Environment and Planning C: Government and Policy 2002, volume 20, pages 497 – 516

DOI:10.1068/c04r

Housing policy, poverty, and culture: 'discounting' decisions among Pacific peoples in Auckland, New Zealand

Tarin Cheer, Robin Kearns¶, Laurence Murphy
Department of Geography, The University of Auckland, Private Bag 92019, Auckland, New Zealand; e-mail: r.kearns@auckland.ac.nz, l.murphy@auckland.ac.nz
Received 27 June 2001; in revised form 10 December 2001

Abstract. This paper explores the links between housing and other welfare policies, low income, and culture among Pacific peoples within Auckland, New Zealand. These migrant peoples occupy an ambiguous social space within Auckland: they represent the visible face of the world's largest Polynesian city, yet are occupants of some of the city's poorest and least health-promoting housing. Through considering the balance between choice and constraint, we examine how housing costs, poverty, and cultural practices converge to influence household expenditure decisions. Specifically, we are interested in the ways health-promoting behaviours (for example, obtaining fresh food) and utilising health care services are 'discounted' (that is, postponed or substituted with cheaper alternatives) because of costs associated with structural changes in housing and the broader policy context. We draw on narratives gathered from in-depth interviews conducted with seventeen Samoan and Cook Island families undertaken in the South Auckland suburb of Otara in mid-2000. Our findings illustrate a lack of 'fit' between state housing stock and its occupants. We conclude that, although a recent return to a policy of income-related rents may alleviate these conditions, further longitudinal and community-supported research is required to monitor whether health inequalities are in fact lessened through income-related interventions alone.

Introduction

Since the 'qualitative turn' in health geography, few studies have undertaken the task of analysing the relationship between housing and health from the perspective of those most affected by housing problems. Explorations of the health and welfare implications of housing policy have instead tended to adopt survey-based research designs and focus on the health impacts of housing itself (Dunn, 2000; Hyndman, 1998) as well as the mental health effects of inadequate housing (Kearns et al, 1992). In this paper we examine the ways in which healthy behaviours are 'discounted' in the expenditures of low-income households within the changing structural context of decisionmaking generated by recent housing and other social policies in New Zealand. We report on research conducted in the South Auckland suburb of Otara, a locality populated predominantly by people originally from Pacific nations such as Samoa and the Cook Islands. The study strongly indicates that housing policy cannot be disregarded as a major, if indirect, impact on peoples' health and well-being.

This paper examines aspects of the human implications of housing policy in New Zealand which, during the 1990s, was radically restructured to promote market principles in the state sector. This restructuring occurred within the context of a wider neo-liberal economic and social policy agenda that significantly reshaped the social landscapes of New Zealand (Le Heron and Pawson, 1996). In short, the stock of state rentals was transferred to a Crown-owned company charged with making profits. Market rents were subsequently introduced in the social rented sector from 1993. Consonant with Treasury interpretations of housing problems and under the conservative National government (1990 – 99), the state backed away from its traditional role as a provider of mortgage finance and accommodation, primarily confining its housing

¶ Corresponding author.

policy to income-support interventions. With the introduction of an Accommodation Supplement, made available to all low-income households to assist with their housing costs, a variety of housing interventions were abandoned or downsized considerably (see Murphy, 1997; 2002). The reforms, while conforming to wider international trends (for example, Harloe, 1995; Priemus, 1997) represented a unique experiment. The policies, described by Murphy and Kearns (1994) as 'privatisation by stealth', effectively removed the social orientation of the social rented sector. Although this move was challenged and modified over time, it has had significant impacts on the daily lives of state tenants. These impacts have included reduced housing affordability and an impaired ability to purchase adequate quantities of healthy food as well as health care itself.

To explore issues concerning the health-related impacts of low income and high housing costs, this research responded to community concerns that many Otara households experience conditions such as overcrowding to the detriment of the health of household members (OHHLSP, 1999). Our research has its origins as a community-led response to the 1998 National Health Committee (NHC) report titled *The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health* (NHC, 1998). This document was the basis for the NHC's advice to the Minister of Health, and indicated possible interventions for improving population health and reducing socioeconomic inequalities in health. Although the NHC report was met with ambivalence from the then Minister of Health, it prompted a flurry of investigation into relationships between health and socioeconomic status. One such investigation was conducted in Otara in late 1998 when community representatives took up the NHC's challenge to undertake work to improve the health of local residents.

The project was facilitated by Auckland Healthcare's Public Health Protection group, with the aim of finding 'local solutions to local problems' through a series of meetings attended by community representatives, as well as governmental and non-governmental organisations. The resulting report targeted the poor state of housing in the Otara area and its subsequent effects on the health of the Otara population as a key concern (OHHLSP, 1999). This report generated recommendations including the need for research on how low-income households manage to 'cope' despite relatively high rental costs. An approach from Auckland Healthcare on behalf of the community was made to the second author at The University of Auckland, and this led to fieldwork being undertaken by the first author in close collaboration with community representatives. Our paper uses narrative evidence gathered in the course of this fieldwork to examine the expenditure patterns and decisionmaking behaviours of Otara households in order to understand how households live from day to day within the constraints set by low income and high housing costs.

The idea of 'discounting' is central to the paper. We define the term as the practice of foregoing or substituting goods and services, and situate the concept within the wider structural context influencing choice between health-promoting spending and other expenditures. This observation gives prominence to the question of choice. We contend that, if people are sacrificing one thing for another, then they are making choices and prioritising. Just as the choice between paying for food and bills is made, so too do low-income households often have to choose between *particular* goods and services. This situation may have a direct influence on health status. For example, a visit to a doctor, which may cost up to \$25 for poorer households in New Zealand,[1] may be forgone in order to pay for groceries. Alternatively, there may be an indirect

[1] All monetary figures are expressed in New Zealand dollars.

influence on health in the form of increased stress and anxiety. The paper therefore implicitly invokes elements of the structure–agency dialectic that underwrites much investigation in the social sciences.

The paper has three specific objectives:

1. to situate and examine in a structural context the expenditure patterns of low-income households in Otara;
2. to examine the degree to which lower income households discount health-promoting expenditure for the sake of other goods and services;
3. to explore the rationale behind decisionmaking regarding expenditure.

The focal population for our paper are Pacific peoples, a category of migrants who collectively occupy an ambiguous space within contemporary New Zealand society. While many affluent Aucklanders are happy to holiday in Pacific home(is)lands, relatively few have firsthand familiarity with local New Zealand sites of residential concentration. In particular, the suburb of Otara, which is a key locality in the (re)production of Pacific identity in New Zealand, tends to be avoided by Pakeha (European) New Zealanders (Murphy et al, 1999).

Because of a widespread lack of formal educational qualifications, and the fact that many migrated to New Zealand at a time when manual labour was needed for postwar industrial expansion, Pacific people in New Zealand have frequently depended upon unskilled and semiskilled employment in the manufacturing sector (Friesen, 2000). Their resulting marginalised status in the labour market, combined with the fact that people from the Pacific Islands are easily identified as ethnically 'Other', has meant that many Pacific groups have been prone to racism, poverty, and marginalisation in the housing market. This marginalisation has intensified over the last fifteen years as restructuring of the New Zealand economy has resulted in a declining demand for unskilled workers, and subsequent job losses for many Pacific peoples (Bathgate et al, 1994; Le Heron and Pawson, 1996).

In terms of social status, Pacific Island households in New Zealand are less likely to have a telephone or own a car compared with the rest of the population; 43.2% of the Pacific population (excluding people under 15 years of age) earn $10 000 or less. At the time of the 1996 Census, the unemployment rate for Pacific peoples was 15.3%. This compares with the European/Pakeha rate of 4.6%. In addition to this, 31.6% of Pacific peoples received a welfare payment (other than Guaranteed Retirement Income) compared with 16% for the total population (Ministry of Pacific Island Affairs, 1999).

Beyond issues of accommodation affordability, we can question the issue of 'fit' between household type, preference, and availability of housing stock for Pacific peoples in New Zealand. When, for example, an influx of Samoan people arrived in New Zealand during the 1960s and 1970s, state housing advisors made assumptions about migrants' lifestyles and constructed housing designs fitting the 'typical' European nuclear family of two adults and 2.11 children. These homes were ill suited to the larger Samoan *aiga* (family). Problems persist relating to having the space adequately to entertain *malo* (guests) when cultural events occur (Macpherson, 1997). There is also evidence to suggest that many homes are overcrowded in suburbs such as Otara with recent migrants lodging with already established families in New Zealand (OHHLSP, 1999).

The remainder of the paper is organised into six further sections. In the second section, we survey recent housing policy and welfare reform as a background context for considering the daily lives of low-income people in New Zealand. Next, we examine the links between food, health, and housing costs, with particular attention afforded to food because of the profound affect it can have on health status. In addition, it is also

one of the easiest categories of goods on which to reduce expenditure when there is a lack of money. Fourth, we describe the Otara study area. After a brief description of the methodology, we present the study findings. Here we examine a selection of narratives collected from participants. In our conclusion, we reflect on our key findings in light of the chosen methods and recent policy changes.

The structural context: housing and welfare policy reform in New Zealand

In this section we outline aspects of the structural context (including housing costs and economic changes) of decisionmaking for Pacific peoples in South Auckland. We begin by noting that recent social policy change in New Zealand can be placed within a broader consideration of the evolving nature of the welfare state and the specific position of social rented housing within the welfare system. Esping-Andersen's (1990) three worlds of 'social democratic', 'corporatist', and 'liberal' welfare states offer a useful, if problematic (see Harloe, 1995), typology for comparing the emergence, character, and trajectory of welfare systems at an international level. Within this framework, New Zealand and other nations such as Australia and Britain are positioned within the 'liberal welfare state' category as they provide means-tested and limited forms of social assistance. These countries occupy the strangely ambiguous position of being at once pioneers of welfare state development and yet laggards in the provision of social assistance programmes. In seeking to overcome some of the ambiguities inherent in Esping-Andersen's work, Castles and Mitchell (1993) critique the empirical basis for this classification and add a fourth, 'radical', world of welfare. Within this radical world, Castles (1993; 1996) elaborates upon the distinct character of the Australian and New Zealand welfare systems. In particular, he highlights the extent to which these systems operated as 'wage earners' welfare states'. Social policy objectives involving the protection of a minimum standard of living were achieved through labour-market (wage bargaining structures) and industrial policy mechanisms. Both countries employ income testing on all benefits except child benefit and from the 1960s they "were the only OECD countries without any form of contributory social insurance" (Castles, 1996, page 89). The emphasis placed on full-employment policies and wage control meant that "social security aspects of welfare provision assumed less salience than in most European nations" (Castles, 1993, page 8). Within this context the "targeting of benefits only to those in need followed from seeing this as a secondary safety net only for those who somehow fell through the mesh of the primary wage control mechanism" (Castles, 1996, page 93).

The character of the wage earner's welfare state held implications for housing in that it provided a suitable context for the expansion of homeownership. Indeed, Castles argues that:

> "... by the 1950s and 1960s governments in Australia and New Zealand were treating home ownership as a welfare good to be provided for all classes of the population through subsidized or interest-regulated loans" (1996, page 94).

This strong political support for homeownership, combined with the specific character of the New Zealand welfare state, consigned social rented housing to a residual role. Moreover, in common with the general targeting of social benefits, social rented housing in New Zealand was targeted to meet the need of those who could not access housing in the private market.

Since the 1980s changing demographic and economic conditions have severely challenged the character of welfare states in industrialised nations (Esping-Andersen, 1996a). New Zealand's response to these challenges has centred on a radical policy of economic deregulation and liberalisation. For Castles the introduction of the Employment Contracts Act, designed to liberalise and promote flexibility in the labour

market, "marked the end of the wage earners' welfare state in New Zealand" (1996, page 106). In addition to labour-market reforms, New Zealand governments since 1990 have embarked on an active programme of dismantling social welfare programmes in contrast to the gradual welfare reforms that have been followed internationally and which have resulted in what Esping-Andersen terms a "frozen welfare state landscape" (1996b, page 24).

Although these accounts of variations in welfare regimes offer insights into the context in which social policy has been pursued in international and national contexts, they are based on a selective analysis of certain social policy areas. Harloe (1995) cautions against the application of general theories of welfare state development to any understanding of individual areas of social policy. He argues that the identification of specific regimes is too rigid a categorisation for understanding the historical evolution of national housing policies. Rather, Harloe highlights the need to examine "distinctly constructed structures of housing provision" which consist of "nationally specific combinations of political, economic and institutional factors and historic legacies" (page 534). With this prompt, we now review the ways that such a combination of factors shaped a housing system that, in combination with other social policies, has placed significant pressure on the purchasing abilities of low-income families in New Zealand localities such as Otara.

Although developed in the 1930s to meet the requirements of the respectable working classes, state housing has increasingly assumed the role of accommodating those in greatest need (Ferguson, 1994). Since the 1950s housing was allocated on the basis of housing need and rents were income related (Davidson, 1999). By the 1990s, state housing tenants were increasingly from economic and socially marginalised groups (Murphy and Kearns, 1994). Occupying "a minor, but focused, role in the ... housing market" (McLeay, 1992, page 173) the social rented sector thus fulfilled a 'social' mandate, set within a residual mode of provision.

Major housing policy reforms, announced in the 1991 budget, involved considerable restructuring of the state institutions involved in housing (Murphy, 1999; Thorns, 2000). The existing state agency, the Housing Corporation of New Zealand (which managed state rentals and provided finance for homeownership and advised the government on housing policy) was charged with managing the privatisation of the state's residential mortgage portfolio (Murphy, 2000), while state rentals were transferred to a new rental company. Responsibility for policy advice was transferred to a newly formed Ministry of Housing.

The Housing Restructuring Act (1992) established a new Crown-owned entity, Housing New Zealand Ltd (HNZ), which was to manage the state's rental properties. The principal objectives of the new company required that it operate in a commercially successful manner while assisting the Crown to meet its social objectives. A move to market rents constituted a significant retreat from the 'social' dimension of social rented provision. Indeed, a primary aim of the reforms was to create a single rental system that was fully responsive to market forces (Morrison, 1995). This new regime was to have profound impacts on HNZ tenants and for low-income households.

Between 1992 and 1999, HNZ rents rose by 106% compared with only 23% in the private rental sector (Gosche, 2000a). The pressure of market rents, combined with the company's reconfiguration programme, promoted processes of sociospatial polarisation within the social rented sector (Morrison and Murphy, 1996; Murphy, 1999). Under the effects of these processes, Otara has come to symbolise the suburban manifestation of high deprivation and economic marginalisation.

For community groups dealing with the consequences of the reforms, there was an enduring belief that the market-based rents were too high. Moreover, HNZ admitted

that families were doubling up in their properties, presumably as a strategy to deal with market rents. Such coping strategies were pursued, notwithstanding the availability of the Accommodation Supplement, which was introduced in July 1993 and replaced a variety of government subsidies as well as the existing housing benefit.[2] Throughout the 1990s rents have increased considerably more than inflation but less than average house prices. For some the existence of the supplement has sustained house prices and rent rises in the low-income sector of the market (Friendship House, 1997). In terms of housing affordability, official analyses highlight the extent to which the Accommodation Supplement has clearly assisted a large number of households to maintain their rental outgoings (Department of Social Welfare, 1999). Yet, while the Accommodation Supplement is assisting many households, approximately 10% (over 30 000) of those receiving it pay more than 50% of their net income on rent (Murphy, 2002).

Within a social welfare restructuring programme that resulted in reductions in the real value of social welfare benefits (Boston et al, 1999; Kelsey, 1995), housing-related poverty has become more evident (Thorns, 2000). In 1996, 80% (26 400) of Special Benefit payments (paid to beneficiaries whose fixed costs leave them with insufficient residual income to meet their needs) were attributable to high housing costs and 9000 of these payments were to HNZ tenants (Ministry of Housing, 1996).

In addition to this situation, and despite the then Minister of Housing's assertion that no one would be forced to move, the likelihood of eviction for tenants increased. Higher rental costs increased the risk to state tenants that they would be unable to keep up with rent payments. Many tenants moved, contributing to high rental turnover rates (Murphy, 2002). With the financial costs of moving and the social costs of disrupting community networks, many others, despite financial strain, opted to stay in their existing houses. In addition, the threat of eviction and the spatial clustering of low-income households is likely to have an effect of increased stress.

Another factor likely to induce household stress is the prevalence of overcrowding. A recent report on HNZ tenants in Glen Innes, Auckland, suggests that the predominant reason for overcrowding is to meet high rental costs (Mercy Women's Advocacy Group, 1999). Tukuitonga (1997) also argues that 'communal living' amongst Pacific Island groups is more likely to be the result of economic hardship than of cultural preference. Some Otara families are housed in garages, sheds, and caravans, which are often damp and not insulated (OHHLSP, 1999). This situation has a direct effect on health through the increased risk of transmitting diseases such as tuberculosis and meningitis (NHC, 1998). As well as having direct consequences for health status, such as illness linked to overcrowding, the reforms have also impacted in a more indirect manner on the health of tenants. In particular, the high cost of rents, as a result of reform, means a lack of money for other household expenses, including food, clothing, and health care (Gunby, 1996; NZCCSS, 1994). Housing is therefore a significant structural barrier for low-income households to access good health through the purchase of food or health care.

[2] The Accommodation Supplement is a cash benefit available to all low-income households to assist with housing costs. The supplement is a targeted benefit with households' income, housing costs, and cash assets taken into account in calculating individual entitlements. When introduced the Accommodation Supplement provided a copayment rate of 65% of rental costs in excess of 25% net income, subject to regionally defined maximum payments (Murphy, 2002).

Food, health, and housing costs

Although the word 'poverty' has often been euphemised in government publications and policy statements by the term 'low socioeconomic status', the arguments linking material conditions to health remain similar. The current research, informed by the structure–agency dialectic, asks whether poor health is a consequence of poor individual choices, or, is it the structural context of people's situation that results in poor health?

Having explored the structural context of housing and other welfare policy in contemporary New Zealand, we now focus on the issue of agency by exploring how households make daily decisions and choices regarding their health. However, although it is these choices that directly, or indirectly, bear on their health, we recognise that decisions are constrained by the structural context. A good example of constrained agency is the choices available regarding food purchasing and consumption. Food represents an important factor to this research for two reasons:

(1) the type of food consumed has significant consequences for the health of individuals;
(2) food has been identified as one of the main areas of spending that low-income earners discount for the sake of other expenses.

This section surveys contemporary New Zealand research that links low-income and ill health to food purchasing and consumption practices.

A fundamental health problem related to food deficiencies involves feelings of stress and anxiety. The 1997 National Nutrition Survey found that 12% of households report feeling stressed because of not having enough money for food. Within this group, 32% were Pacific people. In addition, 13% of households felt stressed because they could not provide food for social occasions (Russell et al, 1999). This is a significant finding for Pacific people who culturally value large-scale family occasions, including funerals and weddings, which require large amounts of food to feed extended family and friends. These occasions tend to reflect on the ability and status of the host(s) and the amount and quality of the food therefore becomes important (Macpherson, 1997). In addition to food-related stress, diet is also related to other health problems including obesity. People on low incomes run a higher risk of being overweight through the consumption of foods high in fat, sugar, and salt (Else, 2000). These types of food tend to be chosen because of their low cost (Lang, 1992; Parnell, 1997; Russell et al, 1999).

In general, deficiencies in diet are seldom the result of ignorance of what food is healthy and what food is not (Caplan, 1997). Instead, they are commonly related to cost. Low-income earners have constrained choices in their consumption practices. The National Health Committee has observed that

> "By itself, lack of knowledge of behaviour which improves or threatens health has a relatively small effect ... . The major effects are directly a result of specific social and economic conditions" (NHC, 1998, page 52).

This observation, when related to food consumption practices, brings us back to the structure–agency debate. We propose that healthy food consumption has at least as much to do with the underlying structures that work to limit income (for example, unemployment and high rental costs) than it does with human agency to control one's diet.

We follow Barwick (1992) in assuming that food is one of the easiest expenses to sacrifice when money is lacking. Low-income earners have generally been found to be good budgeters out of necessity. However, even the best budgeters have trouble when the disposable money will not stretch to cover essential needs. An important part of surviving on a low income is thus to set priorities. Research involving foodbank clients supports the argument that food is often sacrificed because of expenses such as housing.

In a 1996 survey of Salvation Army foodbank clients, having no money left after rent was found to be the most common reason that clients were seeking help. In fact, 45.5% indicated housing costs as a reason for needing food (Gunby, 1996).

Power and telephone are two services that are often also discounted by households because of low incomes. Further, repairs to broken household items and appliances often cannot be made. Waldegrave and Stuart (1996) found in their research in Wellington that 31% of low-income households could not afford to repair or replace household items. Clothes and shoes are other items that many low-income households sacrifice. Most households in Waldegrave and Stuart's (1996) survey could not afford the costs of adult clothing and shoes, and 45% of households perceived themselves to be inadequately clothed. Further, financial barriers appear to remain significant obstacles to accessing health care (Barnett et al, 2000). In summary, echoing the ideas of Wilkinson (1996), research has illustrated that having to make money stretch often means that the cumulative decisions which were made produce adverse consequences for people's mental health. Further, many individuals feel like outsiders in their own communities because of their inability to participate in its 'social life' (Auckland District Council of Social Services Living Standards Committee, 1982). Having reviewed the generally observed links between food, health, and housing costs in New Zealand, we now consider the focal suburb within which our study population live.

Otara

The rapid growth of Auckland in the 1990s resulted in house prices rising by 148.9% from 1986 to 1996 compared with a national average of 123.7% (Dupuis and Thorns, 1999). This combined growth and housing inflation resulted in a significant deterioration in housing affordability in New Zealand's largest city. Within this general context, there has been a measurable out-migration of Pacific people from central Auckland where rents have increased (Friesen et al, 2000), with Otara increasingly becoming associated with both poverty and a Pacific identity.

Since Otara's inception in the 1950s as an area of predominantly state housing, the community has been susceptible to nationwide restructuring and changes in policy (de Bruin and Dupuis, 1998). In addition to this vulnerability, Otara has also developed a degree of social stigma associated with its name.[3] The prevalence of state housing and its general low socioeconomic status has contributed to the community being perceived as having a poor quality of life for residents. However, in spite of these negative associations, it is increasingly becoming distinguished for its commitment to community development

The 1996 Census indicated that 63.1% of the population in central Otara earned less than $20 000 annually, with a median household income of $30 734. This figure can be compared with an average for the surrounding Manukau City of $42 658. In addition to this, 34% of the total number of dwellings in the Otara Ward were HNZ stock (compared with a national average of less than 5% in 1996) (Statistics New Zealand, 1998). There was also a geographical clustering of households in Otara which experience overcrowding. More recent reports have indicated that 20 – 30% of households in the Manukau City area experienced some degree of overcrowding and housing stress and that this figure was increasing (OHHLSP, 1999).

[3] This stigmatisation has been contested in a variety of ways including through the medium of music. For instance, the ironically named group OMC (Otara Millionaire's Club) had an international hit in 1996 with the song "How Bizarre".

Table 1. Ethnicity in Otara (source: Manukau City Council, 1996).

Ethnicity	Number	Percentage
European only	3 747	12
New Zealand Maori	8 010	25
Pacific Island	17 157	53
Asian	1 320	4
Other	57	0
Not specified	2 043	6
Total	32 334	100

Otara is characterised by high levels of deprivation. Out of a score of 1 to 10 (10 being most deprived, 1 the least deprived), seven of Otara's nine census area units have a value of 10 on the New Zealand Deprivation Index (Crampton et al, 2000). The suburb is populated predominantly by Maori and Pacific Island peoples (see table 1). These groups exhibit the poorest health status in New Zealand (Ministry of Pacific Island Affairs, 1999).

Health statistics for Pacific Island peoples show that they have an excessive dietary intake of high fat and cholesterol foods which contribute to high rates of obesity and elevated blood pressure levels. Pacific peoples are also more at risk of developing non-insulin-dependent diabetes mellitus. They have the highest rates of hospital admissions for children under five and males of all ages (Ministry of Pacific Island Affairs, 1999). In addition, the late foetal death (stillbirth) rate among births to Pacific Island mothers is approximately 47% higher than the national rate. Pacific Island men have death rates from diabetes, pneumonia, asthma, and infectious and parasitic diseases (including tuberculosis) that are higher than for all adult males in New Zealand. Pacific Island women have higher death rates from diabetes, bronchiectasis (chronic infection of the lungs and bronchial system), asthma, and cervical cancer (Mitchell, 1995).

Methodology

For reasons of language barriers, trust, and cultural safety (Dyck and Kearns, 1995), it was decided from an early stage to have ethnically matched participants and mentors from among the local Samoan and Cook Island people. Recruitment of participants occurred by means of snowball sampling (Grbich, 1999), using the networks that the mentors had already established through their involvement within the community. In May/June 2000, seventeen low-income households with high housing costs were contacted and with the assistance of the mentors, semistructured interviews with female respondents were conducted by the first author, after questions were modified to ensure cultural appropriateness. Interviews were of 1 – 2 hours duration depending on whether the participants spoke freely about their experiences or whether they chose only to answer the questions posed. Interviews were either taperecorded or the first author took notes, and a $50 food voucher from the local supermarket was offered to each participating household at the end of the interview.

Findings

Income and household structure

The number of members in each participating household ranged between 2 and 15, with a mean of 6.5 (compare a national mean of 2.7 people per household) (Statistics New Zealand, 1998). Household income in this study was deemed to include all board payments received from extended family members, adult children, or others in the household. Further, all figures are net 'in the hand' amounts rather than

before-tax figures. Disposable incomes ranged between \$192.50 and \$580.00 per week, with a mean of \$359.75. This figure can be compared with the disposable income for a household at the national level of \$611.53 in 1996 (Statistics New Zealand, 1999). The incomes of households represented in this study were only 59% of the national average income.

The lack of living space in houses, and its health consequences, are also a concern of this study. Ten householders believed that their home was too crowded. However, none of these respondents considered that fewer people would be a solution. Rather, the optimum solution would be a larger house. This finding has a strong cultural significance. It was discovered early on in the interviews that asking the reasons for extended family living in the household was a very *palagi* (European) oriented question. It became obvious that, to Samoan and Cook Island families, having the 'extended' family present was simply a result of them 'being family' (Macpherson, 1997). The high level of crowding had significant effects on sleeping arrangements. Six households regularly had members who slept in the living room. The case study shown in box 1 is illustrative.

Box 1

Household 2 was the largest household encountered in the research. Its fifteen members included the participant, her husband, adult children, and grandchildren (five at school). Even though the house had four bedrooms, the living room slept more people than any of the bedrooms. Five children permanently slept in the living room. However, it appeared to be a comfortable arrangement. The interview was conducted in the living room which was a substantial room that easily fitted five well-made beds. In spite of the beds, the room had all of the other amenities of a living room including a television, religious artefacts, and a substantial number of family photographs on the wall. The interview was conducted on one of the children's beds. According to the respondent:

> "The house is definitely too crowded. All the family have been living here long-term ... but, I like to have the family living here for safety reasons .... I like to have the grandchildren nearby and I like to look after them. I would not change the situation even if I had more money. I want the family close by."

Some of the participants who acknowledged their households to be crowded also recognised the detrimental health consequences of having too many people in a small living space. In particular, the issue of disease diffusion was recognised by some participants:

> "There's not enough breathing space for everyone. If one person gets a cold then everyone does" (household 14).

> "The crowdedness makes diseases spread more easily ... if one of the boys gets an infection, I always get enough medication to give to all the others to stop it spreading" (household 15).

The issue of crowding is conditioned by "culturally proscribed priorities that represent structural determinants of health and well-being" (Milne and Kearns, 1999, page 3). These determinants can include the predisposition towards communal living rather than residing as nuclear families especially when members of the extended family are in need of accommodation. To this extent, traditional commitments to family have exacerbated the 'hand-to-mouth' existence for many Pacific Island immigrant households. Whereas the general population may see this commitment to absorb extended family members into the household as a choice, it can be equally viewed as a constraint. This is because nonparticipation in communal commitments would involve rejecting a culturally endorsed prioritising of family. Therefore, kinship

imperatives of Pacific Island cultures, as well as the structural conditions exacerbating the hardship of low income, can both be seen to be influencing the crowded conditions in many homes of Pacific peoples.

Decisionmaking chains of events

The key themes uncovered from the interview data can be illustrated in a graphic depiction of a simple chain of events in the lives of participant households (figure 1). All households face expenses whether these are routine bills or irregular costs. However, because of a lack of money, largely precipitated by high housing costs and cultural obligation, low-income Pacific households must make decisions regarding what to purchase and what to postpone. Although there may be other paths by which low income results in particular health outcomes (represented by 'other factors'), the route expressed in figure 2 exhibits those factors that were found to be important in this research.

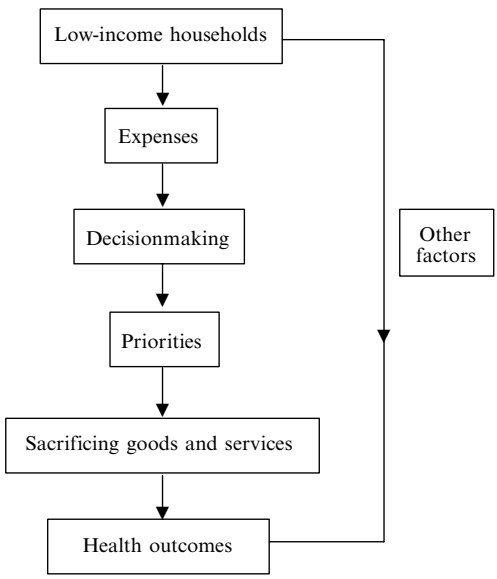

Figure 1. The decisionmaking chain of events.

People assess what are the most important items to buy or pay for each week. An implicit scale then develops whereby the least important goods and services are left until the end. However, at some point along the continuum the money runs out and all items from that point on are forgone (figure 2). The interview evidence suggests that for a significant number of the participant households, the point at which money runs out appears to be relatively close to the 'most important' end of the scale. In many cases, health care and healthy practices appeared to be too far down the scale to be purchased and, as a result, they, like other items, were discounted. One might expect

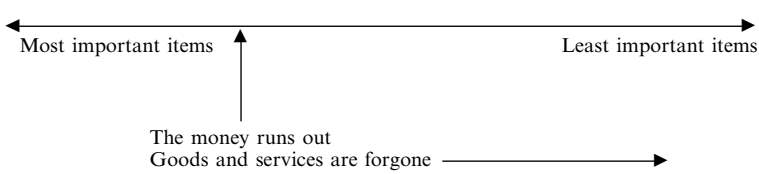

Figure 2. The continuum of priorities.

an ad hoc reprioritisation to occur in the eventuality of illness in the household. In other words, healthy practices might hypothetically rise up the list, then fall again depending on each household's circumstances. However, rather than a contingently and changeable set of priorities, our evidence suggests a stability in the continuum. For instance, the majority of households seemed always to include someone with a health concern such as asthma, diabetes, or influenza. This constant presence of ill health simply seemed to combine with unrelenting hardship to shape a stable set of purchasing priorities

The context for prioritising is the constraints imposed by low income and housing costs. Interview data reveal that fifteen of the seventeen households had to prioritise their regular expenses. Of the two that did not prioritise, it was revealed that sometimes bills were not paid in full. Decisions are then made regarding how much to pay off and how much is left to roll over to the next month. For most households, decisions had to be made every day regarding what to buy or pay for and what to leave. A common response involved the need to make most decisions on the 'benefit payout' day:

"I dread payday because that's when I have to decide what to pay. As soon as I get the money, it's gone again. What I want goes out the door when you can't even afford what you need" (household 6).

"I have to make decisions every week. I worry the most on benefit day because then I have to decide what to pay" (household 7).

The second financial constraint is housing costs. Kearns and Smith (1994) have argued that housing can be thought of as affecting health in two ways. The *site* of the house can act directly upon health through the physical nature of the structure property and size. However, more importantly for our analysis, housing as a contextual *situation* can also create detrimental health consequences for residents. High housing costs inhibit the ability of low-income earners to purchase other essential goods and services, including health care (NHC, 1998). In this respect, housing represents a significant structural influence upon low-income households, in that it impacts upon choices regarding household spending. Furthermore, as a situational determinant, it can be identified as a 'stressor' upon residents. The stress of high housing costs impacts on residents' ability to cope with an environment in which they may be already poorly housed (Kearns et al, 1992).

Among study participants, the top of the 'to pay' priority scale was always occupied by the rent or mortgage payments. Despite the mean proportion of household income spent on housing costs being 51.8%, no household spoke of an inability to pay housing costs. Rather they showed a mindfulness of the threat of eviction if rent payments were not made.

"There is nothing more important than a roof over your head. Everything else comes after" (household 9).

"I don't want to be evicted from my house. It would not look good to the rest of the family that I didn't even have a place to live" (household 1).

Discounting food

Food is not necessarily a fixed expense each week and nor does nonpayment result in repossession of goods, or a poor credit rating. Not only is it an expense that is easily and often cut down for the sake of something else, but it also plays a significant role in people's health status. The total expenditure on food for households (either an estimated average or, the amount spent the week previous to the interview) ranged between \$10 and \$300 each week with a mean expenditure of \$99. Whereas the amount

of food spending in some households seemed reasonable for the number of occupants (for example, household 3 spent $50 per person for a week), for others, the amount appeared to be low. There were four households that spent less than $10 per person on food.

Using 1999 data, it has been calculated that to adequately feed a family of five in Auckland for a week, $211.00 needs to be spent on food, or $42.50 per household member (Else, 2000). According to this measure, our surveyed households would have to increase their food spending by an average of $25.20 per person to feed the household members adequately. This mean discrepancy masks variation in the sample. According to Else's (2000) 'per capita' calculation, only two of the seventeen households surveyed were spending above the 'adequate' amount. Not only were fifteen of the seventeen under-spending, but over three-quarters of the sample (thirteen of the seventeen) were spending less than half the recommended per capita amount.

Although it is hypothetically possible for householders to exert their agency (despite highly constraining circumstances) to spend a small amount of money on health-promoting foods such as fresh vegetables (rather than more expensive processed foods), our interviews showed this was not the case. Rather, it was bulkier foods that were given priority. Pasta and potatoes were chosen because, according to one respondent, "they fill you up". It is thus clearly evident that the surveyed households discount their food spending. This theme can be illustrated in box 2.

Box 2

Household 1 spent $10 on food out of the household budget for the week preceding the interview. With five adults in the house, this equates to $2 per person. This money went towards a bag of potatoes and two tins of fish.

> "I have no money set aside for food. I'll pay the bills first and then if there's money left over I'll buy food. Otherwise I'll just wait until food does come. The kids will often come home and find there is no food and then go out and buy some groceries ... we don't make a list or check the cupboards before shopping because there's nothing in them to begin with. There's nothing in the fridge. The most important things are the tea and sugar. When there's no food I'll just live on cups of tea ... on Sundays we usually eat taro but this week we had to have potatoes because even taro was too expensive."
>
> "The amount of money we have for food changes each week depending on what cultural occasions come up. If there's none then there's more money for food. If there's many, then its back to jam and bread. Last week there was only $30 for food because there was a funeral to pay for ... . Ideally it would take about $150 to feed everyone well, but even on weeks when there's no cultural things, we still don't have that much" (household 17).

The foregoing narratives are from households that had the least money to spend on food per person each week. However, most participants stated that there was sometimes or never enough food in the house because of a lack of money. Twelve of the seventeen households stated that they sometimes, or often, did not have enough to eat. Nine households had missed meals during the month leading up to the interview. Of the seventeen households, thirteen stated that sometimes or often they did not have enough to eat. Over half of the respondents stated that the lack of food sometimes or often results in having to miss meals. The same number of households used foodbanks in the past to feed the household.

Of those who believed that sometimes or often there was not enough food in the house, most believed that the situation affected the household in some manner.

However, only a few participants believed that it affected the physical health of household members. The majority of respondents made comments associated with the mental and emotional consequences of the lack of food. In particular, households with children felt mental and emotional stress:

"Not having enough food definitely affects the house. The kids get grumpy and cry a lot ... then I get upset" (household 6).

"The kids get scratchy when there's not enough food" (household 13).

"I think the lack of food affects our health. The kids complain because they don't get what they want" (household 17).

Children tended to complain, get angry, upset, 'cranky', or 'grumpy' when there was a lack of food. Therefore, many participants would give meals to the children first before they considered themselves or other adults in the house. Some respondents missed meals as a consequence of "feeding the kids first". However, on occasions, even the children missed meals. Not only did this affect the children, but adults also felt the mental and emotional consequences of not being able to provide:

"Sometimes Dad and I will have to not eat so that the kids have enough. We'll just have bread and a cup of tea instead. But sometimes there's not even enough to feed the kids" (household 14).

"The kids have gone to school without lunch. I've gotten letters from the school about it asking that I give them lunch everyday. The guilt is huge" (household 6).

Some respondents also commented on their own emotional and mental well-being when they lack food.

"When there's no food I can feel my mind going around and around and backwards" (household 7).

"Sometimes I have to not eat because of not having any money. I pray, but then realise I'm getting sick again because I haven't eaten. I'll go to the doctor and there's nothing wrong with me. It's the stress that has made me feel sick" (household 1).

"I buy healthy food but it is more difficult to buy healthy when you're on a tight budget. Having more money would mean more healthy food, but, it's still healthy now" (household 7).

These findings regarding feelings of stress are consistent with other studies. The National Nutrition Survey found that 12% of households felt stress from not having enough food (Russell et al, 1999). Healthy food was perceived to be too expensive. As an example, Samoan respondents frequently bought pig heads and trotters. Whereas some respondents perceived this meat to be healthy, others acknowledged its high fat content. However, the justification for the purchases was that pig's heads and trotters were a *cheap* way of buying meat, although not the healthiest. Other types of meat tended to be too expensive to purchase whereas a head was cheap and big enough to feed the whole household. Other 'healthy' food was also considered too expensive:

"It's hard to buy healthy food. Vegetables are especially expensive. I'd rather buy the flour and make things from that" (household 9).

"I buy less healthy food instead of the healthy food because the less healthy stuff is more expensive ... I'd rather pay $5 for the more unhealthy stuff than $10 for healthy stuff" (household 13).

Bills

In our study, we describe 'regular bills' as expenses occurring on a predictable or cyclic basis (weekly, fortnightly, monthly, and even annually). The most common expenses in this category included electricity, telephone, gas, and water. Most New Zealanders take it for granted that they are connected to these elements of household infrastructure. The degree to which these regular expenses are discounted in our sample is indicative of the extent of hardship encountered by low-income households. The influence upon health of not being able to have basic household amenities can be substantial.

The findings regarding regular expenses were surprising in both the number of households overspending their incomes on these expenses and the amounts by which they overspent. Seven households overspent their incomes each week on regular bills alone. Of these, two households exceeded their incomes by over $300 each week. Furthermore, when all households are considered, on average the households in this study overspent their incomes by $30.50 each week on regular bills (before food or irregular expenses were considered). This statistic begs the question of how households cope when faced with this situation.

In spite of the importance that most households placed on paying regular bills, the majority of households had repayments that were in arrears. Therefore, the decision was often not straightforward as to which bills should be paid first. Households often had utility accounts that were constantly in arrears and only put enough money towards them to keep the company from disconnecting the particular service. However, sometimes they could not even manage that. It was not uncommon to conduct interviews in households lacking some household amenity (including telephones, gas, and electricity). Of those households which did have all amenities connected, most participants talked of having experienced disconnection in the past because of nonpayment of bills. One of these respondents described themselves as being "the champion of having things cut-off'' (household 6).

The interview data showed that food was either bought first and the money left was paid towards bills, or bills were paid first and what was left was put towards food. In either circumstance, one expenditure category was to some degree discounted for the sake of the other. There were four households whose members stated that they believed paying for the food was more important than paying the bills. One of these, household 3, happened to have the highest expenditure on food per person ($50 each):

> "I think food is the most important thing for the family because it's their health. We always have enough food to eat and never have to miss a meal ... we buy healthy food. Lots of chicken and vegetables and fish ... we can buy fish and chips about once a week on payday to keep the kids happy too" (household 3).

However, just as those who paid the bills first had to forgo some food expenditure, so too did this household sacrifice some bill expenditure to make sure food requirements were met. For instance, household 3 regularly had to make decisions about what bills would be paid first and often this meant having to let some run overdue and to 'roll over' into the next month. Even though this respondent believed that having telephone access is very important in case the children become ill, there was no telephone connected.

Other households also exhibited limited spending on food for the sake of bills. In a second example, a household of fifteen spent only $100 on food each week ($6.50 per person) on a regular basis. This household stated that sometimes there was not enough food to eat and meals were also missed through not having enough food (household 2). A third household, consisting of seven people, spent only $80 on food each week ($11 per person). It was again stated that the amount spent on bills affected the amount

spent on food. This household often did not have enough to eat and meals were also missed. Nearly 50% of their income went towards rent (household 17).

'Cultural costs'

A further issue that emerged from the interview data is that of 'cultural expenses.' Cultural occasions (*fono* and *uipaanga*)[4] are an important part of Samoan and Cook Island life. The most common expenses associated with cultural occasions that we encountered were the payment of funeral costs, church donations, and the sending of money back to family in Samoa or the Cook Islands. With reference to funeral costs, donations were made when a family member, friend, or church associate died. In many cases, a payment made like this resulted in a sacrifice in some other area:

> "Cultural aspects take a large role in money handling. Many don't understand why Pacific people need to have these cultural things and they think 'when in Rome, do what the Romans do.' But they don't understand the family obligation we have. That is why I had to get a loan to take my mother back to Samoa to die. We had to pay for the aeroplane because that's what she wanted" (household 1).

Household 1 provides an example illustrating the cultural importance placed on certain events and the measures people go to in order to meet cultural and familial obligations. A small number of households were repaying loans, sometimes at interest rates of up to 40% from what have been described as 'loan sharks' by some participants, because of a need to pay for funeral expenses. Household 1 had two loans taken out for this purpose, one of which amounted to $7000. Repayments totalled $168 per week. Another participant reported repaying $100 per week from a loan taken out solely for the purpose of a funeral. This example reinforces the argument presented in the previous section regarding the cycle of deprivation.

As well as regular loan repayments because of cultural obligations, most respondents also made irregular payments. The communal nature of Pacific Island cultures is reflected in the way many cultural occasions are monetarily supported. It is not uncommon for people to make donations to families in their church or families from the same village on the home island when someone dies or marries. One respondent had recently had a funeral and a wedding occur in their church. It was expected of her as a church member to pay $100 for each occasion. Paying this impacted significantly on the amount of disposable income available to the household in the weeks following:

> "Our cultural obligations are more important than food and so when something comes up like that then it will be just bread and jam that we eat. Food comes after cultural donation. Its also more important than bills like the power.... Every time there is a family or cultural function, we are asked to pay $100. There was only just a wedding and funeral we had to pay for in the same week. Even when the family function is back in Samoa, we still have to donate" (household 16).

On a more routine basis, we interpret 'borrowing' from neighbours and family within Otara as culturally endorsed giving that potentially aids health. Although instances of this borrowing more commonly involved money, we also noted the 'borrowing' of food. A good example of this replication of Samoan village life in suburban Auckland was when children from one household were observed to run across the road to see what was left in the neighbour's pot at dinner. Although a highly constrained form of agency, this example does serve to indicate that some culturally sanctioned behaviours can be health promoting.

[4] These terms approximately translate as a forum and get-together.

Conclusion: discounting policy?

Those who argue that human agents are the facilitators of their own health status regard individual decisions as the primary influence on health outcomes. Undervaluing the structural forces on people and their decisions is common in both the media and political discourse. Our research illustrates the fact that decisions and choices of low-income households are not 'free', but rather, they are shaped by the structural conditions within which they must survive. We have shown that the structural context of quotidian decisionmaking for Pacific peoples in suburban Auckland impacts significantly upon discounting behaviours. Although the wider population is not subjected to the same cultural 'pressures' on household expenditure as experienced by Pacific peoples, the general evidence shows that the costs of housing are rising at the very time that more tenants are receiving lower incomes. We can therefore assume that public housing tenants in general are engaging in similar discounting behaviour that impacts on their health, given that they tend to be subjected to the same structural processes. The most significant aspect of the structural context is the housing delivery system. High accommodation costs (an average of 51% of total household income for the participating households) results in limited disposable income that must stretch to cover all other goods and services. Stretched budgets are compounded in the context of the lives of many families whose cultural or familial obligations demand high priority.

This study has provided a 'window' into the experiences of marginalised Pacific households that are otherwise obscured by larger survey-based research designs. The fact that the research was considered to be a priority by the community opened the door to supportive and ethnically matched mentors who were able both to recruit and to generate dialogue with householders. It is noteworthy that, just prior to our study, an article in Auckland's daily newspaper was headlined "'Leave us alone', say Otara Lab rats", in reference to the way Pacific people in Otara considered themselves overresearched (*New Zealand Herald* 2000). This study was commissioned by, and undertaken for, Otara people and thus it succeeded in difficult ethical terrain where other researchers have recently been ushered away.

Our key empirical finding is that in the low-income households encountered, it was impossible to cover all the basic expenses. The issue of decisionmaking became imperative as households prioritised goods and services. Decisions were centred on choosing which payments were important and which ones could wait. Through this scaling of importance of particular expenses, some categories were sacrificed, or discounted. Therefore, the processes of decisionmaking, prioritising, and subsequent sacrifice has been dictated by low income and exacerbated by high housing costs. One of the most common decisions in a household is whether to place more importance on food or on utility bills. Finally, although decisions are continually and carefully being made, most households tend to overspend their incomes on regular bills.

In Otara, rental payments are the most important expense to pay. It is often the fear of eviction, or losing a house, and the fear of repossession and interest penalties that result in these payments being considered the most important. In addition, cultural events play an important role in the lives of many households and present a further significant expense that often results in sacrifice elsewhere. The most common coping strategy among low-income households who are struggling is to seek help (either food or money) from friends or family. However, other strategies include using food parcels, borrowing and seeking WINZ (Work & Income New Zealand) hardship grants.

In terms of policy implications, it is noteworthy that, since fieldwork for this study was completed, a shift in housing policy has occurred. On forming a minority coalition government in December 1999, the Labour and Alliance parties announced that the introduction of housing reforms was a priority. The Housing Restructuring

(Income-Related Rents) Amendment Act was passed in August 2000. The act not only allows for the reintroduction of income-related rents, but also amends the principal objective of HNZ and removes any reference to profitability. By removing this requirement on HNZ to be profitable, the legislation firmly positions the company as an agent of the government's social programme.

Reflecting the company's new status the act sets out the institutional framework for income-related rents. Rather than imposing a single rental structure across all tenancies, the government's scheme involves an income threshold (Murphy, 2002). On introducing the legislation the government estimated that 41 000 tenants would move to a rent of 25% of income and these tenants would benefit by an average of NZ $40 per week (Gosche, 2000b). The participants in our study will be beneficiaries of this change.

A return to income-related rents offers relief for 40 000 households who are struggling under a market-rent regime and has the potential to modify rents in the low-income private rental market. Income-related rents may facilitate a greater sense of security of tenure among tenants and reduce tenant turnover, which in turn would enhance processes of community formation. Housing advocates have welcomed the return to income-related rents. For these agencies, dealing with the effects of market-related rents, the new regime offers increased assistance for a marginalised sector of society. At a policy level, the new policy environment represents a break with a dominant ideology that had effectively abandoned housing policy in favour of income support (Murphy, 1999).

Notwithstanding these recent policy changes, our study indicates that we cannot discount housing as a significant context for health, even when the dwelling itself is physically robust. This is because housing costs limit choices for low-income people and thus curtails the potential for the home environment to be a context for health promotion. In fact, as the place in which most time is spent by caregivers of dependent children and unemployed people, housing is more than simply context. To rephrase the old proverb, "home is where the health is".

Acknowledgements. The assistance of Chris Bullen of Auckland Health Care and Olivia James of Otara Health was crucial to the success of this research. An earlier version of the paper was presented in a special session on housing and health at the Annual Meetings of the Association of American Geographers, New York, March, 2001. The encouragement of the organisers Mark Rosenberg, Susan Smith, and James Dunn is gratefully acknowledged. Responsibility for the paper remains the authors'.

References

Auckland District Council of Social Services Living Standards Committee, 1982 *Poverty in Auckland or It Costs More to be Poor* Auckland District Council of Social Services Living Standards Committee, PO Box 6817, Auckland

Barnett J R, Coyle P, Kearns R A, 2000, "Holes in the safety net? Assessing the effects of targeted benefits upon the health care utilization of poor New Zealanders" *Health and Social Care in the Community* **8**(3) 159 – 171

Barwick H, 1992 *The Impact of Economic and Social Factors on Health* The Public Health Association of New Zealand, PO Box 11-243, Wellington

Bathgate M, Alexander D, Mitikulena A, Borman B, Roberts A, Grigg M, 1994 *The Health of Pacific Islands People in New Zealand* Public Health Commission, Wellington

Boston J, Dalziel P, St John S (Eds), 1999 *Redesigning the Welfare State in New Zealand: Problems, Policies and Prospects* (Oxford University Press, Auckland)

Caplan P (Ed.). 1997 *Food, Health and Identity* (Routledge, London)

Castles F G, 1993, "Changing course in economic policy: English-speaking nations in the 1980s", in *Families of Nations: Patterns of Public Policy in Western Democracies* Ed. F G Castles (Dartmouth, Aldershot, Hants) pp 3 – 33

Castles F G, 1996, "Needs-based strategies of social protection in Australia and New Zealand", in *Welfare States in Transition: National Adaptations in Global Economics* Ed. G Esping-Andersen (Sage, London) pp 88 – 115

Castles F G, Mitchell D, 1993, "Worlds of welfare and families of nations", in *Families of Nations: Patterns of Public Policy in Western Democracies* Ed. F G Castles (Dartmouth, Aldershot, Hants) pp 93 – 128
Crampton P, Salmond C, Kirkpatrick R, Scarborough R, Skelly G, 2000 *Degrees of Deprivation in New Zealand: An Atlas of Socioeconomic Difference* (David Bateman, Auckland)
Davidson A, 1999, "Alternative models of social housing: tenure patterns and cost-renting in New Zealand and Sweden" *Housing Studies* **14** 453 – 472
de Bruin A M, Dupuis A, 1998, "Street commerce: an advanced economy case study", Department of Commerce, Massey University, Auckland
Department of Social Welfare, 1999 *Social Environment Scan* Social Policy Agency, DSW, Wellington
Dunn J, 2000, "Housing and health inequalities: review and prospects for the future" *Housing Studies* **15** 341 – 366
Dupuis A, Thorns D, 1999, "Regional variation in housing wealth accumulation in New Zealand" *Urban Policy and Research* **15** 189 – 202
Dyck I, Kearns R, 1995, "Transforming the relations of research: towards culturally safe geographies of health and healing" *Health and Place* **1**(3) 137 – 147
Else A, 2000 *Hidden Hunger: Food and Low Income in New Zealand* The New Zealand Network Against Food Poverty, c/o A+ Public Health Promotion, Auckland Central Resource Centre, 615 New North Road, Kingsland, Auckland
Esping-Andersen G, 1990 *The Three Worlds of Welfare Capitalism* (Polity Press, Cambridge)
Esping-Andersen G (Ed.), 1996a *Welfare States in Transition: National Adaptations in Global Economies* (Sage, London)
Esping-Andersen G, 1996b, "After the golden age? Welfare state dilemmas in a global economy", in *Welfare States in Transition*: *National Adaptations in Global Economies* Ed. G Esping-Andersen (Sage, London) pp 1 – 31
Ferguson G, 1994 *Building the New Zealand Dream* (Dunmore Press, Palmerston North, New Zealand)
Friendship House, 1997 *The Impact of the Accommodation Supplement on South Auckland Housing markets 1993 – 1997* Friendship House, PO Box 76-140, Manukau City, Auckland
Friesen W, 2000, "Tangata Pasifika Aotearoa" [Pacific populations and identity in New Zealand] *New Zealand Population Review* **26** 105 – 125
Friesen W, Murphy L, Kearns R, Haverkamp E, 2000, "Mapping change and difference: a social atlas of Auckland", OP 42, Department of Geography, The University of Auckland, Auckland
Gosche M, 2000a *Housing News* issue 1, September, http://www.executive.govt.nz/minister/gosche/housing_news/0900.htm#2
Gosche M, 2000b, "Income-related rents restored", http://www.executive.govt.nz/speech.cmf?speechralph=31118&SR=0
Grbich C, 1999 *Qualitative Research in Health: An Introduction* (Allan and Urwin, St Leonards)
Gunby J, 1996 *Housing the Hungry: The Third Report* New Zealand Council of Christian Social Services and the Salvation Army, Wellington
Harloe H, 1995 *The People's Home?* (Blackwell, Oxford)
Housing Restructuring Act (1992) (Government Print, Wellington)
Housing Restructuring (Income-related Rents) Amendment Act 2000 (Government Print, Wellington)
Hyndman S, 1998, "Making connections between housing and health", in *Putting Health into Place: Landscape, Identity and Well-being* Eds R A Kearns, W M Gesler (Syracuse University Press, Syracuse, NY) pp 191 – 207
Kearns R A, Smith C J, 1994, "Housing, homelessness, and mental health: mapping and agenda for geographical inquiry" *The Professional Geographer* **46** 418 – 424
Kearns R A, Smith C J, Abbott M W, 1992, "The stress of incipient homelessness" *Housing Studies* **7** 280 – 298
Kelsey J, 1995 *The New Zealand Experiment: A World Model for Structural Adjustment?* (Auckland University Press and Bridget Williams Books, Auckland)
Lang T, 1992, "Food policy and public health" *Public Health* **106** 91 – 125
Le Heron R, Pawson E (Eds), 1996 *Changing Places: New Zealand in the Nineties* (Longman Paul, Auckland) pp 213 – 221
McLeay E, 1992, "Housing policy", in *The Decent Society? Essays in Response to National's Economic and Social Policies* Eds J Boston, P Dalziel (Oxford University Press, Auckland) pp 169 – 185

Macpherson C, 1997, "A Samoan solution to the limitations of urban housing in New Zealand", in *Home in the Islands: Housing and Social Change in the Pacific* Eds J Rensel, M Rodman (University of Hawaii Press, Honolulu, HI) pp 151 – 174
Manukau City Council, 1996, "Otara Ward", information sheet, Manukau City Council, Private Bag 76917, Manukau City
Mercy Women's Advocacy Group, 1999, "Healthy housing: a child health and safety survey of Glen Innes Housing New Zealand houses", Mercy Women's Advocacy Group, c/o PO Box 109-025, Newmarket, Auckland
Milne K, Kearns R, 1999, "Housing status and health implications for Pacific Peoples in New Zealand" *Pacific Health Dialogue* **6**(1) 80 – 86
Ministry of Housing, 1996 *Post-election Briefing to the Minister of Housing* Ministry of Housing, PO Box 10-729, Wellington
Ministry of Pacific Island Affairs, 1999 *The Social and Economic Status of Pacific Peoples in New Zealand* Ministry of Pacific Island Affairs, PO Box 833, Wellington
Mitchell P, 1995 *Otara Community Primary and Public Health Needs Assessment* North Health, Auckland
Morrison P, 1995, "The geography of rental housing and the restructuring of housing assistance in New Zealand" *Housing Studies* **10** 39 – 56
Morrison P S, Murphy L, 1996, "The geography of the housing reforms", in *Changing Places: New Zealand in the Nineties* Eds R B LeHeron, E Pawson (Longman Paul, Auckland) pp 226 – 230
Murphy L, 1997, "New Zealand's housing reforms and accommodation supplement experience" *Urban Policy and Research* **15**(4) 247 – 256
Murphy L, 1999, "Housing policy", in *Redesigning the Welfare State in New Zealand: Problems, Policies and Prospects* Eds J Boston, P Dalziel, S St John (Oxford University Press, Auckland) pp 218 – 237
Murphy L, 2000, "A profitable housing policy? The privatisation of the New Zealand government's residential mortgage portfolio" *Regional Studies* **34** 395 – 399
Murphy L, 2002, "Reasserting the 'social' in social rented housing: politics, housing policy and housing reforms in New Zealand" *International Journal of Urban and Regional Research* (in press)
Murphy L, Kearns R A, 1994, "Housing New Zealand Ltd: privatisation by stealth" *Environment and Planning A* **26** 623 – 637
Murphy L, Friesen W, Kearns R, 1999, "Transforming the city: people, property and identity in millennial Auckland" *New Zealand Geographer* **55** 4 – 9
New Zealand Herald 2000, "Leave us be say Otara's 'lab rats' ", 19 February, page A3
NHC, National Health Committee, 1998 *The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health* National Advisory Committee on Health and Disability, PO Box 5013, Wellington
NZCCSS, 1994, "Housing the hungry: a survey of Salvation Army foodbank recipients to assess the impact of government housing reforms", New Zealand Council of Christian Social Services and Salvation Army, PO Box 12090, Thorndon, Wellington
OHHLSP, 1999, "Action on housing and health in Otara: a report to the National Health Committee", Otara Housing and Health Local Solutions Project, c/o Otara Health Inc., PO Box 61-474, Otara
Parnell W, 1997, " Socio-economic disadvantage and nutritional status in New Zealand", in Eds B M Keohler, et al *Poverty and Food in Welfare Societies* (Stigma, Berlin) pp 136 – 145
Priemus H, 1997, "Growth and stagnation in social rented housing: what is 'social' in social rented housing" *Housing Studies* **12** 549 – 560
Russell D, Parnell W, Wilson N, 1999 *New Zealand Food, New Zealand People: Key Results of the 1997 National Nutrition Survey* Ministry of Health, PO Box 5013, Wellington
Statistics New Zealand, 1998 *New Zealand Now: Housing* Statistics New Zealand, Private Bag 92003, Auckland
Statistics New Zealand, 1999 *New Zealand Now: Incomes* Statistics New Zealand, Private Bag 92003, Auckland
Thorns D, 2000, "Housing policy in the 1990s—New Zealand a decade of change" *Housing Studies* **15** 129 – 138
Tukuitonga C, 1997, "Pacific peoples in New Zealand" *Pacific Health Dialogue* **4**(2) 4 – 5