealand 2009).

The act of moving into a boarding house is seen by some as an opportunity to attend to their own well-being and to change their lifestyle (Anderson, Hume et al. 2003; Oriole Research & Design Inc 2008b). Although the transition or movement into one may be difficult for people who have been living on the street, or sleeping rough, for longer periods of time in recent years (Hwang, Martin et al. 2003; Johnson and Coutts 2008). In Toronto, of 295 people surveyed by Hwang (2003) 105 had been homeless in their life, 68 had been homeless in the past five years. Of these people who had been homeless, 30 percent had been sleeping rough for a period of one year or more; it is this group which is extremely vulnerable to cycling between boarding houses and sleeping rough (Hwang, Martin et al. 2003; Johnson and Coutts 2008).

Baxter (1996) provides some insight into why women in Auckland moved into their first boarding house, for example, moving out of an institution, getting away from fathers' violent moods, or moving from a caravan without running water. The most common reason for moving into their current boarding house was leaving an unsatisfactory situation, including relationship breakdown, fear of violence, or dislike of the people they were living with. Baxter (1996) highlights how none of these reasons to move are positive. Hwang, Martin et al (2003) would see these as moving "*down the housing ladder*". Baxter (1996) goes on to point out the irony that most women found out about the boarding house from their social workers, even though when interviewed the social workers said that "*boarding houses were unsavoury places that neither they, nor their relatives (and in some cases, their dogs) would want to live*" (Baxter 1996). The contradiction of the social workers' role as advocates for the women's well-being and housing them in a boarding house comes about because of the lack of affordable housing options.

Length of stay

Not all boarders are mobile between tenancy types and some use boarding houses as their long- term accommodation. Of 295 Canadian study participants, 14 percent had lived in their current boarding house for more than three years, and a further nine percent had been so for more than ten years (Hwang; Martin et al 2003). Another study, specific to unlicensed boarding houses, identified a much higher percentage of long-term boarders, 30 percent had been at the boarding house for more than three years (Oriole Research & Design Inc 2008b).

For particular groups, there is evidence of high housing mobility and incidence of rough sleeping. This is thought to be a consequence of a combination of factors, including poor health, poor legislation and regulation, and the lack of adequate tenancy rights (Shannon, Ishida et al. 2006). For example, a large community based cohort study (n=2985) looked at the impact of unregulated single room occupancy (SRO) hotels on the health status of illicit drug users in Vancouver: 70 percent (n=1813) lived in single room occupancy hotels, of these 61 percent (n=1108) had lived in their current room for less than a year, and moved a median number of five times in the 12 months, compared to 53 percent (n=402) of people in more stable housing who had lived in their current place for less than a year and moved the median number of once. The results were in part thought to be because of the SRO hotel landlords evicting people from their accommodation after 28 days of residence to avoid having to provide stronger tenancy protection and rights to those who have been boarders for 30 days.

In Wellington, over 22 percent of boarders had lived in the same property for ten years. Older age groups were more likely to be there for longer, 90 percent of boarders living in their boarding house for more than a year were over 55 years old (Sole and Robinson 1988) . In comparison, 57 percent of boarders who are 34 years old or under had lived in their current property for less than three months. The length of stay for people living in

private rental accommodation in general is short and the high mobility of New Zealand renters is thought to be related to the low standards of private rented accommodation (Bierre 2008).

Poverty

A high proportion of participants living in boarding houses have a very low income. Hwang; Martin et al (2003 p2) note *“since rooming houses are often associated with the unemployed and those on social assistance, it is interesting to note that 1 in 3 residents belong to the working poor.”* However, the majority of participants gain income from a government benefit. Seventy one percent of boarders living in SRO hotels received income assistance (Shannon, Ishida et al. 2006). Hwang et al (2009) found of people living in shelters, boarding houses and hotels, only 43 percent of men and 45 percent of women were employed, in comparison with 72 percent and 58 percent of men and women respectively in the entire cohort taken from the general population. The poverty experienced within the boarding house sector is further illustrated by the 80 percent of men and 82 percent of women living in shelters, boarding houses and hotels being in the population’s bottom fifth income earning group compared with only 34 percent of men and 39 percent of women in the entire cohort.

People who are unemployed and in receipt of a government benefit are much more likely to spend more of their income on rent. Housing is said to be affordable when a household spend less than 30 percent of income on rent or mortgage payments (Hwang, Wilkins et al. 2009). For some boarders an average of over 40 percent of income is spent on rent, with more than ten percent of boarders spending more than 75 percent of their income on rent, and over a third spending more than 50 percent of their income on rent, the latter group more likely to be in receipt of a government benefit (New Zealand Productivity Commission 2012). The Starr Group Inc (2002) reports similar results, and 75 percent of boarders are on a government benefit, more than 30 percent are on a

Disability Support Pension, illustrating the high level of disability experienced by boarders.

In the Wellington study, over 25 percent of boarders received a sickness or invalids benefit and another 30 percent are unemployed or retired (Sole and Robinson 1988). The figures support comments made by Australian boarding house owners about the increasing vulnerability of boarders and the high number of boarders there who receive government benefits (Starr Group Inc 2002). Some boarding house owners are particularly concerned about the decreasing ability to raise adequate rents because the very low income of boarders restricts the amount of rent that they can reasonably charge. This is an issue discussed later in the chapter. The next section moves away from individual boarders and looks at the issues impacting on the boarding house sector.

Issues impacting on the boarding house sector

The changing role of boarding houses

All the chosen countries share a similar history in the changing role of their boarding house sector (Greenhalgh, Miller et al. 2004). Boarding houses were originally seen as 'respectable establishments' for working people and families. O'Hanlon (2009) describes how 100 years ago between 5 and 10 percent of the population in Australian cities lived in boarding houses. All the countries report a profound deterioration in the standards of their boarding house stock over the past century and that boarding houses have become low cost (low entry cost) accommodation for people who struggle to find affordable housing. Greenhalgh; Miller et al (2004) highlight how in Brisbane, post-World War II, boarding house fates have been largely tied to that of the inner city, the inner city was predominantly working class and industrial, there was a large migration of workers to

the inner cities, many of whom lived in low cost boarding houses. Simultaneously, inner city residents were moving to the suburbs and inner city living became less desirable. The first regulations to be applied to boarding houses were in response to poorer standards.

Following the policies of deinstitutionalisation of the 1970s, the profile of boarders continued to change. In all countries, deinstitutionalisation, coupled with a lack of government investment in affordable housing, and a lack of appropriate community support services, has meant people with complex needs are living in low cost forms of accommodation (Greenhalgh, Miller et al. 2004). There are common accounts of the increasing stresses involved in managing boarding houses due to the increasing health and social needs of people seeking low cost housing (Burdekin 1993; Bostock, Gleeson et al. 2001; Hwang, Martin et al. 2003). Landlords leaving the sector in Australia and Canada cited this as one of the reasons they no longer wanted to own a boarding house (Burdekin 1993; Baxter 1996; Bostock, Gleeson et al. 2001; Greenhalgh, Miller et al. 2004).

Inner city gentrification

All countries experienced a degree of inner city gentrification and some implemented community renewal policies in the 1980s and 1990s. In Melbourne, gentrification of inner cities resulted in a large increase in land values, which made it more economically desirable to sell the boarding houses, or to develop the land for more profitable purposes. Davidson, Phibbs et al. (1998) report that of the 521 boarding properties lost in inner Sydney, half were converted into flats, and almost a quarter became private residences. The quarter remaining became temporary 'up market singles accommodation', backpackers, hostels and private hotels, or student accommodation. Commonly, due to an increase in inner city land prices created through gentrification and regeneration, low cost housing stock is not replaced and inner cities lose low cost housing options. Further disinvestment in the boarding house sector adds stress to the

overall low cost housing market, and reduces the accommodation options available to people on low incomes. Competition for the boarding houses that remain is increased and people are pressured into accepting options that they may not have, had there been more choice.

The gentrification process has been shown to be accelerated by large scale events. Following the Sydney 2000 Olympics, Brisbane Expo in 1988 and the Fremantle America Cup in 1987, there was significant increase in land prices. Gentrification is seen as one of the factors that contribute to an increased risk of homelessness (Davidson, Phibbs et al. 1998).

The Residential Tenancies Amendment Act (2010) in New Zealand is weak and does not protect boarders adequately from eviction where the landlord decides to rent their boarding house room to tourists during large public events. Community organisations who work with people on low incomes in Wellington were worried about the impact of the Rugby World Cup on boarders in the city. Council staff held a meeting with health and community organisations prior to the event and some emergency shelter options were sought in case of increased evictions; however, a council employee who works in this area was not aware of any increase in evictions at the time (Wellington City Council 2012).

Boarding house numbers

The challenge of keeping accurate data on licensed and registered boarding houses is common across all countries. England and parts of Canada and Australia collect data on boarding houses through a licensing, and/ or registration processes. However, the collection of data is not consistent across Canada and Australia due to local differences in the regulatory requirement of boarding houses to be licensed or register. In places where data is gathered, all report a decline in the number of licensed or registered

boarding houses (Greenhalgh, Miller et al. 2004; Oriole Research & Design Inc 2008b). In Queensland Australia this was particularly apparent when there was an approximate loss of 665 boarding houses between 1992 and 2002 (Distasio, Dudley et al. 2002; Greenhalgh, Miller et al. 2004; Social Housing Strategists Inc 2004a; Oriole Research & Design Inc 2008b; Eastgate, Hunter et al. 2011).

Eastgate and Hunter et al (2011) do not believe that there is a continuation of the total decline in the number of boarding houses in Australia, but there appears to be a decrease in numbers of boarding houses recorded in the limited data available. There is also evidence from health and social services that there are increasing numbers of boarding houses operating in the suburban areas that are unlicensed and indistinguishable from family homes. Social Housing Strategists (2004b) also found a slowing in the decline in boarding house figures in the past two to three years in Canadian cities that maintained numbers. Both report the emergence of a more expensive private boarding house market catering to single people with more money and also new boarding houses owned and operated by community organisations.

Researchers in Winnipeg Canada also found that in addition to a lack of data being collected on boarding house numbers, the sector is so volatile that the figures can be inaccurate, even when licensing and registration is required. The researchers surveyed 30 owners of registered boarding houses and only half were still boarding houses and when they undertook a door knock of a neighbourhood in the study, there were numerous boarding houses that had been condemned and closed. However, twice as many unlicensed boarding houses were uncouned in the figures and operating in the neighbourhood (Social Housing Strategists Inc 2004b).

Wellington boarding houses

In Wellington, boarding house data over time and in the same location are not reliable due to changes in regulations. The Local Government Act (1974) required all councils to have a register of boarding houses. With the introduction of the Building Act (1991) registration was no longer required unless the local council specifically requested it under a hostels bylaw. Wellington, Christchurch, Dunedin, and Hamilton did not pass a hostel bylaw, which makes estimation of the decline of boarding houses post 1991 in these cities difficult (Distasio, Dudley et al. 2002). In Wellington, 16 boarding houses closed or became unregistered between 1981 and 1988; this is approximately 300 beds (Sole and Robinson 1988). After this period it is not possible to gauge an estimate of numbers, as no agency has responsibility for licensing or registering boarding houses. During the time of this research being undertaken, two boarding houses which were discussed by participants closed down, and over 200 accommodation beds were lost. Officially the only information that is available is a list of general properties that have obtained a Fire Safety Warrant of Fitness. Unfortunately it is not possible to identify which of the properties on this list are boarding houses compared with other types of property, for example hotels.

Profit margins

Australian and Canadian landlords that have stayed in the boarding house business, report that the nature of providing low-cost accommodation means that they have a limited ability to absorb the additional costs of regulation, through rent increases (Distasio, Dudley et al. 2002; Greenhalgh, Miller et al. 2004). As previously discussed, high proportions of boarders are on low incomes and rely on government subsidies to pay rent. The lack of income has an impact on both the individual and also the boarding house industry. In Canada, the government allowance for living in a boarding house was cut from \$250 to \$236 per week. People had to give an increased amount of their weekly income to make up the difference towards their rent, and simultaneously welfare

teams that supported people with social problems in boarding houses were cut, and a damage deposit funding scheme for new tenants was abolished. The combined effect on the boarding house industry was damaging and contributes to Winnipeg's 'ever expanding industry of poverty' (Distasio, Dudley et al. 2002; Greenhalgh, Miller et al. 2004). Professionals working in the community sector felt that there is no chance of improving rooming houses until government takes steps to improve benefits for those on social assistance and the working poor (Distasio, Dudley et al. 2002).

Landlords rely on alternative methods to maximise income, or decrease spending to meet the rising costs of regulation, which over time contribute to the decline in boarding house standards. To maximise the income gained from the property, landlords raise the number of people living in the boarding house. The methods used to do this include, adding more people to a room, or making a large room into two smaller rooms. Delaying routine maintenance also helped landlords to keep costs down. Over time, the increased crowding, added wear and tear from additional boarders, and lack of maintenance to the boarding house, means a deterioration of the building and a compromise to the health and safety of boarders. In all countries, there is concern about the risk of infectious disease spread due to crowding, the risk of fire, and the deterioration of the physical building causing harm to health. Boarding house operators argue that they will have to close down if more regulation to protect against these issues is introduced, as they cannot afford the costs (Distasio, Dudley et al. 2002). However, community advocates believe that these claims are false and that there are many reasons boarding houses close and there is limited evidence that the reason for closure is for this alone (Distasio, Dudley et al. 2002; Greenhalgh, Miller et al. 2004).

In the last decade, concern about the deteriorating standard of boarding houses, despite regulation, led to discussions as to whether boarding houses are legitimate forms of accommodation. (Eastgate, Hunter et al. 2011). Discussion of this is important, because if boarding houses are not considered a legitimate form of housing, there is a danger that

closure is the only desirable option. The unintended consequences of this will mean evicting people from their accommodation and further increasing pressure on other low cost housing in the market, or places will continue to operate illegally without regulation, as already happens. Prior to closure of the boarding houses people will also continue to be provided weak legislative protection from the realities of living in accommodation that is hazardous to health. Groups now seem to agree it is standards that need improving rather than boarding houses closing (Distasio, Dudley et al. 2002; Anderson, Hume et al. 2003; Richards 2009).

Discussion that centres on boarding houses being a legitimate form of accommodation means that the focus can remain on what can be done to improve the living standards of people in the places they actually live. Research indicates that boarding houses provide the Australian government with a cost-effective supply of much needed low-cost accommodation for people on low incomes (Distasio, Dudley et al. 2002; Greenhalgh, Miller et al. 2004; Eastgate, Hunter et al. 2011). It is in the government's interest to support the sector. Providing accommodation supplements to boarders could be seen as already legitimising boarding houses as a form of accommodation and groups now seem to agree that it is standards that need improving rather than boarding houses closing and there are examples of government and community organisations buying buildings or building 'new generation boarding houses' (Greenhalgh, Miller et al. 2004; Eastgate, Hunter et al. 2011).

Despite this support, Australian boarders are defined as homeless. The definition of homelessness is set against a standard on what is considered to be a cultural acceptable minimal standard of being housed. Boarding houses do not meet this minimum standard due to the lack of privacy and insecurity of tenure experienced, so boarders are homeless by definition (Australian Bureau of Statistics 2012). The same is true in New Zealand; due to the lack of tenancy protection and privacy boarders on low incomes are considered to be homeless. To be considered adequately housed they would have to

enjoy the same standard of tenancy protection as other tenants under the Residential Tenancy Amendment Act (2010) and have the financial resources to find alternative accommodation if they desired. Homelessness and housing advocates in Australia and New Zealand are calling for equal tenancy rights for boarders. Although, if this eventuated it may take away the flexibility that is valued by boarders, who in New Zealand are only required to give short notice to leave (48 hours), rather than the 21 days expected of other tenants under the Residential Tenancies Act (1986). Clearly, the rights and responsibilities of the boarder need to be balanced carefully with those of the landlord.

Regulation of the boarding house sector and a comparison of regulations in four countries

The broad categories of legislation and regulation that apply to the boarding house sector in each country are similar and many were introduced around the early 1900s, with the development of public health. The regulations generally fall into five areas, zoning restrictions, building standards, fire safety, public health, and tenancy legislation. Standards are generally set at the National or Federal level with local variation as to whether these apply or who holds statutory responsibility for these areas, whether registration and licensing of boarding houses was required, and the level of sanctions that existed for landlords and boarders who do not comply with the regulations set out. In New Zealand, local councils do have the power to pass local bylaws relating to boarding houses (See table 2 for the regulations applicable to boarding houses in New Zealand). In the Wellington region, none of the city councils in Porirua, Kāpiti Coast, Upper Hutt, Lower Hutt and Wellington City have passed a bylaw specific to boarding houses. The regulation of boarding houses in Australia, Canada, England and New Zealand are summarised to allow a comparison between the strengths and weaknesses of regulations in these four countries (See table 3).

Building, building maintenance and occupancy standards

The regulations discussed are only those that apply to private commercial boarding houses. Those applying to boarding houses which supply care or support to boarders with specific health or disability issues are not discussed, as they frequently have different legislative requirements and are not comparable. There are similarities across the four countries in the way boarding houses are regulated. For example, all countries commonly have National or Federal government building codes, fire regulations, and public health standards that are then enforced at the local agency level. The implementation of these national standards varies and is dependent on the resources and political inclinations of each local council or health agency.

All countries used zoning restrictions within the urban plans to mitigate the nuisance effects on land and neighbours that prospective boarding houses might cause. Each jurisdiction did this in its own way depending on planning bylaws of the local area. Canadian municipal zoning bylaws have the most power of enforcement of the countries' regulations for boarding houses and these are utilised to decide where establishments are permitted to operate (Distasio, Dudley et al. 2002; Starr Group Inc 2002). Frequently, these are in zones where apartments are also permitted with restrictions usually being placed around single family zones, and zoning differentiating between city wide and downtown areas. For example, larger boarding houses of up to 12 people are permitted in multiple family zones mostly located in the downtown and inner city areas. Boarding houses with more than 12 people are permitted on a conditional basis, including a public hearing process. To open a boarding house in any of the other zoning areas a property rezoning is required. Each of the councils in the Wellington Region has zoning restrictions that all vary and are applied on a case by case basis for commercial residential buildings.

Table 2: The regulations applicable to boarding houses in New Zealand.

Name	Zoning Restriction	C section of Fire Safety Act 1975	Housing Improvement Regulations 1947 / Building Act 2004	Residential Tenancy Amendment Act 2010	Public Health Act 1956
Covers	To mitigate the nuisance effects on land and neighbours	Fire safety standards Alarms and egress	Functional requirements and performance criteria of building	Tenancy relationship Rights and Responsibility Reasonable standards Bonds	Sanitation
Responsible for enforcement	Local council	Fire consultant or independent qualified person	Local Council	Tenancy Tribunal Ministry of Business and Innovation (previously Department of Building and Housing)	<ul style="list-style-type: none"> •Environmental health officer local council •Contractor can inspect for pests for owner
Process of enforcement	Apply for assessment for new buildings or change of use of an existing building	12 month warranty of fitness	Consent on building or change of use, not retrospective, and inspection may be done in response to a complaint.	Complaint based by both landlord and tenant to tribunal	<ul style="list-style-type: none"> •Complaint requires inspection •Order placed on landlord to comply with Public Health Act 1956
Issues		Fire standard inspection does not consider general condition of building.	<ul style="list-style-type: none"> • No proactive licensing required landlord to comply with Act. • Tenant unlikely to complain. 	<ul style="list-style-type: none"> •Complaint based •Weak protection from eviction for boarding house residents •Loss of bonds 	<ul style="list-style-type: none"> •Complaint based •Penalties for non-compliance poorly enforced as council has to pay to prosecute landlord in court.

Table 3: A comparison of basic boarding house legislation in Canada, Australia, England and New Zealand

Country/ state	Zoning restriction	Fire safety Inspection	Building Standards	Boarding House Licensing	Tenancy Rights	Public Health Jurisdiction	Comments Strengths/ Weaknesses
Canada Mixed ++	Local council	Main regulation	Proactive inspection in some localities national and local gave overlap	Some local areas Fee charged	Yes but lesser	Shared between local and regional agencies	Overlap between regulations at Federal level and local bylaws which needs coordinating Regulations very physical this is important to prevent deterioration Building codes new builds, renovations, altered use not retrospective Licensing very important Proactive annual inspections.
Australia Mixed +	Local council	Main regulation in all states	Overlap national and local level	Some states only	Some states only but lesser	Varies between local and regional agencies in different states	There are concerns about inconsistencies, gaps, coverage, enforcement and effectiveness across the different states. Work has been done to improve regulations relating to boarding houses in Victoria after a campaign 'Call this a Home' Victoria now has some leading regulation in the country.
England +++	Local council	Fire authority	Proactive inspection - Housing Health Safety Rating System (HHSRS)	Fee charged to landlords	Yes but lesser	Local council	Local authority and fire authority Licensing of the Landlord Assessment for fit and proper managers and their business associates Imprisonment and heavy fines for breach of fire safety and gas regulations, if death or serious injury resulting.
New Zealand +	Local council	Main regulation	Complaint based system	None	Weak	Local council	Fire safety Warrant of Fitness is required but inspection does include building condition. Tenancy protection weaker than other tenants under the Residential Tenancy Amendment Act 2010.

Building codes in all countries are established by local/provincial government and based on the national codes, which set standards for construction, major renovations or alterations of a buildings use. These are not retrospective so do not affect existing boarding houses legally. The most consistently used regulations are fire regulations but most countries and jurisdictions only apply some of the standard to older buildings due to the high cost of compliance with the modern fire safety standards of new buildings. The majority of standards relate to early warning systems and egress, with the additional fire containment and fire suppression (tight fitting doors) standards being enforced to a minimum standard and based on what can be achieved at a reasonable cost. In New Zealand provisions of the Fire Safety Act (1975) are the most strongly enforced regulations. For example, in Wellington City landlords of two story or larger properties are required to obtain an annual Fire Safety Warrant of Fitness Certificate from an independent assessor.

Unfortunately, in Australia, the review of legislation and implementation of stronger regulation of boarding houses at state and territory level is as a result of serious events or problems, including the death of backpackers in a fire in Childers, Queensland and a coronial inquiry into the deaths of two boarders in Victoria. The public exposure of a number of crowded and unregistered boarding houses also motivated a review of regulatory arrangements for boarding houses in the Australian Capital Territory. A recent report by Shelter Australia (Eastgate, Hunter et al. 2011) provides a useful review of legislation and regulation in the provision of marginal housing in Australia. The findings include:

- In New South Wales, there is a common set of standards at the state or territory level, but the administration of these standards is delegated to local governments. Under the Local Government Act there is a set of standards but there is variation in the local implementation of the standards.

- In Victoria, Western Australia and South Australia, local government is entirely responsible for setting local laws and registration. Local government can choose to adopt the state legislation, vary it, or develop their own from scratch. Implementation is highly variable and some local governments have not enacted local laws, or have made little attempt to enforce them, while others are very active in enforcement.

In all countries, the regulations relating to the upkeep of existing building maintenance and occupancy standards generally cover the prevention of deterioration of the older housing stock, structural soundness and weather tightness, and general states of repair of the building. Commonly, public health set a minimum standard for adequate lighting, ventilation, water supply, plumbing and fixtures, electrical and heating systems. There is concern particularly with sanitation, cleanliness, and condition of the bathroom and kitchen facilities. Public health standards are enforced by different agencies, making it confusing to those outside of the system to understand. For example, in Winnipeg, Canada, the Regional Health Authority enforces public health legislation in suburban areas but the Environmental Health Branch of the Community Services Department enforces this legislation in the inner city. The two departments enforce the provincial Public Health Act in all multiple rental properties. In New Zealand, within the Wellington region it is the Environmental Health Officers within the local councils who respond to complaints about conditions in boarding houses. In Wellington City the council had not received any complaints regarding boarding houses from January 2009 to March 2012 (Wellington City Council 2012).

Licensing

The methods used to enforce occupancy standards also vary across countries and jurisdictions. Some standards are enforced proactively with an inspection and licensing regime, while others are enforced reactively when a complaint is made about conditions

in a boarding house. In other countries and jurisdictions the inspection occurs as part of a mandatory licensing system, for example Winnipeg in Canada and across all council areas in England (Social Housing Strategists Inc 2004b). In locations with licensing, it is seen as being central to the effective regulation and enforcement of boarding house legislation, as inspection relies on licensing for the right to enter to carry out inspections in a regular and timely manner. The lack of mandatory inspection and licensing is the most significant differences between boarding houses in England, parts of Canada and parts of Australia, and those run in New Zealand, where inspection for general occupancy standards is not required for commercial accommodation.

Oriole Research & Design (2008a; 2008b; 2008c) completed a three stage review of the boarding house sector in Canada for Toronto local authorities, who wanted to know the best way to manage the sector in the city. The cities reviewed had either a proactive or reactive approach to managing the boarding houses. Proactive cities had licensing requirements and held regular inspections, as opposed to reactive cities that required complaints from boarders or the public to have contact with the sector. Cities using reactive policies were found to know little about the number, location, and condition of the boarding houses in their jurisdiction. The reports made recommendations to improve outcomes that support vulnerable people living in boarding houses and preserve the stock of affordable housing. Recommendations include regular inspection and the consolidation of regulations and licensing, and the use of specialist teams of cross trained generalists to perform inspection. Broader recommendations included working to improve policy and programs in the sector, advocating for the increase in affordable housing options for low income singles, and an increase in accommodation assistance.

Winnipeg, Canada, introduced a bylaw in 1995 requiring boarding houses to be licensed. A new role of Rooming House Section Enforcement Officer was created. To simplify the work of dealing with the backlog of boarding houses that needed inspection

to comply with the new bylaw workers from three different departments were trained to ensure that compliance and licensing requirements were met, including the fire department, buildings branch, health department, and the zoning branch. Each officer was given special constable powers to inspect and enforce regulations with the ability to issue Provincial Common Offence Notices. A prerequisite for obtaining a license includes having permissible land use under zoning regulations and compliance with the fire safety bylaw. Following the intensive effort to license boarding houses, regular inspection returned to the fire department. Due to the success of this method for licensing it is cited and recommended as the option for licensing boarding houses in Toronto (Oriole Research & Design Inc 2008a).

Tenancy protection

The level of tenancy protection in Australia and New Zealand for boarders is weaker than that for other tenants. One possible advantage of the New Zealand system over the Australian system may be that the Residential Tenancies Amendment Act (2010) is consistent over the whole country, as opposed to there being differences in legislation between each state in Australia. There is currently legislation that provides some tenancy protection in Queensland, the Residential Tenancies and Rooming Accommodation Act (2008), Victoria, the Residential Tenancies Act (1997), Australian Capital Territory, the Australian Capital Territory Residential Tenancies Act (1997), South Australia, the Residential Tenancies Rooming Houses Regulations (1999), and Tasmania, the Residential Tenancies Act Tasmania (1997) but advocates from Shelter Australia are concerned that the level of protection provided to boarders is lesser than those of other types of tenure (Eastgate, Hunter et al. 2011). The concerns are very similar to those of New Zealand advocates. For example, the inconsistency in the rules used to address anti-social behaviour for boarders compared with the rules which apply to tenants in their own flat or house.

In Australia, as in New Zealand, new entitlement categories have been introduced for boarding house tenancy. For example, under the Australian Capital Tenancies Act (1997) boarders of boarding houses and caravan parks are classed as occupants. Occupants are entitled to a less protection than regular tenants, under a set of occupancy principles. Boarders are also excluded from tenancy legislation in New South Wales and Western Australia; boarders are only covered by rights accorded to licensees in common law. Boarders in the Northern Territory are covered in legislation passed in 2008, but this is yet to be enforced (Northern Territories Residential Tenancies Act 1999).

In Canada, boarders in different states are covered under different legislation but not all states agreed to include boarders from the introduction of these Acts. New Brunswick was the only province in Canada to specifically exclude roomers and boarders leaving the rooming-house population without the protection granted to people living in apartments, but in 2010, roomers and boarders were included in the Act.

The level of tenancy protection provided in England depends on the type of tenancy granted. Boarders are likely be termed as either 'excluded occupiers' with few rights or protection from eviction, or 'occupiers with basic protection' which means landlords have to follow a legal process to evict them (Shelter England 2012). Overall, with the exception of tenancy protection, the legislation related to boarding houses in England is the most comprehensive and the most strongly enforced. There are serious legal and financial consequences for landlords who do not comply with local council mandatory inspection and licensing regimes. In one case, a landlord was fined more than £3,000 at Stratford Magistrates Court in June 2007 for failing to license two flats in Warwick Street, which were both occupied by students from Warwick University (Michael G. Lewis & Son 2012). More recently, a Bexley landlord was fine £110,000 (later on appeal dropped to £99,000, plus over £5,000 costs) for failing to licence a house of multiple occupation (HMO) and breaching more than 20 specific conditions. Imprisonment and heavy fines are possible consequences for breach of fire safety and gas regulations, if

these result in death or serious injury (Michael G. Lewis & Son 2012). New Zealand and parts of Australia have less comprehensive legislation and the least proactive enforcement for landlords who do not comply with regulatory standards.

Summary

The literature reviewed helps to build a picture of the people who live in boarding houses and the issues that impact on their well-being. Most boarders are on very low incomes and spend a high proportion of this on accommodation. Poorer boarders have worse health outcomes than people on the same income who live in more stable housing. The analysis of the available literature also highlights the broader issues, which impact on landlords and managers and the sector itself, including low rental returns and the difficulty in being able to afford to maintain properties to an adequate standard. Identification and comparison of the legislation and regulations of boarding houses in the four countries showed that England has the strongest and most consistent boarding house legislation, with the most proactively enforced regulations. Canada and Australia had the most inconsistent regulation, but specific areas have made recent changes to improve the regulation of boarding houses, including introducing tenancy protection and licensing and inspection regimes. New Zealand has introduced tenancy protection under the Residential Tenancies Amendment Act (2010) but relies on a complaints-based system to maintain standards in boarding houses. As previously mentioned no complaints were reported to have been made to Wellington City Council regarding boarding houses between January 2009 and March 2012 (Wellington City Council 2012).

The study will now focus on boarding houses in the Wellington region. The next chapter discusses the methodology and method used to research the topic.

Chapter Three: Methodology

Would you tell me, please, which way I ought to go from here?

That depends a good deal on where you want to get to, said the Cat.

I don't much care where, said Alice.

Then it doesn't matter which way you go, said the Cat.

So long as I get SOMEWHERE, Alice added as an explanation.

Oh, you're sure to do that, said the Cat, If only you walk long enough.

(Lewis Carroll 1865)

There were very few studies relating to boarding houses in New Zealand. With so little known about these residences and the nature of my research questions, I chose a qualitative study design. Creswell (2009) states:

"This type of approach may be needed because the topic is new, the topic has never been addressed with a certain sample or group of people and existing theories do not apply with a particular sample or group under study."

I wanted to explore and understand boarding houses more clearly from multiple perspectives. I also wanted to gain insight into the meaning people or groups give to boarding houses, which according to Creswell (2009 p4) is the intent of qualitative research.

"In qualitative research, the intent is to explore the complex set of factors surrounding the central phenomenon and present the varied perspectives or meanings that participants hold."

Worldview

In choosing my research design I had to clarify my own motivations for pursuing this topic. What assumptions about the world had I already made that shaped the position my research was coming from and where the research would go? Creswell (2009) terms this positioning as the 'worldview' adopted; other authors use terms like 'paradigms' (Lincoln and Guba 2000), 'epistemologies and ontologies' (Crotty 1998). My research originates from the world view of constructivism.

"Social constructivists hold assumptions that individuals seek understanding of the world in which they live and work. Individuals develop subjective meanings of their experiences, meanings directed at certain objects or things. These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrowing meaning into a few categories or ideas. The goal of the researcher is to rely on the participants' views of the situation being studied" (Creswell 2009, p8).

I was mindful that while my passion for the topic provided a motivation to see me through to the end of the research, I did not want to impose myself on the data. Charmaz (2006) warns against this and recommends bringing personal issues out into the open to avoid this from happening. I acknowledge that my work as a public health advisor is not a neutral position. Public health is concerned with improving population health and reducing the inequalities in health which exists between groups within a population (World Health Organisation 2008). I was also concerned that, despite health workers and social service agencies reporting awful conditions in some boarding houses, little could be or was being done in practice to change the living conditions people experienced. I acknowledge the sense of injustice I felt at the conditions I had seen, read, and heard about in boarding houses.

I did not use critical theory or an advocacy and participatory research approach, as so little is known about these dwellings. I did not want to narrow the focus of my research down too soon by assuming all boarders were marginalised or lacked power (Creswell 2009). The scope of this work is 'limited' to scene setting and describing, rather than establishing causation or designing interventions. However, the findings from the research were presented to the Social Service Committee Inquiry into Boarding Houses (Appendix 11).

Phenomenology or Grounded Theory?

I considered two methodological approaches, phenomenology and grounded theory. However, as I read more about phenomenology, it became clear that grounded theory would be the most suitable methodology to answer my questions. Phenomenology was initially of interest as it focuses on people's experiences and puts their voice at the front of the topic researched. Patton (1990) explains phenomenology explores:

"how human beings make sense of experience and transform experience into consciousness." (Patton 1990 p104).

The understanding of people's lived experiences gained from using this methodology may have been intrinsically interesting and would have been a useful approach to answer the question 'What it is like to live in these dwellings?' from a boarder's perspective. However, the focus on the lived experience and individual perceptions was too restrictive to answer all of my research questions. The focus of phenomenology remains the essential meaning of the lived experience. Creswell (2009) suggests it is possible to add an interpretive dimension to phenomenological research, which enables it to be used as the basis for practical theory and allows it to inform, support or challenge policy and action. But I realised I wanted to conduct a study on boarding houses as a

phenomenon, as opposed to focus on the descriptions of what people experienced relating to boarding houses and what meaning they attached to those experiences.

On reading Patton (1990), I knew that I wanted to look beyond this phenomenon to understand the social and psychological experiences of living in boarding houses and identify the processes involved in these situations, so descriptive information gained could better inform policy and action. The information I sought would be better discovered using a grounded theory methodology (Baker, Wuest et al. 1992). Grounded theory goes beyond the personal descriptions of phenomenology and allows for the generation of theory about boarding houses. The methodology also offered a useful and distinct set of procedures for the research process (Charmaz 2006).

Which branch of Grounded Theory?

In the mid-1960s Barney Glaser and Anselm Strauss developed the original grounded theory methodology but their views on grounded theory began to diverge. As a result the history and development of grounded theory is described as “controversial” (Charmaz 2006). However, common to all branches of grounded theory is the generation of theory through the close analysis of the data. Grounded theorists use ‘constant comparison methods’ in cycles of data collection, coding and testing of emergent themes in fieldwork, to build a theory of the phenomenon under study (Patton 1990). The branch of grounded theory I thought would best answer the research questions was constructivist grounded theory developed by Kathy Charmaz (2006). The branch differs from more traditional grounded theory methodologies due to the way previous knowledge is used in the research process. Earlier theorists required researchers to put aside their prior life experiences and the literature written about the topic under study. However, Charmaz (2006 p 187) states, “...people, including researchers, construct the realities in which they participate.”

I felt being able to acknowledge my role as a researcher in constructing the reality in which I participated was an important distinction. By choosing Chamaz's methodology I was not expected to 'un-know' or put aside what I had experienced as a public health practitioner. I thought this distancing was unrealistic and wasted the eight years' experience and knowledge I had working in the area of housing and homelessness. I had previously visited a number of the boarding houses mentioned by the health workers, boarders, landlords and managers interviewed. I had seen the places they described but had not been into the private rooms of these properties. For me, the study is a combination of my experience, participants' interviews, and the analysis and findings, which helped to fill in the missing pieces of the properties I had seen, and construct a more complete view of the boarding houses.

The use of literature in grounded theory

The role of literature reviews within grounded theory is highly contested. Many theorists of grounded theory, including Glaser insist that prior knowledge of an area of inquiry overly influences the researcher when formulating ideas. Therefore, the development of a theory would be less 'grounded' in the data and instead forced into fitting with preconceived ideas. Charmaz (2006) holds a different view on the use of literature in constructivist grounded theory and notes it is often impossible to be able to begin a body of research without familiarising yourself with the field of study. Indeed, I had to have prior knowledge of some of the literature to write the research proposal for the academic department and to apply for ethics approval. Chamaz's (2006) branch of constructivist grounded theory allows the literature to help inform the research process, including developing the interview schedule. Charmaz favours prior reading as a starting point for research, but not for pre-empting coding or analysis of data. The ability to be able to understand and make a critical assessment of the literature is also important. Charmaz (2006) also considers it appropriate once data collection is completed to return to the literature to better understand the research findings and to

help deepen the analysis of data. The literature can also be used to place your own research analysis alongside previous authors' results and to better explain key parts of the analysis, including the use of other authors' research to articulate key parts of your own analysis.

Literature review

Initial literature search

The literature search was conducted using a number of databases including, Scopus, Science Direct, Pub Med, Proquest Social Science, Web of Knowledge. Search terms included "boarding hous*", "rooming hous*", "single room occupancy", "hous* of multiple occupation", "boarding hous* AND (standards OR regulation)" "boarding hous* AND peoples experiences" as well as various combinations of the above and "vulnerable", "safety", and "health". The terms "boarding school" "dog" and "cat" were excluded from the search as there were numerous inappropriate studies identified relating to these categories. The search was limited to studies written in English. The original search located 37 articles. Google scholar was also used to search for community sector and government documents. Only documents with clear definitions of dwellings that matched that of boarding houses were included. Google alert identified several New Zealand media articles relating to boarding houses over the duration of the research process from April 2011 until July 2012.

One problem encountered in the search was the interchangeable terms used for boarding houses. To allow comparison of results across studies, it is important for studies to clearly describe and define the accommodation type involved in the study. If this clarification is not done due to the interchangeable use of names for different dwelling types, it is not possible to compare results across studies and the usefulness of the research may be limited. A clear definition and conceptual description will maximise

the usefulness of the research to others in that particular field of research and allow results to be more easily compared across locations regardless of the accommodation names. For example, the name hostel and boarding house are used interchangeably in New Zealand and some hostels are by definition and conceptually the same as boarding houses.

A study from Copenhagen looked at mortality rates of hostel users (Nordentoft and Wandall-Holm 2003). However, a clear definition of a hostel was not provided and the study had to be excluded due to uncertainty of whether it was equivalent to a boarding house or not. Important descriptive information to mention in studies about dwellings includes, whether it is single room or dormitory style accommodation, whether there are shared kitchen and bathroom areas, and information on whether dwellings are run privately or by a community organisation, for profit or not-for profit, with or without support is also useful. If clear definitions and conceptual descriptions are provided in all studies, it will enable comparison of the small amount of research in this field, regardless of names used for dwellings.

Data collection

Interview Schedule

An in-depth semi-structured schedule was used to interview participants (Patton 1990). Interview questions were designed using both my own prior knowledge and reviewed literature, (see page 16), in discussion with my supervisors (See Appendix 5, 6, 7 for interview schedules). Open-ended questions were used to encourage participants to expand on topics and allowed participants to assume more power by taking the conversation where they would like to take it (Mills, Bonner et al. 2006). The use of jargon and value- laden terms in designing the schedule were avoided and a pilot was run with a colleague to check that questions could not be open to alternative

interpretation. The pre-test led to some changes to the order of the questions which helped with the flow of the interview (Beanland, Schneider et al. 2000). A separate rehearsal interview was also performed which confirmed the schedule allowed for understanding and flow and took from between approximately 45 minutes to an hour to complete.

The questions were similar for health workers, landlords and boarders to allow comparability across the three groups participating in the study. Minor changes in terms such as “the boarding houses you visit” or “the boarding house you own” were the only changes made to initial interviews. Some prompts were used to encourage participants to speak and depending on the initial responses of participants further prompts were used to open up the discussion further. Later in the interview process, I asked more spontaneous prompting questions during the interviews, as it allowed me to explore themes that had already emerged in the data analysed. I asked about their experiences compared with previous participants’ experiences.

The methodology and interviewing allows for the use of constant comparison between data and puts the interviewer and participant on a more equal footing. The prompts stimulate further discussion of the shared issue and construction of the story between participant and researcher. The process helped to highlight the differences and similarities between participants’ experiences of boarding houses.

Recruitment

One of the critical decisions in a qualitative research study is whom or what to include in the sample, whom to interview.

(Kuper, Lingard et al. 2008 P 687)

Purposeful sampling was initially used to identify specific groups of people who live or work in circumstances relevant to boarding houses, as opposed to establish a random or representative sample as required in quantitative research (Mays and Pope 1995; Kuper, Lingard et al. 2008), I wanted to gain a depth and breadth of knowledge about boarding houses from multiple perspectives. I wanted to speak with health workers, boarders, landlords and managers to understand the meaning they construct from their experiences, not just take the perspective for example of boarders. The order that the participants were recruited may have had an impact on the theories generated but the continued collection of data until there were no more new themes occurring helped to avoid being captured by one particular group or individual participant. The later use of theoretical sampling was based on the literature and used to explore developing theories, for example about the segmentation within the boarding house sector. The approach helped to keep the inquiry more open and to avoid reaching saturation too soon due to the use of a homogenous sample. The aim was to gather data from a range of perspectives, so interviews were held with boarders, health workers, landlords and managers. Data were also gathered about boarding houses of varying size, urban or suburban location, and in different cities across the Wellington region, as this gives a broader description of experiences to inform the research (See Appendix 8 for detail of participants. See Appendix 10 for a map of boarding house locations).

The following definition is used to clarify what is meant by a boarding house. The Residential Tenancies Amendment Act (2010) states:

“boarding house means residential premises

“(a) containing 1 or more boarding rooms along with facilities for communal use by the tenants of the boarding house; and

“(b) occupied, or intended by the landlord to be occupied, by at least 6 tenants at any one time.”

Information about any boarding house that met this definition was included in the study. However, I excluded boarding houses that received funding from mental health services, as I wanted the sample to consist of premises where people could walk in and request accommodation without having to be referred by an agency. Boarding houses funded by health services operate under different legislation and were beyond the scope of this thesis, although it is possible that people living in boarding houses run by community trusts are more vulnerable in some ways and differ from those living in general boarding houses, because they are less subject to boarding house regulations. However, it could also be argued that these boarders are *less* vulnerable, because they are connected to health services.

A total of nine people were interviewed, three health professionals, two boarders, and four landlords/ managers. The Wellington Housing Forum was used to recruit health and social service workers. I was already a member of this group and knew those with extensive experience of delivering services to people living in boarding houses. Perspectives were sought from a variety of health disciplines, and professionals participating in the study had a combined total of 26 years' experience of visiting people who live in boarding houses. Two boarders were identified through health and social service workers connected with the Wellington Housing Forum. Neither boarder however, was under the direct care of the health professionals who approached them about being in the study. The perspectives of a male and female boarder were sought, as was boarders with varying durations of stay in boarding houses. The participating boarders had a combined total of 39 years' experience of living in boarding houses. Health workers and boarders were telephoned and invited to take part in an interview, all accepted.

Four boarding house landlords and managers were contacted using my existing networks through the forum and a classified advertisement in the local yellow pages. The boarding houses were telephoned and either the landlord or the manager (whoever was available) was invited to participate in the study. Views were sought from those with experience of both large and small boarding houses. The landlords and managers interviewed had over 37 years combined experience of owning and/or managing boarding houses of varying size and location.

Sample size

One of the central aims of grounded theory is that the researcher builds raw data into conceptual categories, then into a substantial theory, or the theory grounded in the data. To reach this stage, data need to be collected until the conceptual categories and substantial theory are satisfactorily supported by the data and minimal new information is being found from additional sampling. Two months into the collection and analysis of data, I had recruited and interviewed six participants. I had begun to develop theories within the data, but needed to gain further data from a particular source to explore the theories further. In addition to the purposeful sampling already used to select initial participants, I also used a theoretical sampling process to select the second boarder and the final two landlords. Mays and Pope (1995 p 110) describe the use of theoretical sampling as:

“A specific type of non-probability sampling in which the object of developing theory or explanation guides the process sampling and data collection.”

The sampling method was very useful, it helped to check preliminary ideas about variation in the screening criteria used to select boarders across the sector, and the ideas were developed from content of previous interviews. After interviewing several landlords, I noticed differences between their stories, for example some were very strict

and formal requiring official forms of identification, where other were more about informal conversations and how landlords felt about someone on first meeting them. I had only been interviewing boarding houses catering to those on lower incomes. To gain a broader picture of the sector, I knew I needed to interview someone who ran a boarding house for those on higher incomes, to check the differences in their story and the experiences already recorded. Without this technique of sampling, it would not have been possible in the timeframe I had to build the theoretical categories I was developing.

I stopped collecting information when I felt minimum new information was gained from interviewing another participant. At this stage the theory was conceptually dense enough and the relationships about and between data were satisfactorily accounted for. There were limitations to this process and these are raised in the discussion section of the thesis.

Ethics

Prior to commencing the research I was aware that boarders are provided weaker tenancy protection under the Residential Tenancies Amendment Act (2010), (An amendment to the Residential Tenancies Act, 1986), compared with other types of tenants under the Residential Tenancies Act (1986), for example those renting houses. Boarders were also likely to be more closely monitored by managers and landlords than tenants living in other private dwellings. For these reasons, boarders who participate in this study were potentially at risk of eviction and/or other negative consequence, if the manager or landlord of their boarding house suspects that they have portrayed the establishment or its management in a negative light. Boarders were asked to select where they wanted to be interviewed to help prevent any such negative consequences of participating in the study. One selected to come to an office away from their boarding house, the other was confident that the manager would not know the reason for my visit and the boarder was happy to invite me to their room. I felt safe in accepting the

invitation and did not feel the visit compromised the ethical standards of the research. Confidentiality for the participants was maintained as much as possible by removing all identifying information.

Although no personal health questions were asked, the discussion of issues relating to boarding houses had potential to have a negative emotional effect on boarders, following the interview. To mitigate this, both were given the contact details of Healthline (a 24-hour help line). During the interviews with health workers, landlords and managers, I was aware that some of the information being discussed was sensitive and at times difficult for some people to talk about. Following two interviews in particular, I checked that people had someone to debrief with about some of the issues raised; both had and I felt that this was safe.

Consent process

The participants were all provided with an information sheet and a consent form to decide whether they would like to take part in the study (See Appendices 1, 2, 3 for information sheets). All those agreeing to read the information sheet went on to participate in the study. All signed the consent form agreeing to take part in the study and for the interview to be recorded (see Appendix 4 for consent form). Details on the forms also included how to withdraw from the study, how data would be stored, and how the results would be used. Participants were also told they would be informed when the study was completed and how to obtain a copy of the thesis if they would like to do so. Participants were also offered a \$25 voucher and information was gathered about where to send the voucher if the offer was accepted.

Conducting the interviews

To help participants feel more empowered they were asked to choose where they would like to be interviewed. Most were interviewed in their own home or their place of work,

although one interview was held at my place of work at the request of the boarder. To ensure my own safety, all interviews were held where there were other people in the near vicinity, but in places where no-one else could overhear conversations to ensure privacy. I also carried a mobile phone in case of emergencies. The interviews held in boarding houses gave me a chance to see the places being discussed directly. Three participants also gave me guided tours of their boarding houses, which helped break the ice and provided valuable time to step back from our roles of participant and researcher. I think this helped the interviews flow more freely (Mills, Bonner et al. 2006).

I observed the boarding houses, communal areas, people's rooms, and it was particularly interesting to see where landlords lived and compare these with the images of the boarding houses they run. The standards were higher in their own homes, but both landlords had maintained high or satisfactory standards in the boarding houses they ran too. My observations of the less well maintained boarding houses was invaluable and in a very short space of time it was possible to gain a visual and sensory understanding about the dwellings. One of the starkest images was of a communal bathroom that was cold and damp that had black walls and ceiling from mould, in other parts the plaster and paint was peeling away from the surfaces. The hallway was in similar disrepair and the lino flooring was cracked and lifting away from the concrete floor. I left the building after the interview and walked past the un-locked bathrooms, down three flights of stairs, past three more unsecured floors of similar accommodation, straight out onto the street. The access to the floor from the street was not something the boarder mentioned in the interviews and I would have known this had I not have been there to observe it.

Analysis

Codes

All interviews were recorded with a voice recorder and I transcribed these verbatim with the assistance of a transcription kit. For every hour of voice recording it took approximately ten hours to complete the transcription process for eight interviews. Although lengthy the process quickly allowed me to become familiar with the data making the coding process easier. I began to systematically code after I had done the first five interviews to start theory generation. During this stage of coding sections of interview were analysed and manually coded line by line for things I or participants found important (Appendix 9: Table 5: Coding). I included the participants' language in the coding process to help keep the research grounded in the data. I coded the transcripts during one period, which helped to get a feel for the coding process, the subject matter and establish a set of initial codes (Charmaz 1994). I created 66 initial codes, some occurred in one transcript only once and some occurred in all the transcripts. Some of the codes with a high rate of recurrence were in some ways related to key areas in the interview schedules, for example "physical deterioration of building". Supervisors also read the transcripts and during supervision the initial codes developed from the data were discussed. Charmaz (1994) refers to these as 'focused codes' which are then used to develop categories from the data.

After reviewing all of the interviews I began to create categories from the codes. Using Post-it notes and moving them around helped during this stage to visualise various levels of connection between data and categories. This process led to the creation of new categories, so I reviewed the data again and where necessary changed the data's positioning to fill the new categories. Sometimes this meant consolidating category together for example "working for free rent" and "fighting back" became "coping". In others the entire data sets' focused coding helped by breaking down a category further

for example “vulnerability” was broken down into “personal vulnerability” and “systemic vulnerability”(Charmaz 1994). This stage was useful to move the analysis away from the direct text and up to a more conceptual level. It made me think more about the social processes occurring within the data and the relationships or interactions between the categories. During this time I wrote memos to allow more abstract thinking and comparison between the categories. In grounded theory, it is this constant comparison between the various data and categories that provides the basis from which to develop the conceptual groupings and a theory about the topic researched.

Constant Comparative Method

The constant comparative method of grounded theory means: “(a) comparing different people... (b) comparing data from the same individuals with themselves at different points in time, (c) comparing incident with incident, (d) comparing data with category, (e) comparing a category with other categories” (Charmaz, 2000, p. 515). These comparisons occur throughout the data collection, analysis and writing process, and produce insights into the topic being studied and provide pathways for conceptualising and developing theory. During the research process due to time constraints on the study I did not use (b) comparing data from the same individuals with themselves at different points in time. Themes were however checked as they were raised by new participants to see if boarder, health workers, landlords and managers, agreed or disagreed with each other within their group types or with the views previously mentioned by other participants.

Developing Theory

To develop a grounded theory Charmaz (2006) describes the process of creating codes from initial data, then organising these codes into categories, turning the categories to concepts, and then raising the concepts up to a grounded theory. The end product of a grounded theory needs to be built by sorting and presenting the data without imposing

order on it. The process was not linear but iterative, with each cycle adding something to the theory being constructed.

By making a presentation to the Department of Public Health about my research I was able to sharpen and clarify my thoughts, as this required me to generate a theory about the data, to be able to discuss the data with others in an understandable way. There were multiple cycles of this stage of the theory generation and the theories first presented changed slightly as the analysis continued and new data were collected. To remain grounded in the data it was necessary to balance the need to organise the data at an appropriate level to explain the majority of the relevant data to the audience, but also to keep it grounded in people's specific experiences to remain in keeping with grounded theory. Charmaz's view of constructivist grounded theory is that it must,

"dig deep into the empirical and build analytic structures that reach up to the hypothetical." (Charmaz, 2006, p. 151).

A substantive theory interprets or explains a specific issue within a particular area. The writing of a substantive theory is itself part of the iterative process of theorising, as writing generates analysis. My substantive theory is an interpretation of the experiences of boarders, health workers, and landlords and managers in relation to boarding houses. Writing the substantive theory, I tried to use the participant's own language and I also used my own language. Charmaz (2006) also sees a place for the researcher's own terminology at times as they are part of shaping the theory. The grounded theory generated from this research raises additional questions that other housing and health researchers might want to explore further. In the discussion chapter, I consider how my substantive theories relate to other authors' work on marginally housed and homeless populations. The theories developed are presented as part of the results chapter.

Chapter Four: Results

While economics is about how people make choices, sociology is about how people don't have any choices to make.

(Duesenberry 1960)

My research results will be presented in three main sections. Firstly, the variation found in the quality of the physical and social environment and management practices of boarding houses. Some were of a higher quality, others of lower quality. Secondly, some boarders were more vulnerable than others to accessing the poor quality boarding houses and to eviction. The level of vulnerability experienced by boarders depended on their personal circumstances and the broader systemic factors which impact on boarding houses and the sector. Personal vulnerability related to poor health and a lack of resources, for example those in low paid employment having few financial resources. Systemic vulnerabilities were due to the failure of legislation and policy to protect boarders, including the weak tenancy protection provided by the Residential Tenancies Amendment Act (2010), the inadequate enforcement of current building standards, and lack of provision of adequate affordable housing. The last section illustrates the ways in which the health workers, boarders, and landlord or managers made boarding houses work for them and suggests improvements for boarding houses in the future. The suggestions that were identified by participants are at an individual and systemic level. The reporting of my results refers collectively to the boarders, health workers, and landlords and managers interviewed as participants, but specific points and individual quotes are identified as being from boarders, health workers, and landlords or managers where appropriate.

Variation amongst and within boarding houses

Quality of the physical environment

None of the 13 boarding houses described were new and only two were purpose built. Boarding houses were commonly situated in buildings ranging from old institutions, such as old nursing homes, psychiatric hospitals, as well as large family homes that were between 50 and 120 years old and had been converted into boarding houses. Participants were asked to describe the physical aspects of the properties they knew and there were clearly differences in the quality of the physical environment between these buildings.

More positive descriptions refer to fresh paint, cleanliness, up to date décor, and several participants mention places with lovely gardens.

“There’s some really well run places, like the one up in I think it’s amazing....it’s got a really nice clean communal eating area...there’s a shared garden out the back and they do shared gardening.” [Health worker 1]

One landlord described luxurious conditions in a 1900’s Villa style house where each room was filled with antiques and decorated in themes.

“I bought lots and lots of furniture. Some of those things were antique style or vintage style um pieces of furniture and so I decided that the house would have, all the rooms would have a theme and really just be very individual.” [Landlord 2]

The more negative descriptions of boarding houses included plain, barely furnished, tired, unmaintained properties with broken windows, dishevelled chattels, rotting timber, damp and mould. Health workers and boarders who describe the poor conditions were visibly upset when they gave graphic accounts of what they saw.

"No heating, broken windows, windows didn't get mended so there was boarded windows, food being kept in rooms because there was no kitchen. Really there was a communal kitchen but it was like, almost like camping.....stainless steel benches, no hot water, fridges, one or two fridges in the corridor but the majority of people kept food in their rooms." [Health worker 1]

"They are moving people into the shittiest smallest rooms in the world, carpet might have been there for forty years, pissed on and what have you." [Boarder 1]

One manager thought that the age of the building they managed was problematic and a barrier to providing accommodation to a physical quality they would like, as the cost of upgrading or maintaining properties was too expensive to make it worthwhile.

"They are probably at least 50 years old on average, which means they are quite tired and difficult to do up-grades and maintenance to maintain them."
[Manager 1]

In one boarding house the landlord/manager spoke about upgrading the place to a better standard when they took over the property, as the place was in an awful condition when they bought the business. They gradually invested to upgrade the house over a ten-year period and maintained the property to what they considered to be a basic, but reasonable standard.

"We painted it inside and out when we first got it and we got some second hand carpet and laid that all down and as people left carpeted the rooms. You wouldn't say that it was lovely, but it is unrecognisable to what it was. When we first moved in the carpet was filthy, it was disgusting, the walls were disgusting...painted it, put some new curtains in. I mean some of the curtains were like rotten."
[Landlord/ Manager 1]

There were also examples where investment was made in the boarding house, for example with refurbishments.

"The [...] had just recently been refurbishedand what I noticed there is the colour scheme had changed to a brighter grey with white flowers on the wall....everyone had a locker, to lock away their food, the oven, fridge was clean....everything was fully carpeted." [Health worker 3]

"I've noticed quite a few of them have done, like the place over, quite a few of the better places have gone more upmarket." [Health worker 3]

The physical conditions in boarding houses were variable. The differences were apparent within the descriptions of individual rooms and the furniture supplied as well as the communal areas of the houses, for example lounges and bathrooms.

Bathrooms

The poor quality of bathroom areas was frequently mentioned, issues included extensive mould, broken fittings, and the low ratio of toilets and showers to people using the property. Health workers spoke about two particular locations which were in the worst condition of any of the boarding houses they saw. One had a concrete outbuilding as a toilet and shower block, which was used by more than twenty people. Even in winter boarders had to go outside to use the washing and toilet facilities.

"...No hot water, only a tap on the cold water in the showers and I wonder if the showers were ever used. I never heard the shower and I would go all times of the day and never heard anybody showering. And it was sort of communal toilets and a couple of showers for gosh, how many people? It must be 20 at least, but umm, no door on the actual outhouse, it was an outhouse. So it was open that's why it was a bit like camping." [Health worker 1]

Another boarding house only had two toilets and two showers for 20 people and the hot water frequently ran out.

“There is 20 at ours at the moment, yeah with enough hot water for about 10....he [the landlord] has just looked at getting a gas hot water system instead of the one that is currently in there, two toilets, the shower.” [Boarder 1]

The already crowded situation was compounded as there was no lock on the front door and the house and bathroom facilities were used by people who lived outside the property, including those who lived on the street, in vehicles, and other improvised dwellings. The boarder was worried about the risk and inconvenience this presented to an older boarder that had been living at the property for 34 years.

“To have him exposed to that uncertainty to the amount of people that are coming, he has less chance of getting a shower and you know what I mean?” [Boarder 1]

The landlord and manager of one boarding house talked about upgrading the bathrooms in their house, as this was a negative aspect of the boarding house and it was putting guests off staying.

“The bathrooms I really tried to not take people through the bathrooms if I was trying to rent a room because they were so mould ridden and paint peeling off....we put more bathrooms into it and spent quite a lot of money...it will be four years ago...so from having just two bathrooms that were hideous, we ended up getting two extra separate toilets, with a shower, toilet and a hand basin and two extra showers.” [Landlord and manager 1]

Room size

"I've got a friend who stays in one it's about the width of the two cupboards."

[Boarder 1]

Health workers and boarders both commented on how small some of the rooms rented are. Health professionals who visited people living in the worst condition boarding houses described rooms where you could barely open the door and walk into the room without hitting the bed. The rooms are very sparsely furnished apart from a single bed, a small wardrobe and a set of draws.

"...The people I was seeing were all at the back in sort of just rows, rows of really small individual rooms, like umm, like you know, the size of most people's toilet."

[Health worker 1]

Some already small rooms had been cut in half and turned into two rooms to gain extra rental income, which increased wear and tear on the property in general.

"You know there is one boarding house where they have divided the rooms in half. So they're single rooms and they are divided in half so you have got really thin doors [laughs]" [Health worker 2]

The health workers' accounts of these rooms were a contrast to the ones given by a landlord, who ran a boutique boarding house.

"It's got an enormous king size bed and it's supposed to be plush and gorgeous, and luxurious." [Landlord 2]

Larger rooms were more expensive, but the location of the boarding house also affected the cost of rooms. In the central city, very small rooms are more expensive than larger ones in the suburbs, as people pay more money to be close to areas they like, are employed in, or have family/ friends nearby.

"Oh they can vary mate, in the city you probably be looking, oh you might find a dog box sort of the size of the width of the two cupboards. Yeah, his room would be [points] from here to there [2 metres] and yeah that [3 metres] and I think he is paying \$80 there, ... but anything of a decent size up to \$160 I guess, \$180 and then you've got people like [...] that are asking for like \$220 or \$240." [Boarder 1]

There were clear differences in the physical quality of the boarding houses. The words participants used to describe standards range from 'boutique', 'luxurious' and 'amazing' to 'basic', 'squalid', 'terrible' and 'hideous'. There was also variation in the level of maintenance completed and the standards that landlords and managers sought to maintain. Some boarding houses were being improved, although the worst condition boarding houses lacked any care and maintenance and it was not possible for boarders to get a broken window fixed. The contrast between boarding houses' physical environments was also reflected in comparisons between these dwellings' social environments.

The social environment

Reason, purpose and duration of stay

People used boarding houses for different reasons, purposes, and durations of time. The differences shaped the social environment within the properties. For example, some were used for weekend visits, short holidays, and if someone temporarily moved to Wellington to work or study. Boarders had homes in other locations and used the boarding house temporarily and for a set time and specific purpose.

"I often have corporate women. I used to have quite a good affiliation with the nursing school up at the University I have a woman who has been coming for at least probably fifteen or fourteen years and she comes, she is a [...], she works for [...] management, every time she comes to Wellington she stays with me I mean it's extraordinary. I have people coming for Wearable Arts, for events in Wellington, family reunions. Of late I have had a few women that come to visit their daughters from overseas. So perhaps their daughters or children are studying at the university and they look around the valley and they come and they want their own space." [Landlord 2]

"So I've got someone coming now for ten days and that is quite a long time too. She is writing a book about sport." [Landlord 2]

In other places some boarders were professionals, including nurses, teachers, and accountants.

"A lot of the people that live here are nurses. A lot of them are actually international nurses. I don't actually know any people from New Zealand that are nurses living here to be honest." [Boarder 2]

Many boarders were new migrants to the country and the accommodation was described as a stop gap before moving on to something more permanent. However, some stop gaps were for years. One landlord explained a situation where a migrant family lived in one room, in difficult circumstances. By doing this they were able to save and bought their own home, so the boarding house was a stop gap of sorts.

"They are usually newly arrived in New Zealand, but like they do often stay for a long time because, well we had one woman she wasn't a couple, but she came as a student and she stayed after she finished her degree and she saved and saved enough money to actually buy a house. She has just left about six weeks ago. She would have people coming out from Indonesia and they would stay with her. It was her mother and her grandmother and her sister and her baby and all stayed in her bedroom. I couldn't believe it. I said "Where are they all going to sleep"? She has got a double bed! ...and she had to go to work every day." [Landlord 1]

By contrast, there were several boarding houses where the majority of boarders were in low-paid employment or received a government benefit. Boarders there required long-term or permanent accommodation and had few or no other housing options available. These boarding houses did not get used by tourists.

"...A lot of them end up in boarding houses, people who should be in sheltered accommodation....but there isn't any available." [Health worker 2]

Health workers felt strongly that boarding houses were not suitable places to live long term, but agreed that they were OK for a stop gap in an emergency, when someone was in urgent need of accommodation, for example, when they were living on the street.

"...It was like somewhere that I often used when there was no other; you know when someone was literally not use to living on the streets." [Health worker 1]

Due to the awful condition of some boarding houses, one health worker questioned whether some places were better than living on the street.

“...I think it’s a, it’s a stop gap, it’s better than the street, mind you some places I don’t think are, but anyway.”[Health worker 2]

The social environments in the poorest boarding houses were a sharp contrast to those in the more luxurious properties described. The descriptions of participants’ experiences of communal living varied widely depending on the reason people used boarding houses.

Communal living

Health workers and boarders mentioned the positive and negative aspects of communal living. The positive aspects included cooking meals together, telling stories and shared interests, and the support gained by sharing problems.

“It is the support, even though they vary a lot in age to me, it’s just having people around. I think it is really important to keep me healthy, umm, so I think that is part of the reason I moved in as well....yeah without me really realising that because it is important to have it, but if I had my own flat I’m not sure I would have that same cohesion, you know.”[Boarder 2]

A health worker talked about how one of the boarders they worked with valued the opportunity to meet a diverse range of people at the boarding houses in which they lived, compared to the experience of living in a flat.

“[...] had such a great experience at [...] they were really nice, it was more student-type situation where everybody talked, umm, to everybody and no one was sort of singles out as low class mental health person....so [...] was able to meet with backpackers, tourists, with students and it was normalisation for [...] and those are the places I am keen to support.”[Health worker 3]

A landlord talked about the sense of community that developed in their house. The boarders organised communal meals for birthday celebrations and for farewells when people moved out of the house. Even though the original purpose for the house's notice board was to allow the manager or landlord to inform boarders of issues, it had become a hub for the house and the boarders used it to tease one another in a friendly way about being noisy.

"When I put that white board up I didn't put it up for the reasons that they used it now but it is actually quite nice. Like the two dance girls they have just arrived back from LA and I walked in there today and there were signs like Welcome home [...] and then another person put 'Oh now we are back to noisy people' [laughs] and she goes 'Yeah, yeah, bring it on'." [Landlord/ Manager 1]

"Yeah so I could write notices for people but they took it on as like a communications board for themselves. The [...] when he knows it is somebody's birthday he will draw a birthday cake and he'll put happy birthday, so and so. So it's got quite a nice feel to it in that sense." [Landlord/ Manager 1]

Some boarding houses were not as social and landlords and boarders said in reality communal meals rarely happened in houses due to people's scarce finances and/or chaotic lifestyle.

"If you said well look \$30 comes out each week and as a result of that you get fed five nights a week, or something like that, you know what I mean, very few of them wouldn't take it up... It's really that they want to, they are always thinking about it but it just doesn't happen because they get on the piss and can't guarantee their own behaviour to themselves." [Boarder 1]

One reason given by a long term boarder for the lack of joining in with communal meals in their boarding house was the general level of mistrust other boarders felt. The boarder believed others feared that they would not get value for money from a communal meal.

The boarder felt that this sense of mistrust had accumulated in people due to their past experiences of trauma and hardship.

“Every time you’ve got to people have been kicked in the head mentally, emotionally, physically and spiritually all their life. Every time they feel they are throwing \$30 in they are sceptical that instead of getting Bell tea that you would be getting no name tea or Moccona..., so people are very closed-minded, oh, not everyone but I find a huge amount of people, especially in the poverty areas are closed-minded.” [Boarder 1]

The high level of mistrust impacted negatively on the social environment, which was a contrast to the social environment experienced in the boarding houses where people had more resources and trusted one another and regularly celebrated special occasions together. Other negative aspects of the social environment were because of nuisances, for example, people complaining about music being played too loudly during the daytime.

“If I have got my music too loud, which I don’t actually have it too loud at all, and if I am vacuuming and she is like “Can you shut the door?” you know just stupid things.” [Boarder 2]

However, some of the negatives were more serious and related to the safety and security in properties. For example not having control over who could enter the building, the anti-social behaviours of other boarders and their guests.

Safety and security

All health workers were aware of boarding houses where high levels of alcohol and/ or drugs were used. They saw this as being an inevitable part of boarding house life, but were concerned about the anti-social behaviour that the drug and alcohol use

contributed to. The problems included partying, threats of violence, violent incidents, and theft of personal items or communal property.

“ Again a lot of young guys looking aggressive in their nature, yeah intimidating to some people, not so much intimidating to me, but yeah intimidating to others and that happens quite a bit. That’s not unusual for a group or one or two guys to move into a place and before you know it the whole place is littered with them, and that becomes, obviously becomes the heroine capital or the P capital, hooch, or the tinnie shop or something like that.” [Boarder 1]

The same boarder spoke of how there was a total lack of security in their boarding house and that the TV had repeatedly been stolen from the communal lounge, consequently the lounge was not used anymore. The antisocial behaviour was partly from boarders living at the house, but was also due to the people from outside entering the property uninvited, because of the absence of a lock on the front door. Anyone who wanted to use the facilities walked straight into the house, even though they were not paying rent. The landlord had not fixed the lock, despite being asked to by the boarder. The boarder took this as a sign that the landlord did not care about the physical absence of the lock and the detrimental impact this had for the safety and security within the house.

“...I don’t know, I can’t give an expression but people who don’t give a shit for anyone really, they don’t give a shit for themselves so they seem incapable of caring for others.” [Boarder 2]

One landlord described the problems of controlling who had access to the boarding house. Anti-social behaviour was predominantly caused by guests of boarders, who partied, including drinking heavily, taking drugs, and playing loud music or being loud themselves. Sometimes this ended with threats of violence and acts of violence, including family violence. Boarders had overall responsibility for their guests and when there were on-going problems with “partying” were evicted for their guests’ anti-social

behaviour. In response, one landlord redesigned the entry and exit points of the boarding house. These were reduced from multiple entry points to a single entrance which was attended by staff during usual hours and only boarders were permitted after hours.

“How can we reconfigure this so it is more manageable for us as a business? So punched a hole,, closed off one of the doors on the side and we have now got a stairway running up here as opposed to going out the other door....Now they have got to get out through here which has quietened the building down eighty percent.”

[Manager 1]

This solution reduced problems and the number of times the police had to be called to the boarding house. The physical alteration and a change in management of the entrance made the social environment of the boarding house safer and the guests, whose associates were causing problems, were less likely to be evicted. The landlord was happy with this, as they knew if they evicted someone there were no other housing options available locally and those evicted were at risk of sleeping rough. The boarding house also accommodated families and the landlord wanted to provide as safe an environment as possible for them. However, not all participants agreed that boarding houses were suitable places for families.

Families in boarding houses

Health workers and one boarder felt boarding houses were not a satisfactory housing option for children or families. This was due to the inappropriateness of the physical and social environment. For example, the lack of space to play and a lack of control over who else had access to, or lived at the property.

“Well I think you need a back yard and stuff to bring up children and a vegetable garden and stuff like that but that’s just my own opinion. And also sometimes the people that live in hostels, you don’t know the people who are living in hostels necessarily.” [Boarder 2]

One boarder felt it was a source of regret that their own child could not live with them at the boarding house, even though they understood the restriction was due to a concern about the child’s safety based on there being unknown people living at the house. Their living situation still restricted their role as a parent and made it very difficult to undertake parenting responsibilities, or gain visiting rights as a single parent.

“My child came there, who was a teenager when they first moved to Wellington. I let them have my room for two weeks and I slept in the van or went around my mate’s place, so as they could get settle and we got them a flat and what have you. And he [the manager] said he didn’t want them there [the boarding house] he didn’t want if you like young attractive looking kids. So that’s tragic.” [Boarder 2]

All the landlords interviewed permitted families with children to stay at their property. One landlord did so because they wanted to help and knew the boarding house was the accommodation of absolute last resort for families. The number of families seeking boarding house accommodation with the landlord had risen since the recent changes to Housing New Zealand Corporation allocation policies.

“...We have families, which have become more and more common for us with the recent housing corporation changes [Housing New Zealand Corporation]. They don’t qualify [for HNZC] and there are more people than housing for Housing New Zealand right now.” [Manager 1]

Whether boarders, family members or partners were allowed to stay at the boarding house was at the discretion of landlords and managers. One boarder talked about having to sneak her boyfriend into their room, as the rules do not permit visitors to stay overnight.

“Oh well, we are not allowed people to stay over, well not really, like my boyfriend still comes over anyway. I just sneak him in [laughs].” [Boarder 1]

The level of control that the landlord or manager has in a boarding house over who is permitted to visit, is greater than those living in other types of rented accommodation. Both of the boarders risked eviction if they had got caught breaking the ‘no visitor rule’.

The social environment within each boarding house varied depending on the reasons people boarded and the purpose and durations of their stay. Boarding houses with high numbers of long-term boarders on government benefits and low numbers of tourists or professionals were described as having the least positive social environments. These were the same boarding houses that also had the poorest physical living conditions and the worst management practices.

Management practices

Owners and managers

There were different approaches taken to run the boarding houses. Running a place well involved a wide range of tasks and required particular skills, which not all managers reportedly possessed.

“No when you see a boarding house that is well run with house rules and where people are treated as humans, it’s quite noticeable, but when you see ones where people are just collecting the rent and don’t care about the state of the place. There needs to be some sort of laws across all boarding houses.” [Health worker 2]

Owners varied from those that purely invested capital into the business and had no day-to-day operational role in the boarding house, to those who lived there and managed the property alone. Some owners lived off-site and employed a daytime manager, and in other properties owners and managers lived off site, but provided free rent to a boarder, in exchange for providing oversight of the property and other boarders. In the worst situation reported, a boarder had never met their landlord and could not get hold of them when repairs were required. The landlord was overseas and another person had not been nominated to oversee the property in the landlord’s absence.

The larger boarding houses (100 plus people) were run by organisations that employed managers during office hours to oversee the day-to-day operational functions of the house. One boarder was concerned about the very long hours the manager worked without being free from boarder demands. The manager was frequently stressed, which impacted negatively on the atmosphere in the residence. However, the boarder also expressed gratitude to the manager, as she was usually very helpful and supportive when approached.

"She lives here on the premises and her mood is constantly up and down, and I can understand that because living here even in her time off people are constantly coming to her with issues. So I think what would be good actually for management is that they gave her a decent break because I think that affects the nature of the whole hostel." [Boarder 2]

In one boarding house, a long-term boarder took charge whenever the owner went away in exchange for free rent. The boarder sorted out any antisocial behaviour in the house and reminded the landlord if repairs need to be done. Overall, the manager thought the arrangement worked well and they went on holiday overseas without worrying about the house. The boarder took the job very seriously and still acted in charge when the landlord was back. The arrangement improved the day-to-day running of the house and provided holiday cover at a minimal cost to the landlord.

"When we go away he gets free rent to look after the place....He takes it on him when we are here, but when we go away, he becomes official."
[Landlord/Manager 1]

Using boarders to manage properties in exchange for free rent was a consistent theme in poorer quality boarding houses. Concerns were raised about this practice by a boarder, who acknowledged the skill level it takes to run a boarding house and the high level of responsibility someone had to take on when they were in the role.

"I really stood up my mate one time and really I said "you fucking can't keep doing this mate" I said "Your fucking memory from the alcohol and the things that you forget the way you fall asleep, you could end up in fucking gaol because something could happen here mate" and what about if he was the one starting it falling asleep and stuff like that." [Boarder 2]

The boarder spoke about a house (of 20 people) where the previous manager had addiction issues. The boarder was concerned about the manager's ability to keep the boarding house safe in the event of fire or a medical emergency, as they were not sober enough to function effectively. The boarder felt this put them and others at risk of physical harm, but was also concerned about the legal responsibility or liability for his friend, the manager.

On the positive side, the boarder felt the previous manager had a very good sense of which new boarders would fit into the social environment of the house. Their acquired knowledge of living in and running boarding houses over decades was useful as they knew many of long term boarders in the city and it was less likely that people who would not pay rent, or upset the balance of the house were allowed to move in.

"The lady there who took over from [...] as the manager has got no idea about people I don't think [...] would have knocked these people back time and time again. Trying to fill the rooms and glorify yourself as a manger, as opposed to looking at the people you're bringing into there and the ramifications and implications of seeing who enters there, oh these rooms will look good to the doctor [owner] sort of thing." [Boarder 2]

The boarders expressed frustration at their present manager's eagerness to fill the rooms for the owner, when they lacked the acquired knowledge and skills to assess which new boarders would be a good fit for the houses. They believed this naivety in recruiting new boarders led to deterioration in the social environment at the boarding house.

Recruitment of boarders

The recruitment methods used by boarding houses to find new boarders varied. More exclusive places used specific publications aimed at tourist's e.g. *The Lonely Planet*, *The Rough Guide*, their own website and word-of-mouth. The mid-range options used

regular featured advertisements on websites like *Trade Me* and in local newspapers. In addition to their street frontage signs, word-of-mouth from health workers and boarders already staying at the property was important. The poorest quality places used local newspaper advertisements and word-of-mouth including health workers, who work with those who are excluded from all other accommodation options, including other boarding houses. Health professionals knew the places which would house the people they worked with and those that would exclude them. Often health staff had to compromise on the quality of a boarding house they referred people to so as to make sure someone did not end up sleeping on the street.

Word-of-mouth was particularly successful for one landlord. Ten years after taking over the boarding house they no longer had to advertise rooms as their boarders were essentially selected by the existing boarders. Boarders living in the house always knew a person wanting to move in.

"Well I think that when we first got the place we were always worried, because you know we had to borrow money and so every time someone left we would start panicking. You know we need to have someone in the room, so we would take the first person that rocked up and it was hardly anytime that rooms have been vacant. It's actually from what I understand it is reasonably cheap and it is also convenient. And.....that is why we ended up with some problematic people. What's happened now more is that the people that come in there have come in because they know somebody that is there. And it is kind of like self-monitored." [Landlord 2]

Previously, new boarders were identified by advertising the room in the window of the house. The landlord screened people by appearances and a brief conversation. The method proved problematic and on several occasions rooms were let to a person who defaulted on rent payments and/or upset the other tenants with anti-social behaviour. The anti-social behaviour was often related to alcohol and/or drug addiction and/or

mental health issues. The landlord admitted to being naïve when the business started and felt unable to screen potential boarders appropriately. Ten years later, they felt confident with making the correct decision about whom to include or exclude. The landlord was guided by boarders who already lived at the house to identify prospective boarders, who would fit in with their established social environment. The switch in approach to recruitment of new boarders improved the safety within the house.

"Yeah, I mean the women that are there are no longer afraid of the guys that, any of the guys they're not afraid of. Where they were slightly afraid of umm, like the guy on Pat, two o'clock in the morning use to knock on girls doors and wanting to read them passages of the bible." [Landlord/Manager 1]

Word-of-mouth as a method of recruitment was not always viewed as a positive recruitment strategy in houses where there was a high use of alcohol and/or drugs. Both boarders and health workers raised safety concerns about the social environment in the poorest quality boarding houses, where new boarders had addiction issues or had gang affiliations.

"...Well there is [...] who told me, and I told someone else and all of a sudden it will build up. And then you see another one of your whānau and you say, you know because this guy has moved out, and you get them in. It's almost like a nurturing environment, you know what I mean for druggies, alkies (sic), the smokers, whatever the case may be, the more people that have led your type of lifestyle I guess the easier it seems." [Boarder 2]

The social environment was not conducive for boarders who wanted to reduce or stop their alcohol and/or drug use after leaving a residential programme, or when trying to make a 'fresh start' after leaving prison. However, the boarding houses with less drugs and alcohol use are much stricter with their entry criteria and less likely to accept those

leaving prison or residential alcohol or drug programs. Boarding houses had distinct processes to decide who 'made the grade' and could be allowed into the house.

Making the grade

The inclusion and exclusion processes utilised by boarding houses differed and there were a variety of methods used by boarders and landlords and managers to assess who was permitted to stay at the boarding house. In one place, room bookings were taken over the internet and a deposit was taken with the booking. Full payment by credit card or cash was taken after people had stayed. The main inclusion criteria for staying was being able to afford to pay for the room deposit by credit card and the landlords initial assessment of the boarder's appearances on arrival at the house. These places mainly catered to wealthier tourists, but also accepted international students and local professional workers, if they fitted in with the landlord. The transactions were based on trust and there were very few problems over the 14-year period that the boarding house had been in business.

"They left short changing me at the end ...yeah. So that was awful they just kind of walked out, umm yeah, so honestly that would be less than one experience like that a year. So I think I got off lightly...I mean hearing horror stories from people, I think I have been quite lightly let off." [Landlord 2]

Mid-range boarding houses had the strictest and most formal screening criteria. Prospective boarders were required to provide passport identification, as well as undergoing police checks and/ or credit checks. In some cases, landlords also required reassurance from health workers that boarders had adequate support from health and social services. These places usually catered to a mix of budget tourists for example backpackers, but also provided accommodation for workers on lower incomes. Some mid-range places still catered for those receiving a government benefit, but some had recently changed their criteria and excluded those receiving a benefit. The manager of a

property requiring formal photo identification made a comment which failed to acknowledge the strict screening criteria and house rules that they used.

"...at the end of the day as long as they pay their rent and are respectful to everybody else we leave them alone, you know." [Manager 1]

The least strict entry criteria were those based on a conversation, basic appearance, and the prospective boarder's ability to pay the rent. A deposit was required in advance to secure the room and rent had to be paid in advance by either cash or a direct debit. Formal identification was not required. One boarder commented that their manager only found out who they were when post arrived at the house with their name on it, before that they had been anonymous.

"I like the idea that you have got to have a passport and you have got to have ID but most of them I never had to show any there. The only reason that she found out who I was actually would be through the mail coming in and you don't have to have mail there, or if you have got a problem with income support and you have got to ask them for a grant and to move in and that's the only way specified who it was or otherwise you could be Jo Blow." [Boarder 2]

The positive aspect to the low entry criteria and minimal checks is that people who may not be able to access other accommodation are able to get housing. However, the downside is managers or other boarders have limited information with which to base their decisions and boarders who disturb others at the house are permitted entry. However, the weaker tenancy legislation means it is possible, if the new boarder does not work out to evict them immediately. Managers were using eviction as a tool to manage the social environment if things did not work out. One health worker describes a boarding house, which was frequently used by people using their service.

"It is meant to be managed, but basically it is you're in and you're out.....he let anybody stay there, but as soon as they stuff up he'd just kick them out." [Health worker 3]

Being able to evict people was security for the landlord. Unfortunately, some landlords evicted people but failed to return their bond and advanced payment of rent.

Bonds as security of payment

"Their business is getting the money upfront you see." [Health worker 3]

Many of the boarding houses required a bond to be paid to mitigate the risk of losing money in the event of damage to the property or non-payment of rent. The size of the bond paid depended on the intended length of stay. If people wanted accommodation for longer periods of time, weeks rather than days, a bond of two weeks rent and an advanced payment to cover two weeks or a month's stay in advance is required. One health worker explained this could be as much as \$1,400 in a mid-range boarding house. Shorter-stay visitor's either paid in full for the total number of nights they intended to stay, or paid a day in advance.

The advanced deposit payments do offer landlords some security in that the room is paid for. Boarders are reassured as the room is held for their use and no one else can book it, but in poorly managed boarding houses there were incidents of boarders losing their money.

"You know it's interesting you get clients they pay bond, they pay rent, they go into the place, they don't get on with the landlord. The landlord kicks them out and the landlord has this bond and this rent and refuses to give the bond back and they go 'oh well take me to court' and our guys won't go any further they'll just go leave it, abuse the guys swear at them and leave." [Health worker 3]

Health workers spoke about clients who had lost large sums of money after being evicted, as landlords failed to provide documentation for the transactions or had not registered the bond within the 23 day timeframe required by the Department of Building and Housing (DBH). Boarders can dispute this through the tenancy tribunal.

“A lot of our tenants are getting really hefty bonds and rents from WINZ [Work and Income] and these boarding houses are getting the places [people in] and if they’re not happy with the person they kick them out after a week and they’ve got three or four weeks rent for nothing. So that’s up to a thousand dollars that a place can get for one person in a day.”[Health worker 3]

Health workers raised concerns about the consistent lack of documentation of financial transactions and of the tenancy details by some landlords, which leads to a lack of redress under the Residential Tenancy Amendment Act (2010) to get refunds of bonds which have not been filed correctly with the Department of Building and Housing.

Use of tenancy agreements

There was little reference to the use of tenancy agreements by any of the participants. The incidents which were mentioned included situations where the landlords asked boarders to sign a tenancy agreement without the tenants’ full understanding of what they were consenting to. Some landlords omitted to use tenancy agreements at all. Participants were confused about the purposes of a tenancy agreement and saw it as an extension of the house rules, rather than a mechanism for tenancy protection, or the method by which rights and legal responsibilities of both landlord and tenant were clearly identified for the protection of both parties.

“No they don’t have tenancy agreements as I know and umm, I’m sure some boarding houses have house rules but umm, one that I have quite a lot to do with I don’t know of any house rules, because it’s mainly full of alcoholics.”[Health worker 2]

It is unclear why landlords are not using tenancy agreements, as they are required under the Residential Tenancies Amendment Act (2010). One landlord of a boutique property was not aware that there is any legislation requiring them to have an agreement, or that some of the people living in the house were covered by the legislation. The landlord did not see the accommodation they offered as being a boarding house, the term used in the legislation, but preferred to call the accommodation a 'guest house'. However, by definition under the Residential Tenancy Amendment Act (2010) people intending to stay or actually staying for longer than 28 days would have required such an agreement to be signed, or adhered to in case of a dispute between landlord and boarder.

Eviction as a management tool

All boarding houses used eviction as a management tool. However, there was variation in how often boarders were evicted and the reason eviction was used, and whether the police were involved. The most exclusive boarding house rarely had cause to evict people, it had happened twice in fourteen years and the incidents were referred to as "asking people to leave". On both occasions, the boarder had not booked the room for more than a few days in advance. The landlord avoided the confrontation of eviction as they told the people the room was no longer available, because it was already booked by someone else, so they would have to leave.

"I had a woman who umm, I think was quite disturbed, but she came, and I went into the room to umm, after two days, to change her towels and things like that. She had taken her clothes and pieces of material and covered up things and rearranged the whole room, and taken away ornaments and they were hidden in drawers and stuff. Umm, she wasn't angry or anything like that, but the other guests, I knew they felt something wasn't quite right with her. She stayed for about a week and then she wanted to continue the stay and I told her that the room was booked because, it was just I don't know what was happening with her, you know

and I didn't want to be thinking that, you know that I always have to be going up there to check on her. It just made me uneasy."[Landlord 2]

The management practice avoided the need for forceful eviction and on both occasions people left without questioning the landlord. Neither person would have been protected by the Residential Tenancy Amendment Act (2010). The Act requires people to be at the house for 28 days or more, or to have intended to stay for more than 28 days. Other boarding houses evicted people more frequently than the boutique boarding house. Eviction occurred for breaking the formal house rules. Sometimes there was an escalation of events prior to eviction and the eviction occurred as a result of failed negotiations to resolve issues between landlords and boarders but the house rules gave justification for eviction.

"...They had the rules as an ability to kick somebody out, it is not as if they let people abide by the rules, they'd have the rules and then when it falls over then they have got the justification." [Health worker 1]

"Here are the rules the bottom line is respect for individual's rights and safety that is paramount in any of the buildings. So if you come and abuse someone you are gone end of story....We give them notice, we have got a sort of three strikes and you're out rule here depending on the severity of the issue. You know if it's obviously blatant that something has gone wrong then it is immediate eviction."[Manager 2]

Some anti-social behaviour meant immediate eviction, which was talked about by landlords and managers in terms of safety and having to protect other boarders. Landlords did not feel they had any other alternatives but to evict people. In these cases the police were called to issue trespass notices and to ensure boarders left. None of the participants mentioned police supporting boarders who were being evicted, even though they could be considered the more vulnerable party.

Variation within the same boarding house

Within the larger boarding houses, there was variation in the quality of the physical and social environments, and management practices between areas or floors of the same property. For example, one multi-story boarding house had different room rates, with upper floors were more expensive than the lower floors. To save money, a boarder moved down from a more expensive floor to one which was cheaper. The boarder also had to accept a reduction in the quality in the physical and social environments and the management practices in their accommodation.

Most noticeably there was a drop in the quality of furnishings, for example there was carpet on the upper floors and linoleum on the lower floors. On the lower floors this was cracked and lifting away from the concrete floor. Conditions in the communal areas were poorer too, the bathrooms on the lower floors were poorly maintained with broken toilets, cracked hand basins, mouldy ceilings, peeling paint and cracked plaster. Lower floors bathrooms were also cleaned irregularly and even after cleaning seemed dirty. However, on the upper floor they are well maintained, regularly cleaned, and boarders were provided with a free towel.

"Yep, it varies on different floors. Everything is set out exactly the same but like on the third floor it is the cheapest, so it is \$87 here and I used to live on the 5th floor and that is \$102 but I moved down here to save more money and to have a garden [has a roof garden outside her window with tyres and veggies growing in them]. Umm then on the 7th floor it is \$137, so the difference between those is that the 7th floor is kept a lot cleaner, like more immaculate. It has also got a door that has a security code for them to get in, so it is more secure." [Boarder 2]

To save money the boarder had accepted that there would be a drop in the quality of their physical environment but they also commented on the difference between the social environments between the floors. The upper floor was more exclusive, as well as

being more expensive, for example boarders were all professional workers or medical students. The floor was positively described as being very friendly, social, people ate communal meals and drank together, and people trusted one another to borrow money. However, it also lacked privacy and the level of intrusion to personal space was problematic at times for the boarder who had to study. After moving to the lower floor (which was half the cost) the boarder reported a more individualistic living arrangement, for example people did not pitch in for communal meals, or buy alcohol for parties, as they did not have the money. People did not borrow money from one another and rarely knocked on each other's doors. The participant felt that the move was positive as financially they were \$70 better off and they spent the extra money on organic food. Socially they were better off too, as they enjoyed more privacy and were able to get on with study.

"I moved down here and everyone is really friendly, but we [upper floor] use to do a lot more social things like hang out in the lounge more and stuff like that. Whereas down here we still.....everyone knows each other and we talk to each other but we're more solitary, like in our room. There is still that support there but I find that good, because then I can study and I've got no one knocking at my door wanting a hand out." [Boarder 2]

The management practices were also different on the upper floors. Boarders were provided with a wider range of free services which those on the lower floor had to pay for or could not access at all, for example washing machines, dryers and a pay phone. Previously, the lower floors had had access to a pay phone, but it was removed because someone had worked out how to get free phone calls, which had cost the boarding house too much money. The security measures also varied between the upper and lower floors. On the upper floors there were security doors, only boarders or people they let in could access the floors. However, on the lower floors it was possible for people, who do not live in the boarding house, to walk in without having to pass any security doors.

The boarder was happy to have saved money and believed they had made the right decision, as this bought other things that they valued, but they were surprised on reflection about the changes in the physical and social environments and management practices between floor levels. The lower floors experienced different social environments as they attracted boarders with lower incomes, higher health and social needs than those on the top floors. The difference in the level of boarders' vulnerability depending on the level of boarding house they lived in was a common theme found in the data.

Vulnerability and resilience of boarders

The vulnerability of boarders is raised consistently in the interviews. The degree of vulnerability experienced by a boarder was determined by a combination of personal factors, including low income level, poor health status, gender, as well as the social and physical environment and management practices within the boarding house. The wider systemic issues impacting on the vulnerability of boarders included the lack of adequate tenancy protection, poor enforcement of current building occupancy and maintenance standards, poor institutional discharge practices, the lack of access to population-based support services (e.g. home help or community nursing services) for people living in boarding houses and a shortage of adequate alternative housing options.

Personal vulnerability and resilience

Health workers and boarders said that boarding houses were best suited to tourists and people who work or study. It appears that these groups had more leverage and resources to access the best boarding houses and were not forced to stay in substandard dwellings. Also, when these groups were evicted they had access to alternative accommodation, either here in New Zealand or overseas.

“I think boarding life works well for who it was set up for that would be the student, that’s studying at Victoria or at err Wellington Polytech um, or it is set for professionals that are working, people that are able to pay for these types of places ah, have a regular income coming in.” [Health worker 3]

Women

Two health workers and a boarder were concerned about the safety of women in boarding houses, where they shared communal areas with men. One health worker was worried about the risk “more worldly” men posed to younger or naïve women. Being

attractive was seen as being problematic for a woman living in a mixed sex boarding house. One boarder had experienced unwanted male attention at their boarding house.

“Umm, also when I was on the 5th floor there was one guy up there, he was like 38, it’s like he just comes across as really creepy. But you kind of get that in the hostels I think and you have just got to be aware of that and just be “Hey like this is my room” like yeah.....but if I was more vulnerable or naïve I think that I could become subject to..... you know older males sort of.” [Boarder 1]

Two health workers were aware of problems that occurred with female service users that they had found accommodation for in a boarding house.

“If I’ve got a vulnerable client, a young woman, twenty three, going in to this type of housing, it can be unsafe for her. She could meet up with a guy that is quite worldly and she could feel intimidated, be preyed upon because she is so young, unsafe, so I guess I call the guys shady thatwould pose her safety at risk.” [Health worker 3]

One boarder was verbally abused by an older man, who shared the accommodation. The abuse happened regularly after the older man had been drinking alcohol. The experience was very frightening for the boarder. The situation was not satisfactorily resolved by the manager, who moved the older man from a room opposite the boarder to a location further down the corridor, which meant they still shared a communal bathroom. The boarder’s family insisted the manager evict the man from the boarding house, as there was concern that the lack of security doors between the floors meant that even when the older man moved to another floor he could still harass them.

The older man was evicted, which was a good outcome for the boarder. However, the older male lost his accommodation. On reflection, the boarder felt the situation could have been avoided with male and female only accommodation and better security access

between boarding house floors. Not only does shared accommodation make some women feel vulnerable, it also puts men at risk of accusations of inappropriate behaviour, or places them in a situation which could be avoided with more appropriately designed accommodation.

A lack of privacy for women in communal bathrooms was of particular concern to one boarder, who felt it was culturally inappropriate for the women from overseas to have to share bathrooms with men. Many of the women boarding at the property came from countries where men and women do not cohabit, unless members of the same family or married.

"Quite all right most of the time um but for one just the facilities, the bathroom facilities are shared, so male and female. So that could be especially for certain cultures. For me I'm just like oh I don't really care you know whatever."

[Boarder2]

The boarder had thought about the cultural safety of others in relation to the shared bathrooms, but had not considered their own safety. Whilst being interviewed, the same boarder reflected on the safety risks that the shared bathrooms posed to them. The boarder questioned why there were not more women-only boarding houses, or women-only floors within their boarding house, or at least same sex bathrooms. At the end of the interview, I realised how unsecure the building was, as it was possible to walk out of the building via an open access stairwell, which led to the unlocked lower three residential floors of the building. Each floor had large communal bathroom areas, which were shared by fifty or more men and women. The doors to the main bathrooms were not lockable, but you were able to lock the individual cubicles for a bath, shower or toilet. So an issue that began discussion as a matter of privacy and cultural safety was reframed into one of security and personal safety.

Not all women in boarding houses were viewed as vulnerable. A boarder commented about women who could 'look after themselves' and reiterated being less attractive was an advantage for a women living in a boarding house, because they attracted less unwanted attention from men.

"That's probably her saving grace, she is not attractive." [Boarder 1]

"No don't want women there outside of the manager lady and this other lady, but they are so [growling noise] boisterous and she handles herself alright, she gets around like a front rower [growling noise], yeah, screaming, so she is not naïve or petite or what have you she is fairly worldly [laughs]." [Boarder 1]

The female manager the boarder was referring to refused to let the boarder's child live at the boarding house. The manager was unwilling to accommodate the child, as they thought the child would get unwanted attention from other male boarders. The boarder was annoyed by the situation and felt discriminated against. However, their comments indicate they understand the problem of not being able to provide a safe environment for the child at the boarding house. There are other groups who experienced housing discrimination in boarding houses, particularly those with poor health and disability.

Poor health and disability

Boarding houses were not good environments when people were on very low incomes, including government benefits received for poor health and disability. Boarders frequently lacked the resources to access accommodation in any other sector of the housing market, including other better quality boarding houses. People on government benefits with mental health and/or addiction issues, were the group that were the most excluded from mid-range boarding houses and lived in the worst condition boarding houses.

"I don't think it works well for low income people, for mental health clients, for people with coexisting problems...it's not conducive with the addiction or the culture that they're used to or subject....they are not mana-enhancing places that can help in terms of well-being." [Health worker 3]

One health worker spoke about a service user with mental health issues, who boarded at a backpacker hostel. The place mainly advertised to international tourists, but took some local people, if they fitted the manager's recruitment criteria. It did not provide accommodation to a high proportion of vulnerable people. The boarder enjoyed the very positive social environment and met people of a similar age, who were having fun.

"One client said to me they had such a great experience at [name of boarding house], they went there and they were really nice. It was more a student-y type situation where everybody talked to everybody and no one was sort of singled out as the low class mental health person. So they were able to meet with backpackers, with tourists, with students and it was normalisation for them and those are the sort of places that I'm keen to support, where we can place a person in any sort of general backpackers or general boarding house that is accepting."
[Health worker 3]

The backpacker hostel was quite exclusive, had a good physical and social environment, and was appropriately managed. The boarder did not feel stigmatised in a way that they had in other boarding houses and the health worker expressed what a positive effect this had on the client's mental wellbeing. The accommodation was of a higher physical and social standard than the previous types of boarding house that the client had accessed. Usually they stayed in boarding houses that catered for a higher proportion of people with poor health and disability, which were of a lower physical standard.

Alcohol and drugs

Health workers and one boarder talked about the difficulties in finding and maintaining accommodation for those with drug or alcohol addiction. People with addiction issues were excluded by strict entry criteria from the higher quality boarding houses and were only able to access places with the least strict entry criteria. These were also the places with the lowest quality social and physical environments and the poorest management practices. People with addictions and/or poor mental health were more at risk of their health worsening when the only boarding houses they accessed were shared with other boarders with addiction.

“Well there is [...] who told me, and I told someone else and all of a sudden it will build up and then you see another one of your whānau and you say, you know because this guy has moved out and you get them in. It’s almost like nurturing a environment, you know what I mean? For druggies, alkies, the smokers, whatever the case may be. The more people that have led your type of lifestyle I guess the easier it seems.” [Boarder 2]

Health workers and a boarder identified the amount of drugs and alcohol in some boarding houses as a major problem for those coming from residential addiction recovery programmes. Boarders were forced back into the lifestyle they had tried to change. The environment made them vulnerable to relapse, as behaviours they were trying to change were normalised.

“Yeah, it’s the worst place in the world, paradoxically knowing people that have, umm in early recovery from alcoholism. There is one in a few, they say you can swim in it, you just can’t drink it, works in the industry then they get well and they are faced with that dilemma but they are gone for work and providing they know what their focus is and why they are in there. So they say don’t go and sit in a barber’s chair or you will get haircut, don’t go sitting in pubs just because you’re intoxicated, as my friend understands we are not only intoxicated by the life, we

are intoxicated by the lifestyle as well, and it is the pull you know the sport on the TV, the girls coming and going, there is a lot to it and somebody puts down the drink, but often they still crave the lifestyle and that is why they are liable to be sitting in the barber's chair and all of a sudden just a proposition appears normal. As they say to alkies, proposition appears normal to them for a moment and away they go again." [Boarder 2]

Boarders with alcohol, drug addiction or mental health issues were also unable to sustain the accommodation for long periods of time, due to the anti-social behaviour related to their health and addiction issues. Some boarding houses had high turnovers of boarders as managers enforced strict behaviour codes and used eviction to cope with health-related antisocial behaviour. The situation means some of those with the poorest health are the most vulnerable to eviction and exposed to further harm to their health. It is this group that cycle between boarding houses and other forms of homelessness.

"The Hutt one was run by one guy. I think he was an ex-prison guard, like it is meant to have been managed. Basically it's you're in, you're out, it was a bit like he'd let anybody stay there but as soon as they stuff up he'd just kick them out."

[Health worker 1]

Some boarders were able to sustain their tenancies for long periods of time, some for decades. For these boarders, health issues related to the ageing process caused problems and increased their vulnerability to eviction.

Ageing

Boarders, health workers, landlords and managers were concerned about the suitability of boarding houses for older people because the building designs did not take their needs into account. One boarder was concerned for the safety of an older man living on

the same floor as them. The manager was unaware of their increased support needs, as they were unqualified to make an accurate assessment.

“Well, he can’t even hear the fire alarm and he walks so slowly and apparently he has lost his.... been like incontinent a couple of times. You know they are indicators that someone needs a little more help which in here in the hostel can’t really be provided for.”[Boarder 2]

Health workers and boarders were worried about the lack of security of tenure for older boarders and knew of older boarders who were not receiving any additional support, even though they had experienced deterioration in their health. In one particularly sad incident a person, who had been a boarder at a house for two years, was evicted after they became increasingly unwell over a period of a few months.

“That guy that died was an eviction really, because he wasn’t able to you know, he wasn’t getting medical care, like them not really understanding what was going on....I don’t know his health deteriorated more and more....he wasn’t drinking, but assumed to be drinking, like more and more like a homeless guy and basically the manager got fed up with him, was always niggling him but he wasn’t quiet there.”
[Health worker 1]

The boarding house manager saw the boarder had become increasingly confused and was no longer able to look after themselves. Originally this was thought to be due to alcohol consumption. However, the boarder was assessed by a doctor and asked to return to the boarding house, but the manager decided they could no longer live there due to their deteriorating health. The boarder was evicted and ended up sleeping rough, their body was found two weeks later in the stairwell of a nearby abandoned building.

Coping and not burning bridges

"They work well [boarding houses] for people who have just moved into a new area. Whether again that is the same scenario or not, they have fucked up that life over again in that town and they're doing a geographic. What they call doing a geographic in the hope, but again because there is something in there that they want to change." [Boarder 1]

The practice of 'doing a geographic' was the way boarders with very chaotic drug and alcohol use and/or poor mental health pre-emptively moved out of a boarding house or town to get away from the drug lifestyle and to avoid being evicted and getting a bad reputation with landlords. Boarders left while their relationship with the landlord was still good to ensure they could still return to the accommodation later. Some moved between boarding houses and sleeping on the street.

"You'd build the trust but she [manager] still put them through a really formal interview and then would call you straight away if they were having issues....I usually work out what was going on, even if it meant moving people out for a while, finding somewhere else. I had someone move into the shelter from there....not wanting to push it.... It is better to step back rather than blow the possibility [of future accommodation] for that boarder in the house."
[Health worker 1]

Sometimes, in order to de-escalate a conflict between boarders and landlords or managers, health workers, as in the quote above, intervened to move boarders away from a particular boarding house. This was motivated by the need to keep a positive relationship with the landlord or manager so that they would consider having the boarder back when they were well again. It was also motivated by the health worker's need to build the landlord's/manager's trust in their service, as this enabled them to gain access to accommodation for other clients.

People seeking accommodation also included people 'doing a geographic' into the Wellington area. To avoid burning their bridges, they had pre-emptively left a town elsewhere, so they would be welcome again in the future. However, this coping mechanism and transience made it difficult for those with high needs to access social supports and delivery of adequate health services, or continuity of care.

Working for free rent

One boarder talked about the various agreements they'd had about doing maintenance jobs in exchange for free rent with different landlords and managers in the various boarding houses they had lived in. The work varied from unskilled, basic maintenance around the grounds, to more skilled tasks like painting the inside and outside of the property. The reciprocity of the agreement worked for both parties. However, there were issues with one boarder feeling frustrated that the landlord had "ripped them off" as they had done far more than their fair share for the financial compensation received.

"I got my check [benefit payment] there for a couple of weeks which was good. Again he [landlord] actually does have a bad habit of doing it....you ask a guy who is not a painter, but he wants the job and he will give you a quote of \$250 but in actual fact it really should have been \$500 and so the landlord always gets it, but then if you go back to this particular landlord...just the amount of people he has denied and the amount of work he has had done." [Boarder 2]

Some roles were related to the oversight of running the property in the absence of the landlord or manager. The work varied from a low key oversight of a place that functioned well usually, to the sole charge and responsibility of places where anti-social behaviour was a 'norm'. All arrangements seemed to favour the landlords financially as to pay an official worker to undertake the same tasks would have cost significantly more than the \$140- 240 which equated to a week's rent. The majority of landlords talk about such agreements positively and saw them as helping out boarders when they were in

financial need and a way of them saving costs in running the house. For the boarders there was no way of redressing situations where they felt 'ripped off' as the landlord was in a position of power. Clearly, there was potential for exploitation of the boarders in such cases.

"I guess for me and the experience of boarding houses is whoever holds the power has the last say." [Health worker 3]

Vulnerability due to systemic failure

All health workers, boarders, landlords and managers were unaware of specific legislation that related to boarding houses. However, all talked about failures within housing, health, justice, and social sector that made particular groups vulnerable to living in poor quality housing. Factors included poor, institutional discharge practices and the lack of access to adequate housing and a lack of affordable housing. There was also failure to adequately protect people once they were living in boarding houses, due to the lack of adequate tenancy protection, the inadequate enforcement of building maintenance and occupancy standards, and a lack of support services for those with poor health and disability.

Lack of adequate tenancy protection

"That's another concern about what boarding houses can put within the tenancy agreement. They don't have to give them a week's notice they can give them three days." [Health worker 3]

Neither of the boarders interviewed had seen or used a tenancy agreement. Only one health worker had seen a tenancy agreement utilised within the boarding house setting. Health workers, boarders, landlords and managers were unclear about specific details of

current tenancy legislation and how it worked in practice. Health workers who knew details of the Residential Tenancies Amendment Act (2010) felt that the tenancy protection provided to boarders was inadequate, as boarders could still be immediately evicted at the landlord's/manager's say so. The short period of notice of eviction was of particular concern. Although weaker tenancy protection applied to all boarders, eviction was less problematic in more exclusive boarding houses, as people were generally less vulnerable and if necessary had the resources to find alternative accommodation. However, the landlords and managers felt this was good, as they could evict boarders if they felt it was necessary.

"There are more downsides in managing houses than boarding houses, that's why you don't want a house because you have got all these regulations and people can stay in that house for three months and you can't get rid of them....You can give them notice [boarders] and they can be gone in ten days, or immediately you know. There is very, very different regulation, so it's easier to manage the tenants out, if they misbehave." [Manager 1]

One health worker was concerned that people using their service did not fully understand the rights and responsibilities set out in their tenancy agreement at the time of signing. The health worker felt it was an important part of their role to support people when signing tenancy agreements to ensure they were informed of their rights and responsibilities. However, in reality the service often heard about tenancy problems when the conditions set out in the tenancy agreement had not been adhered to and the relationship between the signatories had broken down. Often, this was too late to prevent an eviction from occurring and the person losing the bond and advanced rent they had paid.

"Not before they sign when the shit hits the fan, that's when we see it. We've got a lot of clients that are signing their lives away and the next minute they're not realising that's what it meant and their understanding of it.... Looking at the tenancy agreement, umm to what was the agreement between both parties at the time. Was our client of the understanding that this was going to happen to them?"

[Health worker 3]

Health workers felt conflicted by the poor physical standards and management practices in the boarding houses and their role as health professionals in advocating wellbeing. Some felt unable to take effective action to address the issues and believed it was more important that they maintain a relationship with the landlord or manager to ensure access to accommodation for people using the service. All feared being banned from entering the boarding house to visit people if they raised concerns.

"I've also been in places where the hot points are you know smashed and they are just left, you know dangerous, I have complained about that, where banisters are not secure and shaky but you know, I have, I have to be very careful because its, with one particular boarding house the landlord does contact me when people are unwell so I have to keep that relationship because it's looking after the people."

[Health worker 2]

Health workers were concerned that people would be evicted if they complained to officials about conditions in the house. Health workers all talked about the relationships they brokered with landlords/managers in order to ensure they could maintain delivery of health services to boarders despite terrible conditions in the house because there were so few other housing options available to the most vulnerable boarders. Health workers were also concerned that the service would not be able to be effective if they upset landlords and managers by complaining about standards, as accommodation options were no longer available to those who were hardest to house elsewhere in the housing system.

Health workers were clearly upset and felt frustrated with the unresolved problems and the conditions that some boarders lived in. One health worker had advocated much more strongly following a person being evicted from a boarding house, but they were aware that this made them unpopular with the landlord. Health workers felt disempowered to take action on behalf of vulnerable boarders, as the weak tenancy protection put boarders at risk of eviction if the health workers complained. The failure to provide an adequate supply of affordable quality housing for people on low incomes also meant health workers, who were unable to help improve the quality of the accommodation through a complaint to officials, were also unable to assist boarders to move into higher quality accommodation, as there was none available.

The lack of enforcement of building maintenance and occupancy standards

Health workers described poor conditions within boarding houses and that building and occupancy standards were not being enforced proactively. Fire safety inspections were required in some properties, but even when a current Fire Warrant of Fitness certificate was displayed in a hallway one health worker explained that it had not taken into account the rotten flooring, holes in the walls, broken banisters, or fact that the front door had no lock on it. To get these issues fixed boarders would have to approach the landlord and if issues remained unresolved complain to the local council.

"I remember going into one, the one I mentioned with the stairs and they had a thing [Fire Warrant Certificate] that they had been inspected and it was horrific and there were holes in the bathroom floor, floor boards rotting, carpet rotting....I would say they would be too scared to complain but there's a certificate on the wall." [Health worker 2]

The lack of proactive enforcement of current building maintenance and occupancy standards meant problems were only brought to light following complaints by boarders. Enforcement of standards relied on vulnerable people to complain to the local council or

tenancy tribunal for an investigation into the buildings standards. There were boarders that were evicted after they complained to the council and asked for an improvement to the conditions in the property they lived in, as was their right in legislation. Boarders were not protected by the weak tenancy legislation under the Residential Tenancies Amendment Act (2010).

"I had some clients that moved up to [name of boarding house] and they all became different friends in different rooms and so would hang out with each other and then started discussing the health and hygiene of that place. So they decided they would talk to the landlord or the person that ran the place down there. Well, she took offence to saying that it was dirty and it was un-clean, and then one of our clients contracted scabies from that place and ... We were brought in to advocate, but by the time we got in they were given a letter to be evicted. There were five clients there and ... they were given a letter to be evicted because there was one of the clients went to Wellington City Council." [Health worker 3]

People who were confident about asserting their own rights were unable to safely use the complaints-based system, due to the threat or reality of losing their housing as recrimination from the landlord. The inadequate tenancy protection made otherwise resilient boarders systemically vulnerable. The system also made it unsafe for service users to raise issues about their accommodation, even when supported by an advocate. Health workers explained there was no safe avenue to address poor conditions and unfair management practices, as the lack of tenancy protection for boarders meant they could be evicted. Health workers talked about trying to successfully resolve an issue on behalf of people using the service without getting them evicted. If they pushed some managers or landlords too far on a point people were evicted.

All health workers were concerned about the immediate problem that eviction would cause to the well-being of the people using the service. However, health workers were also concerned that if they complained they would be banned from visiting individuals at some boarding houses and that the lack of support services would be more detrimental to their health than having to tolerate the conditions they were complaining about. Being able to provide support services for people living in boarding houses was seen as important.

The lack of support services

The lack of support services available to boarders was raised by health workers, boarders, landlords and managers. Health workers said it was very difficult to find care and support services that will deliver home-based care, for example home help, within boarding houses. Several disturbing accounts about the level of unmet need experienced by some boarders were given.

“Squalid, right ok, right, I’ve been into rooms where the walls and ceilings are festooned in cobwebs. There are faeces and urine lying about, smeared over walls, door handles umm, nicotine sort of running down the walls, unwashed bed linen ... you know, white sheets that are actually black. That people have, you know, people sleeping under rags actually not proper bed linen, yeah. Quite often, well the majority, I don’t think I’ve ever seen anyone with sheets on their beds they would sleep between blankets and you know very rarely would you see a pillow case or a pillow.” [Health workers 2]

Health workers, landlords and managers, referred to the lack of professional health worker assistance available to landlords and managers who accommodated vulnerable people. Landlords and managers did not feel skilled enough to take on some of the issues they faced after renting to vulnerable boarders and the majority did not know where to go for help when health problems arose. Crisis for boarders were commonly

related to deteriorating mental health, the high use of alcohol and/or drugs, or domestic violence.

“There is no central place where you can get support to know what to do when you get a difficulty like this, especially if it is a mental health difficulty. We had one woman we had a transvestite staying with us and she would just lose it sometimes and go berserk and scream and yell, and abuse people.” [Landlord 1]

However, some boarders had complex health issues, for example acute cardiac conditions and on occasions the only appropriate action for landlords or managers was to call the police or an ambulance.

“We have got one young guy up there he has had a double, triple bypass and umm, so he has got a stent in his heart and we have called the ambulance three or four times for him. You know he takes his medication and he is not supposed to have his alcohol, you know, and he has been drinking a lot in the past couple of weeks.”

[Manager 1]

One manager saw taking in vulnerable boarders as doing a community service, because they knew the people had no other accommodation choice. The manager wanted to continue to support more vulnerable boarders but felt frustrated with local health workers, who would not have open conversations with them about a boarder's health. Health workers cited privacy requirements of their service as reason for not discussing a boarder's health. The manager felt strongly that more information needed to be shared as they were often there after health service hours and had done things that they considered to be outside of their role.

“We are here when they're taking their alcohol and drugs, and you know they are messing themselves and all that kind of stuff. They are not there, we are”.

[Manager 1]

Health workers, boarders, and one of the managers, lived or worked in boarding houses where they met people and provided support for people, who had experienced multiple traumas. However, none of these mentioned receiving personal support to process what they had seen and felt it was just part of their job. One landlord expressed how inappropriate it was for people with unmet health or social needs to stay at their boarding house. The landlord refused requests from Work and Income to provide accommodation to vulnerable women, as they did not have the necessary level of knowledge or skill to respond to their needs.

"I had someone who had come from WINZ and I didn't realise that she had to leave home because of a violent relationship. She was quite, I don't know if she was drinking or she was on drugs, but she was kind of like out of it and it was really hard. I found that quite difficult to cope with. I didn't know what to do for her or how I should deal with it. You know it was very hard and I didn't feel it was... I didn't think she should be with me in that capacity." [Landlord 2]

The landlord was certain that it was not her role to provide support and they felt it was inappropriate for a government agency to ask her to accommodate women needing high levels of support. The landlord thought there were other agencies that were better able to do this, although the landlord did not know for sure whether these were available. Landlords and managers also mentioned government agencies and institutions, including prisons, hospitals and Work and Income, who expected them to support boarders, who they sent without any prior planning.

Poor institutional discharge practices

The poor housing outcomes experienced by people, following their discharge from hospital services or release from prison, were commonly mentioned by health workers and landlords. The lack of discharge planning by mental health in patient services and alcohol and drug residential drug services was particularly problematic. Health workers,

landlords and managers felt the key issues were that housing had not been made a priority by the institution prior to the person leaving and people were left without a place to go, which meant they were reliant on poorer quality accommodation. On occasions a boarding house place had been arranged, but the person discharged or released did not arrive. Several incidents were given that illustrated the impact this had on people's recovery and personal safety.

"Heaps of people come out without anywhere set up yeah. Yep, very common umm...or out of residential, out of AOD [alcohol and other drug] services where you know they've spiralled out of control before they've got to residential. And there's all the AOD services helping them get to residential, drop them in there, then the residential services contact the agency that referred them and say so-and-so is coming out and the agency will just give them an appointment. No thought about any housing yeah, don't forget to come along to your appointment next Thursday. No insight into where's that person going to live or get their benefit on and they don't turn up and their back in residential six months later, because they've spiralled downwards again." [Health workers 1]

An example is given of an older man, who did not turn up at the boarding house arranged for him by the health service. Unfortunately, once he was discharged he was lost to primary care follow-up and did not have access to his GP whilst in a vulnerable condition.

"People get discharged into boarding houses, in fact there is a chap that I haven't had time to try to find, an elderly chap who was admitted to hospital with dementia, well query dementia and he was discharged to a boarding house to go to and he never turned up." [Health workers 2]

Health workers talked about the convoluted systemic processes they had to go through alongside people with health and disability issues to find accommodation following

discharge from hospital services. They expressed frustration and gave detailed accounts of the multiple institutional hoops they had to jump through before they located housing. The processes were time consuming and repetitive and presented barriers to finding appropriate accommodation for people using the service.

“So from there we look at different types of emergency housing and there normally full....We look at mental health accommodation and what happens there is when you look at a specific group of people they have to meet criteria. So one step is going to the doctor, so they see the doctor, and have to pay for a doctor. The doctor makes a referral to service coordination and service coordination put them in a criterion of whether they meet axis 1 or axis 2. If your client doesn't fit between those axes, because he hasn't been diagnosed with a mental health issue, but obviously he's homeless and obviously he does have mental health needs, they fall within that gap in that they don't meet that criteria for that place. They don't meet that criterion for that emergency accommodation when it comes to mental health, and so because they don't meet that they remain still homeless.” [Health worker 3]

Boarding houses provided housing of last resort for people who had been discharged from institutions without planning for appropriate accommodation and for those excluded from other types of housing.

Housing exclusion

The most inclusive boarding houses provided housing to people who had been excluded from all other parts of the private and social housing sector. Some people were excluded from all but the poorest quality private rental accommodation because of the high entry cost of a bond and the advanced rent payment required securing a rental property. Households on low incomes were also unable to afford the weekly rental rates charged in private rental properties, even for the poorest quality rentals and despite the availability of government assistance in the form of the accommodation supplement.

"Our clients don't have that sort of money." [Health worker 3]

Many of the people that lived in the least exclusive boarding houses were working for minimum or low wage, or received a government benefit including job seeker allowance, disability allowance and a pension.

"I'd say probably fifty percent of our residents would work. The other fifty percent would be probably, would be on some benefit or something." [Landlord 1]

"I'd say probably about thirty percent of our residents are on some kind of disability (Benefit), you know, yeah I think that would be about right for us."
[Manager 1]

Due to the increasingly strict entry criteria for social housing, not everyone in need will be allocated a Housing New Zealand Corporation house. People who were not eligible for a property were told to look for accommodation in the private rental sector. Debt was a major barrier to people accessing social housing and health workers regularly worked with people who were excluded from both Housing New Zealand and City Housing due to rent arrears, or a poor record with a money lender.

"Some will say, well I can't go back to Housing New Zealand because I owe them money or City Council because I owe them money, so this is the only place I have got." [Health worker 2]

Others were excluded due to a history of antisocial behaviours, which health workers felt was related to their health status, for example poor mental health or addiction.

"Some people end up in boarding houses because they run out of options with City Housing or Housing New Zealand by not paying rent or doing damage and you know they got a bad history and people can't get back into, um public housing."
[Health worker 2]

Boarding houses also provided accommodation for people who had not met the criteria for supported-accommodation for those with mental health problems. One health worker was particularly frustrated by the process of supporting people into housing, which was often a lengthy and fruitless process due to the clients not meeting eligibility criteria of the scarce housing available. Despite their best efforts, people using the service, frequently ended up going straight to a boarding house, as this was the only affordable housing option available.

“Have we gone to social housing? From social housing have we gone to private rentals? Have we gone to real estate agents? From there have we gone to mental health accommodation? Are they able to meet the criteria? Normally we would go straight to mental health accommodation but if we assess a client and find out oh, they don’t meet those criteria’s, we start at the top and move down, once they’ve missed that and they normally do I say nine times out of ten they’ll go straight to a boarding house.....We have clients that by default got into boarding houses with no other housing or accommodation choices.” [Health worker 3]

In a Catch 22 situation, health workers pointed out that once living in a boarding house, a boarder no longer met the housing need criteria to gain access to a Housing New Zealand property. Despite some boarders living in very poor conditions, they were now deemed ‘adequately housed’, therefore excluded from accessing social housing in the future.

“I mean because you’re virtually homeless really and it is so hard to get out of because you tend to be paying more than you would at city council housing. Plus you’re, if you’re in a boarding house you’re not considered homeless so you’re not on the top of the list for getting into housing as far as I can gather.” [Health worker 2]

Participants felt that boarding houses provided accommodation necessary for those on mid- to low-incomes. For some, they are the only housing which can be accessed. Boarders were vulnerable to exploitation, due to the poor enforcement of building maintenance and occupancy standards and the lack of adequate tenancy protection. Despite some examples of personal resilience, the lack of legislative protection meant the power balance was ultimately held by the landlord or manager. Participants discussed systemic ways in which conditions in boarding houses could be improved, including the need to address the balance of power between boarders, health workers, and landlords and managers using better regulation.

Systemic solutions to improve living conditions for boarders

Participants identified possible systemic responses which could be used to improve living conditions for boarders. Institutional improvements suggested included increased tenancy protection, enforcement of current housing regulations, and greater government policy relating to these dwellings. Health workers were concerned about how the changes could be implemented without the closure of needed accommodation for the most vulnerable boarders.

Improve legislation and enforcement of current building maintenance and occupancy standards

The majority of health workers' comments regarding tenancy legislation related to the inequitable timeframes and processes for eviction of boarders compared with those of other private tenants under the Residential Tenancies Amendment Act (2010). Boarders could be evicted in shorter timeframes than those in private rental properties, and the landlord or managers were able to selectively use house rules where they required justification for eviction at short notice. Landlords and managers were able to do this without going to the Tenancy Tribunal.

"I would ask that they didn't get the clients out in three days, but gave them an extension of at least fourteen days to try and find accommodation, but I think there needs to be a process where the client is safe and able to complain and there's mediation and after all that avenues have been exhausted, then looking at letting go of the tenancy." [Health worker 3]

Health workers, boarders, landlords and managers, were unclear about the specific legislation relating to boarding houses. Of those that were aware of legislation, there was some confusion as to whose role it was to enforce building and occupancy and maintenance standards. Health workers and boarders were aware of certificates that

they had seen on the boarding houses wall (Fire Safety Warrant of fitness) but were unclear of their purpose. Participants were unclear about whose job it was to enforce the standards in place, although Wellington City Council was mentioned in relation to a specific incident (described above) where boarders complained about unhygienic living conditions in a property and were evicted.

Health workers talked about how the real conditions of some boarding houses needed to be exposed and that people would be shocked if they were aware of how some people had to live.

“ It’s so interesting that the façade of the homes that you know, boarding houses, are so normal.....you could shock people by showing them a terrible room.”

[Health worker 1]

“You know people wouldn’t believe the way some people are living. You know even if I describe it they can’t really imagine it, can’t really picture it.” [Health

worker 2]

To expose the real conditions in some boarding houses health workers suggested the use of proactive inspection. If inspectors entered boarding houses, without prior notice to landlords or managers, they would see what the usual conditions were. However, one health worker was concerned about the risk of boarders losing their accommodation through places being closed down, if the rules were enforced too quickly following inspections. To avoid this they felt the standards would need to be enforced over a period of time to allow for landlords to complete compliance work.

“I mean really the pressure needs to be put on the landlords rather than on the people living there. I was going in trying to work with people but there needs to be legislations. That needs to come in hopefully slow enough to let people get re-

housed but hard enough to stop landlords keeping people living in squalor."

[Health worker 1]

One health workers was frustrated at the lack of work done by the Health and Disability Commissioners on access to adequate housing for people with mental health issues and felt they could do more to resolve the problems found in boarding houses.

"It really pisses me off that Health and Disability Advocacy and the Health and Disability Commission don't make it their business of what is happening to mental health clients in boarding houses....because the day it is an accommodation issue it is not a health issue. It is actually discriminating against our clients....I think they need to be making it their business." [Health worker 3]

In addition to changes in tenancy legislation and the improved enforcement of current building occupancy and maintenance standards, landlords and managers, and health workers felt there was a need to build better relationships with each other to be able to better support boarders with high health needs.

Improve health and social support services for boarders

The need to improve health and social support services for vulnerable boarders was identified. The discharge planning process from institutional care into boarding houses was seen as a particularly important juncture by health workers and some landlords, who felt more could be done by institutions to ensure transition between the two spaces happened more successfully. Health workers and landlords, who already worked in boarding houses, wanted better access to a broader range of services, for example home help and community nurses. Unfortunately, some boarders had been refused these services on the basis that they lived in such poor conditions in a boarding house.

"The rooms were so bad you couldn't get home help in there because they would not go in because of the state of the place." [Health worker 2]

Landlords and managers assisted boarders when they could, but many of the issues they encountered were too complicated for their skill level and felt that boarders needed professional support.

"We are a boarding house as opposed to providing mental health services. We have talked to some of the agencies that provide that service to have them more involved. You know or let us know what we can do, so we can remind them because one visit a week doesn't do it." [Manager 1]

A boarder suggested landlords and managers should have at least a first aid certificate and training to help manage boarding houses that house vulnerable people.

"There should be somebody that is trained, has people skills that can be personable with people that have got some sort of, even if it is just a St John's ambulance certificate for basic training and umm, not just someone that wants cheap bloody rent." [Boarder 1]

Landlords and health workers also noted a lack of life skills for some of the boarders and thought training in basic skills, particularly budgeting, could be useful.

"However, while that need is met there are so many others that are not met that we cannot provide. You know be they life skills, be they the basics of how to live whatever. I think if we could get groups to help us to deliver those it would be a better experience for everybody concerned, them and us." [Manager 1]

The need to build closer relationships between health workers and landlords and managers was identified to improve the health and support services available to boarders. Health workers, landlords and managers were frustrated by the lack of engagement they felt by the other party in helping to provide support for boarders with high health and social needs. Health workers also expressed frustration at a lack of engagement by other health and social support agencies that were unwilling to deliver

services to boarders. One felt that there needed to be more formal agreements between care agencies to provide a continuum of care for boarders.

“A lot of clients are using front line services and primary care services and end up sometimes in secondary care services, in emergency services, things like that. What I think is needed is a proper structure where boarding houses are connected up to community services....also it is about building a memorandum of understanding with them.” [Health worker 3]

Landlords felt that services did not understand the difficulties they faced trying to run a boarding house, where a high proportion of people had unmet health and social needs. Landlords wanted a more organised approach to being involved in their boarders' wellbeing.

“To me personally it is working with some of these agencies, for example we have their tenants here and actually for them to sit down with us and work out a plan on how we might help their client because they don't talk to us. They come in and talk to their client and off they go but we are here to pick up the pieces.” [Manager 1]

Health workers, boarders, landlords and managers felt some boarders needed more health and social support than it was reasonable to deliver in commercial boarding houses. For older persons with high support needs, and those with anti-social behaviour relating to their poor mental health and addiction issues, they felt new models of housing with more intensive levels of support than was currently available were required.

Increasing affordable housing

The majority of participants also noted the general lack of access to affordable housing for those on low incomes. The majority mentioned an overall need for an increase in the supply of affordable housing and the lack of specific models of social housing which are

available for people with poor health and disability. Housing that accommodates the person rather than people having to 'fool' the landlord or health service worker in the short term to access a property was seen as key.

"It's a bit like allowing access regardless. There is not much of that about, so people have to either hide it or fake it...I think about substance users , faking the motivation or fooling the service. Do a little bit of change to get re-housed.... Because you also need really open access ones which might have lower thresholds of acceptability around behaviour to match people's needs. You know rather than that group of people just ending up being pushed out or moving from one to another because they cannot meet the rules." [Health worker 1]

Several participants suggested there was a need for housing where someone sits at the front entrance of the boarding house 24/7.

"Yeah, there are many that you know have a little bit of glass and no one can come through the front door [points] that's the managers room.....it's all about placement." [Boarder 1]

To be effective the person would need to be skilled and qualified to work with vulnerable people. The most important aspect of this type of housing was security and safety for boarders without the practice of eviction to manage anti-social behaviour, which was not currently available.

The results show the variation in standards across the physical environments in boarding houses. The differences found in the social environments and management practices across these dwellings were also reported. The distinct groups that used boarding houses and the reasons they did so were described. The results also highlighted the varying levels of vulnerability amongst those groups and outlined some of the personal and systemic circumstances that contributed to the varying levels of

vulnerability. Finally solutions to address these issues and to improve conditions for boarders were put forward by participants. These results and proposed solutions will be discussed in the next chapter.

Chapter Five: Discussion

My research aimed to understand the advantages and disadvantages of boarding houses and their place in the housing market. I was interested in the drivers of boarding house use and what it was like to live in these dwellings. And what more might be done to improve boarding houses for those with poor health and disability? Previous chapters have provided a background to boarding houses and reviewed the relevant literature, outlined the methodology and the theoretical framework for analysis, and presented the results of participants' interviews. In this chapter the main findings of the research are discussed in relation to the research questions and previous literature. I will reflect on the strengths and limitations of the methodology used and how this affected recommendations for policy change. Finally, recommendations to improve policy across a variety of settings are made to enhance living conditions for boarders.

The hierarchy of boarding houses

The boarding house market is a segmented market and there appeared to be a hierarchy of boarding houses. Some were easier to get into than others and the level of difficulty of getting into a boarding house was related to the perceived social acceptability of the prospective boarder by the landlord or manager, and in some cases other boarders. Boarders' and health workers described boarding houses in the lower part of a proposed hierarchy, which were the easiest to gain access to as "poor, grotty and squalid", compared with the most exclusive houses which were in the upper part of the hierarchy described as "boutique and lovely". People receiving a government benefit and those with poor health and disability, were excluded from boarding houses higher up the hierarchy and could only access the boarding houses lower down the hierarchy with poorer physical standards, the least secure social environments, and poorer levels of management. Places lower in the hierarchy accommodated boarders who required higher levels of health and social service support. This segmentation within the boarding

house sector is a reflection of the segmentation found by Bierre (2008) in the wider housing rental market, where those on the lowest incomes experienced the poorest housing conditions

The notion of hierarchy is similar to Hwang et al's (2003) "housing ladder" where people move between different types of accommodation at different times. Hwang uses the term ladder, as sometimes people move up the ladder into better accommodation. In others, they move down the ladder to a point that is only marginally better than living on the street, which he considers to be the lowest rung of the ladder. My use of the term hierarchy is to reflect the variety of conditions found within boarding houses, and it links with Hwang's idea of types of housing being of higher or lower quality. Some boarders described in my study cycled between a variety of boarding houses and living on the street. Hwang et al (2003) point to the street as the lowest point on the ladder. However, health workers described some boarding houses that they felt were worse than living on the street, due to squalid physical conditions and the dangerous social environments in the properties. The hierarchy of boarding houses takes into account the physical and social environments, but also considers the management practices. These have a significant influence on the boarders' experience, due to the higher levels of surveillance from landlords and managers in boarding houses compared with other rental situations. In the next section, the results in relation to the research questions are discussed.

Drivers of boarding house use

There are a variety of individual and systemic drivers for boarding house use. The drivers differ depending on the boarding house's place in the overall proposed hierarchy. The level of choice boarders have and whether they opt positively or negatively to stay in these dwellings, also changes down the hierarchy. For example in the upper part of the hierarchy, tourism is a common positive driver for using boarding

houses. Standards are higher and make it more likely that people make a positive personal choice to stay. For this group, boarding houses provide a useful and appropriate form of accommodation.

In the 'fair' or 'good' boarding houses, budget tourism, and an overall lack of affordable housing drives people towards this accommodation. Boarders mostly require medium-term accommodation for a specific period in their lives. Boarders make trade-offs between their short to medium-term and longer-term housing needs or aspirations, and other important areas of their lives. Choosing a boarding house, even when on restricted finances, gives mid-range boarders a greater sense of control over their lives than boarders in the lowest part of the hierarchy.

In contrast, the worst condition boarding houses in the lowest part of the hierarchy are mainly occupied by those whose housing choices are severely limited and who had least control over where they live. Boarders are excluded from other parts of the housing market, including other parts of the boarding house market, due to low incomes, debt, discrimination, previous convictions, and poor health status and disability. Many lack the financial resources required to enter into home ownership or access other parts of the rental market, including social housing. Some do not meet the initial entry criteria required to access social housing and once living in a boarding house are less eligible to go onto a social housing waiting list, despite living in awful conditions. The choices of people living in the worst condition boarding houses are severely restricted by structural and systemic factors compared with those at the top of the hierarchy. The lack of access to alternative accommodation and a lack of competition at this end of the housing market mean that people are price takers and tend to pay more for inferior housing than others in the rental market, despite experiencing some of the poorest living conditions (Bierre, Howden-Chapman et al. 2007; Law and Meehan 2012).

The biggest driver of boarding house use in the mid and lower part of the hierarchy is a lack of affordable housing. Middle income earners are priced out of the house buying market and into the private rental market as levels of home ownership in the Wellington region decrease. Between 2000 and 2006, there was 17.3 percent growth in the number of private renter households (DTZ New Zealand and Stimpson & Co 2006) and it is not possible for those on the lowest incomes to compete on price to secure housing in the private rental market (Law and Meehan 2012). Traditionally social housing has been provided for those on the lowest incomes but the current National- led government housing policy states that Housing New Zealand Corporation will only supply housing to those with the highest needs (Expert Advisory Group to Solutions on Child Poverty 2012; New Zealand Productivity Commission 2012).

City Housing, Wellington's second biggest social housing provider, also provides social housing, but a recent renovation has reduced the number of units available for single people overall in the city (New Zealand Productivity Commission 2012). The shortage of housing in Wellington for particular households, including those with high support needs, is identified (DTZ New Zealand and Stimpson & Co 2006). In the absence of an additional supply of housing from Housing New Zealand Corporation, City Housing, or the small community sector, those excluded from the wider housing market have to rely on the private sector and the accommodation supplement to secure housing (DTZ New Zealand and Stimpson & Co 2006). With the shortage of affordable rental options, in urban areas boarding houses are an important source of housing for those receiving the accommodation supplement, particularly single people, but there are also couples and families seeking accommodation or living in these dwellings. In rural areas, camping grounds perform this function (New Zealand Productivity Commission 2012).

Some groups are more excluded from the housing market than others. Bierre (2008) notes how it is the historical influences and attitudes on distribution of resources that have created the inequities in the housing market today and continue to ensure some

groups remain excluded. Non-Māori have a higher rate of home ownership than Māori and Pacific households, who are much more reliant on the private rental and social housing sectors (Robson and Harris 2007). The disparities in home ownership continue to increase disparities in the distribution of resources that promote health, as Māori and Pacific families miss out on the intergenerational gain of asset wealth. Non-Māori who own homes benefit from the generation of asset wealth which home ownership provides, as well as gaining from the lack of income tax taken from profits when a property is sold (Robson and Harris 2007). While a capital gains tax was an election issue and received considerable support, the recent Productivity Commission report (2012) argues that the taxation of property is too hard to achieve, as it would require a review of the personal income tax system. The non-taxation of housing assets continues to benefit home owners who are predominantly non-Māori. These policy decisions are important as they help to increase or reduce housing and health inequalities between Māori and Non-Māori (Robson and Harris 2007).

Debt is a driver for people using the mid-range and poorest boarding houses. Boarding houses are the only accommodation option available to households that cannot access Housing New Zealand Corporation and City Housing properties, the two biggest social housing providers in the region, because they are in debt. Debt is held with private financial lenders and government agencies, including Work and Income for money borrowed for living expenses, or with Housing New Zealand and City Housing for rent arrears. People who have debt through rent arrears with these two agencies are excluded from making a housing application, and stood down for 12 months or more, from being able to apply for social housing (Wild 2012).

The people excluded from social housing are reliant on private landlords and the accommodation supplement. The poorest boarders have the least choice between even the most basic boarding houses, as debt repayments on top of a relatively high weekly rent, for those on a benefit or low wage, decreases options and places people in severe

housing deprivation. The boarder is trapped in squalid accommodation by a lack of opportunity to save money for a deposit to move to a better quality boarding house. These findings of financial hardship are consistent with other studies in New Zealand on people living in boarding houses or other types of marginal housing (Gleeson, Hay et al. 1998; Bierre 2008; Carroll 2009; Severinsen 2009).

People on low incomes being discharged, or released from local institutions without access to affordable housing, are an important driver for boarding house use. Other authors have also highlighted how the systemic failure to provide housing and support for those on low incomes with high health needs exiting institutions is a major concern (Howden-Chapman and Mackenback 2002; Al-Narallah and et al 2005; DTZ New Zealand and Stimpson & Co 2006; Robson and Harris 2007; Severinsen 2009; Feki 2012; King 2012). People with a criminal record, and those with high support needs, or behavioural issues due to poor health, are purposefully excluded from boarding houses higher up the proposed hierarchy. Landlords, managers, and other boarders choose to exclude people as a means of managing real or perceived threats to safety within the boarding house. In the absence of the provision of central or local government social housing, these groups have few options as to where they live and are driven to utilise the poorest quality boarding houses (DTZ New Zealand and Stimpson & Co 2006; Feki 2012; King 2012). Severinson (2009) found camping grounds performed similar functions for those excluded from the housing market in rural areas.

Smith and Easterlow (2004) use the term 'selective placement' to describe how clustering of ill health occurs in certain geographic areas. Gleeson et al (2004) found similar geographic clustering of people recently released from mental health hospital services in Dunedin. The effect could be argued to have occurred in boarding houses, with those on low incomes with poor health being selectively driven by the system and individual circumstances in a particular section of the housing market. Locally in Wellington there are three prisons, two large public hospitals, and a variety of residential health services.

The institutional discharge policies have some emphasis on finding housing, but the high demand for housing for people on low incomes and the lack of adequate provision of health and social services to support people leaving these institutions, are problematic. The problem has a negative impact on boarders, but it is also a source of stress for the health workers and landlords, who attempt to cope and assist to house people in a constrained environment.

Living in a boarding house

Boarding houses meet the needs of some boarders. However, it is a segmented market and people's experiences of living in these dwellings vary widely depending on the property's place in the hierarchy. Living in a boarding house is more positive for those who are less vulnerable and able to access boarding houses higher up in the hierarchy, as they are able to decide where they live and have more influence over the people they live with. The houses they choose have good physical and social environments and the management practices are more professional. However, those who only access the lower part of the hierarchy are much more vulnerable, and have fewer, if any choices about where to live, or who they live with. Boarders are also subject to high levels of surveillance, limited security, and have few ways to be able to influence improvements to their physical and social environment, compared with other types of tenants under the Residential Tenancies Act (1986). However, even the protections provided to those with full tenancy protection in New Zealand are arguably low in comparison to those in European countries, which have much higher rates of renting and where renting is not seen as an inferior tenure compared to home ownership (Schmid 2011).

Physical condition of the boarding houses

There is considerable variation in the physical condition of boarding houses. The formal rules relating to the physical standards in boarding houses are set within the frameworks of the various central government acts (see table 2 page 35). The

enforcement of standards is the combined responsibility of local government and the Tenancy Tribunal, both of which rely predominantly on complaint-based systems as the mechanism to address standards. Findings indicate that the current process does not identify problems with building maintenance and occupancy standards, where the landlord or manager does not adequately maintain the property.

Boarders living in properties in poor condition in this study were unable to get repairs attended to through the complaints-based mechanism. A lack of protection for boarders who complain under the Residential Tenancies Amendment Act (1986), is a major contributing factor, but personal issues, including a lack of knowledge about entitlements to adequate standards of living, language barriers, or poor health and disability, also hinder boarders' ability to address poor housing conditions. Even boarders who are literate and confident in knowing their rights, are unable to effect change without the risk of being evicted from their accommodation due to weak tenancy rights for boarders (Hunt 2012). The inadequacy of the Residential Tenancies Amendment Act (2010) to protect boarders, including the most vulnerable, from poor conditions in boarding houses is a failure of government.

However, higher up in the hierarchy, competition between the 'boutique' and 'fair' boarding houses the market, mean they are self-regulating and this is effective in maintaining standards. People are free to decide where they wanted to stay, and to attract custom landlords and managers have to maintain buildings to an acceptable standard. The high demand for accommodation in the lower part of the hierarchy means the market fails to maintain adequate standards in boarding houses that accommodate the most vulnerable people. Previous research on boarding houses in Auckland (Pearson and Fitzgerald 2008) recommends that the 'routine' inspection of boarding houses needs to concentrate on those used by the most vulnerable boarders, as self-regulation is ineffective in this part of the sector. The results from this Wellington based study support these findings.

Social environments within the boarding houses

Boarders with poor health and disability

The quality of the social environment within a boarding house relates to its physical quality. As the physical conditions of the boarding house deteriorate, the social conditions also change and there are more vulnerable boarders with poor health and disability. People are more vulnerable in the lower part of the boarding house hierarchy. Hwang et al (2003, 2009) also found a correlation between housing condition and health status. As mentioned previously, one possible explanation for this may be that due to their ill health, boarders move and cluster in particular boarding houses, as this is their only housing option.

In my study, boarders were also drawn to particular boarding houses, because they already knew other boarders living there and had similar lifestyles and interests as them. Health workers also know boarding houses that will accept boarders with addiction issues. Workers keep good relations with these managers, despite some of the awful conditions in these properties, so they can house the people who use the service. Consequently, vulnerable people cluster in specific boarding houses. In addition to the term 'selective placement' of people with poor health in specific housing areas, Smith and Easterlow (2004) describe a process where people selectively 'migrate' to housing areas as a result of the influence of their poor health. The movement into boarding houses to share with others with similar health issues could be considered a form of 'selective migration'. The selection of the accommodation is made either by the boarder, or the particular health and social service agencies that works with them, as this is the only accommodation option that is open to their service.

In Wellington, once living in a boarding house, boarders also become trapped and are unable to move to a better property, because they cannot afford to save a bond for another place to live, as the weekly rent costs are so high (between \$140 to \$299 per

week). Others are trapped in some of the poorest quality boarding houses, as they either no longer qualified for social housing, or they are already considered adequately housed, despite evidence that this is not the case. Smith and Easterlow (2004) use the term 'selective entrapment' to describe people trapped in certain types of housing by financial constraints and there are similarities here for boarders. The authors also report some people are selectively trapped by their own fear of severing basic supports by moving house (Smith and Easterlow 2004). There are parallels in this idea with a landlord in the study, who ensures housebound alcohol dependent boarders are supplied regular quantities of alcohol. The landlord's actions ensure basic supports for the addiction are supplied, but they provide extremely poor living conditions. Boarders are unable to get maintenance completed and have to live through the winter with a broken window, because they are reluctant to take further action due to being reliant on, or 'selectively trapped' by the landlord for collecting their alcohol.

The New Zealand Disability Strategy (2001) Objective 8 aims to 'Support quality living in the community for disabled people' and includes specific reference to 'Ensure disabled people are able to access appropriate health services within their community'. However, boarders, health workers and landlords, who live or work in boarding houses, feel there is not enough health or social support for boarders with poor health and disability and that there is a need to increase access to health and social services for this group. Health workers interviewed all struggle to provide the most basic support to boarders and are frequently told by core health and social services, for example home help, or community nursing services that they will not deliver services in boarding houses, due to the poor conditions and safety concerns for staff.

Landlords and managers also feel unsupported by health and social services in dealing with the issues that arise when working with older persons, and those with moderate or acute mental health or addiction issues. However, they are also aware that to some the accommodation they provided is the only housing option available and they want to

help. More could be done to ensure health policy does not discriminate against those living in boarding houses and the delivery of health services is adequate to disabled people within the community. Severinson (2009) found similar issues for those with poor health and disability living in camping grounds. For some groups however, boarding houses are not suitable forms of accommodation and landlords should not be expected to care for boarders. Under the New Zealand Disability Strategy (2001) Objective 8 also aims to *'Increase opportunities for disabled people to live in the community with choice of affordable, quality housing'*. For those excluded from boarding houses due to their high health and social service support needs, an alternative form of housing needs to be provided.

Surveillance, power and control

All boarding house environments lack privacy and security and the level of surveillance encountered by some boarders, from the landlord or manager and other boarders, is high compared with other forms of housing and tenancy types, for example flatting or house sharing. The lack of privacy and high levels of surveillance is particularly problematic for those with behaviours driven by poor mental health or addiction issues. Boarding house formal rules frequently state 'no threatening behaviour', 'no alcohol or drugs' allowed and breaking these rules means losing the accommodation. The same level of surveillance from the landlord or manager does not exist in a flat or house, and boarders with poor mental health or addictions in private tenancies are less likely to lose their accommodation through 'threatening behaviour', or alcohol or drug use, as they have privacy. The current mechanism of reporting and settling tenancy disputes under the Residential Tenancies Amendment Act (2010) is ineffective at addressing these issues and boarders experiencing these issues are vulnerable to eviction.

In addition to high levels of surveillance for boarders, the imbalance of power between landlords and boarders and health workers means landlords are able to use eviction as a

management tool for problem behaviours, even though some appear to stem from unsupported mental health or addiction issues. Smith and Easterlow (2004) talk about the selective displacement or the ejection of 'unhealthy' people from housing areas, or types of housing, due to poor health. A similar form of 'ejection' based on health status is happening to those with poor health and disability in boarding houses. The power imbalance between boarders and landlords is less important to boarders with more resources, as they have their own homes to return to if evicted. However, boarders in the lowest part of the hierarchy lack the resources to find alternative accommodation. Consequently, losing a place in a boarding house for those in the lower part of the hierarchy has more serious consequences. The finding of this study is supported by a landlord's oral submission to the Social Services Select Committee Inquiry into Boarding Houses, which states the need to preserve the right to evict boarders under the Residential Tenancies Amendment Act (2010), because it is an effective management tool for anti-social behaviour (Butler 2011).

To avoid the negative consequences of immediate eviction for boarders, health workers pre-emptively moved boarders between boarding houses, or to other types of accommodation, for example the night shelter, when they witnessed problems with the landlord and boarder relationship. The health worker's actions help to reduce the trauma of an impending eviction but reduce the boarders' autonomy and destabilise other supports in place. Health workers have a professional obligation 'to do no harm' and are frustrated by the lack of influence they have over improving boarders' living conditions, or reversing the eviction once in progress. Despite the aim within the New Zealand Disability Strategy (2001) to *'Increase opportunities for disabled people to live in the community with choice of affordable, quality housing'* current legislation does not allow health workers to effectively advocate for vulnerable boarders. Health policy does not adequately link with housing policy and prioritise the needs of those on low incomes with poor health and disability.

Options for improving boarding houses

When decisions are taken that something must be done about a problem, the nature of the proposed action will depend on the prevailing notions of what is causing the problem.

(Whitehead 2007)

There are a range of solutions highlighted by participants in this study, which could improve living conditions in boarding houses, including: increasing the supply of affordable housing by increasing government funding of social and community housing to reduce the dependence on low-quality accommodation; encouraging landlords and health services to work more closely together to provide better health and social supports for boarders with poor health and disability; and improving the enforcement of the current building occupancy and maintenance standards.

Addressing the drivers and reducing the disparities in access to housing

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care.

- Universal Declaration of Human Rights, 1948

The right to adequate housing is denied for boarders, particularly those living at the bottom of the boarding houses hierarchy. There are disparities in health between those living in the worst quality boarding houses and those in other parts of the housing sector, including those living in the better quality boarding houses. Other studies show similar segmentation in the housing market (Bierre, Howden-Chapman et al. 2007; Robson and Harris 2007). For those excluded from home ownership, or other types of private rental and social housing, low quality boarding houses are the last resort.

Disparities in housing and health are a result of accumulative disadvantage and the on-going unequal distribution of resources which promote good health. The groups that live in boarding houses are the same groups experiencing the highest levels of discrimination in the broader housing market, including those on low incomes, ethnic minorities, and those with poor health and disability (Robson and Harris 2007; Bierre 2008; Severinsen 2009). These inequalities in housing are not inevitable as countries like Sweden with an extensive supply of good quality housing have shown, but are the result of societal attitudes and decisions about the allocation of societal resources. Who is deemed deserving or undeserving is expressed through policy and action or inaction to redistribute resources. To address the underlying structural determinants, which perpetuate the unequal access to good housing, universal distribution of healthy housing and the realization of the right to housing is required (Bratt, Stone et al. 2006; Robson and Harris 2007; Carroll 2009; Severinsen 2009). The universal provision of good quality housing and security of tenure is one of the best ways to reduce people's dependence on poor quality housing and to help reduce inequalities in health (Whitehead 2007; Schmid 2011). Without addressing these factors, actions to promote health at a personal service delivery level are less likely to be effective (British Medical Association 2003).

As Bratt and Stone and colleagues (2006) highlight, government commitments to fulfil the right to housing for all must be resourced, funded and acted on to be realised. The social housing programmes of the 1940s in New Zealand were adequately funded and took a universal approach to delivering social housing (Shannon, Ishida et al. 2006; Whitehead 2007). However, government policy has not provided adequate amounts of social housing or good quality social housing for a number of years. The current National Government policy loosely outlines a plan for the community housing sector to provide social housing in the future (Department of Building and Housing 2012). However, the sector has limited capacity and financial resources to provide community

housing on the scale required and the up scaling necessary to reduce disparities in housing requires far greater resources from government (Bierre 2008).

Housing for the poor and homelessness is not a mainstream political issue (Richard 2009, NZCEH 2007). The current Government's policy is to reduce the government's role in the provision of social housing, while simultaneously increasing the threshold of 'need' for people to qualify for social housing (New Zealand Productivity Commission 2012). Those who do not meet the housing 'need' criteria are directed to the private sector with the assistance of an accommodation supplement, but there is a lack of checks for landlords who accommodate people receiving the accommodation supplement. Boarders that receive the accommodation supplement are living in poor conditions, including families. The study highlights a need to improve the enforcement of minimal rental housing standards and options to do so for boarders are discussed in the next section.

Legislation, policy and practice

Increase information and awareness

For people to realise their rights, they have to be informed (Byrne 2011). However, there is a general lack of awareness and understanding of the legislation related to boarding houses amongst health workers, landlords and managers, and boarders. There is confusion about which legislation covers boarding houses and who is specifically responsible for enforcing the legislation. Understanding of the Residential Tenancies Amendment Act (2010) is mixed, some landlords are unaware of the Act and that it is applicable to the accommodation they provide, others think the Act makes it much easier to manage boarding houses compared with private rental housing. Health workers know the basic information about the Act, which was in part due to an information sheet sent out by the Wellington Community Law Centre (2010) about the

amendments to be made to Residential Tenancies Act (1986) under the Residential Tenancies Amendment Act (2010).

There is also confusion about what aspects of boarding houses the building maintenance and occupancy standards cover and who is responsible for inspecting buildings and enforcing them. There is clearly a need to increase health workers', landlords', and boarders' knowledge about legislation. Successful campaigns to increase knowledge and expose poor practices and standards of landlords are being run in Melbourne (Call this a Home 2009) and in the England (Shelter England 2011). Lessons can be taken from their experiences and their approaches may help to raise awareness to the issue in New Zealand.

Improving compliance with legislation and increasing tenancy rights

However, just increasing people's levels of knowledge about legislation is not enough to improve conditions in the worst boarding houses. Proactive steps are required to do this and the current complaint-based mechanism to enforce standards does not support efforts of health workers, boarders or council worker who want to advocate for an improvement in conditions. The current legislation lacks teeth and is difficult to enforce, as councils appear reluctant to take a landlord to court to uphold repair and maintenance standards. The ineffectiveness of the Residential Tenancies Amendment Act (2010) to provide adequate security of tenure for boarders who complain, means very few lodge a complaint with the Council. Wellington City Council did not receive any boarding house complaints from April 2011 to April 2012, despite the evidence suggesting there were boarding houses in the city in very poor condition. A more proactive system of enforcement is required in the lower part of the boarding house hierarchy.

The current lack of effective legislation and the cost of getting people to comply with legislation is a deterrent to taking action against sub-standard boarding houses and other forms of marginal housing in New Zealand. Other authors have also reported this issue and found that the overall shortage of affordable housing for those on low incomes is problematic. If standards are enforced and unsafe accommodation has to be temporarily or permanently shut down, there are few alternative housing options for those most vulnerable available (Pearson and Fitzgerald 2008; Carroll 2009; Severinsen 2009). There appears to be a case within the New Zealand Disability Strategy (2001) for the Health and Disability Commissioner to consider and advocate on these issues for those with poor health and disability.

To rectify poor conditions in boarding houses, overseas reports recommend a multi-level response from local authorities and health workers and social services (Oriole Research & Design Inc 2008a). Victoria in Australia has had some success with a recent campaign “Call this a home” (2009) in raising awareness of poor conditions in rooming houses and there is currently work being done to improve conditions in the state’s boarding houses. New legislation takes effect from March 2013, and landlords will receive significant fines of \$2,800 for each incident of non-compliance (Sexton 2012).

England is the only country where legislation for houses of multiple occupation is being actively enforced and resources are centralised with one agency and charges for the inspections and licensing system is funded by a ‘user-pays’ charge to landlords. Legislation gives local councils significant powers to compel non-compliant landlords to upgrade their properties and fine or even confiscate and take over the management of houses of multiple occupation that fail to comply. Reports indicate that this has improved conditions for boarders in houses of multiple occupation and such a system should be considered in New Zealand (Department for Communities and Local Government 2010).

Reflection on the method

The study achieved its aim, which was to explore the advantages and disadvantages of boarding houses. The use of constructivist grounded theory allowed me to explore my research question and successfully identified the data required to meet the research objectives. This was done by identifying and describing the social processes and interactions between key individuals and the broader systems relating to these dwellings. The method identified the drivers for boarding house use; provided insight into the experiences of living in these dwellings; and elucidated options to improve boarding houses.

The semi-structured interviews with nine participants provided a large volume of data. My knowledge of the sector helped to ensure the original round of purposeful sampling was successful in maximising the breadth and depth of the original data required to create the initial codes for analysis. My own experiences and sensitivity to the data were helpful in ensuring the correct theoretical samples were sorted into the relevant categories in order to develop a theory. Interviewing boarders, health workers, and landlords worked well to explore boarding house life from multiple angles. My visits to boarding houses were an important grounding to the participants' accounts. Although I have not separately analysed it in this thesis, there was a flurry of media reports of boarding houses during the period I was undertaking the study, which have to some extent added validity to the accounts and observations and could perform a productive area of further research.

Limitations of the research

The data collected in this study were successful in adding to the understanding about boarding houses in Wellington. However, there are limitations to the study, as the sample was restricted to two participants who lived, seven who worked or owned boarding houses, which did not receive mental health funding to run them. Therefore

findings cannot be applied to boarding houses funded, or part-funded, by the mental health directorate of the district health board or mental health charitable organisations. Findings from this research only apply to boarding houses that can be readily accessed, without a referral from a health worker. It could be argued that groups living in these boarding houses are more vulnerable due to entry criteria requiring a referral from a health agency. Alternatively it could be argued that these groups would be less vulnerable than the general boarders as they are already connected up with health services. However, boarding houses run with mental health service funding were not included in the study and there remains a paucity of information about these particular dwellings.

The sample was intended to be from the Wellington Region. However, the sample of participants and houses mentioned were predominantly located in the Wellington city, with a small number from Porirua and Hutt Valley areas. The findings of the research might be comparable with other communities experiencing similar housing demand, population demographics, and availability of health and social services or similar groups exiting institutions. The findings are unlikely to be comparable where there is little competition for affordable housing, or in rural areas which lack similar demographics and services. Further research would be required to explore boarding houses in these areas. Although, as previously mentioned, qualitative research into camping grounds in New Zealand suggests that camping grounds are a substitute for boarding houses in rural areas (Severinsen 2009).

The information collected from the nine participants was rich. However, to complete this thesis decisions had to be made about which material was relevant for this study. As with many types of qualitative research, not all of the raw material can be used and not all quotes that illustrated experiences could be shared. Grounded theory provided my framework to guide my data analysis and the inclusion of data. All relevant data from participant interviews contributed to the construction of the theories generated.

Policy recommendations

Based on the analysis of the study findings and the literature reviewed, I have developed some policy recommendations to address the identified issues. This research has already informed the two submissions I have made to the Social Services Select Committee Parliamentary Inquiry into Boarding Houses in 2011 (See Appendix 11: *He Kainga Oranga*/ Housing and Health Research Programme's recommendations to the inquiry).

Recommendation 1:

Equal tenancy protection is given to people living in boarding houses, as is provided to those in other types of tenancy under the Residential Tenancies Amendment Act 2010.

Recommendation 2:

Increase the advice and support available to boarders through the Tenancy Tribunal, including for people who are not covered currently by the Residential Tenancies Amendment Act 2010, i.e. tenancies under 28 days in duration.

Recommendation 3:

Provide landlords and boarders with more information about their rights and responsibilities under the Residential Tenancies Amendment Act 2010.

Recommendation 4:

Encourage agencies and individuals to report landlords who evict people and have failed to provide boarders with adequate receipts for advanced payment of rent and bond.

Recommendation 5:

Require all tenancy bonds to be paid directly from Work and Income to the Department of Building and Housing.

Recommendation 6:

Provide multi-disciplinary support to landlords and managers who are experiencing difficulty with boarders with poor health or disability, and promote safe practices in boarding houses in relation to the mix of boarders, particularly for women, young people, and children.

Recommendation 7:

In addition to strengthening tenancy protection for boarders, there is a need to acknowledge that landlords cannot be expected to provide the level of skilled support required for some boarders. Landlords need information about local health and social support services, as well as information from a health worker about what to do if they have a problem with an individual boarder.

Recommendation 8:

Acknowledge that some people will not be able to maintain a tenancy in a boarding house due to poor health or disability. Alternative models of accommodation and support packages are required to meet the needs of this group and to prevent them from continuing to cycle chaotically through various forms of temporary accommodation, sleeping on the street, or in improvised dwellings. There are successful models of accommodation that prevent homelessness in this group and these are required in New Zealand (Richards 2009).

Recommendation 9:

In addition to fire safety, there is a need for proactive and holistic assessment of building maintenance and occupancy standards in boarding houses to protect the health of

vulnerable boarders. Inspection might include the assessment of wall linings, bathroom and kitchen facilities, condition of carpets and flooring, electrical sockets, lighting, windows, stairways, levels of insulation, size and number of rooms and numbers of people in the boarding house. In England they use the Housing Health Safety Rating System to ensure standards are clearly identified and enforced. The legislation also includes significant financial disincentive for non-compliance with regulation for landlords, as well as significant powers of inspection and redress for local government to enforce standards. In New Zealand, there is a Healthy Housing Index which could be adapted and utilised for such a purpose.

Recommendation 10:

Require licensing and proactive inspection of all boarding houses. Responsibility of this could sit with either the Department of Building and Housing or local councils. Proactive inspection will take considerable resources, but not all boarding houses will require the same level of inspection to maintain an acceptable standard and a stratified approach may be more appropriate. Once a boarding house receives an initial inspection, it may pass and not require another inspection for two years. Others may require remedial work to be undertaken to bring it to an acceptable standard and require more frequent inspections until the issues are resolved.

Recommendation 11:

Coordinate the inspection and monitoring of boarding houses by using inspectors with the legislative expertise and powers to enforce current fragmented standards effectively, including fire safety, building, maintenance and occupancy standards, and public health regulations. This may be best completed by environmental health officers or health protection officers.

Recommendation 12:

Require all landlords and their business associates to be assessed and deemed fit for their role in order to help prevent unfit people from managing boarding houses and from continuing in the business.

Recommendation 13:

Require all boarding houses which accommodate vulnerable boarders to be registered with the Department of Building and Housing or the local council. The register will provide a central list to monitor boarding house numbers and trends, as well as provide information for agencies to support boarding houses in the preplanning for an emergency, including a civil defence emergency, pandemic, or other communicable disease outbreaks (e.g. Tuberculosis).

Recommendation 14:

Explore ways to provide housing for people with high levels of debt and those who fail police checks. Currently these groups experience discrimination in the housing market and are heavily reliant on boarding houses.

Recommendation 15:

Increase the provision of social housing for vulnerable single people on low incomes, including released prisoners, refugees, young people, older people, and mental health consumers. Currently these groups experience discrimination in the housing market and are heavily reliant on boarding houses.

Summary and conclusions

Boarding houses meet the needs of some boarders. However, it is a segmented market and the drivers and people's experiences of living in them vary widely depending on the property's place in the hierarchy. The most vulnerable boarders live in boarding houses in the worst physical condition. Boarding house standards are self-regulating at the top

end of the hierarchy, but at the mid- and lower-part of the hierarchy standards are not currently being maintained by legislation, and the mechanisms in place to address poor standards are ineffective. The weak tenancy protection provided by the Residential Tenancies Amendment Act (2010) and the lack of access to the Tenancy Tribunal means landlords hold the balance of power over boarders and health workers. Boarders with poor health and disability are not supported by legislation to remain housed. Boarders are evicted from accommodation due to anti-social behaviour related to their unmet health and social needs.

There is a range of ways to improve living conditions for boarders. The suggestions from participants include the universal provision of social housing to those on low incomes, the setting of standards for private rental properties, especially where landlords receive funds from the accommodation supplement, and a need to raise public awareness of the poor conditions in boarding houses. The need to educate health and social service workers and boarders about the current legislation and standards that relate to boarding houses is raised, as is the need to advocate for improved legislation and standards in these dwellings. Finally, there is a need for an improved connection between health and housing policy and an increase in health and social support to both boarders and landlords is required in some places. However there is a lack of political will and resources to achieve this.

The policy recommendations based on the findings from the participant interviews and the literature would potentially improve living conditions for boarders. The interviews provided rich data for analysis to answer the research questions and meet the aims of the study, which were to: understand the advantages and disadvantages of boarding houses; identify the drivers of their use; explore the experiences of living in these dwellings; and explore what could be done to improve conditions in boarding houses.

The answers to these questions are very much dependent on the position of a boarding house in a hierarchy. Boarders on government benefits and those with poor health and disability were excluded from boarding houses higher up the hierarchy. These are the places with higher physical standards and securer social environments and better management practices. Vulnerable boarders were living in places with low physical standards, poor social environments and risky management practices. Current legislation and regulation of boarding houses is ineffective in protecting vulnerable boarders. The study validates the concerns of health and social service workers that motivated the initial interest in researching this area of the housing market. More information is also required about the health status of those living in different types of tenure in New Zealand. The research also confirms findings from previous overseas and New Zealand research on boarding houses and housing for marginalised groups. Boarders in the poorest boarding houses are the most vulnerable to exploitation and actions to improve boarding houses need to include actions which focus in this area, as they have the most to gain from changes in the sector, for example, improved legislation, stronger enforcement of regulations and better collaboration between health and social service providers and landlords and managers. Findings also highlight the need to further consider the quality of rental housing and the provision of housing and support for those on low incomes and marginalised groups.

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Appendix 1: Information sheet for boarders

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the Aim of the Project?

There is very little research about the experiences of people who live in boarding houses in New Zealand. Further understanding of issues relating to boarding house residence may make it easier to prevent people from becoming homeless and to improve boarding house residence for some groups. This project is being undertaken as part of the requirements for the Postgraduate Masters Degree of Public Health.

Aims

1. Identify the drivers for people living in boarding houses;
2. Provide insight into the realities of living in these dwellings;
3. Explore options to improve boarding house residence, particularly for those with poor health or disability.

Boarding house residents identified by the health and social service workers will be contacted by telephone or post and invited to participate in the study. At the time of interview, these residents will be asked to recommend any other boarding house residents who may also be interested in participating in the study. The aim is to sample boarding house residents who vary in age, sex and ethnicity. Approximately 8 people will be interviewed.

Recognition

All those interviewed will be offered a local supermarket voucher to the value of \$25.00

Access to information

The information sheet will contain advice for participants about gaining access to the thesis, once it is completed.

What will Participants be Asked to Do?

Should you agree to take part in this project, you will be asked to take part in a voice recorded interview. The interview will last no longer than an hour and will take place at a time and in a venue agreed upon by both you and the interviewer. The interview will not ask any personal health questions, however, you will be provided with the contact number of a health professional following the interview in case you wish to speak with someone.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself of any kind.

What Data or Information will be Collected and What Use will be Made of it?

Appropriate measures will be taken to protect the confidentiality of participants' data at all stages of the research process. All information about people interviewed will be anonymised. All interviews will be voice recorded. Data gained from the interviews will be transcribed, anonymised, and analysed on a password protected computer. The voice recordings will be stored in a locked filing cabinet within a locked room they will be stored securely for five years, as per university policy, after which it will be destroyed.

Although participants will be anonymised in all research outputs, due to the small number of health and social service workers who work with boarding house residents, there is a risk that other people in the sector will recognise who the participants are. However, information will not be of a personal nature or specific to the health status of any clients they may work with.

The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve your anonymity.

Do participants have to answer questions asked?

This project involves semi structured interviews with all participants. In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s).

Can Participants Change their Mind and Withdraw from the Project?

You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Clare Aspinall or Professor Philippa Howden-Chapman
Department of Public Health
University of Otago, Wellington
Telephone Number: 04 918 6047

Appendix 2: Information sheet for health and social service professionals

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the Aim of the Project?

There is very little research about the experiences of people who live in boarding houses in New Zealand. Further understanding of issues relating to boarding house residence may make it easier to prevent people from becoming homeless and to improve boarding house residence for some groups. This project is being undertaken as part of the requirements for the Postgraduate Masters Degree of Public Health.

Aims

1. Identify the drivers for people living in boarding houses;
2. Provide insight into the realities of living in these dwellings;
3. Explore options to improve boarding house residence, particularly for those with poor health or disability.

Health and social service professionals who work with people living in boarding houses in the Wellington Region will be identified through the Wellington Housing Forum. The identified professionals will be telephoned and invited to participate in the study. At the time of interview, these people will be asked to recommend boarding house residents who may also be interested in participating in the study. Approximately 3 people will be interviewed.

Recognition

All those interviewed will be offered a local supermarket voucher to the value of \$25.00

Access to information

The information sheet will contain advice for participants about gaining access to the thesis, once it is completed.

What will Participants be Asked to Do?

Should you agree to take part in this project, you will be asked to take part in a voice recorded interview. The interview will last no longer than an hour and will take place at a time and in a venue agreed upon by both you and the interviewer. The interview will not ask any personal health questions, however, you will be provided with the contact number of a health professional following the interview in case you wish to speak with someone.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself of any kind.

What Data or Information will be Collected and What Use will be Made of it?

Appropriate measures will be taken to protect the confidentiality of participants' data at all stages of the research process. All information about people interviewed will be anonymised. All interviews will be voice recorded. Data gained from the interviews will be transcribed, anonymised, and analysed on a password protected computer. The voice recordings will be stored in a locked filing cabinet within a locked room they will be stored securely for five years, as per university policy, after which it will be destroyed.

Although participants will be anonymised in all research outputs, due to the small number of health and social service workers who work with boarding house residents, there is a risk that other people in the sector will recognise who the participants are. However, information will not be of a personal nature or specific to the health status of any clients they may work with.

The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve your anonymity.

Do participants have to answer questions asked?

This project involves semi structured interviews with all participants. In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s).

Can Participants Change their Mind and Withdraw from the Project?

You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

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If you have any questions about our project, either now or in the future, please feel free to contact either:-

Clare Aspinall or Professor Philippa Howden-Chapman
Department of Public Health
University of Otago, Wellington
Telephone Number: 04 918 6047

Appendix 3: Information sheet for landlords and managers

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the Aim of the Project?

There is very little research about the experiences of people who live in boarding houses in New Zealand. Further understanding of issues relating to boarding house residence may make it easier to prevent people from becoming homeless and to improve boarding house residence for some groups. This project is being undertaken as part of the requirements for the Postgraduate Masters Degree of Public Health.

Aims

1. Identify the drivers for people living in boarding houses;
2. Provide insight into the realities of living in these dwellings;
3. Explore options to improve boarding house residence, particularly for those with poor health or disability.

Boarding house landlords and managers will be chosen using the researcher's existing knowledge and through online and newspaper classifieds. The boarding houses will be telephoned and either the landlord or the manager (whichever is available) will be invited to participate in the study. Through the recruitment of boarding house landlords/managers, the aim is to represent a variety of boarding houses in regard to size and geographical location. Approximately 3 people will be interviewed.

Recognition

All those interviewed will be offered a local supermarket voucher to the value of \$25.00

Access to information

The information sheet will contain advice for participants about gaining access to the thesis, once it is completed.

What will Participants be Asked to Do?

Should you agree to take part in this project, you will be asked to take part in a voice recorded interview. The interview will last no longer than an hour and will take place at a time and in a venue agreed upon by both you and the interviewer. The interview will not ask any personal health questions, however, you will be provided with the contact number of a health professional following the interview in case you wish to speak with someone.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself of any kind.

What Data or Information will be Collected and What Use will be Made of it?

Appropriate measures will be taken to protect the confidentiality of participants' data at all stages of the research process. All information about people interviewed will be anonymised. All interviews will be voice recorded. Data gained from the interviews will be transcribed, anonymised, and analysed on a password protected computer. The voice recordings will be stored in a locked filing cabinet within a locked room they will be stored securely for five years, as per university policy, after which it will be destroyed.

Although participants will be anonymised in all research outputs, due to the small number of health and social service workers who work with boarding house residents, there is a risk that other people in the sector will recognise who the participants are. However, information will not be of a personal nature or specific to the health status of any clients they may work with.

The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve your anonymity.

Do participants have to answer questions asked?

This project involves semi structured interviews with all participants. In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s).

Can Participants Change their Mind and Withdraw from the Project?

You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Clare Aspinall or Professor Philippa Howden-Chapman
Department of Public Health
University of Otago, Wellington
Telephone Number: 04 918 6047

Appendix 4: Consent form for participants

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-

1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;
3. Personal identifying information and audio-tapes will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;
4. The interview involves a number of questions and the exact questions will depend on the way the interview develops.
5. The interview will take no longer than an hour
6. I will be given the contact details of a health professional to talk with should the interview process raise any distressing issues that require further discussion with a health professional.
7. A food voucher worth \$25.00 will be offered in koha for my time.
8. The results of the project may be published and available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity.
9. I agree to take part in this project.

.....

(Signature of participant)

(Date)

Appendix 5: Boarder questionnaire

I am very interested to know more about boarding houses and peoples experiences of living in them. I would like to get an idea or mental picture in my mind of the house you live in, how it looks, what facilities are provided. I am also keen to know about the people you share the boarding house or the people who visit. I have a few questions, don't worry this about your experiences there are no right or wrong answers.

1. Can you please describe the boarding house to me?
2. How did you come to be living in the boarding house?
3. How long have you lived there?
4. What was it about the boarding house that made you stay?
5. Please tell me more about the other people that live at the boarding house
6. Who do you think boarding house life does not work well for?
7. What would help to improve boarding house life for people you mentioned?

Boarding houses can be managed in many different ways with different sets of rules. I am keen to know more about the rules in your boarding house.

8. What are the written and unwritten rules in your boarding house?
9. What would you change about boarding houses?
10. What would you keep about boarding houses?
11. Is there anything else that you think I need to know about boarding house life that is important?

Age

18-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Ethnicity

© New Zealand European © Māori © Samoan © Cook Island Māori © Tongan © Niuean
© Chinese © Indian © Other such as DUTCH, JAPANESE _____

Thank you very much for participating in this study.

Appendix 6: Landlord questionnaire

I am very interested to know more about boarding houses, the people who live in them and what experiences that you have had in relation to these through your work.

1. What led to you entering the boarding house business?
2. How long have you been a boarding house landlord for?
3. How many boarding houses are you landlord of?
4. Tell me about the types of people you live in the boarding house/s?
5. Who do you think boarding house life works well for?
6. Who do you think boarding house life does not work well for?
7. What would help to improve boarding house life for people you mentioned?

Boarding houses can be managed in many different ways with different sets of rules. I am keen to know more about the rules in your boarding house.

8. What are the written and unwritten rules in your boarding house?
9. If the rules are broken, how are they enforced?
10. What would you change about boarding houses?
11. What would you keep about boarding houses?
12. Is there anything else that you think I need to know about boarding house life that is important?

Thank you very much for participating in this study.

Appendix 7: Health worker questionnaire

I am very interested to know more about boarding houses, the people who live in them and what experiences you have had in relation to these through your work. I am interested in the physical house but also the social elements of boarding house life.

1. How long have you been working with people living in boarding houses?
2. Tell me about the support you provide for boarding house residence?
3. Tell me about the types of people you visit in boarding houses?
4. Can you describe the boarding houses you know well?
5. Who do you think boarding house life works well for?
6. Who do you think boarding house life does not work well for?
7. What would help to improve boarding house life for people you mentioned?

I am keen to know more about the management practices in the boarding houses you visit. I am also interested in your thoughts about what more might be done to support people living in boarding houses.

8. Can you tell me about some of the formal or informal rules in the ones you visit?
9. If the rules are broken, how are they enforced?
10. What would you change about boarding houses?
11. What would you keep about boarding houses?
12. Is there anything else that you think I need to know about boarding house life that is important?

Thank you very much for participating in this study.

Appendix 8: Profile of study participants

Participant	Gender	Age group (self-reported)	Ethnicity (self-reported)	Years of experience of boarding houses	Total years of experience
Boarder 1	Female	18-24	NZ European	2	2
Boarder 2	Male	45-54	NZ European	39	41
Health worker 1	Female	35-44	Maori	8	49
Health worker 2	Male	45-54	European	6	55
Health worker 3	Female	45-54	NZ European	14	69
Landlord 1	Male	55-64	NZ European	11	80
Landlord/Manager 2	Male	45-54	Maori	11	91
Manager 1	Male	45-54	Maori	2	93
Landlord 2	Female	55-64	NZ European	14	107

Appendix 9: Code, category, and conceptual grouping development

Codes	Categories	Conceptual groupings	Memos/ Theorising
Cost of entry, formal and informal screening methods, gender, family status, level of surveillance, ownership of properties, easy come and easy go, eviction.	<ul style="list-style-type: none"> • Making the grade • Exclusion 	Variation in who is “makes the grade” across the sector	The most exclusive boarding houses had strictest entry criteria compared with those with the poorest standards. For some groups the only boarding houses they were accepted were those with the lowest standards and poorest management practices.
Clean and fresh, well-kept gardens, smells nice, fresh paint, rotting floors, dark, dog boxes, lack of maintenance, physical deterioration of building.	<ul style="list-style-type: none"> • Boutique • Mid-range • Squalid 	Variation of physical standards	Boarding houses with the most strict entry criteria had the best physical standards. Those with the least strict entry criteria had the worst physical condition.
Supporting one another, communal meals, family status, mothers visiting daughters, migrants, tourists on holiday, weekenders, security, safety, lack of trust, living in poverty, like attracted to like.	<ul style="list-style-type: none"> • Purpose of stay • Length of stay • Sense of community • Social status 	Variation in the social environment	There is segmentation in the boarding house sector and more exclusive boarding house were used by professionals, short stay local tourist, and international tourist. The worst condition boarding houses were used by those on low incomes and boarding was their only housing option.
Trauma and grief, drugs, alcohol, violence, hard to house, antisocial behaviour, poor health, disability, lack of knowledge, low wages, low income, loss of money, lack of alternatives, lack of privacy.	<ul style="list-style-type: none"> • Level of security • Level of safety • Level of surveillance 	Personally vulnerability	Boarding houses in the lower part of the hierarchy have a higher proportion of people with poor health and disability living in them.
Poverty , failure of legislation and standards to protect, one dimension of Warrant of Fitness Certificates, confusion over legislation and who enforces it, ineffectiveness of tenancy tribunal to enforce standards, weak tenancy rights for boarders, lack of proactive inspection, poor institutional discharge and release practices.	<ul style="list-style-type: none"> • Enforcement of standards • Institutional discharges • Lack of affordable housing 	Systemic vulnerability	All boarders are vulnerable to eviction under the RTAA 2010 but boarders in the lower part of the boarding house hierarchy have the most to lose by being evicted as they lack the resources to acquire alternative accommodation and are the most likely to be excluded from other options.
Working for free, fighting back, I just have to do my best, doing a geographic, faking it, keeping on side, advocacy, breaking the rules, solutions, resistance, conflicting feelings.	<ul style="list-style-type: none"> • Coping • Conflict 	Resilience	People living or working in boarding house at the lower part of the hierarchy showed how they coped and managed situations using the formal and informal rules of the institutions they are working within. However, the landlord has the last say.

Appendix 10: Location of boarding houses



Source: Location data from interviews in this study; mapped by Helen Viggers, University of Otago, Wellington.

Appendix 11: Submission to the Social Services Select Committee (Boarding house inquiry)

24 June 2011

To the Social Services Select Committee,

We commend the Committee for conducting an inquiry into the situation for boarding house residents in New Zealand and welcome the opportunity to make a submission. The rights of people living in boarding houses and other types of commercial collective accommodation have long been neglected and deserve to be comprehensively addressed.

This submission is written by researchers who are part of *He Kainga Oranga* / Housing & Health Research Programme, University of Otago, Wellington. Our interest and knowledge about boarding house residence is mainly derived from our work on homelessness. Researchers in our group have examined the experiences of people living in informal dwellings and camping grounds, and research is currently underway that investigates boarding house residence from the perspectives of residents, proprietors, and social and health service providers. We are also the only research group in New Zealand conducting national-level quantitative research into homelessness. Members of our group are currently working with Statistics New Zealand and Housing New Zealand Corporation to produce statistics about homeless population, including the size and characteristics of the homeless population living in boarding houses.

In this brief submission, we begin by discussing the context of modern boarding house residence. Three major issues regarding the rights of boarding house residents are then presented: security of tenure; quality of boarding houses; and access to appropriate support services. Discussion of each of these issues is supported by findings from recent (June 2011) interviews with people living in boarding houses and those working with them, conducted by Clare Aspinall as part of ongoing research. To conclude, we briefly discuss camping ground residence. Although this living situation is outside of the terms of reference of this inquiry, we feel it is important to remind the Committee that this group – who are in a very similar situation to boarding house residents – are extremely vulnerable. They are victims of a gap between regulations and enforcement, and as such are denied access to housing that is physically adequate and in which they have security of tenure.

Yours sincerely,

Dr Kate Amore and Clare Aspinall

On behalf of:

He Kainga Oranga / Housing & Health Research Programme

Department of Public Health

University of Otago, Wellington

Context

Most New Zealanders live in private housing. By ‘private’ we mean houses, apartments, etc. – living situations in which there is one household per dwelling. Tenants these types of dwellings have long enjoyed security of tenure provided by the Residential Tenancies Act, regardless of whether the landlord is in the private, social, or community sector.

Finding affordable rental housing is increasingly difficult in New Zealand, particularly for people with low incomes and those with characteristics that see them discriminated against when they apply for a house. Competition for affordable rental housing varies across the country, according to the balance of supply and demand. Housing New Zealand Corporation (HNZC) waiting lists give some indication of the level of demand for affordable housing, but are by no means an accurate reflection of the real level of need – both because the length of these waiting lists is actively managed, and because many people do not put their name on the waiting list if they think they have little chance of getting a HNZC tenancy.

Where do people live when they cannot access private rental housing that they can afford? Some stay with friends or family, often making the house crowded, increasing the risk to the whole household of transmission of infectious disease, such as rheumatic fever.

Others may be able to get into temporary accommodation provided by a non-government organisation, but our research has found that the availability of such accommodation is poor. There are less than 60 providers of temporary accommodation for homeless people nationwide [excluding women’s refuges], virtually all of these are targeted at a specific group – such as single men or families with children, and vacancy rates are low.

The other main option for people who cannot access affordable private rental housing live is to stay in commercial collective accommodation, which essentially means boarding houses and camping grounds. The situation of people living in these dwelling types is the focus of this submission. An assessment of boarding house and camping ground residence must be couched within a realistic understanding of barriers to access affordable private housing, not rely on images of the role these dwelling types played decades ago.

Security of tenure

The core of security of tenure is the right not to be arbitrarily evicted. In this section we focus on the ‘termination of tenancy by landlord’ provisions in the Residential Tenancies Amendment Act 2010 (Section 66U).

If a dwelling is offered as a long-term place of habitation, then residents of that dwelling should be able to expect a standard level of security of tenure in terms of tenancy termination. Given that access to affordable private rental housing is unlikely to dramatically improve in the foreseeable future, the reality is that people will continue to have to live in boarding houses due to lack of other options.

Tenancy termination by the landlord

Treatment of people living in boarding houses in Residential Tenancies Amendment Act 2010 is based on the assumption that they will only be living in these settings short-term:

“[The Residential Tenancies Amendment Act 2010] will cover those vulnerable people in boarding houses who are often transient, who are often on low, low incomes, and who are often in search of more formal and permanent accommodation. It is very, very important indeed to cover them while they are in boarding house tenancies.” (Heatley, 2009)

If ‘more formal and permanent accommodation’ were readily available, the assumption that boarding houses are only for temporary accommodation would be reasonable. The level of security of tenure for temporary accommodation should not be expected to be equivalent to private rentals. But affordable private rentals are not readily available, thus people do need to live in boarding houses long-term:

“Well we’ve got one old guy who has been there for 19 years”

- Boarding house resident, June 2011

“Oh years, years, there’s someone I’m trying to think of probably been in the boarding house for about 8 years, probably longer, yeah”

- Provider of health services to boarding house tenants, June 2011

“...we have a lot of people that are in boarding houses and that’s only because housing is so scarce in Wellington and if we are looking for housing and emergency housing and when you’ve got houses that are full, when you’ve got Housing New Zealand and Wellington City Council waiting lists, we have to try the cheaper options and they are not normally the cheaper options and so we have clients that by default go into boarding houses, with no other housing or accommodation choices”

- Provider of health services to boarding house tenants, June 2011

The assumption that boarding houses are only for short-term accommodation seems to underlie the disparity in periods of notice required for a landlord to terminate a boarding house tenancy as compared to a periodic tenancy in other dwelling types. A person with a periodic tenancy for a house or apartment can be evicted, without a stated reason, with 90 days' notice. A boarding house tenant is only required to be given 28 days' notice. Notice periods for eviction due to rent arrears are also very different – 21 days if you rent a house or apartment, but only 48 hours if you rent a room in a boarding house. These disparities are unjustified.

The section of the *Residential Tenancies Act* that is most concerning in regard to security of tenure for boarding house residents is Section 66U, which enables a boarding house landlord to immediately terminate a tenancy if the tenant has:

- (i) caused, or threatened to cause, serious damage to the premises; or
- (ii) endangered, or threatened to endanger, people or property; or
- (iii) caused, or threatened to cause, serious disruption to other tenants.

Immediate eviction is not an appropriate response, both in regard to the rights of the evicted tenant and the safety of members of the public / other tenants in the next boarding house that the person moves into. Property damage, threatening behaviour, and disruptive behaviour are matters for the Police and / or other support services.

The same behaviour by a person with a periodic tenancy in a house or apartment is not grounds for their immediate eviction - the landlord must apply to the Tenancy Tribunal. This disparity in security of tenure based on dwelling type is unjustified even before we take into account that boarding house residents are regarded as 'some of the most vulnerable tenants in New Zealand' (Heatley, 2009).

Vulnerability

The rationale for extending tenancy protection to residents of boarding houses under the Residential Tenancies Amendment Act (2010) was the vulnerability of these tenants:

“One of the main initiatives of this Bill is to provide protections for some of the most vulnerable tenants in New Zealand – those who live in boarding houses. They are currently not covered by tenancy legislation, but this Bill brings boarding-house tenancies under the umbrella of the Residential Tenancies Act so that the minimum rights and obligations of people living in boarding-house accommodation are clear, adequate, and readily enforceable.” (Heatley, 2009)

Boarding house tenants are recognised as being especially vulnerable:

“There’s a lot of elderly in those places”

- Provider of health services to boarding house tenants, June 2011

“...a lot of them ended up in boarding houses, people who really should be in sheltered accommodation.....but there isn’t anywhere available”

- Provider of health services to boarding house tenants, June 2011

Given their acknowledged vulnerability, boarding house tenants should be provided maximum protection from arbitrary tenancy termination and supported to exercise their tenancy rights – including access to the Tenancy Tribunal. It is incongruous and unfair that these tenants are afforded weaker tenancy rights than those in private tenancies.

Summary: Current tenancy law does not provide adequate protection to vulnerable tenants of boarding houses.

Recommendation: Provide boarding house residents with protection from tenancy termination that is at least equal to the protection for those who live in private tenancies.

Quality of boarding houses

Minister Heatley signalled that poor physical conditions of boarding houses are of serious concern and a major contributor to the vulnerability of boarding house residents:

*“It was dreadful last year to see the media coverage of people living in boarding house, particularly in Auckland, that were substandard. They were grotty, they were slum conditions, and those tenants were not protected. **I personally believe that this provision is the most important part of this legislation.** In fact, much of the overcrowding in houses out in the general sector, in the suburbs, is due to the fact that many of these people refuse to go into the slum conditions of some boarding-house tenancies. Now they will be protected, and they will be more willing to take on the opportunity to live in a boarding house, even if only for a short time.”* [emphasis added] (Heatley, 2009)

Social and health service providers report that ‘slum conditions’ continue to exist in boarding houses, particularly boarding houses that accept vulnerable people:

“That particular place which is unusual because it looks so smart on the outside but such terrible conditions on the inside, no heating, broken windows, windows didn’t get mended so there was boarded windows, food being kept in rooms because there was no kitchen, really there was a communal kitchen but it was like, almost like camping, that you imagine at a camping ground, stainless steel benches, no hot water, fridges, one or two fridges in the corridor but majority of people keep food in their rooms”

- Provider of health services to boarding house tenants, June 2011

“the one that I mentioned with the stairs and its, they had a thing that they had been and inspected and it was horrific and there were holes in bathroom floor, it was you know, floorboards rotting, carpet rotting...”

- Provider of health services to boarding house tenants, June 2011

Current regulatory frameworks are inadequate to ensure that landlords are no longer able to offer poor quality accommodation to ‘some of the most vulnerable tenants in New Zealand’. The vulnerability of boarding house tenants that has been highlighted by both the Minister of Housing and the Committee is the very reason why a complaint-based system of enforcement of health, safety, and cleanliness standards is inadequate for this type of housing. Boarding houses should be registered and regularly monitored – like camping grounds are. All boarding houses should be assessed initially, and the frequency of monitoring could be stratified – so that those with poor conditions are inspected frequently until they are brought up to an acceptable standard, and those that are initially at a high standard are inspected more infrequently.

Summary: A complaint-based system of regulation of quality standards is inappropriate for boarding houses, which accommodate ‘some of the most vulnerable tenants in New Zealand’.

Recommendation: Boarding houses should be registered and regularly inspected.

Access to appropriate services

Boarding houses tend to accommodate people with vulnerabilities that disadvantage them in the housing market, such as low income and mental or physical health problems. Making profit from vulnerable people comes with some responsibility for their wellbeing. However, boarding house proprietors should be able to expect that they and their tenants will be able to access appropriate needs assessment and support services if required.

Making appropriate services available to vulnerable boarding house tenants is especially important given the insecurity of their housing under current tenancy law, as compared private rental tenants. As stated in New Zealand Labour’s minority report:

We understand that one factor that often confronts proprietors of boarding houses is coping with boarders with mental health issues. These people also suffer disproportionately if evicted so it is desirable that every effort be made to resolve the situation first, with eviction only being used as a last resort. We were told during submissions that often the support exists in a community to assist boarding house operators to deal with such issues, but that too often the services are not known to the proprietor. Where the services are known, it may be seen as far easier to just evict someone who is causing problems, especially where there are fears for the safety of other tenants. However the reality is that this does not fix the problem, it simply makes it someone else’s problem, and referral to the appropriate mental health services at this time may help stabilise the individual, and prevent further episodes in the future. With the large number of mental health clients living in boarding houses, we believe that there should be an expectation that proprietors would take the opportunity to refer such individuals to appropriate mental health services if an eviction was being contemplated. Without wanting to overburden the proprietors of boarding houses, a list of services in each area should be made available to the proprietors of boarding houses so that they may refer such people before eviction is effected. (Social Services Committee, 2009)

Services are available to support vulnerable people in the community, and these should be fully available to boarding house residents. If a tenant has an existing support worker, they may be known to the proprietor. If the tenant wishes to keep that information private, as is their right, then the appropriate emergency services should be contacted in the event of a crisis. If the proprietor thinks mental health problems are involved – the CATT team should be contacted; if anti-social behaviour is the concern, then Police or Noise Control should be contacted. Boarding house proprietors have a responsibility to see issues addressed by services that are available to vulnerable people in the community – including needs assessment services – not use eviction as a response to unwellness.

If a boarding house tenant behaves in a way that the landlord thinks warrants eviction, then failing to involve appropriate services not only compromises the wellbeing of the tenant, but also the safety and security of other people living in that boarding house, or – if they are evicted – the next boarding house they live in.

Government agencies – particularly District Health Boards and Work and Income New Zealand – have a responsibility to support vulnerable New Zealanders. If boarding house tenants and proprietors find it challenging to access appropriate support services, then a system to improve the link between boarding houses and support services is indicated. Dedicated support workers / advocates working across boarding houses that accommodate vulnerable tenants might be necessary to provide a clear pathway for tenants and proprietors to access appropriate services.

Summary: Supporting vulnerable boarding house tenants is a responsibility shared by the tenants, the proprietor[s], and government agencies. Eviction should not be used as a response to unwellness; appropriate services should be engaged as required.

Recommendation: Investigate any issues of access to appropriate services for vulnerable boarding house tenants. Dedicated support workers / advocates might be required to improve access for both tenants and proprietors.

People living in camping grounds

Camping grounds are the provincial/rural equivalent to boarding houses. Like boarding houses, people should not have to live in camping grounds for any length of time, but because of the lack of affordable private rentals – many people have no other option.

People living in camping grounds are denied tenancy rights under the Residential Tenancies Act, unless they are living in a relocatable home park. From a health perspective, this is reasonable – people living in camping grounds or motor camps that are not relocatable home parks are living in dwellings that are deemed inappropriate for occupation for more than 50 days (because they are not self-contained in terms of sanitary and cooking facilities).

However, it is well known that people are living long-term in camping grounds around New Zealand. Western Park Village in Ranui, for example, is well known to accommodate a large number of long-term residents (reportedly usually over one hundred), but it is not a relocatable home park. In late 2009, we contacted Environmental Health Officers (EHOs) in all 73 local authorities and asked each how many relocatable home parks were in their jurisdiction. Only four relocatable home parks were identified nationwide, but many EHOs reported that people were living long-term in camping grounds in their area. Two EHOs commented that the 50 day occupancy regulation is virtually never enforced because proprietors would have to be taken to court for breaches and because alternative accommodation is scarce.

The gap between the law and enforcement is clear and it must be addressed. If camping grounds accommodate and profit from long-term residents, they have a responsibility to register and provide relocatable home park facilities. These residents will then have security of tenure under current law. If camping grounds are regarded as unacceptable for long-term habitation, then the existing Camping-Grounds Regulations 1985 must be enforced and vulnerable people living in camping grounds should be assisted into more appropriate accommodation.

Summary: Camping grounds are provincial/rural boarding houses. People are forced to live in camping grounds due to lack of access to affordable private housing but are denied accommodation of an acceptable physical standard and security of tenure.

Recommendation: Enforce the existing Camping-Grounds Regulations.

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