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Department of Family Studies and Gerontology

Dimensions of Housing Insecurity for Older Women Living with a Low Income

by

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ABSTRACT**Dimensions of Housing Insecurity for Older Women Living with a Low Income**

Housing is recognized as an important social determinant of health, and the links between secure housing and health are well established. Limited attention in the current housing literature is given to the experiences of insecure housing among older women living with a low income, who, evidence suggests, are especially at risk. A feminist perspective, applied in this study, attributes the marginalized presence of older women in the literature to a pervasive invalidation of aging women within ageist and sexist social contexts. This qualitative study contributes to knowledge about the interrelationships of housing insecurity, health, and wellbeing among older women (age 50+) living with a low income in Halifax Regional Municipality (HRM). The overarching questions influencing this study were, “What are older low income women’s perceptions of their experiences of insecure housing? How do they understand the relationship between their housing and their health?” The research questions were explored through a cross-sectional study employing semi-structured, in-depth interviews with 11 older women and a thematic analysis of the collected data. The findings from this study point to an array of factors influencing women’s experiences of housing insecurity that are inseparable from the fundamental problem of living in housing they cannot afford. These factors encompass the quality of relationships they experience with those in close proximity to their housing—especially relationships with male partners, landlords and neighbours. Also influencing women’s perceptions of housing insecurity are their emotional responses to the places where they live, which sometimes stand in apparent contrast to perceived levels of housing precarity. A lack of privacy, autonomy, limited housing options, or

access to information about housing supports may also help perpetuate housing precarity. Safety and comfort emerge as important concepts in being securely housed, as do the strategies women use to help them feel safe and comfortable within environments that may be perceived as less than secure. Also arising in the discussion of housing and health was the function of neighborhoods as extensions of the home that can support women's wellbeing through meaningful community attachment. Other insights to emerge in this research described women's understanding of the ways in which other social determinants of health like income, gender, and childhood experiences may influence their experience of housing precarity. Conversations with women in this study also helped problematize constructs of "resilience" as a means of deflecting attention from systemic barriers in place for older women in accessing secure housing. The findings presented here can help fill current knowledge gaps about the experience of housing precarity among older socioeconomically disadvantaged women. Creating space for women to talk about their experiences has the potential to create greater awareness of the broader social contexts within which housing insecurity occurs. The research also provides deeper insight for health and housing service providers and policy makers into the lived realities, influencing factors, and effects of insecure housing on the health and wellbeing of older women.

Dedication

In memory of my mother and father

Helen Irene Gould

Gerard Prosper O'Neil

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I am exceedingly grateful to the eleven women who agreed to speak about their experiences with me for this study. I feel the weight of responsibility that accompanies the privilege of listening to their insights and experiences, and it is my hope that I have done justice to the power of their presence and words.

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Chapter 1: Introduction

The Canadian government's release of the National Housing Strategy in late 2017 (Government of Canada, 2017) has refocused public attention and policy direction on the importance of secure housing to the wellbeing of Canadians. Limited attention in the current housing literature is given to the experiences of insecure housing among older women living with a low income, who, evidence suggests, are especially at risk. Core housing need is a key measure used in Canada to identify housing insecurity, and provides data related to a household's affordability, suitability, and adequacy (CMHC, 2016; FCM 2015; Housing Nova Scotia, 2017). Nationally and within Nova Scotia, women across all age groups experience higher rates of core housing need than men (CMHC, 2016). Unsurprisingly, women living with a low income have high rates of core housing need, and for almost all income groups, have higher rates than men in the same income range (CMHC, 2011). Women who live alone are among those at greatest risk (CMHC, 2011), and older women are more likely than their male peers to live by themselves (FCM, 2015). Women aged 65 and over are almost twice as likely to live in core housing need as men within the same age group (CMHC, 2011).

A lack of attention to older women's experiences of housing insecurity (Darab & Hartman, 2013) stands in contrast to trends in population aging. Women represent the fastest growing segment of the older adult population (Benoit & Shumka, 2009) and this trend is expected to continue (Statistics Canada, 2016). A feminist perspective, applied in the current research, may legitimately assert that old age is, in actuality, the domain of women (Carney, 2018; Chambers, 2004). Women's longevity relative to men means as a

group they will outlive them (Jacobzone, 2000; Laditka & Laditka, 2000) making later life “a predominantly female world” (Chambers, 2004, p. 747).

Yet, in spite of their predominance within the aging population, the location of older women living with a low income remains marginalized in housing research. Their unique circumstances do not surface readily in a body of research focused on the broader housing concerns of women or older adults (Darab & Hartman, 2013). Nor are the rental housing challenges of women living with a low income easily discerned within research that positions homeownership as a normative housing tenure type for older adults (Darab, Hartman, & Holdsworth, 2017). A feminist perspective offers some insight into the marginalized presence of older women in the literature. Their absence in research is understood by some feminist theorists as signifying a pervasive invalidation of aging women within ageist and sexist social contexts (Calasanti, Slevin, & King, 2006; Carney & Gray, 2015; Freixas, Luque, & Reina, 2012).

Housing is recognized as an important social determinant of health, and the links between secure housing and health are well established (Mikkonen & Raphael, 2010; PHAC, 2011). The social determinants of health framework is used to examine how social, environmental, and other influences impact wellbeing (Benoit & Shumka, 2009). The model situates the complex interconnections between women’s health and insecure housing within the context of broader structural inequalities. This framework helps identify, for example, that low income women have a poorer state of overall health and higher rates of premature death than women in higher income brackets, and experience a higher incidence of disease (Bryant, 2009). The framework also helps elucidate the impacts of insecure housing on older adults. Housing precarity in this population is

associated with increased likelihood of injury in the home (Haworth-Brockman & Donne, 2009) and social isolation, which is linked to poor health (Carstairs & Keon, 2009). But, as is the case in housing research, no clear account emerges of the specific experiences of older women living with a low income. Research exploring the links between housing and health tends to focus on broad categories of gender (Benoit & Shumka, 2009; Haworth-Brockman & Donne, 2009), age, or socioeconomic status (Crane et al., 2005; Sylvestre et al., 2018) without particular attention given to the demographic group which is the focus of this study. The current research takes up the question of how older women in this group understand the relationships between their experiences of insecure housing and health, addressing an important gap in the current literature.

Feminist analysis provides a basis for examining the broader social, political, and economic contexts (Calasanti, 2008; Carney & Gray, 2015; de Saxe, 2012) that shape the individual experiences of housing insecurity and health for older women. A feminist framework was chosen because it emphasizes the importance of context in older women's lives, situating their experiences within complex and diverse "social landscapes" (Darab & Hartman, 2013, p. 349). This study conceptualizes the daily challenges that women face at the personal level as reflecting inequities embedded in structural levels of their environments. In seeking the insights of women in this group, this study aligns with a feminist approach which gives primacy to women's experiences (Darab et al., 2017).

The general deficit in knowledge about these experiences is addressed in the current research engaging 11 older women (aged 50+) residing in Halifax Regional Municipality. The overarching questions influencing this study were, "What are older low income women's perceptions of their experiences of insecure housing? How do they

understand the relationship between their housing and their health?” This qualitative study explored how the women themselves describe their experiences: What does insecure housing look like for them on a daily basis? What factors do they identify as contributing to their experiences? How, if at all, do they relate the experience of housing insecurity to their state of health and wellbeing?

This research has provided important insight into the lived experiences of insecure housing and health within this underexplored population of women, and has also considered the resiliencies women in this study may draw upon to support their health and wellbeing. The research has further provided a platform for older women living with a low income to be acknowledged as an important contribution to the body of research into housing precarity. In so doing, it is hoped the commentary from women taking part in this study may support the development of housing and health policy that better reflects the needs and capacities of women within this population demographic.

Definition of Terms Used in this Study

Older women.

For the purpose of this study, the term “older women” encompassed an age group of 50+. The lower age range used in this research, compared to more typical designations of “older” as starting at 55+ or 65+, was purposeful. The 50+ marker was chosen to provide the widest age range possible for participant selection in order to seek multi-generational perspectives within the small sampled group. Secondly, the findings in homelessness research indicate that 50 is essentially the new 60 in terms of health status (Crane & Warnes, 2010; Grenier, Barken, Sussman, Rothwell, & Bourgeois-Guérin, 2016b; McDonald, Dergal, & Cleghorn, 2004) and align with informal observations made

in my work with homeless and marginally housed adults over the course of a decade. In this experience, serious health issues were commonly observed or disclosed among people living in poverty well before the age of 50, including diabetes, high blood pressure, mental health challenges, and a range of dental problems (the latter of which are linked to overall poor health) (Petersen, 2003). It was hoped that inclusion of women aged 50+ in this study might also provide insight into the challenges facing so-called pre-seniors. The 55 to 64 year old age group, which may fall outside the purview of programs and services targeting persons aged 65+ has been identified as especially at risk for income and housing precarity (Walsh, Hewson, Paul, Gulbrandsen, & Dooley, 2015).

Low income.

Up until recently, there had been no formal definition of low income status or poverty within Canada (National Advisory Council on Aging, 2005; Preston et al., 2012-2013; Statistics Canada, 2011). This state of affairs had been criticised as enabling government to remain unaccountable for addressing economic inequities in this country (Collin, 2008). In late August 2018, the federal government released its first poverty reduction strategy (ESDC, 2018). Within this document, plans were announced to identify an official poverty line in Canada. This measure will be based on the cost of goods and services typically accessed by Canadians. The so-called basket of goods used in this measure will be updated to reflect current necessities to maintain an acceptable standard of living, such as internet access. Introduction of the new indicator is being rolled out as part of a five year funded plan to improve measurements of poverty in Canada.

Up until the announcement of the new measure, a number of indicators were used to describe an individual's absolute or relative experience of economic disadvantage (Collin, 2008). Two measures employed by Statistics Canada were the Low-income cut-off (LICO) and the Low income measure (LIM) (Statistics Canada, 2011). LICOs are income thresholds below which a family or individual spend, on average, at least 20% more of their income on basic necessities like food and shelter than the average family (taking into account demographic and geographic factors) (Preston et al., 2012-2013; Statistics Canada, 2011). Before and after tax variants of this measure exist, and the latter version tends to show lower rates (Collin, 2008). LIMs describe the proportion of the population whose income drops below a threshold that is one half of the median income (Heisz, 2015). LIMs are understood to identify people without the means to fully participate in community, and who are thus at higher risk for social isolation (Statistics Canada, 2015). This measure is often used for international comparisons of poverty (Collin, 2008). While LICO and LIM rates followed similar downward trends from the late 1970s to the 1990s, these trajectories changed after 1996 (Heisz, 2015). LICO measures have dropped to just over 5% for people aged 65+ , but LIM rates remained at about 12% for this age group, signalling a widening gap between the incomes of older Canadians and the rest of the population (Heisz, 2015).

An important perspective on poverty sought in this study was its embodied experience as described by older women living with a low income. Meeting the requirements of the LICO or LIM measure was thus not a screening criterion. Rather, in seeking participants through community agencies who support women in this demographic, an indicator of poverty for this study was the fact in itself that women were

accessing these services. Additionally, based on my past work in the community, I knew that many of the women accessing these resources were likely to be in receipt of income assistance (IA). Because of the proportion of funds allotted for housing and personal income within this benefit (see https://novascotia.ca/coms/employment/income_assistance/BasicAssistance.html), women receiving IA may well exceed the 30% income threshold that signals housing unaffordability within the core housing need indicator. These factors considered, the sense of precarity in housing that women themselves describe was given equal priority in this research.

Health.

The understanding of health in this study aligned with the holistic approach contained within the World Health Organization's definition of "complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, n.d.). This research further understood health to occur within the broader social, economic, environmental, and political contexts described by the social determinants of health framework (Government of Canada, 2008; Mikkonen & Raphael, 2010). This study embraced a conceptualization of health that looks beyond a physical state to consider how the availability of social and personal resources contributes to the experience of wellbeing (Government of Canada, 2008). This research also affirmed the legitimacy of women's own perceptions of their health and wellbeing in its attention to women's self-reported health experiences. Although self-reported health has been problematized as subjective and unreliable, it is regarded as an important tool for capturing an individual's experience of the physical, emotional, and social aspects of health (Conference Board of

Canada, 2018; Wellesley Institute, 2012). Further, self-reported health has been found to be a good indicator of future health service access, and can provide insight into the severity of disease or undiagnosed illness (Conference Board of Canada, 2018).

The definition of health issues used in this study's selection criteria was intentionally broad to privilege the self-reported health status experienced by participants. The reliance on self-reported health as much as formal definitions of chronic or acute conditions highlights the importance of individual, subjective experience of health and wellbeing. This approach was taken to allow greater latitude for women to speak holistically about their health as comprising more than a set of medically demarcated symptoms.

Insecure housing.

A key indicator of housing insecurity used in Canada is core housing need. This index is the predominant measure used for defining insecure housing (CMHC, 2016; FCM 2015; Housing Nova Scotia, 2017) and provides data related to a household's affordability, suitability, and adequacy (CMHC, 2016; FCM 2015; Housing Nova Scotia, 2017). The limits of this indicator are discussed more fully in Chapter 3, which finds the measure deficient in accounting for the complex circumstances of older women living with a low income. An important limitation of the measure is that it decontextualizes women's complex histories and trajectories into housing insecurity. Therefore, in selecting participants for this study, the definition of "insecure housing" was not limited to the parameters of the core housing need measure. While elements contained within the measure were explored in interviews (such as the proportion of income that participants spend on housing, along with the suitability and adequacy of their accommodation),

greater attention was given to women's lived contexts of insecure housing. This included inquiry into women's economic and labour force histories, their sense of safety, the quality of relationships they experience in their homes, and their sense of autonomy and privacy within their environments. All of these elements emerged in the research as factors associated with the experience of housing security for older women living with a low income.

Chapter 2: Theoretical Framework

This study employed a feminist theoretical framework, which supports analyses and critiques of the broader social, political, and economic contexts (Calasanti, 2008; Carney & Gray, 2015; de Saxe, 2012) that shape women's experiences. A critical, person-in-environment approach is helpful in exploring the interconnected systemic factors influencing older women's economic and social disadvantage throughout their lives. The current study conceptualized the daily challenges that older women living with a low income face in managing insecure housing and health as reflecting inequities embedded in structural levels of their environments.

Women's Housing and Health: The Personal is Political

Feminist theory provides both a lens and a mirror through which to explore the complex contexts of women's lived experiences: a lens to examine the external factors that influence, inhibit, and sometimes even liberate women; a mirror in which women can come to see themselves as both shaped by, and transcending, these factors. With its *cri de coeur* that "the personal is political," feminism positions women's experiences within a socially constructed system of patriarchy that controls women through the "institutionalisation of sexism" (Carney & Gray, 2015 p. 126). Conceptualizing patriarchy means that women's "issues", including their experiences of housing insecurity and health, are reframed in feminist theory as societal problems (Hooyman, Browne, Ray, & Richardson, 2002). Feminism thus resists blaming individual women for broader social issues, and seeks instead to analyze the structural causes behind individual difficulties (Harbison, 2008). Feminist theory holds that gender inequalities experienced by women are intensified by their age, race, social class, economic status, and other

social locations (Hooyman et al., 2002). Inherently strengths-based, feminist theory regards women as experts in their own lives (Hooyman et al., 2002), and women's own stories are seen as critical to illuminating the many ways in which the political is manifested in the personal.

Patriarchy as a fundamental context for older women's housing precarity.

Western European society is understood from a feminist perspective to be rooted in patriarchy, which privileges white, able-bodied, heterosexual males above all other social groups (Van Den Berg & Cooper, 1986). This hegemonic ideology is foundational to a system of social structures and practices in which women are delineated as subordinate to men (Brookfield, 2005; Hooyman et al., 2002). Feminist theoreticians focus on broader patriarchal structures at work in women's individual and collective experiences, and challenge their role in women's disempowerment at all levels of society and human interaction (Straka & Montminy, 2006).

Feminism positions gender as a core social identity (Calasanti, 2004). In so doing, the feminist perspective considers the far-reaching impact of patriarchy in its assertion and maintenance of gender norms (Van Den Berg & Cooper, 1986). Capitalism is critiqued as a patriarchal instrument used to maintain gender roles by normalizing a division of labour that asserts a "cult of domesticity" (Hooyman et al., 2002, p. 8). Within this posited cult, unpaid women's work in the home and unequal participation in the workforce are rationalized as necessary for maintaining family stability (Hooyman et al., 2002). Feminism likewise challenges social constructions of women as caregivers (Calasanti et al., 2006; Freixas et al., 2012; Huppertz, 2010), a role which disadvantages them personally, through prioritization of others over self (Freixas et al., 2012) and

economically, through imposed disengagement from the labour market in order to provide care for others (Hooyman et al., 2002). Embedded in the current research is the question of how patriarchy and gender roles shape the economic and social forces impacting women's housing security in later life.

Sexism/ageism as inter-related contexts for older women's housing precarity.

Feminist theory politicizes gender and age as inseparable, socially constructed locations of inequality (Calasanti et al., 2006; Carney, 2018; Freixas et al., 2012). Central to this analysis is a critique of ageism, which is understood as a set of institutionalized norms and values that systematically discriminate against people on the basis of age (Carney & Gray, 2015). Ageism is perceived on a continuum of levels spanning the personal (in small, everyday exchanges that cumulatively diminish an older person's value through infantilizing interactions and language or presumptions of senescence) (Carney, 2018; Chrisler, Barney, & Palatino, 2016; Law Commission of Ontario, n.d.), through unequal access to citizenship rights, such as health care and employment (Chrisler et al., 2016; Law Commission of Ontario, n.d.; Calasanti et. al, 2006) or through broader societal enactments of "age-based apartheid" in the de facto segregation of older adults from the wider community (Thomas, 2015, cited in Carney & Gray, 2015).

Ageism may frame the aging population as a demographic time bomb (Calasanti et. al, 2006; Weicht, 2013); construe older adults as unproductive, child-like, or needy dependents; position them as heroic but ultimately insignificant relics of the past (Weicht, 2013) or outcast them as deficient "others" when compared to constructed social norms (Jönson, 2012). Conceptualizations of older people as a homogenous group with the same capacities, interests, experiences, needs, and desires are similarly understood as ageist

(Formosa, 2005; Weicht, 2013). Such constructions can become normalized for younger people who reject aging as an aberration and carry this attitude forward as they age, or become internalized by older people who shun companionship with age peers in preference for the company of younger people (Calasanti et. al, 2006).

Feminism's critique of the social construction of gender as a patriarchal tool used to circumscribe the lives of women in the private and public spheres (Hooyman et al., 2002) has influenced feminist interpretations of the social construction of age (Chambers, 2004). Ageism is viewed as a mechanism through which power and status is removed from those it marginalizes, leaving older adults subject to victimization and exploitation as part of a posited natural order (Freixas et al., 2012; Calasanti et. al, 2006). Ageism is understood to be embedded and enacted in individual experiences and wider social structures, and is thus seen as subject to the same analytical premise that the personal is political (Carney & Gray, 2015). Unique to the social construction of old age is that it is seen as something to be cured, denied, or feared (Calasanti, 2008; Weicht, 2013).

Carney and Gray (2015) offer an insightful analysis of four intersecting domains of ageism that parallel feminism's understanding of the sexist marginalization of women. These domains—biological, social, economic, and political—are seen as the ground for creating and perpetuating ageist conceptualizations of older people. These ideations include assumptions about older persons' physical capacities, appropriate environments, and social milieus, established norms about retirement and care provision, and the problematizing of old age rather than addressing the social constructs that impact the experience of growing old. Feminism links the criticism of older adults' perceived unproductiveness to the values embedded in a capitalist system where only those making

a recognized contribution in the public realm are deemed to have value (Carney & Gray, 2015).

Prioritizing women's embodied experiences.

The centrality of women's bodies to their experiences of inequities is emphasized in feminist theory, which situates the female body as a fundamental target of patriarchy. Directing and controlling women throughout their lives, "the male gaze" (Calasanti et al., 2006, p. 21) is understood as enforcing compliance with heteronormative feminine ideals of attractiveness, submissiveness (Freixas et al., 2012), and the notion of a woman's natural tendency to nurture (Hooyman et al., 2002). Feminism perceives patriarchal control of women's bodies in the normalization of child bearing as a rationalization for exclusion from paid work (Carney & Gray, 2015) and in women's struggles to control their reproductive health (Loppie & Keddy, 2002). Feminism challenges patriarchy's ideology of the "demanding and maleficent uterus" (Loppie & Keddy, 2002, p. 93) averred in the medical profession's response to women, and resists the construction of women's bodies as intrinsically flawed (Meyer, 2001). In a society that venerates women's physical attractiveness in response to the demands of the patriarchal gaze (Calasanti et. al, 2006; Freixas et al., 2012), the passing of youth and beauty is critiqued in feminist theory as a transition into invisibility and a loss of value for aging women (Freixas et al., 2012). The deflected male gaze is succeeded by the "always potentially disgusted gaze of youth" (Calasanti et al. 2006, p. 21) that stigmatizes and derides old bodies.

Feminist theory positions women's bodies as central to the discussion of their experiences, and the embodied experience of women was a fundamental concern of the

current study. The absence of older women in research is understood to be reflective of their bodily invisibility in larger society (Carney, & Gray, 2015; Freixas et al., 2012). This broader invisibility is connected through feminism to bodies that are regarded as no longer relevant or of value. The question of how that negation of aging women's bodies plays out in their experience of housing insecurity is a continuous thread running through this study. Women's economic marginalization (McLeod & Walsh, 2014; Statistics Canada, 2011) resulting from the displacement of women's bodies from the workforce, emerges as a fundamental context for their experiences of housing precarity later in life. Violence perpetrated against women's bodies (either experienced personally or through exposure to patriarchal normalization of violence against women [Chasteen, 2001]) may impact their sense of safety and autonomy (Darab & Hartman, 2013; O'Campo, Daoud, Hamilton-Wright, & Dunn, 2016). Feeling safe and in control of their environment surfaces in the literature as an important contributor to women's sense of housing security (Daoud et al., 2016; United Nations, 2001). The solitary female body—exemplified by older women who live alone—arises in housing data as a high risk location for housing precarity (CMHC, 2011; FCM 2015). Marital¹ disruption

¹ It should be noted that the literature reviewed for this study generally discussed heterosexual marriage as the normative marital state. While this tendency is acknowledged as a limitation, the point raised here—that women's attachment to a male partner has economic repercussions—is germane to the current discussion.

(disengagement of the female body from conjugal union with a male) is accompanied by negative financial repercussions for women (Denton & Boos, 2007; McDonald & Robb, 2003) which impact their ability to access secure housing.

The feminist perspective on the female body and the critique of patriarchy, sexism, and ageism provide a rich foundation for considering how women's embodied experiences reflect larger social structures. This framework was chosen because it supports inquiry into how it is that older women are consigned to the social and economic margins that shape their trajectories into housing precarity. Feminist analysis underscores that age and gender are not incidental, but rather, are central to older women's experiences. These considerations informed and guided the design and analysis of the current research.

Chapter 3: Literature Review

Conceptualizing Housing Insecurity

Older women in this country who live in insecure housing do so within a global context of social and economic precarity that has been on the rise since the 1980s (McKee, Reeves, Clair, & Stuckler, 2017). Welfare state withdrawal from social housing, health care, income, employment, and other supports (Mikkonen & Raphael, 2010) has contributed to social, economic, and political insecurity that some suggest has helped create a new permanent underclass—a so-called Precariat of disenfranchised citizens (McKee et al., 2017). Attached to the idea of living precariously is a concomitant, problematic construction of vulnerability (McKee et al., 2017). Vulnerable citizens are those designated as in need of heightened attention due to a perceived higher risk for severe consequences (McKee et al., 2017) in the face of difficulties.

The construction of vulnerability is iterated in the National Housing Strategy, which identifies older Canadians as among those in greatest need of housing supports (Government of Canada, 2017). The construct of vulnerability, on one side, provides an opportunity to seek out structural sources of inequity that contribute to individual disadvantage. However, if unexamined, this construction runs the risk of being understood as a standalone concept: vulnerability as a formulation may be conflated with individuals themselves. Positioning older women living in insecure housing as vulnerable persons is fraught with the potential for reproducing superficial, sexist, and ageist caricatures (Carney, 2018; Chrisler et al., 2016; Weicht, 2013). A focus of this study was to acknowledge and examine the trajectories of the housing precarity that older women may experience within a larger structural context that helps shape that vulnerability.

Keeping women's capacities and vulnerabilities both in view—and in balance—is a fundamental, abiding, and, perhaps, irreconcilable tension in this research.

Housing precarity was taken up in this study within the re-energized housing environment launched by the release of the National Housing Strategy (Siddall, 2017) in the autumn of 2017. Contained within the strategy, the first of its kind in the country's history, is the assertion of adequate housing as a human right. The conceptualization of housing as a basic human right has long been affirmed by the United Nations (2001), which defines such accommodation as safe, affordable, and structurally sound with sufficient space for household members.

The concepts of affordability, structural integrity, and adequate space are reflected in the core housing need indicator, a key measure of housing precarity in Canada (CMHC, 2016; Statistics Canada, 2017d). Ensuing discussion will outline the limitations of this measure in representing the lived experiences of insecure housing among older women in this study. However, the centrality of this indicator in defining housing precarity in Canadian analyses (Statistics Canada, 2017c, 2017f) and discourse (FCM, 2015; Housing Nova Scotia, 2017) necessitates a brief review of the measure here.

The core housing need indicator was developed by Canada Mortgage and Housing Corporation in the 1980s to help allocate federal housing funding to the provinces (Pomeroy, 2017). A profile of core housing need is derived from the population census long form questionnaire (Statistics Canada, 2017a), which establishes, through a series of questions, whether households meet benchmarks for precarity. These benchmarks are measured through probes that identify whether households fail to meet

one or more requirements for adequacy, suitability, and affordability, and whether acceptable alternative housing is locally available (CMHC, 2016; Lewis, 2009).

Within the core housing need measure, housing adequacy relates to the physical condition of a dwelling and the level of repairs census respondents identify as required (Lewis, 2009). A household's need for major repairs to wiring, plumbing, or building structure is an indicator for core housing need (Statistics Canada, 2017e). Housing suitability is established through census questions related to the number of bedrooms for the size and makeup of the household, and is informed by accommodation requirements defined in National Occupancy Standards (Statistics Canada, 2017e). Housing affordability is measured through questions related to shelter cost-to-income ratio. This ratio describes the proportion of average total household income spent on housing (Statistics Canada, 2017e). An expenditure of 30% or more of before-tax income on shelter puts a household at risk. Failure to meet one or more of these standards, coupled with a lack of acceptable alternative housing, signals that a household is in core housing need (CMHC, 2016; Pomeroy, 2017). Acceptable, alternative accommodation is housing that costs less than 30% of gross household income and meets all three standards for adequacy, suitability and affordability (Lewis, 2009).

The perceived prioritization of affordability in the discussion of housing security has been critiqued as too narrow an emphasis for exploring the issue (Mallett et al., 2011). Although affordability is the standard least often met among people experiencing core housing need (Lewis, 2009; Pomeroy, 2017), the conflation of the terms 'affordability' with housing security in public discourse (FCM, 2015; Government of Canada, 2017) is problematic. The complexities of housing precarity may become

diffused within an over-focus on issues of affordability. As this study demonstrates, insight into the diverse contexts linked to older women's housing insecurity is critical to understanding their experiences. Nonetheless, core housing need data can provide some baseline information about gendered inequities in Canadians' access to secure housing. These data can help situate older women within the broader context of housing precarity in Canada, and can serve as a useful starting point for examining the dimensions of their housing insecurity.

Older Women and Housing Insecurity

In 2016, almost 13% of Canadian households were in core housing need (Statistics Canada, 2017d). A similar rate existed in Nova Scotia, where almost a third of the 50 thousand households in core housing need were senior-led (Housing Nova Scotia, 2017). When compared by gender nationally and within Nova Scotia, females across all age groups tabulated by Statistics Canada experienced higher rates of core housing need than males (CMHC, 2011), and women aged 65+ were almost twice as likely to live in core housing need as men within the same age group (CMHC, 2011). Women who live alone are among those at greatest risk of core housing need (CMHC, 2011), and older women are more likely than their male peers to live by themselves (FCM, 2015). Not surprisingly, people living on low incomes are more likely to be at risk of housing insecurity, but low income women experience higher rates of core housing need than men within the same income bracket for almost all income groups (CMHC, 2011). Intersecting social identities may intensify women's incidence of housing precarity. Aboriginal and immigrant women show much higher rates of core housing need compared to other women and the general population. And, although higher education is

associated with lower rates of housing precarity, highly educated women experience higher rates of core housing need than men with the same level of education (CMHC, 2011). Gendered inequities also surface when the links between labour force attachment and housing precarity are examined. With the exception of part time work, women's rates of core housing need surpass men's for all employment types (CMHC, 2011).

Although the core housing need measure is a useful instrument for exposing the gendered dimensions of housing precarity, it is inherently limited in the extent to which it can represent the complexities of lived experience. Reliance on an index of household indicators decontextualizes the circumstances of older women living with a low income. The measure cannot capture their personal histories or account for the broader social, economic, and political milieus of their housing precarity. In contrast to the statistical story told by core housing need data, a feminist approach asserts that women's knowledge needs to be given precedence in the exploration of issues affecting them (Darab et al., 2017; Freixas et al., 2012). The feminist privileging of women's lived experiences informed the research decision to conduct in-depth interviews to help uncover some of the complex contexts of women's experiences.

The Marginalization of Older Low Income Women in Housing Research

Insight into those complexities was similarly sought in a review of current housing research. Special attention in this literature review was given to qualitative studies offering personal accounts of older low income women's experiences of housing insecurity. However, their unique circumstances do not surface readily in a body of research focused on the housing concerns of broader segments of the population. In reviewing the literature, the experiences of economically marginalized aging women

must often be gleaned or inferred from non-age specific studies of women, housing, and other social issues (Daoud et al., 2016; O'Campo et al., 2016; Skobba, 2016); from general research about older persons and housing (CMHC, 2015; FCM, 2015; Weeks, Shiner, Stadnyk, & MacDonald, 2013) or from studies focused on housing and the general population living with low incomes or in poverty (Crane & Warnes, 2010; Gaetz, Dej, Richter, & Redman, 2016; Sylvestre et al., 2018; Vacon, Green, Lamrock, Sally, & Stewart, 2018). Some attention is given in the housing literature to the concerns of older, vulnerable people (Grenier, Barken, Rothwell, Bourgeois-Guérin, & Lavoie, 2016; Weeks & LeBlanc, 2010) and older women generally (Ewen & Chahal, 2013; Leith, 2006). Consideration is also given to older adults' experiences of homelessness, which may include gendered analyses (Grenier, et al., 2016a, 2016b; McDonald, et al., 2004). The positioning of homeownership as a normative housing tenure type for older adults further obscures the circumstances of older women living with a low income who may not be able to afford home purchases (Darab et al., 2017). Research focused primarily on the demographic of women in this study is less apparent. Although some research presents data related to the experiences of this under-represented group (CCEL, 2013), the usefulness of other studies may be limited by offering a perspective from another country (Darab & Hartman, 2013; Darab et al., 2017) or due to a primary focus on experiences of homelessness (McLeod & Walsh, 2014; Waldbrook, 2013; Walsh, Rutherford, & Kuzmak, 2009). The presence of older women within this study's targeted demographic remains marginalized (Darab & Hartman, 2013). A feminist perspective offers some insight into the peripheral presence of older women in the literature. Their absence is understood by some feminist theorists as signifying a pervasive invalidation of

aging women within ageist and sexist social contexts (Calasanti et al. 2006; Carney & Gray, 2015; Freixas et al., 2012).

Piecing Together the Contexts of Older Women's Experiences

Some markers for further inquiry about the housing experiences of older women may be extracted from what is known through broader research into housing insecurity. The following discussion stems from information gleaned through housing research within wider categories of women, older adults, and people living with low incomes. Taken together with what is known about women's economic and labour force marginalization (a fundamental context for women's experiences identified by feminist theory) a framework for understanding the dimensions of housing insecurity for older women living with a low income may be tentatively constructed.

Marginalized labour force attachment and income inequity.

Feminist theorists maintain that the inequities older women face in accessing resources need to be considered within the context of their economic marginalization throughout life (Hooyman et al., 2002; McLeod & Walsh, 2014). Labour market sidelining through lower rates of full time paid employment, lower pay, and unpaid work in the home (McLeod & Walsh, 2014) contributes to a higher representation of women within low income brackets (Statistics Canada, 2011). While there have been some improvements in women's labour market attachment over the past few decades (Statistics Canada, 2016), women are still less likely to be working than men (Status of Women Canada, 2012) and are more likely to work part time or on a contract basis (McLeod & Walsh, 2014; Status of Women Canada, 2012).

Inequitable workforce participation translates into limited savings and pension benefits when women retire from paid work. While the increasing presence of women in the paid labour force means they are more likely to generate pension income than they do currently (Statistics Canada, 2016), the benefits of this development may be limited.

Working part time means women are contributing less to CPP and receiving lower CPP benefits at retirement, and part time workers tend not to contribute to employers' private pension plans where they are offered (National Advisory Council on Aging, 2005).

Upcoming cohorts of women are still more likely than men to do part time and casual work, and to have their employment interrupted by child rearing (Denton & Boos, 2007).

A series of focus groups in BC examining policy barriers facing women in their 50s through their 80s found that poverty was a pervasive concern within this group (CCEL, 2013). The more than 300 women in this study described a wide range of factors influencing their trajectories into income security, including the truncation of paid employment in order to provide care in the home, limited access to pensions, loss of, or flight from, a male partner, and health issues. Their experiences of poverty occur within a broader social context of declining income among older adults in Canada. The incomes of the general population aged 65+ are now falling below the median incomes of other Canadians (Heisz, 2015), and gender inequity in income is apparent. The median income for men in this age group has been roughly 1.5 times higher than that of women since the 1990s (Statistics Canada, 2016), and the ratio of women to men living in poverty at age 85+ is nearly 4.5 to 1 (Preston et al., 2012-2013).

In studies not differentiated by gender, research shows that younger segments of the aging population are at especially high risk for low incomes (Statistics Canada, 2015;

Walsh et al., 2015). The financial vulnerability of so-called pre-seniors (aged 64 and under) reflects high levels of unemployment and disability within this demographic group (Statistics Canada, 2015) and ineligibility for pensions and other benefits, including subsidized housing, that targets older segments of the population (Walsh et al., 2015). The racialization of poverty (Preston et al., 2012-2013) is another important factor in considering older women's experiences: immigrant women and women from visible minority groups are especially likely to be living in poverty (Kaida & Boyd, 2011; Preston et al., 2012-2013).

An overlooked but important aspect within the income discussion is the issue of women's ability to build assets (financial, non-financial, and business equity) to support them through retirement (Denton & Boos, 2007). During their lifetimes, women acquire on average about two-thirds the wealth of men, and separated and divorced women may attain much less than this (Denton & Boos, 2007). Women's attachment to men is an influencing factor on their incomes. Research on heterosexual couples² shows that while married people enjoy the highest levels of wealth, the end of marriage through divorce or

² It should be noted that this research does not address the circumstances of the 3,100 senior Canadian women who reported being part of a same sex couple in 2011, accounting for more than 5% of all women in same-sex relationships (Statistics Canada, 2016).

death has a greater negative financial impact on women than men (Denton & Boos, 2007). Women who are widowed or divorced have fewer assets than their male counterparts (Denton & Boos, 2007), and separated and divorced women have the lowest incomes among all older unattached women in Canada (McDonald & Robb, 2003). Common-law relationships appear to be more financially beneficial to men than women. Women living in these circumstances have fewer assets than men, and in spite of laws compelling equal distribution of assets at relationship termination, women emerge from unmarried partnerships with fewer assets than their male partners (Denton & Boos, 2007). This information gains significance in light of emerging trends in coupling among aging Canadians, which show a rising divorce rate and increasing tendency for older adults to enter into common law relationships (Statistics Canada, 2014b). These developments have implications for women's economic wellbeing, given that divorce and unmarried cohabitation have been shown to economically disadvantage them.

All of these factors contribute to what has been described as the feminization of poverty (Denton & Boos, 2007), which feminism situates within the context of patriarchy. While inequitable income and labour force attachment are fundamental contexts for older women's experiences of housing insecurity, other factors impacting their circumstances can be extricated from the literature.

Housing tenure type and housing insecurity.

Housing tenure type (whether a woman rents or owns her home) emerges as a significant consideration in the experience of core housing need (BCNPHA, 2018; FCM, 2015). While less than 20% of owner occupied households nationally were in core housing need in 2016, more than 40% of rented households were in the same predicament

(Statistics Canada, 2017g). In some Nova Scotia communities, core housing need rates among rented households run as high as 48% (BCNPHA, 2018). The predominance of homeownership as a housing tenure type among Canadians (FCM, 2015; Statistics Canada, 2017g) may obscure the housing challenges facing renters. However, the unaffordability of rental housing is a serious concern for older Canadians (FCM, 2015; Vacon et al., 2018; Weeks & Leblanc, 2010). Almost one in two senior-led (aged 65+) households that rent housing face affordability challenges (FCM, 2015). Renting as a housing tenure type varies by gender. In Nova Scotia, more than half of rented households are headed by a female (Statistics Canada, 2014a). The gender gap is more pronounced in homeownership, where only a third of Canadian households are owned by female primary maintainers (Statistics Canada, 2014a). Given the demonstrated relationship between women's wealth and attachment to a male partner (Denton & Boos, 2007; McDonald & Robb, 2003) the gender gap in home ownership has potential implications for the housing security of women experiencing the loss of a male partner who is the primary household maintainer. Because women's housing tenure type surfaces as an important element in their housing security, this factor, including changes in status over women's lifetimes, was explored with participants in this study.

Involuntary household moves.

Although not consistently differentiated by gender or age, a body of research related to frequent moving and housing precarity warrants attention. Frequent moves can be psychologically distressing (O'Campo et al., 2016; Phinney, 2013) and are linked to reduced mental and physical wellbeing (Vacon et al., 2018). Research suggests that involuntary household moves occur at greater frequency among people living with low

incomes than other populations (Phinney, 2013; Skobba, 2016), and are often associated with affordability problems (Phinney, 2013; Vacon et al., 2018) or evictions due to rental arrears (Crane et al., 2005).

The wish to remain in place is identified as an important consideration for older people, who express a desire to stay in their own communities as they age (FPTMRS, 2007; Nallétamby & Ogg, 2014) either within their own homes (Shiner, Stadnyk, DaSilva, & Cruttenden, 2010) or, in the case of people who rent accommodation, within a familiar neighborhood (Brown & Teixeira, 2015; FCM, 2015). But despite their wishes, older adults may not be able to stay where they want for a range of reasons, including affordability (McDonald et al., 2004; Weeks and Leblanc, 2010). Other factors influencing the decision to move emerge in broader research related to women, older adults, and low income people, indicating potential areas for further exploration with participants in this study. These are discussed below.

Household moves and women's relationships.

Personal relationships, both positive and negative, arise in the research as an important factor in women's decisions to move households. The loss of important relationships through death or other disruption can be the beginning of a pathway into homelessness (Crane et al., 2005; Grenier et al., 2016a), and relationship breakdown emerges as a larger factor in this trajectory for women than for men (Crane & Warnes, 2010; Grenier et al., 2016a; McDonald et al., 2004). For women, a decision to move households may be triggered by intimate partner violence (Darab & Hartman, 2013; Grenier et al., 2016a) which can act as a precipitating event for sudden, unplanned relocations. Partner violence may be the source of ongoing disruption in women's

housing security, following them to their new housing or employment, and placing their jobs or housing situation at risk (O'Campo et al., 2016). Intimate partner violence can jeopardize women's wellbeing at any age: there is an increasing number of women aged 55+ who are leaving housing because of violence in the home (Grenier et al., 2016a). Not surprisingly, feeling safe and secure, with a sense of control over one's environment, is regarded as an important aspect of women's experience of housing security (Daoud et al., 2016; O'Campo et al., 2016).

Women's pathways to precarious housing may begin early in life with unsupportive or negative family relationships, early independent living, and youthful childbearing (Skobba, 2016), childhood trauma, and poverty (Grenier et al., 2016a). Gendered constructions that cast women in the role of caregivers (Huppertz, 2010) have potential implications in later life. One study of older women's transitions to seniors' housing found that participants often moved from their homes to provide care for another person (Ewen & Chahal, 2013). Personal relationships appear to be significantly related to women's experiences of housing insecurity, and this important element was explored in the current research.

Household moves due to design/maintenance issues.

Concerns about a residence's location, structural design, and maintenance requirements can place pressure to move households on older adults in general (Hillcoat-Nallétamby & Ogg, 2014) and contribute to an overall sense of housing insecurity (Vacon, et al., 2018). Having to hire outside help to look after property maintenance may be unsustainable financially, or expose older homeowners to potential exploitation (Weeks & Leblanc, 2010). People who rent housing may struggle to have needed repairs

carried out by unresponsive landlords (Weeks & Leblanc, 2010). Necessary household modifications to support ageing bodies, such as grab bars, widened doorways, or specialized fixtures and handles (Weeks & Leblanc, 2010), may be beyond reach financially. For older women, an inability to address needed repairs after the loss of male partners can undermine their sense of competency in managing their households (Coleman, Kearns & Wiles, 2016).

The tension between older adults' desire to stay in place and the factors compelling household moves were explored in this study with specific reference to the experiences of aging women living with a low income. Among the questions explored and currently not addressed in the literature were how design and maintenance issues may be related to their experiences of housing security, and how significant the wish to age in place was for these participants.

Other issues impacting older women's housing security.

Despite inconsistent reporting of age, gender, and income-specific experiences of housing insecurity, there were indications in the housing literature of directions for further inquiry into the circumstances of older women living with a low income. Attention was given in this study to women's experiences of living alone, which is linked to housing precarity (Crane et al., 2005; McDonald et al., 2004). Research has associated solitary living with negative financial, social, and health outcomes, including compromised mental and physical health, and restricted social support networks (Carstairs & Keon, 2009), which are important contributors to older adults' wellbeing (Lustbader, 2013; Nova Scotia Department of Seniors, 2017). These outcomes were

explored with women in this study who live alone to gain insight into how they may understand the relationship of solitary living to their housing and health circumstances.

Insecure housing may also be related to an older adult's gender identity and sexuality. Older LGBT people, who are disproportionately represented among homeless populations (Grenier et al., 2016a), may fear negative attitudes from neighbours, risk being victimized in their communities, or being discriminated against by housing providers (Croucher, 2008). An older person's cultural identity may be at odds with available housing, causing indigenous people or ethnic minorities to feel out of place within housing that reflects the norms and values of the dominant white culture (Weeks & Leblanc, 2010). Immigrants may find that language barriers contribute to their social isolation, or may face discrimination in their communities (Weeks & Leblanc, 2010). In seeking a diversity of identities among older low income women for this study, it was hoped that some of these interconnected factors impacting housing security might be explored.

Safety and autonomy are recurrent themes in research related to women, older adults, and housing. Having a sense of safety in the home, identified as an important concern for women (Haworth-Brockman & Donne, 2009; Waldbrook, 2013; Walsh, Rutherford, & Kuzmak, 2009) equally emerges as a significant concern for aging people (Weeks & Leblanc, 2010). The need for control over their own lives appears as an important requirement for housing security among precariously housed women (Darab et al., 2017) and women transitioning to seniors' housing (Ewen and Chalal, 2013; Leith, 2006). Attention was given in this study to the ways in which participants talked about safety and autonomy and the relevance of these concepts to their housing experiences.

Having access to appropriate housing information and supports arose as a factor in housing security in research related to general populations of women and low income people. Navigating the housing market and accessing housing supports can pose challenges to people with limited education (Phinney, 2013) or be a barrier for those fatigued by long term interaction with unresponsive social support systems (Beresford, 2016). Access to housing information and supports was identified as an important factor in maintaining housing by almost a quarter of respondents in a study on housing precarity in rural Nova Scotia (Vacon et al., 2018). Older women who had experienced homelessness described having help getting to medical appointments and access to counselling as significant components of their wellbeing and ability to stay housed (Waldbrook, 2013). However, awareness of available resources can be a problem. A Toronto study of homelessness among older adults found that most participants knew little about the services available to them (McDonald et al., 2004). Information barriers in understanding tenancy rights and protections have been identified for older, low-income, and immigrant women (Gidengil & Stolle, 2012). Participants in the current study were asked about their ability to access the housing and health information they need, and attention was given to barriers they may have experienced in accessing resources.

Older women's experiences of homelessness, the extreme end of the housing insecurity continuum, receive considerable attention in research about housing precarity. While estimates of the number of older adults accessing shelters vary widely depending on the selected age group and source (Gaetz et al., 2016; Grenier et al., 2016a), the presence of older Canadians in homeless shelters appears to be growing. Women are estimated to make up more than a quarter of Canada's homeless population, and this

proportion has remained stable over the past decade (Gaetz et al., 2016). Although women experience on average fewer episodes of homelessness, when they access shelters, they tend to stay for longer periods than men (McDonald et al., 2004). While women experiencing homelessness are not subjects of the current research, it was anticipated, correctly, that some participants may have lived without housing during their lifetimes. Research (Sylvestre et. al, 2018) and personal observations made while working among marginalized populations suggests that precariously housed people may cycle in and out of homelessness throughout their lives.

The Importance of Context for Older Women's Housing Insecurity

All of the factors discussed above point to the importance of considering older women's experiences of housing precarity within the broader social and economic contexts of their lives. Some constituents of these contexts—lifelong inequitable employment and income (McLeod & Walsh, 2014; Waldbrook, 2013); the physical (Coleman et al., 2016; Weeks & Leblanc, 2010) and emotional dimensions of their living arrangements (Darab & Hartman, 2013; O'Campo et al., 2016) — have been hinted at in the literature. These indications were further explored in interviews with participants as part of the current research. It was anticipated that other factors influencing their circumstances would emerge in conversations with participants that have not yet surfaced in the literature, and attention was paid to new insights offered by the women themselves.

It was apparent from the initial literature review, however, that decontextualized measures like the core housing need indicator and analyses of housing issues related to broader segments of the population are deficient in conveying the circumstances of the group of women targeted in this study. The inconsistent presence of a gendered,

gerontological, and socioeconomic focus in housing research means there is currently a fragmented narration of the experiences of older women living with a low income. The focus of this research was to explore those aspects of women's experiences that current research fails to capture.

Health, Housing, and Older Women Living with a Low Income

The “fundamental bi-directional relationship between housing and health” (Mallett et al., 2011, p. 10) is well attested. Housing is associated with individual and community health (Mikkonen & Raphael, 2010; PHAC, 2011), and insecure housing can negatively impact Canadians' mental, physical, and social wellbeing (Miewald & Ostry 2014). Being insecurely housed is connected to increased levels of stress in the general population (Bryant, 2003; Mikkonen & Raphael, 2010) and is linked to food insecurity and disease related to poor diets (Miewald & Ostry 2014).

The current research took up the question of how older women living with a low income understand the relationships between their experiences of insecure housing and health, addressing an important gap in the current literature. As was the case in housing research, no clear account of the specific circumstances of this demographic emerges in the research related to housing precarity and health. This is a significant omission. Women represent the fastest growing segment of the older adult population (Benoit & Shumka, 2009) and this trend is expected to continue (Statistics Canada, 2016). In 2015, more than three million of Canada's 5.8 million residents aged 65+ were women, and within the next fifteen years, women 65+ are projected to make up a quarter of the total female population. In Nova Scotia, which has among the highest proportions of women aged 65+ in the country, this share of the population is expected to increase to 30% by

2031 (Statistics Canada, 2017b). Current indicators of the health status of older women are not overly promising. A large majority of women aged 65+ experience at least one chronic health condition, and report having at least one disability that limits their daily activities (Statistics Canada, 2016). Yet studies exploring the links between housing precarity and health among aging, economically marginalized women are scarce.

Housing and health research tends to focus on broad categories of gender (Benoit & Shumka, 2009; Haworth-Brockman & Donne, 2009), age (Grenier et al., 2016a, 2016b), or socioeconomic status (Crane et al., 2005; Sylvestre et al., 2018) without giving much specific attention to the demographic of women who were the subject of the current study.

Housing as a social determinant of health (SDH).

While generalized accounts of housing insecurity and its impacts on health and wellbeing can provide some guide posts for further analysis of older low income women's situations, another tool, the social determinants of health framework, can help further parse these experiences. This framework is used to examine how social, structural, and environmental influences, in addition to biological and genetic factors, impact health (Benoit & Shumka, 2009) and contribute to health inequities (Government of Canada, 2018). Within this model, housing is recognized as an important social determinant of health (Mikkonen & Raphael, 2010; PHAC, 2011). Descriptions of the social determinants of health vary: the World Health Organization (2007) identifies ten constituents, while the Public Health Agency of Canada (2011) recognizes 12. These elements include income, employment, social supports, education, gender, childhood experiences and other factors (WHO, 2007; PHAC 2011). Housing is not explicitly noted

in the WHO and PHAC frameworks; it is instead implied within the determinants of social and physical environments, although some variants of this model specifically name housing (Mikkonen and Raphael, 2010).

The social determinants of health framework situates the complex inter-connections between women's health and insecure housing within broader structural inequalities. This framework was thus a useful tool for developing a composite picture of factors that need to be accounted for in research related to older low income women's housing and health.

What the SDH model can tell us about older women's housing and health.

A social determinants model reveals that low income women have a poorer state of overall health and higher rates of premature death than women in higher income brackets, and higher incidence of disease, such as diabetes (Bryant, 2009). The framework makes transparent the fact that women living with a low income have a higher likelihood of living in unsafe neighborhoods, and are more apt to perform unpaid labour during their lifetimes than wealthier women (Benoit & Shumka, 2009).

The association between housing and health is apparent in research on homelessness. Physical and mental health issues are associated with trajectories into homelessness (Crane et al., 2005; Ewen & Chahal, 2013; Waldbrook, 2013), and the state of being homeless is associated with significant health issues that increase with age (Grenier et al., 2016a; Sylvestre et al., 2018). Significantly, 50 is the accepted old age marker among homeless populations. Research has shown that homeless people at age 50 have physical and mental health characteristics associated with 60 year olds who are securely housed (Crane & Warnes, 2010; Grenier et al., 2016a; McDonald et al., 2004).

The framework's positioning of gender as a social determinant of health supports analysis that demonstrates links between housing precarity and specific health outcomes for women. Living in precarious housing is associated among women with low self-esteem and poor self-care, including neglect of prescribed medications (Daoud et al., 2016), and the experience of poverty is linked to higher rates of depression among women than among men (Kwan & Walsh, 2018). Women have identified feeling safe in their communities and homes as contributing to their overall physical and mental well-being (Haworth-Brockman & Donne, 2009) and have described a move to better housing as an enabler of improved eating habits and sleep patterns (Waldbrook, 2013).

While age is not considered to be a social determinant of health, the framework demonstrates the value of applying a person-in-context model for understanding relationships between social locations, housing, and health. Being insecurely housed is identified as a contributing factor in social isolation among older adults (Carstairs & Keon, 2009), and older people living in poor neighborhoods are more likely to report poorer health (Kwan & Walsh, 2018). Housing that doesn't accommodate the needs of ageing bodies can contribute to an increased likelihood of injury (Haworth-Brockman & Donne, 2009).

The social determinants of health model underlines some important connections between housing, health, socioeconomic status, gender, and age. Taken together, the findings from a determinants perspective about women, older persons, and people living with low incomes shed light on directions for interviewing participants in the current study. The important, lived details of compromised physical and mental health within

insecure housing—poor self-care, eating and sleeping patterns and other facets of women’s experiences —were explored in the current research.

Interconnected dimensions of housing and health.

It is difficult to isolate the effects of insecure housing from the other social determinants of health such as poverty because they are so deeply interrelated (Mikkonen & Raphael, 2010). A woman’s income level, and the myriad social and structural factors contributing to it, impacts her standard of living, social life, health-related behaviors, and overall wellbeing (Mikkonen & Raphael, 2010). Nonetheless, housing as a standalone determinant has been analysed to more fully explore its relationship to health.

One approach that conceptualizes three domains of housing provides a useful framework for considering this relationship. These concepts describe a material domain of housing, which relates to the physical integrity of a home; the domain of the meaningful, associated with an individual’s sense of belonging and agency within the home environment, and the spatial, which considers a household’s surrounding environment, including access to services (Bryant, 2003). Dunn, Hayes, Hulchanski, Hwang, & Potvin (2004) have further parsed these conceptual areas into multiple dimensions where health and housing intersect. These take into account the physical integrity, design, and location of a home, aspects of housing which have surfaced in the previous discussion as important constituents of housing security for both older persons and women. The three domain model also encompasses the psychological and social factors attached to housing, which can help shape the relationships, the expression of identity, and capacity for self-agency that can influence health (Dunn et al. 2004). These conceptualizations helped deepen the discussion of the relationships between women’s

housing and health by drawing attention to the important non-material dimensions of housing that may contribute to security and wellbeing.

A qualitative study exploring perceptions of home among homeless women in Calgary adds depth and richness to the conceptualization of material, meaningful, and spatial domains where housing and health overlap (Walsh, Rutherford, & Kuzmak, 2009). When a small group of women in their 20s through their 60s were invited to express their understandings of home, a range of more subtle ideas related to these domains arose. For example, within a dimension of housing labelled by researchers in the Calgary study as “affective,” women spoke about the importance of having privacy, solitude, and choice in who they shared housing with. The affective sphere of housing for these women also included feelings connected to a sense of home: being safe and content, and being able to cook meals and entertain. Having access to a garden or greenspace were described as important physical aspects of housing that supported the wellbeing of women in the study. The useful conceptualization of housing as encompassing material/physical, meaningful/affective, and spatial dimensions informed the current research.

This study explored the question of how older women living with a low income understand the relationships between their experiences of insecure housing and health, addressing an important gap in the current literature. There has been limited attention given to this subject, which is significant considering that this demographic group emerges as especially at risk of housing precarity. Older low income women’s unique circumstances are not easily discerned in a body of research focused on the broader housing concerns of women, low income, or older persons, or within research that

positions homeownership as a normative housing tenure type for older adults. This same lack of focus is apparent in research into the links between secure housing and health for women in this study's target demographic, where details of this relationship remain elusive. This lack of attention stands in contrast to anticipated growth in the female population, which some feminist theorists suggest, make old age the domain of women.

A feminist theoretical perspective helps contextualize women's circumstances within the broader social, political, and economic contexts that shape older low income women's individual experiences of housing insecurity and health. Feminist analysis and the social determinants framework underscore that age and gender are not incidental to older women's experiences. A critical, person-in-environment approach is invaluable in exploring how interconnected systemic factors, such as economic and labour force marginalization, come home to roost for women in their later years.

The inconsistent presence of a gendered, gerontological, and socioeconomic focus in housing research means there is currently a fragmented narrative of older low income women's situations. This study explored those aspects of participants' experiences that current research fails to capture: the lived realities and larger social contexts of older women living with low incomes in insecure housing.

Chapter 4: Methodology

Introduction

This qualitative study contributes to knowledge about the interrelationships of housing insecurity, health, and wellbeing among older women (age 50+) living with a low income in Halifax Regional Municipality (HRM). The overarching questions influencing this study were, “What are older low income women’s perceptions of their experiences of insecure housing? How do they understand the relationship between their housing and their health?” The research questions were explored through a cross-sectional study employing semi-structured, in-depth interviews (Fox & Jennings, 2014) with 11 women living in HRM. The interviews were audio recorded and carried out between Dec. 5, 2018 and January 29, 2019. A thematic analysis (Bryman, 2016; DiCicco-Bloom & Crabtree, 2006) informed by feminist theory (Carney & Gray, 2015; Harbison, 2008) was applied to the collected data to develop the findings.

As the following sections demonstrate, the current study was conducted using methods and approaches to support good quality research. The benchmark for quality in qualitative research is that research be regarded as trustworthy (Bryman, 2016; Mitchell, Boettcher-Sheard, Duque, & Lashewicz, 2018). Trustworthiness assures that the methods and processes used are transparent (Fox & Jennings, 2014; Leung, 2015) and can be recognized as credible, dependable, and replicable (Bryman, 2016; Fox & Jennings, 2014), thus producing transferable findings (Leung, 2015) that add to the existing body of knowledge in a given field (Mays & Pope, 2000). Credibility in research makes apparent that the methods and processes used are appropriate to the research questions and theoretical frameworks employed in the study (Leung, 2015). A focus of this research

was to conduct credible research to address important knowledge gaps related to older women's experiences of housing insecurity. In-depth interviews of the type used in this study are designed to elicit rich, descriptive accounts from study participants to support transferability of findings (Agee, 2009; Bryman, 2016). Credible research anchors analysis in the collected data to plausibly develop the findings (Florczak, 2017; Leung, 2015), and relies on a well-documented audit trail to enhance dependability (Bryman, 2016; Florczak, 2017). Good quality research further provides sufficient description of data collection and analysis methods (Mays & Pope, 2000) to allow the research to be replicated.

In the interests of transparency to support rigor in research (Humble & Radina, 2019; Tracy, 2010) the following sections provide a detailed description of the research methodology used in this study. The following information describes the steps taken to recruit participants, conduct interviews, and analyse the data, and provides insight into how the theoretical framework informing this study has been integrated into the research process. And finally, the ethical concerns, risks, and benefits attached to conducting this research, along with some methodological limitations, have been highlighted.

Theoretical Approach

Feminist theory was used to guide this research. This approach can help situate women's experiences within the broader social, political, and economic contexts in which they live (Benoit & Shumka, 2009; Calasanti, 2008; Carney & Gray, 2015; de Saxe, 2012). This study conceptualized the daily challenges that older women living with a low income face in managing insecure housing and health as reflecting inequities embedded in structural levels of their environments (Hooyman et al., 2002).

A qualitative research methodology aligns with a feminist theoretical perspective in its potential to make women's experience visible within broader social contexts (Bryman, 2016; Kegler et al., 2019) in ways that support their values and knowledge (O'Shaughnessy & Krogman, 2012). Feminist theory positions women's experiences within a socially constructed system of patriarchy in which women's concerns, including their experiences of housing insecurity and health, are reframed as societal issues (Hooyman et al., 2002). This critical perspective was appropriate for the current research in its focus on the factors that shape the experience of housing precarity for older women. A feminist analysis provided an important foundation for understanding the economic marginalization (McLeod & Walsh, 2014; Statistics Canada, 2011) contributing to the housing precarity experienced by the women in this study. Feminist theory's elucidation and critique of how imposed gender roles (Calasanti, 2004) contribute to this marginalization (Calasanti et al., 2006; Freixas et al., 2012; Huppatz, 2010) gave important context to the reported experiences of women in this study as mothers, wives and caregivers.

The feminist focus on power relationships attached to gender constructions (Vanner, 2015) provided an important framework for considering the role of landlords in contributing to a sense of housing insecurity among some women in the study, and provided a basis for reflecting on the power relationships embedded in researcher-participant interactions (O'Shaughnessy & Krogman, 2012). Understanding gender as a core social identity (Chambers, 2004) helped direct research attention to the important role that attachment to a male partner and intimate partner violence may have played in shaping housing insecurity for some women taking part in this research.

Feminist concern with the way in which gender inequalities experienced by women may be intensified by their age, race, economic status, and other social locations (Hooyman et al., 2002) also helped direct this research. This insight guided the research design in underlining the importance of seeking diverse experiences and backgrounds among the women selected for interviewing. Social constructions of age and race were explored during the interviews, and examined in data analysis for the ways in which these constructs factored in to women's accounts of housing insecurity and wellbeing.

Feminist theory's attention to women's embodied experience provided a useful framework for reflecting on the sense of invisibility reported by some of the older women in this study, and the overall lack of attention to older women in housing research (Darab & Hartman, 2013). Feminism's inherently strengths-based understanding of women as experts in their own lives (Hooyman et al., 2002) meant that privileging women's voices in reporting the research findings was an important consideration. This conceptualization of women as holders of knowledge also influenced the decision to present participant profiles as brief narratives in the next chapter rather than as more straightforward summaries of data related to housing and health.

Qualitative research is also seen to align with a feminist framework in its concern with researcher reflexivity. A qualitative methodology positions the researcher as part of the research process with power to influence outcomes based on personal beliefs and unconsidered biases (Castleberry & Nolen, 2018; DiCicco-Bloom & Crabtree, 2006). Acknowledgement of the power imbalance between the researcher and study participants (Mitchell, et al., 2018; O'Shaughnessy & Krogman, 2012) is a focal point of reflexivity in both qualitative (DiCicco-Bloom & Crabtree, 2006) and feminist research (Vanner,

2015). The feminist approach to reflexivity, employed in this study, iterates the importance of researcher reflection being embedded at every stage of the research process, from the development of the research questions through analysis of the findings (Vanner, 2015). Feminist practice urges awareness of the ways in which the research design and process is influenced by the researcher's beliefs, assumptions, and experiences rooted in specific social identities like gender and social class (Mays & Pope, 2000). Some reflections made during this research process are offered in *Researcher Reflections*, below.

A feminist approach was chosen as the guiding theoretical framework for this study because it offers a way in to understanding how it is that older women are consigned to the social and economic margins that shape their trajectories into housing precarity. Feminist analysis underscores that age and gender are not incidental, but rather, are central to older women's experiences. These considerations informed and guided the design and analysis of the current research.

Developing the Research Questions

The development of research questions in qualitative research is understood to be a dynamic process which subjects the guiding questions to researcher scrutiny, reflection, and change (Agee, 2009; Frankel & Devers, 2000). While this study was ultimately guided by two research questions, it was originally constructed on the first question alone, which focused solely on older women's experiences of housing insecurity. In working with a feminist theoretical framework, which emphasizes the importance of context in understanding women's experiences (Calasanti et al. 2006; Carney & Gray,

2015; Freixas et al., 2012), I began to reflect on the important contexts that might be overlooked in the sole focus on housing.

Based on my past community experience, I was aware that multiple, serious health issues were often present among the people I met who were precariously housed. I also knew from hours of conversations with people living in insecure housing or homelessness that personal histories of abuse and trauma, limited education, and few social supports were commonly shared experiences. In one sense, my work in community gave me an intuitive understanding of the social determinants of health before I was later introduced to the framework as a theoretical construct. In conducting the literature review for this research, I recognized that these informal observations were attested in studies related to housing insecurity (Crane & Warnes, 2010; Grenier et al., 2016b; McDonald et al., 2004), making it apparent that the link between housing and health was an important context for exploring the experiences of housing insecurity among women in this study. I subsequently added the second research question to support exploration of the perceived relationship between housing and health.

Data Collection

Sampling method.

Participant recruitment began after ethics approval was obtained from Mount Saint Vincent University's Research Ethics Board (MSVU REB) in November, 2018³ (Appendix A). Purposive, or non-random, sampling, a standard in qualitative research, was used in this study (Bryman, 2016; Devers & Frankel, 2000). This sampling method seeks participants who are relevant to the research questions being asked (Bryman, 2016) and who can add depth of understanding to the concepts being explored (Agee, 2009; DiCicco-Bloom & Crabtree, 2006). Because the goal of qualitative research is to produce transferable results rather than the generalizable findings sought in quantitative research, purposive sampling is considered to be an appropriate means of recruiting participants (O'Reilly & Parker, 2013).

³ An ethics protocol change request was submitted and approved by the MSVU REB in January, 2019. The request was made to allow for the potential presence of a language interpreter for participants recruited through an agency supporting immigrant women. When originally contacted, this agency flagged a possible need for English language translation should women accessing the agency respond to this study. While there was ultimately no response from participants through this agency, the contact revealed an important oversight in the original ethics application.

Selection criteria.

In alignment with purposive sampling, study participants who could speak with insight into the experiences of older women living with a low income in insecure housing in HRM were sought for this research. Selection criteria were developed to capture the targeted group of women. These criteria included requirements that a participant:

- identify as a woman aged 50+
- be living on a low income in HRM
- identify with living in insecure housing (which was suggested to be housing that felt unstable or that did not meet her needs in ways that were important to her)
- be experiencing one or more health issues
- agree to be audio recorded.

A discussion of these criteria and the rationale for them is provided in *Definition of Terms Used in this Study* in Chapter 1.

Participant recruitment.

Several recruitment strategies were used for this study. An initial focus was placed on working through community agencies that had established relationships with older women to help recruit participants. Working with “gatekeeper” agencies able to facilitate introductions with potential participants is an established practice in qualitative research that can help build trust between the targeted community and the researcher (Devers & Frankel, 2000). After ethics approval was granted, more than 25 community organizations were contacted as potential links to the women sought for this study. Prior to contacting the agencies, I had begun compiling a list of organizations that potentially could help with recruitment efforts, ranging from women’s housing advocacy groups,

community meal programs, drop-in and family resource centres, food and clothing banks, church groups and senior's programs, community employment offices, and other organizations thought likely to have contact with women meeting the selection criteria. This list was constructed based on my own contacts from previous work in the community, from suggestions received from the community advisor on my thesis committee, and from internet searches. Because of my past community work, ethical concerns arose in relation to the possibility that some potential participants might be previously known to me. These concerns, and the way in which they were addressed, are discussed in *Ethical Issues*, below.

Feminist theory and the SDH model both highlight that different social identities differently shape women's experiences (Carney and Gray, 2015; Mikkonen & Raphael, 2010) and helped to inform the participant selection process. While mindful of the potential risk of essentializing aspects of individual experiences, a diversity of social identities among older women living with a low income was sought for this study. Attention was given to recruiting women from a range of age, race, sexual orientation, and citizenship status identities through targeted contacts with organizations supporting African Nova Scotian, Immigrant, and LGBT communities.

The names of key contacts within each identified organization, along with a record of contact history were recorded in a confidential notebook. Key contacts within the organization were identified either through internet searches or through an initial telephone call to the organization using a telephone script (Appendix B) to request this information. When telephone contact with the appropriate agency representative was made, I used the telephone script to identify myself, briefly outlined the research, and

asked if the contact was interested in receiving further information to inform their decision about helping recruit participants for the research. If given permission to email further details about the research, I forwarded a one page summary of the project (Appendix C) which provided a brief personal introduction describing my role as a student and situating the research within the context of a master's thesis. This summary further sketched out the proposed interview process, including the research questions, goals of the study, and the proposed role of the community agency in helping to recruit participants. My contact information was provided, as was a statement that the project had received ethics approval from the university ethics board. I also emailed a copy of the recruitment poster (Appendix D) which contained selection criteria and my contact information for use by potential participants.

Direct telephone conversations with agency contacts were followed by a number of possible options: the contact agreed to display the poster at the agency site and, in some cases, to direct potential participant's attention to it; or the contact invited me to visit the agency in person to speak further with agency staff about the study or with women whom they thought might be interested in taking part in the research. When visiting to meet with agency staff in person, I brought along a lengthier summary of the research (Appendix E) which contained the basic information originally dispatched in the one page research summary. This information was supplemented with additional detail outlining the informed consent process, steps taken to ensure protection of participants' privacy and confidentiality, and a statement of potential risks and benefits contained in the study. I was usually given a tour of the agency as part of my visit and spent time discussing the organization's goals and accomplishments, which staff felt was an

important component of understanding the women accessing their services. My visit might include introductions to potential participants accessing the agency services, or, in one case, giving a brief, structured presentation to a local seniors' group who had contacts among more isolated older adults in the community.

The timing of the initial agency contacts, in the weeks leading up to the Christmas holiday season, was disadvantageous. This time of year is among the busiest for many agencies working with people living in poverty, and the holiday rush may have contributed to a low response during the month of December. While four of the eleven women interviewed for this study were eventually identified through community organizations, uptake continued to be slow into the first week of January, 2019. On the advice of my thesis committee members, and following further reading on recruitment strategies (Devers & Frankel, 2000), I began to give more focused attention to recruiting through Facebook. I used personal networks to share a copy of the recruitment poster on Facebook along with posting to individual community sites outside the city core. The latter approach was taken since I had not yet connected with women in suburban and rural areas contained within the geographical limits of HRM. Using Facebook generated rapid replies from four more women who were eventually interviewed as part of the research.

Participants for this study were also sought by placing posters throughout the community at agencies or organizations likely to be accessed by the women sought for this study, including drop-in centres, non-profit offices, women's supported housing facilities, and employment centres. Three other participants who took part in this study

were identified through personal contacts of the community advisor sitting on my thesis committee.

Participant screening.

The recruitment poster invited potential participants to contact me directly to discuss the project. When contacted by women interested in this study, I began by thanking the caller for her interest and asking whether she had any specific questions related to the research. I then provided information I thought was necessary to clarify opening questions before getting into further details about the research. When the caller indicated that her initial questions had been answered, I provided a general overview of the research, outlining the structure, process, and goals of the study. This verbal summary emphasized that the work had received approval from the university ethics board, and focused on affirming that participant privacy and confidentiality would be protected.

If the woman wished to proceed after hearing a description of the research, I conducted a brief screening process using a short screening questionnaire (Appendix F) to ensure she met the inclusion criteria. When the participant screening criteria were confirmed as met, I invited the caller to ask further questions and/or identify any needed accommodations. The women confirmed as eligible to take part in this study were offered the option of conducting their interviews in a private location that was convenient for them, which ultimately included small meeting rooms in local libraries or community centres, and sometimes, their homes. When the caller's eligibility and interest in taking part in the study were confirmed, we exchanged contact information and scheduled a date, time, and location for an in-person interview. A hard copy document containing participant contact information and attesting that screening criteria had been met was

secured in a locked box in my home. A detailed description of the 11 women recruited to take part in this study is provided in the following chapter.

Interviewing participants.

Validity in qualitative research is rooted in using appropriate tools in the research process, including the process of data collection (Leung, 2015). The research questions in this study were explored through semi-structured, in-depth interviews, a method frequently used as the sole data collection mechanism in qualitative research (DiCicco-Bloom & Crabtree, 2006). Semi-structured interviews are structured around a pre-defined set of open-ended questions (DiCicco-Bloom & Crabtree, 2006) designed to collect the rich accounts of participants' experiences and circumstances sought in qualitative studies (Bryman, 2006; Agee, 2009). Some feminist researchers regard the use of in-depth interviews as helping to level the playing field for women in supporting a less restricted expression of ideas (O'Shaughnessy & Krogman, 2012) that may be imposed by more positivist research models (Oakley, 2015). This method was appropriate to the collection of data for this study in that it encouraged participants to provide in-depth accounts of their experiences (Agee, 2009; Bryman, 2016; O'Reilly & Parker, 2013) in relation to the research questions.

The following sections provide details of how the interview process was used to collect data for this study and outlines how the research aligned with ethical research practices.

Participant reimbursement.

Before beginning each interview, two HRM bus tickets were provided to each participant to reimburse her for travel to and from the interview location. This provision

was indicated on the recruitment poster. Further reimbursement (not advertised) was the provision of a \$25 grocery card for each participant. Women taking part in the study were told of the grocery card just before the interview began, and were informed that their decision to withdraw from the study at any point would not impact their receipt of this reimbursement. These terms were included as part of the informed consent document (Appendix G). Participants were asked to fill out a receipt form (Appendix H) for the reimbursement for subsequent submission to the MSVU Finance Department. They were assured that the receipt forms, which contained their names and contact information, would remain private and confidential.

Providing reimbursements for research participants is a contentious issue (Cheff, 2018; Cheff & Roche, 2018). The Tri-Council ethics guide (CIHR, NSERC, & SSHRC, 2014) makes no clear recommendation on the matter, but does make a distinction among incentives, compensation, and reimbursement in relation to payments for people taking part in research studies. The Tri-Council frames compensation as payment for injury that may be incurred as a result of research, and conceptualizes incentives as monetary or other inducements to participate. Inducing participants to take part in research is a concern because it may create an impediment to voluntary consent (Cheff & Roche, 2018). The Tri-Council defines a reimbursement as a payment that prevents any direct or indirect financial disadvantages to participants related to their involvement in the research. Reimbursing study participants, especially those with limited means, is a normative practice in some social and health research where reimbursement is understood to support fairness and equity (Cheff, 2018). The disbursements to participants in this study were regarded as reimbursements in that they attempted to offset the structural

barriers to research participation imposed by poverty. Providing bus tickets and a grocery card allowed the women to participate without out-of-pocket expenses, and acknowledged the contribution of their time given to the study. Care was taken so that the provision of a grocery card should not be considered as an inducement in the decision not to advertise this provision, and to make clear, when it was offered, that acceptance did not impact the women's ability to withdraw from the study at any time without penalty.

Obtaining informed consent.

Following the disbursement of bus tickets and the grocery card, I provided a brief verbal review of the research and pending interview process, and asked if the participant had any questions. The women were then asked to read and sign the informed consent form, a cornerstone of ethical research (CIHR, NSERC, & SSHRC, 2014; Florczak, 2017). If requested when offered, I read or summarized this document for the participant. This document outlined participant eligibility requirements, the purpose of the study, described the interview process, how the information would be used, and the steps taken to ensure confidentiality and privacy. The consent form reviewed potential risks of the research and steps taken to mitigate them, along with potential benefits. The consent document also reaffirmed the participant's right to withdraw at any point during the interview, and to not answer any question. The participant and I both signed and dated two copies of the consent form, and we both received a copy of the attested documents. My copies were secured in a locked box in my home.

The informed consent process also outlined the options available to participants to review the written or audio transcript of their interview within reasonable, specified time limits. This was done to maintain a balance between ensuring that participants had

sufficient time to review the material, if this was requested, without indefinitely delaying the research process. Incorporating an opportunity for participants to take part in such so-called member checking is understood to enhance credibility in qualitative research (Bryman, 2016; Mays & Pope, 2000). Member checking, or respondent validation (Bryman, 2016) can help reduce researcher misinterpretations of the collected data (Goldblatt, Karnieli-Miller & Neumann, 2011). All of the women interviewed for this research declined the opportunity to review their interview transcripts. Member checking has been problematized for its limited uptake by participants in qualitative research. It has been suggested by some researchers that this method is better understood as one of multiple options to establish trustworthiness, which may alternatively include use of verbatim quotations within clear contexts, and reporting of data that appear to depart from the overall findings (Goldblatt, et al., 2011).

Conducting the interviews.

After signing the consent form, the interview was conducted and audio recorded using a pocket digital recorder. 90 minutes were allotted for each interview, which allowed time for conversation, questions and answers, handling the paperwork, and occasional breaks in the actual recording process. Recording was sometimes stopped and restarted during the interview due to some external distraction, or if I believed the participant was becoming distressed and might benefit from a break. I sometimes used the break in recording to do a check-in, or to provide information from a prepared community resource guide (Appendix I) which I had brought with me to the interviews.

The average length of time for the recorded interviews was just over 60 minutes, with the shortest being 37:30 minutes, and the longest spanning just over one hour and 17

minutes. The different lengths represent a range of speaking styles among the interviewed women, from expansive to more circumscribed. The interviews were conducted by working through the prepared interview guide (Appendix J) which was structured to pursue two lines of questioning exploring participants' housing circumstances and how they might link their housing with their health. The guide was not always followed sequentially to allow for the conversational shifts anticipated as natural occurrences within qualitative interviews supporting the generation of rich data (DiCicco-Bloom & Crabtree, 2006). I often checked in with speakers to ensure that I was correctly interpreting their meaning, or to inquire whether they were comfortable with the line of questioning. I also took occasional time outs to ensure that I was covering the questions posed in the interview guide when working out of sequence from the material. I periodically reminded participants that they were not required to answer any questions they didn't wish to, and invited questions or comments from them throughout the interview.

Following recommended practice in qualitative research (Groenewald, 2004), I made brief summary notes after each interview describing general points made by the speaker, some observations about the interaction or the setting, some reflections on my responses to women's speech, or my own evolving interview strategies and processes. An example of these summary notes, along with other documentation comprising a sample audit trail compiled for one participant are contained in Appendix K. These notes were typed in a password protected Word document and usually prepared within 24 hours of the interview. Summary notes for one interview were not made at all: the lack of consistency in making these notes was due to a number of factors, including my newness

as a researcher, which sometimes meant I simply forgot to follow a planned course of action amidst the myriad details of managing a research project. These notes were later reviewed to support the data analysis process and to inform the writing of the participant profiles in Chapter 5.

Data Transcription

Florczak (2017, p. 296) observed that “the researcher is the instrument through which persons speak.” The power of the researcher to interpret and convey others’ experiences (Mitchell et al., 2018; O’Shaughnessy & Krogman, 2012) places a particular responsibility on the researcher to transmit participant knowledge accurately and ethically. The challenges posed by this commitment to trustworthy research are apparent in the transcription process, which Lapadat (2000) considers to be a fundamentally interpretive act. Other researchers attest how fraught with difficulty the interpretative role can be in translating “the intricacies of voice and silence” (Woodcock, 2016, p. 2) from spoken word to text (DiCicco-Bloom & Crabtree, 2006). Devault (1990) cautioned against an unconsidered practice in transcription that “smooths out respondents talk” (p. 107) through deletion of superfluous words or otherwise condensing speech, arguing that this approach can become another way in which women’s words are discounted.

These important considerations were taken into account while I transcribed the 11 interviews, but I ultimately made some decisions to do some editing in the transcription. I began the process by creating verbatim transcriptions of all speech for the first half dozen interviews. This included transcribing all usages of “um”, “uh”, “like”, “you know,” and other similar words, even when they appeared, after close listening, to be placeholders or fillers in speech. I became less stringent in this practice as I proceeded

with transcribing where I felt that a precise transcription interrupted the flow of the speaker's ideas in transitioning from speech to text. I continued to transcribe these verbal devices when they seemed to indicate the kind of deliberation or emotional struggle signalled by other features like significant pauses or stammering, which were at times associated with obviously emotionally-laden content. I acknowledge that I may have misinterpreted significant verbal gestures as fillers. I also acknowledge my use of punctuation in the transcriptions as an interpretive, as well as an editorial, decision. Ellipses used in quoted passages are used to indicate a break in speech as it was transcribed. I took care to ensure that ellipses were used to remove repetitive content and did not alter the meaning of women's original speech. My intent in transcribing was to maintain an ethical and methodological balance in faithfully conveying the women's words in a way that accurately communicated their meaning in a readable and accessible text.

Data Transfer and Storage

After each interview, I downloaded the audio file from the digital recorder to the "R" drive on a password protected computer at the Nova Scotia Centre on Aging (NSCA). As a student researcher employed intermittently by the centre, I have been granted access to this drive, which permits access only to me and my two thesis co-supervisors. I also downloaded a back-up copy of the audio file onto my password-protected personal laptop. After checking that the data had transferred successfully, I then deleted the interview from the audio recording device. When transferring confidential or potentially identifying information (including MAXQDA work in progress) between the two electronic storage locations, I used an encrypted flash drive.

All audio files are to be deleted upon my attainment of a Master of Arts degree stemming from this research. Attainment of the master's degree will mark the beginning of a seven year retention period for electronic and hard copy material. At the end of this period, the material will be shredded or deleted, as appropriate. Until that time, hard copy material and electronic data related to the research will be stored in a locked cabinet and a password-protected, secure computer file in my home. Hard copy documents for shredding will be either personally shredded by me or placed in a secure shredding box at the end of the seven year period. Electronic files will be deleted and purged from the desktop recycle bin after the same time period.

Using information extracted from the informed consent and reimbursement receipt forms, I compiled a confidential administrative list of participants in an Excel document comprising their names, telephone numbers, and email addresses (where existent), along with notes related to following up with requested information (thesis or related publications, or information about accessing resources). Code number identifiers were here assigned to each participant, and this was the only location in which identifying information and code numbers were linked. Code numbers alone were used in all transcriptions, internal drafts of thesis chapters, and within the MAXQDA program. Pseudonyms were substituted for code numbers on external drafts sent out for review, and will be used in subsequent publications derived from this thesis. A separate Excel file was created in which the participant code numbers and pseudonyms were linked without containing any identifying information, and participant commentary and identifying information were maintained in separate files at all times.

Data Analysis

Qualitative research is an iterative process in which data collection and data analysis continuously overlap (DiCicco-Bloom & Crabtree, 2006; Frankel & Devers, 2000). I began the process of coding the collected data within days of completing and uploading the first transcribed interview document into MAXQDA 18.1.1, the software program chosen to support data analysis. Coding is the process through which the collected raw data are gradually converted into interrelated concepts that form the basis of research findings (Castleberry & Nolen, 2018). Subsequent transcriptions were uploaded as the interviews were completed. Coding activities were interspersed with interviewing and transcribing to text throughout the data collection process, providing a continuous immersion in the data. The cycle of interviewing/transcribing/coding/analysing continued from the first week of December, 2018 until the final week of January, 2019, when the last of 11 interviews was transcribed, uploaded and coded. At that point, I began transitioning the codes to preliminary themes, shifting the data from MAXQDA to a Word document in which I further refined the themes.

Thematic analysis (Bryman, 2016) was the process used to extract themes from the almost 300 pages of transcribed interviews representing approximately 11 hours of recorded conversations. This approach began with multiple read throughs of individual transcripts, followed by open coding (Bryman, 2016) to generate a multitude of initial codes that provided a starting point for analysis. Incoming data were integrated into the analysis through a process of constant comparison with existing data (Bryman, 2016; Leung, 2015) to continuously refine analysis of the material. The goal in thematic analysis is to move the data from a multiplicity of disconnected codes to meaningful

patterns or themes that begin to tell a story from the collected data (Castleberry & Nolen, 2018). As the analysis proceeded, subthemes were further extracted from the themes to facilitate exploration of the developing concepts (Bryman, 2016).

I began the data analysis process with a minimum of two read-throughs of each transcript in its entirety. I then worked through each transcript individually, moving from the identification of broad concepts through open coding to increasingly refined categories. This process spanned several days for each transcribed interview, during which time I carried out initial coding, stepped away to reflect on the material, and then returned to the data to further develop the codes. This approach supported an iterative cycle of analysis, coding, reflection, and continuous integration of incoming data (Castleberry & Nolen, 2018). New data often caused me to reconsider existing coding, which was sometimes adjusted to reflect new approaches or understandings of the accumulated material.

My process in open coding was to account for almost every line of text in the transcript. I thought it was important to have the entire transcript coded for depth of understanding, and to maintain a clear context for the women's commentary. I anticipated that some of the coded material, if not ultimately found to be germane to the research questions, would provide important background to inform analysis. The applied codes generally encompassed, at minimum, an entire sentence or series of sentences—enough to capture core content within a meaningful context (Castleberry & Nolen, 2018). Coded sections sometimes contained a paragraph or more in the case of a rapid dialogue exchange, where core content might be spread over multiple lines of text. Exceptions included repetitious or redundant pieces of my own questions.

In the early stages of open coding, I did not refer to my research questions, and continued to allow flexibility in assigned codes. The rationale for this was to be attentive to the content of the text without being influenced by having too narrow a focus on the material too early in the process. A typical evolution in this process generated an initially large number of open codes (40 or 50 or more) associated with 150 or more individual items. By the end of the coding process, the number of codes was generally reduced to ten or fewer, which were broken out into a series of sub-codes typically (20+) with a larger number of items linked to the individual sub-codes (in the end, anywhere from 100 to 250+ individual items for each transcript). An example of this code progression is presented in the audit trail sample provided Appendix K.

Included among the coded items were codes for *Demographic Information* and *Researcher Reflections*. I used the former to generate an Excel spreadsheet containing details about each code-numbered participant such as age, brief housing descriptions, health issues, and other personal data. This information was used in the development of the participant profiles and to support writing of the findings. The *Researcher Reflection* code was used to capture reflective commentary on items as they were encountered in the transcript. I switched to this system when I found it to be more accessible than recording reflections in a MAXQDA log book, the original tool used for this process to support research validity and dependability.

As open coding progressed into the definition of more refined categories through constant comparison and reflection on incoming data, I began to link the coded material to the research questions. To assist in this, I began to organize the material in MAXQDA hierarchically beneath the broad concepts of *Housing*, *Health and Wellbeing*, and

Housing and Health. Creating a preliminary thematic hierarchy in this way (Castleberry & Nolen, 2018) allowed me to see the interrelationships among coded items within each transcript and across all interviews, which allowed me to further refine and reorganize the concepts. I also assigned outliers and content that did not seem to directly relate to the research questions in this way so that I could easily access the material during the ongoing analysis and eventual writing processes. An example of one such code was *Self-perception*, which contained a wealth of commentary on how women described themselves, either through their own observations or through another's interpretations. The feminist privileging of women's knowledge (Hooyman et al., 2002), made the self-insights of women in these examples an important reference point which I returned to repeatedly during data analysis. I felt that reconnecting with the women's expressed sense of themselves gave important context to their other insights, and I referred to this text frequently to remain grounded in their perspectives and to avoid becoming disconnected from them in my analysis.

Transitioning from codes to themes.

The codes at this stage were regarded as provisional themes (in that they continued to be subject to review and revision) that would be taken forward for further exploration and analysis in the writing process. Memos were now added at the sub-code/emerging sub-theme level summarizing the content of the material (Bryman, 2016). This was done to readily access high-level content as data were collected, and to support the later writing stage. At this point in the analysis, I transferred the preliminary themes from MAXQDA to a Word file to continue developing themes for final analysis. The preliminary themes taken forward into a Word file are contained in Appendix L and show

the level of theme development attained at the beginning of the writing process. I felt I had reached a point in the work where I needed to be able to reorganize material in a more visual way by compiling the memos and notes in one editable Word file. I found it easier to visualize the relationships between themes when I could manipulate them as first, second, third, and fourth level headings in a Word file. I examined the developing relationships among these themes by periodically generating a table of contents to see the emerging hierarchical structure. The preliminary themes at this stage of analysis had been organized into overarching categories marked *Housing*, *Health and Wellbeing*, and *Housing and Health*. The *Housing* category contained subthemes related to women's perceptions of their environments, their use of space, and the relationships connected to housing. The *Health and Wellbeing* category included subthemes related to health issues and women's perceptions about their health, along with themes related to self-care, smoking, and histories of abuse. A third overarching category in the developing themes, *Housing and Health*, contained limited information at this stage. I included this theme because it was directly related to the second research question. At this stage in the analysis the connections women were making between the two concepts were not clearly evident to me, as indicated in the limited coding.

I continued working with the developing themes and subthemes for a period spanning approximately one month in February, 2019 until I believed I had reached data saturation. Data saturation is understood as the point in data analysis at which no further themes may be extracted from the collected material (Bryman, 2016; DiCicco-Bloom & Crabtree, 2006; Richards & Morse, 2013). The final themes to emerge from data analysis are arranged hierarchically in Appendix M. This organization of themes arranged the key

concepts in relation to the two research questions focused on the experience of insecure housing and linkages made between housing and health. Arranged under the overarching concept of *Housing* were themes and subthemes related to women's perceptions of their current housing, perceived problems with their housing's infrastructure and maintenance issues, and perceived differences between renting and owning their homes. Themes in this category also included being a smoker, moving households, and relationships associated with housing insecurity. Within the second overarching concept of *Housing, Health, and Wellbeing*, themes and subthemes were organized in relation to women's perceptions of their health and wellbeing and self-care, challenges posed by housing infrastructure, stresses associated with housing insecurity, and the function of pets as supports for wellbeing. Themes included in this section also encompassed subthemes connected to home-making, use of space, community attachment and access. These themes provided the basis for the discussion in Chapter 6.

Creating an Audit Trail

Creating an audit trail is an important element in supporting research dependability (Bryman, 2016) by providing transparency and insight into the decisions made during the data analysis process (Florczak, 2017). The audit trail constructed for data analysis in this study comprised several approaches. A logbook was maintained in MAXQDA during the early part of the process to capture summary notes on coding, methods, and reflections. Later in the process I began capturing reflections as coded items directly in the transcripts because this provided more direct and fluid connections between the data and my evolving thinking. I also switched from a text summary of coding progress in the logbook to what I found to be a more useful method of generating

code book reports at the beginning and end of the coding cycle in MAXQDA to show the progression of thought. A sample of the audit trail used for one interview is provided in Appendix K. This document provides a snapshot of the first pass at open coding compared to the final preliminary themes and subthemes that were carried forward into a Word file from MAXQDA for further refinement and analysis. The memos that were created for the preliminary themes, MAXQDA logbook entries, and summary notes made after the interview are also provided in this appendix.

Researcher Reflections

As a white, aging woman who has transitioned from low income status to middle-class prosperity and back again in the course of her life, I am acutely aware of the multiple privileges attached to my situation throughout its vicissitudes. When I began the interviewing process, I was struck by my discomfort, bordering at times on confusion, about the parameters of my role as a researcher. Coming from a background in social work, which is accompanied by a strict and explicit set of rules about professional boundaries and responsibilities, I sometimes struggled with the ethics of where my responsibilities lay. This became apparent when women discussed painful or challenging subjects, which, as a social worker, I had strategies for working with, but as a researcher, felt unsure as to what extent I should be offering support. I also experienced some uncertainty in feeling at times like a peer with women in the study (I would, to a certain extent, meet the selection criteria for this research).

An abiding concern was how to authentically represent the thoughts and words of the women being interviewed. Michal Krumer-Nevo's incisive commentary (2010) was ever-present in this process. She cautioned against further marginalizing women through

positioning their narratives as “anecdotes” or “decorations” to support academic work. I attempted to keep the ideas and words of women in this study as a central focus of the findings by quoting their direct speech frequently and at length.

Conducting the research provided an opportunity to reflect on the personal biases influencing my processes. The sometimes emotional element that I bring to my understanding of patriarchy became apparent at times while listening to women’s accounts of their experiences of violence. What I was hearing sometimes made me feel anger toward the women’s perpetrators of violence or grieved for the women who experienced this violence. I sometimes needed to step away from the work in order to process my own thoughts and feelings or debrief with others (while respecting participant confidentiality and privacy) about what I was hearing.

The use of language and how it relates to power and autonomy was driven home in my efforts to ensure that I accurately represented what the women said. Some guiding questions in this were: Have I accurately reflected the ideas being shared? Does the language I use to report the women’s experiences represent their meaning? Have I drawn conclusions where the women themselves may not have? If so, what might be the implications of this? An example of this dilemma occurred in one interview where the speaker described what may objectively be regarded as abuse from her male partner (threats, throwing objects at her, ridiculing and demeaning her) yet she did not herself use the term “abuse” to describe this behavior. She instead described this as an “anger problem.” After re-working the writing around this multiple times, I ultimately decided to state that the participant did not use the term “abuse” to describe her experience, although this is what I interpreted her experience to be. Reaching this decision raised some

important questions for me about what constitutes an ethical balance between representation and interpretation of participants' commentary.

Ethical Issues

This study was conducted in accordance with the guidelines set out by the *Tri Council's Ethical Conduct for Research Involving Humans* (CIHR, NSERC, & SSHRC, 2014) and, as previously noted, received approval from Mount Saint Vincent University's Research Ethics Board. Steps taken to ensure participant privacy and confidentiality, a requirement of Tri Council policy, were previously outlined in this chapter. In further alignment with ethical practice, the following sections describe the ways in which potential risks were mitigated, how issues of fairness and equity were addressed, and the potential benefits resulting from this research.

Risks and mitigation of risks.

Ethical research must weigh the risks and means of mitigating risks against the benefits incurred from the research. The following potential risks, and steps taken to address them, were identified in this study:

Because of my previous paid and volunteer work in the community, there was the potential for me to be known by some women who might be interested in the study. Having a previous acquaintance with some participants was identified as potentially presenting some challenges in imposing a changed relational context from support person to researcher. Ultimately, none of the participants taking part in this study was known to me before the interview was conducted, so this anticipated issue was not a concern.

Working through agencies that have existing relationships with participants posed potential risks. I anticipated that women accessing these agencies for resources may feel

obligated to participate and/or at risk of losing access if they did not participate. This risk did not appear to emerge as an issue. I found that the women I approached directly after an introduction through a host agency had no difficulty in declining to be interviewed. Those who agreed to take part expressed an enthusiastic interest in the research and curiosity about the project.

Speaking about their experiences sometimes generated distress among women in this study. In these cases, I drew from my more than a decade of experience doing community work as well as social work training in interviewing techniques. I tried to measure the pace of difficult conversations, remained attentive to physical or verbal cues to re-direct conversations as needed, and used appropriate closure methods. I applied these practices in a way that I hoped would support participants in sharing their knowledge in ways they could feel safe and in control of the narrative. This included the option for the women to discontinue their participation at any time.

Fairness and equity.

Fairness and equity were key motivators of this study, which intentionally sought marginalized knowledge. A goal of this research was to include women from different age and racial groups, sexual orientations, and citizenship statuses. I was mindful of the risk of essentializing aspects of individual experiences, and understood that individuals are not representative of broader social or cultural groups. I additionally recognized that women facing barriers due to income, disability, or health issues may not have equitable access to this research. As referenced previously, steps were taken to address anticipated barriers that may have limited participation through provision of bus tickets and a grocery card as reimbursements for incurred expenses. Options for verbal and written modes of

communication with participants were offered to address barriers related to literacy or language. Recognizing that participants may have employment or other obligations, I offered flexibility in scheduling interview times and locations.

Benefits of this study.

This qualitative study makes an important contribution to the body of research related to housing insecurity by providing insights from older women living with a low income in Halifax Regional Municipality. The findings presented here can help fill current knowledge gaps about the experience of housing precarity among older socioeconomically disadvantaged women. For the women who participated, it is hoped this research provided an opportunity for them to speak about their experiences in ways that made them feel respected, supported, and empowered. Creating space for women to talk about their experiences has the potential to create greater awareness of their broader social contexts and provide perspective on their skill in navigating through fundamentally inequitable systems. The research also provides deeper insight for health and housing service providers and policy makers into the lived realities, influencing factors, and effects of insecure housing on the health and wellbeing of older low income women.

Methodological Limitations

A number of methodological limitations in this study are noted. Where the research was conducted by a sole investigator and only one data source was used, triangulation did not occur (Mays & Pope, 2000). The focus on an urban population was also limiting. While the HRM community is a valid arena for investigation, much could be learned from a more expansive study of older women's experiences of health and insecure housing encompassing rural contexts and other urban settings in the province.

Budgetary, timing, and logistical constraints prohibited inclusion of a wide geographical base within the current research, but an investigation of this type is an important area for future study.

Within the HRM community, there was limited uptake from women in suburban and outlying communities despite actively recruiting in these areas. The age range of women in this study was also limited. The oldest woman to be interviewed was 74, and the absence of women above this age is an acknowledged limitation on the breadth of views represented. Only two of the eleven women in this study identified as persons of colour, and there were no responses from immigrant communities, despite recruitment in this area. Women from indigenous communities were not recruited for this study because of the researcher's inexperience and limited time to meet the requirements for conducting ethical research with this group. No women identifying as LGBTQ took part in this study.

Chapter 5: The Women Who Participated in This Study

The 11 women interviewed for this study ranged in age from 54 to 74 years, and were drawn from predominantly urban core and suburban neighborhoods within Halifax Regional Municipality. There was limited racial diversity within this group: most participants described their race as white or of European descent, with one woman identifying as “aboriginal and black” and another as an immigrant to Canada from the Caribbean. The women’s housing arrangements were more diverse, with some living alone, and others sharing space with roommates, adult children or, in one case only, a male partner. Women’s housing included units in low rise apartments, rooms within a townhouse, and private or shared spaced within single family dwellings or public housing. The group contained a mix of current and past homeowners and renters.

For three of the women, partner violence or threats of violence were a current or past precipitator of destabilizing and abrupt departures from housing. Three of the 11 women in the study disclosed childhood sexual abuse. All the women except one identified with living on a low income; the sole exception described herself as spending almost all of her income on housing while earning less than \$35,000 a year. Stated educational achievements among these women ranged from grade 9 through the doctoral level. The women reported a range of health issues, including heart disease, diabetes, and HIV.

The women in this study for the most part had relatively long-term residency within their housing. The median length of current tenancy was seven years, with occupancies ranging from a year and a half for two women who rent housing, to more than 30 years for one woman who owns her home. Another woman had been living in her

rental apartment for almost 20 years. Women who currently had the shortest tenancy periods had previously occupied their housing for seven years or more. Two women were seeking immediate housing, and two others were actively thinking about or planning a move. The remainder of women in the study described themselves as not planning a move in the near future.

Beyond Demographics

A focus in this research was how to authentically represent the insights of the women being interviewed. The feminist framing of women as experts in their own lives (Hooyman et al., 2002), and assertion that women's experiences must be seen within larger contexts (Calasanti, 2008; Carney & Gray, 2015; de Saxe, 2012) meant that privileging women's knowledge in reporting the research findings was a vital consideration. These concerns informed the decision to present participant profiles as short narrative accounts. The content of these accounts was drawn from individual interviews, summary notes, and personal reflections compiled during the research process. The intention in composing these narratives was to present a more holistic understanding of the women taking part in this research than more traditional profiles might allow, and in so doing, attempt to convey the power and complexity of each woman's presence and insight.

Roxy, aged 54, lives alone in a one bedroom apartment that she has rented for seven years in a small building near an urban centre. She receives disability income, and although she exceeds her monthly housing budget by almost \$200, she sees pros and cons in her current housing arrangement. "I love my home," she says. "I don't love the area. I love the people that are around me." Roxy's family, including an adult son, live in

another province, and she describes close ties with neighbours as helping her through the death of her mother a year ago. Roxy lives with HIV and heart disease, and is in recovery from alcoholism and drug addiction. Widowed in her late 20s, Roxy links her addictions to the loss of her husband, and connects her recovery to living in women's supported housing 15 years ago following a period of homelessness. "That place, I think, really saved my life," she says. Roxy is an active community volunteer, giving public talks about homelessness, addictions and recovery. "When I go to my public speaking," she says, "... I tell a story, it's the same story, it's just told differently. And it's not really a story, it's my life."

Anne rents a one bedroom apartment in a low rise building centrally located in an urban area. She has lived alone there for a year and a half. Divorced more than 30 years ago, Anne previously shared housing and provided care for an adult child whose progressive disease eventually required admission to a care facility. At 68, Anne deals with a thyroid condition and cataracts. Although her rent is relatively low, she spends half of her \$18,000 OAS/GIS yearly income on housing. She nonetheless likes living where she is, just around the corner from a busy shopping district. Anne's professional and educational background in design is apparent in the lovely aesthetic of her space: black and white photographs line the living room walls; some small, beautiful, hand-made objects rest on the table. "I had a student in my early days when I was teaching," she offers. "...And he said, 'You're always making rainbows.' Which was like, *wow*, [laughs] that's the most amazing thing that I've ever heard. But actually, I guess it's true. Cause when I move into a place, I have to make it my own." Anne hopes to stay in her current housing, but has some accessibility concerns about aging in the building. Aware

of encroaching development in city, she also worries that her landlord will eventually sell the property.

Rhonda's state of distress due to her urgent need for housing is apparent, but she insists it's helpful to talk about her situation, "especially if somebody doesn't know me." She is looking for new housing to break up her living arrangement with a live-in partner who moved in a year ago. She says he has an "anger problem" that includes behaviors like verbal abuse, threats, and throwing objects at her. Exacerbating the situation is the presence of the man's teenaged son who moved in shortly after him, and whose behavioral problems have led to the police being called. Rhonda is also struggling under the burden of bankruptcy proceedings. She says plans for her boyfriend to help out financially never materialized, and she is currently spending about half of her income to maintain the three bedroom rental house where she has lived for 8 years. Now 54, she is medically retired and on long term disability, dealing with osteoarthritis, depression and anxiety. Widowed ten years ago, Rhonda weeps when speaking of her deceased husband. She is devoted to a pet dog rescued from neighborhood abuse who, she says, is "essential" to her wellbeing. Finding housing that accepts her pet has been a challenge. The stress of her current situation is at times overwhelming. "I feel all the time like...the hammer's coming down, somethings going to happen," she says.

Janis, 63, frequently bursts into raucous, infectious laughter while talking about her life experiences and view of the world. "On the streets... there's really no such thing as an old fool, cause fools die young. So if you make it to that point, you've got knowledge...you know how to survive." Sex trafficked as a 13 year old girl, Janis says she got "got caught up in the drugs really bad" until a move into a women's supported

housing program in her late 50s helped her get clean and move out of homelessness. She's lived in a one bedroom public housing unit in the urban core for five years where her rent is held below 30% of the income she receives through full time community advocacy work. A comfort dog shares her space and helps her cope with PTSD—"leftover stuff from being homeless and going through some of the traumatic stuff that unfortunately homeless women do." Janis anticipates having to move after she retires to support and share housing with her octogenarian mother. A passionate critic of social responses to aging women, she says, poverty "shouldn't be what our end is....I'm not saying that it doesn't happen to men, but...my concern is women because that's who I am, and that's what I am, and that's where my concerns will fall."

At the time of being interviewed, **Pam**, 58, was in immediate need of housing. The friend whose two bedroom rental home she had been sharing for a year and a half had just told her she needed to move out within a few weeks. This news had prompted a crisis for Pam, who had previously fled housing she shared with an abusive partner after a seven-year relationship. This latest development came after a lot of turmoil in the past couple of years, including the death of her father and ongoing conflicts with family. A survivor of childhood sexual abuse, Pam has coped with anxiety, depression, and other mental health issues throughout life. She is now accessing mental health resources and describes her therapy team as her main source of support. Pam says she's lost close to 35 pounds over the past year and a half, which she attributes to stress and poor diet. "There are days I'm lucky if I can eat once a day," she says, "if I can *afford* to eat once a day. And usually that may just be a bowl of tomato soup and a few crackers....Diet and stress. Yeah. All health related issues because I don't have a secure home."

Julia, 56, took over ownership of her five bedroom family home when her mother, for whom she had been providing care, died 8 years ago. Now sharing the space with her adult daughter and one other woman, Julia finds it challenging to maintain her home. On income assistance, she is not able to work for health reasons. Although the two others in the house help with expenses, Julia describes just barely scraping by financially. She says she “struggle(s) sometimes with a little bit of depression” and occasionally feels overwhelmed by her circumstances. “There’s just so much sometimes,” she says, “... I think that’s why I pull the covers up and go, I’m just not going to think about it. Because there’s just so much.” Julia says her home represents “stability” for her family, which also includes two sons, now grown and living elsewhere. Having immigrated to Canada as a child, Julia says, “This is all I have. I don’t have family. I am an only child and ... my daughter is first generation Canadian.My parents came here in (the 1960s) with two suitcases and me. You know, so I really do have to hold onto a home because I don’t have anywhere else to go.”

Norma, 69, owns and lives in the family home that her parents built in the 1930s. Now spending up to \$1200 of her \$1700 Canada Pension and Old Age Security income on her housing, Norma says she wants to stay as long as she can in the house where she’s lived for almost thirty years. Widowed three years ago, she now shares the three bedroom home with her cat. “She knows when I’m not feeling good,” says Norma. “She’ll sit beside me all day or on my lap.” Norma volunteers every week at the local food bank, which also supplies her with groceries she couldn’t otherwise afford. Mobility issues make walking a challenge, and, without a car, Norma relies on a network of family and friends to get her where she needs to go. “I might not have everything, but I don’t

consider myself poor,” she says. “...This is the way God made it, this is the way we have to...just take each day by the day.” Shock treatments she received for chronic depression have left her with permanently damaged short and long term memory. Nonetheless, Norma maintains a positive outlook on life, a capacity she says she inherited from her parents. “I just take one day at a time, and if something comes up, I find somebody that can give me the answer to what my problem is,” she says, laughing.

At 66, **Isabelle** lives on \$1500 per month CPP and shares a townhouse with two other adults over the age of 50. She pays the lion’s share of the unit’s \$865 rent in order to gain better access to rooms in the home. She moved into her current situation two years ago, after the ocean side house she owned for 20 years went up for sale at auction. The loss of her house was followed by a tumultuous period of couch surfing, culminating in her spending one night in an emergency shelter. She described this as a very negative experience which taught her she was on her own. “I thought, OK, this is the system, you’re going to have to figure out how to heal yourself without the system. You’re gonna have to figure out your living circumstances without the system, because the system is not helpful.” At the time of the interview, she was awaiting word on a possible cancer diagnosis. Also a survivor of childhood sexual abuse, Isabelle says, “I was what would be considered in the 70s a party girl. And I was a beautiful party girl, and I had no sense of myself being important. I was taught that I was worthless, and the only worth that I had was between my legs.” Hoping for better housing, and describing smoking as a vital coping mechanism (a “friend for over 50 years”), Isabelle says she struggles with forgiveness of herself and others.

Madeline is spending almost all of her income from Old Age Pension, CPP, and spousal support on her housing. At 74, she owns the three bedroom suburban home where she has lived for the past seven years, initially as a renter, before purchasing the house a year ago. She had some misgivings at the time. “At my age, I thought why do I want a mortgage?...I’d rather not,” she says. “But, it was the option of losing the house or trying to get a mortgage, and lo and behold, I got a mortgage with some crazy mortgage brokers, and probably a mortgage I’m not honestly qualified for.” She is worried about being approved when the mortgage comes up for renewal in a few months. Madeline shares her space with five cats and a housemate. She left a long-term marriage almost 10 years ago to move in with another partner who became abusive. Fleeing the relationship, she stayed with a daughter before taking up residence in her current home. Digestive and foot problems limit her food intake and leave her sometimes feeling uncertain on her feet. A self-described hermit, Madeline loves her housing and hopes to stay. Her home, she says, “gives me absolute joy, especially in the evening when I just have a couple of lamps on and the place actually looks good,” she says, with a laugh. I remember once my husband told me I look good in a kind light. And that’s what my house reminds me of. So, so I am very, very, very happy.”

The cumulative impact of accessibility challenges, conflicts with neighbours, and perceived bullying from the landlord have become an impetus for **Gail**, 60, to look for new housing after almost 20 years in the same rental apartment. Currently living alone in a subsidized unit, she is on a waitlist for placement in a seniors’ residence. Gail had a bad fall more than a year ago trying to navigate around unmanageable stairs, resulting in a serious injury. She lives on a disability income relating to a range of mental and physical

health issues, including bipolar disorder and anxiety. Gail attributes a recurrent problem with cellulitis and venous ulcers to the presence of bed bugs in her building. Poor soundproofing means that simple household activities prompt noise complaints from neighbours, and Gail says her landlord has told her she is not allowed to listen to television after 9:30 pm. She has become increasingly unhappy with her interactions with the landlord's agent, a superintendent who lives in the building. "These people, it's like, they don't want to be called or bothered," she said. "...My smoke detector was chirping... and it was going on for hours, and hours, and hours. So I called (the super) ...and I explained to him about my smoke detector, and he said, "Well, I'm at the bar. You'll have to wait till 10 o'clock tomorrow morning." I had to listen to that all night. He didn't show up, either, in the morning. I waited three days."

Donna, 68, is finding it harder to manage the stairs leading to her third floor apartment where she has lived for about five years. Divorced, she now lives alone, but once owned a house with her husband and children in a rural location. She sold the house when her marriage broke up and followed her grown children to the city where they shared a duplex before eventually going their separate ways. She now spends more than 30% of her \$1550 Old Age Pension and CPP income on her housing. Her son covers the cost of a car, which Donna uses to support an active social life that includes camping, attending seniors' groups, and meeting friends for coffee on a regular basis. An insulin-dependent diabetic, Donna sees herself as healthy, but admits feeling challenged by a "frozen shoulder" that limits her ability to do some of the things she used to do. Managing stairs and some dissatisfaction with how the landlords seem to now "let anybody" rent in the building (she described a recent episode in which the fire

department was called when a neighbour passed out from drinking with the stove on) have got her thinking about moving. She checked out options for seniors' housing, but found the residents there not a good match. "When I went to look," she says, "there was a lot of them, like, in the hallways and they had walkers, and they were old. I don't consider myself old. Laughing, she concludes, "So I figured I wasn't ready for it."

The short profiles above provide some important context for the next chapter, which brings forward for discussion the themes identified during nearly 11 hours of interviews with these women. It is hoped that presenting women's narratives in this way will bring the presence of each woman more clearly into focus for the reader, and help ground the following discussion within a more holistic understanding of lived experience.

Chapter 6: Findings and Discussion

Conceptualizing Housing Insecurity

The question of what constitutes housing insecurity for the women in this study formed the basis for this research project. The following section explores the themes related to housing insecurity that were identified during the data analysis process. Discussion of these themes elucidates how women in the study both experience and conceptualize housing insecurity, and provides insight into the multiple, interrelated concepts that may cumulatively generate a sense housing precarity. Among these is affordability, which emerged as a theme closely linked to income inadequacy, which in itself was linked to participants' historical marginalization in the labour force. Thematic analysis of gender and housing insecurity revealed that for women in this study, intimate partner violence, loss of a male partner, and power dynamics with male landlords can contribute to a sense of housing precarity. Rental housing restrictions banning pets and smoking, which for the older women in this study may be important supports or coping strategies, can further limit housing options. Other important themes associated with housing insecurity by participants were infrastructure problems that impact privacy, a sense of safety, and accessibility.

Housing insecurity spans a broad continuum of lived experience.

The women taking part in this study described gradations of housing precarity experienced throughout their lives, ranging from homelessness to accommodation in rooming houses, "couch surfing" in a friend's garage or basement, or barely hanging on to the family home. Others described relative, if at times uneasy, stability, even when spending half their incomes or more on housing. Research into housing precarity likewise

suggests that housing insecurity should be conceptualized as occurring on a continuum (Daoud et al., 2016; Grenier et al., 2016a; Sylvestre et al., 2018).

Janis, who lived for years on the street, reflected on her typical living arrangements before landing in a women's supported housing program and transitioning into stable housing:

Most of the time what you can afford to live in is like, these rooming houses where everybody's getting' high, and there's bugs and... you're not safe because you got these little crappy doors and anybody can get in. Or they're not safe because you've got other people there that are still experiencing violence, so they're still doing things, so you're not safe in there.

Isabelle's trajectory into housing precarity began when the home she had owned for 20 years was put up for sale at public auction. She spent a year shifting between temporary lodgings before taking up residence in a townhouse with two roommates two years ago. At the time of interviewing, two of the women in this study were in immediate need of housing: Pam had just received notice to leave the rental house she shared with a roommate within a few weeks; Rhonda was anxious to find housing immediately to get away from a "nightmare" living arrangement with her partner and his teenaged son. The three women in the study who currently owned their homes faced their own set of challenges. Madeline, who rented her current house from a family member before purchasing it a year ago, has long grappled with a sense of housing precarity. "I've been there seven years, always under insecurity," she said, "because the house was always (about) to be sold." Madeline's sense of precarity didn't diminish with her transition to

homeownership, which introduced a new uncertainty about her ability to renew the mortgage in a few months. For Julia, who took over ownership of her family home when her mother died eight years ago, managing the cost of home maintenance means her finances are pushed to the limit. “I have no cushion,” she says, laughing. “I’m sitting on the floor.”

Defining the Problem: Factors Associated with Housing Insecurity

Affordability.

Because affordability is a critical component of housing insecurity (Lewis, 2009; Pomeroy, 2017), the cost of housing tends to predominate in public discussions about housing precarity (FCM, 2015; Government of Canada, 2017). All of the women in this study cope with the fundamental problem of living in homes they cannot afford, with some spending more than 50%, and even 70% of their incomes on housing. This meant that women in this study had as little as \$50 a month left over after housing costs were covered to meet other expenses. Julia receives income assistance and gets help in covering the expenses for the family home she owns from her daughter and another woman who share housing with her. She described a common scenario:

I did have a little bit here and there that I used to be able to squirrel away and have a couple of hundred dollars that, in case, you know. But that “in case” came up a lot more than replacing that money, so “just in case” now comes down to.... what can we not pay till we get oil?

During the winter when heating costs are high, Norma may spend up to \$1200 of her monthly \$1700 CPP/OAS income on the family home she owns. Despite the expense,

and her dependence on food banks to feed herself, she says, “I feel pretty good about it. I don’t want to leave it, for sure.”

A hidden cost which may not be taken sufficiently into account in discussions of housing affordability is the often prohibitive expense associated with moving. For the two women in this study in immediate need of housing, the prospect of moving households was fraught with difficulty. In addition to the daunting task of organizing a move under duress, being able to afford first month’s rent and a damage deposit, along with the cost of the move itself, was described as a major challenge.

While acknowledging housing affordability to be a significant problem, some women nonetheless described themselves as feeling happy, if not entirely secure, in their homes. The issue of affordability was seldom discussed without some reference to factors that mitigate or counterbalance the challenging housing costs. This is not to suggest that affordability is not a significant concern for these women. Rather, it is to propose that conflation of the concept of unaffordability with housing insecurity does a potential disservice to the complexity of experiences described by the women in this research.

Housing affordability part of a larger income insufficiency problem.

Women’s discussions about unaffordable housing inevitably led to the subject of having insufficient incomes to meet their needs. Janis questioned even having a discussion about housing affordability without addressing the inadequate incomes people must live on:

And what’s affordable? I hear all this stuff about affordable housing.

Affordable to whom? When you’re on a set income, whether it be social

assistance, whether it be...disability, whether it be pensions.... it's affordable to whom?

Pam raised a similar point, observing, "When you're in a certain income range, your choices of housing are not good." Isabelle sees the income problem only getting worse for women as they get older. She says, "Most women ... at 50 don't realize in 15 years, they're facing poverty."

Income is understood within the social determinants of health model to be an important influencer of health (Mikkonen & Raphael, 2010). Women in this study made ready connections with this aspect of their experience when reflecting on links between their circumstances and their wellbeing. The feminization of poverty (Denton & Boos, 2007) comes home to roost among older women (CCEL, 2013), whose economic marginalization throughout life (Hooyman et al., 2002; McLeod & Walsh, 2014) is shaped by a number of factors. Historically limited attachment to the paid work force (Status of Women Canada, 2012) means older women have contributed less to CPP and receive lower CPP benefits in return at retirement (National Advisory Council on Aging, 2005), and living with a low income means they are unlikely to have contributed to private pension plans (Brown, 2011; Quesnel-Vallee, Wilson, & Reiter-Campeau, 2016). Women move into old age having acquired less wealth during their lifetimes than men, and if divorced or separated, will have experienced greater financial impacts than their male partners at the dissolution of marriage or common-law unions (Denton & Boos, 2007). Older immigrant women and women of colour are especially at risk of living in poverty (Kaida & Boyd, 2011; Preston et al., 2012-2013), as are older adults under the age of 65, who may not qualify for income supports designed for older persons (Walsh et al., 2015).

The women in this study shared how the insufficient incomes they receive through income assistance, Canada Pension and Old Age Security, coupled with a lack of private pension plans had repercussions for daily living. A number of the women reported regularly accessing foodbanks and still not being able to maintain healthy diets. Others spoke about being unable to afford medications or supports like incontinency supplies with consequences for their sense of dignity and ability to leave their homes. Valued personal possessions were sometimes disposed of for cash or because of lack of funds to cover the cost of storage. Without the Guaranteed Income Supplement (GIS), Isabelle said she “wouldn’t have very much at all”. Anne acknowledged that the GIS still held her at a low income, but noted, “it’s more money than I’ve had for a long time.”

Income was one of a number of influencing factors which are also identified as social determinants of health that the women described as affecting their wellbeing. Women’s employment histories, which are linked to their current incomes, also emerged as contributors to current precarity. Participants also revealed how gender can be a factor in experiences of housing insecurity through their accounts intimate partner violence, and interactions with bullying, racist, or dismissive landlords. These findings, discussed below, are suggestive of how conversations about housing as a standalone determinant can help open a window onto greater understanding of other determinants of health.

Current and past employment contribute to insufficient incomes.

Janis’s current employment is no guarantee of generating a living wage. At 63, she works full time and still depends on the food bank to supplement the groceries she can’t afford to buy. Her non-profit employers, acknowledging the insufficiency of the wages they are able to pay, build in time off for Janis to access food banks during the

workday. Women's marginalization in the workforce (McLeod & Walsh, 2014; Statistics Canada, 2011) has a specific relevance to older women whose attachment or disengagement from the labour market reflects devaluing beliefs about women from a specific period in history. Despite improvements in women's labour market attachment over the past few decades (Statistics Canada, 2016), older women carry forward the consequences of sexist attitudes from another era.

Women in this study spoke about how their employment opportunities have been circumscribed throughout their lives by both gender and age. Surfacing in the conversations was the present impact of past employment expectations and workplace norms at the time when they entered the workforce (or not) as young women. Isabelle observed, "I describe myself as a housewife... I was raised to be a toy." Madeline said, "I always wanted to go to university, but mother thought that was for boys. Of course, my brother went, and so my sister and I were sent to secretarial school, so that's what I did." Pam talked about giving up her dream of becoming a red seal chef in the 1980s due to workplace harassment from male kitchen staff: "I threw away my career because I thought well, if I've got to work in this environment (for) every culinary experience I have, I'm not gonna be able to tolerate this." Anne described how her hopes of breaking into a male dominated design field after returning to school to do graduate work in her 40s failed to materialize.

Reasons for moving.

An unexpected finding in this study was the relatively long-term residency of women within their housing. Although not consistently differentiated by gender or age, some housing research suggests that living with a low income may be associated with

frequent household moves (Phinney, 2013; Skobba, 2016). Women in this study shared a number of reasons for past or currently planned moves. For Rhonda, escape from her male partner's behaviors was a motivating factor, along with the need to find more affordable housing. Changing personal circumstances led Pam's roommate, who was the leaseholder on the housing they share, to give her sudden notice to leave. A wish to be closer to family, especially after life-changing events like the death or divorce, was also a reason given for moving households. Wanting to make a new start was a motivating factor in moving for Madeline, who left her housing and long-term marriage to begin a new relationship, and for Roxy, who moved to HRM from another province to escape a drug culture in her home community. A combination of factors influenced Gail's decision to move. Initially motivated to find new housing after a fall trying to navigate stairs, conflicts with neighbors and the landlord have pushed her to seek new housing. Providing care for another person was a past factor in a household move for Anne, who changed housing to support an adult child with a debilitating disease. Janis expects to move in the next few years from her current multi-level unit in public housing to more accessible accommodations so she can move her mother in with her. The women's reasons for moving are echoed in housing research, which describes conflicts or violence from a partner (Grenier et al., 2016a; Darab & Hartman, 2013), the death or divorce of a partner (Crane et al., 2005; Grenier et al., 2016a), affordability challenges (Phinney, 2013; Vacon et al., 2018), or caregiving (Ewen & Chahal, 2013) as motivations to change households.

Lack of awareness of homeowner supports.

Managing the cost of household maintenance was a concern for the women in this study who owned their own homes. While Norma has received funding from the

province's homeownership support program in the past to manage needed repairs, the two other women who own their own homes were unaware of this assistance. Access to housing information and supports has been identified as an important element in maintaining housing security (Vacon et al., 2018), and the lack of awareness of available housing resources has been flagged as a potential problem (McDonald et al., 2004).

Gender.

Both feminist theory and the social determinants of health framework position gender as a key factor in women's life experiences, health and wellbeing (Calasanti, 2004; PHAC 2011). While usually not explicitly naming their experiences as related to gender, the women in this study identified a number of ways in which gender has factored in their housing insecurity.

Loss of housing associated with the loss of a male partner.

Just as women's wealth is associated with having a male partner (Denton & Boos, 2007; McDonald & Robb, 2003) this study pointed to an apparent relationship between women's housing security and connection to a male partner. Homeownership and the subsequent loss of housing was associated by some women with having and subsequently losing a male partner through death or divorce. Whether the loss of housing can be attributed solely to a loss of wealth is unclear; however, the participants who gave up their homes at the termination of a relationship cited affordability as a factor in their decisions.

Intimate partner violence a factor in housing insecurity.

Links between housing disruption and intimate partner violence are established in the literature (Darab & Hartman, 2013; Grenier et al., 2016a; O'Campo et al., 2016). Four

of the 11 women interviewed for this study described violent or harassing behaviors from male partners as impacting their sense of security and wellbeing. Pam lived with an abusive common-law partner for seven years in a rural community before leaving the relationship and returning to her home community in the city a year and a half ago. Madeline says she lived with an abusive partner for two years before “my kids finally rescued me.” Rhonda, who is actively seeking new housing in part due to her partner’s behaviors, did not use the term “abuse” to describe his actions, which included making verbal threats, putdowns, and throwing things at her. Gail recounted harassment from an ex-boyfriend who continued to call and show up at her apartment, creating disturbances outside the building, and triggering pressure from the landlord not to call police.

Power relationships with landlord, housing agents.

The role of landlords, live-in building superintendents, or other housing agents as figures of control and power were associated with women’s experiences of wellbeing in their homes. Gail says she’s felt “bullied” by her landlord and live-in building superintendent: “These people, I have felt the feeling with them, these people are not safe, I can’t depend on them, I can’t trust them,” she says. Janis, who identifies as “aboriginal and black” spoke about feeling discriminated against in her interactions with property agents, and Anne described her uncomfortable interactions with the live-in building superintendent:

He’s a real macho guy... he calls people “honey” and “sweetie” and things like that. I don’t mean to imply that he’s got some sexual innuendo or anything in that message, but... but he’s dismissive. He’s extremely dismissive of women.

Landlord-tenant power relationships have been considered from a number of perspectives. Keller (1987) looked at the power imbalances built into landlord and tenant agreements from a contract standpoint, suggesting it privileges landlords because renters are more invested in staying in their housing than landlords are in keeping them there. Tenants are further seen as disadvantaged in having no say in the terms of their rental agreements, and in sometimes being denied access to direct contact with landlords (Houle et al., 2017). Reed, Collinsworth, and Fitzgerald (2005) discuss the power attached to those who control housing resources in times of housing shortages, noting that unethical landlords may feel empowered to exploit women who have few options for alternative housing. The fact that a landlord holds the key to a woman's apartment is, in itself, profoundly power laden, and there is room to further explore women's relationships with their landlords as a contributor to housing insecurity.

Limits imposed by a rental environment.

Having pets.

Pet ownership is emerging in the literature as an underexplored barrier to housing (Power, 2017). More than half the women in this study reported having pets, and landlord restrictions on allowing animals on the premises were perceived by some women as limiting their housing options. Rhonda described some roadblocks she was encountering while searching for housing, with landlords either banning pets outright or placing size restrictions on them. The potential for having to give up her cats should her mortgage not get renewed (requiring her to seek rental housing) plays on Madeline's mind. "If I had to move to an apartment it would be very hard to find someone who would like my five cats, and they wouldn't have such a life either," she says.

Smoking.

The normalization of smoking among some older women in this study shed light on the difficulties this habit can generate for housing security. Isabelle, who has smoked for more than 50 years, talked about the housing challenges posed by being a smoker:

I look for a place where I can smoke in my house. I have lived elsewhere where I have to smoke outside, and I find that abysmal....I'm 66, I know what I like to do. So I have to choose roommates who accept that I smoke, living situations where we are allowed to smoke.

Infrastructure problems go beyond accessibility.

Current accessibility challenges and anticipated accessibility needs for themselves or for aging parents in the future have prompted some women to think about, or actively plan, a move to new housing. Increasing difficulty managing stairs has influenced Gail's decision to leave the apartment building where she has lived for nearly two decades. She says, "When I moved in there I was in my 30s. You know, I was running up and down those stairs [laughs]. It's not like that anymore."

Other important concerns arose in discussions about building infrastructure. Women in this study also spoke about how inadequately designed housing can impact a sense of privacy and wellbeing. Rhonda described the importance of having time and space to herself especially while coping with the stressful circumstances of the past year. She said, "I'm an introvert, and sometimes I just need to get away from people and be by myself." Isabelle's experience of living in one person's garage and another's basement after the loss of her house underscored for her the importance of privacy. "I recognized I

have to have some space that is mine,” she says. “I don’t want to share my room, man or a woman.” [Laughs].

Poor soundproofing where they live has generated problems for some of the women, ranging from mild embarrassment to distress. Inadequate barriers in Gail’s building has generated a series of hostile and upsetting encounters with neighbours and bizarre interventions from the landlord, including instructions not to watch television past 9:30 pm to help deflect noise complaints from other tenants. Isabelle says that the lack of privacy in the townhouse she shares with two others has limited lifestyle choices for her and her roommates:

I mean, I don’t mind that (my roommate) farts, but do I have to hear it?
...We couldn’t ever have lovers, and we’ve made that a rule, don’t bring a lover here, we’d hear it, you know? ... So it’s not ideal.

Inadequate design or inappropriate space for the people in the house posed challenges beyond accessibility for women in this study, making public the small, private details of human bodily functions, and imposing limits on women’s social and sexual lives. Noise problems related to structural issues might incur the unsettling wrath of neighbours. Women in this study suggest that a range of personal concerns beyond accessibility are important to their sense of being appropriately housed.

Sense of safety important, provisional, and shaped by past experiences.

Feeling safe in their homes and neighborhoods is an important factor in women’s overall physical and mental well-being (Haworth-Brockman & Donne, 2009). Women in this study identified problems with people in the building as one of several factors

connected to feeling unsafe in their housing. Donna described one unsettling incident involving a neighbour:

Not that long ago one of the alcoholics... decided he was hungry and put something on the stove and passed out. So, it was like midnight and the fire alarms are going off, and we had to get out of the building, and it was dangerous that way.... I'm kind of worried about people being negligent and burnin' the place.

Janis talked about how encroaching gentrification in her neighborhood had contributed to traffic problems that impacted the safety of older people in the community:

They've made our street a thruway. "The buses are goin' like, 100 miles an hour. We don't walk that fast, so people are beeping at us and yelling at us and swearing at us, because we can't get across the road as fast as they would like. So that makes it unsafe, too."

Rhonda's feeling of safety was affected by having had her house broken into and having to go forward with the unsettling awareness that "the locks obviously didn't work." For Anne, the mere thought of a break-in was disturbing: "I feel safe here, yeah. I mean, that could be changed in a moment, if somebody broke in one day. I would never feel safe again." Donna noted a similar provisionality in the sense of safety she has in her current housing. She said she feels comfortable now, "but [laughs], next week somebody could try to break in, and then I wouldn't be comfortable." Norma described how the physical position of her house within a reputedly "bad area" contributes to her sense of safety. "My driveway is about 150 feet off the road, so nobody bothers me," she said.

Intentionally distancing one's self from perceived potential risks in the community was a strategy adopted by a few of the women in the study. Roxy observed:

This (neighborhood) is a very high crime rate area, so I can't go out after dark... I believe if you're lookin' for trouble, you're gonna find it. But if you don't go lookin' for it and you stay in, and you mind your business, no one bothers you, right?

Experience of trauma.

Some women connected feeling unsafe to the residual effects of earlier trauma. Janis said that as a result of her former homelessness, "I have PTSD, so I can't just sleep anywhere. I have to feel safe in order to sleep." For Pam, her past experiences of childhood sexual abuse continued to undermine her sense of stability and wellbeing. "I just have never had a stable life," she said. "I've lived with anxiety and depression all my life as well, but usually have bounced back pretty quick. But this time I'm not." [Crying]. Childhood experiences are recognized as an important determinant of health (PHAC, 2011) which, when involving trauma, may also be linked to women's pathways into precarious housing (Grenier et al., 2016a). Child abuse has been conceptualized as a life-course social determinant of health with far-reaching effects (Greenfield, 2010) across the span of women's lives. Experiences of sexual abuse and other forms of violence in childhood have been linked to a range of mental and physical health issues in adult life, including PTSD, substance abuse, depression, and anxiety (Cook, Dinnen, & O'Donnell, 2011; Knight, 2019) and a fundamental inability to feel safe in physical and emotional environments (Knight, 2019).

The Effects of Housing Insecurity

Stress a common health issue.

Experiencing stress and living in insecure housing go hand in hand (Bryant, 2003; Mikkonen & Raphael, 2010; Sylvestre et al., 2018). Stress related to housing challenges emerged as a significant and commonly reported health factor. The women in this study spoke about their worries related to covering housing costs and living on the very little money left over; the difficulties of constantly juggling expenses and making decisions about what not to pay for; and how conflicts with neighbours and landlords or abuse from partners exacerbated existing mental health challenges.

Worries about housing.

“I got lots of stress,” said Gail, who has a diagnosis of bipolar disorder and has described ongoing conflicts with neighbours as a reason for wanting to move. “Stress is what can make me manic, and put me in the hospital.” Rhonda talked about feeling overwhelmed by her current housing problems. “I don’t even want to go in my own house,” she said. “I can’t wait to go to bed and I don’t want to get up, because I don’t want to face what’s in between that time.” For Julia, a stormy night could trigger a cascade of anxieties about unaffordable maintenance costs: “I lay in bed when it’s really windy at night and wonder, you know, is tonight the night that the tree’s going to come in on me?” The presence of insects and rodents or other creatures within housing was also a stressor for some women. Having bedbugs in her building has exacerbated Gail’s challenges with anxiety, and other women shared their distress with having had to deal with mice, rats, and even birds invading their homes.

The prospect of having to move households was upsetting to the women currently looking for housing. Rhonda said, “the anxiety sets in, like how am I going to be able to do this, how am I gonna have the money for this, money for that?” [Crying]. What to do with her few possessions while she searched for housing under a crushing deadline was a challenge for Pam. “What do I do with the little bit of stuff that I do have?” she asked.

Perceived limited housing options.

Some women’s perceptions of having limited housing options added to their worries about their living situations. Affordability was seen as an important barrier, as were waitlists and negative perceptions about seniors’ housing, and a perceived a poor market for selling homes. Roxy and Isabelle both expressed a wish to move, but felt there were few affordable housing alternatives. Donna thought people living alone are especially disadvantaged, commenting, “If you’re single, you’re sort of on your own.” Roxy and Anne were doubtful about living in public housing. Said Roxy, “I’ve heard so many horror stories and stuff, and seen how people keep their units and stuff, so it’s kind of scared me away from it.” Anne was worried about problems with bedbugs and had concerns about tenant behaviors. Donna flagged a couple of problems she encountered in her exploration of seniors’ housing, most notably a lack of available parking space.

Reframing Housing Insecurity as Housing Security

An unanticipated pathway into an understanding of how housing insecurity and health interrelate for women in this study became apparent upon multiple readings of the interview transcripts. Attending to things unsaid (Woodcock, 2016), I perceived that scattered throughout the women’s accounts of housing precarity were other narrative threads connected to times when they felt peaceful and happy in their homes and

communities—sometimes, just for moments, at other times for longer periods—in housing or in neighborhoods that may otherwise feel insecure. This suggestive, recurring theme seemed to hold promise for defining housing insecurity by exploring what it is *not*. This line of analysis seemed likely to shed light on how women may spend most of their income on housing and still not want to leave it. It became apparent that the dimensions of housing *security* that women experienced were as important to consider as their experiences of housing insecurity to elucidate the ways in which they may link their housing and their health. The following sections present the findings derived from this approach.

A felt sense of housing security.

Being securely housed was linked by the women to having “peace of mind,” feeling happy with having a roof over one’s head, the rent or mortgage paid, and food on the table. Housing security was described as encompassing privacy, autonomy, and a sense of freedom to be themselves and safe from harm. For Isabelle, feeling securely housed meant “a place where you knew you’d be welcome for as long as you want to be, and who you are.” Secure housing for Rhonda meant “securing a place that I know that I’m gonna stay, that this is it, this is my little oasis.” Pam offered, “I just want somewhere clean and safe and cozy”—and, reflecting on her current housing crisis—added, “somewhere secure and that you can’t be kicked out in the middle of winter.” Gail similarly described a relatively small ask for housing: “I want to watch a movie 10 o’clock at night, I hope I’m allowed to do that. And I hope the people are nice and friendly.” Roxy also described an uncomplicated scenario for the housing she needs to support her health and wellbeing. She described a place where, “I know I always have a

roof over my head, and I got a bed, I got food. And my rent's paid. That makes me happy." Janis spoke about how having her own key marked a significant moment for her as she stepped across the threshold from homelessness to supported housing in her late 50s:

The key meant a lot to me cause it was my own space. I put that key in the door and *I* say who goes in and who comes out, and how safe do I feel, you know? That meant, like, *a lot*. It meant not being in a room with four other people that I don't even know, right?.... When I had my own key and I put it in, and I had my own kitchen and I had a living room, and I had a couch, and I had a TV—because they come all fully furnished, maybe not all new stuff, but it's *your* stuff.

The conceptualization of housing as comprising material, spatial, and meaningful domains (Bryant, 2003) may shed light on why the women in this study tended to make limited connections between their experience of housing insecurity and health. Where links between housing precarity and health were made, there was a tendency in their responses for women to focus on structural and environmental issues in the home—dust, bed bugs, or stairs—as associated with health issues. The interpretation of “housing” by the women in response to questions about housing insecurity and wellbeing seemed more aligned with the theorized material and spatial dimensions of housing, and less so with a posited meaningful domain. This is suggestive of the importance of clarifying how housing is conceptualized before entering into a discussion about the quality of the

housing in question. This finding revealed my own taken for granted assumptions about sharing a common conceptualization of what is meant by “housing.”

Contributors to a Sense of Wellbeing within Housing.

Emotional connection to housing.

The narratives of women in this study revealed complex and sometimes conflicting views about where they live, regardless of the level to which they expressed feeling insecure in their housing. Their concerns were often interspersed with expressions of affection for their homes and communities. “I don’t live in a magazine, right. I always say my house is clean enough to be healthy and dirty enough to be happy,” laughed Janis. Feelings about housing might be related to a number of coalescing factors—partner’s behaviors, pending moves, mounting financial pressures, or past experiences of loss or instability. Accessibility challenges or perceived bullying by landlords, or exasperation with a lack of privacy all emerged as important elements in the minutiae of daily living that cumulatively can generate a sense of being insecurely housed. Alternatively, participants talked about factors that can mitigate the experience of abiding precarity: the joy of a summer afternoon in the garden with cherished cats; yoga on the back deck overlooking a small sliver of greenspace; friends stopping in for a game of cards on a winter evening.

Not surprisingly, a sense of housing precarity appeared to be foremost in the minds of the women in immediate need of housing. For Isabelle, the loss of her home by the ocean has undermined a sense of housing security altogether.

I feel like where I used to live... was going to be mine forever. I did believe that when you have a deed in your name, it’s actually yours, but it doesn’t.

Now (I've) discovered... that even if you pay your mortgage completely and you think you own the house, if you miss your property taxes and all that stuff, it can be taken from you. So I realize there is no security, really, in housing.

In reflecting on her current living arrangements with two other over-50 roommates in a crowded townhouse, Isabelle reports "I'm stuck. I feel stuck there." Roxy, like most of the other women in the study, reflected on the perceived pros and cons of her home and community:

I would actually like to move from this area....If I move, I know I'm gonna get higher rent....And I like this place here because the size of it. Like, I have a big living room, I love plants. I like a big kitchen, and my bedroom is big. I don't wanna live in a four by four box.

Although half of her income goes to cover the cost of housing, Anne values the esthetic appeal and comfort of her apartment:

In the height of summer, I have sunshine coming in the kitchen window, and sunshine coming in this window at sunset, it comes around and it goes this side of the house, so it's very cool here and I like it.

Donna has been downsizing over the years from homeownership to apartment living and takes her current housing in stride. "Well, it means I didn't go up in the world, I kind of went down in the world," she says, laughing. "But... things like that don't bother me. I mean, I'm not putting on a show for anybody." Some of the women described small, great moments in housing that may otherwise feel less than secure. Isabelle said:

I have a common area in the backyard of our house that I can go out and do my yoga on every morning. And there's community. The dogs in the neighbourhood come around, the cats, whatever, and I really love animals, I love birds, I feed the birds. So, it's like there's a precious piece of green area right outside my deck door.

In spite of financing uncertainty and an ongoing sense of precarity in the house she now owns, Madeline says, all things considered, she takes great pleasure in her home:

Even though it's nobody's dream house—nobody in the world would this be the dream house for—but it's mine. I've never had anything before that was mine. And ever since I bought it last spring, I seem to look at it even differently still, so that I, I love it. I sit there and I look at this pretty awful house and I think, wow, this is the most wonderful house in the world. I'm so happy. I'm very, very happy in this house.

Renting a home may be perceived as less secure than home ownership.

Housing rental is associated with much higher occurrences of housing precarity than home ownership (BCNPHA, 2018; FCM, 2015). Findings from the current research provided insight into the difficulties attached to both housing tenure types, and further suggested there may be qualitative differences felt between living in rented or owned housing.

Homeownership was usually linked to living in housing that belonged to the family of origin, or was shared with a male partner. Two of the three women who currently owned their homes had taken over the family home after the death of parents.

For the women who previously co-owned housing with a male partner, there was sometimes a curious hint of their not actually *feeling* as if they owned the house. Anne remarked, “My husband and I owned a home... but I don’t think my name was on it, I think it was really his house.” Pam caught herself in describing her past experience of homeownership: “I’ve never owned – well, yeah, my first relationship, we owned a little house,” she said. “...so that’s really the only time I’ve really owned a home.”

Homeownership linked to a male partner was also associated with subsequent loss of the home through loss of the male partner. After Donna divorced, she tried keeping the house she shared with her husband, but eventually gave it up, and Rhonda described the death of her husband ten years ago as the beginning of her trajectory into unstable housing.

Having lived in both rental housing and homes she owned, Donna felt there was no difference between renting and owing, but Rhonda thought renting felt less secure. “Renting is never permanent, really. Unless you get a spot that you’re content and happy with and know that they’re not gonna sell it out from under you.” Isabelle echoed that sense of precarity as a renter. Pam has found that renting housing has been sometimes stigmatizing:

Well, I think [sighs], the perception is if you own a home you’re in a successful relationship, you’re doing well for yourself...(other people) look at you as being successful because you have a home, you have a marriage, family, whatever, that goes in that happy little home... If you’re a renter, at my age especially...people do look at you and (think), “Why are you living in an apartment? Why don’t you own a house?”

Having a sense of autonomy and agency in the home.

Feeling safe and in control of their environments surfaces in the literature as an important contributor to women's experiences of housing security (Daoud et al., 2016; United Nations, 2001). The women in this study described an array of strategies for carving out safe and comfortable spaces within housing precarity. The process of home-making itself was described as supporting health, and having access to private, safe spaces where they could be undisturbed to pursue creative or health-supporting activities, or simply shut out the stresses of life, were among the multiple ways in which women occupied and interacted with their homes to support health and wellbeing. Being able to store or interact with objects and possessions acquired over the course of lifetime was also described as important. Madeline spoke about how sorting through papers from years past had become a kind of contemplative activity connecting her with a sense of self:

I'm a writer so I have paper—paper like you wouldn't believe—everywhere – filing cabinets full of everything.... So that's one thing I do... I get a box and sort. And if it's a box of paper, it's little scraps with a few words on them, it's old things from restaurants, serviette things that I've scribbled on, it's pages of typing of things I've written. It's just a conglomeration of—when I die and my daughter sees it – garbage [laughs]. But to me, it's my thoughts and my words and my – who I am.

Having a secure place to carry out important health and self-care routines, or entertain and share meals with friends were also identified as supporting health. Having space for a

home business could also help generate extra income to cover expenses that might otherwise not be met.

Before her housing security was upended by a recent notice to move, Pam had found a comfortable home routine to support her mental health: “It’s only been the last month or two that I’ve started reading a lot more and trying to focus more on myself, you know, take a hot bath and relax and let the world go away.” Being able to entertain friends in their homes was important to some of the women. Anne said having guests in has multiple benefits: “I don’t like eating alone... and I actually don’t cook for myself when I’m alone, so, it’s good for me to have somebody to cook for so I know that I’m gonna have a good meal, too.” Having space to do nothing much at all was also an important contributor to wellbeing. Janis’s down time includes stripping away all the non-necessities of life. “First off, I get naked,” she says, “Take out my false teeth [laughs] I don’t have to impress anybody anymore, right? I can wear my Pamper without being ashamed. I’m just comfortable.”

Positive relationships within housing.

Where difficulties with landlords or neighbours can exacerbate a sense of being insecurely housed, positive relationships with the people nearby can support wellbeing. Neighbours and friends might step in where families are absent or estranged, with some women describing a kind of solidarity that emerged among those who share experiences of housing insecurity and poverty. Roxy is without family in this province, and says having a network of close friends among her neighbours is important:

We always pull together through the month and help each other. If got extra this, I'll give it to them. If I'm short on something, they give it to me. So it works, yeah. You have to make it work.

Janis described a similar sense of solidarity with her neighbours. "Sometimes there's little neighbourly squabbles about music and stuff like that," she says, "But most of the time we're all in this kind of together and it's a community.... it crosses all racial boundaries because we're talking about poverty here." Without her friends' support in networking for housing and helping with moves, Pam says, "I don't know where I'd be right now. I have no idea. Probably on the streets."

Isabelle spoke about how living with other people helps her maintain emotional equilibrium:

Having two roommates is good, because you cannot whirl too long in a bad state without other people picking it up. AndI know my bad state will affect other people, so I pull myself out....I can get a grip. I know how dark I can go, but I won't let myself.

Roxy and Janis, who are in addictions recovery, both spoke about the life-changing help they received during their time living in women's supported housing. Roxy said:

"That place, I think, really saved my life. I got clean there. It was all women there supporting each other that had similar issues, health issues, drug issues, depression, you know, some women had been raped, or beaten, and stuff like that. So I think those women helped me pull through a lot, a lot of my problems....just bein' there for support."

Living alone not always detrimental.

Six of the 11 women in this study lived alone at the time of interviewing. Two of these women had pets, and a third would have a pet if permitted to do so by her landlord. While living alone has been linked to housing precarity (Crane et al., 2005; McDonald et al., 2004) and negative financial, social, and health outcomes (Carstairs & Keon, 2009), solitary living was not typically addressed directly as a factor in housing insecurity among women in this study. While they spoke of the financial and emotional benefits of sharing housing with other people, privacy and solitude also surfaced as valued qualities, especially when the women led busy lives outside their homes or when housing was shared with problematic others. Several women described having limited social networks by choice, and only one woman expressed a wish to have more people to talk to. Interestingly, some women who reported having a network of friends said they tended not to discuss their troubles with them, since they thought their friends had worries of their own.

Having pets.

Six women reported having pets, which were described as being important, and even “essential” elements in their wellbeing. While academic research has not yet quantitatively demonstrated the relationship between having pets and wellbeing (Duvall Antonacopoulos & Pychyl, 2010; Himsworth & Rock, 2013), the importance of having companion animals to women in this study is evident. In addition to helping Janis manage her PTSD, she says her dog has also helped fill some gaps in her social network:

Because if I didn't have something to get up for, there were days I just didn't bother.... because there were some days when things were very depressing.

Cause the young people got their own lives. People don't wanna hang out with nanny, you know what I mean?

Norma got her cat after her husband died three years ago, and Isabelle has improvised a kind of virtual-dog arrangement by looking after her neighbour's dog during workdays to satisfy her wish for animal companionship that is affordable.

Meaningful connection to community.

The quality of the spaces where women come and go emerged in this research as important to them as the homes in which they live. The women spoke about how positive perceptions and interactions with their communities could mitigate their sense of precarious housing and support wellbeing. Going for walks in the neighborhood, despite mobility challenges, helped Gail alleviate stress, and having access to a local swimming pool and exercise options helped Julia lose a significant amount of weight that was contributing to a number of health issues.

A recurring theme among the women was the importance placed on being active contributors to community life. Six women reported being either current community volunteers or stated a hope to return to volunteer work as their health or living circumstances permit. Currently sidelined by health issues and the lack of a vehicle, Julia wistfully recalled getting out into the community as a foodbank volunteer. "I would love to be able to do that again," she said. Madeline's volunteer work shelving books helps support her mental health. "I don't think about anything but *A, B, C, D* when I'm there and it's really, really good for me," she said. Norma volunteers at a local food bank which she also accesses as a client. "I think if your circumstances can do it, you should

always give back,” she says. “It makes me feel good.... You know you’ve accomplished something for other people, and that’s important to me.”

A frustrated sense of agency was sometimes expressed in the wish to meaningfully take part in community, with some women speaking about their sense of displacement and imposed inutility as they age. “Your expiry date has come and gone,” laughs Julia. Madeline reflected on the outcomes of imposed gender roles no longer being valid for older women. “In my growing up,” she said, “...that’s what women did, they got married and they had kids, and then they were nobodies—grandmothers—if they were lucky.”

Transportation supports contribution to community.

Being able to get around in the community played an important role in supporting the sense of agency and purpose women found in their volunteer work. As one of three women who currently owns a vehicle, Pam anticipates having to give up her car for financial reasons in the near future, and Donna reported owning a car only because her son paid for it. While Madeline gave up her vehicle due to her perception that she was “getting old” and “becoming a distracted driver,” Anne and Julia gave up their vehicles because they could no longer afford having their own means of transportation.

The loss of a personal vehicle had significant ramifications in some cases, where access to volunteer work, local beaches, or nature might be lost in the absence of transit service. Julia formerly used her van to obtain home heating oil from a local gas station offering furnace oil at the pump in order to work around a \$200 minimum charge for home delivery. For older women accustomed to having a car, the transition to bus service, where available, could turn simple errands into an ordeal. Madeline touched on

how the loss of a vehicle may be a thread tied to important, hidden factors impacting wellbeing—among them, a sense of loss of personal agency and feeling unsupported by others:

So I told my kids about (the difficulty in managing without a car), imagining that they might take me to the grocery store once a week, and they got me a cart. One of those granny carts. So I took it. Well, it's pretty hard to get up on the bus. The bus might kneel for you, but he might not, but anyway, it's really hard....So, last Christmas I decided to get rid of a whole lot of Christmas stuff...to give it to Salvation Army, because I didn't need it and it was gonna go. So I filled up my cart with a whole set of dishes I had, and a whole lot of pretty nice stuff and took it over to the bus stop, lifted it onto the bus—and it weighed a ton because it was dishes, got off the bus and... I'm pushing this thing, it hit a little hole or something. The cart went flying, the dishes broke, I fell down. I lay there completely stunned and hurt and shocked And nobody came, cars went by, I don't know if people walked by, but I lay there until I was able to get up. I put back what was there in the cart, I took it over to them and I said, "I'm sorry, I fell with it." I walked all the way home, crying all the way [laughs]. And I thought, I'm never, ever using that cart again.

Madeline carried the memory of that incident forward with her:

One day I was out walkingand there was a little old lady, and she was pushing a cart and I stopped and I said, "do you find life hard?" And she said,

“Yes, I do.” And I said, “Do you find it hard going out every day when you need to, with that cart trundling along?” And she said “I find it so hard you wouldn’t believe.” And I thought [this neighbourhood] is full of little old ladies with their carts.

These experiences draw attention to some perhaps less considered ramifications of how women’s declining income with age may impact their wellbeing. They further raise questions about how poverty, rather than capacity, may be a factor in older adults’ decisions to give up vehicle ownership. The importance of meaningful community attachment points to a potentially overlooked perspective in discourses about community access and transportation related to older adults, which may more typically conceptualize them as consumers, rather than contributors, to community resources. A feminist lens is valuable in drawing attention to the taken for granted assumptions (Carney and Gray, 2015) that may be embedded here, reflecting some unconsidered, limiting constructions of older women’s agency and capacity (Chambers, 2004) that may be at work.

Coping mechanisms.

Perceptions of health may diverge widely from diagnoses.

Although two of the women in the study were explicit in stating their perceptions of having serious mental health issues, most other women, despite having a range of sometimes significant health concerns such as hardening of the arteries, heart disease, and HIV, reported being in a generally good state of health. Some typical observations came from Roxy (“I have my good days and my bad days”) and Madeline (“I’m a very, very healthy, lucky old lady. There’s really nothing wrong with me”). Although problematized

because of its subjectivity, self-reported health is regarded as an important element in understanding an individual's state of wellbeing (Conference Board of Canada, 2018; Wellesley Institute, 2012).

Some women allowed that they sometimes experienced challenges within their perception of having overall good health: Julia described her struggle “with a little bit of depression,” as manifesting in “a constant battle to make myself get up and get dressed and do something.” Norma reported feeling “fine” but also acknowledged that past shock treatments for lifelong depression had caused permanent memory loss that has “very badly” impacted her life. Madeline revealed that within her overall sense of being in good health, she contends with a serious digestion problem that means she “can eat hardly anything,” and that her “biggest health problem (is) figuring out how I can live and be comfortable at all.”

Feminist theory poses a dilemma in understanding these apparent contradictions. On one hand, a feminist approach privileges women's knowledge (Hooyman et al., 2002). On the other hand, feminist analysis challenges taken for granted assumptions (Freixas et al., 2012; Calasanti et. al, 2006). These approaches simultaneously support taking women at their word in terms of how they report their health, and encourage analysis to go beyond accepting these positions at face value. It is entirely possible that women may resist binary understandings of health and see themselves as “fine” while experiencing severe health challenges. It is also possible that this approach may represent a minimization of their circumstances. Narrative traces of minimizing, or understating difficulties were also found in a recurring theme that was detected late in the analysis process, and named *Things could always be worse*.

In the course of re-reading the transcripts, the *Things could always be worse* meme emerged as a strikingly common thread: no matter how challenging women might find their situations to be, things could always be worse. Janis, Roxy, and Isabelle compared their current housing situations to past experiences of homelessness and instability as of a means of keeping perspective on the present. Anne, Pam, and Julia spoke about how considering others' struggles with homelessness and other challenges made their own lives seem "fine" or made them "glad" to have what they did have in life. Norma's reflection on her volunteer work at a food bank was typical: "I'm 100% ... better off than some people I've seen in here," she said. "And I just have to think of how I feel, and look at somebody else and say I've got nothing compared to that person, so, why do I pity myself?"

The tendency for women to report finding solace and strength in the fact that others' struggles may be greater than their own raises questions about how this strategy may function as a coping mechanism for dealing with challenging life circumstances. Feminist analysis might also inquire into the extent to which this approach reflects imposed gender roles that prioritize others over self (Freixas et al., 2012).

Smoking.

Smoking tobacco and/or cannabis is a significant coping mechanism for some of the older women in this study and can be an important factor in the decisions they make about their housing. Isabelle talked about how cannabis became more than a coping mechanism for her after a suicide attempt at age 15:

I discovered pot when I was 16.....Me and all the other hippies from that era knew it was a medicine. So for me, that's been my main medicine. This plant

calms me down, takes away pain, and alters my state of consciousness, so I want this plant. And I am grateful for cannabis because, to me, it's another coping skill I have.

Challenging taken for granted assumptions about “resilience.”

The women in this study described multiple examples of getting by through what might typically be described as “resilience,” generally conceived of as the ability to bounce back from adversity (Northway, 2017): keeping positive attitudes, finding meaning in their circumstances, and learning to be resourceful in working around systemic barriers. Norma described feeling unconcerned about being able to get around on her own in the event of anticipated hip surgery, noting with a laugh, “I’m going to *make* myself 100%.” Roxy said she tries to stay positive because “people don’t wanna see you when you’re down,” and both women identified their faith as an important support. Other women described how their networks of family and friends may offset their limited funds with gifts of clothing or money, and expressed pride in learning to be resourceful in working around barriers to service.

Conceptualizing resilience in this way can assert individual capacity from a strengths-based, rather than deficit, perspective (Aranda, Zeeman, Scholes, & Morales, 2012). Focusing on resiliency in older adults acknowledges their inherent adaptability and ability to meet challenges (MacLeod, Musich, Hawkins, Alsgaard, & Wicker, 2016). However, the resilience construct is problematic in that it risks overlooking the inequitable social structures that compel resiliency in the first place (Northway, 2017). In socially constructing resilience as a laudable response to difficulty, the power structures that impose difficulty on individuals may remain unexamined and unchecked, and

responsibility for social problems may be shifted to the individual (Aranda, Zeeman, Scholes, & Morales, 2012). With this risk in mind, I suggest an alternate term to resilience, perhaps ‘workarounds,’ to place a more appropriate emphasis on the barriers women face rather than on their individual responses to them.

Problematizing “self-care.”

Research has linked living in insecure housing to women’s reduced self-care (Daoud et al., 2016), and housing precarity was connected by some of the women in the study with a decline in their ability or desire to maintain their health and wellbeing. Pam connected a concerning weight loss over the past year and a half to the tumult of her living circumstances: “You can’t focus on yourself because there’s just so much else going on that everything else is a priority, and you become, you know, just second thought...even to yourself.” The effects of losing the home she owned a couple of years ago continue to be felt by Isabelle. “Once I lost everything I lost all interest in taking care of myself,” she says.

The conceptualization of “self-care” has been critiqued as another thread in the resilience discourse in which social problems are attributed to individuals (Aranda, Zeeman, Scholes, & Morales, 2012). At the time of developing the interview guide for this research, I had not considered the framing of “self-care” in this light, and so posed questions to participants about personal practices. Since then, I have come to question the taken for granted assumption about self-care as a normative concept, and now understand this idea to be problematic. Attention to the findings about “self-care” in this study should thus be focused on the barriers posed to women’s wellbeing by their housing circumstances rather than on the women’s “resilience” in navigating around them.

Chapter 7: Conclusion

The research questions explored in this study were, “What are older low income women’s perceptions of their experiences of insecure housing? How do they understand the relationship between their housing and their health?” In answer to the first question, the findings presented in this chapter from interviews with 11 women point to an array of factors influencing their experiences of housing insecurity that are inseparable from the fundamental problem of living in housing they cannot afford. These factors encompass the quality of relationships they experience with those in close proximity to their housing—especially relationships with male partners, landlords and neighbours. Also influencing women’s perceptions of housing insecurity are their feelings about where they live, which sometimes stand in apparent contrast to perceived levels of housing precarity. A lack of privacy, autonomy, limited housing options, or access to information about housing supports may also help perpetuate housing precarity.

Findings from the second research question, “How do the women in this study understand the relationship between their housing and their health?” provide insights into what a felt sense of housing security may tell us about housing insecurity, and the implications of both for health and wellbeing. Safety and comfort emerge as important concepts in being securely housed, as do the strategies women use to help them feel safe and comfortable within environments that may be perceived as less than secure. Also arising in the discussion of housing and health was the function of neighborhoods as extensions of the home that can support women’s wellbeing through meaningful community attachment.

Other insights to emerge in this research described women's understanding of the ways in which other social determinants of health like income, gender, and childhood experiences influenced their experience of housing precarity. These findings illustrate how an exploration of one determinant—in this case, housing—can open a window onto other important inter-related influences on their health and wellbeing. Conversations with women in this study also helped problematize constructs of “resilience” as a means of deflecting attention from systemic barriers in place for older women in accessing secure housing.

The following sections bring together the findings and discussion from this research to consider the next steps in moving forward from this work. The insights of the women taking part in this research have richly informed the policy and program recommendations contained in the following pages. Their commentary has also shaped recommendations for future research to help fill existing gaps in knowledge about older women's housing security and health, and to help increase the important presence of older women's knowledge in academic research. This chapter concludes with some observations about the limitations and benefits of the study presented here.

Implications for Policy and Programs

Ensure that income supports provide adequate income to live on.

The problem of housing affordability was linked by women in this study to the larger issue of living with inadequate incomes. While some women described how receiving the Guaranteed Income Supplement (Government of Canada, 2018a), a benefit for low income adults aged 65+ helped top up their minimal resources, they still struggled to make ends meet. Further limiting the usefulness of this resource, which has

been shown to be insufficient to lift older adults out of poverty, are a lack of awareness about its availability and restrictions placed on eligibility (Carstairs and Keon, 2009). Income insufficiency for older adults and other marginalized people has been widely raised as an unaddressed social problem in policy and programs (CCEL, 2013; Kaida & Boyd, 2011; Mikkonen & Raphael, 2010) and the need for provision of adequate incomes through government income support programs is reinforced by this research.

Support older women's meaningful connection to community.

A number of women in this study were explicit in their wish to be meaningful participants in community. Exploring ways in which to connect the untapped reserve of older women's skills and capacities with unmet needs in the community could be an important focus of non-profits or other agencies working at the grassroots level. Transportation and other barriers in place for older women with limited financial means, including mobility challenges, would have to be factored into any such program development. Opportunities for partnerships between government and community organizations to support meaningful community engagement for older women could facilitate their contribution to community and help meet unmet social needs in their neighborhoods.

Conceptualize income as a transitional state for older women.

Welfare state removal from income supports (Mikkonen & Raphael, 2010) has contributed to global economic insecurity from which some suggest a new permanent underclass—a so-called Precariat of citizens—has emerged (McKee et al., 2017). While some women in this study described life histories of living in poverty, for others, growing old has signalled entry into the Precariat in their transition from relative affluence to

poverty. Findings from this study suggest there are implications for wellbeing contained within this transition itself, for example, as evidenced in the loss of agency and community connection that may be attached to the loss of a vehicle.

Be innovative in generating awareness of homeowner supports.

A lack of awareness about available housing supports was an issue for two women in this study who owned their own homes. Access to housing information and supports has been identified as an important element in maintaining housing security, and the lack of awareness about resources has been named as a contributing factor in precarity (McDonald et al., 2004; Vacon et al., 2018). Affordability, logistical, and structural barriers to accessing information through the internet were discussed in this study, where women reported having internet but no printer to produce hard copies of forms, or faced difficulty in getting to a library because of mobility or transportation barriers to print copies there. Not reported in this study, but noted as access barriers in other research, are limits on internet use by older adults due to personal preferences, lack of comfort or unfamiliarity with computers and living in rural communities with poor internet service (Turcotte, 2015; Trentham, Sokoloff, Tsang, & Neysmith, 2015). These factors taken together suggest the need for flexibility and creativity in using other communication networks to share information about resources. Mailing or emailing information presented in plain language, large print text (City of New Westminster, 2011) directly to community hubs like libraries, food banks, and thrift stores could help inform women accessing these services about available supports. Church groups or local meal programs with access to more isolated or house-bound older adults could be enlisted as conduits of information. Service providers could partner with community hubs and

neighborhood agencies supporting older women to collaboratively define the most appropriate methods for sharing information about housing and other supports available to them.

Provide age appropriate smoking cessation supports.

Smokers in this study identified smoking as an important coping mechanism that can limit housing options. For women with a lifelong dependency on tobacco or cannabis, the hardship in giving up smoking was seen as outweighing the benefits. Current attitudes about smoking conflict with norms that existed when these women became smokers, and the smoking habit may be entrenched as a coping mechanism to manage stress, past trauma, or other mental health challenges (Thomas, et al., 2008). Research suggests that encouraging older adults to quit smoking must acknowledge they are likely to measure the difficulties involved in quitting against the perceived benefits of giving up the habit at an advanced age (Thomas, et al., 2008). Development of age-specific smoking cessation programs that face these challenges head-on could be useful in helping older smokers develop healthier coping strategies.

Be proactive in supporting pet ownership.

The importance of pets to the wellbeing of women in this study and the barriers they create for access to housing (Power, 2017), coupled with an anticipated rise in the incidence of pet ownership among older adults as the population ages (Toohey, Hewson, Adams, & Rock, 2018) make the issue of pet ownership in rental housing a pressing social concern. Housing and seniors groups could become more proactive in addressing this issue through evidence-based advocacy describing the importance of pets, and providing examples of successful senior-pet housing initiatives from elsewhere. Isabelle's

account of dog-sitting for her at-work neighbour suggests a simple alternative for older adults who are not able to afford or manage having their own pets. Engaging seniors' groups in facilitating pet sitting opportunities or linking with animal rescue organizations involved in placing animals in temporary "foster homes" in the community are simple options that could be explored on trial bases with landlords willing to be flexible in no-pet policies.

Strategies for health and social work practice with older women.

The perceived tendencies of women in this study to potentially understate their health and housing circumstances through reflections on how things might be worse, or by reporting good health in the face of sometimes significant challenges, is important to note. Underreporting or minimizing experiences have implications for health and housing needs assessments that may mistake the level of difficulty women are experiencing. While remaining mindful of older women as experts in their own lives, health care professionals and social workers might do well to do some probing into their client's or patient's accounts of their circumstances.

Three women in this study reported experiences of childhood sexual abuse. It was apparent in speaking with these women that the profound impacts of these experiences are still acutely felt 50 years later. All three women deal with mental health issues including depression, anxiety, and PTSD, which they attribute in part to these early experiences. Given that women as a whole under-report sexual violence (Brown, 2013; Rubin, 2008; Statistics Canada, 2014), the potential for undisclosed histories of abuse to be present among older women supports use of a trauma-informed approach to practice. A trauma-based approach is one that enacts sensitivity to the experience and outcomes of

trauma, and remains open to the possibility that personal issues may be rooted in past traumatic experiences (Knight, 2015). Applying a trauma-informed lens as a matter of course in working with older women may be a useful intervention strategy.

Bring older women to housing policy discussion tables.

The importance of including the people for whom policy is designed in policy discussion cannot be over-stated. As this study demonstrates, knowledge obtained directly from the source—in this case through conversations with 11 older women living with low incomes in insecure housing—is an important first step. Excluding older people who are marginally housed from policy conversations can perpetuate their marginalization and contribute to ineffective policy interventions (Grenier et al., 2016b).

Opportunities for Future Research: Housing and Older Women

The value of qualitative research is its ability to produce rich, descriptive accounts of lived experiences that support transferability of research findings (Agee, 2009). However, because qualitative studies are not generalizable to larger populations (Bryman, 2016), future research into older women's housing precarity could benefit from a mixed methods approach incorporating both a qualitative and quantitative design. Quantitative data collected from larger populations of older women reflecting a greater diversity in age, race, sexual orientation, citizenship status, and geographical locations within the province could be supported by important qualitative narratives of women's experiences and insights. Research of this kind could provide both breadth and depth of understanding into housing precarity for older women, especially from rural areas where limited access to transportation and housing may be particular concerns (FPTMRS, 2007; Vacon et al., 2018).

Past research (Grenier et al., 2016a; Sylvestre et al., 2018) and the current study suggest that housing insecurity should be conceptualized as occurring on a continuum. More work on what constitutes this continuum of precarity for older women, including hidden homelessness (Berry, 2007; Grenier et al., 2016b) could help fill persisting knowledge gaps. For women in this study, “couch surfing” between basements and garages, or abruptly losing housing when evicted by lease-holding roommates are suggestive of the variety of experiences within precarity that older women may experience. Understanding the scope of housing precarity for older women could better inform policy and program interventions.

Household moves, particularly if involuntary, can be disruptive to a sense of stability and wellbeing (O’Campo et al., 2016; Vacon et al., 2018). The women in this study reported relatively long periods of occupancy within their housing, which is in itself of interest. Some housing research has linked income insecurity with high mobility (Phinney, 2013), which was not reflected here. Comparative age and gender-differentiated research into renters’ length of tenancy within precarious housing could offer insight into the occupancy choices made by older women. Examining the reasons why women move when they do change households could provide further useful knowledge. Intimate partner violence, which is on the rise among older women (Grenier et al., 2016a) emerged as an influencing factor in housing precarity here and warrants further attention. Two women in this study were struggling to maintain family homes inherited after the death of parents for whom they had provided caregiving. Future research could explore the ways in which gendered caregiving roles and attachment to a family home may contribute to precarious housing for older women.

The long-term value of supported housing programs for women coping with addictions and mental health issues is attested in research (Waldbrook, 2013) and was affirmed by two women in this study, who attribute their sobriety and current housing stability to past residency in women's supported housing. Further research into the results of this type of intervention could include longitudinal studies with women accessing these programs to track outcomes for them in their later years. Some women in this study described restrictive pet policies in rental housing as limiting their housing options, which is supported in emerging research (Power, 2017). More studies into the negative health impacts of disallowing animals in housing for older adults could help provide evidence to shift thinking about pet ownership in rental or seniors' housing.

Gentrification and changing neighborhoods in the city core were described in this study as a factor affecting the wellbeing of older women. Limited research into the effects of gentrification on older adults living with low incomes (Smith, Lehning, & Kim, 2018) suggests the impacts of changing neighborhoods on older adults with limited means are not well understood. Further work in this area could enhance an understanding of aging in place for older women, for whom safety and access may be particular concerns in neighborhoods undergoing gentrification.

Experiencing stress while living in insecure housing is documented in research related to the general population (Bryant, 2003; Mikkonen & Raphael, 2010) and was a common factor among a number of women in this study. There is room for further research into how stress related to housing issues may interact with daily stressors like living on insufficient incomes, or conflict with landlords and neighbours may uniquely contribute to the experiences of precarity among older women.

Opportunities for Feminist Research

Feminist theory supports analyses and critique of the broader social, political, and economic contexts (Calasanti, 2008; Carney & Gray, 2015; de Saxe, 2012) that shape women's experiences. Older women's histories emerged as an important context in this study, where participants spoke about the impacts of gender bias throughout life as a factor in their current economic and emotional wellbeing. The women's reported historical disengagement or limited attachment to the work force reflects the particular devaluing beliefs about women prevalent at the time of their engagement in the labour market. The emotional and economic ramifications of such constructions—Isabelle's sense of having been "raised to be toy;" Madeline's guidance to go to secretarial school rather than university; Pam's abandonment of plans to become a red seal chef because of workplace harassment in an era pre-dating the Me Too movement—continue to be felt. Exploring how older women's histories have shaped their identities and circumstances could provide an important opportunity for feminist research to be more inclusive of aging women (Calasanti, 2004; Calasanti et. al, 2006; Freixas et al., 2012), add to existing knowledge about the experiences of older women, and in so doing, reduce their marginalization within feminist research and academic work as a whole (Calasanti et. al, 2006; Chambers, 2004).

Feminist analysis of power relations (Formosa, 2005; Hooyman et al., 2002; Straka & Montminy, 2006) could shed light on the relatively scant body of work exploring power imbalances attached to landlord-tenant relationships (Houle et al., 2017; Keller, 1987; Reed et al., 2005). Application of a critical, gendered lens in understanding older women's relationships and interactions with property agents could generate

important new knowledge about structural issues at work in older women's housing insecurity. Other analyses of power relations enacted between aging women and others who exercise control in their lives, such as health care providers, could also yield important new understandings about older women and the systemic barriers that may be in place for them.

A feminist lens could add to the understanding of Age-Friendly communities (FPTMRS, 2007; WHO, 2007) through research exploring how constructions of age friendliness influence, or are influenced by, social constructions of aging women. Specific research attention to the ways in which aging women interact with their communities beyond accessing and consuming resources could help shift perspectives on older women from a deficit to an empowerment focus. Repositioning the understanding of transportation as an important facilitator of older women's contributions to community could further challenge deficit-based ageist discourses about older women (Calasanti et. al, 2006; Weicht, 2013). Madeline poignantly conveyed the depth of meaning and experience that may be hidden beneath taken for granted assumptions about the loss of a personal vehicle as women age. Research into the meaning and value attached to being able to drive one's self as women age could in itself provide the basis for a study generating important knowledge about older women's experiences of independence and self-agency.

In speaking about her feelings of being socially sidelined as an older woman, Julia ruefully commented on her sense of having reached an "expiry date." There is great scope for feminist researchers to explore the ageist and sexist discourses that marginalize

older women through imposed inutility when constructed gender roles cease to be relevant to them (Calasanti et al. 2006).

A feminist research focus on intimate partner violence experienced by older women could contribute important knowledge to the understanding of violence against women, with ramifications for health and service responses to them. Research into how age differences may be associated with different norms for framing, integrating, and reporting experiences of violence could provide important evidence to support all women accessing help. Feminist research could consistently integrate the critique of resilience and self-care as problematic constructions for older women and women as a whole already taken up elsewhere in research (Aranda, Zeeman, Scholes, & Morales, 2012; Northway, 2017).

Conclusion

Housing insecurity for women in this study encompassed a diversity of experiences ranging from former absolute homelessness through gradations of precarity spanning rooming house accommodations, to apartment dwelling, to homeownership. This research has demonstrated that for older women living with a low income in HRM, housing insecurity goes beyond the important problem of unaffordability. Housing precarity needs to be understood as the cumulative effects of an array of inter-related factors which may not be readily apparent. Women's sense of security in their homes may be influenced by less visible elements like the quality of relationships around them and having, or being able to claim, a sense of safety, privacy and autonomy within their living spaces. Women's personal histories, including their experiences of intimate partner violence and the lifelong impacts of childhood sexual abuse may be important factors

exacerbating the daily stresses of precarious housing. Women's attitudes about where they live encompass a feeling of belonging to community and can influence their sense of housing insecurity, for better or worse. Gendered relations play a role in women's experiences of precarity: flight from abusive partners, conflicts with landlords, and the death or divorce of male partners all emerged as de-stabilizing factors in women's housing.

Ageist constructions of women's requirements in housing may limit the understanding of barriers imposed by infrastructure problems. While accessibility emerged as an issue, so too did the need for housing that provides appropriate space for women's private, social, and sexual lives. The community engagement of women in this study draws attention to an important dimension in the issue of community access for older adults, who may more typically be conceptualized as consumers, rather than contributors, to community resources. The role of pets as both important health supports and barriers to housing also emerged in this research, as did the function of smoking as an entrenched coping mechanism that also limits housing options.

Limitations of this Study

A number of limitations in this study are noted. Where the research was conducted by a sole investigator and only one data source was used, triangulation did not occur. The focus on an urban population was also limiting. While the HRM community is a valid arena for investigation, much could be learned from a more expansive study of older women's experiences of health and insecure house encompassing rural contexts and other urban settings in the province. Budgetary, timing, and logistical constraints

prohibited inclusion of a wide geographical base within the current research, but an investigation of this type is an important area for future study.

Within the HRM community, there was limited uptake from women in suburban and outlying communities despite actively recruiting in these areas. The age range of women in this study was also limited. The oldest woman to be interviewed was 74, and the absence of women above this age is an acknowledged limitation on the breadth of views represented. Only two of the eleven women in this study identified as persons of colour, and there were no responses from immigrant communities, despite recruitment in this area. Women from indigenous communities were not recruited for this study because of the researcher's inexperience and limited time to meet the requirements for conducting ethical research with this group. No women identifying as LGBTQ took part in this study.

The literature review's absence of marital and relationship data referencing women in other than heterosexual unions was noted previously as reflecting heterosexist norms that limit the applicability of the material. A decision was made to use the data in spite of its restricted relevance, and to highlight that the assertion of heterosexist gender norms persists in academic work.

From a feminist perspective, this study is not free of the researcher-as-expert paradigm. As a university educated white woman, I exercised significant privilege in probing into the lives of other women to whom a reciprocal privilege was not extended. In spite of intrinsic efforts directed toward making this project a collaborative process, significant power imbalances persisted in the relationship between researcher and participant.

Benefits of this Research

Trends in population ageing signal that older women are fast becoming an increasingly important segment of the population (Benoit & Shumka, 2009; Statistics Canada, 2016), to such a degree that some feminist theorists assert old age to be, in actuality, the domain of women (Carney, 2018; Chambers, 2004). And yet, older women remain under-represented in housing research (Darab & Hartman, 2013). It is hoped that this study will be a step toward changing that, and will help support older women in taking their important and rightful places in community and policy discussions that impact their housing and health. A feminist perspective asserts that academic research must benefit both participants and the community (Vanner, 2015). This study has provided a platform for the under-represented experiences of older women to be acknowledged as an important contribution to academic research about housing insecurity. In presenting the often powerful insights of women in this study, it is hoped that their knowledge will be recognized as an essential and valuable contribution to housing research.

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Appendix A

Certificate of Research Ethics Clearance



University Research Ethics Board (UREB)

Certificate of Research Ethics Clearance

<input checked="" type="checkbox"/> Clearance	<input type="checkbox"/> Secondary Data Clearance	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification	<input type="checkbox"/> Change to Study Personnel
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Effective Date	November 13, 2018	Expiry Date	November 12, 2019
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File #:	2018-074
Title of project:	Dimensions of Housing Insecurity for Older Low Income Women
Researcher(s):	Kelly O'Neil
Supervisor (if applicable):	Janice Keefe; Katie Aubrecht
Co-Investigators:	n/a
Version :	1

The University Research Ethics Board (UREB) has reviewed the above named research proposal and confirms that it respects the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and Mount Saint Vincent University's policies, procedures and guidelines regarding the ethics of research involving human participants. This certificate of research ethics clearance is valid for a period of one year from the date of issue.

Researchers are reminded of the following requirements:	
Changes to Protocol	Any changes to approved protocol must be reviewed <u>and</u> approved by the UREB prior to their implementation. Form: REB.FORM.002 Info: REB.SOP.113 Policy: REB.POL.003
Changes to Research Personnel	Any changes to approved persons with access to research data must be reported to the UREB immediately. Form: REB.FORM.002 Info: REB.SOP.113 Policy: REB.POL.003
Annual Renewal	Annual renewals are contingent upon an annual report submitted to the UREB prior to the expiry date as listed above. You may renew up to four times, at which point the file must be closed and a new application submitted for review. Form: REB.FORM.003 Info: REB.SOP.116 Policy: REB.POL.003
Final Report	A final report is due on or before the expiry date. Form: REB.FORM.004 Info: REB.SOP.116 Policy: REB.POL.003
Privacy Breach	Researchers must inform the UREB immediately and submit the Privacy Breach form. The breach will be investigated by the REB and the FOIPOP Officer. Form: REB.FORM.015
Unanticipated Research Event	Researchers must inform the UREB immediately and submit a report to the UREB within seven (7) working days of the event. Form: REB.FORM.008 Info: REB.SOP.115 Policy: REB.POL.003
Adverse Research Event	Researchers must inform the UREB immediately and submit a report to the UREB within two (2) working days of the event. Form: REB.FORM.007 Info: REB.SOP.114 Policy: REB.POL.003

*For more information: <http://www.msvu.ca/ethics>



Daniel Seguin, Chair
University Research Ethics Board

Appendix B

Telephone Script: Initial Contact with Community Agency

Statement to agency receptionist

Hello, I'm calling from Mount Saint Vincent University. I am doing a study on older low income women, housing and health. I was hoping to speak with a manager or director to see if they might be interested in supporting this work.

Statement to manager/director or appropriate agency contact

Hello, my name is Kelly O'Neil. I'm a Master's Student at Mount Saint Vincent University. I am doing a study on older low income women, housing and health. I am calling to see if you might be interested in supporting this work. My intention is to interview a number of women, and I am seeking community agency help in recruiting potential participants.

I have a one page information sheet about the project that I could send to you to give you more detail. Would you be interested in receiving this?

(If no, thank contact for their time).

(If yes, request email). Then:

I'd like to follow up with you in a few days to see if you might be interested in this work. Is there a time that's best to reach you? In the meantime, if you have any questions, my contact information will be in the email. I'd be happy to answer any questions you might have.

DIMENSIONS OF HOUSING INSECURITY

Appendix C

Agency Information

Dimensions of housing insecurity for older low income women: a study



Research Project Overview

Background

My name is Kelly O'Neil, and I am a second year Master's student at Mount Saint Vincent University who has had previous experience working with various communities in the North End of Halifax. I am conducting the proposed study, *Dimensions of Housing Insecurity for Low Income Older Women*, as part of the requirements for a Master's degree in Gerontology at Mount Saint Vincent University. This research will form the basis for a Master's thesis.

Research Structure

For this study, I hope to conduct personal interviews with 8-12 women aged 50+ residing in HRM who self-identify as living on a low income in insecure housing, and who are managing one or more health issues while doing so. The research questions are, "How do low income older women perceive their experiences of insecure housing?" and "How do they understand the relationship between their housing and their health?" Each interview will be audio-recorded and take up to 90 minutes. Bus tickets to and from the interview will be provided for participants, and a \$25.00 grocery card will be provided for women taking part in the study.

Research Goals

This research will provide insight into the lived experiences of insecure housing within an under-represented segment of the community. The study will explore older women's pathways into housing insecurity, and how they may relate their housing experiences to health and wellbeing. The research will also consider the resiliencies women draw upon in these circumstances. I hope that this study will provide a platform for low income older women's experiences to be acknowledged as an important contribution to the body of research into housing precarity. I also hope that more precise accounts of women's experiences of housing insecurity and health will support the development of housing and health policy that better reflects the needs and capacities of low income older women.

The Role of Community Agencies

I am seeking your agency's help in identifying potential participants for this study. To accomplish this, I am requesting an opportunity to visit your agency in person to speak with staff about the work, and to answer any questions you may have. I also hope to obtain your feedback on a proposed recruitment poster. I am asking that you post/and or circulate this poster and make its presence known to clients who meet the study's screening requirements.

If You Have Questions

Please contact me, Kelly O'Neil, with any questions you may have about this project. I can be reached at 902-XXX-XXXX or by email at [REDACTED].ca. Thank you for your interest in this research project!

This research has been approved by the Mount Saint Vincent University Research Ethics Board, and has received funding from the Nova Scotia Health Research Foundation.

Appendix D

Recruitment Poster

**Are you a
woman aged
50+ who is
living**

- in HRM
- on a low income
- in insecure housing?¹



Are you doing so while managing one or more health issues?

You're invited to take part in a study exploring your experiences of housing and health and how you manage both.

Selected participants will be asked to take part in a confidential interview lasting 30 to 90 minutes.

**For more information, contact Kelly O'Neil at 902-XXX-XXXX
or [REDACTED].ca**

Bus tickets will be provided to cover your travel to and from the interview.

¹ Housing that feels unstable or doesn't suit your needs in ways that are important to you.

DIMENSIONS OF HOUSING INSECURITY

Appendix E

Agency Information-Long Form

Dimensions of housing insecurity for older low income women: a study



Research Project Overview

Background

The proposed study, *Dimensions of Housing Insecurity for Low Income Older Women*, is being carried out as part of the requirements for a Master's degree in Gerontology at Mount Saint Vincent University, and will form the basis for a Master's thesis. The researcher, Kelly O'Neil, is a second year Master's student at the Mount who has had previous experience working with various communities in the North End of Halifax.

Research Structure

For this study, I hope to conduct personal interviews with 8-12 women aged 50+ residing in HRM who self-identify as living on a low income in insecure housing, and who are managing one or more health issues while doing so. The research questions are, "How do low income older women perceive their experiences of insecure housing?" and "How do they understand the relationship between their housing and their health?" Each interview will be audio-recorded and take up to 90 minutes. Bus tickets to and from the interview will be provided for participants, and a \$25.00 grocery card will be provided for women taking part in the study.

Research Goals

This research will provide insight into the lived experiences of insecure housing within an under-represented segment of the community. The study will explore older women's pathways into housing insecurity, and how they may relate their housing experiences to health and wellbeing. The research will also consider the resiliencies women draw upon in these circumstances. I hope that this study will provide a platform for low income older women's experiences to be acknowledged as an important contribution to the body of research into housing precarity. I also hope that more precise accounts of women's experiences of housing insecurity and health will support the development of housing and health policy that better reflects the needs and capacities of low income older women.

The Role of Community Agencies

I am seeking your agency's help in identifying potential participants for this study. To accomplish this, I have requested this opportunity to visit your agency in person to speak with you about the work, and to answer any questions you may have. I also hope to obtain your feedback on a proposed recruitment poster. I am asking that you post/and or circulate this poster and make its presence known to clients who meet the study's screening requirements.

Ensuring this Research is Ethical

This study has been approved by the Mount Saint Vincent University Research Ethics Board, and has received funding from the Nova Scotia Health Research Foundation.

Informed consent

I will ensure that informed consent is obtained from all research participants before they take part in the study. This will involve fully informing participants of the research purpose and design, and their rights throughout the research process (including their right to withdraw from the process at any time without penalty, and to choose not to answer any questions). I will clearly state to participants how their information will be used and protected, describe any risks to them involved in the study, and how these risks are addressed. After answering any questions the participants may have, I will ask participants to sign and date an informed consent form. Participants will be given the option of reading the form themselves or having me read the form to them.

Privacy and confidentiality

I will protect all participant information collected for this study throughout the research process. Protection of private information will include storage of hard copy material in a locked cabinet, and storage and transfer of electronic information through use of password protected computer files. Material related to the study will be securely stored for seven years and then destroyed. Only I and my thesis supervisors will have access to this material. It is understood that in agreeing to support this research, agency staff will apply the same practices to ensure privacy and confidentiality for study participants as for clients accessing your services.

Risks and mitigation of risks

Because I may have had previous contacts with the organizations being approached to support this study, there is a chance that some research participants may know me through my former involvement in the community. This might present some challenges to participants in having to adapt to the changed nature of the relationship from paid or volunteer support person to researcher. If this situation arises, I will clearly explain that I am acting in a research role and not in the capacity in which I was previously known to the participant. I will emphasize that if this presents any problem for the participant, she is free to withdraw from the study without any consequences to her.

Working through agencies that have existing relationships with participants poses potential risks. Women accessing your agency for resources may feel obligated to participate and/or at risk of losing access if they do not participate. This risk will be addressed by assuring participants that taking part or not taking part will in no way affect their access to resources, either negatively or positively. These assurances will be provided by me, and I am requesting that participating agency staff to re-iterate this message.

Participants' confidentiality could be compromised by the choice of location for an interview. The women in this study will be offered the option of conducting their interviews in a private, "neutral" location (i.e. offsite from any referring agency, where acquaintances or others may become aware of their participation in the research). There are additional concerns related to interview location. Because the focus of this study is on low income women, there is a possibility that financial or other difficulties may be imposed on participants who have to travel to meet

with the researcher. Safety (such as travelling at night) and accessibility also pose potential barriers. These barriers will be partly addressed through provision of bus tickets within HRM to and from the interview location. Other options that I will discuss with participants would include identifying the best times of day and locations for the interviews, and choosing an accessible site that can accommodate any participant requirements.

Speaking about experiences of insecure housing, health, and other personal aspects of their lives may bring up difficult or painful thoughts and feelings for participants. I have more than a decade of experience doing community work with people living in poverty and other marginalized locations, and social work training in interviewing techniques. This work has often involved one-on-one interviewing and support for people in distressed circumstances. I am also experienced in helping others identify and connect to required supports and resources should the need become apparent during the course of the interview. I will make a list of such resources available to participants.

There is a potential for participants to be stigmatized and/or misrepresented by the proposed wording of the poster, which uses the term “low income” as an identifier of economic status. I hope to address the risk of harm in this instance by obtaining your feedback on the appropriateness of this language. The term “low income” may also be discussed with women taking part in interviews to talk about the meaning and impact of this term for them.

Fairness and equity

Fairness and equity are important in this study, which intentionally seeks marginalized voices as the basis for the research. However, while diversity among participants is a research goal, I acknowledge that individuals are not representative of broader social or cultural groups, and that findings are not generalizable across populations. I additionally recognize that women facing significant barriers due to income, disability (Ability) or other factors may not have equitable access to this research. Steps will be taken to address economic and other social inequities that may limit participation through provision of bus tickets and a grocery card as reimbursements for incurred expenses. Options for verbal and written modes of communication with participants will be offered throughout the research to address barriers related to literacy or language. Recognizing that participants may have employment or other obligations, flexibility in scheduling interview times will be provided.

Benefits of this study

A key goal in this research is to provide an opportunity for the experiences of older, low income women to be more equitably represented in the literature related to housing insecurity and health. For the women who participate, I hope this research will provide an opportunity for them to speak about their experiences in ways that are respected, supported, and empowered. Creating space for women to talk about their experiences has the potential to build greater awareness of their broader social contexts and provide perspective on their skill in navigating through fundamentally inequitable systems. The research may also provide deeper insight for health and housing service providers and policy makers into the lived realities, influencing

factors, and impacts of insecure housing on the health and wellbeing of older low income women.

If You Have Questions

Please contact me, Kelly O'Neil, with any questions you may have about this project. I can be reached at 902-XXX-XXXX or by email at [REDACTED].ca. Thank you for your interest in this research project!

Appendix F

Screening Questionnaire

Pre-screening checklist for interview participants	
Participant name	
Telephone (or preferred contact)	
Preference for interview time of day/location?	
Accommodations/supports needed?	
Aged 50+	
Living in HRM	
Low income	
Living in insecure housing (that is, housing that feels unstable or doesn't suit your needs in ways that are important to you).	
One or more health issues	
Willing to be audio recorded	

Scripts for meeting and not meeting study criteria

Script for meeting criteria: Thank you for your interest. Your situation matches the requirements of the study. If you'd like to be interviewed, we could schedule a time now. Or would you like a couple of days to think about it some more?

(If scheduling now, discuss time, date and place. If scheduling later, ask for best time to call back to see if caller would like to proceed with an interview).

Script for not meeting criteria: I'm sorry, but this study is looking at specific factors that don't quite match the circumstances you are describing (explain which factors don't match). Thank you very much for your interest.

Appendix G

Informed Consent Form



Excellence • Innovation • Discovery

Department of Family Studies and Gerontology**Eligibility requirements**

To take part in this study, you must be a woman aged 50+ living in insecure housing within HRM. “Insecure housing” means housing that feels unstable to you or does not meet your needs in ways that are important to you. In order to take part in this study, you also need to identify as low income, have one or more health issues, and be willing to have your interview audio recorded.

Purpose of the Study

The purpose of this research is to learn more about the experiences of low income older women in HRM who live in insecure housing while managing one or more health issues. You are invited to speak about what this is like for you, and how it is that you came to live in your current housing. You are also asked to talk about how, if at all, you think your housing and your health might be related.

How your information will be used

This research is being carried out as part of a Master of Arts degree in Gerontology at Mount Saint Vincent University. The information you share will provide the basis for a Master’s thesis. The thesis will be presented publicly at Mount Saint Vincent University. Findings from this study may also be written up as a research article for an academic journal, and may be reproduced in a plain language report for the wider community. If you would like to receive a written or audio transcript of the interview, the researcher will make a copy and deliver it to you directly.

Confidentiality

Your participation in this study is confidential. Your identity will be kept private, but some of your words may be quoted in writing. Your name or any other information that could identify you will not be shared publicly at any time. The information you provide will be kept in a

locked cabinet and on a password protected computer that only I and my thesis supervisors will have access to. Once I have completed my Master's degree, I will destroy all audio files. I will securely store the interview transcripts and informed consent forms in a locked cabinet or password protected computer file for seven years. After that time, the information will be shredded and deleted.

Duty to report

There is one exception to the confidentiality terms stated above. I have a legal duty to report harm or the risk of harm to you or any other person that may be made known to me during the interview.

Research process

You are asked to take part in a private, audio recorded interview lasting from 30 to 90 minutes. I will be asking you questions about your experiences living in insecure housing and managing your health. Some sample questions I will ask you are:

Can you tell me about what it's like living in your current housing?

Can you tell me about some of your experiences that brought you to your current housing?

What do health and wellbeing mean to you?

How would you describe your current state of health?

Do you see any connection between your housing and your health?

How might being a woman have shaped the experiences you describe?

Potential harms in this research and steps taken to address them

I have done previous work in the community, there is a slight chance that I may be known to you. If this is the case, it is important to note that I am now acting in the role of a researcher and not as a support person. If you have been referred to this study from a community agency, your decision to participate in the study or to withdraw will in no way affect your relationship with that organization.

I recognize that your taking part in this research may have cost you financially. To reimburse you for your time and travel, you are being given two HRM bus tickets and a \$25 grocery gift card, which you will be asked to sign for. You will still receive this reimbursement if you decide to withdraw from the study.

Speaking about experiences of housing, health, and other aspects of your life could bring up difficult or painful thoughts and feelings. You are free to not answer any question that you don't wish to respond to or to stop the interview at any point.

Potential benefits

I hope that you will feel supported, respected and valued in telling your story. I also hope that the information you share will better inform housing and health care practitioners about the kinds of things women may experience while living in insecure housing.

Participation and withdrawal

You do not have to answer any questions you don't wish to answer. Your participation in this study is entirely voluntary, and you can withdraw from the research without any consequences to you. If you decide to withdraw, any information you have provided will be destroyed, unless you request otherwise.

You will be offered a chance to review the written or audio transcript of the interview. I ask that I receive requests for any changes to the transcripts from you within one week of your receipt of the material. You may not withdraw your information from the study after a final draft of the thesis has been circulated for review by my supervisory team in preparation for public presentation of my thesis. I expect to reach this stage in the research by February, 2019. This is because the information you have provided will have been written into a report by then and will be difficult to remove at that late date.

Information about the study results

If you would like to find out about the results of the study, there are several options available to you. If you would like to read the entire thesis, I can arrange to send an electronic link to the file when it is posted on the Mount Saint Vincent University website. You may also ask to be placed on a confidential email list to receive an electronic copy of the thesis and/or receive a notice of other forms of publication for the findings. Your email address would be hidden from others so your identity would always remain confidential.

Questions about the Study

If you have questions or need more information about the study please contact me, Kelly O'Neil, at: 902-XXX-XXXX or [REDACTED] ca. If you would like to speak with my thesis supervisor about this research project, please contact Dr. Janice Keefe, Department Chair, at 902-457-6466 or through email at janice.keefe@msvu.ca

If you have questions about how this study is being conducted and wish to speak with someone who is not directly involved in the study, you may contact the Ethics Coordinator at Mount Saint Vincent University's Research Office: 902-457-6350 or email research@msvu.ca.

CONSENT

I have read and understood the information about this research presented in the attached research description.

I have had the opportunity to ask questions about my involvement in this study and to receive the additional information I requested.

I understand that if I agree to participate in this study, I may withdraw from the study at any time up until the researcher has submitted a final draft to her supervisors (expected in early 2019).

I agree to have my interview with the researcher audio recorded.

I have been given a copy of this form.

I agree to participate in this study.

Participant name (Please print): _____

Signature: _____ **Date:** _____

Principal Investigator signature:
_____ **Date:** _____

Appendix H

Sign-off form for bus tickets and grocery card

My signature below confirms that I have received two HRM bus tickets and a \$25 grocery store gift card as a reimbursement for my participation in the study *Dimensions of Housing Insecurity for Low Income Older Women*. This study is conducted as part of Master's Thesis work for MSVU student Kelly O'Neil.

Name (please print)

Address

Phone number

Email

This information will be held in confidence by Mount Saint Vincent University's Financial Office. It is collected solely to keep records of disbursements from that office.

Signature _____

Date _____

Appendix I

List of Community Resources

HRM Community Resources

Housing

Adsum House

Emergency Shelter for women and children, short and long term housing, programs and services for women, families.

Emergency contact: 902 423-4443

Administration Office: 902 423-5049

Alice housing

Manages 18 self-contained, unfurnished housing units located across Halifax Regional Municipality. Locations anonymous to protect the safety of the women. Rent is geared towards income. Intake process and eligibility requirements. 902-466-8459

Barry House

Emergency shelter for women and their dependent children experiencing homelessness. (902) 422-8324

Bryony House

Provides 24 hour emergency services for women, with or without children, escaping intimate partner abuse.

Distress Line: 902.422.7650

Shelter Main Number: 902.423.7183

Administration Office: 902.429.9002

info@bryonyhouse.ca

Metro Non-Profit Housing Association

Housing and tenancy advocacy. Provides permanent, secure housing and support to low income, single individuals. (902) 466-8714 <http://homeatmnpha.ca/>

Metropolitan Regional Housing Authority

Subsidized public housing. (902) 420-6000 or general government services info line 211.
Applications and information from:

<https://housing.novascotia.ca/programs/public-housing-and-other-affordable-rental-programs>

YWCA Women in Supported Housing (WISH)

Provides safe, secure, supported housing to 34 single women. The women at WISH are 19 and older and have experienced homelessness, and have barriers to stable housing. Intake process. 902-423-6162.

Health and Wellbeing

Mental Health and Addictions

Non-emergency MH

Self-referral to Mental Health and Addictions services (some services may require referral from a physician). Intake staff will ask questions to help determine the services needed. Call may take 15 to 20 minutes and will need Health Card number.

Halifax area, Eastern Shore and West Hants
Addictions: 902-424-8866 / 1-866-340-6700 (toll-free)
Mental Health: 1-888-429-8167 (toll-free)

Emergency MH

Mental Health Crisis Line: 1-888-429-8167 (toll-free)
Available 24 hours, seven days a week or call 911, or go to your closest emergency department.

Mental Health Mobile Crisis Team
Provides intervention and short-term crisis management for children, youth and adults experiencing a mental health crisis.

902-429-8167 or 1-888-429-8167 or DIAL 911, or visit local emergency department.

[Health advice](#) (non-emergency) Free information referral service: 811

Health cards

If your MSI card has been lost or stolen, call (toll-free): 1-800-563-8880 (in Nova Scotia) between 8AM-5PM Mon-Fri. See also *ID Clinic*, below.

[Directory of Nova Scotia Self-Help and Support Groups](#)

A range of information on support groups including abuse and violence, addictions, Alzheimers, bereavement, mental and physical, family and relationship support.

Permission required to reproduce document. Accessible online at <http://selfhelpconnection.ca/wp-content/uploads/2013/01/2017-Directory.pdf>

[Avalon Sexual Assault Centre](#)

Confidential, free counselling services, sexual assault nurse examiner. 902-422-4240

[Community health teams](#)

Offer free wellness programs and wellness navigation services in your community. Call 811 to locate local team. Or see <http://www.nshealth.ca/service-details/Community%20Health%20Teams>

Financial help

[Debtor Assistance program](#)

Free services of a licensed administrator who will review financial situation and discuss options. Government service.

1-800-670-4357 or 902-424-5200/ TTY: 1-877-404-0867

See also <https://novascotia.ca/sns/access/individuals/debtor-assistance.asp>

[Income assistance](#)

To apply for Income Assistance, call toll-free number 1-877-424-1177 to find local office and make an appointment. Details about eligibility at

https://novascotia.ca/coms/employment/income_assistance/HowtoApply.html

Also, IA Policy Manual is available online. Can be hard to wade through, but can help identify eligible benefits. See:

https://novascotia.ca/coms/employment/documents/ESIA_Manual/ESIA_Program_Policy_Manual.pdf

Legal help

[Dalhousie Legal Aid Service](#)

General Advocacy, Legal Aid, Legal Assistance

2209 Gottingen Street 902-423-8105

Website: <http://www.dal.ca/faculty/law/dlas.html>

[Legal info line](#)

Range of free advice related to Aboriginal services, free legal clinics, free legal advice for victims of sexual assault, victim's services, labour law, workers' comp, tenants' rights, income assistance, immigration, disability issues, wills, power of attorney, personal directives

Details for each service and contact numbers found at: <https://www.legalinfo.org/lawyers-legal-help/free-and-low-cost>

Food banks and meal programs

[Hope Cottage](#)

2435 Brunswick Street, Halifax 902-429-7968

Serves soup at 10am and a hot prepared meal at 5pm. Sandwiches can be provided at the door at other times of the day for people in need. Offers a sit down turkey dinner on Thanksgiving and a sit down Christmas dinner on Christmas Day.

[Margaret's House](#)

43 Wentworth St. Dartmouth 902-464-2919

Lunch 7 days a week 12:00 to 12:30; Dinner M, T, W 4:30 to 5:00

[Brunswick Street Mission](#)

2107 Brunswick St. Halifax 902-423-4605

Hot breakfast Monday through Saturday 7 am to 8 am. Doors open at 6 am.

[Sunday supper](#)

Saint Andrews United Church, 1390 Robie St. Halifax (Corner of Coburg Rd.)

Community meal 4-6 pm Sundays

[Food banks](#)

Contact Feed Nova Scotia for local branch 457-1900. Need health card.

Other resources

ID Clinic

Can help people complete necessary forms, covers applicable costs and travel expenses associated with obtaining government issued identification. Free: - Photo IDs - Birth Certificates - Social Insurance Cards - MSI Health Cards - Permanent Residence Cards - Native Status. By appointment only E-mail: theidclinic@gmail.com Dial: 902-292-4587

Resource guide for women

Downloadable booklet for women in HRM. Covers crisis support, getting IDs, Clothing, Mental, Sexual, Physical Health, Legal Support, Housing Information, other. Downloadable booklet from <http://www.leaf.ca/wp-content/uploads/2016/05/WWW-resource-guide-FINAL-DRAFT-20160424.pdf> (Hard copies will be printed for distribution).

Positive Aging Guide

Directory of programs and services for older Nova Scotians. Downloadable at https://novascotia.ca/seniors/pub/37679PositiveAging_2017_Online_P4.pdf (Hard copies will be obtained for distribution).



Appendix J

Interview Guide

Questions/probes	Probes
GENERAL HOUSING PROFILE	
<p>I'd like to start by asking a little about your current living situation.</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Where are you living now? • Rent or own? • Size of living space • Type of building • Monthly cost (compared to monthly income?) • Transportation/accessibility • Services in the community • Neighbours • Pets • How long have you been living there?
PERSONAL BACKGROUND	
<p>I'd like to find out a bit about you and your background.</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Age • What racial group do you feel that you belong to? • Living alone or with others? Partner/roommate(s)/ living with family/friends? Pets? • Social contacts in community? • Quality of these relationships?
<p>Where are you from?</p> <p>What brought you to your current housing?</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> • From HRM originally? • Home community? • What brought you to Halifax? - Job/ relationship/ services/other? • How long have you been in HRM? • Have you ever been homeless? When? For how long? What happened that caused you to lose your housing?
<p>How far did you get in school?</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Reasons • Supports, barriers

<p>Can you tell me about your paid work history?</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Are you currently employed? • Sector(s), job tenure (FT/PT/casual)
<p>What are your sources of income?</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Assistance, disability, pension/partner/family income, other • How does this income meet your needs?
<p>Anything else you'd like me to know about your background?</p>	
<p>HOUSING INSECURITY</p>	
<p>I'd like to talk with you now about your housing situation. The poster for this research used the term "housing insecurity" to describe your housing situation. That's the term I used. By "housing insecurity," I mean housing that feels unstable or doesn't suit your needs in ways that are important to you.</p> <p>I'm wondering if this is a term you would use or if you'd describe your housing situation in another way.</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> • If you don't use this term, how would you describe your housing? • What makes you describe it this way?
<p>I'd like to find out a bit more about what it's like living in your current housing.</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Affordable? • Condition of building? • Enough space for the people living there? • Other problems? Heat, hot water, layout, other • What's a typical day like for you in your housing? • What kind of housing options are available to you?

<p>What does it feel like for you living in your current housing?</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> ● Social isolation ● Privacy ● Safety
<p>How often do you move households?</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> ● What are some of the reasons you've moved? ● How do you feel about the number of times you've moved?
<p>You said you now live in (rental/personally owned) housing.</p> <p>Have you always lived in (rental/personally owned) housing as an adult?</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> ● What about when you were growing up? ● If you've switched between renting and owning your home during your lifetime, I'd be interested in hearing about how this came about. Can you tell me something about this? ● Is there a difference in how you feel about your housing if it's rented or owned? Why is this?
<p>What gives you a sense of a "secure" home? (use participant's term to describe housing security)</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> ● Features/qualities/relationships ● Privacy, other people in the space, other? ● Activities-What kind of things do you like to do at home? ● Can you do this where you are? Why is that? If you can't do these activities now, how would things be different if you could do these things? ● Other points?
<p>Overall, how do you feel about where you are living now?</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> ● Happy/unhappy/other Why? ● Safe? ● Does it "feel like "home"? Why is this?
<p>What do you think is keeping you from finding the housing that you need?</p>	
<p>If there were someone here in the room with us who had the power to change your housing situation, what would be</p>	<p><i>Probes</i></p> <ul style="list-style-type: none"> ● About you personally? About your situation? ● What might be helpful to you?

important for them to know about you?	
Anything else you'd like me to know about your current housing situation?	
HEALTH	
I'd like to move on now to talking about health-what this means to you, and how you see your own state of health and wellbeing.	
Can you tell me what health means to you?	
How would you describe your current state of health?	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Physical Health • Mental Health • Sleeping. pain • Access to appropriate food, dietary supplements, medications • Assistive devices
If you were to self-rate your health, how would you describe it?	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Excellent, very good, good, fair, poor
What do you need to support good health?	<p><i>Probes</i></p> <ul style="list-style-type: none"> • <i>Circumstances/conditions</i> • <i>Family/community/agency supports</i> • <i>Personal practices</i> • <i>Other</i>
What do you do to take care of yourself?	<p><i>Probes</i></p> <ul style="list-style-type: none"> • Is it enough to keep you feeling well? • What might stop you from caring for yourself?
Do you see any connection between your housing and your health?	<p><i>Probes</i></p> <p>If yes</p>

	<ul style="list-style-type: none"> • Can you tell me more about this? Which aspects of housing do you think most affect your health? • What improvements in your housing situation do you think might improve your state of health? <p>If no</p> <ul style="list-style-type: none"> • What do you think most contributes to your health situation? • What improvements to this situation do you think might improve your state of health?
How do you feel about the health care services that are available to you in your community?	<p><i>Probes</i></p> <ul style="list-style-type: none"> • <i>Positive/negative? Why?</i> • <i>Nature of interactions</i> • <i>Accessibility</i> • <i>Information</i> • <i>Other</i>
Anything else you'd like me to know about your health situation?	
THOUGHTS ON INCOME, GENDER, OTHER	
Would you use the term "low income" to describe your financial situation?	<ul style="list-style-type: none"> • Why or why not? • How does <i>(use speaker's language describing SES)</i> affect your life?
Thinking about all the experiences you've described, how might being a woman have contributed to these aspects of your life?	
Before we finish, is there anything you'd like to add?	
END OF INTERVIEW	
Thanks, questions?	

Appendix K

Sample Audit Trail

Code Progression-Detail for Interview DHI-2 (Anne)

Code System DHI-2 Jan. 3/19 42 codes, 144 items		Code System DHI-2 Feb. 6/19 9 codes, 21 sub codes, plus quotes	
RESEARCHER REFLECTION	1		
PERSONAL INTERESTS	2	HOUSING	12
OTHERS WORSE OFF	2	Perception of environment	4
MAKING RESEARCH USEFUL	5	Use of space	4
SELF-PERCEPTION-impact of gender	2	Housing affordability	2
HEALTH-access to health care	2	Housing and neighbours	5
Questions posed to interviewer	1	Building superintendent	5
Stress	5	Importance of aesthetics	4
HEALTH-perception of status	7	Previous housing	3
SELF-PERCEPTIONS-things enjoyed	2	Moving	2
HOUSING-ideal housing	1	Ideal housing	1
HOUSING-making home	1	Making home	1
SELF-PERCEPTION-age a factor in making future plans	1	HEALTH AND WELLBEING	0
HOUSING-housing alternatives	1	Health and pets	1
HOUSING-housing and health	4	Taking care of health and wellbeing	11
HOUSING-previous housing	1	Link between housing and health	5
HOUSING-defining housing insecurity	2	Perception of health	9
HOUSING-perceptions of public housing	1	Access to health care	4
HOUSING-homeownership attached to husband	1	SELF-PERCEPTION	

SELF-PERCEPTION-future	4	Self-perception-personal interests	7
LANGUAGE	2	Self-efficacy/positive qualities	2
SELF-PERCEPTION-working in a patriarchal system	1	Self-perception-Income/employment	5
SELF-PERCEPTION-income inequity	2	Self-perception-Future	4
HEALTH-taking care of health and wellbeing	12	Self-perception-Experience of gender	4
HOUSING-use of space	3	Self-perception-others worse off	3
HOUSING-perception of environment	5	FAMILY RELATIONSHIPS	3
SELF-PERCEPTION	4	MANAGING THE UNMANAGEABLE	10
HOUSING-neighbours	3	DEMOGRAPHIC INFO	18
HOUSING-feeling unsafe	4	LANGUAGE	2
HOUSING-landlord	3	MAKING RESEARCH USEFUL	4
HOUSING-curiosity about	1	RESEARCHER REFLECTION	7
HOUSING-finding a place to live	2	QUOTES	
FAMILY RELATIONSHIPS	4	Dogs are great friends	1
HOUSING-moving	1	Super is a macho guy, dismissive of women	2
MANAGING THE UNMANAGEABLE	10	Gap under door means a lot	1
HOUSING-affordability	3	Not as quiet as led to believe	1
HOUSING-important features	2	Hard for a woman to work in design	1
HOUSING-previous housing	2	You're probably gonna feel like you fell off a cliff	1
HOUSING-importance of esthetics	5	Housing future--not gonna get married, finances won't change	1
HEALTH-and pets	3	Perception of public housing	1
HOUSING-living situation	5	Insecurity--neighborhoods changing	1
DEMOGRAPHIC INFO	16	A break in would mean the end of feeling safe	1
		Try not to think about [family member], try to be happy	3
		Limited times of energy-impacts house work	1
		Gender-master's degree and nothing to show for it	3
		This is meaningful--I don't speak about these things	2

	Seeing others worse off gave me perspective	1
	Skeptical about impact of research	1
	Try not to think about [family member], try to be happy	3

Code Memos: Interview DHI-2

Memos added in MAXQDA

HOUSING\Perception of environment

- Loves the apartment
- neighborhood well situated
- good aspect--not really hot like last place
- mostly quiet with some exceptions--door slamming
- some concerns--apartment door perceived as potentially hazardous--opening onto stairs
- have been mice in the apartment, but super tended to this
- gap under apartment door is seen as a real issue
- if someone broke in, I'd never feel safe
- some insecurity attached to renting--what if landlord sells building? Condos everywhere
- public housing perceived as unsafe, unsavory; no choice in what is offered

HOUSING\Use of space

- used as studio: design work, sewing
- entertains-dinner--a lot
- would garden if there were space; had planter boxes at previous apartment

HOUSING\Housing affordability

- perceived low rent was big motivator for taking current apartment
- spends 50% of income on housing but perceives rent as cheap
- note: issue in this case is **income, not rent**
- knows this is the max, she can afford--now and in future

- says neighbours stay long term because rent is affordable

HOUSING\Housing and neighbours

- changing dynamics in relationships with neighbours-friendly at first but a cooling off
- note missed opportunity to probe into impact of this change
- mentions in paragraph 110 "took that kind of personally"

HOUSING\Building superintendent

- interesting here--my question was: "you're comfortable in the building?"
- speaker went right to discussion of live-in building super--perceived as "macho" guy, ex-navy
- a certain generation, who asserts control, is seen as dismissive, demeaning-
- "he calls people honey"
- seen to have not sense of aesthetics, which is important to speaker
- sense of not being taken seriously by him
- addressed mouse problem
- live in agent of the landlord

HOUSING\Importance of aesthetics

- place was "a mess" when she first viewed it--liked kitchen, other "aspects"
- buying a thousand dollar chair on installments
- apartment door really bothering her
- makes a place her own by painting--this was happening when interviewed

HOUSING\Previous housing

- description of previous apartment where she lived for 7 years;
- references wanting to entertain and have studio space; too hot
- talks about previous homeownership when married
- but suggests house was in husband's name: "it was really his house"

HOUSING\Moving

- doesn't move often now but says she used to
- [family member's] illness and care a reason for moving--caused some stress : "it was pretty crazy"
- found current apartment while out walking a friend's dog

- would like to stay put where she is now

HOUSING\Ideal housing

- new apartment door would make a big difference
- talks about idea she once had for cohousing but doesn't think it's an option anymore

HOUSING\Making home

- esthetic is part of making home
- note elsewhere importance of keeping place organized and functional

HEALTH AND WELLBEING

HEALTH AND WELLBEING\ Health and pets

- having a dog would get her out walking more, good friends

HEALTH AND WELLBEING\Taking care of health and wellbeing

- walks for health
- has friends for dinner so she eats well--doesn't like eating alone
- trying to address hypothyroid with diet but not on that "road" completely yet
- takes meds for hypothyroid
- seeing a doctor about cataracts--still having problems after surgery
- managing stress related to [family member]--there is a fair bit of discussion about this
- tries to be happy
- recognizes she has only "so much energy and mental health" and tries to focus activities
- gets out of house regularly--library, walking

HEALTH AND WELLBEING\Link between housing and health

- will stay put unless she gets ill and needs to go to nursing home
- starts by saying she doesn't see connection between housing and health issue
- specifically hypothyroid.
- Attributes this more to stress of caring for [family member] for 4 years
- and possibly very hot previous apartment
- had cellulitis on face--attributes to spider bite
- not allowed to have dog in apartment; links dog walking to health

- says limited energy is the reason it's taken so long to sort out apartment

HEALTH AND WELLBEING\Perception of health

- worries about swollen glands, attributes to previous problem with abscessed tooth
- attributes "brain fog" to hypothyroidism; not sure you can "reboot" thyroid "once it's gone"
- not clear what problems may be related to thyroid
- thinks heat from previous apartment could have triggered thyroid problem
- this came in response to my question vs. being freely offered
- was very healthy when younger --more tired now.
- Sees this as a continuation of tendencies in youth--going full tilt then crashing
- --earlier in the evening than she used to, but a similar pattern to when she was young
- only has a few active hours in the day now, takes longer to get going in the morning
- sees memory issues as a continuation of tendencies in youth
- interesting that this is since as a continuation of a pattern vs. something foreign
- patterns that have "gotten worse"
- links stress to care for/relationship with [family member]--a lot of discussion about this
- stress has built up over past 15 years

HEALTH AND WELLBEING\Access to health care

- has regular family doc with ready access
- accessing Dal dental clinic--otherwise dental care not affordable
- [family member]'s problems accessing needed care is a stressor
- has senior's Pharmacare so meds affordable

SELF-PERCEPTION\Self-perception-personal interests

- taking a university course out of interest
- would like to remain in contact, be friends
- plans to go to archives to look up info on house-curiosity
- does some volunteer work with local community housing group
- but this is not described as central as it is for DHI-1
- would garden if there were space, likes going to the library, walking, getting out of house
- background in photography, design, textiles

- interested in research;
- not interested in "conversations or distractions that many women get involved in"

SELF-PERCEPTION\Self-efficacy/positive qualities

- describes incident of going out of comfort zone--Air B and B
- student who commented-"always making rainbows"

SELF-PERCEPTION\Self-perception-Income/employment

- describes income inequity as sessional teacher
- sees self as low income but receiving OAS and GIS means she has more money now
- more than she has had for a long time-now able to buy winter coat
- felt underpaid in professional work
- feels university employer intentionally kept people below eligible hours for EI
- describes design related work as "perfect work for me"
- was mostly not able to apply design training in employment
- no sense of possibility of change for income

SELF-PERCEPTION\Self-perception-Future

- no sense of possibility of change for income
- sense of balance in future--stairs an issue?
- parents died young--"don't think I'm gonna live that long"
- "don't know how many years I've got left"

SELF-PERCEPTION\Self-perception-Experience of gender

- in responding to question about gender
- says she thinks that she has almost nothing to show for master's degree
- ...in terms of contributing to career
- elsewhere says in terms of university teaching, not necessarily related to gender
- men get stuck in part time work too, but then goes on to say that
- men are still seen as primary breadwinners; that women get PT work more easily than FT
- talks about relationship with "macho" building superintendent
- talks about patriarchal design field; hard to get work in this field

SELF-PERCEPTION\Self-perception-others worse off

- "I'm terribly interested in how many people are so much worse off than I am"
- working with homeless people made me realize "we're fine"

FAMILY RELATIONSHIPS

- [removed identifying information]

MANAGING THE UNMANAGEABLE

- doing everything on my own--hasn't got apartment sorted--gives self a break
- sold 18 year old car --too expensive
- doesn't mind paying 50% of income on housing; once bills paid,
- will have more money; feels secure with OAS and GIS
- putting up curtain to cut down draught from door gap
- when doing sessional teaching "didn't eat"; ate at friends' because couldn't afford it
- doesn't count on others
- gave up worrying
- recognized what was possible
- tires to be honest and straightforward with building super

RESEARCHER REFLECTION

speaker states she would like to.... hear presentation--I am open to this after research completed--aligns with feminist approach; conflict over how this contrasts with social work training; boundary issues. Have really come to question the blurriness of these lines and what kind of power gets reinforced with professional boundaries

speaker is curious and amused about similarities in behaviors between her and I- good example of how research blurs these lines; also discussion before interview where I mentioned I would fit the demographic for this study. It seems legitimate to offer this up

cringed a couple of times in listening to audio at my own inattention to speakers' words. In social work, I focused very intently on what people said--really trying to take in others' perceptions and ideas. I got sidetracked a couple of times here fussing over my notes, trying to make sure I was asking all the questions I needed, keeping an eye out that the recorder was working properly. In so doing, I made the speaker repeat information she had already provided--place of origin, and [some painful personal information]. I apologized--my being distracted is not an excuse but rather a motivator to keep people front and centre in my attention. How awful to have spoken about something so difficult then get the sense that the person to whom this is spoken is not listening! A real wake up call for me--really grounding in what is important--respect and care for the speaker in this case.

was very interested in the thousand dollar chair story--I get this. I've invested in art during my own experience of being on a limited income--always on installment plans; have paid more than my rent multiple times for a painting--sometimes almost a year to purchase. There's a proverb I like: "I had two loaves. I sold one to buy a lily."

DEMOGRAPHIC INFO

- this info is placed in an Excel spreadsheet
- added column to capture relationships based on data here
- health issues captured here
- cellulitis--added--not a major health issue
- but thinking about cumulative effects of "small" problems

LANGUAGE

- discussion about term "housing insecurity"--focus on affordability and no likelihood of change
- "I would say that it's low income"--but note expressed sense throughout of having more secure income now than previously due to GIS/OAS

MAKING RESEARCH USEFUL

- being able to speak about life is described as useful to her-"meaningful"
- more of interest than gossip, distractions that women get involved in
- doesn't think research will have any effect in short term--takes a long time for things to change politically

[Log Book Entries in MAXQDA for Interview DHI-2 \(Anne\)](#)

019-01-06 9:51 AM

SUMMARY

Finished preliminary coding for DH1-2. Now working with 9 codes, 21 sub codes, 142 entries.

Have been working on it intermittently for a few days. Need to work with text, go away and think about it, come back to text. Definitely see my pattern here--preliminary analysis, reflection/cogitation, return to analysis. Results noted in Codebook entry (in MAXQDA) for Jan. 6, DHI-2. Still some rationalizing/cleaning up to do for items with only 1 or 2 entries but I will return to this.

METHODS

Organized open codes into more focused categories--found a number of similar categories to DHI-1 without forcing--was very stringent with myself on this--seemed to be similar themes with different perceptions. Also found some unique themes here--importance of esthetics, link between housing/pets/health; more conscious reflection on gender.

Have created placeholder codes for highest level--e.g. Housing, Health, Self-perception etc. I need to visually see the hierarchies of ideas I've created and be able to physically manipulate the concepts as part of my mental processing.

I have coded essentially every line of text here (for the speaker). This gives me a full appreciation for the speaker's scope of ideas, context etc. Working through in my mind: which of these findings relate specifically to research questions. Feel it is important to have the entire transcript coded for depth of understanding. I expect a lot of these codes will become background material as I hone in on the research questions. Still feel I am at the airplane level, passing over a field, looking for patterns, not ready to land.

created memos for each code--summarizing findings for entry. Expect this will help pull together data for analysis and writing.

REFLECTIONS

multiple entries for reflections included here--refer to codebook under "researcher reflection" code

2019-01-03 3:48 AM

SUMMARY

First pass at coding DHI-2: 42 codes, 144 entries. Results captured in Codebook entry for Jan. 3, DHI-2.

METHODS

Same process as for DHI-1: slowly reading through transcript, provisionally open coding almost each line of text--exceptions were my questions when not needed for context--edited or left out.

still figuring out best use of MAXQDA. Found I needed to be able to see new codes for DHI-2 as distinct from DHI-1 codes--I'm sure there is a way to do this outside of using *Sets* function that is not concrete enough for me (find I need to be able to physically rearrange codes to see relationships). Used "2" prefix to group together new codes and separate them from DHI-1 codes

trying to be more efficient by attaching broad category indicators to code items (e.g. Housing, Health, Self-perception). Did this when association was clear in an effort to streamline process without relying on established codes--trying to see new material freshly. Some new items came up in this first analysis--lots of talk about stress, for example, and the importance of housing as an esthetic.

Will work on refining codes today as separate entries under prefix "2" before "merging" them into existing body of codes. I want to feel I have looked at the data from DHI-2 independently before blending the material with the analysis of DHI-1.

Pulled out demographic info and plugged it into Excel Spreadsheet

REFLECTIONS

Slept poorly night before so not feeling a great deal of clarity--perused codes later and saw some sloppiness, for example, partial words coded--will clean up on next pass through

noticed different speech patterns here that required larger portions of text being coded to maintain clear context--speaker made lots of interesting verbal digressions and side notes. Will review today (again with limited sleep) to see what subtleties I may have missed in coding larger portions like this.

Not sure of my method of plugging items into existing categories--I think I was diligent in only assigning codes in this way when it was clear and accurate, but don't want to be premature in attaching meaning to speech in this way. Will look at this again today.

[Notes Made Post-Interview for Interview DHI-2](#)

[Dec. 21/18 DHI-1, 2](#)

Note: did not make field notes immediately after first 2 interviews (DHS-1, 2). Rationale: new to the process; not clear on the purpose of notes; was concerned that subjective interpretations would influence my subsequent findings, didn't see clear purpose in doing this. Following some reading, notably, Groenewald (2004) I am constructing notes now (2 weeks plus after the interviews) with plans to apply this practice going forward.

It is the researcher's field notes recording what the researcher hears, sees, experiences and thinks in the course of collecting and reflecting on the process. Researchers are easily absorbed in the data-collection process and may fail to reflect on what is happening. However, it is important that the researcher maintain a balance between descriptive notes and reflective notes, such as hunches, impressions, feelings, and so on. Miles and Huberman (1984) emphasize that memos (or field notes) must be dated so that the researcher can later correlate them with the data. (Groenewald, 2004)

And

Bailey (1996) emphasizes the use of all the senses in making observations. (Groenewald, 2004)

At this juncture, it is important to note that field notes are already "a step toward data analysis." Morgan (1997, pp. 57-58) remarks that because field notes involve interpretation, they are, properly speaking, "part of the analysis rather than the data collection" (Groenewald, 2004)

And

Field notes are a secondary data storage method in qualitative research. Because the human mind tends to forget quickly, field notes by the researcher are crucial in qualitative research to retain data gathered. This implies that the researcher must be disciplined to record, subsequent to each interview, as comprehensively as possible, but without judgmental evaluation, for example: **“What happened and what was involved? Who was involved? Where did the activities occur? Why did an incident take place and how did it actually happen?”** Furthermore, Lofland and Lofland (1999, p. 5) emphasise that field notes “should be written no later than the morning after” **Groenewald, 2004** [emphasis mine]

Notes post interview with DHS-2

Also conducted in participant’s home; also a participant recommended and personally known to [mutual acquaintance]. “Better” neighborhood (at least better reputation). Around the corner from main routes in the city; close to grocery store, easy access to downtown. Low rise building. First thing that strikes me is the lovely aesthetic [removed potentially identifying descriptive material]. Participant gets up and leaves the table a couple of times to make tea, **(sound-participant sipping tea)** retrieve an item she made in her design work. Talks about issues not directly related to housing, health and apologizes a couple of times for “going off topic”; I think there really is no such thing here. **(Smell, taste: nothing recalled)** It all is valid and interesting and informative. [personal observations redacted]....off tape I mention that I would fit the demographic of women I am interviewing. It’s clear we have a personal affinity and at the end of the interview, participant expresses wish that we become friends, which I am open to.

Appendix L

Preliminary Themes

1 DHI-11	0
1.1 HEALTH AND WELLBEING	0
1.1.1 Health issues	2
1.1.2 Perception of health	4
1.1.3 Diet	1
1.1.4 Barriers	2
1.1.5 Self care	3
1.1.6 Supports	2
1.1.7 Social networks	4
1.2 HOUSING AND HEALTH	2
1.3 HOUSING	0
1.3.1 Perception of environment	10
1.3.2 Use of space	2
1.3.3 Ideal housing	3
1.3.4 Options	3
1.3.5 Barriers	2
1.3.6 Moving/relationships	2
1.4 GENDER	1
1.5 WORKAROUNDS	4
1.6 SELF PERCEPTION	4
1.7 ACCESSING SERVICES	3
1.8 DEMOGRAPHICS	16
2 DHI-10	0
2.1 HOUSING	0
2.1.1 Perception of environment	8
2.1.2 Accessibility	4
2.1.3 Reasons for moving	1
2.1.4 Ideal Housing	2
2.1.5 Use of space	1
2.1.6 Options	2

2.1.7 History	1
2.2 GENDER	2
2.3 RESEARCHER REFLECTION	3
2.4 INCOME	3
2.5 SELF PERCEPTION	5
2.6 ACCESSING SERVICES	6
2.7 WORKAROUNDS	3
2.8 HOUSING AND HEALTH	0
2.8.1 Accessibility problems	2
2.8.2 Bedbugs	2
2.8.3 Relationships in building	5
2.9 HEALTH AND WELLBEING	0
2.9.1 Perception of health	5
2.9.2 Self-care	7
2.9.3 Relationships	5
2.9.4 Health issues	5
2.10 DEMOGRAPHICS	19
3 DHI-9	0
3.1 HEALTH AND WELLBEING	0
3.1.1 Social networks	4
3.1.2 Perception of health	14
3.1.3 Self care	7
3.1.4 Health issues	5
3.1.5 Cats	6
3.1.6 Abuse	2
3.1.7 Diet	2
3.2 HOUSING AND HEALTH	2
3.3 HOUSING	0
3.3.1 Perception of environment	11
3.3.2 Insecurity	3
3.3.3 Use of space	4
3.3.4 Relationships and Housing	5
3.3.5 Support	2

3.3.6 Barriers	1
3.3.7 Options	3
3.4 MANAGING THE UNMANAGEABLE	3
3.5 GENDER	6
3.6 ACCESS TO SERVICES	19
3.7 INCOME	2
3.8 SELF-PERCEPTION	21
3.9 DEMOGRAPHICS	18
4 DHI-8	0
4.1 HOUSING AND HEALTH	2
4.2 HEALTH AND WELLBEING	0
4.2.1 Perception of health	9
4.2.2 Health issues	4
4.2.3 Access to service	6
4.2.4 Self-care	8
4.2.5 Animals	4
4.2.6 Relationships	2
4.2.7 Experience of sexual abuse/trauma	3
4.2.8 Perception of smoking	4
4.3 HOUSING	0
4.3.1 Perception of environment	14
4.3.2 Ideal housing	4
4.3.3 Moving	4
4.3.4 Housing and relationships	6
4.3.5 Requirements	6
4.3.6 Security and Insecurity	1
4.3.7 Use of space	2
4.3.8 Ideal home	2
4.3.9 History	4
4.3.10 Barriers	4
4.4 MANAGING THE UNMANAGEABLE	2
4.5 SELF-PERCEPTION	12
4.6 INCOME	5

4.7 GENDER	8
4.8 DEMOGRAPHICS	15
5 DHI-1	0
5.1 HOUSING	0
5.1.1 Housing affordability	5
5.1.2 Perception of environment	7
5.1.3 Housing and neighbours	6
5.1.4 Housing and family relationships	2
5.1.5 Landlord	2
5.1.6 Making home	5
5.1.7 Housing growing up	4
5.2 HEALTH AND WELLBEING	0
5.2.1 Laughter when discussing unpleasant or distressing things	5
5.2.2 Health and income	2
5.2.3 Supports	12
5.2.4 Perception of health	12
5.2.5 Barriers to health care	2
5.2.6 Link between housing and health	1
5.2.7 Taking care of health and wellbeing	7
5.3 SELF-PERCEPTION	16
5.3.1 FAMILY RELATIONSHIPS	5
5.3.2 Stories about self	3
5.4 MANAGING THE UNMANAGEABLE	7
5.5 RESEARCHER REFLECTION	3
5.6 DEMOGRAPHIC INFO	22
5.7 LANGUAGE	0
5.7.1 Defining housing insecurity	2
5.7.2 Reflections on "low income"	1
5.7.3 Reflections on "older woman"	2
6 DHI-2	0
6.1 Others worse off	1
6.2 INCOME	3
6.3 HOUSING	0

6.3.1 Perception of environment	12
6.3.2 Use of space	4
6.3.3 Housing affordability	4
6.3.4 Housing and neighbours	2
6.3.5 Building superintendent	5
6.3.6 Importance of aesthetics	5
6.3.7 Previous housing	4
6.3.8 Moving	3
6.3.9 Ideal housing	2
6.3.10 Making home	1
6.4 HEALTH AND WELLBEING	0
6.4.1 Perception of health	9
6.4.2 Link between housing and health	5
6.4.3 Health and pets	1
6.4.4 Taking care of health and wellbeing	11
6.4.5 Access to health care	4
6.5 SELF-PERCEPTION	0
6.5.1 Self-perception-personal interests	7
6.5.2 Self-efficacy/positive qualities	2
6.5.3 Self-perception-Income/employment	5
6.5.4 Self-perception-Future	4
6.5.5 Self-perception-Experience of gender	4
6.5.6 Self-perception-others worse off	3
6.6 FAMILY RELATIONSHIPS	3
6.7 MANAGING THE UNMANAGEABLE	10
6.8 DEMOGRAPHIC INFO	18
6.9 LANGUAGE	2
6.10 MAKING RESEARCH USEFUL	4
6.11 RESEARCHER REFLECTION	7
7 DHI-3	0
7.1 INCOME	5
7.2 HOUSING	0
7.2.1 Moving	14

7.2.2 Use of space	4
7.2.3 House hunting	6
7.2.4 Homestead and housing stability	6
7.2.4.1 Perception of environment	14
7.2.5 Housing affordability	8
7.2.6 Ideal housing	5
7.2.7 Housing and relationships	17
7.3 HEALTH AND WELLBEING	0
7.3.1 Emotional state	20
7.3.2 Relationships and stress	25
7.3.3 Looking after health and wellbeing	3
7.3.4 Perception of health	3
7.3.5 Access and barriers to health care, wellbeing	7
7.3.6 Health issues	7
7.3.7 Supports	8
7.4 HOUSING AND HEALTH	9
7.5 PETS	0
7.5.1 Emotional links with pets	5
7.5.2 Health and pets	3
7.5.3 Pets and housing	9
7.6 SELF-PERCEPTION	8
7.7 MANAGING THE UNMANAGEABLE	6
7.8 DEMOGRAPHIC INFO	22
7.9 RESEARCHER REFLECTION	19
8 DHI-4	0
8.1 Employment	1
8.2 HEALTH AND WELLBEING	0
8.2.1 Health issues	4
8.2.2 Barriers to wellbeing	5
8.2.3 History of abuse	4
8.2.4 Importance of animals	4
8.3 HOUSING	0
8.3.1 Perception of environment	22

8.3.2 Housing barriers	13
8.3.3 Housing supports	7
8.4 RESEARCHER REFLECTION	0
8.5 HOUSING AND HEALTH	10
8.6 MANAGING THE UNMANAGEABLE	11
8.7 INCOME	13
8.8 SELF PERCEPTION	16
8.9 GENDER	9
8.10 CONSTRUCT OF AGE	16
8.11 DEMOGRAPHIC	15
9 DHI-6	0
9.1 HEALTH AND WELLBEING	1
9.1.1 Perception of health	4
9.1.2 Supports	6
9.1.3 Health issues	5
9.1.4 Barriers	3
9.1.5 Self care	5
9.2 HOUSING AND HEALTH	2
9.3 HOUSING	0
9.3.1 Perception of environment	7
9.3.2 Support	3
9.3.3 Challenges	7
9.3.4 Meaning of home	6
9.3.5 Options	2
9.3.6 Definition of housing security	1
9.4 CONSTRUCTIONS OF AGE AND GENDER	3
9.5 RESEARCHER REFLECTION	1
9.6 ACCESSING SERVICES	6
9.7 INCOME	4
9.8 MANAGING THE UNMANAGEABLE	3
9.9 SELF PERCEPTION	10
9.10 DEMOGRAPHICS	8
10 DHI-5	0

10.1 Employment	2
10.2 HOUSING	0
10.2.1 Perception of environment	9
10.2.2 The meaning of homeownership	6
10.2.3 Use of space	1
10.2.4 Ideal housing	5
10.2.5 Relationships and housing	13
10.2.6 Barriers to secure housing	15
10.3 HOUSING AND HEALTH	4
10.4 HEALTH AND WELLBEING	0
10.4.1 Supports	7
10.4.2 Relationships and wellbeing	3
10.4.3 Self-care/managing health issues	8
10.4.4 Barriers to health	13
10.4.5 Experience of abuse/trauma	6
10.4.6 Perception of health and well being	10
10.4.7 Health issues	8
10.5 INCOME	10
10.6 SELF-PERCEPTION	2
10.7 MANAGING THE UNMANAGEABLE	3
10.7.1 People are worse off than men	0
10.8 GENDER AND EMPLOYMENT	2
10.9 DEMOGRAPHICS	22
10.10 RESEARCHER REFLECTION	1
11 DHI-7	0
11.1 HOUSING	1
11.1.1 Perception of environment	10
11.1.2 Safety and security	5
11.1.3 Supports	4
11.1.4 Repairs	3
11.1.5 Affordability	3
11.1.6 Use of space	1
11.1.7 Relationships and housing	1

11.1.8 Options	1
11.2 INCOME	4
11.3 MANAGING THE UNMANAGEABLE	10
11.4 HOUSING AND HEALTH	2
11.5 HEALTH AND WELLBEING	0
11.5.1 Health issues/Perception of health	4
11.5.2 Supports	6
11.5.3 Relationships	8
11.5.4 Self care	2
11.5.5 Diet	2
11.6 SELF-PERCEPTION	8
11.7 ACCESS TO SERVICES	5
11.8 RESEARCHER REFLECTION	1
11.9 DEMOGRAPHICS	10

Appendix M

Final Themes

**HIERARCHICAL ARRANGEMENT OF FINAL THEMES APPLIED TO
DISCUSSION OF FINDINGS****Housing Insecurity****Perceptions of Current Housing**

Lived experiences of housing insecurity

Feelings about housing

Housing affordability

Safety

Problems with building infrastructure

Privacy

Inadequate soundproofing

Accessibility

Dealing with pests

Maintenance and upkeep of owned houses**Renting/owning****Being a smoker****Housing Insecurity and Community**

Perceptions of safety in the community

Impacts of gentrification/development

Relationships Associated with Housing Insecurity

Partner violence/harassment

Negative family relationships

Problematic neighbors

Tension with landlords/building superintendents

Challenges with roommates

Household moves and housing insecurity

Reasons for moving.

Housing, Health and Wellbeing

Perceptions of Health and Wellbeing

Self-care and housing insecurity

Connecting Housing, Health and Wellbeing

Housing infrastructure/environment and health

Housing stresses, mental health and wellbeing

Pets, Housing, Health and Wellbeing

Health benefits of pets

Pets as a barriers to housing

Dimensions of Housing Security

Home-making and wellbeing

A felt sense of housing security.

Use of space and wellbeing.

A place to store/interact with objects collected over a lifetime.

Maintaining routines for wellbeing.

Having space to create.

Outdoor activities.

Entertaining.

Kicking back.

The process of home-making supporting wellbeing

Positive Relationships, Housing and Wellbeing

Neighbours, Housing, and Wellbeing

Friends, Housing and Wellbeing

Community Agencies, Housing and Wellbeing

Family, Housing and Wellbeing

Community Attachment, Health, and Wellbeing

Community Volunteering and Wellbeing

Community Activities that Support Health and Wellbeing

Transportation, Health, and Wellbeing

Problems with Transit

Life with/without a Vehicle

Reasons for getting rid of vehicle.

Impacts of vehicle loss.