

Housing as a social determinant of health: evidence from the Housing through Social Enterprise study

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University for the Common Good



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Executive summary

Housing is a key driver of public health. Existing evidence clearly demonstrates the ways in which health is damaged by homelessness and by living in poor quality housing. However, the routes from housing to health and wellbeing are wider and more complex than the negative effects of problems with housing. Housing as ‘home’ is not just a physical shelter, but also a foundation for social, psychological and cultural wellbeing. Hence, it is important to understand how houses become homes for the people that live in them and the ways in which housing organisations can affect this process.

This report summarises findings from the Housing through Social Enterprise study. The project followed a group of new tenants from three different housing organisations to examine the health and wellbeing impacts of different approaches to housing provision across the social and private rented sectors. We interviewed more than 70 tenants at three points over the first year of their tenancy, to explore how they felt about their housing situation and their local neighbourhood, and to measure changes in their health and wellbeing. The key findings of this research are:

- *Tenants’ health and wellbeing generally improved over the first year of their tenancy, across all three housing organisations.*
- *A strong relationship with a named member of staff, who respected them and understood their particular needs, history and situation, was important to tenants.*
- *A good quality property was one that was efficient and free from obvious physical defects, but also well decorated, comfortable and homely. Condition on move-in day was especially important.*
- *Tenants varied in terms of how much they wanted to improve or customise a property to their own tastes and whether they had the capacity, permission or resources to do so.*
- *Financial challenges were particularly acute at the start of a new tenancy. Some tenants struggled to recover from this because of ongoing high or unexpected expenses, many of which were related to their properties or tenancies.*
- *Tenants valued a sense of safety, friendliness and amenities, and having social support networks in their local area.*
- *Tenants’ neighbourhood priorities depended on their personal circumstances, characteristics and prior experience. Ultimately, having a choice in where they would live was the most important aspect for tenants.*
- *Many of the mechanisms linking housing to health and wellbeing operate through tenants being able to establish a sense of ‘home’ in their new tenancy.*

These findings raise a number of issues for debate and discussion among housing and public health professionals, as well as tenants’ organisations.

Introduction

Glasgow's housing tenure mix has undergone a series of shifts over the last 50 years. In the post-war period, the dominant private rented sector was substantially replaced by a burgeoning social rented sector. During the 1980s, this social rented sector was heavily eroded by growing owner occupation through the Right to Buy scheme. In the most recent 10-15 years, stagnating home ownership levels and continued shrinkage of the social rented sector have been accompanied by substantial growth in the private rented sector. This, combined with economic changes and welfare policies, has impacted significantly on the ability of vulnerable and low-income households to access adequate housing. There is, in particular, an undersupply of social housing across the city¹, leading to a growth in use of the private rented sector by low-income households. This raises concerns around the accessibility, quality, choice and cost of housing for such tenants and the impacts this may be having on health.

This research sought to explore the role of social enterprises in enhancing the housing options available to low-income and otherwise vulnerable households, whether in the private or social rented sector. While the definition of 'social enterprise' is somewhat contested, they are fundamentally organisations that: draw at least some of their income from trading; and reinvest financial surpluses in the company or the community, in line with a social mission. This definition therefore encompasses Housing Associations (now Glasgow's predominant social housing providers), housing and homelessness charities with a trading function, and private housing providers with a social mission.

The project followed a cohort of new tenants from three different housing providers working in West Central Scotland, exploring changes in health, wellbeing and housing experience over the first year of their tenancy. This report describes the findings from this research project, examining what the data can tell us about the links between housing and health, and the opportunities for different types of housing organisation to generate improvements in health and wellbeing for their tenants. It is part of the CommonHealth research programme (see Box 1) and explores the health impacts of social enterprises working in the housing and homelessness sector.

Box 1: The CommonHealth research programme

CommonHealth was a five-year research programme (2014-18) jointly funded by the Economic and Social Research Council and the Medical Research Council, which aimed to examine the potential of social enterprises to generate public health impacts. The research was conducted by Glasgow Caledonian University, the University of Stirling, the University of Glasgow, the University of the Highlands and Islands and Robert Gordon University, working through eight distinct projects, each of which involved partnerships with social enterprises.

The programme focused on the potential health impacts of a wide range of social enterprises, not just those that explicitly deliver 'health' services. This project, Housing through Social Enterprise, is the seventh project in the series. It was delivered by the University of Stirling and the Glasgow Centre for Population Health.

The definition of 'health' being used by CommonHealth was deliberately broad, encompassing mental wellbeing and physical health outcomes, as well as considering the factors which are known to have a deep impact on health. More information about CommonHealth is available on the programme website: www.commonhealth.uk.

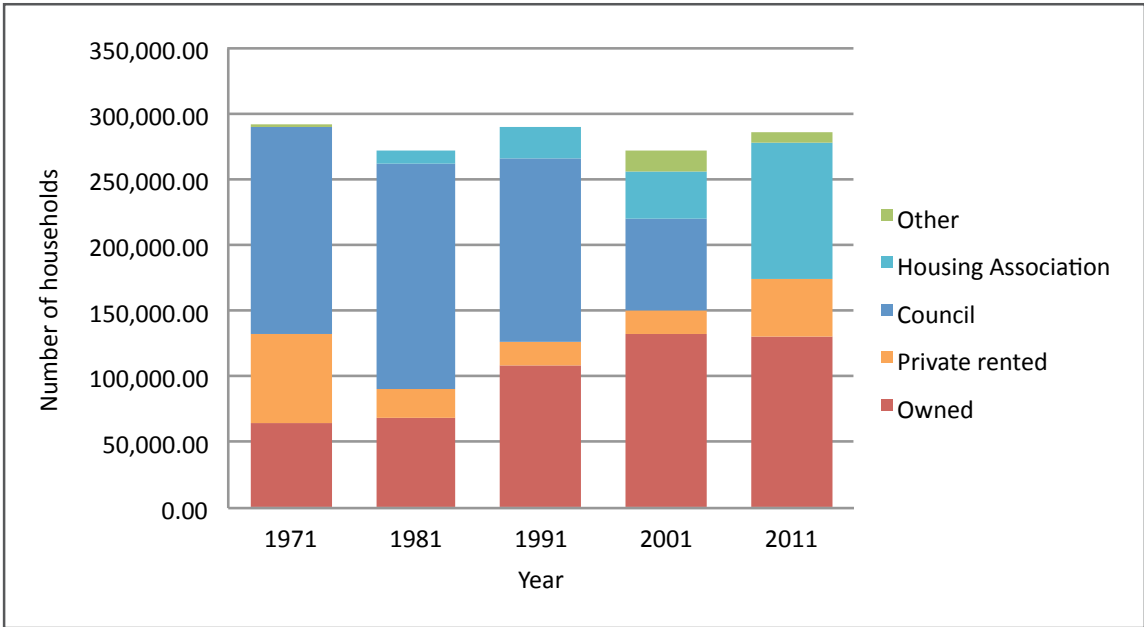
The context - housing, health and social enterprise

A detailed analysis of the context for the research was set out in our earlier briefing paper, which is available on the GCPH website¹. This section provides a much shorter summary of the context in relation to housing need in Glasgow, the links between housing and health, and the potential role of social enterprise.

Housing need in Glasgow

The tenure mix in Glasgow has shifted radically in the past four decades. After substantial post-war growth in Council housing, the impacts of Right to Buy, Stock Transfer and the global financial crisis have significantly altered the balance between owner-occupation, social housing and the private rented sector (see Figure 1).

Figure 1: Housing tenure in Glasgow 1971-2011².



These changes have led to concerns about the increasing numbers of vulnerable and low-income households in the private rented sector (PRS)³, and their potential exposure to poor quality, insecure housing. Alongside this, the overall gap in the supply of affordable housing⁴ and falling social housing stock creates affordability issues^{5,6} and challenges for local authorities in providing housing to people who are homeless or at risk of homelessness. In response to these issues, the Scottish Government have introduced a target for the Affordable Housing Supply Programme⁷ of 50,000 homes over the period 2016-2021, of which 35,000 will be for social rent, as well as a range of new regulations designed to improve tenants' access to and experience in the PRS.

In addition, across both rented sectors, changes to the benefit system over the past decade have exacerbated problems with access, affordability and security. Reductions in the real value of Housing Benefit, growth in benefit sanctions, the extension of the Shared Accommodation Rate of the Local Housing Allowance, and the Spare Room Subsidy (also known as the 'bedroom tax') have all created challenges for low-income households in accessing and maintaining tenancies. Moreover, the introduction of Universal Credit (UC) is anticipated to increase the risk of arrears for low-income and vulnerable households, with long delays in the application process for those moving from existing benefits to UC and the housing element of UC potentially being paid direct to individuals rather than to landlords.

Housing and health: existing evidence

The relationship between being well housed and wellbeing is a positive one and, conversely, homelessness or housing problems have negative health effects. However, causal pathways are often two-way and complex in their operation, and often interlaced with the negative health impacts of poverty, so there is a clear need for careful research to examine the links between housing and health. The existing evidence base highlights a number of specific connections:

- Homelessness is bad for physical and mental health, particularly in its more acute forms, such as rough sleeping⁸⁻¹¹.
- Poor physical housing quality is bad for physical health, particularly where homes are damp, mouldy, cold or expose residents to toxins¹²⁻¹⁶.
- Poor physical housing quality is also bad for mental health, particularly when homes are cold, overcrowded, damp or mouldy^{13,14,16,17}.
- There is not much evidence that different tenures are better or worse for health, although insecurity of tenure does appear to be bad for mental and physical health^{18,19}.

Importantly, there is not much evidence regarding the potential effects on health and wellbeing of different models of housing provision. However, there is a hypothesis that housing which feels like 'home' can generate psycho-social benefits^{20,21}. As such, there is a need for further research into the ways in which different approaches to housing provision may help or hinder people in establishing a sense of 'home' and, crucially, the ways in which this impacts on physical and mental health.

The potential role of social enterprise

The definition of social enterprise is much debated²² but, in the UK at least, there is a reasonable degree of consensus around a broad definition that includes four key characteristics or principles that distinguish social enterprises from private sector, public sector or other voluntary sector organisations:

- Trading – social enterprises obtain a substantial proportion of their income from trading.
- Not-for-profit – social enterprises reinvest any surplus income in the business.
- Social purpose – social enterprises have a social mission, rather than just a profit motive.
- Asset lock – social enterprises do not pass their assets to owners or shareholders.

While there are potential tensions between business and social goals²³⁻²⁵, by focusing on their social mission and reinvesting any surplus, social enterprises may be able to prioritise the needs of tenants in a way that other housing providers cannot. Thus social enterprises may, in theory at least, be able to address housing need and create positive impacts on tenants' health and wellbeing.

Aims

The main aim of the research was to examine the ways in which social enterprises operating in the housing sector impact on the health and wellbeing of their vulnerable and low-income tenants. Within this, the study attempted to address a number of research questions:

- What housing outcomes are delivered for low-income vulnerable households by social enterprises?
- What health outcomes are delivered for tenants as a consequence of these housing outcomes?
- How are these housing and health outcomes delivered?
- What contextual factors influence the outcomes, including tenant characteristics (e.g. gender, age, ethnicity, disability, etc) and circumstances (e.g. in/out of work, living alone, raising children, etc)?
- What role do the specific characteristics of social enterprises play in generating housing and health outcomes?

Research methods

The study worked with three very different housing providers in order to explore a variety of approaches across the social and private rented sectors. The aim was not to compare these three organisations, but to investigate which elements of each organisation's approach worked best for different groups of tenants in different circumstances. Figure 2 below outlines the participating organisations.

Figure 2: Organisations participating in this research.

Organisations participating in this research



Established in 2013, Homes for Good comprises two distinct but financially interdependent commercial entities: a not-for-profit letting agency; and a property-owning company.

It aims to provide a high-quality tenancy experience for vulnerable households, who would otherwise struggle to access good quality accommodation in the private rented sector and/or have to wait a long time for housing in the social rented sector.

NG Homes is a Housing Association (formerly known as North Glasgow Housing Association) providing social rented housing across a substantial part of North Glasgow. Following second-stage stock transfer from Glasgow Housing Association, it is now one of the largest community-based Housing Associations.

As well as housing, NG Homes provides a range of community regeneration activities and operates an employment and training subsidiary, ng2.



Y People is a charity providing 17 distinct services across six Scottish local authorities. This research project works with two of its services – the Glasgow Key Fund and the South Lanarkshire Rent Deposit Service.

Both support vulnerable households who cannot afford a deposit to access a property in the private rented sector. Tenants are supported to pay their deposit in instalments during the first year of their tenancy and landlords are guaranteed payment in case of default.

The study followed a cohort of new tenants from each organisation over the first year of their tenancy, collecting data through semi-structured interviews at three time points:

- Wave 1 – telephone interview at the start of their tenancy.
- Wave 2 – face-to-face interview at 2-4 months into their tenancy.
- Wave 3 – face-to-face interview at 9-12 months into their tenancy.

The key health and wellbeing outcome measures were:

- Tenants’ self-rated change in health and wellbeing at waves 2 and 3, compared with their pre-tenancy situation.
- The World Health Organization’s 5-point wellbeing scale (WHO5), which was gathered at each interview as a static measure of health and wellbeing²⁶.

Alongside these, a range of quantitative and qualitative data was collected on different aspects of tenants’ housing experience (e.g. satisfaction with housing organisation, property quality, rating of neighbourhood, etc), their financial situation and demographics.

Table 1 shows the number of participating tenants at each stage of the research.

Table 1 – Numbers of participating tenants at each wave.

Organisation	Wave 1	Wave 2	Wave 3
NG Homes	56	33	23
Homes for Good	50	34	17
Y People Rent Deposit Schemes	15	8	5
Total	121	75	45

Participants were almost exclusively low-income and/or vulnerable tenants, as would be expected given the nature of the housing organisations involved. Nearly 80% of the participants were living in ‘severe poverty’²⁷, with incomes below 50% of the UK median, despite 41% being in employment. Just under 30% of participants were disabled, and 25% were entering their tenancies directly from a situation of homelessness¹.

¹ These figures relate to the wave 2 sample, but the proportions are very similar across all three waves.

The tenant interviews were designed to collect data on housing and health outcomes, as well as exploring tenants’ perspectives on their housing experiences and the impact of the approach taken by their housing organisation (in providing housing and working with tenants). More specifically, the interview schedule was developed to examine potential mechanisms linking aspects of housing experience to health and wellbeing outcomes, which had been hypothesised from scoping interviews with staff from the participant organisations. These mechanisms are outlined in Table 2.

Table 2. Possible mechanisms linking housing to health and wellbeing outcomes.

Mechanism	Contextual factors
A positive and person-centred relationship with their housing provider reduces stress and provides tenants with a secure base from which to exercise autonomy	Security of tenure (legal status of tenancy, attitude of landlord) Tenancy support Responsiveness of landlord to problems Expectations, situation and capacity of tenant to manage their tenancy
Quality housing provides tenants with a comfortable space in which to relax and a sense of status	Level of investment in property prior to tenancy Capacity of tenant (financial, physical, skill) to undertake improvements
Affordable housing reduces financial stress and frees up income for other expenditure	Rent levels Income levels Benefits system (especially changes) Landlord response to financial issues
Suitable neighbourhood environment and supportive social/community networks around the housing location reduce stress and increase opportunities for socialisation	Community development activities of landlord/tenants Opportunities for choice of neighbourhood Existing networks of tenants Tenancy support

Interviews and focus groups were also carried out with staff of the participant organisations at the end of the research, in order to further explore the ways in which each organisation’s values, structure and approach influenced the outcomes for tenants evidenced throughout the project.

Research findings

Interviews with tenants provided a detailed picture of the changes in their housing situations, their health and their wellbeing over the first year of their tenancies. Taken together, they show the overall pattern of outcomes in tenants' lives, and illuminate a number of underlying causal pathways from housing to health. This section looks first at the central outcome of tenants' health and wellbeing before moving on to consider each of the four aspects of housing experience outlined above in Table 2, and their contribution to health for tenants in this study.

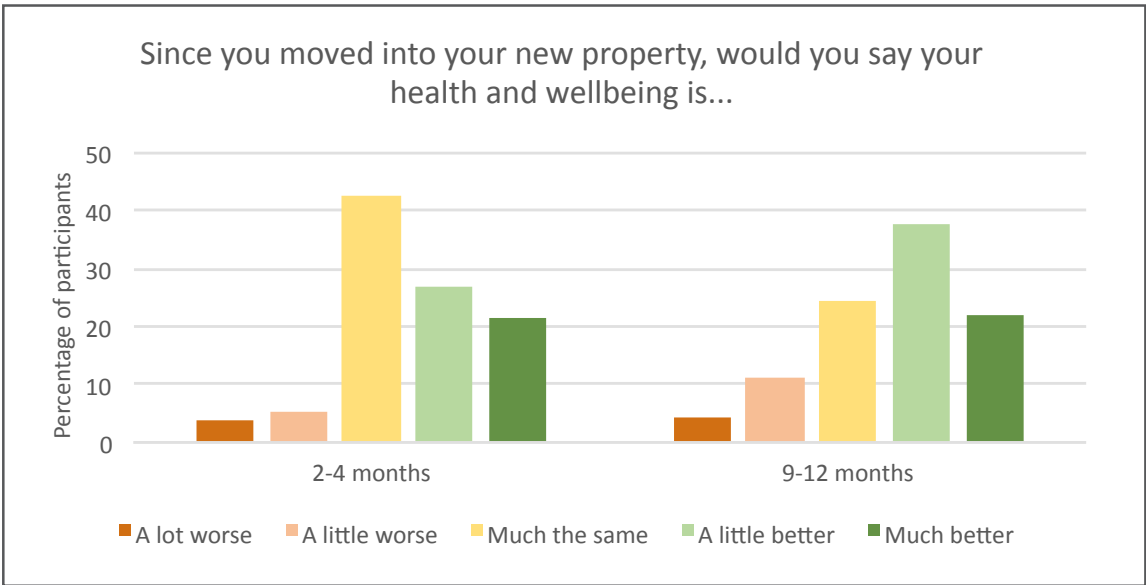
Impact on health and wellbeing

Key findings:

- Tenants' health and wellbeing generally improved over the first year of their tenancy, across all three participant organisations.
- Where tenants' relationships with their housing provider, their property quality and their rating of their neighbourhood were positive, their self-rated health and wellbeing tended to improve. The opposite was also true.
- The relationship between tenants' ability to cope financially and their self-rated health and wellbeing was less clear from the quantitative data.

Tenants were asked to rate the change in their health and wellbeing since the start of their tenancy, 2-4 months and 9-12 months after it began. Figure 3 summarises this data and shows a general picture of improving health and wellbeing. Notably, the improvement seems to increase over time, which suggests that the change is more than a simple and immediate impact of a new dwelling, and may be partly driven by the longer-term benefits that come with tenants fully settling into their new home. Some research suggests that there may be an 'adaptation effect'²⁸ in the impact of housing on health, in that as people get used to their new housing over time, any improvement in their housing situation becomes a 'new normal'. This is theorised to reduce the impact of new and improved housing over time. Contrary to this hypothesis, this data suggests that these housing organisations are seeing a growing impact of new tenancies on tenants' health and wellbeing, at least over the first year.

Figure 3: Health and wellbeing change from start of tenancy.



The data from the WHO5 wellbeing scale shows a very similar pattern, as shown in Figure 4, which shows the change in this scale at 2-4 months and 9-12 months into the tenancy, by comparison with tenants’ score before the start of their tenancyⁱⁱ. Again, the data suggests that the impact on tenants’ wellbeing increases over the first year of their tenancy, rather than tailing off as they adapt to their new housing situation.

ⁱⁱ Not all participants completed the WHO5 questionnaire before the start of their tenancy. This data relates only to those who did complete it at this point.

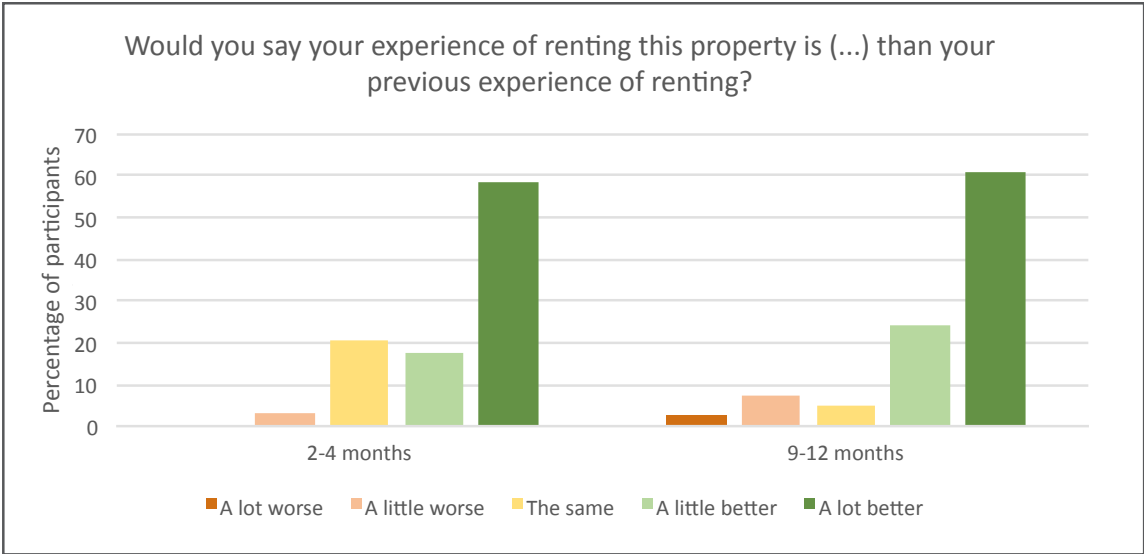
Figure 4: Change in WHO5 wellbeing score from start of tenancy.



A similar pattern of improving health and wellbeing can be seen for the tenants of each participant organisation when they are analysed separately.

Alongside the picture of improving health and wellbeing, the data also show that, overall, tenants viewed their new tenancy very positively by comparison with previous experiences of renting, as summarised in Figure 5 below.

Figure 5: Change in overall renting experience from previous housing.



Again, this pattern of improvement suggests that the housing organisations were enabling positive changes in the lives of their tenants that increased over the longer term.

In order to better understand how and why this might be the case, we used statistical analysisⁱⁱⁱ to look at the relationship between changes in different aspects of tenants' housing experiences and changes in their health and wellbeing. As the summary in Table 3^{iv} shows, there are significant correlations relating to three of the four pathways outlined in Table 2. This suggests that tenants' relationships with their housing provider, the quality of their housing and the neighbourhood in which they live are all potential avenues on the pathway from housing to health.

ⁱⁱⁱ Bivariate tests, using Spearman's Rho for non-parametric data. Sample size is too small for multiple regression analysis, but these tests provide an indication of potential relationships for further analysis through the qualitative data.

^{iv} Table 3 shows the tests for correlations between change in the housing outcome variables after 2-4 months of the tenancy and tenants' self-rated change in health and wellbeing. Additional tests which were carried out on change at 9-12 months and with respect to a static wellbeing variable, which showed similar results, but are not reported here for reasons of space.

Table 3. Summary of initial hypothesis tests on quantitative data^v.

Pathway	Hypothesis	Variable	Rho	Significance
Relationships with housing provider	A positive and person-centred relationship with their housing provider reduces stress and provides tenants with a secure base from which to exercise autonomy	Overall satisfaction with housing organisation	0.43	0.001***
		Comparison of current and previous experience of renting	0.38	0.002**
Housing quality	Quality housing provides tenants with a comfortable space in which to relax and a sense of status	Rating of property quality	0.31	0.007**
		Satisfaction with maintenance service	0.46	0.009**
Affordability	Affordable housing reduces financial stress and frees up income for other expenditure	Rating of ability to cope financially over the last few months	0.14	0.2
		Rating of ability to cope with paying rent over the last few months	0.030	0.8
Neighbourhood and social support	Suitable neighbourhood environment and supportive social/community networks around housing location reduce stress and increased opportunities for socialisation	Rating of neighbourhood quality	0.25	0.04*
		Index created from four social support questions	0.28	0.02*

The lack of any apparent relationship between changes in tenants' financial coping and changes in their health and wellbeing over time is also notable, given the importance of affordability in much of the public debate around housing, and the reasons for this will be considered later in this section. The remainder of this section outlines the evidence gathered for each of these four pathways.

^v Significant correlations are indicated using the standard notation - * = significant at 5% level, ** = significant at 1% level, *** = significant at 0.1% level.

Relationships with housing provider

Key findings:

- Tenants in this study were generally very satisfied with their housing provider and this did not change substantially across the first year of their tenancies.
- Where tenants had a good relationship with their housing provider, their self-rated health tended to improve across the first year of their tenancy. The opposite was also true.
- A good relationship with a named member of staff, who respects them and understands their particular needs, history and situation, was important to tenants.

This first pathway considers how tenants feel about their relationship with their housing provider. The quantitative data suggests that, on the whole, tenants were happy with the service they were receiving, as summarised in Figure 6 below. Again, this pattern is consistent across all three organisations.

Figure 6: Tenants’ satisfaction with their housing organisation.



This variable is strongly correlated with a change in health and wellbeing, in that tenants who described a positive relationship with their housing provider were more likely to describe an improvement in their health and wellbeing (and the opposite was also true). Satisfaction with the housing provider is also significantly correlated with the WHO5 wellbeing scale.

This correlation with health and wellbeing is near universal – when the data is broken down by organisation, gender, age, or other socio-demographic characteristics, this relationship still stands. This suggests that there may be an impact on health and wellbeing from the quality of the housing service experienced by all tenants, regardless of their personal characteristics or background. The qualitative data suggests there may be a number of aspects of the interactions between housing organisations and their tenants which underlie this impact.

Firstly, tenants highlighted the value of positive relationships with staff. In most instances, this was a reflection of a good personal relationship with a single, named member of staff, although some tenants also made positive comments about the general approachability of staff across the organisation. Where these interactions worked well from the tenant's perspective, they created psycho-social benefits such as increased confidence:

Researcher: So you had the contact with them when you first applied and then did they keep in touch with you?

Tenant: Aye, [Housing Officer] used to text us all the time, or sometimes, as I say, she would phone my sister. She didn't have my number the first month and she would phone my sister and my sister would phone me... And I phoned her and she always kept me in touch, kept me up to speed with what was happening. Aye, as I say, she's a lovely lassie... And as I say, any time I've been in contact over the phone I've always got a response. It's never, "sorry, oh, you need to wait on so-and-so", because every time I've been in contact with anybody I've always got dealt with that same day. So that's what I like about it. They're up to speed with you, you know what I mean? I like that sort of side to it.

Researcher: And would you say that that kind of treatment has had any impact on you?

Tenant: Oh, without a doubt, aye. I'm actually now confident to go and speak to people like that now, whereas... I don't know if I told you this the last time... I would get my sister to phone anything for me; now I'm quite confident to speak to these people there, aye.

Beyond the basics of approachability, friendliness and regular communication, tenants also noted the importance of interactions with the housing organisation being tailored to their specific needs. For some, this might mean particular types of small, but important support:

Researcher: Did they give you quite a lot of help with the paperwork?

Tenant: The housing officer, she actually filled everything in for us which was good, especially with my hands being the way they are as well, so she did all that for us and yeah that was it, it was great.

For others, the ideal relationship was one of minimal interactions:

“So as far as I’m concerned they’ve not hassled me, I’ve not hassled them, perfect arrangement ‘cause in my books no news is definitely good news. I like a quiet life ‘cause I get shit everywhere else [laugh].”

For some tenants with a higher level of need, there was a particular impact on wellbeing when the housing organisation was able to offer support beyond just the housing service. Most tenants who mentioned such additional support did so with a note of surprise, highlighting a contrast with previous experiences from other housing providers in either social or private renting:

“Well I had a bit of contact the first kinda month/two months, but then I did say to him I might not need as much help as what other people might. Other than that, I was in [shopping centre] one day and I went shopping and I kinda overspent a bit and I bumped into him and he said ‘are you walking back?’ and I was like ‘aye’, he goes ‘come on, I’ll give you a lift’, he actually gave me a lift up the road, he actually went out and got me... he took me out and got me a bed sheet, quilt cover and pillows and stuff like that which was amazing, I didn’t actually believe he actually could do that but he done it for me which was really good of him.”

This contrast with previous renting experiences was also emphasised by tenants who described a sense of being treated as a person, rather than simply a source of income for the landlord:

“I mean, the way they... well, the fact that they are looking out for my own wellbeing kind of helps me get through. I mean, money’s stressful, especially when it’s tight. So when you know your landlord is not just, you know, wanting the money through the door every month, he’s actually hoping that you’re okay and you’re able to afford it, it’s reassuring. It helps, you know, keep the stress levels down.”

While these aspects of the tenancy experience were described by tenants as positively affecting their health and wellbeing, some tenants had the opposite experience, with deteriorating health and wellbeing arising from poor interactions with their housing organisation. Again, the nature of the relationship was key, particularly when it failed to take account of tenants' individual circumstances:

"I've just been really frustrated. So, they lifted everything and left us with just bare wood, and put a dust-sheet down. Told me that was only for 48 hours and then tried to leave me a whole weekend. Now, I'm here with [my son], I couldn't let him in the bathroom. I was taking him to my mum's for a bath. And I ended up having to deal with it when I was in my work, and I was crying down the phone. I was like, I'm so stressed out at repeating myself; and different people telling you different stories all the time. So, aye, that's been a horrific experience, the bathroom floor. So, at the start of this I was dealing with one housing officer, but then she left and the new one was yet to be here. So, I don't know if that's maybe made a difference? There's not one person dealing with it."

And such problematic interactions generated a vicious circle in some instances, undermining the tenant's ability to communicate effectively with the housing organisation in future:

"I don't want to speak to them. I hate phoning them, I hate phoning them for anything. I only phone them if it's a real dire emergency that I need to phone them for, because it's just a nightmare, you just always get somebody with a horrible attitude on the phone."

Notably, across both positive and negative examples, the previous experiences and capacity of the tenant was often a central factor in influencing the ways in which these interactions impacted on health and wellbeing in the long term. For some tenants, the housing organisation was clearly filling a gap where the tenant did not have personal or social resources to meet their needs. For others, difficulties in the relationship with their housing organisation could be overcome if the tenant had wider resources to draw upon. For example, the tenant in the quote above was able to call upon support from relatives and other agencies to help in communicating with the housing organisation and dealing with the immediate problem. However, in this instance, this did not negate the negative impact of this poor quality relationship on their health and wellbeing.

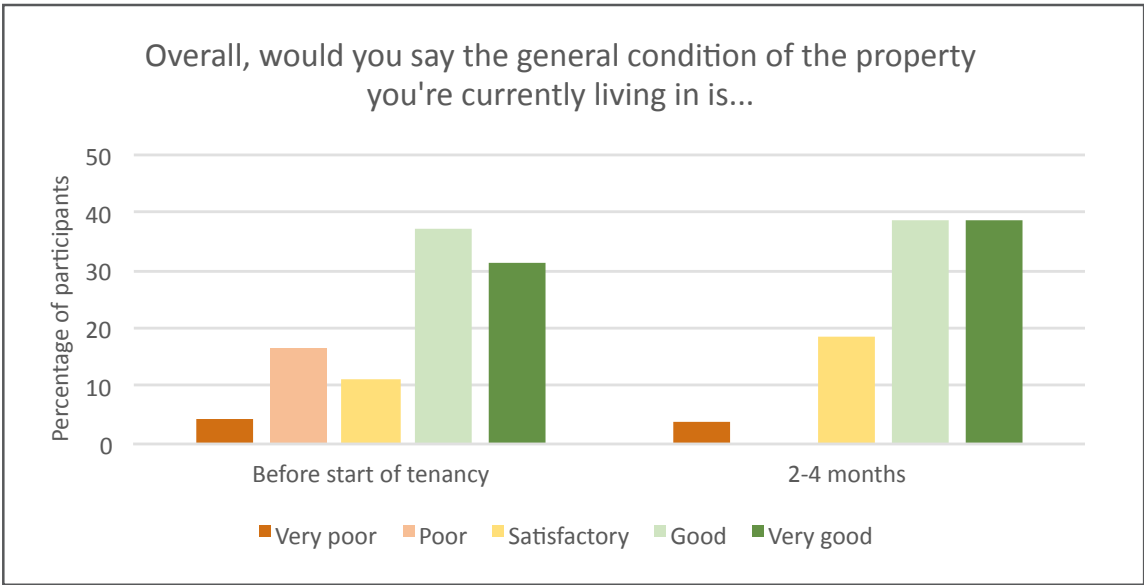
Housing quality

Key findings:

- *Tenants' views on the quality of their property were generally positive and improved over the first year of their tenancy.*
- *Where tenants felt the quality of their property was good, they also tended to describe improvements in their health and wellbeing. The opposite was also true.*
- *A good quality property was one that was efficient and free from obvious physical defects, but also well decorated, comfortable and homely. Condition on move-in day was especially important.*
- *Tenants varied in terms of how much they wanted to improve or customise a property to their own tastes and whether they had the capacity, permission or resources to do so.*

This second pathway describes tenants' experiences of property quality. As shown in Figure 7, the quantitative data suggests that the majority of tenants were pleased with the general condition of their new property and that there was an overall pattern of improvement when compared with tenants' previous housing. Given the existing evidence which links physical housing quality to physical and mental health¹²⁻¹⁴, it is perhaps unsurprising that there is a significant correlation between the change in this variable and change in tenants' health and wellbeing (again, there is also a correlation with the WHO5 wellbeing scale).

Figure 7: Tenant rating of property quality.



In contrast to the data on overall renting experience, however, correlations between a change in property quality and a change in health and wellbeing vary between groups of tenants. For example, there is a significant correlation between property quality and health and wellbeing for female tenants, but not for male tenants, and for younger tenants (under 35), but not for older tenants (over 35). These results need to be treated with some caution, as the numbers within these sub-groups are relatively small, but there does appear to be some variation in how much property quality affects tenants’ health and wellbeing, depending on their circumstances. The qualitative data points to some particular issues around the move-in condition of properties, which are quite distinct from the longer-term issues highlighted in previous research, such as damp, cold and toxins. Moreover, interviews suggested that there were substantial differences among tenants’ *expectations* of property quality in their new property and this may underlie differences in the relationship between property quality and health and wellbeing for different groups.

All tenants described clear expectations regarding minimum standards in their new property, with implications for health and wellbeing where these were not met. Negative effects on physical health arising from property condition were rare, but those tenants who were very dissatisfied with their property reported impacts on their mental health and wellbeing, particularly in situations where they felt that the housing provider was not responding quickly or effectively to their concerns:

“I was asthmatic before and now I just know that I have asthma and allergy, I’m on medications, but anyway my wellbeing, my emotional state is somehow dented. I feel insecure, I feel abandoned, I feel deceived... the property triggered everything and the quality of my life decreased a lot.”

However, expectations of what the minimum move-in condition should actually be varied considerably between tenants. For some, it was very important to move into a property which required minimal work to make it feel homely, particularly where this contrasted with previous negative experiences:

“Aye, top notch standard... basically everything in here apart from this, that and that was all here – couch, table, chair, fridge, everything you see was all here, very, very nicely furnished when I moved in so I didn’t have to do anything to it, just move my stuff in and find a space for it, that’s it.”

[In my previous property] I wasn’t eating well, I wasn’t going outside a lot, so aye it was really, really depressing me, getting me down and having to deal with [my previous letting agent] as well when they weren’t sorting things out as quickly as I would like. Well, leaving somebody two weeks without a boiler, come on! So as soon as I moved in here my mood perked up, I mean, as much as I like the house and I want to stay in it as much as I can, I always want to go outside and go to my friends which is something I never did down there... Really, really depressing my last flat, but here all change, all change.”

By contrast, other tenants were happy with a property which was little more than wind and watertight, as they wanted to redecorate to their own standards and preferences:

Researcher: So it suited you that it was a blank canvas and you could just do what you liked?

Tenant: Yeah of course, of course. I mean, if it wasn’t in good condition for living I would’ve brought my stuff to do it, you know, [laugh] everybody’s trying to save money and time, you know, but when you have to do it, you have to do it, and it turns out to be really good.

Thus tenants expressed a common view that being able to make their property feel like home was important for their wellbeing, although for some this meant putting up a couple of pictures in a well-decorated, furnished property, while for others it meant the opportunity to completely redecorate and furnish the property in their own way. Sectoral differences played a significant role here, since Housing Association properties are generally unfurnished and tenants had much more flexibility to redecorate within the terms of their lease, while PRS properties were often furnished and most landlords placed some restrictions on redecoration, at least for an initial period.

Perhaps more importantly, however, the capacity of tenants and the network of resources they could draw on played a crucial role in determining the effect of property quality on health and wellbeing. Some tenants had little difficulty in cleaning, furnishing or even substantially redecorating their property, because they had their own resources or, more commonly, were able to draw on assistance from friends and family:

Tenant: Well when I came in it was just the sofa, two beds and two wardrobes and a chest of drawers... and I was given that bed from my mate, a lot of my mates and that have gave me stuff as well, like, that unit, the unit in the corner, the table, the bed... my mates all rallied round and that so it was pretty good.

Researcher: And did you have to do much cleaning or anything like that when you moved in?

Tenant: Aye, it wasn't really dirty or anything, you know, it just needed a clean 'cause I think it might have been empty for a wee while, so there was me, my dad, my cousin and my aunt came down one Saturday and blitzed the place.

"I had to put, like, three coats [of paint] on each wall. That's how dirty it was. Five coats on that ceiling. I've got a really good pal that says up the top of the hill and I gave him my spare set of keys and he just came down every morning himself and just done it."

By contrast, other tenants found it much harder to make the changes to their property which would make it feel like home, because they lacked the physical capacity, skills or support from friends or family to undertake the work:

Tenant: Just bare walls, yeah. Well there was wallpaper and that but that got stripped off.

Researcher: Yeah. And I guess that's something you can't easily do yourself.

Tenant: I can't... well I tried but once I go up the ladder, I would feel dizzy and all that. I just couldn't do it anyway.

"The walls in here are pretty bad and at one point I phoned the housing officer and I says to her, listen, I'm going to have to give you that house back. That's far too much work for me. There's all the skirting all missing all the way down. And I says to the housing about it and they're like that, we don't fix that. I'm like, how am I meant to do that myself? Don't even know how to do that... So I've just tried to do as much as I can to it, but it's just annoying 'cause I want it full[y] finished and... I know it's my own issues 'cause I feel dead unsettled and anxiety. So I'm

like that, if I get it homely and might feel settled and that. I still don't feel settled in it. I still can't sleep at night in it myself and that."

While there are clearly differences between tenants, both in terms of their expectations of a property (what they anticipate needing to do at move-in) and their capacity to do work to a property (what they are able to do, with support, at move-in), it remains unclear how these differences align with tenants' gender or age. What is clear is that these issues relate closely to the next pathway around affordability.

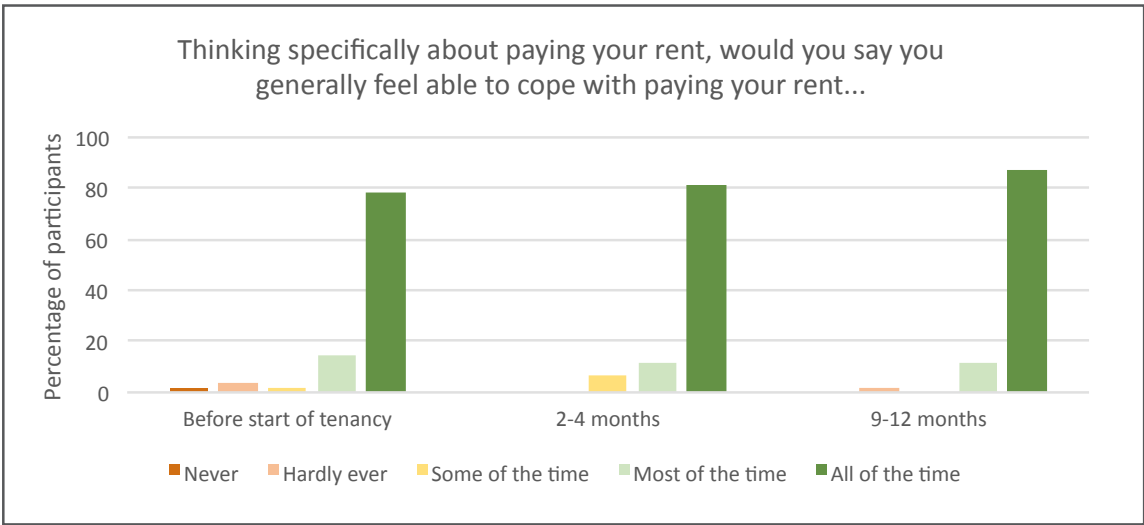
Affordability

Key findings:

- *Tenants' ability to cope with paying their rent and their wider financial situation did not appear to improve (or deteriorate) substantially across the first year of their tenancy. This may be because moving home created a high degree of financial disruption which makes it difficult to see a trend in our data.*
- *Where tenants did describe an improvement in their overall financial situation, their wellbeing also tended to improve. The opposite was also true.*
- *Financial challenges were particularly acute at the start of a new tenancy. Some tenants struggled to recover from this because of ongoing high or unexpected expenses, many of which were related to their properties or tenancies.*

The vast majority of tenants in this study described few or no problems with affording or paying their rent, with little variation over time, as shown in Figure 8. Indeed, more than 70% of participants report no change in their ability to cope with paying their rent by comparison with their previous tenancy. To a large extent, this likely reflects the number of tenants on Housing Benefit, with 39% having their rent entirely covered.

Figure 8: Coping with rent payments.

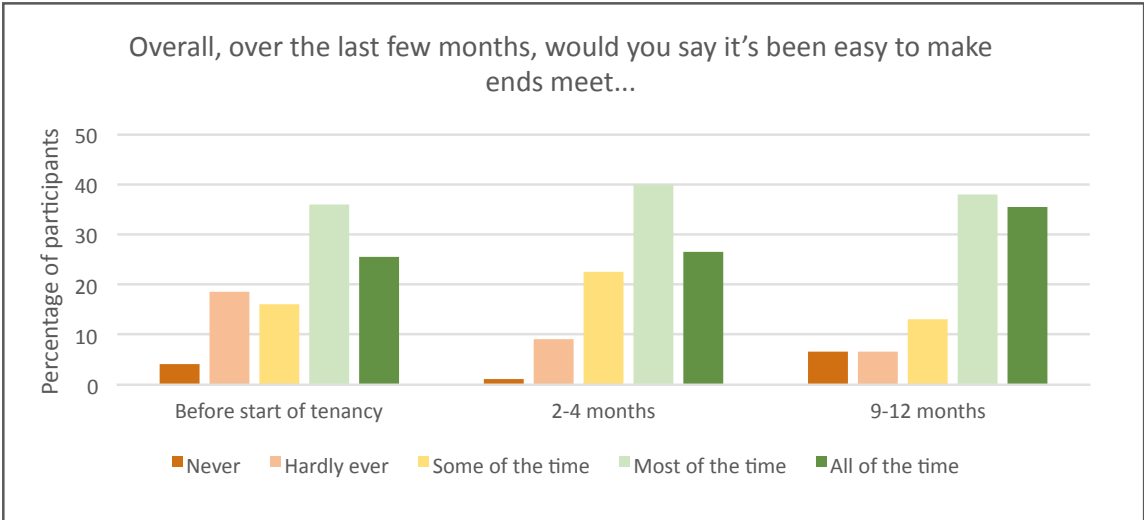


Moreover, the qualitative data suggests that, whether or not they are eligible for (any) Housing Benefit, tenants tend to prioritise rent payments over other expenditure:

“Well my first priority is getting my rent sorted and the second priority comes to having my means of transportation [to place of study], then the third priority comes to be my feeding, my upkeep and the last priority is my bills.”

This, in turn, leads to consideration of the somewhat different picture of tenants’ ability to manage their finances as a whole, illustrated in Figure 9 below.

Figure 9: Overall financial coping.



This measure does not show a strong pattern of improving or deteriorating over time or a correlation with tenants self-rated change in health and wellbeing since the start of their tenancy. However, it does show a strong correlation with the static WHO5 wellbeing measure. Thus, whether or not tenants feel that they are coping financially overall at any given point in time does appear to influence health and wellbeing, although there is not a clear pattern of financial coping or health and wellbeing improving or deteriorating over time.

The qualitative data provides some interesting insights into the ways in which different approaches to housing provision can have an impact on tenants' ability to cope financially. Rent is often seen as the primary financial impact of housing, since it is the largest expense. However, for many of the tenants in this study, rent was much less of an issue than the disruption and unexpected costs of moving and attempting to establish a new home.

For many tenants in receipt of benefits, moving house resulted in financial stress because of the bureaucratic complications of changes to Housing Benefit claims, which often created seemingly mysterious arrears:

“This is what I don’t know with the letters, I don’t know what’s happening, I cannot afford to pay rent... Now they’re saying I owe them £188 or something or £888 or something like that it was, but it was all down to housing benefit, so I need to see if I get them on the phone to get that sorted out with them.”

Moreover, such difficulties with benefit transitions were often exacerbated by changes to the benefit tenants needed to claim, due to ongoing welfare reforms (including the transition to Universal Credit):

“I’ve to get that sorted out still because I’ve went from [one benefit to another], I’ve been trying to get through to them all morning the housing benefit, it’s terrible trying to get through to them, so I says I’ll try near enough closing time ‘cause I might catch them, catch somebody in the office, so I’ll try round about four o’clock to get somebody. But I got that sorted out the last time but now because I’ve went back onto [the first benefit] it’s the same problem again.”

Some tenants also struggled with the cost of utilities, particularly when their new property had prepayment meters, which were relatively expensive and difficult to change:

Researcher: In terms of day-to-day stuff like food and household bills, has that been a struggle or have you been able to manage that alright?

Tenant: No it’s been a bit of a struggle aye, mostly ‘cause I’ve got prepayment meters, so they’re the worst. I did see about getting rid of them but they do a credit check and I thought see I’ve no money

just now, doing a credit check on me just now isn't a good idea so I'll just leave it a wee while and then get rid of them 'cause you're feeding them constantly, you pay a lot more to them than what you do if you were just paying it by bill or direct debit."

In addition to the ongoing costs of rent and utilities, a number of tenants highlighted the additional strain of finding money to furnish or decorate their property, as they attempted to turn it into a home. Clearly this overlaps considerably with the issues regarding property quality outlined in the previous section and varied between the social and private rented sectors in a similar fashion. The situation was particularly difficult for those tenants who had to both furnish and decorate their property, even where the housing organisation provided a degree of financial or in-kind assistance:

Researcher: Okay. And how about things that you might buy less often, like clothes or birthday presents?

Tenant: Well for now, because I'm still focusing on fixing the apartment, it's a bit difficult because when I started paying for this I ordered the curtains then I have little left, but I believe when everything is in place I can start, but for now I've not even started buying any clothes.

For some tenants, the need to make the property feel more like home led them to borrow money in order to improve things quickly, but this inevitably made their financial situation more precarious for a long period of time:

Researcher: So, do you still struggle to budget for day-to-day things [10 months into this tenancy]?

Tenant: I think, if anything, a wee bit worse to be honest, because I've took out a loan and stuff, to try and decorate the house. So that's another expense that's coming off my money, that's made it really much harder.

Thus, while tenants' health and wellbeing was largely unaffected by rent in itself, the complications of moving house created considerable financial stress for a significant number. Where tenants had financial and other support to settle into a property (moving, getting benefits in order, setting up utilities, decorating, furnishing and so on) from family and friends, and from their landlord, this transition tended to be much smoother and create less of a negative impact on their ability to cope financially over the longer term. This, in turn, reduced the negative impact of the financial turmoil created by moving, both in terms of the depth of the problems tenants experienced and the time it took to resolve them.

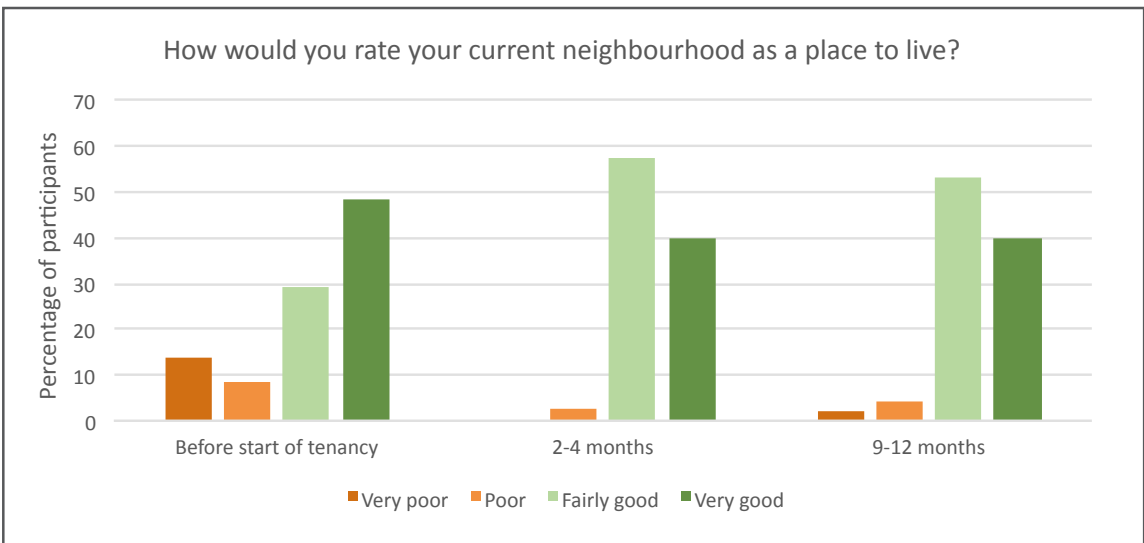
Neighbourhood and social support

Key findings:

- Overall, tenants rated their neighbourhoods and, to a lesser extent, the social support available to them, positively, although these did not appear to improve substantially over the first year of their tenancies.
- Where tenants viewed their neighbourhood and local social networks positively, they also tended to describe improvements in their health and wellbeing. The opposite was also true.
- Tenants valued a sense of safety, friendliness and amenities, and having social support networks in the area.
- Tenants’ neighbourhood priorities depended on their personal circumstances, characteristics and prior experience. Ultimately, having a choice in where they would live was the most important aspect for tenants.

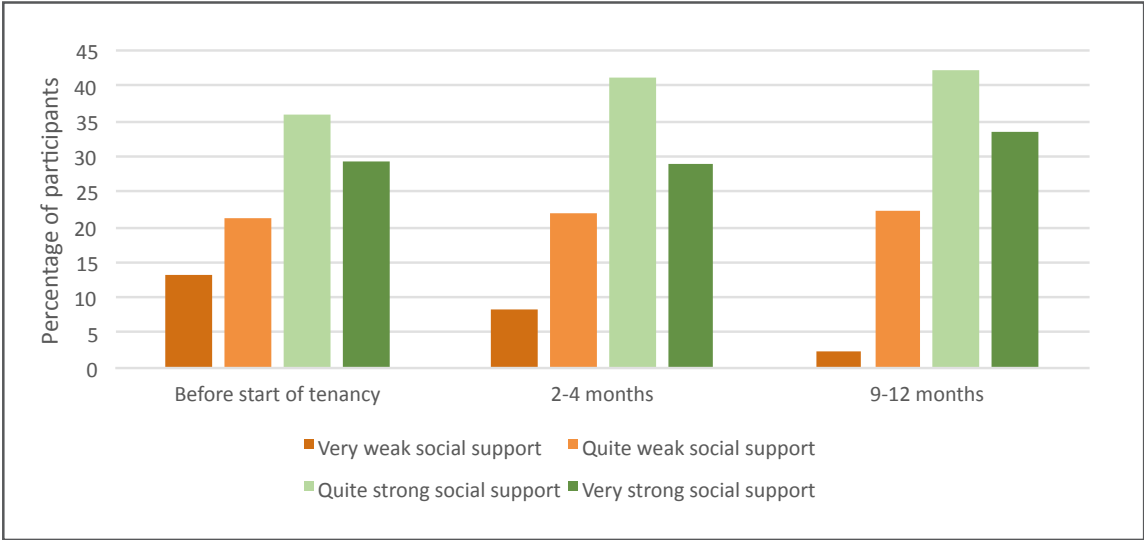
This final pathway relates to the impact of the neighbourhood in which a tenant lives on their health and wellbeing. The quantitative data on tenants’ views of their neighbourhood as a place to live is summarised in Figure 10. It shows a degree of improvement as tenants enter their new tenancy, which is largely maintained by the end of the first year. This change in tenants’ perceptions of neighbourhood quality is correlated with a change in tenants’ self-rated health and wellbeing, in that where tenants perceive a good quality neighbourhood, they are more likely to describe an improvement in their health and wellbeing (and vice versa).

Figure 10: Tenant rating of neighbourhood quality.



Alongside this, the index of social support^{vi}, which describes tenants' perceptions of trust, friendliness and support in the neighbourhood, also correlates with tenants' self-rated change in health and wellbeing. Similar to tenants' rating of neighbourhood quality, this measure also demonstrates some improvement from before the start of the tenancy at 2-4 months, but not thereafter, as illustrated in Figure 11.

Figure 11: Index of social support.



Both of these measures are also strongly correlated with the static WHO5 wellbeing score at each time point, suggesting that there is a significant relationship between wellbeing and aspects of neighbourhood and social support.

Each of the three participant organisations were working in quite different neighbourhood contexts throughout this study, and these contexts are key to understanding the impacts of neighbourhood on health and wellbeing. While Homes for Good and Y People, operating in the private rented sector, offered new tenants some degree of choice of area (albeit a choice limited by affordability), NG Homes, as a community-based housing association, offered far less choice of neighbourhood but could provide an organisational focus on community development. In this context, it is interesting to note that a change in neighbourhood quality is correlated with a change in health and wellbeing for Homes for Good tenants, but not NG Homes tenants, while change in the social support index shows the opposite pattern.

^{vi} The index was created from a set of four standard questions, taken from the Scottish Household Survey. Reliability analysis of the data demonstrated that these questions are highly consistent.

Further analysis of the qualitative data provides some insights into these statistical correlations, suggesting that these relationships are particularly complex and therefore difficult to make sense of using quantitative data alone. In terms of general neighbourhood quality, tenants highlighted a wide range of aspects that were important to them, including amenities, accessibility, friendliness and safety:

“It has everything I need: my family is enjoying here, it’s close to the school, my garden, friendly neighbourhood, close to shops. Aye everything is, the streets are cleaner than where I was living [before].”

Where the neighbourhood delivered these aspects, particularly where this contrasted with previous experiences, these environmental factors were seen by some tenants as important in improving their mental health and wellbeing:

Researcher: Would you say your health, your general sense of wellbeing has changed much since you moved in here?

Tenant: Yeah, 100% happier. I’m not, basically not depressed anymore, as soon as I moved out of that flat in [previous area] and moved here it was such a huge change, it was like a weight had been lifted off my shoulders. I don’t need to deal with all the idiots and the polis at the weekends chapping your door ‘did you see anything?’... here is just a far cry from how I felt before, I mean, I can actually go outside, I want to go outside and meet people and stuff like that, whereas back there it was ‘I don’t want to go out, I just want to curl up in a ball, I’m dying for this to all go away’. So now it’s just like aye, bring on life!”

Alongside this, many tenants highlighted the importance of social support from friends and family in the area:

“I’ve got family round about me anyway if I need them, if you know what I mean. As I say, my sister’s there, my cousin’s there, my nephew’s round there – they’re all intermingled. That’s why I love it; it’s great here. I should have done this years ago, so I should have.”

However, some tenants experienced the flipside of these positive aspects of neighbourhood quality and social support, describing a sense of exclusion from a close-knit local community and a resultant sense of insecurity:

“It’s not somewhere to settle unless you’re from here probably. ‘Cause everybody knows everybody about here... I just don’t want to stay in a big scheme. This is a big schemey bit. They’re all cliquey. If you’re not known from here you get

stared at. I don't want to be in a place like that. I want to be in a wee quiet bit where everybody just gets on with it [where] they're not cliquy. They're not trying to intimidate you in streets. I've started walking about with headphones in just so I'm like that, well, if anybody says something and I can't hear them I can just keep walking and then there's no situation but as my pal says, you can't walk about your whole life with headphones in."

Tenants of all three organisations emphasised the importance of choice in selecting the area where they would live, prioritising neighbourhood quality, social support or both. While in theory the PRS organisations offered a wider choice of areas, the interaction with affordability placed some limitations on the available areas and, for some tenants, limited information created problems:

"I got quite depressed and I knocked on [neighbour's] door and I said to him 'I don't think I can hack this, I don't think I can do this for six month' and he said 'listen son, this is not the place to be if you don't have transport, you're really out in the country here' and he says 'people are very tight knit, everybody knows everybody else' and he actually said at the time, he said 'I'm not trying to get rid of you but if you're thinking about moving, I would move. If you're used to Glasgow, get back to Glasgow 'cause it takes a certain type of person to live here'. And he was right [laugh]."

For many Housing Association tenants, applying for a tenancy reflected a desire to stay or return to an area they knew well, but this was sometimes less positive for people coming from other areas, who felt their choices were somewhat limited, potentially leading them to consider the PRS as an alternative:

"I'm not from [this area], so it's a bit of an area that I'm stuck in. I've nobody round about me. Like, my pal, she is down there but she's a ma with two weans and she's got her own life and dead busy and I feel as if I'm just stuck with nobody round about me. Ideally I'd like to be closer to [different area] and that but I tried all theirs and they all told me no. So... stuck with it."

That's my next thing, I'm... see I want to find out how private lets work because that's what I've decided, if I can't get any help off this housing I'm just going to give them their keys back and go and get a private let because it's not worth me trying to fight. It's too much. I've got to fight my own mental health to keep on top of that. I've got too much to deal with rather than housing stuff and all. That's just one on the list I don't need, on top of it."

Across all tenants, preferences in terms of neighbourhood quality and social support were shaped by a combination of previous experience and personal circumstances and preferences. For example, while many tenants emphasised the value of friendly neighbours, for some the ideal was a state of civility and minimal contact, rather than close relationships:

“You just keep your distance over there, I’ll say hiya, I’ll just be in my own wee world, I don’t need you. Well in the past and growing up my mum was kinda like really neighbourly if you want to call her that, but it always backfired on her, so whether it be my mum’s young children arguing with the other young children in the neighbourhood or whatever, then it’s arguments with weans and all the adults end up fighting, then the weans are back playing again, you’re like what’s the fucking point? So from that experience I’ve learned don’t talk to your neighbours, it’s not worth it, you know, they’ll borrow something, they won’t give you it back and then you want it back and then it’ll be a fight, or they’ll say something wrong in a conversation that they think’s alright. Best way to avoid that, don’t talk to them at all, just say hello, be polite and go away.”

Overall, therefore, the aspects of neighbourhood which were rated poorly or favourably by a tenant depended as much on their personal situation, characteristics and previous experiences as on the features of the area itself. For some tenants, safety was paramount, while for others location and amenities were more important. Equally, in terms of social support, some tenants drew substantial value from a close-knit extended family network that they saw on a daily basis, while others preferred friendly neighbours who nevertheless kept themselves to themselves. Underlying this, fundamentally, was a desire for choice in the neighbourhood in which they lived. Where tenants were able to choose to live (or not live) in certain places, they were able to settle in and be content in their neighbourhood, which in turn generated positive impacts on their health and wellbeing.

The importance of ‘home’

Key findings:

- *Many of the mechanisms linking housing to health and wellbeing operate via the psycho-social benefits of ‘home’.*
- *Tenants described a sense of home built on foundations of strong and positive relationships with their housing provider, good property quality, affordability, and appropriate neighbourhood amenities and social support.*
- *Being able to settle into a new property and establish a sense of home brought tenants improvements in both mental and physical health and wellbeing.*

The evidence from this study demonstrates the ways in which the four different aspects of the housing experience described above – relationship with a housing provider, housing quality, affordability, and neighbourhood – all have an impact on tenants' health and wellbeing. While there are some differences in terms of their relative level of importance for tenants in different circumstances, these four factors appear to be essential to the kind of housing experience which can improve health and wellbeing. The qualitative data suggests that these elements can be usefully conceptualised as the foundations on which tenants can build a sense of 'home', and it is this sense of home which enables housing to operate as a social determinant of health and wellbeing.

Tenants described the need for a home that, at its core, was a secure and comfortable place to live. This was most clearly and explicitly articulated by those tenants who had previously experienced homelessness or very insecure housing:

"I think that's what I crave, just to feel settled. Like, I've always been unsettled through my childhood and all that arguing with my mum and then past boyfriends that I had... I was in a domestic abusive relationship and all that, so... all that fear's with me with my house... I want to just be [in] a wee quiet bit where I know I'm safe and I can settle at night. And that would be me happy."

"I mean, it's mental to have your own place, and having somewhere to stay... But I mean, I've changed, eh, I've changed. Because likes of, when you come out of addictions, you know, and you're trying to get into recovery, having your own place is like, it's a vital part of your recovery, you know. So I've changed, with the way I look at the flat... I have more gratitude for it, you know. And I'm really quite lucky to have a flat like this, and I think of all the positive stuff."

"I was a wee bit depressed there for a wee while, but no I'm fine now... I know I've got a routine, I've got a house, I've got things in order and organised and stuff like that, so aye I'd say it's better. Going through eviction and temporary accommodation, all that, doing all that with [my daughter] it was just, I'd never done anything like that, I've never actually been evicted or been homeless... but then it's like you feel even worse 'cause it's like you're doing it with a child. So I was a wee bit beating myself up."

The key elements that made a property feel like home varied from tenant to tenant, but there were some essential commonalities. Most highlighted the importance of a sense of security in their tenancy:

Tenant 1: We know we can be here for a while so, don't know, just basically staying in and trying to save up.

Tenant 2: But I think as well because it's the first house that we've had with [our daughter] so it just feels like Christmas, you don't really bother with Christmas, I love it, I get all caught up in it, no, it just feels... and 'cause the landlords are so flexible with us and that, that's what I was saying earlier, it feels really comfortable. It's great.

Moreover, where the housing provider prioritised and enabled tenants' sense of security this generated improvements in health and wellbeing, regardless of the legal status of their tenancy, particularly where it represented an improvement from previous housing situations:

"I've got better since I've been here, absolutely. In terms of maybe starting about thinking of going back to work and stuff like that, my mental health's got a lot better, aye it's got better. Everything's kinda improved since being settled in here... I think there was a lot of uncertainty in my last place 'cause it was a TFF [Temporary Furnished Flat] and I didn't really know what was going on or anything like that, but now this is my own place, the TFF was just a stop gap somewhere else, whereas this is mine's now. So I think that's, just a wee bit of security and having a home... it just makes it more comfortable and you just feel more grounded and it's a home rather than a flat or somebody else's gaff."

"Aye, I'm a lot happier, there, it makes a big difference, I think, mentally wise, it does. Because you're not thinking... my last [landlords], they would just turn up. And because they still, I don't know if I told you, they still had stuff in their garage. So they would maybe come up and go, 'Oh we were in the garage to get a few things.' And see people just coming up and just appearing, that's... whereas here, they would only come to tell you, they put letters through the door if anything's happening."

Importantly, the key processes through which tenants were able to make their property feel like home were substantially influenced by all four of the central themes outlined above, highlighting the ways in which different organisational approaches can affect tenants' sense of home. While some PRS tenants felt a degree of insecurity, particularly if they had previously experienced eviction at the end of short-term tenancies, it was notable that a number of tenants of the social enterprise letting agency (which operates in the PRS) felt entirely secure because of the relationship they had with the organisation:

"I mean, they've done the most important thing, housed me and made me feel safe and secure in the place, made me feel as if the place is my own 'cause they do kinda leave you to get on with it."

Moreover, a number of tenants highlighted the additional support they received as a key factor in this relationship, which helped them to feel secure in their tenancy:

“In previous houses, private lets... didn’t have the same service, kind of thing, you know... I haven’t heard anything... of a housing organisation like them where they’ll actually come out and, you know, be as hands on with their tenants and... in a positive way rather than pressuring the tenants... if anything was to go wrong, there’s no panic about it... So knowing that, that’s good.”

In terms of property quality, for some tenants the option to move into a furnished property, particularly one where attention had been paid to design elements, enabled them to feel at home very quickly and easily:

“I like that it’s quite homey, my last flat was very kind of clinical and clean and, like, it was pretty obvious that we didn’t own it and we were just living there, whereas here this one feels more like a home... so all the canvasses that are throughout the flat they all came with it and like the wee candle things on the table and stuff, and all the curtains and stuff came so that was quite nice ‘cause that gave it a more kinda homely feel as well.”

For some tenants, the combination of the quality of the property itself and the sense of security in the tenancy enabled them to develop a feeling of home as a safe, comfortable haven, which was particularly important for those attempting to consolidate wider improvements in their health and wellbeing:

“I’ve just made it a home, you know. And because I’m in recovery, I’m sober... I’m clean, and I love that, you know. I really, I love that. And likes of, I’ve got a couple of mates who come in here, eh, and one of them, when they come in, they just lie over there, eh. I love that, I like people to feel welcome in my home, this is my sanctuary.”

For others, particularly in unfurnished properties, the process of personalising the house was more influenced by their financial position and therefore interacted with issues around affordability:

“I just think all my own wee touches, don’t get me wrong there’s lots of things that I need to do, again it’s all down to money, I would love to be able to do plenty more things but it’s just the finance situation that I need to [do] just [a] bit at a time, but it’s clean enough, I keep it to the best of my ability and it’s good just now, but if I had money I would certainly do other things, aye.”

And where property quality was problematic, this could have impacts on tenants' opportunities to use their house as a space for socialising, with impacts on their health and wellbeing:

"I'm not maybe depressed but I'm ashamed of the flat, I can't invite people here, my social life is just limping you know. It's not something, it's fun when you may do something around you just to create the space you live in, and I'm just now in suspension again, so I just can't find another word for that."

The impact of affordability on tenants' sense of home was also mediated through the service provided by the housing organisation, particularly in situations where tenancy transition or benefit issues had generated arrears:

"[Housing organisation staff member] mentioned money as well, he says... about the money and the arrears, kind of thing. He said about paying the shortfall, kind of thing. He says, so long as you can make your shortfall, it doesn't matter that you're paying a couple of pounds a month or whatever towards your arrears, that £800. I mean, you can pay them... you can increase it over the next two/three/ four years. So even with him saying that – 'two/three/four years' – then straightaway it, kind of, grounds me a wee bit more. Right, I'm not... getting turfed out on my ear and things like that, so peace of mind and security."

Alongside these issues of the housing service, property quality and affordability, the surrounding neighbourhood and social support networks were central in enabling tenants to feel at home. This was particularly evident in situations where limited choice of area led to restrictions in social support or a less than comfortable environment:

Researcher: What stops it feeling like home?

Tenant: It's just not the place I wanted to be. I wanted [different area] but you can't get what you want all the time can you, wanted near my sister-in-law and where I was from years ago and where I know most people and I feel comfortable down there.

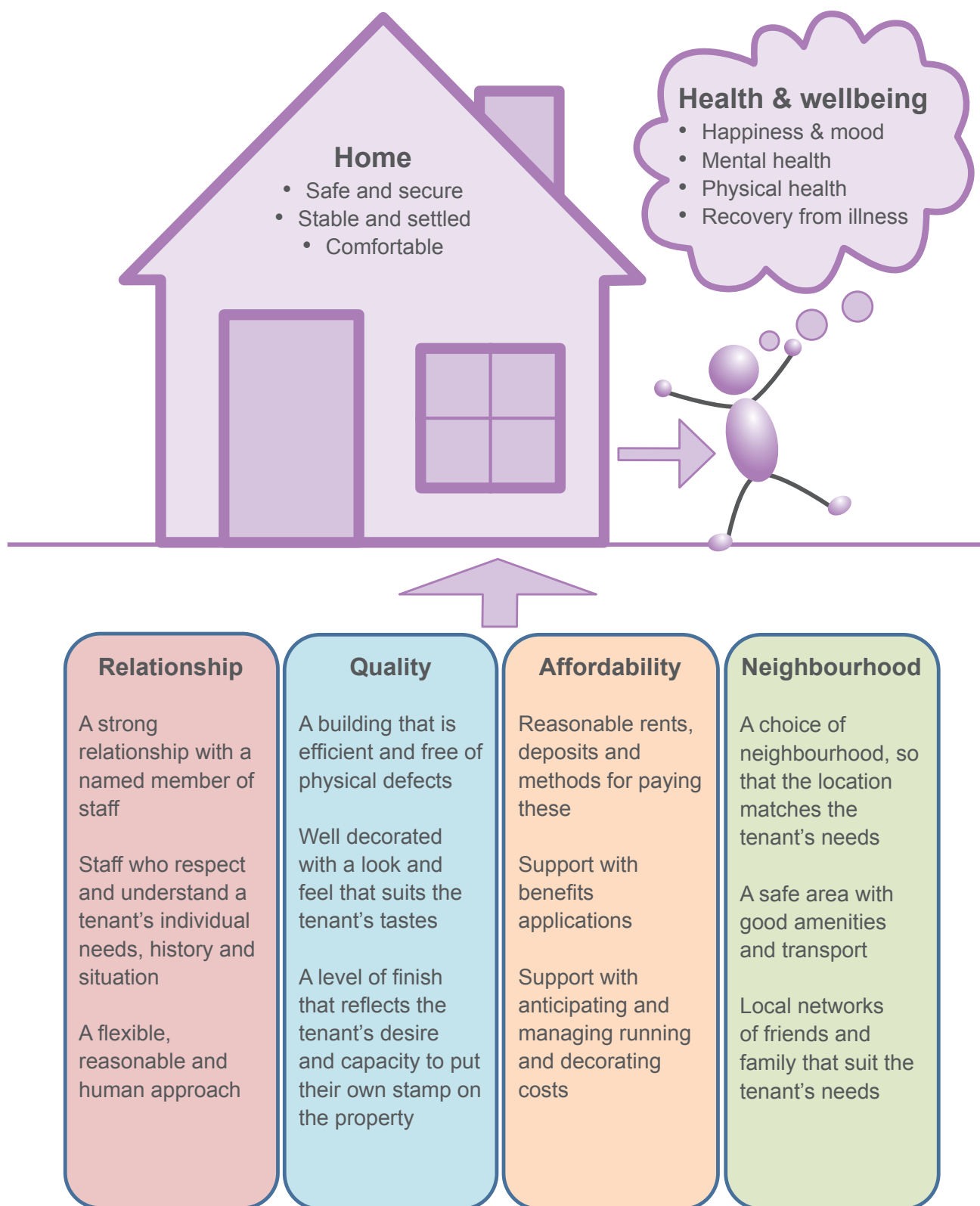
"If anything I try and stay out of here. I've got to a point I think I hate coming here. This is just a place I sleep in at night when I've got to and even then I try and stay out as late as possible or I'll stay with a pal just because I'm like that, just the thought of coming home to this house. It's depressing... It's just, I'm like that, this isn't for me. There's no boundaries, there's no nothing. It's like the Brady Bunch, it's like The Waltons, they're all into... in everybody's business and they're all... I'm like that, I'm just a lassie that likes to keep herself to herself and get on with it. I've got too many troubles to be listening to all theirs and it's as if it's normal."

By contrast, where the property and neighbourhood met tenants' expectations, the house could become a secure base from which to venture out into the world with more confidence, to engage in new activities:

“Whereas before, when I was paranoid, with the noise and that, I would avoid coming back to it, you know. And I’ve heard a bang, and I’ve had to leave the flat. And it’s quite sad, really, when I think back on it. No, because I’m comfortable in here, eh, I can go and start doing things, like some acting.”

The evidence from tenants suggests, therefore, that these four inter-connected aspects of the housing experience provide essential foundations for a sense of home. While tenants vary considerably in the extent to which they require elements of each foundation, all four are necessary in order for tenants to feel at home. Moreover, all four elements are underpinned by the nature of the service provided by the housing organisation. Where the foundations are right and tenants are able to feel at home, the evidence suggests that they can gain significant health and wellbeing benefits.

Figure 12: Supporting tenants to establish a home.



Conclusions and recommendations

The findings summarised in this paper demonstrate a range of ways in which housing can act as a social determinant of health, beyond the direct impacts of property defects such as damp, mould and cold on physical health considered by much of the research in this field. This study shows that housing can provide a strong underpinning for health and wellbeing, but only insofar as people are able to feel that their house is a home. These impacts of the psycho-social benefits of a sense of home^{20,21} have implications for policy and practice in both housing and health.

The basic foundations which enable people to develop a sense of home lie in four areas:

- Strong, positive, person-centred relationships with their housing provider.
- Decent housing quality that meets tenants' expectations.
- Affordability of both rent and other housing-related costs.
- Neighbourhood, particularly a choice of where to live.

Shortcomings in any one of these areas can undermine the sense of 'home' for tenants and negatively impact on their health and wellbeing. On the flipside, where housing organisations are able to deliver in all four areas in line with tenants' specific needs, tenants can experience significant improvements in their health and wellbeing which appear to persist over time.

In terms of relationships with their housing provider, the evidence from this study suggests that all tenants, regardless of personal characteristics, housing history or housing sector, gain benefits from positive interactions with the organisation. The ideal for tenants is a named member of staff, with whom they have a good relationship and who recognises their particular needs, history and situation. For many tenants this may involve minimal contact on a month-by-month basis, with the knowledge that they know who to contact if an issue arises, and that they will receive a friendly response. Those tenants with higher levels of need require stronger relationships based on a more sophisticated understanding of the challenges experienced by each tenant, perhaps drawing on the notion of 'psychologically informed environments'^{29,30} which are gaining traction in homelessness services. Tenants also need to feel that they will receive a friendly, responsive service from other staff if they cannot immediately speak to their named contact. It is important that this relationship is strong enough to withstand pressure from temporary problems with property quality and any issues a tenant may have meeting the terms of their lease, for whatever reason.

The importance of housing quality for health and wellbeing lies not just in the basics of a dry, warm, safe house. While these are a prerequisite, a number of aspects of appearance, comfort and functionality are also important for tenants. Since the relative importance of different aspects varies from person to person, this emphasises the need for person-centred housing services based on good

relationships. Housing organisations need to invest in understanding each tenant and their household at the very start of the housing process, well before they move into a property. This is particularly important because there is considerable variation in the degree to which tenants want the opportunity to make their home their own. While some have the capacity and resources to do so, others prefer to move into a property which requires just a few personal items and touches to feel homely. While there are clearly differences between the approaches taken in social and private rented sectors, which are shaped by differences in tenure and resources, there remains the potential for learning across the sectors and between organisations.

While it is clear that tenants' financial situations have a significant influence on their health and wellbeing, rent itself is often not the crucial element, either because it is covered by state benefits, or because tenants prioritise it before other expenditure. However, it should be noted that this research was undertaken before the full rollout of Universal Credit (UC), so paying rent and ensuring it is continuously covered by benefits may become more of an issue for some tenants as they transition to UC. For many tenants, particularly at the start of their tenancy, other costs related to moving and turning their new house into a home can have significant impacts on their long-term financial standing and, therefore, their health and wellbeing, with clear links to the issues around housing quality.

Finally, neighbourhood quality, in the sense of safety, friendliness, amenities, and social support networks, has also been highlighted as a key influence on health and wellbeing by this research. While both a suitable neighbourhood and social support are important in enabling tenants to gain a sense of home, there are substantial variations between tenants in what they need and expect from their local area. Again, this highlights the importance of housing organisations developing relationships with potential tenants and understanding their background and circumstances before the start of a tenancy, to help match them to the right area, where at all possible.

These findings raise a number of issues for debate and discussion among housing and public health professionals, as well as tenants' organisations. The ways in which this learning could be built into policy and practice within these sectors will be the subject of a workshop in early 2019. The discussion that takes place at this workshop will form the basis of a number of recommendations informed by the experience and expertise of professionals in these fields, as well as tenants. As a prelude to this discussion, this report concludes with number of key points for consideration by housing providers, public health and other professionals, as well as tenants' organisations, with the aim of improving tenants' health and wellbeing across the rented sectors.

Looking across the organisational practices and tenant experiences explored as part of this study, tenants' health and wellbeing appears to benefit from:

- having a named person as their primary contact and a secondary, named and known person for back-up
- strong personal relationships between housing staff and tenants, where effort is made to get to know the tenant, their background and previous housing experiences, what is important to them, and what they might need
- housing staff being supported in managing these relationships and maintaining their own mental wellbeing, recognising that not all tenants will be easy to work with all of the time
- housing staff receiving adequate training and on-the-job experience that supports them in connecting with tenants, understanding their needs and perspectives and the impact that housing and housing problems may be having on other aspects of their lives
- housing staff engaging in respectful, friendly communication with tenants
- properties being maintained to a high standard and providing a level of design and comfort at move-in, in line with individual tenant's needs and expectations
- tenants being assisted in turning their house into a home, where they do not have capacity or resources to do so alone
- tenants being supported to spread the cost of moving and turning a house into a home, particularly at a low/zero rate of interest
- housing staff having honest and open conversations with tenants about neighbourhood and social support when they are applying for a tenancy and before they view/accept a property.

Together, these practices have been described by both tenants and staff as supporting stable and secure tenancies where tenants are able to establish a sense of home.

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