The effects of social housing on health and wellbeing – initial findings from the SHARP study
The effects of social housing on health and wellbeing – initial findings from the SHARP study

by

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Summary

Introduction

SHARP is a longitudinal study of the health and wellbeing impacts of moving into new, general purpose, social housing provided by Registered Social Landlords across Scotland. Its main aim is to examine to what extent rehousing into a new socially-rented dwelling delivers changes in housing conditions, neighbourhood conditions, housing management performance and sense of community; as well as changes in the health and wellbeing of tenants.

Methods

The study is designed to compare the experiences of two groups: a group of households who are rehoused into new social housing (the Intervention Group) and a group who reside in the same locality as the newly developed housing but are not themselves rehoused (the Comparison Group). Samples of 334 Intervention households and 389 Comparison households were recruited at the beginning of the study. The new social houses are provided at around 60 sites across Scotland, by 45 different landlords, spanning 21 local authority areas.

The study consists of three household surveys, and 28 in-depth interviews with a small sample of people who have moved into a new home. The surveys took place just before rehousing (the baseline survey), then one year after rehousing, and finally two years after rehousing. Whilst the first, and the final surveys are conducted face-to-face and are administered to both Intervention and Comparison groups, the second survey was conducted by post, and was sent to the Intervention group only. The 28 in-depth interviews took place across eight local authority areas at least a year after people had moved home. This report is based on results from the first (baseline) and second (postal) surveys, and includes data from the in-depth interviews of the households who moved into new RSL housing – the Intervention group.

Main findings

The postal survey of households a year after they moved to new RSL housing revealed a number of changes:

Housing and residential changes

- Not only did people change home when they were rehoused, but they also underwent other changes in residential circumstances: 45 per cent changed landlord; 47 per cent changed neighbourhood; and 30 per cent changed both landlord and neighbourhood.

- Fewer people identified problems with their home after rehousing. The most widespread gains were in terms of reductions in dampness and in problems with keeping the home warm.

- There appear to be widespread increases in problems of affordability after moving house. After moving, the majority of tenants found it ‘occasionally’ or ‘frequently’ difficult to meet the costs of telephone, treats, fuel and council tax, with large increases in the incidence of difficulties in the case of the latter two items. Nearly half the tenants also found it difficult to meet the costs of food and rent.
One-in-four people found the upheaval involved in moving home problematic, and one-in-seven had problems with the costs involved.

**Neighbourhood changes**

- Resident satisfaction with their neighbourhoods increased over time, compared to the situation before rehousing. After moving, four out of five tenants now rated their neighbourhood as a ‘fairly good’ or ‘very good’ place to live.

- Neighbourhood conditions were also rated better, with the biggest improvements being in the general appearance of people’s neighbourhoods and the incidence of vandalism and graffiti. There were also notable improvements in relation to problems of drug dealing, poor quality pavements, and the level of policing. A few problems appear to have worsened for tenants (nuisance from dogs, noise, and disturbance from youngsters).

- Data from in-depth interviews data suggested a growing sense of community, particularly in developments in urban areas. The picture in relation to community impacts was more mixed in rural areas.

**Changes in health and wellbeing**

- Self-rated health improved after moving home: 32 per cent of tenants reported their overall health as ‘excellent’ or ‘very good’ after moving, compared with 26 per cent per cent previously.

- There was little change in mental health scores after moving home.

- There was a significant improvement in the tenants’ average vitality score after moving, indicating that they felt less tired and had more energy to accomplish things.

- Tenants were more likely to report significant psychosocial benefits from the home after rehousing. The biggest gains were in terms of feelings of status, progress and identity associated with the home.

- The in-depth interviews revealed how people had made some changes to their lives after moving home, though few of these were directly health-related. The main changes were in terms of adult socialising and child development.

**Conclusions**

Moving to new social housing is associated with improvements reported in the quality of the home (particularly in terms of damp, and warmth) and in the quality of the local neighbourhood. There is some limited evidence that self-reported health has improved. Further investigation of these issues will require analysis of data from the final survey of the series, which took place two years after households moved. We can then examine patterns of change over time to see whether the changes reported one year after people moved into their new home are sustained over the following year (such as problems with affordability), and whether new changes become apparent two years after the move (such as mental health improvements).
1 The study

In this first part of the report we describe the SHARP study and place it in the context of other research on housing and health in Scotland, the UK and internationally. We highlight how SHARP is different to many other studies in terms of being prospective, longitudinal and multi-locational.

A brief account is given of the methodology employed in the SHARP study. The study comprises three household surveys: a baseline survey (using face-to-face interviews) carried out before people were rehoused, a postal survey carried out one year after rehousing, and a final survey two years after rehousing. In-depth, qualitative interviews were also carried out with a sample of people who moved house. This report includes some initial analyses of the data from the postal survey. It also reports some findings from the in-depth, qualitative interviews.

Characteristics of the respondents to the first two household surveys are described, both in terms of the key characteristics and spatial distribution of the participants, and in terms of a comparison between the samples at the two points in time, to explore whether the sample has changed.

1.1 Introduction: housing and health research

The links between poor housing and poor health are now well-established. Many, possibly hundreds, of cross-sectional studies have reported consistent, significant associations between poor housing conditions and poor health (see e.g., Wilkinson. 1999). Nevertheless, the independent effects of poor housing on health remains largely unknown, due to the many other factors that are inextricably linked to poor housing – including the degree of individual and neighbourhood deprivation. An ecological approach to housing and health research – one that acknowledges the many factors that affect health over and above physical housing conditions – has often been recommended, but has not often been used in research studies. An ecological approach would involve examining not just change in the physical fabric of the home and its effect on illness (such as respiratory problems), but would also explore how housing and neighbourhood change are related to wider determinants of health and wellbeing – such as one’s social networks and other social relationships.

The investigation of these issues is complicated by the fact that it would require longitudinal investigation – an investigation that does not just look at “snapshots” of the relationship between health and housing but a long-term examination that follows individuals/households over time to determine whether improvements in health follow housing and neighbourhood improvement. Such longitudinal studies have rarely been done, partly because of the length of time they take to complete, but also because ideally they require the use of ‘control’ or ‘comparison’ groups, so that changes in lives of the individuals moving into new better homes can be compared to changes in lives of those individuals in the Comparison group who did not move. This type of study allows any changes in tenants’ health to be attributed specifically to the improvement in housing circumstances, as opposed to general changes over time to which everyone is subject – whether they move house or not.

Wilkinson D. Poor housing and ill health: a summary of the research evidence. Edinburgh: Scottish Office Central Research Unit, 1999
In acquiring a new home, people may also move to a better local environment – “better” in terms of its physical qualities, the provision of services and facilities and the level of community activity and support. These changes may also affect health and health-related behaviours (such as smoking, drinking, diet and physical activity levels). As well as being of policy interest in terms of “healthy communities”, community integration (that is the extent to which people living in the same neighbourhood relate to each other, and feel a “sense of community”) has also been shown to be significantly related to health. Any evaluation of housing’s impacts upon health therefore needs to take these issues into account.

There have been previous evaluative studies of the health impacts of housing improvement (like SHARP), and these have suggested that:

- General housing improvements may result in small improvements in physical health and general well-being;
- Mental health improves following housing improvements, where the degree of mental health improvement may be linked to the extent of the housing improvement; and
- Improved energy efficiency may alleviate respiratory symptoms.

Previous studies of the health impacts of housing improvement have however often been small and have not used comparison groups, making it difficult to identify which types of housing improvement are most likely to improve health. They have also tended to focus on specific health problems, and housing conditions, at the expense of other aspects of the local environment which may affect people’s health – such as crime, vandalism and other types of anti-social behaviour. SHARP therefore set out to evaluate the effects on health and wellbeing of new housing provision, and to explore some of the mechanisms by which health is affected - in particular, how housing and other types of neighbourhood change interact.

1.2 The SHARP study

SHARP is a longitudinal study of the health and well-being impacts of moving into a new socially rented home across 60 sites in Scotland.

Aims

The aims of SHARP are to examine:

- To what extent rehousing into a new socially rented dwelling delivers improvements (or indeed decline) for occupants in terms of housing conditions, neighbourhood conditions, housing management performance and sense of community.
- Whether these improvements are associated with changes in a person’s neighbourhood and landlord as well as rehousing itself.
- To what extent people who are rehoused experience changes in their physical health, health behaviours and mental health and wellbeing, and whether these health changes are sustained over time.
- Whether rehousing within a regeneration area (Social Inclusion Partnership) provides additional residential or health gains.
The survey

To answer these questions SHARP collected data from social tenants who were rehoused into a new, general purpose socially-rented home developed and let by a registered social landlord (the “Intervention” group). These data were collected at three points in time: before moving, one year after moving, and two years after moving. In total nearly 700 people were interviewed in the Intervention and Comparison groups.

1. Before moving: Tenants who were about to move were interviewed approximately one to two weeks before they moved into their new home. This survey took place between May 2002 and April 2004. The interviews were conducted face-to-face by a specially-trained group of interviewers, and the sample included households with families (61 per cent of the sample), and older people (approximately 12 per cent). Both rural and urban areas were included in the survey, and households in SIP (Social Inclusion Partnership) and non-SIP areas were included. We also compared the data from those who were due to move home, with data from a similar “comparison group” of people residing in the same locality, but who were not themselves rehoused from their existing dwelling.

2. One year after moving: A postal survey was sent to all those respondents who had moved, approximately one year after they moved into their new homes. In-depth (qualitative) data were also collected from a small sub-sample of Intervention group respondents in 2005 after they moved home.

3. Two years after moving: Face-to-face interviews were carried out again approximately two years after the Intervention group had moved. The Comparison group were also again interviewed at this point in time. Results from these interviews will be available in 2007.

Note that information on the Comparison group (389 households) is not reported here, as they did not take part in the postal survey. They did however take part in the face-to-face interviews two years after they were originally interviewed, and their data will be analysed at a later date, and compared to data from those individuals who moved house.

1.3 The postal survey methodology

The aim of the postal survey was to collect information from the Intervention group one year after they had moved into their new accommodation. This was undertaken using a self-completed postal survey accompanied by a pre-paid envelope, which was posted out to respondents. The questionnaire consisted of four sections:

- New home: This included questions on:
  - The House Move
  - Problems with the Home
  - Psychosocial Benefits from the Home
  - Affordability

- Neighbourhood: This included questions on:
  - Neighbourhood Satisfaction
  - Neighbourhood Problems, especially anti-social behaviour
  - Friendliness

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Health: This included questions on:
- Self-Rated Health
- Health Change
- Common Symptoms

Wellbeing: This included questions taken from the SF-36, which is a standard questionnaire for measuring general health:
- Mental Health
- Vitality

1.4 Interview methodology

In-depth, qualitative interviews were conducted with a sample of people who had moved. Prior to conducting these interviews the research team devised an interview topic guide which covered five themes:

- The location in which the interviewee lived, recent changes in the environment and about non-specific impacts of identified changes.
- The interviewee’s relationship with their new home.
- Relationships between neighbours and other people in the area in which the interviewee lived.
- Health and wellbeing.
- The strength of the interviewee’s attachment to the area and any changes they would make to their house if they were able.

Twenty-eight people participated in in-depth interviews. The researchers aimed to interview an approximately equal number of people who lived within Social Inclusion Partnerships (SIPs) and who did not live in SIPs, and to interview at least five individuals from rural areas as opposed to urban areas. Apart from these two aims, no geographical limitations were imposed, although the use of the two identified time periods restricted potential interviewees to those from Registered Social Landlords (RSLs) whose projects were being completed during these two time periods.

1.5 Achieved samples

The baseline survey

This report is based on data collected from the Intervention group before and after they moved house. The Baseline survey, carried out before moving, involved face-to-face interviews with individuals in 334 households residing across 21 Scottish local authorities. These households were due to move into dwellings in 60 different developments owned by a total of 45 Registered Social Landlords.

The postal survey

The postal survey was initiated in the latter half of 2003 and completed in March 2005. A response rate of 83.8 per cent was achieved; of the 334 questionnaires sent to the SHARP participants, 280 were returned completed.
Comparison of the baseline and postal survey samples

Of the 334 respondents who took part in the Baseline (face-to-face) Survey most (76.9 per cent) were female. In the Postal Survey (carried out one year later) the percentage of female participants had risen slightly to 79.3 per cent. The age structure of the two groups is also very similar. Those aged 30-39 years made up the largest group of respondents, and those aged 70 years or older also still comprised the smallest group of respondents (See Appendix, Tables 1 and 2). The two samples were also almost identical in terms of household type (Appendix, Table 2).

Postcode sector and urban and rural locations

In general, the distribution of postal areas was similar in both surveys, though there was a significant difference in the urban-rural distribution of the sample between the Baseline survey, and the Postal Survey at one year after moving, as measured by the Scottish Executive’s six-point urban-rural classification. This is mainly due to a decrease in the proportions of people living in ‘Large Urban Areas’ (defined as “Settlements of over 125,000 people”) and ‘Small Accessible Towns’ (defined as “Settlements of between 3,000 and 10,000 people and within 30 minutes drive of a settlement of 10,000 or more”). This difference could be the result of tenants being rehoused into different areas, and/or could reflect a disproportionately high rate of attrition among respondents from these types of areas. When the proportions of people who responded to the Postal Survey questionnaire were compared with those who did not, no significant differences were identified for any of the six urban-rural categories. We may conclude from this that attrition had not led to significant bias in the sample, and that the difference in the distributions of responses between the two surveys may therefore be attributed to the movement of tenants out of Large Urban Areas and Small Accessible Towns.

In total, one-in-eight (12.4 per cent) of the Intervention group respondents moved between settlement categories between the Baseline interviews and the Postal Survey, with the vast majority (87.6 per cent) staying in the same type of urban/rural classification. Most of these moves were to accessible rural locations, with a smaller number moving to other urban locations.

Residence of social inclusion partnerships (SIPs)

Little change occurred in the SIP status of respondents as a result of their relocation to new accommodation (See Appendix, Table 3). In the Baseline Survey 49.1 per cent of households were based in a SIP, a percentage that increased to 51.9 per cent one year later when the Postal Survey was carried out.

Respondents had lived in their new house for an average of 12.8 months before participating in the second SHARP tenant survey. Thus the aim of achieving an interview a year after the relocation of a respondent was largely achieved.

The in-depth interview sample

Twenty-eight in-depth interviews were achieved, 23 with individuals who moved within 18 months of the end of the Baseline data collection, and 5 with people who moved at the beginning of this period. Just under a quarter of the interviewees were interviewed a year after they moved into their new property. A further 12 were interviewed between a year and eighteen months from moving into their new RSL-provided accommodation, and the rest were interviewed after they had been living in their new accommodation for more than eighteen months, to a maximum of 34 months.
Interviewees were based in seven (eight including the pilot interviews) locations spread across the central area of Scotland and locations covered rural-urban designations from ‘Remote rural’ (Argyll and Bute) to ‘Large urban area’ (Glasgow). Some 14 interviewees lived in Non-SIP areas, and a further 13 lived in SIP areas.

The majority of the interviewees were women (64 per cent) and the majority (52 per cent) of those for whom further family information was available had children. For the 25 individuals for whom an age could be established, 16 per cent were aged between 20-29 years, 20 per cent were aged between 30-39 years, 12 per cent were aged 40-49 years, 24 per cent were aged between 50-59 years and the remaining 28 per cent were aged 60 years or over.
2  Main findings

In this chapter of the report we present findings in four areas. First, we describe the extent to which people changed landlord and neighbourhood at the same time as changing home. We also report from the postal survey on changes in the reported incidence of problems with the home, and present data from the in-depth interviews on a range of other views about the new homes.

Second, we report people’s changing views about the neighbourhood and community in which they reside. This includes changes in neighbourhood satisfaction and in the identification of neighbourhood problems. The in-depth interviews are used to illustrate urban-rural differences in community gains.

The next section present respondents’ views about the moving process itself, their likes and dislikes about the new dwelling, and the degree to which they have settled into what they consider to be a new ‘home’.

Finally, we consider changes in people’s health and wellbeing in the first year after moving home. This includes an examination of self-rated health; the incidence of common symptoms; psychosocial benefits from the home such as privacy and safety; and changes in behaviours, habits and lifestyles.

2.1 Housing and residential change

Data from the baseline and postal surveys were used to assess immediate changes in residential circumstances and housing conditions of the households who had moved into new social housing.

Changes in both landlord and neighbourhood

As might be expected, changing landlord is usually associated with a change in neighbourhood (Appendix, Table 4). However, this is not always the case, as 15 per cent of the sample changed landlord but lived in the same neighbourhood as before.

Problems with the dwelling

In the baseline survey, interviewees were asked about eleven potential problems associated with accommodation (such as problems with damp, keeping home warm in winter, etc.), and these questions were asked again one year after the move in the postal survey. For every one of these potential problems, the households who were surveyed reported some improvement when they compared their new house with their previous accommodation (Table I, below).

Table I: Problems with the home

<table>
<thead>
<tr>
<th>Problem with home</th>
<th>Percentage claiming this is a problem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline Survey</td>
</tr>
<tr>
<td>Damp</td>
<td>36.0</td>
</tr>
<tr>
<td>Keeping home warm in winter</td>
<td>41.4</td>
</tr>
<tr>
<td>Not enough privacy</td>
<td>36.9</td>
</tr>
<tr>
<td>Problems getting in or out of home</td>
<td>22.7</td>
</tr>
<tr>
<td>Smells and fumes</td>
<td>21.4</td>
</tr>
<tr>
<td>Noise from other household members</td>
<td>26.8</td>
</tr>
<tr>
<td>Rooms too small</td>
<td>42.0</td>
</tr>
<tr>
<td>Accidents outside the home</td>
<td>18.4</td>
</tr>
<tr>
<td>Noise from neighbours</td>
<td>38.7</td>
</tr>
<tr>
<td>Accidents inside the home</td>
<td>13.1</td>
</tr>
<tr>
<td>Rooms too large</td>
<td>2.4</td>
</tr>
</tbody>
</table>

*** p<0.001, ** p<0.01, * p<0.05
(Variation in totals is largely due to errors in completion of the postal questionnaire)
The two problem areas in which the greatest improvements were seen after the move to a new home were ‘damp’ and ‘keeping home warm in winter’, with the problem of damp largely having been eliminated. Similarly, for the vast majority of occupants, keeping warm in winter was no longer a problem (a reduction from 41.4 per cent to 13.5 per cent). However, it is nonetheless surprising that over one-in-eight respondents could still report a problem keeping warm despite having moved into a new home built to current standards.

Warmth was also discussed by interviewees in the in-depth interviews. Many interviewees used the adjective ‘warm’ or ‘warmer’ to describe their houses or reported that it was not as cold as their previous dwelling and that they were not burning as much fuel or in some other way indicated that the heating was an improvement.

Many interviewees identified changes in health after moving into their new homes. Some explicitly related these changes to aspects of the new house:

“I suppose their health as well, they don’t get quite so many colds as they used to and because we lived in a damp house when [son] was a baby it affected his chest […] his chest is not quite so bad because we’re living in a drier atmosphere, although he still, when he does get a cold it goes to straight to his chest because it was the damp, we lived in a damp house when he was a baby, it kind of, that’s the first thing it goes for. And you know it’s a sign of, because it was damp but now that it’s dry, it’s not as bad, as affecting him as much.”

Female, two children, 22 years old

Not all the new dwellings were warm however. One individual commented on a lack of insulation that meant that his radiators were on for longer, and feelings of cold were reported to be common to people in the development in which the interviewee and his wife lived.

Although most dwelling problems improved, a significant minority of interviewees still reported problems with noise from other people (household members and neighbours) and with a lack of privacy.

Space

The interview data clearly showed that having a bigger house was important to interviewees. More rooms were associated with less reported stress and with fewer family arguments. One clear benefit for many families was the chance to let one or more of their children have rooms to themselves rather than having to share with another sibling, sometimes of the opposite sex: “Oh, a room each, it’s an incredible thing.” The issue of children’s space was very important for the interviewees, particularly separate bedrooms for teenagers.

Separate rooms for individual members of the family and rooms associated with a particular activity (for example, a dining room or an attic converted to a playroom) meant much to interviewees who found that their family members had space to express their individuality and spaces in which they could find privacy. For example, a woman described sharing the house with her son and granddaughter:

“So she [granddaughter] spends a lot of time in her room doing her art. An her exams are coming up and studying. She’s quite happy with that and playing her music because it’s no affecting anybody else. It’s in her room or nobody else’s music is affecting us, so it’s good that way. It’s calmer that way.”

Female, one son, one granddaughter, 57 years old
Not all interviewees had moved into dwellings that offered more room, however, and for some a smaller living space was a benefit; for others the reduced space proved more difficult.

### Personal space, doors and gardens

Most interviewees had moved to a property that had a front and back door opening onto their own front and back gardens, and sixteen of the interviewees had previously lived in a traditional tenement or low rise flat with a communal garden. Gardens proved important to many people:

> “I’m happier tae have a bit of garden because I’ve pottered about and ah’ve done a bit.”

Male, no children, 44 years old

Changes to gardens and outside space were not always positive. For example, interviewees commented on the proximity of the new dwellings built by Housing Associations. The effect was to make one respondent feel like she lived in a “goldfish bowl” and she was very conscious of the interest she felt her neighbours took in her activities and of the noise that her children might make when playing in the garden.

### Accessibility

Easy access to housing is not only important to the tenants and their immediate family living in the property, but also to friends and families who are often important social and personal contacts providing care, friendship and support. One interviewee described how a disabled daughter could visit more easily as there were no accessibility problems with her wheelchair. A mother of three young children, who had previously lived in a flat, described her prior access problems whilst coping with her children, a buggy, the shopping and the stairs, and compared it with her current accommodation:

> “Well, in ‘B’ it was a two bedroom flat, an upstairs two bedroomed flat. So even going to the shops was a nightmare, you know by the time you, the babygate at the top of the stairs. So, ah had to go down and set up the double buggy and then go back up get one, take them down, put them in the buggy, back up, get the other one and then when you got back from the shops it was up with the bags and then up with one child and then up wi’ another child and then bring the buggy in, ehm? So it was, it was an obstacle course. Here it’s just a case of wheeling them straight out the front door. You know… so, no it’s definitely a lot easier.”

Female, three children, 27 years old

### Security in the home

Psychosocial benefits were also identified by interviewees. One woman spoke of the way in which her anxiety about leaving the house had lessened and how her family were happier to come and visit her. Another, who lived with her father, was now more comfortable when going out and leaving her father alone in their new house. One woman described how she felt happier in her new house and believed that she could now leave a window open without worry when she went out. For others security was associated with security of tenure and the assurance that if anything happened to them their children would inherit the house.
Many interviewees reported that they had more time to relax in their new house, they were less stressed, were happier and more secure, although there were no specific connections made to changes in their physical health. Occasionally, respondents reported thinking about making changes to health-related behaviour such as smoking.

**Affordability**

Respondents were asked in the postal survey how frequently they had difficulty paying household charges (Table II, below). Council tax and fuel bills had all become more difficult to pay though significant decreases in affordability were noted for most items including food, rent and telephone bills.

### Table II: Affordability. Frequency of respondents claiming “occasional” or “frequent difficulty” paying for item of consumption

<table>
<thead>
<tr>
<th>Consumption Item</th>
<th>% at Baseline (Postal Survey)</th>
<th>% at follow-up (Postal Survey)</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car maintenance</td>
<td>34.9</td>
<td>34.1</td>
<td>-0.8</td>
</tr>
<tr>
<td>Repairs, maintenance, factor charges</td>
<td>21.1</td>
<td>24.6</td>
<td>+3.5</td>
</tr>
<tr>
<td>Credit card payments</td>
<td>27.3</td>
<td>33.7</td>
<td>+6.4</td>
</tr>
<tr>
<td>Food and other necessities</td>
<td>33.3</td>
<td>48.7</td>
<td>+15.4 ***</td>
</tr>
<tr>
<td>Rent or mortgage</td>
<td>30.6</td>
<td>47.9</td>
<td>+17.3 ***</td>
</tr>
<tr>
<td>Telephone bill</td>
<td>41.4</td>
<td>59.1</td>
<td>+17.7 ***</td>
</tr>
<tr>
<td>Treats</td>
<td>63.9</td>
<td>84.0</td>
<td>+20.1 ***</td>
</tr>
<tr>
<td>Gas, electricity, other fuel</td>
<td>39.0</td>
<td>64.9</td>
<td>+25.9 ***</td>
</tr>
<tr>
<td>Council tax</td>
<td>38.3</td>
<td>69.9</td>
<td>+31.6 ***</td>
</tr>
</tbody>
</table>

Total sample size includes all responses and instances of “no response”. Key: *** p<0.001

These findings were also reflected in the in-depth interviews. Some interviewees found that one bill changed while other remained the same:

“Well, the electric is awffie expensive in here. Very expensive. Sometimes ah can hardly put the heater on because ah cannae afford tae pay for it […] Ah’ve seen me sitting there with a blanket round me because ah cannae afford the heater […]. And then ah’ve seen me covering the cat up wi’ a blanket and then he thinks it’s great!”

Female, 0 children, 65 years old

A number of interviewees had not been able to establish effective communications with gas or electricity companies despite their best efforts. They were thus unable to discuss any impact of their removal on their household budgets with the interviewer.

**Housing and residential change: summary**

This section has focused on a range aspects of the respondent’s experiences in new accommodation, particularly; warmth, space, gardens, personal and private space, accessibility, security and light. All were associated with improvements in health and well-being.

The results from the postal survey show that damp and warmth were the two areas in which the greatest gains were made. The affordability of heating will be analysed further in the final report which will include data from the final tenant survey.
Having more space, (for example, a greater number of rooms, larger rooms, or gardens) was also welcomed by interviewees who found more space conducive to family living and associated with a decreased in stress. Ease of access to space was also important for a dwelling's inhabitants. Feeling secure in that space was also important.

2.2 Neighbourhood change

The postal questionnaire assessed respondents’ satisfaction with the area in which the household was then living, about specific potential problems with the area, and about the friendliness of local people. Issues of community formation were also discussed in the in-depth interviews.

Neighbourhood satisfaction

Tenants who were rehoused reported a significant increase in neighbourhood satisfaction in the postal survey, when compared with their responses to the Baseline survey (Appendix, Table 5).

People who reported that they had changed the neighbourhood in which they live (47 per cent of the sample) were also more likely to rate their area as “fairly” or “very” good than those who had moved within the same neighbourhood.

Neighbourhood problems

Nineteen aspects of the neighbourhood were explored in the Postal Survey as part of the investigation into respondents’ relationship with their neighbourhood and with other local people (Table III, below). In terms of anti-social behaviours the greatest improvements were in vandalism/graffiti; drug dealing and taking; and assaults or muggings. In terms of environmental aspects and services the greatest improvements were the general appearance of the area, pavement safety and the level of policing. Three problems seemed to have got worse: disturbance by children and youngsters; nuisance from dogs; and noise.

Lack of facilities for children/young people, and speeding traffic were particular sources of concern at both points in time. Drug dealing or taking was also seen as a common problem.
It was also clear from the interviews that interviewees found that housing improvements could not solve all the local problems, or they found that new problems had developed. One interviewee, while feeling that changes to the fabric of their area had been generally good and had attracted people into the area, pointed out that there was still no work for the local population. Another respondent on the West coast noted that a ‘new crowd’ was hanging round their development and the phenomenon of highly visible, and by implication unwelcome, groups was commented upon by a third interviewee.

One interviewee described the impact that a drug dealer was having on the immediate community. Drug problems were by no means confined to one area and other respondents also noted that there had been an increase in drug abuse. The residents of one of these areas had organised a petition against the local drug dealer. A further interviewee felt that vandalism in their area was a problem.

One man felt that having nice houses was pointless if they were not accompanied by child-related developments. The lack of facilities for children and young people meant children were hanging around the streets:

“Well, what has changed as far as am concerned, there’s no so much clubs for the kids. They have built a lot of new hooses which they’ve upgraded which is quite nice but I feel that although they’re daeing that they’re no daeing enough for the kids and it’s nae use having nice hooses and all the rest of it if you’ve got nothing for the kids tae dae because they’ll just hang about and start spray painting again and so you’ve got to have something for the kids.”

Male, one child, 49 years old

<table>
<thead>
<tr>
<th>Problem in the Neighbourhood</th>
<th>Baseline Survey</th>
<th>Postal Survey 1 year after</th>
<th>Change %&lt;sup&gt;a&lt;/sup&gt;</th>
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<tr>
<td>Anti-social behaviours:</td>
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<tr>
<td>Vandalism/graffiti</td>
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<td>50.8</td>
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<tr>
<td>Assaults or mugging</td>
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<td>-8.1</td>
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<tr>
<td>People drinking alcohol in public places</td>
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<td>-6.3</td>
</tr>
<tr>
<td>Burglaries</td>
<td>33.0</td>
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<td>-5.2</td>
</tr>
<tr>
<td>People hanging round</td>
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<td>The people round here</td>
<td>31.3</td>
<td>30.9</td>
<td>-0.4</td>
</tr>
<tr>
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<td></td>
<td></td>
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<td>General appearance of area</td>
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<td>30.8</td>
<td>-21.0 ***</td>
</tr>
<tr>
<td>Uneven/dangerous pavements</td>
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<td>36.1</td>
<td>-14.2 ***</td>
</tr>
<tr>
<td>Level of police presence/response speed</td>
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<td>49.4</td>
<td>-11.1 **</td>
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<td>Reputation of area</td>
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<td>-9.1 *</td>
</tr>
<tr>
<td>Adequate street lighting</td>
<td>22.1</td>
<td>15.1</td>
<td>-7.0 *</td>
</tr>
<tr>
<td>Litter and rubbish</td>
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<td>-6.5</td>
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<tr>
<td>Air quality/pollution</td>
<td>29.1</td>
<td>23.5</td>
<td>-5.6</td>
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<td>Public transport services</td>
<td>35.6</td>
<td>31.4</td>
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<td>Security levels of houses, closes, courts and gardens</td>
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<td>37.1</td>
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<td>84.3</td>
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<td>Speeding traffic/amount of traffic</td>
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<td>60.4</td>
<td>-0.3</td>
</tr>
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<td>Safe children’s play areas</td>
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<td>65.1</td>
<td>-0.3</td>
</tr>
<tr>
<td>Noise e.g. factories, traffic, shouting</td>
<td>40.2</td>
<td>46.7</td>
<td>+6.5</td>
</tr>
</tbody>
</table>

Key:  *** p<0.001, ** p<0.01, * p<0.05

Table III: Incidence of Neighbourhood Problems
Development of a sense of community: urban areas

In urban areas, the physical changes discussed by interviewees in the in-depth interviews were accompanied by comments about the improvements in attitude and behaviour within the local population: other tenants were thought to be taking more care and pride in their accommodation and gardens, if they had the latter:

“Positive, definitely, the whole look of it and I think everybody feels like that and it’s going back to that this is nice, let’s keep it ...like this”.

Female, one child, 30 years old

One person described the changes in terms of the fact that there were “no rogues running round” (Female, 0 children, 73 years old). Another individual commented that there were now no “druggies kicking the door in”. One man reported on the change in the behaviour of his new next-door neighbour who had been previously thought of as the ‘neighbour from hell’ (Male, two children, 57 years old). As a result, people had been very reluctant to live in the house next door. However, his relationship with his previously feared neighbour was very amicable and involved swapping favours and he felt that his neighbour had in fact, changed.

A new sense of community was a predominant theme of the qualitative interviews:

“People are the same but 75 per cent have changed their attitude… they have changed a lot; everybody’s attitude has changed a wee bit.”

Female, 0 children 73 years old

One interviewee reported a greater sense of ease in their new area that was described as a neighbourhood in which “everyone got on”. The interviewees in this study felt that they were the beneficiaries of changes in the local community’s relationships. They made new friends and exchanged favours. These new friendships also allowed them to enjoy other activities that would have caused them stress before.

Development of a sense of community: the rural community

In general, those in more rural areas were equivocal about recent changes that had meant, among other things, a decline in the number of local shops and services which played a key part in the community, such as the Post Office. However this was not a direct consequence of the housing schemes, which tended to bring more people into a village. For example, one woman felt that the number of houses built had resulted in a doubling in size of the community which prompted her to feel that she was now living in a city. However another rural-based interviewee welcomed the changes in her village and could not think of any negative effects of the rapidly increase in size.

Friendliness

In both baseline and postal surveys respondents were asked to rate the friendliness of the local population. This changed little over time, and did not differ between those who had moved into a new neighbourhood and those who had remained in the same area.²

² (x²=5.900, 4 d.f., p=0.207)
Neighbourhood change: summary

Being rehoused has been associated with an increase in residents’ satisfaction with their neighbourhood, even more so if people changed their neighbourhood of residence as well as their home. Most potentially problematic aspects of the neighbourhood were rated as being better than they were in people’s previous homes; the biggest gains were in relation to the general appearance of the area and a reduction in problems of vandalism and graffiti, which could reduce the quality of the environment.

The in-depth interviews revealed a widespread feeling among tenants that there was a growing sense of community and attachment to the neighbourhoods, evident in terms of looking after the environment and watching out for the welfare of neighbours.

2.3 The experience of moving and reactions to the new home

In the postal survey respondents were asked about their experience of moving into their new house. The most common problem associated with moving was the actual upheaval (25 per cent) and for some the cost of moving (15.5 per cent). ‘Other’ problems included physical removal problems, delays and administrative issues such as organising re-direction of post or changing utility accounts.

The in-depth interviews indicated that the move to new accommodation generally went very smoothly. Registered social landlords often helped with the move and people were grateful for the assistance:

“Aye. It wasnae too bad. They (RSL) moved us from G- tae here in two hours an’ everything in its place, ...ye know”.

Male, 0 children, 79 years old

“Housing Association. Aye, they done, they paid for everything, done the whole lot for us and they had like our washing machine all fitted in, eh? Cooker all fitted up, ehm? Any like immediate repairs, ah mean no like snagging things but any immediate things that didnae, wasnae working and thing, builders and everything, they seen tae all that so. By about the lunchtime we were kind of settled an, we didnae hae it all perfect but we had things where ...we wanted”.

Female, one child, 57 years old

For some, delays in the building programme meant distress and anxiety:

“Last minute problems? It was hell. Like I say I was living in a house that was horrendously expensive. I was due, the first date we were given to move in was July, and they delayed it and delayed it and delayed it. I got in the end of September, the same day I had to start University… So tired I was living, everything was packed up and ready to go, so for months we were sitting there living with packed up boxes and you know of course the financial stress of it all just got beyond a joke and I ended up in three months arrears which is like £1200 of rent arrears in three months… It was just a nightmare…”

Female, one child, 29 years old
And finally there were a small minority who had experienced last minute problems with the new house:

“Well, we had a lot of problems really because it was a new house and a lot of things were going wrong. In fact, we’re still waiting on repairs to get done within this house, within the house, that’s how we cannae decorate.”

Male, one child, 49 years old

Likes and dislikes about accommodation

Respondents to the postal survey were asked to list the three things they liked most about their new homes and area, and the three things they liked least about their home and area.

The five most liked aspects of respondents' new accommodation and area were:

- The space, layout and size of the new accommodation;
- Gardens;
- Positive comments about neighbours;
- The levels of warmth of the new accommodation; and
- Local facilities or amenities in the area.

The five least liked aspects of new homes were:

- Gardens and back yards – which included absence of dividing fences, questions over the turf provided, or problems with the geographical positioning of the site leading to boggy conditions;
- Problems with children, which included children gathering in the project or lack of facilities for the children and young people;
- Problems with neighbours;
- Aspects of traffic or the road system in the area; and
- Dissatisfaction with local amenities and facilities.

Three items appear on both lists (gardens, neighbours, and facilities and amenities).

Houses and homes

Interviewees who took part in the in-depth interviews were asked further about their new accommodation, in particular whether they regarded their new accommodation as a home. Many individuals describing their houses in very positive terms, as relaxing, and calming and much superior to their old accommodation. A few others however felt differently. One individual reported feeling guilty that she had been given a house that could, she thought, have been equally been given to a family. For another an emotional attachment would only begin to develop following an event such as the family coming over at Christmas. Another interviewee recalled asking himself ‘What do I want a new house at my time of life?’ when he found out his old house was to be demolished, but he nevertheless appreciated his new home.
The experience of moving and reactions to the new Home: summary

For most people in the study the main problem associated with the move to their new accommodation was the general upheaval. For most, the move went smoothly. Building delays were associated with distress and expense and a small minority experienced repair and snagging problems.

Despite sometimes very difficult personal situations or problematic periods during the settling-in period the majority of people were, on the whole, pleased with their accommodation, even though it often meant no longer living in areas to which they had strong personal ties.

2.4 Changes in health and wellbeing

The postal questionnaire include questions about the health and well-being of the respondents. First, general health, vitality and mental health were assessed (using a standard questionnaire, the SF-36). Second, respondents reported on their experience of common symptoms in the previous month. Finally, the psychological benefits resulting from the living in the dwelling were assessed.

Self-assessed health

Respondents had a tendency to rate their health as being better a year after their move than they had in the Baseline survey. Whilst 41 per cent of respondents in the baseline survey had rated their health as either “fair” or “poor”, this dropped to 37 per cent by one year later. Although the improvement is statistically significant, the effect is not large.

Mental health

Mental health was assessed through five questions about how often in the past four weeks people had: been very nervous; felt down in the dumps; felt calm and peaceful; felt downhearted and depressed; and had been happy. The mean mental health scores changed little.3

Vitality

Energy or vitality was assessed by asking four questions about how often in the past four weeks people had: felt full of life; had a lot of energy; felt worn out; felt tired. In contrast to mental health, there was a significant improvement in reported vitality over time.4

Changes in common health symptoms

Ten common symptoms were enquired about in both surveys (see Appendix, Table 6)

There were declines in the percentages of individuals who reported that they had suffering from sleeping problems, eye problems and faints and dizziness in the four weeks before the survey. Small increases in percentages were observed for the remaining six common symptoms, the largest being for “persistent cough”, which increased 4.6 per cent. Overall, respondents said they suffered from fewer common symptoms after they moved house than they had when interviewed one year previously.5 The difference between the results from each survey is however small.

3 (from 58.27 at Baseline, to 59.18 in the Postal Survey one year later; p=0.507
4 (means of 42.31 and 51.45, respectively; p<0.001)
5 (Z=-2.189, p=0.029)
Psychosocial benefits from the new home

Ten aspects of respondents’ feelings about their homes were assessed in the surveys. The survey questions covered a range of psychosocial benefits people might derive from their homes such as privacy, status and autonomy (See Appendix, Table 7). There were substantial improvements over time in almost all of the items, though slightly fewer people felt that they had a sense of routine (which may reflect a long ‘settling in’ period), and there was a slight increase in the percentage of respondents worried about losing their new home.

Changes in behaviours

In the in-depth interviews, some people reported that they were getting “out and about” a little more and as a result were meeting people with whom they could have a quick talk with, or were seeing people more often and going out to socialise. This was not true of all as some kept themselves distinctly to themselves, or found that their neighbours were somewhat reticent.

Occasionally, people reported making significant changes to their lives or habits. For example, interviewees had joined slimming clubs with successful results, or had started swimming. Children’s routines also changed – one child was now learning the guitar, another was now participating actively in swimming and football, although her mother did wonder if it was the result of the child’s age rather than the move itself. Others found that their children had also developed new sporting interests. Another had bought herself a tumble dryer when she moved, after having a pulley in her old house, and this she defined as a ‘new start’. Some were thinking of giving up smoking, or de-cluttering.

Sometimes old habits were maintained. A rural interviewee continued to go to the Co-op now four miles from her home because her dividend card was registered there. Another firmly maintained her personal contacts from her previous area.

One woman had experienced a dramatic weight loss of seven stone in the seven months prior to her interview:

“Seven stone eight an’ I don’t know if it’s just because I’ve got this house to look after now an’ I just knew ma daughter’s had tae do somethin’ cos I wasnae goin’ out at all down the road […] so I’m just kinda eatin’ what he’s [son] eatin’ now, like pastas an’ […] cous cous. I never even knew what cous cous was before”.

Female, two children, 42 years old

Finally, there were those interviewees who noted that behaviour, which could potentially damage their health, had remained the same. One, older woman had continued to smoke despite several heart attacks and her doctor’s advice. Another talked about her smoking habits which had not changed since moving and her family’s eating habits, which had changed:

“I smoke mair now than ah ever dae but that’s just me, ah’ve always been a heavy smoker … ah don’t know … if … we eat a wee bit mair here than we did over there, but ah’ve got a wee bit more money than ah did over there […] So. I wouldnnae say any mair healthy or unhealthy but, there’re definitely always mair crisps in the cupboard, mair sweeties in the cupboard, mair, there’s a lot mair things than there used to be.”

Female one child, 30 years old
Changes in health and wellbeing: Summary of key findings

Significant changes in mental health following rehousing could not be detected in these analyses, though these may yet emerge. Further analyses using data collected two years after moving home will eventually help us to further explore this relationship.

When we examine the psychosocial benefits of moving to new homes, interviewees indicated a marked increase in pride in their homes and feelings of safety in their homes. These changes were also clear in the narratives from the in-depth interviews, in which people were keen to emphasise the relaxing and calming nature of their new accommodation. Some described new habits, others maintained routines while noting the impact minor adjustments could have.

These results indicate that there is still much to discover from the SHARP data. The final follow-up data, when available, will contribute much to clarifying the complex relationship between housing improvement, relocation, and health and wellbeing.
3  Next steps

In this final section of the report we identify those issues arising out of the qualitative interviews that are worthy of further investigation in the analysis of the SHARP household survey data. We also give an indication of how the analysis conducted so far can be extended when the final dataset is available.

3.1 Issues for further investigation

The data from the in-depth interviews have provided some indications of several health and well-being issues worthy of further investigation in the analysis of the SHARP survey data.

Children and young people appear (from these early findings) to be key potential beneficiaries of new housing. The final complete dataset will allow us to assess the degree to which child health symptoms are reduced by living in new, warm housing, something indicated in the interviews reported here. The qualitative interviews also suggested that children benefit from their new surroundings in a variety of ways (warmth, security, more internal private space and more outside space to play in) which relate to their personal development, leisure interests and individuality. These areas of child development are however not well covered in the SHARP survey.

On the other hand, the interviewees reported that where residents had moved into new housing developments there were few amenities for young people; this was even reported by people who had moved into a new house in a regeneration area where we might expect the amenities to be better than elsewhere. When we analyse the complete set of survey data (for both movers and non-movers) we will be able to explore whether residents ratings of local facilities, and especially for young people, is associated with the mix of house types provided in the development; whether there is an urban/rural difference in the responses on this issue; and whether or not regeneration areas perform any better on this score.

For adults, the in-depth interview data suggest that the main improvements in well-being after a move may be in mental health, and in particular involve a reduction in stress, both within the family unit and in relations with neighbours. This appears to result from having more space at home; more privacy within and immediately outside the home in the garden, and from a more peaceful, safer local environment. In the final survey analysis we intend to examine whether positive mental health responses are related to gains in space, particularly for non-traditional families (something indicated here); to feelings of safety and privacy; and whether they are more prevalent among residents who gained a garden through their house move.

We will also consider whether mental health and wellbeing gains are acquired more by people who had previously lived in tenements but who now live in houses with front and back doors. The in-depth interviews have raised questions about whether people have lost the art of co-operation in tenemental situations, since tenements seem to have been the source of much tension among neighbours prior to their move.

The findings from the in-depth interviews hinted at the possibility that people were considering changing their health behaviours as a result of the overall
changes brought about by the house move, but there were no concrete indications of change on this score. In our final analysis of the complete survey results we will be able to measure the extent to which such behavioural changes have occurred over the two years since households were moved into new RSL housing, rather than over one year as reported here.

The in-depth interviews also suggest that we should evaluate the effects of changes in the household’s social environment resulting from the house move. This was apparent in the interview findings through co-operative behaviours and regard for the local area among neighbours; in terms of residents being able to interact with neighbours; and feeling more locally integrated and part of the outside world. In the final survey analysis, we will assess whether, as indicated here, these social benefits are felt more by people with gardens, people living at ground floor level, and people with a physical or mental health problems. The degree to which social benefits vary by urban or rural location and by size of development will also be considered.

In terms of people’s response to the overall experience of change, the in-depth interviews remind us that we must consider how acceptance and adaptation to change depends upon issues other than the quality of the home and neighbourhood. Thus, in the final survey analyses we must take into account a number of factors which shape people’s view of change, including: how long they had lived in their previous home; how attached they were to their neighbourhood and whether their location has changed; whether they can afford the rent and utility bills in their new home, and partly as a consequence of this, whether they have been able to furnish their new house sufficiently to make it feel like their home; and lastly, whether life events have occurred in the meantime which mediate the settling in process. These are all issues which are covered in the survey and can be incorporated into our future analyses.

3.2 Extending the analysis using the final dataset

When the final data are available, which will include a final survey of both the group of tenants who were re-housed (the intervention group) and the group of tenants who were not rehoused (the control group), we will be able to extend the analysis reported here on the effects of new social housing in a number of ways.

Patterns over time

The final dataset will contain information on respondents and their families approximately a year later than the postal survey (i.e. two years after moving house). This will enable us to examine whether some of the changes reported one year after moving home are sustained over time or subsequently altered. This would include for example:

- Whether affordability problems remain or become less severe as people adjust their household budgets to their new dwellings (for example in relation to council tax), or adjust their daily living patterns in ways which reduce costs (say, in relation to heating and fuel).
- Whether a sense of community develops to the extent that there is an improvement (not yet reported) in the assessment of local people as friendly.
Whether the pattern of changes in common symptoms is maintained.

Whether mental health improvements become apparent over time (which they have not done to date).

We will also be able to investigate whether any further changes in health or wellbeing emerge. For example, we will be able to investigate whether landlord performance feeds into greater residential satisfaction for tenants; whether the social capital people may derive from their neighbours and community (including measures of trust, reciprocity and social support) changes over time; and whether the health of children in the tenant households also changes following rehousing. Moreover many of our health measures are consistent with those used in national surveys, thus allowing us to compare the findings from this study against national data.

Perhaps most importantly, we will be able to compare tenants who moved into a new house to other tenants in the same locality who did not get a new house. This will allow us to examine whether any changes in health, or other outcomes that we observe at two years are really due to changes in housing and neighbourhood, or are due to other causes.

In conclusion, moving to new social housing appears to be associated with improvements reported in the quality of the home (particularly in terms of damp, and warmth) and in the quality of the local neighbourhood. There is also some limited evidence that self-reported health has improved. Further investigation of these issues will be undertaken in 2007 when the final dataset (i.e., including data collected two years after moving) become available.
Glossary

**Comparison group:** In SHARP, a matched group of tenants who did not move during the course of the study. These were recruited for comparison purposes. Results from this group are not reported here.

**Cross-sectional study:** Study which collects and analyses data on individuals at a single point in time.

**Ecological approach (or ecological model):** Model of behaviour which incorporates the wider context - such as the physical environment, and national and other policies, as well as socioeconomic and other influences on individual behaviour.

**Intervention group:** This term refers to households who moved into new housing during the course of the study.

**Interviewees:** Used in this report to refer to those 28 tenants who took part in the qualitative, in-depth interviews.

**Longitudinal study:** Study involving the collection of data on a group of individuals over time - often the same group.

**Respondent:** Used in this report to refer to those who took part in the face-to-face interviews, and the postal survey.

**SF (Short Form)-36** is a generic measure of health status comprising 36 questions divided into eight scales: physical functioning, role limitations (physical), bodily pain, general health, energy/vitality, social functioning, role limitations (emotional), and mental health. It is widely used in health surveys to assess health in the general population, i.e. not limited to any particular age, disease or treatment group.

**SIP/Social Inclusion Partnership:** Social Inclusion Partnerships were established in 1999 to progress the Scottish Executive’s commitment to regenerating deprived communities. There were 48 SIPs, including 34 area-based partnerships. From 2005, SIPs have been superseded by Community Planning Partnerships which are responsible for allocating regeneration resources within their areas, in line with Regeneration Outcome Agreements.
Appendix 1

Table 1 Age Distribution of Respondents

<table>
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<th>Postal Survey (1 year later)</th>
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<td>Frequency</td>
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<td>56</td>
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<td>42</td>
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</tr>
<tr>
<td>60-69 years</td>
<td>24</td>
<td>7.6</td>
<td>23</td>
<td>8.7</td>
</tr>
<tr>
<td>70 years or older</td>
<td>20</td>
<td>6.3</td>
<td>15</td>
<td>5.7</td>
</tr>
<tr>
<td>Total</td>
<td>316</td>
<td>100</td>
<td>265</td>
<td>100</td>
</tr>
</tbody>
</table>

($\chi^2=1.381$, 5 d.f., $p=0.926$)

Table 2 Household Type Distribution

<table>
<thead>
<tr>
<th>Household type</th>
<th>Baseline Survey</th>
<th></th>
<th>Postal Survey</th>
<th>1 year later</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>206</td>
<td>61.7</td>
<td>170</td>
<td>60.7</td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>96</td>
<td>28.7</td>
<td>83</td>
<td>29.7</td>
<td></td>
</tr>
<tr>
<td>Older</td>
<td>32</td>
<td>9.6</td>
<td>27</td>
<td>9.6</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>334</td>
<td>100</td>
<td>280</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

($\chi^2=2.022$, 2 d.f., $p=0.364$)

Table 3: Residence in a SIP over time: change between baseline and 1 year later

<table>
<thead>
<tr>
<th>Residence</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in SIP → not in SIP</td>
<td>123</td>
<td>45.9</td>
</tr>
<tr>
<td>Not in SIP → in SIP</td>
<td>10</td>
<td>3.7</td>
</tr>
<tr>
<td>In SIP → not in SIP</td>
<td>16</td>
<td>6.0</td>
</tr>
<tr>
<td>In SIP → in same SIP</td>
<td>116</td>
<td>43.3</td>
</tr>
<tr>
<td>In SIP → in different SIP</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>268</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4: Changes in landlord and neighbourhood

<table>
<thead>
<tr>
<th>Renting from:</th>
<th>Living in same neighbourhood</th>
<th>Living in different neighbourhood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Same landlord</td>
<td>102</td>
<td>37.2</td>
</tr>
<tr>
<td>Different landlord</td>
<td>42</td>
<td>15.3</td>
</tr>
</tbody>
</table>
Table 5: Neighbourhood Satisfaction, before (Baseline Survey) and after moving (Postal Survey)

<table>
<thead>
<tr>
<th>Rating of Local Area As a Place to Live</th>
<th>Very good (%)</th>
<th>Fairly good (%)</th>
<th>Neither good nor bad (%)</th>
<th>Fairly bad (%)</th>
<th>Very bad (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>73 (26.4)</td>
<td>104 (37.7)</td>
<td>45 (16.3)</td>
<td>27 (9.8)</td>
<td>27 (9.8)</td>
<td>276</td>
</tr>
<tr>
<td>After</td>
<td>83 (30.1)</td>
<td>135 (48.9)</td>
<td>36 (13.0)</td>
<td>19 (6.9)</td>
<td>3 (1.1)</td>
<td>276</td>
</tr>
</tbody>
</table>

($\chi^2=35.512$, $4$ d.f., $p<.0001$).

Table 6: Common symptoms experienced in last four weeks

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Baseline Survey</th>
<th>Postal Survey (1 year later)</th>
<th>Total</th>
<th>+/- %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hay fever</td>
<td>16.2</td>
<td>14.7</td>
<td>259</td>
<td>-1.5</td>
</tr>
<tr>
<td>Sleeping problems</td>
<td>63.7</td>
<td>58.0</td>
<td>262</td>
<td>-5.7</td>
</tr>
<tr>
<td>Indigestion/stomach trouble</td>
<td>41.2</td>
<td>42.3</td>
<td>260</td>
<td>+1.1</td>
</tr>
<tr>
<td>Eye trouble</td>
<td>25.5</td>
<td>23.9</td>
<td>255</td>
<td>-1.6</td>
</tr>
<tr>
<td>Painful joints</td>
<td>52.1</td>
<td>52.5</td>
<td>265</td>
<td>+0.4</td>
</tr>
<tr>
<td>Palpitations/breathlessness</td>
<td>38.9</td>
<td>39.6</td>
<td>265</td>
<td>+0.7</td>
</tr>
<tr>
<td>Ear trouble</td>
<td>19.3</td>
<td>19.7</td>
<td>259</td>
<td>+0.4</td>
</tr>
<tr>
<td>Sinus trouble/catarrh</td>
<td>29.1</td>
<td>31.8</td>
<td>261</td>
<td>+2.7</td>
</tr>
<tr>
<td>Persistent cough</td>
<td>23.8</td>
<td>28.4</td>
<td>261</td>
<td>+4.6</td>
</tr>
<tr>
<td>Faints/dizziness</td>
<td>21.8</td>
<td>19.8</td>
<td>257</td>
<td>-2.0</td>
</tr>
</tbody>
</table>

Table 7: Psychosocial benefits from the new home

<table>
<thead>
<tr>
<th>Psychological benefit</th>
<th>Baseline Survey</th>
<th>Postal survey (1 year later)</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Most people would like a home like mine</td>
<td>115 34.6</td>
<td>222 77.1</td>
<td>42.5</td>
</tr>
<tr>
<td>My home makes me feel like I'm doing well in my life</td>
<td>102 30.6</td>
<td>179 65.1</td>
<td>34.5***</td>
</tr>
<tr>
<td>My home expresses my personality and values</td>
<td>143 43.1</td>
<td>201 72.8</td>
<td>29.7***</td>
</tr>
<tr>
<td>I feel in control of my home</td>
<td>191 57.5</td>
<td>216 79.4</td>
<td>21.9***</td>
</tr>
<tr>
<td>I can do what I want, when I want in my home</td>
<td>204 61.3</td>
<td>224 81.2</td>
<td>19.9***</td>
</tr>
<tr>
<td>I can get away from it all in my home</td>
<td>187 56.3</td>
<td>206 75.7</td>
<td>19.4***</td>
</tr>
<tr>
<td>I feel I have privacy in my home</td>
<td>226 67.9</td>
<td>227 83.2</td>
<td>15.3***</td>
</tr>
<tr>
<td>My home feels safe</td>
<td>252 75.9</td>
<td>239 87.5</td>
<td>11.6***</td>
</tr>
<tr>
<td>My life has a sense of routine</td>
<td>262 79.2</td>
<td>215 78.5</td>
<td>-0.7</td>
</tr>
<tr>
<td>I worry about losing my home</td>
<td>70 21.0</td>
<td>71 26.6</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Key: *** $p<0.001$