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WELLINGTON REGIONAL HEALTHY HOUSING GROUP

How We Talk About Healthier Homes: Voices of Lived Experience in Aotearoa

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This report brings together the findings from a two phase research project. This synthesis report was authored by Ellen Ozarka with support from Dr. Minette Hillyer and Amanda Scothern, and integrates the Phase 1 Literature Review report authored by Rachel Kowalchuk Dohig. Rachel's words and analysis are integrated in the current report. Phase 2 was delivered by a project team with in-kind and financial support from Tū Kotahi Māori Asthma and Research Trust, Habitat for Humanity Northern Region and University of Otago.

Rachel Dohig conducted the first phase of research – a Literature Review. Rachel gathered appropriate literature and raw datasets, sampled and analysed qualitative comments, and wrote an analysis report, with contribution from Amanda Scothern and Dr. Minette Hillyer.

For the second phase, focused on primary source interviews, a project team conducted interviews, transcribed or arranged transcription, and checked the transcripts for accuracy. Interviewers were: Cheryl Davies and Huia Tavite from Tū Kotahi Māori Asthma and Research Trust; Ella Morris from Habitat for Humanity Northern; and Rachel Haselden interviewing co-researchers previously involved in the Hua Tahi/ Flourishing Together research. Rachel Haselden also carried out deidentification work for a sample of survey data from the Flourishing Together project that was included in this phase of analysis. Ellen Ozarka coded and analysed the qualitative comments and wrote an analysis report, matching findings to Rachel Dohig's work from phase 1. Ellen then synthesised the Phase 1 and 2 reports into the present document.

Amanda Scothern and Dr Minette Hillyer provided guidance and oversight across all phases of the research and editing support for the reports.

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Key Findings

The research found several prevalent narratives and frames present in the language of people who had experienced a shift towards a healthier home in Aotearoa New Zealand.

- People's concept of home is a place which provides connection and care for people in their WHĀNAU and wider community. Home is also a COSY place, removed from the pressures of the world, providing A PLACE TO BE YOURSELF.
- Unhealthy housing was normal, and changes sparked a REALISATION that life could be better. Normal is just what you know; some families didn't realise the extent and impact of their housing problems until they were no longer faced with them.
- Healthy housing is TRANSFORMATIVE, or in other words, it MAKES A BIG DIFFERENCE to the health, home, and quality of life of a person or whānau, or even to their sense of self-worth, DIGNITY AND FREEDOM.
- There was a clear message about the importance of residents' INVOLVEMENT in acquiring improvements to their home – both about the ways people feel empowered and respected when they are involved or frustrated and defeated when they are not.
- Narratives about the process of acquiring healthier homes showed the uncertain nature of receiving support, with some describing themselves as LUCKY and others as STRUGGLING.
- OWNERSHIP was seen as enabling freedom for disabled people in our sample, which was important to circumvent systemic barriers to accessibility. However, rather than the simplistic narrative about freedoms often applied in the media, people also recognised that this freedom was not without downsides.

1. Introduction

Note on the use of Te Reo Māori: Te Reo Māori is one of the national languages of Aotearoa New Zealand and is used on occasion throughout this report consistent with its use by New Zealand English speakers. For readers who are not from New Zealand, we have highlighted Te Reo Māori words in italics on first use and appended a Glossary of Te Reo Māori words with English translations.

This Voices of Lived Experience research project is part of a broader programme of work, the Healthy Homes Communication Action Research project led by Wellington Regional Healthy Housing Group in partnership with The Workshop from October 2022 to May 2026.

The Healthy Homes Communication Action Research Project

Our project envisions an Aotearoa NZ where everyone has fair and just access to a decent home. A decent home is warm, dry, accessible, and offers security of tenure. Decent homes allow people to contribute to and participate in our communities. They allow people to get work and to keep kids in school. Decent homes keep people healthy. Unhealthy housing is a longstanding issue for our country, and a well-documented one. Decades of research have outlined the health impacts of our poor housing – the ripple effects go well beyond individual *whare* and out into our towns, communities, schools, and places of work (Chisholm et al., 2017; Howden-Chapman et al., 2024; Ingham et al., 2019). Particular communities – such as Māori, Pacific, single-parent and households with a disabled member – bear a disproportionate burden of our poor housing and the health consequences of this system's failure (Stats NZ, 2025).

Aotearoa NZ's progress in remedying this 'housing crisis' has been slow moving despite decades of evidence describing the problems at hand and possible routes for addressing them (Boulton et al., 2022; Telfar-Barnard et al., 2017). We face a big gap between what we know needs to happen in our housing sector and implementing these upstream changes. The Action Research project aims to explore how we talk about health and housing here in Aotearoa, and what key values and assumptions underpin these *kōrero*. We are interested in how the language we use informs how we think, talk, and act (or fail to act) on the widespread issue of unhealthy housing. We intend for this research to provide guidance and insights that researchers and advocates for healthier homes can use.

Previous research under the programme have looked at public narratives, political discourse and news media discourse in Aotearoa.[1]

[1] More about this previous research, including links to download the respective reports, can be found on the Talking About Decent Homes online resource hub at: https://talkdecenthomes.nz/research/

Why lived experience matters

While the experiences of those living on the sharp end of our housing crisis are well documented, fewer works explicitly consider the way people experience and talk about living in a healthier home. The present research intends to begin to fill this gap, by focusing on how individuals or *whānau* talk about the difference they experience when their home becomes healthier – or what they expect to change if they can achieve a healthier home, whether via a funded housing intervention, self-funded home repairs or improvements, or by relocating to a healthier building.

The present project therefore seeks to uncover how people who have experienced healthy (or healthier) housing describe the experience in their own words. Our research sought to answer the following questions:

1. How do people describe the shift from an 'unhealthy' to a 'healthier' housing situation (in their own words)?
2. What key ideas and values recur among these stories?
3. How can a clearer understanding of how people talk about their experiences help us to better communicate for change?
4. What stories and voices are missing from this picture?

By sharing these stories and the narratives and frames that recur in them, we hope to both give voice to what a well-housed Aotearoa could look like and support the development of messaging strategies that are grounded in New Zealanders' housing aspirations.

Why change how we talk about healthier housing?

The Healthy Homes Communication Action Research programme was developed by the WRHHG in conjunction with The Workshop, to help a wide range of people who want to talk about why we need and how we might achieve decent homes for us all to use the most effective language and framing in their communications strategies.

While statistics and data points are a useful tool in our *kete* as communicators, and an important record of housing trends and indicators over time, framing this evidence with messaging that draws on intrinsic values is more effective in creating action.

Using stories and language that accurately reflect the way people talk about the experience of healthy homes in Aotearoa honours the voices of those with lived experience and reminds us of the human value of a decent home for all.

By showcasing positive stories of healthier housing and drawing on the everyday langauge people use to talk about the intrinsic human values of caring for one another, and the freedom and dignity that healthy housing can enable, we highlight the human value of housing. In turn, we increase people's understanding of the collective as well as individual benefits of willingness to act on healthy housing as a community.

You can learn more about this communication approach and resources we developed at: talkdecenthomes.nz.

2. About this report

This report weaves together a two-phase research project to presenting a single, integrated story, rather than reporting on each phase separately. More detail about the methods we used and other technical details can be found in *Appendix 2*.

We have centred the voices of people with lived experience in this report, making ample use of their own words and stories to illustrate and demonstrate frames and narratives. Italics indicate quotes from a participant; brown quotes leading into a section are particularly clear examples of the theme discussed in that section. Quotes are attributed by a letter indicating the data type and a randomly generated number; please see *Appendix 3* for full detail.

We have lightly edited quotes for brevity, clarity, and to maintain participants' privacy. This is indicated using square brackets and ellipses. Where bold text appears within a participant quote, this was added by researchers to draw attention to the speakers' use of a frame or narrative.

Words and phrases in uppercase font are NARRATIVES or FRAMES, including value and metaphor frames – this is to clarify where we're referring to the name of a frame or narrative and not the concepts it represents.

What do we mean by Narratives and Frames?

Narratives are patterns of words, images and stories found across our culture. They capture preexisting or shared understandings about the world and influence our thinking. For example, Individualism is a narrative that is embedded in many different communications that explains problems as resulting from a lack of individual effort and solutions as about individual effort or choice (and obscures the way system settings limit and shape what choices individuals have).

Frames are both a) 'prepackaged' mental models that help us to make sense of ideas and b) communication tools that evoke these mental models. Frames act as guides directing people where to look and how to interpret what they see. Every message or communication is presented through a frame.

See talkdecenthomes.nz particularly the 'Key Terms' resource for more about Narratives and Frames.

Whose voices?

We did not seek with this report to gather quotes from a representative sample of New Zealanders. We set out to identify where voices of lived experience of healthy homes were documented in existing literature and analyse what this material could tell us. We then conducted interviews to investigate in more depth what was emerging from the literature review.

Because of the nature of the programmes around which documentation exists, the voices represented in this report are weighted to a particular segment of New Zealand population.

This segment generally represents those least well-served by our current housing system in many respects, with an important exception: **our sample is heavily weighted toward people who are living in homes they own, it does not strongly represent people in rental homes.**

While there is some literature reflecting the challenges faced by people who rent, we did not find literature that provided the voices of renters talking about an experience healthier homes. **We believe it would be valuable to carry out further primary research to specifically target this cohort.**

The voices represented in our sample are characterised by

- Overrepresentation of people who have experienced a targeted 'healthy homes' intervention through a funded programme – in most cases through the Healthy Homes Initiative,
- Overrepresentation (compared to general population) of tangata whaikaha Māori and disabled people,
- Overrepresentation of people of Māori and Pasifika ethnicities.

In this regard, the sample is representing voices of those for whom the current system is least likely to be delivering decent homes.

3. Findings

3.1 How we talk about home

Narrative: WHĀNAU are what make a house a home

> *Whānau make it feel like home.* ***The more whānau in it, the better.*** *(I8)*

In our interactions with people living in improved homes, there was a strong narrative that it is not a building that makes a home, but rather the people in it. Defining whānau broadly, including connections with the wider community, interview participants were clear that it is friends, family, and loved ones who make a home more than just four walls and a roof.

> *This is the centre where most of the children come and meet with us. So it's this house and they are the block down their sides. (I6)*

> ***It is just family, the mauri [energy], the wairua [spirit] – we enjoy company, having whānau.*** *We like our rest too and having a rest too, but we are very community orientated. We are very busy, we are in and out all the time.* ***We like having everybody over as well, all the nieces and nephews, we always put our hands up to babysit and things like that. We are always having whānau over, keeps us moving.*** *(I7)*

The inability of a house to facilitate family relationships can even be enough to disqualify a house as being seen as a home:

> ***Home at the moment for me isn't home, it's a roof over my children's heads****, it's a tiny space where we only have bedrooms.* ***We don't have any space that is for… us to gather to eat or play card games or watch a movie.*** *(S2)*

For this commenter, while their house may meet their physical needs, as it does not provide enough space for whānau to spend time together it does not meet the criteria of a home.

> *Housing improvements can also facilitate greater intergenerational connections, from being able to provide cooking lessons for younger generations, have people over, and host important family celebrations. One person commented that their new working stove enabled them to "have cooking lessons!" for nieces and nephews. This possibility holds special significance, as "we used to do that" as a family, but had been unable to without a working stove (G1). Having an oven that will work properly will make a huge difference to being able to cook for family coming round. (G1)*

> *Mum's just had her 80th birthday party here. Mum was so proud to show everyone the difference - the change this has made for her personally. (G3)*

Having an unhealthy home can also cut people off from whānau and other important sources of social connection:

> *I won't have our mokos here due to our house [being] very cold, damp and mildew. (G4)*

For disabled participants, a healthy home was one that was also accessible to them (see page 18), which meant being able to leave the house as well as staying in it:

> *Home for me is the hub and heart of the family and community**, it is also the pathway to the community.** (S7)*

> *[Regarding improved access and weather protection around carport] Oh, I mean simply, **it just feels more like my home.** It just gives me a bit more options and freedom and **it just makes it feel a bit more homely, where I'm not kind of confined to what those what the four walls allow me to do.** This gives me options of what I want to do. (I9)*

In this sense, a healthy home acts like a jumping off point that enables social connection with whānau, community, and participation in the wider society, even when that connection does not take place within the home itself.

Frame: Intergenerational connection

> *And [the renovation has] even brought half of the kids from all my brothers and sisters back just to come in and sit in here and reminisce. That's what they do. (I4)*

For those whose families had lived in the home for many decades, or even generations, intergenerational relationships were a part of what made their home special, and beloved. This longstanding family history becomes a part of the narrative of the home and the people who live in it.

> *My grandfather, he built the home in [the 60s]… So they were living here, the whānau were living here, and then over the generations and I came along and we've been here ever since.... So all the whānau, so there was quite a few generations living in the one home as most Māori were doing and still do…. There was my grandparents, myself, and then some other nephews and nieces that all were brought up in the same home. [Interviewer: And when your grandparents passed away, you carried on living in your home?] Yes, yes, so I stayed there. My upbringing was in the same home, born and bred. (I8)*

> *My wife is from here and her family, that was their family home…. **So it was like their childhood home**… [Later] It's a home where she grew up in, which – we love that vibe, and the kids love it as well: "This is where Mum grew up." **So that's why we just love where we are.** (I3)*

As illustrated above, home is a place that strengthens intergenerational connections between family members who have lived in the same place, but at different times. People

often described the generations that have lived in the home before them, how the home had witnessed changes to the family and their lives, and at times this sense of intergenerational connection extended to other homes in the neighbourhood and community.

Housing is therefore more complex than a collection of building materials. Home is the setting for our lives: where we have important celebrations, where we have memories, and where we spend time with our loved ones. People feel love and loyalty towards their home even when the building itself isn't healthy, both before and after improvements. Even when a house is facing major issues, it can still be a meaningful place for whānau to gather, as this *kuia* shared about her home that lacks running water:

> *I love this home. And I still do today—even though it's falling apart around my ears. (G5)*

Intergenerational connections are not only about those who lived in the past, but the future as well. People also shared their aspirations for the home to become or remain a family home for the benefit of future generations:

> *When they passed, my grandmother bequeathed the house to me, so legally, I'm the homeowner* ***and hope to keep it as our homestead for quite some time.*** *(I8)*
>
> *The sole purpose of the house is for the next generation. (G2)*
>
> *[The house is] maintain[ed] for my grandchildren and great-grandchildren. (G1)*

Notice how the speakers above refer to their homes as a common good, for the benefit of a collective. Housing is more than a place for the people currently present; owners in our sample also consider the needs of their immediate and wider family, their communities, and even future generations.

Earlier research found that the media typically portray homes as an ASSET, or in other words, a thing with monetary value that people own as a financial investment (Ozarka & Hillyer et al., 2025). In the voices of people with lived experience, this frame rarely surfaced (3 participants, most with minor comments), however one of the people who used this frame used it very frequently, offering an interesting elaboration (Participant I1).

While this person frequently reflected on the financial value of their home, they consistently related this back to both their daughter's financial wellbeing and their own future care needs. Observe:

> *While I've committed to being here the rest of my life, I also had a thought or a fear of 'What if you did have to sell? What if you were forced to sell? What if you died and your daughter needed to sell it?' (I1)*
>
> *In some ways, I'm questioning how long I'll be here, so part of me is doing this in the hope that I can leave my daughter something for her future, but I also know that if I end up in care, then this place will be sold, and a big chunk of it will go towards paying to care. (I1)*

This speaker was clearly aware of the need to maintain the financial value of their home. However, this was for the purposes provide for both their loved one and their own future care needs. While on the surface, framing homes as ASSETS is seemingly in opposition to the earlier WHĀNAU narrative, this participant's elaboration shows us that the two can be in alignment. Though some people used the language of investment and assets, it was not because they were concerned about financial returns for the sake of wealth generation but rather about fulfilling their aspirations of caring for their loved ones.

Frame: A home that looks after people

> *It needs to be an extension of myself in the respect that **it's holding me, it's holding me health wise, it's holding me socially wise**.... It's that safe environment that doesn't feel like a prison. (I9)*

A frame supporting the WHĀNAU narrative talks about the home like it is a person by framing it as a type of carer for family members:

> ***This house has taken care of all of us**…we've all had our turn enjoying our papakāinga [original home]. (G3)*
>
> *The home is warmer, drier, and safer now. Mum is healthier, and we can all relax knowing that she's living in **a place that's truly looking after her.** (G3)*

In this frame, the home is positioned as more than just the setting where the family lives out their lives – it is also a member of the family in its own right, taking on a caring role similar to that of parent or caregiver.

Narrative: Homes are comfortable and comforting

Frame: Homes are COSY

> *It is a nice warm cosy home now after the changes have happened, it has become very warm and cosy. (I5)*

Participants often framed homes as a COSY place, describing it as comfortable, warm, safe and protective, and supportive.

The word COSY itself does not often appear alone and is often associated with warmth or comfort.

> *But that does have an impact on the warmth of the room, on the **coziness of the room, on feeling comfortable.** (I9)*

In contrast, the opposite of cosiness was seen as exposure or a lack of privacy, which is a feature of unhealthy housing:

> *Like automatic curtains, there's three [curtains] in the lounge that I can't close myself, so they stay open… **It has an impact on just feeling nice and warm and enclosed,** you know. (I9)*

I've done all the fencing, for my sense of privacy, but also security. But when I say privacy, it was because, you know, coming home every day, you know, unloading into a wheelchair, I felt vulnerable. People can see that maybe I was a potential victim. So I guess ***I felt the need for privacy, security, and that's where six-foot fences came in.*** *But, of course, they're not cheap, but it was something that I felt I needed, not just for the property, but for myself. (I1)*

In addition to physical comfort, participants also referenced spiritual and emotional safety and comfort by relating their home to a haven or sanctuary, as below:

[Interviewer: what does a healthy home mean to you?] ***It's a haven.*** *(I2)*

I feel a lot more secure, and I also feel this is my place of sanctuary. *This is where I come to get warm, where I come to feel safe, where I come to make sure I'm clean and tidy, that my ablutions are sorted, that my carers have a workspace thatmeets health and safety for them. (I1)*

Home means a place of safety and peaceful sanctuary *for me where I can be held in a space that's comfortable for me* ***to express my fullest self****, when I'm feeling my best and most especially when I'm not. (S4)*

Frame: A PLACE TO BE YOURSELF

As expressed by the last commenter, home is also A PLACE TO BE YOURSELF. This frame was frequently used in the interviews and surveys, describing home as a place away from the expectations, sensory overload, and pressures of the outer world; a place where people can truly relax and exist on their own terms:

Home is a place where my son [with autism] is able to be free of expectation and free to be himself completely. *Our home is filled with lots of fun sensory items, as well as quiet spaces to be at peace when we need it. Home is a place where we should feel safe, secure and supported. (S1)*

I have autism and mental illness related to my autism. Home is a place where I am safe and my needs are accommodated especially my sensory needs and ***a place I can be myself.*** *(S6)*

A home for me is somewhere that I feel safe, ***can fully relax in*** *and which provides me with all of the necessary features to successfully run my life. (S3)*

3.2 How we talk about healthier housing

Narrative: REALISATION – Unhealthy housing was normal, until it wasn't

There are some things that I didn't even know about.... I hadn't even noticed.
When you live in it you just don't notice – you normalise it. *(I7)*

Our literature review revealed a narrative about how the transition to healthy housing provoked a sense of REALISATION for people about how the previous condition of their homes had become normal to them. Participants described feelings of shock and surprise when they became aware of the extent of repairs and upgrades that were required to make their home healthier.

> *I was shocked when they said there are 6 or 7 windows to be repaired**. I thought "That many?"** I didn't even realise because I was living in it. (I7)*

Another participant described the changes to their home by evoking a "reveal" of the kind we might see on Reality TV, as if the improvements were a surprise to be delighted in:

> *"So when they did that up, it was amazing. I was like "move that bus!"2 (I3)*

For those households used to unhealthy conditions there was an understandable element of surprise that came with their housing improvement, as they adjusted their expectations to fit the possibilities that 'healthier housing' opened to them.

When unhealthy housing persists and becomes someone's everyday reality, the extent of the difficulties they experience might not be obvious until a healthier dwelling casts the living conditions that people are used to in a new light. People used revelatory language – speaking in terms of learning and discovery – to demonstrate how their perspective had shifted as their living environment improved:

> ***It was just interesting to go around and listen to her**... She was showing me things that were wrong with the house that I didn't think was wrong with it. (A1)*
>
> *There were big holes in the doors, cracks in the windows, a hole in the floor in the hot water cupboard by the hot water cylinder caused by a leak from that hot water cylinder. We also just covered it because it was a slow leak and we didn't think anything of it. I just thought "Oh gosh that's a lot of money – just cover it and put a bucket underneath." That's right. God, it takes me back. **That was the major learning of that hole in there.** (I7)*
>
> *[Interviewer: Did you realise at that stage what the cracked windows were doing, how the broken windows and doors might have affected the health of your whānau?] **No, I had no clue, I had no idea at all, man, that was massive - a huge eye opener.** (I7)*

Participants also reflected about not only what they had learned about their home, but about how their home impacted their quality of life.

> *The life I had before the renovations, I didn't realise how tough it was. (G5)*

---

[2] "Move that bus!" is the catchphrase from *Extreme Makeover: Home Edition*, a reality television show where an American family receives a free house renovation. The bus is parked in front of the house and is driven away to create a surprising reveal for the family to see the changes.

It's easy [since the improvements], ***easier to live,*** *yup. (G5)*

I think like we'd lived like this for so long, we've just got used to it, now it's like we can see what we can do better from here. (G6)

Healthier housing provides such a stark contrast in people's lived experience that it makes the transformative impact on the rest of their lives all the more apparent. Once people had experienced improvements to their homes, in collaborative and mana-enhancing ways, they felt supported and empowered to live in ways that perhaps once felt out of reach. Some people even shared that their experience inspired them to undertake greater changes.

> ***Now we have started to carry on the jobs.*** *We installed a new kitchen, we opened it out more. It would be good to show the boys what we did. We have a deck out the back now. The boys [who did the building work] would freak out how we have carried on.* ***Now we can see how simple it is to carry on.*** *It was overwhelming. The sitting room is so much bigger, we have a nice spacious lounge. (I7)*
>
> *We did one of the kids' rooms. We stripped it, we wallpapered it, we painted it, and even our lounge, we ripped all the carpet out because it's got the floorboards. So it was this old, ugly carpet. We just ripped that all out.* ***So that gave us the motivation, oh, "let's make changes to the other rooms, to the lounge and to the kitchen."*** *(I3)*

Frame: Getting healthier housing is LUCKY

> *I look at my home and* ***I think how lucky I [am],*** *even though it takes a lot of my financial resources to grow it, but it's kept me safe. It's kept me dry. It's kept me warm.* ***It's given me a sense of place, of being in the community, present in the community, visible in the community. And I guess I'm grateful for that.*** *(I1)*

Some participants described the presence of positive housing experiences in their lives as LUCKY or fortunate. This was applied to various circumstances. Successfully navigating the housing market, accessing funds or interventions, or even having a supportive community were all described as lucky. For example:

> ***I am very fortunate*** *to be one of those people that you guys are offering help to. (I6)*
>
> ***I was lucky enough*** *to buy in before the prices went stupid. (I1)*
>
> ***We were lucky enough*** *to get a referral to [the intervention NGO]. (I8)*
>
> *I kind of took the view that* ***my good fortune,*** *if it can help others that I knew or were close to, then I chose to say "yes." (I1)*
>
> *[Mum & Dad will] probably say "****she needs to win lotto now."*** *(I4)*

LUCK, as a frame, removes agency from the recipient – it does not attribute positive outcomes to the recipients' actions, abilities, or characteristics, and instead positions the good circumstances as a matter of chance. LUCK therefore allows the speaker to

demonstrate humility and gratitude, while tacitly acknowledging that others in similar situations may not have similar outcomes – also through no fault of their own. LUCK acknowledges that the world and its systems are difficult and that good things – like homeownership, having a supportive community, or healthy housing – are neither guaranteed nor universal.

We also found a GODSEND metaphor which was less common than LUCK, but conceptually related. This metaphor compared healthy housing interventions to heavenly gifts.

> *The project manager...Oh, man, he's something,* ***he's like a godsend****. (I4)*
>
> *The heat lamps are a* ***godsend*** *to be honest. (I1)*
>
> ***It was just a big blessing*** *that you know and an* ***awesome*** *opportunity to be given something like that. (I3)*
>
> ***I was truly blessed*** *I got the opportunity to have my kitchen, bathroom and laundry completely refurbished, stripped and new stuff put in. (I5)*

While these frames have religious origins, by applying it in a metaphorical sense, participants may not have intended to imply that they literally believed their healthy housing was the result of divine intervention. This phrasing likely also reflects these participants' worldview and cultural background, regardless of whether they actively participate in a religious faith, so we have distinguished them here.

However, both GODSEND and LUCK represent capricious forces that are outside of the recipients' control; both convey miraculous circumstances that provide salvation from hardship.

Narrative: Healthy housing is transformative

> ***It just felt like it was like a new home****, you know, a part of the new room. (I3)*

Participants with positive experiences of healthy housing interventions spoke about the experience in terms of transformation, not only to the physical space, but also for their health and overall quality of life. TRANSFORMATION stories often followed a before / after structure, contrasting what life was like before and after the repairs were completed. For example:

> *But everything that [the intervention organisation did]… is what they've done to the house, rewired it, given me a light, yeah, because there was only one… wall plug.... working and that was off that wall.* ***Oh, wow. Now I've got one there, one over here, in the bathroom, in all the rooms. Oh, man, I'm happy.*** *(I4)*
>
> *And then given me a bathroom because I used to travel back down to [another town] to go to the rec centre to go and have a shower every morning when I go to work. So giving me a bathroom because we only had a toilet…*

[Now] all my family, my brothers and my sisters, their children, they all wanna come back here and, you know, see the house and some of them wanna stay here. (I4)

My son also has asthma but he is well controlled. ***Since we have had the changes done, he hasn't needed to use his pump.*** *I think it is having no toxins in the air because it can trigger the asthma as well. It isn't just the cold air, it is the toxins. (I5)*

For 2 years we were in and out of hospital at Starship [children's hospital] for [son's] pneumonia. *One of his lungs was cloudy.... Massive change, my kids are now thriving – all of them. The oldest is thriving in sports and education – all three of them.* ***I think we got a letter the other day for my husband because they haven't seen him for a while and they wanted to know if he needed any other support. That's how much it has improved, we haven't been to the doctors****.... (I7)*

Usually, we are at the hospital. We're spending the majority of winter in the hospital... [Since the housing intervention] I've not had to make one single doctor's visit. (A1)

When it came to showering our kaumātua, It was really hard to get around her and we struggled... to transport her from the wharepaku to the bath or the shower. ***So it became really stressful to have a shower, or to shower the kaumātua, and to take her to the wharepaku.... [Now,] we're able to get in and out of the bathroom a lot easier because we needed to access a wheelchair*** *so yeah. It was a better space saver. (I8)*

The health has changed for us – the mauri*…. Just coming home to a nice new repaired home and all the unfinished jobs are just finished.* ***The kids' wairua has changed, they are happy to come home.*** *It was all of it, the kids liked coming home. (I7)*

We didn't realise how much our housing conditions were bringing our soul down. Now my children are flourishing. (G9)

As these quotes show, transformation can be of the physical space, to the health and quality of life of whānau members, or even a transformation of emotional and spiritual health.

Though participants did not use the word TRANSFORMATION itself, they used idioms and metaphors which convey metamorphosis and renewal.

a heat pump… it was a ***game changer****, because suddenly I could turn heat on and off. (I1)*

To have a program like this to come and make these changes ***– just changes your life – it is so uplifting.*** *(I5)*

It's life-changing*…. Significant changes,* ***absolutely life-changing*** *changes to be honest. (I8)*

Frame: MAKING A BIG DIFFERENCE

One key frame supporting this narrative was MAKING A BIG DIFFERENCE. While the other frames were only used by one or two participants, MAKING A BIG DIFFERENCE was often used to express how transformative healthy housing can be, with variations to the adjective to show the degree of impact.

> ***It has made a big difference*** *– to get rid of that mould and that bad smell that was really hampering my condition. (I5)*
>
> *I just think double glazing. I love the fact that it's kind of now standard, because it* ***makes a huge difference****. (I2)*
>
> *As soon as that insulation came in, we were all lying on the ground in the lounge, it was such a* ***massive difference****. Just a huge change, it was instantly warm, we didn't have to turn the heater on. (I7)*
>
> *Upgrading this living condition is really health[y], my life, my health getting better and better...* ***I see the difference every day, you know?*** *(I6)*

As these quotes demonstrate, it is not only the space itself but a person's health and even their life which has the potential to be transformed by healthy housing.

Narrative: Healthier housing provides DIGNITY AND FREEDOM

> ***We're proud. We're proud, finally proud again.*** *Yeah, because before, you used to go, "Oh, nah." It didn't, it looked, it was run down. (I4)*

Stories about dignity and freedom are stories about how the interviewee and their whānau feel either a loss of shame and embarrassment or a renewed sense of pride about themselves and their living situation.

> ***You are not embarrassed*** *to have someone else come into your home because of the smell [of mould]. (I5)*
>
> *When your family comes over you didn't feel like welcoming them because of the house being very untidy.*
>
> *But that's what I feel like, it's like walking into a new flat, you know? It's only tiny, 10 by 10, I think, but it's,* ***it's ours. It's our family's. Yeah. It makes me feel good.*** *(I4)*

Healthier housing interventions remove a sense of shame or embarrassment that some felt, and replaced it with a sense of pride and self-respect. For disabled people, an accessible home was powerful enough to affect their self-image. As this participant thoughtfully reflected:

> *I don't know if I really think about myself as disabled when I'm out and about being able to do what everyone else can do. I know people see me as disabled because I'm in a wheelchair, but it's not something that's in my mind all the time. I'm just doing normal. I'm going shopping, I'm going to work, I'm going to walk the dogs and taking the dogs to the dog park and stuff like that.*

> *So for me, I'm not a disabled person doing that. I'm just me doing that. But **when I'm in my own home and I can't reach something or something, it just highlights that disability for me. And so then it reminds me that I'm disabled and that I need support,** and that, you know, there's things that I can't do in so it kind of also **turns it into a bit of a deficit model, rather than that, you know, my abilities, of what I'm doing and how, who I'm helping in my work and all of that.** So it's, yeah, it's a bit of a bit of a mind battle as well. (I9)*

This relates to the argument by some disability scholars that deficiencies in the environment disable a person, rather than their own body (Oliver, 2013). In that sense, an accessible environment is one with no disabling obstacles, that allows the person to reframe their identity.

Frame: Healthier housing is ACCESSIBLE

> *Home for us is a place where there is space. Space for the wheelchair to get around. Space to bathe [child-aged daughter]. Space for her to play. Space for us to spend time as a family. It's a place where we can all be ourselves. It needs to be all on one level and have wheelchair access into the house. (S8)*

For the research participants, HEALTHY homes and ACCESSIBLE homes were strongly intertwined, with some not seeing a difference between the two. Indeed, for some, ACCESSIBILITY was required to be able to see a house as a home at all, as seen in the introductory quote for this section.

Most of the quotes demonstrating this frame involved participants listing the various modifications that are required to live with their condition. Some examples include:

> *They put in a wider sliding door that made it easier access for me to enter the laundry and now I can do the washing. (I5)*

> *My ideal home is: Wheelchair accessible e.g. doorways wider, benches that go up and down to my height or for an able body person standing, a functional kitchen for a wheelchair user to be able to freely cook without hurting themselves. (S9)*

Frame: Accessibility is about making life EASY

A frame supporting this narrative positions healthy and accessible housing as making life EASY and making normal things feel normal.

> *[Accessibility is about] **bringing normality to daily tasks and getting on with life,** instead of having to wait and manage. (I9)*

> *It was nearly two and a half years it took to actually go through the process, and then **all I wanted to do was laundry because I hadn't been able to do it for so long** … And, you know, people think I'm mad, because it's the one thing that most people don't want to do, but **it's that normality of doing those daily tasks and of looking after yourself.** (I9)*

Healthy housing improvements also lift a burden, with people expressing a sense of relief and ease.

> *I love sitting at my kitchen table looking out my new window. Before I avoided this space completely, now I gravitate towards it. (G8)*
>
> *I'm so happy I could cry. (G7)*

Frame: What you can see and feel

> *I just had **all these buckets everywhere** whenever it rained. (I2)*

When describing the physical conditions in their home prior to intervention, people rarely described their home as unhealthy. Instead, they frequently used vivid and visceral descriptions, reframing in terms of their primary senses: what they could see and feel, and occasionally what they could smell or hear. Notice the use of imagery and metaphors in the quotes below:

> *There was a lot of black mould and it was very toxic building up behind the sink in the kitchen and also the sink in the wash house and also the bathroom... In the kitchen area, the mould had become quite chronic and it was so bad that once they did the changes, actually the shelves in the cupboards disintegrated. That is what they found when they went to take out the shelves, they just crumbled in their hands and then they noticed all the mould at the back of the walls. (I5)*
>
> *This house had, it's called dux quest plumbing. It was put in in the 80s, and when it gets old, it just cracks. **So quite often I've [had] an infinity pool, not one they actually intended to have.** (I2)*
>
> *[The black mould] **caused a lot of smell** in the house and it just made it difficult for my health.... (I5)*

Invisible and abstract concepts were reframed in a similar manner. Instead of speaking about humidity, watertightness, or accessibility, people in our sample talked about what these things look and feel like in practical terms:

> *[An HRV system] means that a lot of condensation I don't get on windows. (I1)*
>
> *The best option is always a room with a heat pump that I can kind of seal up in**, either turn it into a fridge** so that I can cool down, or **turn it into the middle of the tropics**, so I can warm up. (I9; note the use of metaphors)*
>
> *[Now that the repairs are completed] you don't have to sit here and go, "Oh, I wonder if the rain's gonna come through that way or over here." **Used to have pots over everywhere.** (I4)*
>
> *I'm living in a house that just sometimes is just not suitable for me and causes me more fatigue, more pain than it really should have to **every time I go***

> ***through a door that's not widened and I crunch my hand,*** *I think "this shouldn't be happening." (I9)*

They would also tell stories to communicate the impact of healthy or unhealthy housing:

> *[Before the improvements] I would have to tie myself to the wall, transfer onto the shower seat that I'd taken from my previous place and then tie myself to the wall with a dog lead and cling and still have to cling on to something. All of that stuff just took so much in that I just got sicker and sicker and sicker. (I2)*
>
> *Winter illnesses became a lot more prevalent in my life, to the point of nearly dying from pneumonia because of, I guess putting up with cold when I probably should have been in a warmer environment. (I1)*
>
> *We had to shower at the local pools because the bathroom didn't work. I hated packing up my things every day just to wash. (G8)*
>
> *We had an unflued gas heater – do you remember the old gas bottle heaters with the click thing? I didn't know that was an asthma trigger because* ***I've had asthma since I was a child. I remember my nickname was wheezle because I was always wheezing****, I didn't know that those heaters were a major trigger for my asthma – I know now. (I7)*
>
> *No, there is no smell. It is absolutely wonderful. My carers were the first ones to notice it when they had taken everything out and they put the new lining in and cupboards in.* ***My carer said "Oooh the smell is gone" and "I said isn't that great," she said "Yes, it must have been terrible for me."*** *It is so nice to not have it. (I5)*

As suggested in earlier research (Ozarka & Hillyer et al., 2025), imagery and metaphors will be important communicative tools for translating healthy housing concepts and jargon into real language that is meaningful for members of the public.

3.3 How we talk about the process of getting healthier housing

Narrative: Being INVOLVED in the process is key

> *If it is done in cahoots with everyone in the household, or everyone that could be in the household, it's much better system. (I9)*

There was a clear narrative about the importance of being INVOLVED in the process, with a sharp contrast between those who had had good and bad experiences. Those who shared positive experiences raved about the process and how they had been involved in it. People spoke in particular about the merits of clear communication, especially being listened to:

> ***We experienced absolutely no difficulty. When the ball started rolling, it rolled very smoothly.*** *We met the kaimahi who were coming to do the work, the [team of builders], they were just tāne, they were just absolutely fantastic, they were respectful, they were patient with us,* ***they could see what our concerns were and how they could help, which made us feel like, "yeah,***

> ***we're being listened to."*** *They appreciate the stress that we were experiencing with a really compact bathroom, without being able to get our kaumātua in and out of the house safely. Yes, no, they were just a fantastic team to work with. (I8)*
>
> *Really wonderful. [The project manager] came and he sat down with me and told me that he has been brought in to do any changes that needed to be done. He talked about how we manage it (with my condition) and gave me some ideas and it just worked like a dream. Every step of the way, he was managing his team really well. (I5)*
>
> *It was awesome, straight away they were like whānau, the relationship was good. There was a process, they told what they were going to do, what they could do – how the assessment would happen and how long it was going to be. It was really good, the communication was clear. "This is what we are looking at, this is what we can do." Every single thing… they were very clear, very cool. (I7)*

The importance of a good relationship between whānau and the build team members and project managers shone brightly through people's kōrero. People especially remarked on their respectful, approachable attitudes and professional behaviours.

> *It was awesome, straight away they were like whānau, the relationship was good. (I7)*
>
> *[Interviewer: was it difficult for you to be at home during the work?] No, you would think it would be, but* ***they were actually really lovely... They were very respectful, very helpful, they were an absolute pleasure to have around. They were very tidy.*** *They set their workshop up outside of the house on the deck underneath a gazebo and they just came in and out.* ***They laid sheets on the floor so they weren't damaging anything and every night they packed everything up and put it back to how it was during the day.*** *When the cupboards weren't there, they made it possible for me to be able to do things during the day because I have limited mobility. They set up a little bench in the lounge so that I could prepare things in there.* ***Very easy and very nice, lovely people. I found the young ones were very respectful and humble and they always spoke kindly to you, no swear words, no nothing.*** *You can sometimes get that with some tradespeople. They were very good. When the builders were here, they went through and did things that I was happy with. (I5)*

Frame: GATEKEEPERS

Positive experiences were not universal. There were also stories about encountering GATEKEEPERS (people with the power to allow or disallow access to funds) or other obstacles, and stories about the whānau's preferences being overridden. For example:

> *Essentially the OT and I haggled over what was necessary to have in the house.... I gave her a picture with all the measurements of exactly what I had*

had in my previous place, and said, “This is what works for me.” And it's like, "No, we need to try blah, blah." And we try... we tried this, and we tried that. …she said, “You know, you're not the only person with severe spasticity.” And I said, "Well, what do you do for the other ones?" And there was this long pause, and she thought about it, and then she went, "Can I have that picture again with the measurements?" Because... she actually had done a pause and thought, "Actually, we don't do good for them." (I2)

*That can be quite a frustration for people where they've got in their head what needs doing, an architect will come along and go, “Oh, you need to do this, this and this,” **and won't really listen to the person that it's impacting in there. Therefore, it's not done right.** (I9)*

*ACC paid for an accessible kitchen and no, well... they threw a lot of money at making a better ramp, making another means of egress in the event of fire, and modifying the kitchen and the bathroom, but **the process was such that subsequently... what I found was I wasn't listened to in the process, because the gatekeeper was the OT and I then hired people to [redo the kitchen and bathroom in accordance with needs].** (I2)*

*Home is a place where we should feel safe, secure and supported but **our current landlord has declined for us to have Enable funded safety modifications** completed. (S5)*

There is this weird assumption that [housing support services] know better. And that they should decide what options we choose – or they go the other way and are actually unhelpful as it needs to be ‘our choice’. (G10)

Power dynamics can interfere with whānau’s abilities to acquire the modifications they need, even when these are funded. This leads to poor outcomes and undignified treatment of people who live in these homes. For example, it could mean being forced to accept temporary or partial measures that may not fully meet your needs, but are at least an improvement:

So that was the extent of supports outside of my own resource... and as I say, it was only being minimum, but in the end, when they walked away, I could at least get in my house, I could at least open the front door, I could at least get through into my bathroom. I could at least turn a couple of lights on and off, and then I guess from there, it was survival for a couple of years, because my financial resources were very limited. (I1)

Implicit in statements such as this are the power dynamics that underlie housing improvement — particularly for those who require subsidised support to make these changes.

Narrative: The constant STRUGGLE

*As I've got more impaired, I can't make do with something that I've rigged up, and so **I will endure the process to get** [necessary modifications], because it was **a fairly convoluted process** in the previous house I moved into, and*

> ***the mods for that took two years*** *from the inception to the commencement of the build, and that was [over 10 years ago]. But prior to that, it was just like* ***I can't stand dealing with the bureaucracy.*** *(I2)*

This narrative was found specifically amongst interviewees with a lived experience of disability, either for themselves or a loved one. It arose mostly to frame the process of acquiring support, but it was also observed in framing the relationship with their house, mortgage, or occasionally their health. It sounds like words indicating difficulty, perseverance, pain, and risk or danger:

> *It's* ***very, very hard,*** *just going through the website. (I2)*
>
> *Me being* ***persistent*** *will get [modifications] (I9)*
>
> *Make everyone in the household* ***suffer*** *(I9)*
>
> *We* ***struggled*** *to be able to reach certain areas… (I8; carer of kaumātua)*
>
> *My fear was…* ***drowning*** *myself in mortgage debt (I1)*
>
> *It was* ***survival*** *for a couple of years (I1)*

People also conveyed an arduous process without using any of those words, for example by describing the many steps or barriers they were required to overcome:

> *So I had to go through the process, through the application, through the assessment, through working with an OT, through dealing with the people sent to do the work. (I1)*

The STRUGGLE frame was also reflected in a BATTLE metaphor. This metaphor was used to describe an adversarial engagement with support systems, their health, or with their home, for example:

> *It's a bit of a* ***mind battle*** *as well (I9)*
>
> *It's been a bit of a* ***mission*** *(I9)*
>
> *Colds are my* ***enemy*** *(I9)*
>
> ***Attack*** *this as a project of one (I1)*

While the BATTLE metaphor sounds negative, indicating a difficult and arduous experience with implications of fear and danger, it also puts the speaker in a position of strength. Consider the following example, in which the interviewee tells a short story about how they overcame difficulties:

> ***When I first looked at it, I was hesitant, because all I could see was work,*** *you know, the kitchen, the bathroom, everywhere. But I started with approaching the support funding at the time,* ***after a fight*** *around having to prove [eligibility]....* ***So, I won that fight. I did get some support.*** *(I1)*

The BATTLE metaphor incorporates many aspects of the STRUGGLE frame but also allows the speaker to frame themselves as a battler, a fighter, or even a winner rather than a passive actor or victim of difficult systems.

Narrative: Ownership means freedom

Having my own home meant that I had the kind of house I needed with the facilities I need. (S31)

We own our own home so the choice on where we are as a family has been ***fully in our control.*** *(S115)*

Among participants from the disabled communities, homeownership was seen as the best or only way to acquire the modifications they need. Consider this exchange:

> *I guess the change from [self-funded] and the ACC process is kind of, I was a passenger. I mean, I really do believe he who pays the piper calls the tune. [Interviewer: Because you were paying versus ACC.] And there wasn't an OT ACC project manager, architectural drafts person, they weren't all these things. And then [a] person has to come and check that it was just me and as one individual. [Interviewer: You had autonomy, and not gatekeepers.] Because, I mean, just the sheer number of kind of different steps, because for ACC also has their internal approval processes that take time… It's all going to take a lot of time. (I2)*

As seen here, homeownership is seen as a factor that enables the interviewee to create an accessible living environment – circumventing bureaucratic gatekeepers and systemic limitations and making their own modifications as they like them.

However, while homeownership was seen as enabling people's freedom, it came with conditions. Many people talked about taking on additional mortgage debt in order to afford the work. This was seen as a necessary evil – while it enabled their home to be accessible, the additional borrowing contributed to their overall struggles (for more, see STRUGGLE, page 23), or limited the ideal scope of modifications.

> *With all the money I was borrowing, I can tell you now that after 25 years of being here, I owe more on my mortgage now than I did when I first bought the place, and that's all been around borrowing to improve my home. (I1)*
>
> *It's too easy to get yourself into debt… at the moment, they're throwing out [bank] loans... of 2.5% if you're going to do some alterations and stuff. And it'll be easy to say, "oh, okay, I'll go get some more." But before you know, it, suddenly your equity or the way banks look at you [changes].* ***You know it all weighs you down.*** *(I1)*
>
> *It will come to a crunch where it's either I have to look at getting a second mortgage to fund that for myself, or hopefully, you know, me being persistent [with funding body] will get it. (I9)*

Therefore, while it may appear that ownership comes with freedom to build and modify your home without waiting for approval from gatekeepers, that freedom does not come without strings attached.

4. Appendices

Appendix 1: Glossary of Māori words used in the text with English translation

Te Reo Māori	English translation
kaimahi	workers
kaumātua	older person
kete	basket
kōrero	speech/ talking
kuia	older woman
mauri	life force/ vital essence
moko/ mokopuna	grandchild
papakāinga	original home
tane	men
wairua	spirituality/ mental and spiritual wellbeing
whānau	(extended) family/ families
whare	house/ home
wharepaku	toilet

Appendix 2: Methods

We took a two-phased approach, with both phases collecting qualitative comments from people with personal experiences of healthier housing. The first phase involved collecting previously published comments from academic and grey literature sources and analysing these using reflexive thematic analysis. In the second phase, we collected original data by conducting nine interviews; this was supplemented by survey responses collected as part of the housing-related research project '*Flourishing Together: including tāngata whaikaha Māori and disabled people in health policy development'*. The second phase built on the first phase, providing an analysis of narratives and frames that permeated the kōrero of people with lived experience of healthy housing transitions.

Though they had different data collection methods, both phases had similar data types and both endeavoured to answer the same research questions:

1. How do people describe the shift from an 'unhealthy' to a 'healthier' housing situation (in their own words)?
2. What key ideas and values recur among these stories?
3. How can a clearer understanding of how people talk about their experiences help us to better communicate for change?
4. What stories and voices are missing from this picture?

The rest of this appendix provides more detail about how these research phases were conducted.

Phase 1: Literature Review

Resource collection was guided by the Executive Officer WRHHG as project lead, and Rachel Dohig as Research Assistant, drawing on the existing Decent Homes Communicators Community of Practice and membership of WRHHG. The literature search was conducted iteratively: first, nominated materials from WRHHG members (such as public access stories, evaluations of intervention programmes, and academic publications) were gathered and analysed using Reflexive Thematic Analysis[3] to form early codes and themes. This wave was then followed by selection of additional data sources (materials gathered in a structured database search (Google Scholar), raw data from partner organisations, and media publications), which supplemented the earlier thematic coding.

Due to an emphasis on language, values, and experience, the literature review only considered qualitative data that features direct quotes or descriptions from those who have experience of healthier living environments.

[3] Reflexive Thematic Analysis is a method for coding and analysing data to find recurring ideas and patterns within the dataset. In brief, this involves reading sources line-by-line and assigning a short name, or 'code', to summarise that data excerpt. As the researcher begins to establish common ideas or determines where content diverges between sources the codes become more complex. The final stage, theme development, refers to the grouping of codes under a higher-level idea or theme (Braun & Clarke, 2014; Clarke & Braun, 2017).

Summary of the Literature

Due to the literature available some voices featured more heavily than others. Notably, 12 of the 25 articles included individuals whose houses had undergone Healthy Homes Initiative (HHI) funded repairs. This public scheme has been running since 2013 for select families and now targets households with a child 0-5 years of age who has been hospitalised with housing-related illness (Te Whatu Ora, 2025).

Though an important group to include in this review, due to strict eligibility criteria for receiving these interventions, these voices reflect the experiences of a specific cohort. There are a number of key groups, including homeowners, whose voices are poorly represented in the current literature.

It is important also to bear in mind that although we focused on the voices of lived experience (analysing only first, and occasionally second, person quotes) the use of these in the original literature were mediated by authors, publishers and other parties. All language is framed, and these quotes would have been chosen to reflect a particular idea or topic relevant to the original publication.

TABLE 1: SUMMARY OF LITERATURE INCLUDED IN PHASE 1:

Source	**Number of documents included**
Academic publication	4
Non-Government Report	5
Government Report	3
Housing Advocacy organisation material: Online written publication Video content	 6 6
Raw data	2
Total included	**26**

Phase 2: Original data collection

For this analysis, four interviewers as well as operational staff from three organisations collaborated to identify and engage interview participants conducted nine interviews. These included two organisations that deliver healthy housing interventions – Tū Kotahi Māori Asthma and Research Trust, and Habitat for Humanity Northern. Participants were recruited from people who had received healthy housing support in the past. The third cohort were people who had been co-participants in an earlier research project '*Flourishing Together: including tāngata whaikaha Māori and disabled people in health policy development*' undertaken by the Ōtākou Whakaihu Waka, University of Otago.

The interviews ranged from 10 to 60 minutes long and followed the same semi-structured interview guide, which asked about their home and who lives in it with them, any renovations that had been made and the process of acquiring them, and their experience of the home.

The interviewees were recruited from three cohorts, with 6 having experienced a healthy housing intervention by a provider NGO. The other 3 interviewees were from a group of disabled people who may have funded modifications themselves, via support from ACC or a governmental organisation, or a combination of these.

Collectively, the interviewees included in Phase 2 came from the length of Aotearoa – including Northland, Auckland, Wellington region, and Otago. At least 4 of the interviewees were disabled people and others had disabled members of their households. Interviewer ethnicities included Pakehā, Māori, Pasifika and other.

The majority of the interviewees owned the home they lived in. This is important to note in context of our focus on decent homes, as we know that statistically, people who live in rental homes are more likely to experience unhealthy homes.

Flourishing Together survey responses

To enrich the data and ensure saturation, we augmented the interview data with qualitative responses to the earlier *Flourishing Together* survey, from participants who had agreed to allow their responses to be re-used for other research projects.

There were 291 responses from 132 survey participants. The survey questions covered a wider range of experiences with the housing system, and so we limited data collection to the three most relevant items:

- Q1: Connecting & sharing our stories We would like you to introduce yourself and tell us what home means to you.
- Q2: What has worked for you & your whānau? Are you able to tell us the story of a time when things worked well, and you experienced choice and control around your housing and home?
- Q10: What do you hope for? What are the things that you hope for, so that your home truly meets your needs and preferences?

A sample of 100 responses was taken using a randomisation method, which ensured both even distribution of responses to all three questions, and prevented duplication of survey participants.

Analysis

Participant comments from the verbal interviews were coded iteratively by the Phase 2 Research Assistant in three phases, which enabled the development of robust codes and themes. These codes and themes were then classified into narratives and frames. Finally, survey comments were coded in a confirmatory manner, supplementing the codes from the verbal interviews.

Appendix 3: Quote notation

Quotes are uniquely attributed by the data type and a randomly generated number, as follows:

- A = Academic, peer-reviewed journal articles from the literature review
- G = Grey literature, including government reports, programme evaluations, advocacy material, and unpublished raw data.
- I = Interview comments from original data collection for this project
- S = Survey comments collected for an earlier research project

Note that the literature review attributions refer to sources not individuals; therefore, the same note may refer to quotes from different individuals.

TABLE 2: DEFINITIONS OF QUOTE NOTATIONS FOR LITERATURE REVIEW SOURCES

In text notation	Short citation
A1	(Chisholm et al., 2024)
G1	(Habitat for Humanity, 2025a)
G2	(Habitat for Humanity, 2024b)
G3	(Habitat for Humanity New Zealand, 2025a)
G4	(Habitat for Humanity, 2026)
G5	(Habitat for Humanity, 2025b)
G6	(Habitat for Humanity, 2024a)
G7	(Pierse et al., 2022)
G8	(Habitat for Humanity New Zealand, 2025b)
G9	(Habitat for Humanity Northern Region, 2023)
G10	(Hua Tahi Research Group, 2025)

Appendix 4: References

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