Health and Housing in the SHARP Study: Qualitative Research Findings
SCOTTISH HEALTH, HOUSING AND REGENERATION PROJECT (SHARP): FINDINGS OF THE SECOND QUALITATIVE PHASE

Marcia Gibson*, Hilary Thomson*, Mark Petticrew** & Ade Kearns***

* MRC Social and Public Health Sciences Unit, Glasgow.
** London School of Hygiene and Tropical Medicine (formerly of MRC SPHSU)
*** Department of Urban Studies, University of Glasgow

Scottish Government Social Research
2008
It should be noted that since this research was commissioned a new Scottish government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy.
ACKNOWLEDGEMENTS

The SHARP study was funded by the Scottish Government, the Medical Research Council and the University of Glasgow. The research was originally commissioned by Communities Scotland, a Scottish Government executive agency which was abolished on 1st April 2008, in collaboration with the Chief Scientist Office.

Our thanks to Kate Campbell, Survey Support Officer in the MRC Social and Public Health Sciences Unit, who helped to organise the sample of potential interviewees, and also many thanks to the respondents themselves for taking part in the study.
EXECUTIVE SUMMARY

1. The Scottish Health, Housing and Regeneration (SHARP) study is a longitudinal study of the health and social impacts on tenants which result from moving into new-build socially rented housing. The primary aim was to investigate the impacts of being rehoused in new-build socially rented property on housing conditions, neighbourhood outcomes and the health and well-being of tenants.

2. Three waves of household surveys were conducted. Waves 1 and 3 involved face-to-face interviews with 334 households who had been rehoused (the Intervention Group) and 389 households who were not rehoused (the Control Group). Wave 2 was a postal survey involving only the Intervention Group.

3. Data collection and analysis of the survey data have now been completed. The findings of the survey are presented in a number of separate reports.

4. Two waves of qualitative interviews were also conducted with sub-samples of respondents from the Intervention Group. The first wave was conducted in 2005, one to 3 years after rehousing. The findings are presented in a separate report. The second wave was conducted in 2007, 3½ to 5 years after rehousing. This report presents the findings of the second wave of qualitative interviews.

5. One-to-one in-depth interviews were conducted with a sample of 22 respondents who had been rehoused in new-build socially rented accommodation. The interviews explored the impacts of moving on housing conditions, social networks, community outcomes and health and well-being.

6. The majority of respondents had moved from a flat to a house. There was a very high level of satisfaction with new housing among the sample. Aspects of new housing such as warmth, privacy, security and gardens were particularly appreciated by the respondents.

7. Respondents who moved for health reasons reported improvements in their health or in their ability to cope with ongoing health conditions. A number of those who did not move for health reasons made explicit connections between improvements in their health and the change in their housing situation.

8. Moving to new housing appeared to have psychosocial benefits for many respondents. Aspects of new housing which had such impacts included privacy, security, control, and reductions in anti-social behaviour. Some respondents explicitly linked new homes with improved mental health or well-being. Moving from a flat to a house seemed to have the greatest impact on psychosocial outcomes.

9. Impacts on social and community outcomes were mixed. Community feeling and neighbouring behaviours decreased for some and increased for others. Housing type appeared to play a role in this, but with varying effects. Some of those who moved from a flat to a house explicitly linked this to an increase in community outcomes, whilst others linked it to a decrease.
10. A number of respondents reported substantial declines in levels of anti-social behaviour in their area. This appeared to be linked to the effects of regeneration and also to moving from a flat to a house.

11. Respondents who commented on changes to the appearance of their area reported that there had been considerable improvements. Again, these were linked to the impact of regeneration.

12. A number of these findings accord with, and shed more light on, those of the quantitative survey. In particular, the survey found that the psychosocial benefits of moving were greatest for those who moved from a flat to a house. The qualitative data provide some insight into why this should be the case.
CHAPTER ONE   INTRODUCTION

Background

1.1 SHARP is a longitudinal comparative study of the health and well-being impacts on tenants which result from moving into a new socially rented home in 58 sites across Scotland. Although connections between poor housing and poor health are well established in cross-sectional studies\(^1\), information about the causal mechanisms underlying such connections is scarce, because cross-sectional studies do not permit investigation of causal relationships, or of the impact of confounding factors generally associated with poor housing such as low income or unemployment. Thus, the SHARP study aimed to overcome some of the limitations of previous research by surveying respondents before and after they moved, and by including a group of respondents who did not move house for comparison purposes.

1.2 The research involved 3 survey waves across 2 study groups. The Intervention Group were rehoused in new-build social housing and the Control Group were people residing in the same areas who had not been rehoused. In addition, 2 waves of qualitative interviews were conducted with 2 sub-samples of respondents from the Intervention Group. The first wave was conducted between one and 3 years after respondents had moved into their new homes. The second wave was conducted between 3½ and 5 years after respondents had moved. The survey data have been analysed and are presented in several separate reports. The findings of the second wave of qualitative interviews are reported here. The full set of reports from SHARP are as follows:

- The SHARP Study: Objectives, Design and Methodology
- SHARP Survey Findings: Changes in Residential Circumstances
- SHARP Survey Findings: Social and Community Outcomes
- SHARP Survey Findings: Mental Health and Wellbeing Outcomes
- SHARP Survey Findings: Physical Health and Health Behaviour Outcomes

Aims and objectives

1.3 The aims of this phase of the study were to explore the impacts of housing and area change on a range of health, community and social outcomes from the perspectives of the respondents. Specifically, the objectives were to investigate the impact of moving into new-build social housing and moving to a new area or living in a regeneration area on:

- Housing conditions and satisfaction with new housing;
- Physical health, health behaviours and well-being;
- Community and social outcomes such as neighbouring behaviour and sense of community; and
- Area outcomes such as anti-social behaviour and visual amenity.

---

\(^1\) Wilkinson D. Poor housing and ill health: a summary of the research evidence. Edinburgh: Scottish Office Central Research Unit, 1999
1.4 Chapter 2 describes the methodology used in the study. The remainder of the report discusses the findings of the analysis. In Chapter 3, changes in respondents’ housing conditions are described. In Chapter 4, impacts on health and psychosocial outcomes are discussed, and Chapter 5 considers effects on community and social outcomes. The conclusions are discussed in Chapter 6. Since each of the areas covered is inter-connected to some extent, there is a degree of overlap between the topics.
CHAPTER TWO  METHODOLOGY

Sample design

2.1 A purposive approach to sampling was adopted, wherein study participants were selected on the basis of specific criteria of interest. There were a number of characteristics which might have informed the development of the sample framework, including the Social Inclusion Partnership (SIP) status or urban/rural classification of the survey area. However, since the sample size was constrained by resource issues, there was a limit to the number of factors which could be incorporated into the framework. The findings of the first wave of qualitative interviews suggested that the impact of moving was mediated by age, household composition and distance of move. The intention was therefore to interview approximately equal numbers of respondents from each household type (i.e. Adult, Family and Older) who had either moved to a new area or stayed in the same area. Since it would not have been possible to make meaningful comparisons between a further sub-group of urban/rural respondents, it was initially decided that only respondents resident in urban areas should be recruited. Thus the sample framework set out below was devised:

Table 2.1: Qualitative sample target framework

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Same area</th>
<th>New area</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult no children</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Family</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Elderly</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12</td>
<td>12</td>
<td>24</td>
</tr>
</tbody>
</table>

2.2 As it transpired, the issue of selecting participants who had undergone area change was not as straightforward as is represented by the sample framework. The apparently straightforward distinction between moving to a new area and staying in the same area proved more complex in some cases. A number of respondents (6) who reported in the survey that they had moved to a new neighbourhood had in fact returned to an area they knew well from previous times in their life, often having close family and social contacts nearby. One survey respondent who was recorded as moving neighbourhood did not perceive herself as having done so. Thus, only 4 respondents in the qualitative sample had in fact moved to an entirely new area. On this basis, we would not expect the qualitative research to reveal such disruptive effects on social and community outcomes as might have been expected.

Interview schedule

2.3 The interview schedule aimed to capture changes in the broad areas of housing and area change and attendant impacts on health, well-being, social and community outcomes. The full interview schedule can be viewed in Annex 1.

---

2 At the time of the study, the regeneration areas were called Social Inclusion Partnerships (SIPs).
3 Family households were defined as those households with one or more children under the age of 16 years. Adult households were defined as households in which all members were aged 16 years or older and in which the majority of the members were under 65 years. Older person households were defined as those in which the majority of the household members were either over 65 years of age, or in retirement.
Recruitment

2.4 After receiving ethical approval from the University of Glasgow’s Research Committee, recruitment commenced in August 2007. In order to reflect the variety of new housing types to which study participants had been moved, a range of new developments across Glasgow were targeted for recruitment. Batches of 5 to 10 respondents (over 60 in total) were initially contacted by letter, requesting permission to conduct an interview. If the enclosed reply slip was not returned within 2 weeks, and there was an active phone number available, they were then contacted by telephone to request permission. Many respondents did not return the reply slip and did not have an active telephone number and were dropped from the pool of potential participants. A number also refused to participate further, suggesting that perhaps after their relatively lengthy involvement in the study, a degree of ‘research fatigue’ had set in. However, the majority of the people with whom successful contact was made by phone agreed to participate. Given the initial difficulties in recruitment, a decision was taken to scale the original sample framework downward slightly, from 24 to 22. Since the numbers of older respondents in the survey sample are very small, this downward revision was achieved by decreasing the number of older respondents in the qualitative sample. It was also necessary to expand the geographical area initially targeted, to include non-urban areas and locations outwith Glasgow. The achieved sample framework is set out in the table below.

Table 2.2: Achieved sample

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Same area</th>
<th>New area</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult no children</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Family</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Elderly</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>11</td>
<td>11</td>
<td>22</td>
</tr>
</tbody>
</table>

Interviewing

2.5 One-to-one in-depth interviews were conducted between August 2007 and January 2008. The interviews were conducted in respondents’ homes, except one which was conducted at the respondent’s place of work. Prior to commencing the interview, informed consent was obtained from the respondent, at which time participants were given an opportunity to ask questions about the interview process. A shopping voucher to the value of £10 was provided to thank respondents for their time.

2.6 In the majority of cases, only the respondent was present during the interview. However, on 3 occasions the respondent’s partner was present and contributed to the interview. Subject to the participant’s permission, the interviews were recorded using digital recording equipment. Permission was granted by all participants. The interviews were then transcribed by a professional transcription company in preparation for analysis. Appropriate data protection procedures were followed at all times.
Analysis

2.7 The software package NVivo 7 was used to conduct a thematic analysis of the data. This involved identifying the overarching themes of interest in the research context, then coding text in the interview transcripts which corresponded to these themes. The coded text was then examined in detail to identify recurring themes and patterns within the data, which were then sub-coded in a further round of analysis. When this process was completed, connections between emergent themes and respondent characteristics were investigated in some depth. Although area change was one of the original sample criteria, as discussed above, it proved to be less relevant than expected. Therefore other emergent factors, such as such as reason for moving and dwelling type transition, were pursued in more depth.

Sample characteristics

2.8 Of the 22 respondents, 19 were female and 3 were male. The majority were resident in the Greater Glasgow area, including Faifley, Paisley and Cumbernauld. One respondent was resident in Whitburn, and one in Blantyre. The respondents had lived in their current accommodation for between 3½ and 5 years. In keeping with the sample framework, 8 respondents belonged to adult households with no children, 8 to family households and 8 to older households. Two of these were single parent families, and 2 were resident with adult children. In terms of employment status, 5 respondents were retired, 5 were sick or disabled, 9 were in full or part-time work, and one was a full-time housewife. The socio-demographic characteristics of the sample are presented below.

Table 2.3: Socio-demographic characteristics of the sample

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Age</th>
<th>Gender</th>
<th>Employment status</th>
<th>HH type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>33</td>
<td>male</td>
<td>FT</td>
<td>family</td>
</tr>
<tr>
<td>2</td>
<td>33</td>
<td>female</td>
<td>PT</td>
<td>family</td>
</tr>
<tr>
<td>3</td>
<td>38</td>
<td>female</td>
<td>housewife</td>
<td>family</td>
</tr>
<tr>
<td>4</td>
<td>46</td>
<td>female</td>
<td>FT</td>
<td>adult</td>
</tr>
<tr>
<td>5</td>
<td>46</td>
<td>female</td>
<td>FT</td>
<td>adult</td>
</tr>
<tr>
<td>6</td>
<td>48</td>
<td>female</td>
<td>Long term sick/disabled</td>
<td>adult</td>
</tr>
<tr>
<td>7</td>
<td>49</td>
<td>female</td>
<td>FT</td>
<td>family</td>
</tr>
<tr>
<td>8</td>
<td>50</td>
<td>female</td>
<td>FT</td>
<td>family</td>
</tr>
<tr>
<td>9</td>
<td>51</td>
<td>female</td>
<td>Long term sick/disabled</td>
<td>family</td>
</tr>
<tr>
<td>10</td>
<td>53</td>
<td>female</td>
<td>Long term sick/disabled</td>
<td>adult</td>
</tr>
<tr>
<td>11</td>
<td>54</td>
<td>male</td>
<td>Long term sick/disabled</td>
<td>adult</td>
</tr>
<tr>
<td>12</td>
<td>55</td>
<td>female</td>
<td>PT</td>
<td>adult</td>
</tr>
<tr>
<td>13</td>
<td>55</td>
<td>female</td>
<td>Long term sick/disabled</td>
<td>family</td>
</tr>
<tr>
<td>14</td>
<td>56</td>
<td>female</td>
<td>Long term sick/disabled</td>
<td>family</td>
</tr>
<tr>
<td>15</td>
<td>56</td>
<td>female</td>
<td>PT</td>
<td>adult</td>
</tr>
<tr>
<td>16</td>
<td>60</td>
<td>female</td>
<td>Long term sick/disabled</td>
<td>adult</td>
</tr>
<tr>
<td>17</td>
<td>64</td>
<td>female</td>
<td>PT</td>
<td>older</td>
</tr>
<tr>
<td>18</td>
<td>66</td>
<td>female</td>
<td>retired</td>
<td>older</td>
</tr>
<tr>
<td>19</td>
<td>72</td>
<td>female</td>
<td>retired</td>
<td>older</td>
</tr>
<tr>
<td>20</td>
<td>78</td>
<td>male</td>
<td>retired</td>
<td>older</td>
</tr>
<tr>
<td>21</td>
<td>78</td>
<td>female</td>
<td>retired</td>
<td>older</td>
</tr>
<tr>
<td>22</td>
<td>81</td>
<td>female</td>
<td>retired</td>
<td>older</td>
</tr>
</tbody>
</table>
Limitations

2.9 As with all qualitative research, the primary limitation of this element of the SHARP study is that the findings cannot be generalised to the wider population. A strength of the SHARP study however, is that the mixed method approach allows triangulation between the quantitative and qualitative findings. There are also a number of limitations specific to this study. The method of recruiting respondents from an existing survey sample may lead to selection bias, in that individuals with particular characteristics may be more likely to agree to participate in a further wave of the research. Further, respondents with certain characteristics form the majority of the sample. For instance, those who moved from a flat to a house and those who live in a regeneration area predominate within the sample. Although this is not dissimilar to the quantitative sample distribution, it means that the absolute numbers with certain characteristics in the qualitative sample are so small that conclusions based on the findings are somewhat tentative. The potential implications of these limitations are discussed further in Chapter 6.
CHAPTER THREE   HOUSING CHANGE

3.1 Clearly, respondents experienced a variety of changes in their housing conditions as a result of moving. In this chapter, the nature of respondents’ previous housing conditions, their reasons for moving, dwelling type transitions and any issues with their current housing are considered. In addition, respondents’ overall feelings about their new homes are discussed. Relevant descriptive information is presented in Table 3.1 below.

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Problems in previous accommodation</th>
<th>Dwelling change</th>
<th>Reason for move (Access route)</th>
<th>Reason for transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>overcrowding</td>
<td>F2H</td>
<td>transfer</td>
<td>overcrowding</td>
</tr>
<tr>
<td>2</td>
<td>overcrowding/damp</td>
<td>H2H</td>
<td>transfer</td>
<td>health/overcrowding</td>
</tr>
<tr>
<td>3</td>
<td>overcrowding</td>
<td>F2H</td>
<td>transfer</td>
<td>health</td>
</tr>
<tr>
<td>4</td>
<td>homeless</td>
<td>F2F</td>
<td>transfer</td>
<td>social network</td>
</tr>
<tr>
<td>5</td>
<td>ASB</td>
<td>F2H</td>
<td>regeneration</td>
<td>not applicable</td>
</tr>
<tr>
<td>6</td>
<td>damp/cold/ ASB</td>
<td>F2H</td>
<td>regeneration</td>
<td>not applicable</td>
</tr>
<tr>
<td>7</td>
<td>damp/cold/ ASB</td>
<td>F2H</td>
<td>regeneration</td>
<td>not applicable</td>
</tr>
<tr>
<td>8</td>
<td>no</td>
<td>not applicable</td>
<td>marital breakdown</td>
<td>not applicable</td>
</tr>
<tr>
<td>9</td>
<td>damp/cold/ ASB</td>
<td>F2H</td>
<td>regeneration</td>
<td>not applicable</td>
</tr>
<tr>
<td>10</td>
<td>disability</td>
<td>F2H</td>
<td>transfer</td>
<td>health</td>
</tr>
<tr>
<td>11</td>
<td>ASB</td>
<td>F2F</td>
<td>transfer</td>
<td>ASB</td>
</tr>
<tr>
<td>12</td>
<td>no</td>
<td>F2H</td>
<td>regeneration</td>
<td>not applicable</td>
</tr>
<tr>
<td>13</td>
<td>damp/cold/ ASB</td>
<td>F2H</td>
<td>regeneration</td>
<td>not applicable</td>
</tr>
<tr>
<td>14</td>
<td>mobility</td>
<td>F2H</td>
<td>transfer</td>
<td>health</td>
</tr>
<tr>
<td>15</td>
<td>under-occupation</td>
<td>F2F</td>
<td>transfer</td>
<td>under-occupation</td>
</tr>
<tr>
<td>16</td>
<td>cold/disability/ ASB</td>
<td>F2H</td>
<td>regeneration</td>
<td>not applicable</td>
</tr>
<tr>
<td>17</td>
<td>homeless</td>
<td>not applicable</td>
<td>marital breakdown</td>
<td>not applicable</td>
</tr>
<tr>
<td>18</td>
<td>overcrowding</td>
<td>F2F</td>
<td>transfer</td>
<td>health</td>
</tr>
<tr>
<td>19</td>
<td>ASB</td>
<td>F2F</td>
<td>transfer</td>
<td>ASB</td>
</tr>
<tr>
<td>20</td>
<td>ASB</td>
<td>F2H</td>
<td>transfer</td>
<td>ASB</td>
</tr>
<tr>
<td>21</td>
<td>no</td>
<td>H2H</td>
<td>transfer</td>
<td>social network</td>
</tr>
<tr>
<td>22</td>
<td>inaccessible</td>
<td>F2H</td>
<td>transfer</td>
<td>isolated</td>
</tr>
</tbody>
</table>

Notes to table
F2H = flat to house, F2F = flat to flat, H2H = house to house

Reason for move

3.2 Prior to moving, 18 of the respondents had been social housing tenants. Of the remaining 3, 2 female respondents had experienced periods of homelessness following marital breakdown prior to being housed. One of these respondents had lived with her sister-in-law’s family in their flat. Another had lived in a refuge for domestic violence victims. One respondent, whose daughter had special needs, had been an owner-occupier in overcrowded accommodation prior to rehousing with an RSL. Seven respondents were rehoused as a result of wholesale regeneration, and the remaining 13 had applied for transfers for a variety of reasons, including health reasons (5), anti-social behaviour (3), overcrowding or under-occupation (2) and relocating closer to family (2).
Housing conditions

3.3 Respondents described a variety of problems with their previous housing, including anti-social behaviour (ASB), inadequate heating, dampness and overcrowding. In a number of cases, these issues with their previous accommodation were not the primary reason for moving: for example, some of those who suffered overcrowding moved house for health reasons, and some of those who suffered anti-social behaviour moved due to area regeneration processes. Respondents who had experienced issues to do with heating or dampness described homes which had no fixed heating sources and dampness running down the walls:

“So you were getting your rain coming in and it was winter, it was absolutely freezing, you had gas central heating, but your heat was just going right out, you couldn’t get heating the house up at all, at all.” (Respondent 7)

3.4 For some respondents, experiences of ASB had clearly been quite severe. Some likened their previous housing to a “slum” expressing astonishment at the improvement in living conditions the move had engendered. Only 4 respondents related that there had been no issues with their previous housing. By contrast, only 6 respondents described problems with their new housing. The most common of these related to poor soundproofing in new dwellings. Only a few respondents now had problems with ASB and a similar number with noise external to their home.

3.5 In terms of dwelling type, 14 respondents had moved from a flat or a maisonette with shared communal areas and entrances to a more traditional style of house (a cottage flat, bungalow, or semi-detached house) with a private entrance and garden. Four had moved from a flat to another flat, and 2 from a house to a house. In total, 17 respondents lived in a house following the move.

Satisfaction with new home

3.6 Respondents were asked whether their new house felt like home, and how long it had taken to settle in. The majority were keen to stress that they had settled into their new accommodation very quickly. Some respondents had had to adjust to living in a house after a lifetime of living in tenements, but had quickly become accustomed to it:

“I just felt it’s just too big, you know, because I was that used to the one-level flat, you know, and I just thought ‘God need to go up the stair again, go up the stair’, but after a few months you do get used it, and you wouldn’t swap it for a tenement, know what I mean? Definitely wouldn’t.” (Respondent 7)

3.7 For one respondent, who had previously been an owner-occupier, an increase in living costs had hampered the process of settling in, but over time the family had adjusted to their new circumstances. Only one respondent was unhappy with her new house, reporting that she had never felt settled there and wished she could return to her former home. This respondent cited changes in the way her neighbours interacted as the primary reason for her unhappiness in her new home.
3.8 The respondents were almost universally positive about their new homes. Comments such as those below were not unusual:

“I love it. As I said, I wouldn’t move. You know, I love this area, I love the house, you know, and I just wouldn’t move unless ... we won the lottery.” (Respondent 6)

“Everything about it I really love it. I’m always waiting, saying I’m going to wake up and find it’s a dream.” (Respondent 21)

“I just love it. Actually I love it, I love being in it, I love going out and coming to it. Closing my door at night and that’s me. Oh yeah, that’s me settled, oh God aye!” (Respondent 19)

3.9 Aspects of new homes which engendered such positive reactions included warmth, space, security, privacy, having one’s own entrance and garden, and being the first person to live in a brand new house. Although some respondents had mentioned issues such as soundproofing with their new homes, overall they were nonetheless positive about moving. Aspects of new housing about which respondents were particularly positive are described below.

**Warmth**

3.10 Many respondents commented that their new homes were a great deal warmer than their previous accommodation had been, and a number noted that the insulation and heating systems were so efficient they rarely used their heating:

“It’s a lot warmer in the winter you know than the other one was. Because you had to keep the heating on all the time in the other one whereas in this one, I find if you put the heating on you’ve got to keep it really low, it’s never cold in here you know.” (Respondent 10)

**Space**

3.11 For those who had previously been overcrowded, sufficient space to accommodate all family members was greatly appreciated and helped to prevent arguments:

“For the boys because they shared a room up there, because at that time [son] was 19, [son] was like 12, so it was a big difference when they got a room of their own, because obviously they’re getting older, got their own interests and that, you know, so that saves them from fighting and arguing.” (Respondent 7)

3.12 Others enjoyed having rooms allocated to particular functions such as dining or play areas for children. However, some respondents had experienced a reduction in space, as did this respondent who felt that the space allocated for children’s rooms was insufficient:
“Our hall, and our living room were about the same size and the toilet was there, it was small, it wasn’t big either, and our little girl’s room was bigger. How can you … that’s [daughter’s new bedroom] not big enough for a teenager.” (Respondent 13)

Privacy

3.13 A number of respondents now felt they had a great deal more privacy than previously:

“I like having my back, because in the last place, it was a situation if you put your washing out, someone else took it in. Whereas in this situation you’ve got your back garden you know your own privacy, a lot better.” (Respondent 12)

“You have, you know that if anybody comes to your door that they’re no... there’s no reason for them to come down your path unless they’re coming to your door.” (Respondent 5)

Security

3.14 Many respondents felt more secure in their new homes. In some cases this was linked to moving to a traditional style of house, as for this respondent who reflected on the difference between living in a “close”4 and living in a house:

“And you know you’re coming out the front door and... this is in the top flat in [street] and you’re coming out the door and you are sort of a frightened to come down the stair because you don’t know what you are going to see, you know? But here you just come out the front door and you’ve got your drive and there’s nothing else there.” (Respondent 7)

3.15 For others who had moved specifically to escape ASB, new flats with less troublesome neighbours also promoted feelings of security, as for this respondent who had moved to a new flat away from homophobic neighbours:

“Oh, I feel secure in here, I do yeah, I mean I like it here. Uh huh. I mean, the whole estate is good neighbours.” (Respondent 11)

Gardens

3.16 Having a private garden was highly appreciated by many of those who had acquired one, for a variety of reasons. This young father was pleased that his children had a safe space to play:

---

4 In Scotland the communal stairs and landings which provide access to tenemental housing are traditionally referred to as the ‘close’.
“I think the fact that we’re in a front and back, sort of garden area, it means the kids now have somewhere they can go and play, and it’s safe – you know, they’re not out in the main street, you know? They’re not at the risk of getting knocked down by anything, so I think the fact they’ve got their own wee play area.” (Respondent 1)

3.17 Others enjoyed the opportunity to socialise with neighbours in outdoor space:

“And I just thought oh this is great I can just open the door and I’ve got this big garden with my shed and table and chairs and I can sit out and have people down and have barbeques.” (Respondent 14)

‘Brand new’

3.18 For a number of respondents, moving into a brand new house on which they could put their own stamp was a particularly positive experience:

“I like the fact that it’s, I’m the first person in it, so it is mine sort of thing. And it was a blank canvass when I got it and eventually I’ll get it the way I want it. And it is very much my home it’s the first one I’ve ever had that is mine.” (Respondent 8)

Other factors

3.19 Specific aspects of individuals’ circumstances mediated the impact of their new home upon them. For a visually impaired respondent, whose previous house had looked out onto a brick wall, having open aspects in his new home was particularly important. For the respondents who had been rehoused following marital breakdown, having a home which was theirs and theirs alone was particularly valued. Being closer to one’s social network was an important aspect of new homes for some respondents:

“It’s so close to my work I can walk to work, I’ve got a really good network round about me of friends and things and when you live on your own that’s quite important.” (Respondent 4)

3.20 For respondents who had moved to adapted accommodation, the benefits were clear:

“I love it. I think it’s ideal and I couldn’t have, if I had actually bought a house, I couldn’t have bought one better suited to me. You know and it’s just ideal for me. I don’t know how everybody else feels about their houses they all seem quite happy, but this is definitely ideal for me this house. As I say if I’d went to look for one to buy I probably wouldn’t have bought one that suited me as well because as I say, it’s just big enough for me to keep tidy and clean and to be independent, you know like you don’t have to rely on somebody coming in to do things for you, you know it’s ideal.” (Respondent 10)
**Bills**

3.21 Respondents’ experiences of changes in household bills were quite mixed. A number found that their utility bills were considerably cheaper, several reported that their bills had gone up, and for some their rent was higher. Some of these felt that their new homes were well worth the extra expense, but for 2 respondents whose rent and utilities bills had increased substantially, this had clearly caused considerable strain. One of these respondents attributed a period of depression to the combination of losing her job and the increased financial outlay required in her new home. Another felt both herself and her husband had experienced increased stress as a result of this. Both, however, felt they had adjusted to these changes and were now very happy with their new homes.

3.22 Many aspects of new homes about which respondents were particularly positive, such as privacy, security and having a garden were connected with the move from a flat to a house, which appeared to have quite far-reaching impacts. These are discussed in greater depth in Section 4.4.

**Summary**

- Seven respondents moved house due to regeneration, and 13 had applied for a transfer for various reasons. After moving, 14 respondents who had lived in flats now lived in houses, and 17 respondents in total (out of 22 interviewed) lived in houses;

- Prior to moving a number of respondents had lived in poor quality housing. Problems with damp, cold, ASB and overcrowding had been experienced by many. Following rehousing, housing conditions had improved a great deal. Only a few respondents described minor problems, although on the whole they were happy with their new homes;

- There was a very high degree of satisfaction with new housing. Many respondents spoke of their new homes in extremely positive terms. Only one respondent was very unhappy with her new house, and expressed a strong desire to return to her previous home;

- Aspects of new homes which stimulated positive comments included security, warmth, privacy, space and private gardens. Often these were connected with moving from a flat to a house;

- Impacts on respondents’ bills were mixed. Some felt that their utilities bills had reduced considerably due to new, efficient heating systems. Rents had increased for several respondents, who tended to feel it was worth paying slightly more. Two respondents had experienced financial hardship resulting from increased living expenses in their new homes, but had adjusted to their new circumstances over time. However, this was not reflected in the Survey findings, which indicated that affordability was not an issue for the majority of tenants.
CHAPTER FOUR HEALTH IMPACTS OF NEW HOUSING

4.1 Many respondents’ health had fluctuated in the period since they moved, in response to a range of factors. In this chapter, the overall health of the respondents and the nature of and reasons for any changes in their health are considered, prior to an exploration of how the health of those who moved for health reasons, or who moved into adapted accommodation, was affected by their new housing. How moving affected the health of those who moved for other reasons, and how it affected their ability to cope with ongoing health problems is then discussed. Whether respondents explicitly linked their housing situation with their health is also considered. The impact of new housing on psychosocial outcomes is also explored in some depth. The related issues of whether respondents reported making changes to their lifestyles in connection with moving, and whether they felt that the area they lived in facilitated the pursuit of a healthy lifestyle are also discussed. Some descriptive information relating to the respondents’ health is presented in Table 4.1 below.

The health of the sample

Table 4.1: Health status of the sample

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Health transfer</th>
<th>Ongoing health problem in the household</th>
<th>Moved into adapted housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>2</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>3</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>4</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>5</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>6</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>7</td>
<td>no</td>
<td>No</td>
<td>no</td>
</tr>
<tr>
<td>8</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>9</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>10</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>11</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>12</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>13</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>14</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>15</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>16</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>17</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>18</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>19</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>20</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>21</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>22</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

4.2 Five respondents had been transferred for health reasons, of whom 2 were moved into accommodation adapted for their needs. One respondent who had not been transferred for health reasons was rehoused in adapted accommodation. Three respondents had been moved into accommodation that was not specifically adapted but was otherwise more suited to their needs, in that it was more spacious or was on the ground floor. Although few of the
respondents had moved for health reasons, 17 reported that they or members of their household suffered from ongoing health problems.

4.3 The 17 members of the sample who reported ongoing health problems suffered from a variety of conditions including asthma, angina, emphysema, arthritis, depression, multiple sclerosis (MS), and vision impairment. Some respondents had experienced deteriorations in their health since moving, and just over half of the sample had experienced improvements in their health. Respondents explicitly attributed negative changes in their health to a wide variety of factors, including work-related stress, redundancy and ASB, while clearly in a number of cases changes in health conditions occurred naturally. Also, in some cases, one aspect of a respondent’s health had improved, while another had deteriorated.

Impact of rehousing: health-related transfers

4.4 For respondents who had moved for health reasons, or who moved into adapted accommodation (6 participants in total), their previous accommodation had had clear negative impacts on their health. One mother, whose son suffered from asthma and eczema, had lived in damp, overcrowded accommodation which lacked a proper bathroom in which to apply eczema treatments. Another respondent whose arthritis caused severe mobility problems had been unable to leave her house, on one occasion falling down the internal stairs of her maisonette-style house. Similarly, 2 respondents, one who suffered from emphysema and another who had developed MS, were restricted in their activities by living in the upper floors of tenements. In such cases moving to more appropriate accommodation had tangible benefits for respondents, which they tended to explicitly link to their new housing. One respondent, who suffered from MS, connected the increased independence afforded by her new home with an improved sense of well-being:

“Oh yeah it’s definitely been a benefit to me because as I say I couldn’t get out before, and the stairs were just a killer for me, I couldn’t go up and down stairs, unless there was somebody to help me, but I’m still the same I can get up and down if there’s somebody to help me but I’d rather be independent and do things on my own so this house makes me independent.” (Respondent 10)

4.5 Moving out of damp, overcrowded accommodation was connected to an improvement in her son’s asthma by another respondent:

“I mean he’s still got asthma he’s still on three inhalers a day, but he gets six monthly check ups as normal but he definitely isn’t as bad as what he was.” (respondent 2)

4.6 And another respondent believed her emphysema was easier to manage as a result of moving to a ground floor house with a private garden:

“I’ve still got my nebuliser and all that now I need to take my inhalers and I can open the back door and have a breath of air. Know what I mean if I’m, and I open the door and I can get fresh air better than opening the window or whatever so it makes me feel a bit more secure and I’m not frightened as much because I know I can open the door.” (Respondent 14)
4.7 As one might expect, it was apparent that respondents whose move was connected to health issues experienced improvements in their health or in their ability to cope with their condition as a result of being rehoused. These gains tended to be in relation to respiratory health and mobility, and to be associated with improvements in the dwelling fabric, space, and moving to ground floor accommodation with access to a garden. One respondent had developed a kidney condition which required dialysis treatment since being rehoused, but this was clearly not connected to his housing situation.

Impact of rehousing: other reasons for moving

4.8 Although a number of respondents who did not move for health reasons had previously lived in damp, cold housing, they did not tend to feel that this had had a detrimental impact on their health. Several respondents who had moved due to ASB or marital breakdown had experienced detrimental health impacts as a consequence of these factors.

4.9 Several respondents had experienced deteriorations in their health since moving. However, in most cases, they explicitly stated that these deteriorations were not connected to the change in their housing situation. One respondent had developed a number of health problems, including asthma and sciatica, around the time of being rehoused, and felt that this had resulted from the stress of making several moves in a short period of time, coupled with uncertainty about where she would ultimately be housed. However, she also stated that since moving into her new home, her health had improved, attributing this to no longer living in a close:

“You’re not up during the night with doors banging and people running in and out all night and you can’t get a sleep.” (Respondent 13)

4.10 Another had developed arthritis since moving, but maintained that this was a natural development, and would have been exacerbated by the damp, cold conditions in her previous accommodation. Others whose health had deteriorated similarly maintained that this was not connected with their housing situation.

4.11 A larger group of respondents felt that moving house had had a positive impact on their health. As mentioned above, several of these were people whose health had in fact deteriorated, but who nonetheless felt that their condition would have been worse in their previous housing. Similarly, one respondent, who had developed MS since moving, asserted that her new first floor flat helped her to cope with the condition, and that in other respects her health had improved:

“I think very beneficial effects, very positive effects because it’s, you don’t have to travel to go anywhere and I said before, that having your own kind of social network within walking distance is, it’s good anyway but it’s particularly good because of my current circumstances now because you know my friends can walk along if I need the help.” (Respondent 4)

4.12 In both this and one other case, having better access to services and being closer to social contacts were explicitly linked to improvements in health.
4.13 Some respondents who had been transferred due to severe ASB in their previous houses felt they had benefited very much from moving. One older respondent, who had lived in a close where drugs were openly sold and taken, described her extreme fear in her previous house:

“Terrified most of the time, oh it’s a nightmare.”

And when asked if she felt moving had affected her health said simply:

“Oh yes, I don’t think I’d be here if I’d stayed over there.” (Respondent 19)

4.14 Another respondent, who had moved to escape homophobic harassment, believed that both his physical and mental health had improved as a result:

“Well it has. I mean, it really has, and psychologically, it’s been beneficial to me... Physically I'm an awful lot better. I don’t use the walking stick as much.” (Respondent 11)

4.15 Two respondents who had been homeless due to marital breakdown prior to being rehoused benefited from having a home of their own. One, who had suffered a heart attack which she attributed to the stress of the break-up, particularly valued the stability and autonomy her new home provided:

“I mean, before I was just... but no, this is... it's as if like I'm settled again, you know, you know? You were just living for day to day, and this just settled me. You know. I feel like part of society again and, you know?” (Respondent 17)

This respondent felt that the reduction in stress had helped her to remain healthy since suffering from the heart attack.

4.16 In general, respondents whose health had deteriorated in the period since moving felt that this was not connected with their new homes. However, a number of those whose health had improved in various ways explicitly attributed such improvements to impacts of their new housing, albeit often in subtle or indirect ways. It was clear that respondents’ health was mediated by a number of complex inter-connected factors, which interacted with individuals’ housing situations to produce diverse outcomes.

**Psychosocial impacts of new housing**

4.17 Respondents’ new housing had a range of psychosocial impacts, some of which have already been touched upon. The term ‘psychosocial’ refers to ways in which the external environment interacts with, and impacts upon, the individual’s state of mind, with potential consequences for well-being or mental health. On a number of occasions, respondents explicitly linked changes in their living conditions to improvements in mental health or well-being. Such impacts appeared to be particularly strong for those who had moved from a flat to a house, although they were not limited to this group.
Aspects of traditional housing which appeared to have psychosocial impacts included having a private front and back door and having a private garden. The move away from a ‘close’ had, for many, meant a move away from unwanted intrusions at all times of the day or night by strangers who made noise, drank, took drugs, littered and vandalised:

“Well, my life’s got better. I’ve got a better standard of life as well. I can just... if you sit in a tenement, you feel downtrodden, do you know what I mean? Your confidence is not very high because you’re constantly looking about and it’s just... it’s glum, everything round about you’s glum, the people are glum, the tenements are glum, there’s graffiti, the bins are disgusting.”

(Respondent 5)

“Free minded, if you can call it that way... an awful lot free minded you know. More relaxed and that kind of thing... but I think when you’re up in a tenement type you didn’t have the same privacy that you’ve got here. In a tenement, you know you’ve got people up the stairs who for whatever reason didn’t kind of wash the stairs or they had undesirables coming up the stairs and it left a lot of stress levels whereas in here you’ve just got your own front door to manage. I think it’s a lot better.”

(Respondent 12)

Demarcated outside space seemed to lead to an increase in informal social control, with consequent reductions in ASB. Thus, a number of respondents experienced increased privacy, security and control:

“If somebody was to walk up and start graffiti-ing on my front door right now, I would be out there, “what do you think you’re doing? How dare you. Beat it. Get away from here!”, you know? Aye, that’s mine, that’s my private place. They can’t just walk in and do what they like with it.”

(Respondent 5)

For some, new gardens also involved greater levels of sociability with neighbours, whilst for others the greater degree of control over interaction with neighbours was welcomed. In either case, having a private outdoor space in which to relax was a source of pleasure for most respondents:

“You sit out there during the summer... and see your neighbours uh huh, and socialise with folk outside and stuff, yeah. One thing I can do, you can do that. It’s still nice. As soon as you come in with your messages. You’re still in the house, this way you can sit in your garden, talk to your neighbour, have a good day. You couldn’t do that in a tenement.”

(Respondent 13)

Some respondents made explicit connections between their housing situation and their mental health:

“Not my physical health. Mentally, I feel a lot better. Yeah. I think, as I was saying earlier, the previous tenement building that I was in, that was just a hellish place to be in – not a very nice place, and you did feel, you know, God, is this what I’m living in? And it did get you down, but now, not a problem.”

(Respondent 1)

Whilst others were emphatic about the positive effects of having a traditional style of house:
“Well I’m better at, I feel better in myself. But you know on the whole, and I feel it’s just a better way of living and I’ve got a better quality of life from when I’ve moved in here from what I did round the corner, aye and I like it, I wouldn’t go back to a tenement. And it’s just a lot better.” (Respondent 14)

4.22 Only one respondent, who felt that her formerly friendly neighbours had become argumentative and insular since moving from a flat to a tenement, was very unhappy in her new home. This respondent felt that the social isolation she experienced there had a detrimental impact on her ongoing mental health condition:

“It’s brought me down a bit. I mean, I do suffer depression and I feel that... I think it’s the fact I’m no happy, you know ...I could sit in here all day and all night and no talk to a soul.” (Respondent 9)

4.23 Respondents who did not experience a change in dwelling type, or who were homeless prior to being housed, also experienced psychosocial benefits from their new homes. Escaping ASB, being rehoused following marital breakdown, and moving closer to one’s social network were all described by respondents as having positive impacts on their well-being. However, in these cases psychosocial impacts seemed to be linked to the change in circumstances occasioned by moving rather than the physical structure of the housing.

Health behaviours and lifestyle

4.24 Respondents were asked whether they had changed their health behaviours recently, and also how easy they thought it was to lead a healthy lifestyle in their area. There was little evidence that respondents had changed their lifestyles or health behaviours as a result of moving. Only one respondent had made dramatic changes to her lifestyle, eating more healthily and exercising, but she maintained that this was a result of having more time since her children had grown up and her working patterns had changed. Two older respondents felt that tending to their gardens involved a little more exercise than they had done previously. A number asserted that leading a healthy lifestyle was a matter of individual responsibility, as exemplified by the comment below:

“I think it’s easy if you want to live a healthy lifestyle. I mean, I think if... it seems to annoy me that people when they say oh they live in, like, a downtrodden area and they don’t get any of the right vegetables and they don’t get any fruit. Buy it. Fruit and veg is cheap.” (Respondent 7)

Accidents

4.25 A question about the relative risk of accidents in respondents’ previous and current accommodation was added to the schedule when interviewing had been underway for some time. Just over half the sample was asked about accidents in the home, and of these a number felt there was less risk of accidents for a variety of reasons including: new housing was adapted for particular health needs; there were no stairs in the new accommodation; there was less traffic in the vicinity, or the new home was more spacious. A small number felt
there was no change in the risk of accidents, and one respondent felt there was an increased risk caused by internal stairs.

Summary

- Respondents who moved for health reasons felt that there were tangible improvements in their health or in their ability to cope with ongoing health conditions. These gains tended to be in relation to respiratory health and mobility, and to be associated with improvements in the dwelling fabric, space, and moving to ground floor accommodation with access to a garden;

- The health of some respondents who did not move for health reasons deteriorated subsequent to moving. However, they tended not to link this to their new housing, and some felt their health would have been adversely affected had they remained in their previous accommodation;

- Conversely, those whose health improved subsequent to moving tended to link such improvements to their new housing. Factors such as escaping ASB, being closer to one’s social network and having a stable home after a period of personal upheaval were explicitly cited as impacting on respondents’ health;

- For many respondents, being rehoused brought substantial psychosocial benefits. Respondents connected aspects of new homes such as privacy, security, control, visual amenity and private gardens to improvements in mood, well-being, and the alleviation of depression. Often the move to a new home made people feel better as a result of providing greater freedom, autonomy and stability, as well as a reduction in stress, anxiety and fear that had been experienced in their previous home;

- The provision of private outdoor space, usually in the form of a private garden, was important as it provided both greater opportunities for informal social interaction with neighbours, as well as enhanced control over such encounters. Both these aspects are important since they contribute, respectively, to social integration and support better peace of mind and relaxation among residents;

- Moving home did not appear to have any impact on health behaviours or lifestyle. Several respondents expressed the view that health behaviours were a matter of personal responsibility.
CHAPTER FIVE COMMUNITY, SOCIAL AND AREA

5.1 A wide range of community and social outcomes were explored in the interviews, including: the respondents’ perceptions of the sense of community in their area; whether and in what way this had changed; relationships with neighbours and changes in neighbouring behaviour resulting from moving; the impact of regeneration or moving to a new area on ASB and on the appearance of the area; and the effect of moving on contact with family and friends. Prior to considering each of these topics, the nature of the area change experienced by respondents is described below.

Area change

5.2 Although 11 respondents were recorded as having moved to a different area, in fact 6 of these had returned to an area in which they had previously lived, and where they had ongoing social contacts. One further respondent, who had earlier reported moving to a different area, did not perceive it as such in the qualitative interview, since it was in fact very close to her previous home. Thus only 4 respondents had moved to an entirely new area of which they had no prior experience. Fourteen respondents lived in areas which had experienced radical changes to the physical fabric of the area, involving total demolition and replacement of existing housing stock. Of these, all but 3 now lived in a traditional style house, and all had either lived in the area prior to regeneration (10) or were returning to a familiar area (4). Possibly because many respondents were returning to familiar areas, impacts on social networks and community involvement were not as disruptive as might have been expected.

Sense of community

5.3 Many respondents felt that there was a sense of community in their area. Responses to the relevant question tended to refer either to relationships with neighbours or to local involvement in community work. Examples such as stopping to talk to neighbours in the street or attending Tenants’ Association meetings were provided to illustrate the sense of community in the area:

“Don’t get me wrong they have like meetings over in the housing and I go, I mean I like to know what’s going on round about the area and that you know.” (Respondent 15)

“I mean nobody will simply just pass you they’ll stop and have the time of day with you, basically they don’t just rubber ear you when you’re walking past them.” (Respondent 2)

5.4 On a few occasions, manifestations of collective efficacy, such as campaigning against Post Office closure, collective responsibility for local maintenance, or collective participation in celebrations were referred to:
“I think we look out for one another I think, and at Christmas time we all like try and like light up the houses, you know at nights and stuff like that and Halloween’s the same, we try and do up the house.” (Respondent 3)

5.5 A few respondents felt that there was no sense of community in their area, maintaining that most of their neighbours ‘kept themselves to themselves’ or that there was no sense of informal social control, providing examples such as inability to intervene when people caused trouble in the street.

**Change**

5.6 In some cases, respondents felt that there was no change in the level of community in their area. There did not appear to be any particular relationship between living in a regenerated area or moving to a different area and sense of community for these respondents.

5.7 Several respondents felt that there was a greater sense of community in their area since they had moved. One respondent, who had returned to a familiar area, attributed a sense of collective efficacy to the relative ease of getting involved with the local Housing Association. Another, who had moved from a tenement to a house in the same area, was quite emphatic in attributing a marked increase in community feeling to the change in housing type:

“I think it’s because we were up a close and everybody just kind of went in and out and that was it and you didn’t have the out there, and you go out to the motor or you're doing the garden so somebody’s out and they are blethering to you, and you see people, whereas when you were up the close you were just at the window so you didn’t really see anybody.” (Respondent 14)

5.8 Others felt the sense of community had decreased. A number of these had lived in tenements prior to major regeneration in their areas, and attributed these changes to the transition from flats to houses. A reduction in the sense of community was not seen as a bad thing by some, such as this respondent who valued the privacy afforded by his own garden:

“I wouldn’t say it’s lessened. I think it’s changed. It’s obviously not the same, ’cause nobody’s, well, very few people in [area] now stay in a tenement building. I think it’s more a case of you speak to your neighbour over the back fence now than at the bottom of the close. It’s six and half a dozen to me, to be honest.” (Respondent 1)

5.9 But some respondents were less happy about such changes:

“It used to be when you stayed in the closes, if it was sunny you could be sat out the back … a crowd’ll sit out in the back together. Whereas if it’s sunny and I sit in my garden, [neighbour] will sit out in her garden, [neighbour] sit out in her garden, and right up, [neighbour] will sit out in her garden… Sometimes you do miss it because you could get a lot of, like… it’s gossip. I know it’s all gossip, but you knew what everybody was… I miss that bit of it. That’s about the only thing I would really miss.” (Respondent 5)
5.10 One respondent, who had moved with all her neighbours from tenements to a development of new houses, believed that this change had literally destroyed the local community:

“It’s no community round here … Nah. It’s just destroyed any friendship between anybody … They’re more snooty, you know? ‘Oh, I’ve got better than you, I’ve got this, I’ve got that.’ They’re competing against each other. They never used to. See, they’ve all got their own back and front doors now, whereas down there it was up the tenement close.” (Respondent 9)

5.11 Several respondents attributed a decrease in their personal local involvement to changes in their life-stage, commenting that they were more involved when they had young children. Impacts on community outcomes varied widely in response to a range of factors. In some cases it seemed that changes were influenced by quite specific aspects of the layout of new developments, such as whether garden areas were wholly enclosed or incorporated an element of open, shared space.

Neighbouring behaviour

5.12 Around half the sample had moved with some of their existing neighbours, while the remainder had predominantly new neighbours. In general, the respondents engaged in high levels of neighbouring behaviour. A number of respondents socialised with their neighbours, and those who did not were largely content to ‘keep themselves to themselves’. Most of those who did not socialise nonetheless reported that they did favours for neighbours on a reciprocal basis.

Sociability

5.13 Some respondents were highly sociable, visiting one another’s homes frequently for cups of tea, meals and parties. Many made a point of always stopping to chat to neighbours in the street. Most of those who socialised less consciously chose not to mix with their neighbours a great deal, although they were generally still happy to exchange pleasantries if they happened to meet outdoors. Some of those who preferred not to socialise saw this as a matter of principle and a means of avoiding disputes:

“My mother’s always says you don’t go in and out of neighbours’ houses, that was always what she always taught me … you don’t go in and out neighbours’ houses, you can help them, do you know what I mean, but never go in and out houses because that’s when all the trouble starts.” (Respondent 15)

5.14 Yet, as the above quote illustrates, this attitude did not preclude providing neighbourly support when necessary.
Support

5.15 Similarly, a number of respondents did a great deal to support their neighbours. Shopping, cooking, cleaning, giving lifts, gardening and child or pet-minding were mentioned by respondents. At a minimum, those who were less prone to socialise were happy to receive parcels or watch the houses of holidaying neighbours. Only a very few respondents reported that they did no favours for their neighbours, 2 of whom preferred to limit their social interaction to family members, and one who maintained that prior to the wholesale move from tenements to houses, neighbouring behaviour had been much more prevalent.

Change

5.16 A number of respondents reported no change in levels of neighbouring behaviour since moving. Most of these had moved from a flat to a house, some moving to a new area and others remaining in the same area. It seemed that for these respondents it was primarily personal preference that dictated the nature and extent of their interactions with neighbours. One respondent, who had moved from a flat to a house, explained that her relationships with neighbours had not been affected by moving:

“If anybody’s ill or that, they’ll come to your door and, do this, or they’ll go to your window to do this. It’s just the way we are down here. We all help one another. Just say I was not well, “I’ll get your messages for you”. That’s the way we are down here. It’s always been that way.” (Respondent 13)

5.17 However, although she stated that moving from a tenement to a house had not changed the amount of neighbourly interaction, this respondent also commented positively on her increased ability to socialise with neighbours in her garden.

5.18 Several respondents’ neighbouring behaviour had increased since moving. Those who had moved to escape ASB had formed good relationships with their new neighbours. In one case, a respondent had moved from a flat, where she knew none of her neighbours, to a house with a garden, where she had developed strong relationships with the same neighbours:

“This wee bit is nice because everybody knows everybody and it’s fair quiet, there isn’t any bother or anything. And everybody knows everybody because most of them has come from [street] Most of them, truth be told I didn't know half of them. Honestly but like the lassie next door [neighbour] she said “I just stayed in a couple of closes away from you”, I said “did you?” And yet I know her more now I see her more than I did when I stayed round there for three years.” (Respondent 14)

5.19 However, the small group of respondents for whom neighbouring behaviour had decreased, all explicitly linked this to changes in housing type. Some were philosophical about the changes, seeing them as balanced out by other improvements in their living conditions:

“Well, it was sad, because obviously you’re up a close, you were close to neighbours and you always, you always seen either one or more neighbour
every time you come into the work or wherever, and that is the difference up here because we don’t see them as much, don’t see them as much neither you do. But em, I’m quite happy, I’m quite happy.” (Respondent 7)

5.20 One respondent was unconcerned by the decrease in interaction with his neighbours:

“You know, that was, everyone was at the front or the back you know having parties and all the rest of it, but because the tenement building has now been scattered in amongst a whole load of various different houses. So it’s not the same sort of atmosphere as it used to be. I think people very much keep to themselves now. Still talk to one another, you know, if you pass each other in the street, you say hello and things like that, but it’s definitely not the same... I’m not bothered by it, to be honest.” (Respondent 1)

5.21 However, one respondent, who was dissatisfied with many aspects of her new home, attributed a marked decrease in neighbouring behaviour to the change in housing type, maintaining that her neighbours had been much friendlier in the previous tenement housing.

Social networks

5.22 Moving did not seem to have any negative impacts on respondents’ contact with friends and family. In cases where respondents had returned to a familiar area, level of contact with social networks generally increased, and 2 respondents commented that it was easier to entertain in their new, larger homes. Returning to a familiar area where one had more social contacts also had positive psychosocial impacts on some respondents, as discussed earlier.

Area effects

Appearance

5.23 Not all of the respondents discussed changes in the appearance of their area. However, a number of those who lived in regenerated areas observed that regeneration had delivered improvements:

“The whole of [area] has improved, housing-wise anyway. I don’t know about tenant-wise, but housing-wise it has improved, so it has, and a lot of people do take pride in their houses and keep it up rather than let it go to the dogs, sort of thing, you know, because they are building some lovely houses.” (Respondent 7)

“No it’s a lot, the people here have a pride in their place so they keep it tidy. You watch the kids and if they’re at the motors or whatever you check them. Round there it was horrendous with the kids and the rubbish.” (Respondent 14)

5.24 However, one respondent felt that the changes in her area had been more superficial:
“No. They’re doing some nice houses, but they’re putting the same people back in them. Now if you walk around [area] there’s houses, brand new houses in [area] that would put the old slums to shame. That’s how bad it is. They’re brand new houses and they’re like slums. Absolute slums.”
(Respondent 12)

5.25 In some cases improvements in the appearance of the area appeared to have psychosocial impacts, as with this respondent who was much happier in her new home:

“If you live in a nice, warm, fresh house and you’re no coming into a house or a close that’s horrible and it brings your mood down, gets you depressed. Och, aye. Aye. Got a better outlook on life as well. I mean… no, you don’t see badness round about you all the time, so… It does, it grinds you down.”
(Respondent 5)

Anti-social behaviour

5.26 Many respondents reported reductions in experiences of ASB in their area, and these were often attributed to the linked effects of regeneration and changes in housing type:

“Oh, I think there’s a big improvement in that [ASB]. Oh, I would connect that to good housing, really, you know what I mean? Either directly or indirectly, whatever the thing is, you know”
(Respondent 20)

“You’ve more control on what comes in and out your front, back door, you’ve no really got any control what comes up and down a close, if you’ve no got a good area. There wasn’t a bit of wall in the close or in the back court that didn’t have any graffiti on it. We didn’t have any back door, we didn’t have any front door. Kicked in with drunks and people hanging about the stairs, down the back stairs and things.”
(Respondent 5)

5.27 However, in some cases respondents felt that reductions in ASB were due to problem tenants being moved elsewhere in the process of regeneration;

“Because we’ve got rid of them. These people have gone away and not come back so. Oh yeah [street name]. Oh they just moved it to somewhere else.”
(Respondent 16)

5.28 The layout of houses seemed to impact on experiences of ASB in several ways: firstly, there was no longer a communal, enclosed space in which interlopers could congregate; secondly, private outside space (i.e. gardens) seemed to form a boundary which was generally respected, and thirdly, while ASB may have continued to occur outwith private homes, it did not impinge on respondents in the same way:

“It’s a lot quieter, because before... obviously you’ve had the closes and you were getting, like, the drug addicts up, the junkies up, hitting up and you are coming out the door, and you’re trying to keep the stair clean and they’re coming up and hitting up and you don’t see that, I’m no saying it doesn’t go
on up here, I don’t know, it might happen during the day, but I never, ever see it at all.” (Respondent 7)

5.29 It was not only respondents who moved into houses or who lived in regeneration areas that experienced reductions in ASB; respondents who had moved into flats specifically to escape ASB, or who moved to a new area also experienced substantial reductions in such problems. As noted earlier, reductions in levels of ASB had psychosocial impacts on a number of respondents, as with this respondent who had moved to a new area:

“It has made a difference. As I said, obviously, you’re a bit more happier, you know, ’cause you’re not living with, you know, kids and all these kind of problems. It has, certainly, made me a bit, you know, happier, you know, that I’m more secure, you know, and you have got everything on your doorstep, you know, it’s safer and you know, it has made a difference.” (Respondent 6)

Thus, for some respondents, the effects of housing type change and area regeneration seemed to interact to produce positive impacts on both visual amenity and ASB.

Summary

- Most respondents felt that there was a sense of community in their area, and most engaged in quite high levels of neighbouring behaviour. Those who did not were often content to ‘keep themselves to themselves’;

- The impact of moving on community and neighbouring outcomes was mixed, with some asserting that they had increased, others that they had decreased and others still that there had been no change. Even where participants indicated that they did not engage in neighbouring behaviour, they maintained that this did not prevent support being given to neighbours when needed;

- Moving from a flat to a house again appeared to play a role in this, but the impact varied. Some respondents attributed an increase in community or neighbouring outcomes to moving to a house, whilst others attributed a decrease in community to moving from a tenement;

- In some cases, respondents were unconcerned about such decreases, or indeed welcomed them. Others missed regular interaction with neighbours, but felt this loss was balanced by other improvements in quality of life, and were happy with the changes overall. Personal preferences for interaction played a part in these responses;

- Moving to the same area or a different area, or to any type of housing, did not appear to have had any impact on respondents’ contact with friends and family;

- Respondents who discussed changes to the appearance of their area generally reported considerable improvements. These were often linked to the impact of regeneration, and were said by some respondents to have increased pride in people’s homes and areas.
• Many respondents had experienced substantial decreases in ASB. Again these appeared to be linked to the impact of regeneration. Moving from a flat to a house also seemed to play a role in this, through a reduction in quasi-public-private space in which ASB often occurred;

• Reductions in ASB and improvements in appearance had psychosocial impacts on some respondents, such as feeling happier and more secure.
CHAPTER SIX  CONCLUSIONS

6.1 In-depth interviews with a small sub-sample of respondents from the SHARP study, conducted between 3½ and 5 years after moving, yielded insights into respondents’ experiences of moving into new-build social housing. Overall, the respondents were extremely positive about their new housing and appeared to have experienced improvements in a number of areas as a result of moving. There were reported gains in both physical and mental health, as well as an overall improvement in quality of life.

6.2 A number of respondents reported improvements in their physical health. In some cases this was because the respondent had moved for health reasons, but in others specific aspects of respondents’ circumstances, such as escaping ASB, being rehoused following a period of homelessness or relationship breakdown, or being closer to social networks were identified as providing health gains. In these cases, it was not necessarily housing *per se* which delivered these gains. However, such examples serve to demonstrate the complex and context-dependent nature of interactions between housing, health and other factors.

6.3 Many respondents experienced psychosocial impacts arising from moving to new homes. In many cases, it seemed that aspects of moving from a flat to a house were linked to improvements in respondents’ well-being or mental health. Increased privacy, security and control, and having a private garden were factors cited by respondents when describing the increased sense of well-being they experienced in their new homes. Whether and how psychosocial factors influence physical health over the long term is open to debate, but in this context it was clear that respondents themselves perceived a link between housing, well-being and physical health.

6.4 The impact of new housing on social and community outcomes was mixed. Where contact with personal social networks was affected by moving, it generally increased as respondents moved closer to their networks. For many, levels of community involvement and neighbouring behaviour had not changed. For others though, a decrease in these was seen as linked to the change in housing type, which seemed to discourage some people from socialising outwith the home. In general however, levels of neighbouring behaviour were high. Given the varying impacts of moving from a flat to a house for some respondents, it seems there is a possibility that very specific aspects of spatial layout can influence such outcomes. Some respondents valued the ability to exercise choice regarding the nature of interactions with neighbours, and some enjoyed mixing more with neighbours in outside space. It seems possible that a layout which provides a mixture of public and private outdoor space allows flexibility regarding relationships with neighbours.

6.5 A reduction in ASB was reported by many respondents, and often appeared to be linked to both regeneration and housing type change. Respondents who moved because of ASB also reported reductions. There were psychosocial impacts of such decreases in ASB, as respondents’ levels of stress and fear were reduced. A number of respondents who lived in regeneration areas felt that the appearance of the area had improved considerably as a result of regeneration. Again, for some, there were psychosocial benefits of such improvements.

6.6 On the basis of these findings, it seems that many respondents experienced psychosocial benefits as a result of moving, and that in many cases it was the impact of moving from a flat to a house which delivered these benefits. Caution should be exercised...
when interpreting these findings however, for a variety of reasons. Clearly as a small qualitative study, the findings are not generalisable to the wider population. Even within the qualitative sample however, the relative proportion of respondents who continued to live in a flat was very small. There is also potentially an issue of selection bias; those who agreed to participate in this phase of the study may have a predisposition towards helpfulness and positive affect. Indeed, a number of respondents commented on the importance of doing one’s ‘civic duty’ by participating in research of this type. It is possible that this partly explains the high levels of positivity about new housing displayed by the vast majority of the sample. Thus any conclusions based on this study are tentative. They do however point towards issues worthy of further exploration.

6.7 The findings of the quantitative study corroborate a number of these findings. The quantitative data indicated that the psychosocial benefits of moving were greatest for those who moved from flats to houses; the findings presented here shed some light on why this might be the case. Similarly, the quantitative findings indicated that sense of neighbourhood safety increased more for those who moved from flats to houses; again, the data presented here on the impact of houses on ASB may help to explain why this should be so. By contrast, whilst the quantitative findings indicated that moving from a flat to a house had no overall impact on social support or neighbouring behaviour, the findings presented here suggest that for some, neighbouring behaviour decreased as a result of such a move. In relation to social networks, the qualitative data suggest that moving (to any type of dwelling) had no negative effects upon contact with family and friends, while the survey analysis suggested that moving from a flat to a house impacted negatively on the mean size of local social networks.

6.8 In regards to housing policy, from the perspective of the residents interviewed here, recent attempts to improve social housing and to regenerate areas appear to have been very successful. In relation to longer term research implications, the qualitative and quantitative findings together suggest that the social and psychosocial impacts of varying housing types may merit further study.
ANNEX 1 QUALITATIVE INTERVIEW TOPIC GUIDE

Introduction: Description of SHARP study by interviewer, and explanation of information leaflet/consent process.

General changes

1. Check: How long have you and/or your family lived here? When did you move in?

2. When you moved, was it because you had applied for a transfer? If yes, why did you apply for a transfer? (probe for poor housing conditions, health issues, ASB etc.) If no, how did you feel about moving?

3. What, for you, are the most important differences between this flat/house and your last home? (probe for warmth, space, privacy, damp, housing type, garden etc).

4. Is there any difference in your bills compared to your old house? Have any of your bills gone up or down? (probe for e.g.s) How does this affect you? (probe effects on ability to afford other essential goods).

5. Have there been any other changes in your family or personal circumstances since you moved? (probe for changed employment status, household comp, health).

6. Do you think moving to this house has had any effects on you and/or your family? Has it changed your lives in any way? Did you consciously decide to make any changes to your lives as a result of moving (and were these pre-planned). Need to probe.

7. How far from your old home is the new house? Are you in a completely new area?

8. a) If yes to above, how does the new area compare to the old one? Do you think it’s very different? (Probe for ASB, social networks, amenities, provision for children, neighbourliness etc.)
   b) If no to above, have you noticed any changes in your area? What sort of changes, and why do you think these have happened? (Probe for ASB, social networks, amenities, provision for children, neighbourliness etc.)

9. Does your new house feel like home? (If it is a new neighbourhood) Do you feel like you belong in your new neighbourhood?

Social capital/networks

10. How would you describe your relationship with your new neighbours? How do they compare with your old neighbours? Is there anything you miss about your old neighbourhood?
11. How many of your old neighbours/social contacts moved into this area with you? Do you have contact with the same friends and family that you had in your old house? Has the new house made any difference to how much you see them? (probe for accessibility, distance, transport links etc.)

12. Would you say there is a feeling of community in this area? If so, in what way? Is there any difference compared to your old house? Why do you think this is?

13. Are you involved with any voluntary or community organisations? If so, in what way?

14. Do you do anything to help relatives, friends or neighbours? What sort of things do you do? (probe: help with shopping, decorating, babysitting, gardening etc.).

15. Do any of your relatives/friends/neighbours do anything to help you?

Health and wellbeing

16. How would you describe your health generally? Do you have any ongoing health problems? Have you noticed any changes in your/your family’s health in the last 2/3 years? If yes, can you think of any reasons why it has changed?

17. Has living here made any difference to your health? In what way? If you have ongoing health problems does living here make any difference to how you cope with them? (probe for direct health impacts of warmth, accessibility, exercise (in garden), specially adapted accommodation, access to amenities/transport links).

18. Some people say that where you live can have an impact on how people feel ‘in themselves’ (substitute well-being/mood etc. as appropriate). Do you think that living here has had this kind of effect on you? (probe for psychosocial effects of garden, layout of house, more space, sense of community, more control).

19. Have you made any changes to your lifestyle in the last 2/3 years? If yes, what sort of changes have you made? (probe changes in diet/smoking/drinking/exercise). Why do you think you have made these changes? How easy do you think it is to lead a healthy lifestyle in this area?

Final question

20. How would you sum up your feelings about your new home? And your new neighbourhood?