



# Housing through Social Enterprise

Report of Phase 1 – Research Scoping Exercise



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## **Executive Summary**

### **Project aims**

The Housing through Social Enterprise project aims to explore the health impacts of social enterprises working in the housing/homelessness sector. The project has two phases – Phase I aims to clarify the key issues through a desk-based evidence review and scoping work with partner organisations, and Phase II examines the impacts of social enterprises through direct research with tenants. This report sets out the findings from Phase I, providing the background to the project in terms of the existing research evidence and the policy context, and summarising the scoping work that has been undertaken with partner organisations to design the research.

### **Research partners**

The project works with three social enterprises:

- Homes for Good – a social enterprise letting agency and landlord business, with a focus on providing high-quality housing for vulnerable households.
- Y People – two rent deposit guarantee schemes, enabling people at risk of homelessness to access housing in the private rented sector (PRS).
- NG Homes – a large community-based housing association providing social rented housing and also running regeneration and employability services.

### **Context for the research**

The project is taking place in a context of significant housing need, persistent homelessness and rapidly changing housing and welfare policy in Scotland. Four key areas are important as background for the research:

#### *Housing demand and supply*

- There is a significant undersupply of social rented housing in Scotland.
- The number of social rented properties fell considerably between 1980 and 2016 because of Right to Buy and demolitions without replacement. It has now stabilised, but is not yet increasing.
- Average household size is decreasing, but the housing stock is not changing as quickly – there is a particular lack of one-bedroom properties for single people.
- The Private Rented Sector (PRS) has doubled in size since the turn of the century – 15% of households are now in the PRS.

#### *Homelessness*

- Statutory homelessness applications have reduced significantly since Housing Options approaches were introduced in 2010, but it is not clear that this represents a change in the underlying level of need.
- The numbers of households in temporary accommodation have not changed recently, and households seem to be stuck there for longer.
- The numbers of people sleeping rough are unclear, but there is concern that there has been a recent increase.

- The number of ‘concealed households’ (i.e. dwellings containing more than one family unit) has increased since the 2008 crisis.

#### *Barriers to accessing housing*

- A significant proportion of Scotland’s population earns too little and/or has insufficient savings to buy a house. These numbers are even higher in Glasgow where two-thirds do not earn enough to afford a mortgage on the average-priced property and one-third earn less than £15,000 – effectively excluding them from mortgages altogether.
- The undersupply of social rented housing means that households may have to wait years for a Council or Housing Association property.
- Much of the property in the PRS is unaffordable, with rents around twice that in the social rented sector and often well above the Local Housing Allowance rate. Deposit requirements and landlord discrimination against vulnerable and low-income households also act as significant barriers.

#### *Policy changes*

- UK Government welfare reforms have created a much more challenging environment for households on low incomes and those at risk of homelessness. These include reductions to Housing Benefit rates, increased conditionality, benefit freezes and the introduction of Universal Credit.
- Scottish Government housing policy is generally seen as supportive of vulnerable households. Key policies include: Housing Options; the abolition of the priority need test and Right to Buy; the new PRS tenancy; and regulation of the PRS.

More detail on the context is set out in Section 2 of the full report.

### **Housing, homelessness and health – the research evidence**

There is a substantial body of research demonstrating the links between homelessness and poor health, and between poor quality housing and poor health.

#### *Homelessness*

- Put simply, homelessness is bad for health.
- Having a home has broad psycho-social benefits, whilst being homeless has a range of negative physical and mental health impacts.
- The highest risk for most health problems occurs amongst people who are young, single, roofless, long-term homeless or involved in sex work.
- Being in poor health can also increase the risk of homelessness.

#### *Housing quality*

- Poor quality housing damages health.
- Dampness and mould, cold indoor temperatures, overcrowding and indoor toxins have all been shown to have negative effects on physical and mental health.
- There is relatively little research and the potential positive health impacts of good quality housing.

### *Neighbourhood effects*

- Crime, violence, noise and environmental hazards in the neighbourhood have negative effects on physical and mental health. These issues are often more prevalent in areas with lower socio-economic status populations.
- Strong communities with good social capital and networks can have positive health effects.

### *Tenure*

- Insecurity of tenure has negative mental and physical health effects.

### *Access to health services*

- Health problems can be exacerbated by lack of access to health services. Access is a problem for people who are homeless, have insecure tenure, or live in neighbourhoods with limited health services.

More detail on the existing research evidence is set out in Section 3 of the full report.

## **The potential role of social enterprise – setting the research questions**

Social enterprises are not-for-profit organisations with a social mission, which generate a significant proportion of their income by trading in the market. In the housing sector, these characteristics mean that social enterprises may focus on providing housing to households which might otherwise be excluded, particularly from the PRS.

Social enterprises may also be able to deliver services in ways which aim to improve tenants' wellbeing or strengthen communities, and they may be able to provide additional services by reinvesting any 'surplus' from their trading activities. However, there may also be challenges for social enterprises operating in the housing sector, particularly the tension between generating revenue and focusing on social goals.

In order to examine the health impacts that social enterprises may have in the housing sector, the research will address the following broad research questions:

- What housing outcomes are delivered by social enterprises, and how?
- What health outcomes arise from these housing outcomes, and how?
- What other health outcomes are delivered by social enterprises, and how?
- Do different groups of tenants experience different outcomes, and what contextual factors are important?
- What role do the specific characteristics of social enterprises play in generation housing and health outcomes?

## **Scoping the organisations**

Over the first six months of the research, key staff from each organisation were interviewed, to identify exactly how the organisation works with tenants and to clarify each organisation's social enterprise characteristics. From this scoping work, four key areas of interest have been established, providing a specific focus for the research:

- Tenancy support and responsive service – how different approaches to supporting tenants may help them to sustain tenancies.
- Housing quality and tenancy sustainability – how the experience of housing quality and tenancy sustainability may generate health and wellbeing outcomes for tenants.
- Affordable rent – how affordability of rent may affect tenancy sustainment and quality of life.
- Neighbourhood and community – how the neighbourhood in which tenants live has an impact on health and wellbeing, and how different approaches to housing provision may affect choice of neighbourhood or assist community development.

More detail on the findings for each organisation is set out in Section 6 of the full report.

### **The research approach**

In order to address the research questions above, Phase II of the project will attempt to follow a cohort of around 30 new tenants from each organisation over the first year of their tenancies. Three waves of interviews will be carried out:

- Wave 1 – prior to the start of the tenancy (or as close as possible to the start)
- Wave 2 – 2-3 months into the tenancy
- Wave 3 – 9-12 months into the tenancy

At each wave, tenants will be asked a range of questions about their housing, the housing service they receive, the local neighbourhood, their financial situation, and their health and wellbeing. A range of questions from existing national surveys will be used at each Wave to provide measures of change, particularly in relation to health and housing. At Waves 2 and 3, a range of more open questions will also be asked to explore tenants' experiences in more depth and examine the processes which may have led to housing and health impacts. These questions have been designed to focus on the areas of interest set out by the scoping study, which should help the research to identify what works for different groups of tenants being supported by each organisation.

The project runs until the end of 2018, but interim findings should be available by around the end of 2017, by which point Wave 2 data collection should be complete.

The research will aim to provide useful feedback to the partner organisations and also develop findings which will be of use to housing organisations more broadly, as well as policy-makers.

## 1. Introduction

### 1.1 Project aims and objectives

The Housing through Social Enterprise project aims to explore the health impacts of social enterprises working in the housing/homelessness sector. It is part of the CommonHealth research programme, outlined below.

The project aims to follow a cohort of new tenants of three social enterprises over the period of a year in order to measure the health impacts of different approaches and to examine what works for different groups of people at risk of homelessness.

### 1.2 The CommonHealth research programme

CommonHealth is a 5-year research programme jointly funded by the Economic and Social Research Council and the Medical Research Council, aiming to examine the potential of social enterprises to generate public health impacts. The research is being conducted by Glasgow Caledonian, Stirling, Glasgow, Highlands and Islands and Robert Gordon Universities, working through eight distinct projects, each of which involves partnerships with social enterprises.

The definition of 'social enterprise' is highly contested, but the key elements for the research programme are that social enterprises trade for a social purpose. Thus they are organisations that draw at least some of their income from trading, but reinvest any surplus in the company or the community in line with their social mission.

Importantly, the CommonHealth programme is focusing on the potential health impacts of a wide range of social enterprises, not just those that explicitly deliver 'health' services. Furthermore, the definition of 'health' being used for the research is deliberately broad, encompassing mental wellbeing and physical health outcomes, as well as considering the factors which are known to have a deep impact on health.

More information about CommonHealth is available on the programme website - <http://www.commonhealth.uk/>.

### 1.3 Project partners

The project is working in partnership with three housing organisations, all of which can be characterised as social enterprises. More detail on each of these organisations is provided in section 6.

#### *Homes for Good*

Homes for Good is a relatively new social enterprise, established in 2013, which combines a property letting agency (Homes for Good Scotland CIC) with a social landlord business (Homes for Good Investments Ltd). It aims to provide a high-quality tenancy experience for vulnerable households who would otherwise struggle to access quality property in the private rented sector and/or have to wait a long time for property in the social rented sector.

#### *Y People Rent Deposit Schemes*

Y People is a charity providing 17 distinct services to people in need across six Scottish local authorities. The project will work with two of these services – the Glasgow Key Fund and the South Lanarkshire Rent Deposit Service – both of which



provide rent deposit support for people who are homeless or at risk of homelessness, enabling them to access properties in the private rented sector.

### *NG Homes*

NG Homes is a housing association providing social rented housing across a substantial part of North Glasgow. Following second-stage stock transfer from Glasgow Housing Association, the organisation is now one of the largest community-based housing associations. As well as housing provision, NG Homes provides a range of community regeneration activities and operates an employment and training subsidiary, ng2.

#### 1.4 Focus of this report

The research project is operating in two phases. The first phase aims to clarify the approach taken by each organisation, and to identify the specific aspects of each organisations' work which will be most important to focus on in the second phase. This phase has used a Theories of Change approach, working with the staff of each organisation to develop a logic model, linking inputs and activities to outputs and outcomes.

In the second phase, the research will follow a cohort of around 30 tenants from each organisation, interviewing them just before they start their new tenancy, at around 2-3 months into the tenancy and around a year into the tenancy.

This report sets out the findings from the first, evaluability phase and provides an outline of the planned approach for the second phase.

## **2. Context**

This section provides some background data and information with regard to four key elements of the current context of housing and homelessness in Scotland: housing demand and supply, homelessness, barriers to accessing housing, and the policy context. Each of these elements has significant implications for the role that different social enterprises can play in the housing sector, and therefore for the research project.

In broad terms, it is important to understand the substantial shifts that have occurred in the mix of housing tenures in recent decades and the ways in which these shifts, combined with economic changes and welfare policies, have impacted on the ability of vulnerable and low-income households to access adequate housing. In particular, the figures point towards an undersupply of social housing, leading to a growth in use of the private rented sector, which raises concerns around the quality and cost of housing for low-income tenants. This section outlines the changes that have occurred and sets out the current situation in order to provide a clear picture of the context for the research.

### 2.1 Housing demand and supply

Scotland's population is around 5.37m individuals, made up of 2.43m households (National Records of Scotland, 2016a, 2016b - figures for 2015). There are around 2.56m dwellings and the trend data suggests that housing supply is growing roughly in line with the increase in household numbers, with both figures having increased by

around 7% over the previous 10 years (National Records of Scotland, 2016a). However, these overall figures hide a number of important variations in terms of regional differences, household sizes and substantial sectoral shifts.

Whilst all local authority areas in Scotland have seen an increase in household numbers over the period 2005-2015, and all but one has seen an increase in dwellings, there is significant variation between areas. Of most relevance to this study, Glasgow has witnessed lower levels of household and dwelling growth (4% and 3.1% respectively) than the Scottish average, whilst South Lanarkshire has seen higher growth in both figures (9% and 8%) (National Records of Scotland, 2016a). Clearly in both areas the growth in numbers of households is faster than the growth in dwellings. This report will focus primarily on the situation in Glasgow, as compared to Scotland as a whole, as housing the organisations participating in this research predominantly operate within the city, with figures for South Lanarkshire (a secondary focus of these organisations) provided where relevant.

#### *Changes in household size*

Glasgow has the smallest average household size of any local authority in Scotland (2.03 in 2015), whilst South Lanarkshire (2.18 in 2015) is similar to the Scottish average of 2.17. The average household size has been decreasing steadily across Scotland, although the four largest cities, including Glasgow, have seen something of an upturn since the beginning of the economic crisis (National Records of Scotland, 2016a). Single-person households are now the most common household type across Scotland, overtaking two-person households and falling numbers of those with three or more members in 2011. Glasgow has the highest level of single-person households of all Scottish local authority areas (National Records of Scotland, 2016c). The growth in single-person households is particularly relevant in terms of homelessness in Scotland because of the abolition of the 'priority need' test in 2012 (see below for details). This policy change gives a large number of such households the right to settled accommodation if they are unintentionally homeless, when they would previously not have been eligible.

#### *Dwelling size*

Almost half of Scotland's dwellings were built between 1945 and 1982 (Scottish Government, 2014a). However, as described above, Scotland's typical household size has changed significantly since this period. This has opened up a mismatch between the size of dwellings, and the variety in sizes of dwellings, that are available in Scotland and those that are required by its population. Glasgow, in particular, suffers from a preponderance of 3 and 4 apartment properties (typically 2/3 bedrooms with 1 living room), as this was the predominant dwelling size constructed during the post-war public sector housing expansion. This is reflected in the fact that, in Glasgow's peripheral estates, around three-quarters of homes were still of this size in 2013 (Scottish Government, 2016f). Across Glasgow as a whole, some 40% of properties are 3 apartment (typically 2 bedroomed), which are simultaneously too large for single occupants and too small for families with two or more older children and those with more than two younger children. Although 43% of Glasgow's households are single-person (Census 2011), only 16% of the city's housing is 1 bedroomed (Scottish Government, 2016f). Figure 1 below illustrates the diverging trends in household and property size.

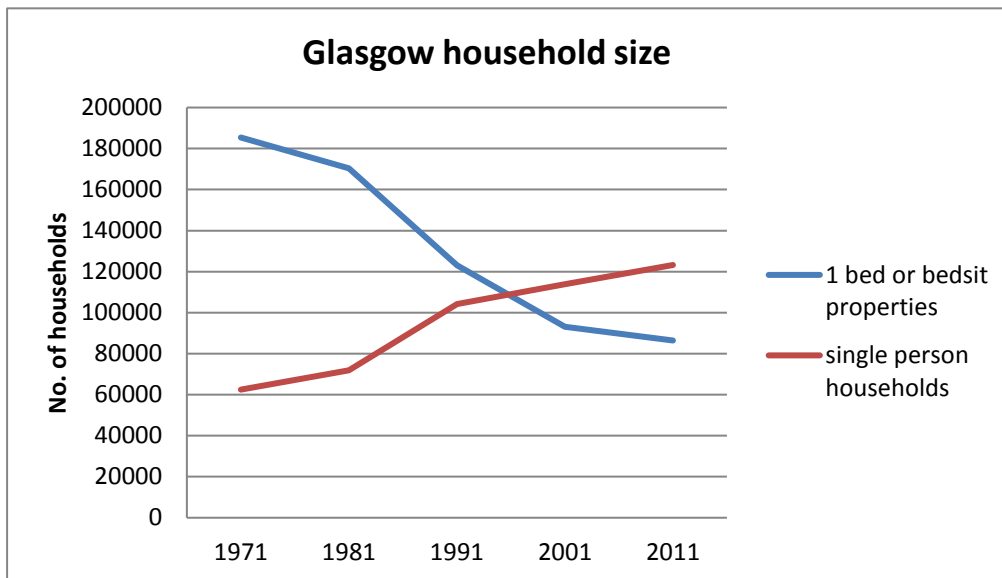
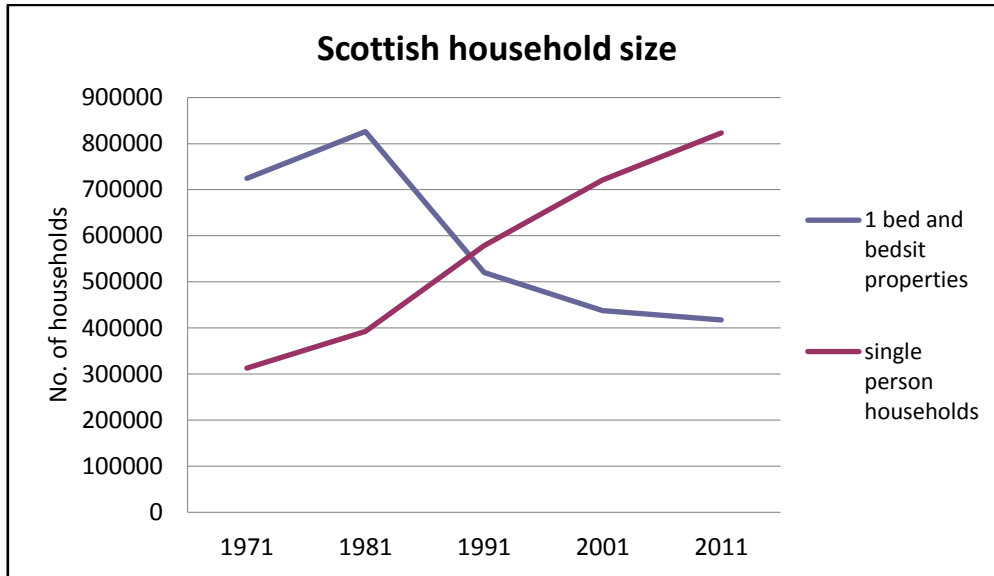


Fig.1. Scottish and Glasgow small household sizes, 1971-2011  
(Data source – Census 1971-2011)

### *Changes in tenure mix*

Across Scotland, more than half of households (58%) own their home, whilst 23% are in the Social Rented Sector (SRS), including both local authority and Housing Association properties, and 15% in Private Rented Sector (PRS) properties. This represents a radical shift from the period between 1945 and 1980, during which renting from a local authority became the dominant tenure. In the 1981 census figures, the SRS represented 58% of households, of which 56% was local authority housing, whilst the PRS made up only 6% of households, with the remaining 36% being owner occupied. The introduction of Right to Buy<sup>1</sup> from 1980 led to a dramatic

<sup>1</sup> The Right to Buy gave Council tenants, and later Housing Association tenants, the right to purchase the property they were renting and introduced significant discounts on the purchase price, related to length of tenure. The Right to Buy was abolished in Scotland in 2015.

shift of properties from Council housing to owner occupation, whilst the development of stock transfer policies from 1988 (accelerated from 2000) moved properties from Councils to Housing Associations within the SRS.

Alongside this, the proportion of households in the PRS in Scotland has increased steadily over the last 15 years, from around 7% at the turn of the century, to the current 15%. This increase largely mirrors the simultaneous fall in the proportion of households in the SRS in this period, from 30% in 2001 to the current level of 23%. The proportion of owner-occupied households, which had risen sharply in the first two decades of Right to Buy, was rising more slowly from the turn of the century until the economic crash, after which it fell around four percentage points before stabilising at its current level of around 58%.

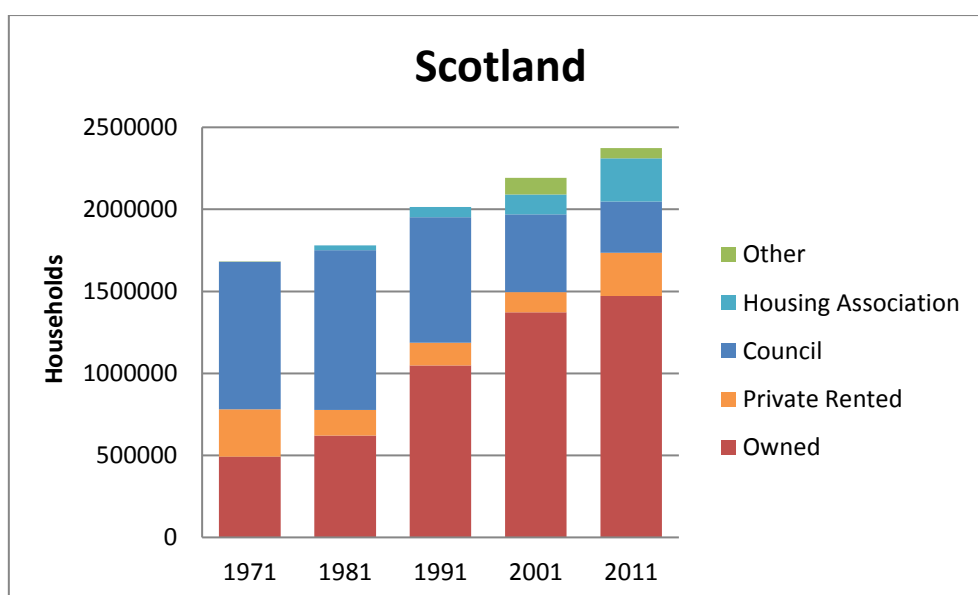
These proportions vary significantly across Scotland. As Table 1 indicates, Glasgow City has a substantially higher proportion of households in the SRS and also a higher proportion in the PRS, whilst South Lanarkshire has a lower proportion than the Scottish average in both rented sectors.

Table 1 – Housing sector proportions

	<b>Owner occupation</b>	<b>Private rented sector</b>	<b>Social rented sector</b>
<b>Scotland</b>	58%	15%	23%
<b>Glasgow</b>	44%	18%	35%
<b>South Lanarkshire</b>	67%	9%	21%

(Data source – Scottish Government (2015a))

The trends in these figures are illustrated for Scotland and Glasgow in Figure 2 below.



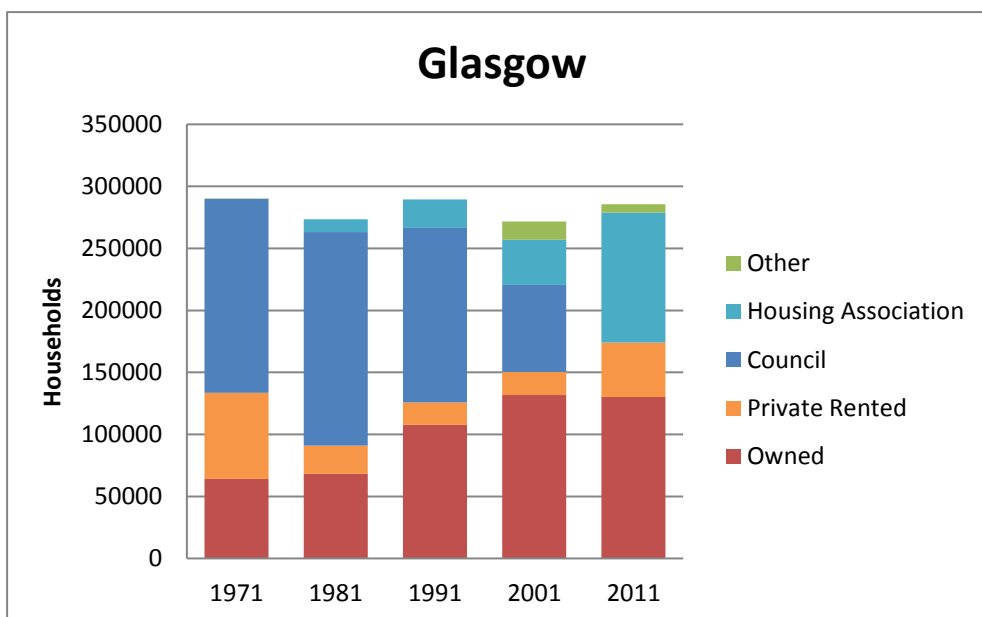


Fig.2. Tenure among households in Scotland and Glasgow, 1971-2011 (Data source - Census 1971-2011)

Within the SRS in Scotland, the proportion of properties in Housing Associations has been stable at around 11% for several years now, having risen significantly in the early 2000's with stock transfer from local authorities (particularly Glasgow), whilst Council housing has continued to decline slowly as a proportion of households to its current level of around 12%. Clearly there are substantial differences between local authority areas in these proportions as a result of stock transfer, with Glasgow and a handful of other authorities having transferred all of their stock to Housing Associations.

There are also significant variations in terms of the sectoral distribution of housing within local authority areas. This is clearly illustrated by the fact that more than half (56%) of the PRS stock in Glasgow is found within just two relatively concentrated areas in the West End and Southside of the city (Arneil Johnston, 2015).

## 2.2 Homelessness in Scotland

### *Definitions and data sources*

The definition of homelessness is never straightforward, but for the purposes of this study a wide definition is used, covering all four categories in the European Typology of Homelessness and Housing Exclusion (ETHOS - FEANTSA, 2005). These categories are: 'Roofless', including people sleeping rough; 'Houseless', including people in homeless hostels and the like; 'Insecure', including people living temporarily with friends or family, and those under threat of eviction; and 'Inadequate', including households in unfit accommodation or in situations of overcrowding. In attempting to understand the current homelessness situation in Scotland, it is important to consider the extent to which different data sources capture these different forms of homelessness. Administratively derived data sources, such as the statutory homelessness applications data, are shaped by the interplay of evolving administrative categories and people's understanding and expectations of services, whilst survey data may conceivably be more

comprehensive, but inevitably struggles to include individuals who are by definition on the margins of society. Hence interpreting the data on homelessness requires some care.

### *Homelessness services*

Local authorities have a statutory duty to find accommodation for all those experiencing homelessness or at imminent risk of homelessness. This is currently delivered through a Housing Options approach, which places an emphasis on the prevention of homelessness, partly through addressing underlying problems, and works with people in housing need to explore their options across all tenures. Given the issues with social housing supply outlined above, many households are housed in forms of temporary accommodation, often for extended periods. Alongside this, local authorities have increasingly turned to the private rented sector as an option for some types of households.

### *Homelessness data*

Data from the Scottish Household Survey suggests that around 50,000 adults (1.1% of the population) experience homelessness each year, with around 5000 adults sleeping rough at some point each year (Fitzpatrick et al., 2015). However, the trend data is somewhat difficult to interpret, particularly as regards statutory homelessness applications.

In 2015/16, there were 34,662 homelessness applications to local authorities in Scotland, of whom 28,226 were assessed as homeless or threatened with homelessness, with 24,891 of these being assessed as unintentionally homeless and therefore entitled to settled accommodation. The scale of homelessness in Scotland, as measured by these figures, has been on a significant downward trend since 2010/11 (Fitzpatrick et al., 2015). However, the reduction in applications is largely due to the impact of Housing Options and wider homelessness prevention strategies adopted by local authorities, rather than changes in the underlying drivers (Scottish Government, 2016b). There is an open question as to how much this change represents an alteration in the administrative data, diverting people from making a formal homelessness application without altering their circumstances, and how much it represents an indication that people are being prevented from becoming homeless. Moreover, the data indicates that the reduction in applications has slowed in recent years, and that the number of households being assessed as homeless in particular may be reaching a plateau, suggesting that the future impact of Housing Options, as an approach, may not lead to further reductions in the statutory homelessness figures (Fitzpatrick et al., 2015).

The statutory homelessness figures also suggest a reduction in the number of people sleeping rough in Scotland. Again, it is somewhat hard to interpret these figures because of the effect of Housing Options approaches. Whilst there is some evidence within the figures that rough sleeping has reduced in recent years, there is also some contradictory evidence from the Scottish Household Survey (Fitzpatrick et al., 2015) and local data within Glasgow suggests a substantial recent increase in terms of the number of individuals sleeping rough and the number of nights spent sleeping rough (Glasgow Homelessness Network, 2015).

The number of households in temporary accommodation placements in Scotland increased steadily until 2010/11, but has remained relatively steady since, at around 10-11,000 households at any one time (Fitzpatrick et al., 2015). The majority of these placements are in social housing stock, although there are differences between household types, with single person households being more likely to be temporarily housed in hostels or Bed and Breakfast. Notably, reports from local authorities across Scotland suggest significant increases in the length of time that households are spending in temporary accommodation (Fitzpatrick et al., 2015), although hard data on this will only be available in future years with mandatory data collection through the HL3<sup>2</sup>.

The figures for 'concealed households', where individuals or families are sharing accommodation who may prefer their own accommodation, suggest that around 9.3% of households (223,000) in Scotland contain more than one family unit (Fitzpatrick et al., 2015). The majority of these (6.7%) are non-dependent adults living with their parents, with a further 2.3% unrelated single adults and a final 0.6% households with two or more family units living in one home. Notably, there was a significant upturn in these figures in 2010-12, as in the rest of the UK, perhaps reflecting the impact of the economic crisis on people's ability to set up their own home.

### 2.3 Barriers to access

For people who are homeless or at risk of homelessness the primary options are in the two rented sectors, since owner-occupation is generally out of the question. The median cost of a property in Glasgow in 2016 was around £120,000 (Registers of Scotland, 2016), which would require a deposit and purchase fees totalling around £10,000, as well as a household income of at least £25,000, assuming no pre-existing debts. In 2015 in Glasgow, two thirds of households earned below this amount (Scottish Government, 2015b). Over half of those households earned below £15,000, an income below which it would be extremely challenging to either save a deposit or secure a mortgage. However, as the above figures regarding homelessness and housing supply suggest, neither the SRS nor the PRS provides a straightforward solution for all of those excluded from property ownership.

#### *Barriers to accessing social rented housing*

For households looking to access housing in the social rented sector, the primary barrier is limited supply arising largely from a combination of Right to Buy (see below for more detail on policy changes in this area) and the demolition of SRS properties that were unfit for habitation. Having fallen significantly from well over 600,000 ten years ago, the number of properties in the SRS in Scotland has been static in recent years at around 595,000 (Scottish Government, 2014b - latest figures for 2012/13). The impact of this reduced SRS housing supply is somewhat hard to elucidate from the housing waiting list figures, since the data on waiting lists across Councils and Housing Associations is not comprehensive (it excludes six authorities which have transferred all their stock to Housing Associations, including Glasgow) and there is a particular gap in the data regarding the length of time which people spend on housing waiting lists. The data that is available for local authority housing registers

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<sup>2</sup> The HL3 return was introduced by the Scottish Government to monitor households in temporary accommodation. Every local authority in Scotland is required to provide an annual return, with effect from 1 April 2016

suggests a substantial drop in the total number of households on waiting lists, from around 220,000 in 2002, to around 175,000 in 2016 (Scottish Government, 2016c), whilst survey data on net waiting list totals suggests a similar drop in recent years, from approximately 170,000 in 2013 to around 130,000 in 2015 (Scottish Government, 2016d). However, these crude figures conceal underlying changes such as the removal of Glasgow's waiting list (of around 30,000 households) with stock transfer in 2003 and the impact of Housing Options approaches, which may divert people from SRS waiting lists because they are unlikely to get near the top of the list for many years. Indeed, data obtained by MSPs through Freedom of Information requests suggests that (in 2014) as many as 33,000 households had been on waiting lists for at least 5 years and around 13,000 for at least 10 years (BBC, 2014).

Setting aside the complexities of waiting list data, the alternative approach of modelling housing need at a Scotland-wide level suggests that there is a need to deliver approximately 12,000 affordable houses per year, which is nearly four times the number of affordable housing completions in 2014 (Powell et al., 2015). The Scottish Government has introduced a target for the Affordable Housing Supply Programme (Scottish Government, 2016a) of 50,000 houses over the next 5 years, which if delivered will get significantly closer to the 12,000 per annum requirement. However, there are concerns within the SRS regarding capacity to deliver this target (Scottish Housing News, 2016) and the current situation clearly remains one of significant undersupply in the social rented sector.

#### *Barriers to accessing private rented housing*

For homeless households or those at risk of homelessness looking to access the private rented sector, there are two key barriers. Firstly, there is a significant issue of affordability, particularly in comparison to the SRS. As analysis of the Glasgow rental sector suggests, the average rent in the PRS for smaller properties (1 and 2 bedroom) is around twice that in the SRS, whilst for larger properties it can be three or four times as high as the SRS average (Arneil Johnston, 2015). Moreover, for households which are reliant on benefit, the analysis suggests that the average PRS rent is significantly higher than the Local Housing Allowance rate in virtually all areas of Glasgow (Arneil Johnston, 2015). These issues with affordability are also reflected in survey evidence highlighting the high proportion of PRS tenants in Glasgow who report difficulties with paying their rent (Phillips et al., 2015). A further affordability barrier is the tendency for PRS landlords to demand high deposits in order to secure a property, which many low income households struggle to save up. Only just over half (56%) of Scottish households with a net income of under £15,000 per year have any savings at all (Scottish Government, 2015b).

Secondly, PRS landlords (and letting agents) are able to select their tenants, particularly in situations where there is competition for properties, and that such selection often disadvantages homeless households and those at risk of homelessness. Evidence from a landlord survey in Glasgow suggests that more than half (58%) place some form of restriction on the 'type' of tenants they are willing to accept in their properties, with the more common restrictions being exclusions of tenants claiming Housing Benefit, tenants with a previous eviction, and/or homeless households (Arneil Johnston, 2015). These restrictions can be exacerbated by procedures utilised by PRS landlords and letting agents, such as requirements for



references and 'tenant profiling', which are likely to disadvantage vulnerable households.

In addition to these two key barriers, the PRS can also be problematic for homeless households or those at risk of homelessness in other ways. As noted earlier, there can be issues with the location of PRS properties, with the majority of such property in Glasgow being concentrated in just two areas, thereby limiting options for households wishing to stay in other areas of the city, close to family networks, schools, etc. The PRS also presents issues in terms of security of tenure, with current tenancies in the PRS being significantly less secure than in the SRS (although see below for forthcoming changes in this area), which may put off some households from considering private renting as an option and may also limit the extent to which local authority officers explore this options with homeless applicants. The issue of security of tenure also affects the power relationship between tenant and landlord, making it difficult for some tenants to request repairs or negotiate around temporary difficulties with paying rent (Phillips et al., 2015).

#### 2.4 Policy context – challenges and changes

There have been a significant number of changes to welfare benefits and housing policy over the past decade which provide important context for this study, and for the housing/homelessness sector more broadly.

##### *UK welfare reforms*

Table 2 sets out the key changes to welfare benefits which have been introduced by the UK Government since 2010, together with an outline of their implications, including specific implications in Scotland where appropriate. Some UK benefit changes are being mitigated or implemented differently in Scotland as further powers are devolved under the Scotland Act 2016.

In a general sense, the 'welfare reform' changes introduced by the UK Government increase the risk of homelessness or create barriers to accessing adequate housing for low-income and vulnerable households in three ways.

Firstly, a number of the changes reduce the amount of Housing Benefit available, making it difficult to access housing or increasing the challenge of managing financially once in housing. Some of these changes affect particular groups (e.g. the extension of the Shared Accommodation rate to under 35s) and/or particular sectors (e.g. the Spare Room Subsidy for tenants in the SRS), whilst others affect all households in receipt of welfare benefits (e.g. the benefits freeze).

Secondly, a number of changes (e.g. benefit sanctions, benefits cap and freeze) have an impact on benefit incomes more broadly, creating additional financial challenges for low-income households with potential impacts on their ability to pay rent and thereby sustain their tenancy. This is particularly true with benefit sanctions, where there is increasing evidence that sanctions are having an impact on people's ability to sustain tenancies and/or move on from homelessness by accessing a tenancy (Fitzpatrick et al., 2015). Moreover, there are concerns that some of these benefit changes will negatively impact on the financial viability of some accommodation projects if service charges cannot be recovered from residents.

Lastly, the introduction of Universal Credit, with the housing element being paid as part of the UC payment direct to individuals, rather than to landlords, creates a particular risk of arrears for low-income and vulnerable households. This represents a significant change for the SRS, where HB has generally been paid direct to landlords, and will also affect some vulnerable tenants in the PRS, where direct payment of HB to landlords has been used for tenants with arrears and/or problems managing their money. Universal Credit will also be paid monthly, rather than the previous system of HB usually being paid fortnightly, which may create budgeting problems for some households.

As well as increasing the risk of eviction and homelessness for some households, there are concerns that this change may lead some PRS landlords to place further restrictions on tenants (e.g. excluding benefit claimants), or even exit the sector altogether, potentially reducing housing supply in the PRS. There are also concerns that this change may increase the level of arrears, which may threaten the financial viability of some social landlords. Whilst the Scottish Government have indicated that they will facilitate the continued direct payment of the housing element of UC to landlords, this does not entirely remove the risks, particularly for households in low-income employment, where UC payments may change on a week-to-week basis, making it difficult for landlords and tenants to be clear about the rent due from the tenant.

#### *Scottish Government housing policy changes*

Table 3 sets out the key changes to housing policy over the last decade or so, together with their implications. In general terms, Scottish Government housing policy can be seen as being focused on four key elements, as regards homelessness and the rented housing sectors.

Firstly, the introduction of Housing Options and the duty to provide housing support services form part of a shift towards prevention of homelessness, focusing on underlying issues for each individual or household, rather than concentrating purely on housing.

Secondly, the abolition of the priority need test, together with the new private rented sector tenancy, can be seen as attempts to increase the rights of a wide range of people to access housing and to have security of tenure once housed.

Thirdly, the abolition of the Right to Buy is clearly a policy aimed at stabilising the supply of housing in the SRS, after three and a half decades of decline. The Scottish Government has also expanded financial support for new building in the SRS through the Affordable Housing Supply programme, with a target of 50,000 new properties in the period 2016-2021 (Scottish Government, 2016a), which comes close to the recommendation of 12,000 per year from Shelter Scotland's review of housing need (Powell et al., 2015). However, there is inevitable concern that this funding may become more constrained if UK Government austerity policies squeeze the Scottish budget further.

Lastly, a number of regulations (e.g. mandatory landlord and letting agent registration, tenancy deposit schemes) are focused on tightening the regulation of the PRS, to deal with poor standards in some parts of this sector. Combined with the

legislation which enables local authorities to discharge their homelessness duty through PRS tenancies, this creates a bigger role for the PRS in providing housing for households which are homeless or at risk of homelessness.

Notably, debates about Scottish Government housing policy have made explicit connections to wellbeing in recent years, following the work done by the Commission on Housing and Wellbeing, established by Shelter Scotland (Commission on Housing and Wellbeing, 2015). The Scottish Government provided a point-by-point response to the Commission's recommendations, highlighting the ways in which existing and future planned policy will attempt to address the links between housing and wellbeing, including increasing supply of affordable housing, and addressing issues of neighbourhood and community, economic wellbeing, health and education, and environmental sustainability (Scottish Government, 2016e).

Looking across the two sets of policy, it is clear that there is a degree of tension between the welfare reform and austerity agendas from the UK Government on the one hand and the Scottish Government housing and homelessness policy on the other. Whilst the Scottish Government's approach has been lauded as 'the most progressive homelessness legislation in the world' (Shelter Scotland, 2013), it remains to be seen how this will play out alongside UK policies which are likely to place additional strain on vulnerable households and the publicly-funded services which may support them.

Table 2 – Key changes to welfare benefits and their implications

<b>Date</b>	<b>Welfare benefits change</b>	<b>Implications</b> (Scotland-specific where appropriate)
2010	Increase in benefit sanctions	Benefit sanctions remove out-of-work benefits (Job Seekers Allowance or Employment Support Allowance) from individuals who are deemed to have failed to comply with conditions. The number and severity of sanctions has increased significantly since the 2010 election.
2011	LHA rates capped at 30 <sup>th</sup> percentile of local rents (previously 50 <sup>th</sup> percentile)	Restricts the range of PRS properties financially accessible for households in receipt of HB.
2012	Extension of Shared Accommodation Rate to under 35s	Limits HB for under 35s to the rate for a room in a shared house, rather than a single-person property. Largely excludes individuals under the age of 35 in receipt of HB from accessing the PRS unless in a shared tenancy.
2013	Spare Room Subsidy (aka 'Bedroom Tax')	Reduces HB for households in the SRS with one or more 'spare rooms' on the basis of a formula relating household size to number of bedrooms, requiring households to pay part of their rent, or move to smaller property. Particular implications where supply of smaller properties in SRS is limited. Largely mitigated in Scotland by Scottish Government's use of Discretionary Housing Payments.
2013	Universal Credit	Replacement of a range of working-age benefits, including HB, by Universal Credit. Being rolled out across UK – all new claimants from 2016. Key change to HB element is that UC is paid entirely to the individual, whereas HB was often paid direct to landlords. Scottish Government has power to enable direct payment to landlords under the Scotland Act 2016 and is planning to facilitate this.
2013	Benefits cap	Caps total household benefits for working age households at national median earnings (£26K). Relatively limited impact in Scotland because of lower rents (and therefore HB) than some areas in England.
2016	Benefits freeze	Freezes working age benefits/tax credits and LHA rates for four years.
2016	Reduced backdating of HB claims	Backdating of HB claims limited to 4 weeks (previously up to 6 months).
2016	Reduced benefits cap	Reduces the cap on total household benefits to £20K (£13,400 for single people). Likely to have more significant impact in Scotland than previous cap.
2017	End of HB entitlement for 18-21s	Most 18-21-year-olds will no longer be able to claim HB (some exceptions, which are yet to be clearly defined).
2018	Extension of LHA rates to social housing	Not likely to affect 'general needs' housing in SRS, because rents are generally below LHA rates, but may have significant impacts on supported housing where rents are significantly higher. Additional DHP may be available to cover the gap between LHA rates and supported housing rents, but this is not set out in detail yet.

Table 3 – Key changes to housing legislation/policy and their implications

<b>Date</b>	<b>Legislative/policy change</b>	<b>Implications</b> (in Scotland – virtually all housing policy is devolved)
2004	Registration of landlords	Introduction of mandatory registration scheme for all landlords in the PRS
2006	Tenancy Deposit Schemes	Introduction of Tenancy Deposit Scheme framework, requiring all deposits in PRS to be held by independent bodies, not by landlords or letting agents, with process for managing disputes at end of tenancies
2010	Housing Options	Housing Options approach introduced across all local authorities in Scotland, with support provided through regional hubs. Focuses on preventing homelessness and addressing wider issues, rather than prioritising a homelessness application. Explores all possible tenure options, not just SRS.
2010	Discharging homeless duty through PRS	Local authorities given the power to discharge their duty to homeless households by housing them in the PRS on a short assured tenancy.
2012	Housing Support Services Regulations	Duty on local authorities to provide housing support to those are unintentionally homeless or threatened with homelessness
2012	Abolition of priority need test	Extends entitlement to settled accommodation to all unintentionally homeless households
2014	Registration of letting agents	Mandatory registration of letting agents in Scotland, with power to introduce code of practice
2016	Abolition of Right to Buy	Abolishes the Right to Buy for all SRS properties in Scotland, meaning that SRS tenants no longer have the automatic right to purchase the property they are renting and to receive a discount on the purchase (tenants may still be able to purchase the property they rent if their landlord is willing to sell it to them).
2016	Expansion of Affordable Housing Supply Programme	Increase in financial support for the development of new affordable housing, with target of 50,000 new properties during 2016-2021.
2016	LBTT Additional Dwelling Supplement	Introduction of 3% Additional Dwelling Supplement on the Land and Buildings Transaction Tax (which had replaced stamp duty in Scotland) for individuals purchasing a second home. May reduce supply in the PRS by increasing costs for buy-to-let landlords, although it does not apply to companies.
2017	New PRS tenancy	Introduction of new Private Rented Tenancy from Dec 2017, removing ‘no fault’ ground for eviction, which had previously operated throughout most of PRS.
2017	Reduction of mortgage interest tax relief for landlords	Requires landlords who are higher-rate taxpayers to pay tax on their full rental income, minus 20% of mortgage interest – previous all mortgage interest could be offset. Will reduce profitability for some landlords and may therefore affect supply in the PRS.

### **3. Connections between housing, homelessness and health**

The relationship between being well housed and wellbeing is a positive one and, conversely, homelessness or housing problems have negative health effects. There is a significant body of evidence that highlights the poor health of people who are homeless (Anderson and Barclay, 2003, Fitzpatrick-Lewis et al., 2011, Wolf et al., 2016) and identifies associations between good quality housing and good physical and mental health, or conversely between poor quality housing and poor physical and mental health (WHO Europe, 2007, Bonnefoy et al., 2006, Braubach et al., 2011). However, in interpreting this evidence, there are two elements of complexity which need to be considered.

Firstly, there is considerable variation in the definitions of homelessness and housing quality used across this research. Whilst some research focuses specifically on the more acute forms of homelessness such as rough sleeping, other studies attempt to explore the impacts of a wider range of housing insecurities. Where the evidence relates to particular forms of homelessness, the ETHOS typology outlined in section 2 will be used to indicate the relevant category.

Secondly, causal pathways are often two-way and complex in their operation (Willand et al., 2015). Whilst housing problems undoubtedly cause health problems, it is also clear that people experiencing particular health problems may be more likely to become homeless or end up in poor quality housing as a consequence of their poor health and related difficulties regarding employment and income. Moreover, different aspects of homelessness or poor quality housing are likely to have different health effects, some of which may be contradictory. Thus understanding the connections between housing, homelessness and health requires a careful examination of the evidence regarding causality as well as correlation.

This section examines the existing systematic reviews of evidence to provide an overview of the research evidence linking housing and homelessness on the one hand with health and wellbeing on the other, whilst also identifying what we already know about causality.

#### **3.1 Homelessness**

There is clear evidence which shows that people in more acute forms of homelessness, particularly those that are roofless or in hostel-type accommodation for the homeless, have significantly worse health than the general population (Anderson and Barclay, 2003). This includes increased rates of a range of morbidities, including circulatory problems, skeletal problems, respiratory problems, sexually transmitted infections, mental health problems and disease related to alcohol and substance misuse (Wolf et al., 2016, Munoz et al., 2005, Nielsen et al., 2011). Moreover, these increased morbidities translate into higher rates of mortality, leading to significantly lower life expectancy (O'Connell, 2005, Crisis, 2011).

This evidence base regarding increased morbidity and mortality amongst people in the more acute forms of homelessness also highlights differences between groups. For example, evidence from the US suggests that young roofless men are particularly at risk of death by homicide, whilst older roofless men are more likely to die from heart disease or cancer (Hwang et al., 1997), whilst there is some evidence

that homeless women have significantly higher rates of severe mental health problems such as schizophrenia, compared to both the general population and their male homeless counterparts (Beijer and Andreasson, 2010, Nielsen et al., 2011). Whilst there is considerable variation between studies as to the particular health issues which most severely affect particular groups in different localities, there is a consistent message across the research base that individuals who are young, single, roofless, long-term homeless or involved in sex work are the most vulnerable to a range of morbidities and early mortality (Hwang et al., 2013, Arangua et al., 2005, Wolf et al., 2016).

As noted above, causality is often difficult to determine, since people with particular health problems may be more likely to become homeless, especially those with mental health and/or substance misuse problems. However, whilst causality may be two-way, longitudinal studies suggest that becoming housed produces positive health effects in terms of both substance misuse (Fitzpatrick-Lewis et al., 2011) and mental health problems (Gottlieb et al., 2011). Moreover, the negative health effects of homelessness are also highlighted by the evidence regarding the positive psychosocial benefits of home as a haven, a locus of autonomy and a source of status (Kearns et al., 2000). Perhaps reflecting the particular challenges of longitudinal research with people experiencing acute homelessness, the evidence for particular causal pathways is somewhat limited. The longitudinal nature of this study will specifically attempt to examine some of the causal pathways which may be relevant in terms of health outcomes for households moving away from homelessness.

### 3.2 Housing quality

The evidence base regarding the health effects of particular aspects of housing quality is significantly more developed than that relating to acute homelessness. Research indicates that the physical and mental health effects of poor housing exhibit a dose-response relationship, both in terms of the severity of (poor) housing quality and the length of exposure. Thus exposure to poor housing, particularly early in life, has a lasting, life course impact on health, even after housing quality has improved (Marsh et al., 2000). This has particular implications for this study in terms of how we understand and measure the impacts of improved housing provision on mental and physical health and, especially, the size of the effect we expect to see and how we might explain variations in health response to improved housing quality.

Despite these complications, there is clear evidence for the negative physical health effects of at least five groups of housing quality problems. First, particular toxins, including radon, carbon monoxide, lead, formaldehyde, smoke from solid fuel heating/cooking and second hand smoke have been shown to negatively affect physical health through established poisoning mechanisms (Braubach et al., 2011). Secondly, there is strong evidence for negative health effects, particularly asthma and other respiratory problems, of damp and mould in the home (Fisk et al., 2010, WHO Europe, 2007, Braubach et al., 2011). This evidence also points to the range of factors which can lead to damp and mould, including building design, building age, floor level, property size, and heating system and costs (WHO Europe, 2007). Thirdly, there is clear evidence that cold indoor temperatures have negative effects on physical health, particularly cardiovascular and respiratory disease (Braubach et al., 2011, WHO Europe, 2007), with causality being clearly shown by the positive effects of energy efficiency improvements (Maidment et al., 2014, Thomson et al.,

2013). Fourthly, there is evidence that overcrowding can increase the incidence of tuberculosis through increased transmission in some circumstances (Braubach et al., 2011). And lastly, specific physical characteristics of a dwelling, such as the safety of stairs, have an impact on household injury levels (Braubach et al., 2011).

Alongside these physical health effects, there is also clear evidence for negative effects on mental health of at least four aspects of housing quality, as well as a general finding that poor housing quality impacts on mental health (Braubach et al., 2011). Firstly, there is some evidence that cold indoor temperatures have a negative effect on mental wellbeing, supported in particular by the evidence that energy efficiency improvements lead to improvements in mental health and wellbeing (Liddell and Guiney, 2015, Maidment et al., 2014, Thomson et al., 2013). Notably, whilst much of the evidence regarding links between housing and health is rather vague about the specific causal pathways, cold indoor temperatures is one area where the causal mechanisms influencing physical, mental and social health have been examined in more detail (Willand et al., 2015). Secondly, there is evidence that overcrowding and lack of personal space within a dwelling has negative impacts on mental health, particularly an increased incidence of depression which seems to be caused by a lack of personal/private space (WHO Europe, 2007). Thirdly, there is some evidence that there is a correlation between living in a property above the fourth floor and poor mental health (WHO Europe, 2007). And lastly, problems of damp and mould have been shown to be related to higher instances of depression, as well as the physical health problems noted above, although the causal pathway is not fully evidenced (WHO Europe, 2007). As with the research on acute homelessness, the psycho-social benefits of home are likely to underpin many of the causal mechanisms which link poor quality housing to poor mental health (Kearns et al., 2000, WHO Europe, 2007). Thus, for example, the value of home as a haven and is likely to be undermined by overcrowding, whilst the value of home as a source of status may be undermined by problems such as cold and damp which make it socially less valuable.

With the exception of those studies examining the impacts of housing improvements (Thomson et al., 2013, Thomson et al., 2009), the vast majority of the research base linking housing and health focuses on the negative impacts of poor housing. The potential impact of good or improved housing quality on health is relatively under-researched, a gap in the evidence base which this study should help to address.

### 3.3 Tenure

The evidence regarding the psycho-social benefits of home and some of the research regarding the mental health effects of insecurity in homelessness point to the importance of security of tenure as an important factor affecting health and wellbeing. However, there appears to be relatively little research in this area. There is some evidence showing negative effects on the health of children arising from the disruption and insecurity of residential mobility (Jelleyman and Spencer, 2008), and also evidence from the US which suggests that there are individual and community-level mechanisms negatively affecting mental and physical health arising from the loss of a home through foreclosure (Downing, 2016). In addition, there is some evidence questioning the assumed benefits of home ownership delivered through Right to Buy, particularly for low-income households (James et al., 1991).



Importantly, there appears to be no clear evidence that some tenures offer health benefits over others in their own right, beyond differences in security of tenure.

### 3.4 Barriers to accessing health services

A range of evidence suggests that homelessness, neighbourhood environment and housing insecurity can affect access to health services, with inevitable knock-on effects in terms of health outcomes. In terms of acute homelessness, the evidence points to structural barriers, such as the need for a home address to register with health services or for health insurance, difficulties arising from the agency of homeless people in access health services whilst their lives are chaotic, and barriers arising from health service staff discriminating against homeless people (Anderson et al., 2006). Whilst there is also evidence that specialist 'homeless health' services can assist with access (Anderson and Ytrehus, 2012), there can be barriers between these services and broader mainstream health services, including services for health problems which are of higher prevalence amongst homeless people, such as HIV (Aidala et al., 2016, Milloy et al., 2012). Notably, there is significant evidence that the particular pathways which individuals or households take into and through homelessness can be important in terms of their access to health services (Anderson et al., 2006). In terms of housing more broadly, there is evidence that the availability of health services within particular neighbourhoods can be important for access (Anderson and Barclay, 2003), and that residential mobility can reduce health service utilisation (Jelleyman and Spencer, 2008).

### 3.5 Neighbourhood effects

As with other aspects of the health/housing interaction, the health effects of neighbourhood are difficult to elucidate because of the complex nature of causality. Whilst a number of reviews suggest that there is a small, but significant effect of neighbourhood socio-economic status on health (Pickett and Pearl, 2001, Sellström and Bremberg, 2006, Yen et al., 2009), the conclusions are generally somewhat tentative. Furthermore, the evidence of benefits from neighbourhood renewal initiatives is equivocal at best (Thomson et al., 2013). In more specific terms, there is evidence for the negative effects of noise (Braubach et al., 2011, WHO Europe, 2007), environmental hazards (Anderson and Barclay, 2003), and crime and violence (Anderson and Barclay, 2003). Notably, some of these effects, particularly in relation to the mental health effects of neighbourhood crime and violence rates, are also supported by the evidence of positive health effects from US programmes which move low-income families to less disadvantaged areas (Gibson et al., 2011, Acevedo-Garcia et al., 2004, Anderson et al., 2003).

There is also a wider literature regarding the interactions between the community characteristics of neighbourhoods and health. In particular, there is significant evidence for an association between the levels of social capital and/or social networks in neighbourhoods and positive health outcomes, especially in terms of mental health (e.g. Veenstra, 2000, Kawachi and Berkman, 2001, Uphoff et al., 2013). Whilst housing providers clearly have a role to play in managing any extremely disruptive social behaviours exhibited by their tenants, and community-based social housing providers may be able to play a role in creating a high quality build environment, the role of landlords and home owners in creating a vibrant, healthy social environment at the neighbourhood level is somewhat tentative. By examining tenants' attitudes to their local neighbourhood alongside their experience

of their housing provider, this study will attempt to elucidate some of the issues regarding the responsibility and capacity of different actors in relation to community development.

### 3.6 Summary – housing for health

Drawing together this brief overview of the research which examines the links between homelessness, housing and health, Table 4 summarises the factors relating to housing and homelessness which are associated with negative health outcomes and those which are associated with positive health outcomes. As discussed earlier, the causality is not always one-way and, in some instances, the evidence demonstrates an association with little clarity around causation. Nevertheless, the links between these factors and health outcomes are now well established and it is reasonable to assume that they provide a useful guide towards the type of housing provision likely to produce positive health outcomes. In examining the possible health impacts of social enterprise in the housing sector, this study will need to explore a number of these associations, using the existing evidence to aid interpretation of complex situations, whilst also being open to the possibility of different causal pathways which have yet to be robustly examined.

Table 4 – Summary of housing factors related to health outcomes

	<b>Factors associated with negative health outcomes</b>
<b>Homelessness</b>	Acute homelessness, particularly rough sleeping Lack of 'home' Safety issues
<b>Housing quality</b>	Toxins Damp/mould Cold Overcrowding Safety issues Height above ground level
<b>Neighbourhood</b>	Neighbourhood socio-economic status Noise Crime and violence Community characteristics – social capital, networks, etc.
<b>Tenure</b>	Insecure tenure High levels of mobility
<b>Barriers to accessing health services</b>	Difficulties for people in acute homelessness Transitions between 'homeless health' services and mainstream health services Lack of services in some neighbourhoods High levels of mobility

## 4. The potential role of social enterprise

The preceding sections have set out the broad context for this project in terms of the housing situation in Scotland, together with the research evidence which links homelessness and housing with health outcomes. From this overview, it is clear that

homelessness and the risk of homelessness continues to be a significant issue in Scotland in a complex and changing policy environment, and that some households experience particular barriers in accessing housing in either the social or private rented sector. Alongside this, the research evidence regarding health impacts suggests that homelessness and poor quality, insecure housing is a contributory factor to a range of health problems and to health inequalities. In this context, the project aims to examine the specific role that social enterprise may play in generating positive health outcomes by enabling vulnerable households to access and sustain tenancies in quality housing.

#### 4.1 Defining social enterprise

The definition of social enterprise is much debated (Teasdale, 2012b), particularly when the term is examined in an international context (Czischke et al., 2012). However, in the UK at least, there is a reasonable degree of consensus around four key characteristics or principles which define social enterprises and distinguish them from private sector, public sector or other voluntary sector organisations, albeit that many organisations with these characteristics may not self-identify as social enterprises. The key characteristics are as follows:

- Trading – unlike other third sector and public sector organisations, social enterprises obtain a substantial proportion (sometimes defined as at least 50%) of their income from trading in the market, rather than donations or grants.
- Not-for-profit – unlike private sector companies, social enterprises do not distribute profits to their owners/shareholders, but reinvest any surpluses in the business.
- Social purpose – unlike (most) private sector companies, social enterprises operate with a defined social or environmental purpose, rather than focusing on profit maximisation.
- Asset lock – unlike private sector companies, in the event of dissolution social enterprises have an ‘asset lock’, which requires any assets to be passed on to the local community or another not-for-profit organisation with a social purpose.

Despite these key characteristics, there is no standard business model for a social enterprise, and there are therefore many potential legal and financial structures that can be used to create a business that incorporates these characteristics. All three of the organisations participating in this research project fit the above definition of social enterprise, although they all do so by utilising different legal and financial frameworks. These will be outlined in more detail in section 6 below.

#### 4.2 How social enterprises might address housing need and generate positive health outcomes

These distinctive characteristics of social enterprises suggest two interconnected ways in which such organisations may be able to address housing need, filling gaps left by the private, public and voluntary sectors.

Firstly, the social mission of social enterprises leads to a greater focus on the needs of tenants, rather than primarily focusing on profit, as in the private sector. Thus social enterprises may be willing to provide housing to households which might otherwise be excluded from the PRS because they are considered too risky by virtue of having a low income or other issues affecting their ability to sustain a tenancy.

Moreover, the social mission of such organisations may enable them to provide housing and related services in ways which create, enhance or improve the assets of individual tenants or their communities (Roy et al., 2013), thereby potentially having wider impacts on tenants' wellbeing.

Secondly, the ability of social enterprises to generate income through trading and reinvest any surplus in the business may enable them to provide additional services for vulnerable households, whereas private sector organisations distribute surpluses to owners/shareholders, and public or other voluntary sector organisations may be unable to make surpluses at all. Thus the direct effects of socially-focused service delivery can potentially be amplified by the indirect effects of reinvested surpluses (Roy et al., 2014).

It should be noted, however, that this potential of social enterprise to address housing need is not without its challenges. In particular, the competing economic and social goals of social enterprises may create a tension between the need for revenue to maintain the organisation and its services, and the desire to deliver on the social mission (Spear et al., 2009, Teasdale, 2012a). There is some evidence that social enterprises either struggle to generate the surplus required for additional, specialist services (Russell and Scott, 2007), or that they may resort to 'skimming off' clients with lower levels of need (Dart, 2004, Teasdale, 2010).

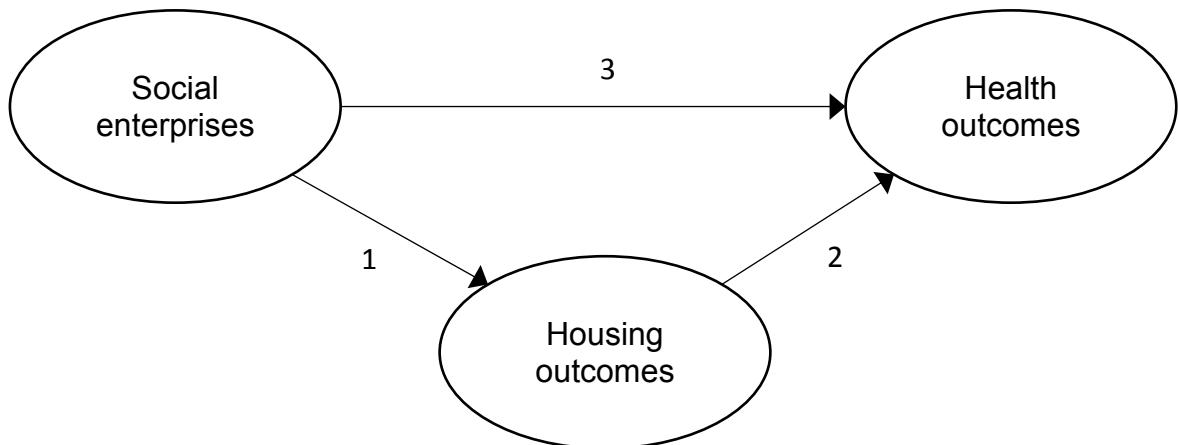
This project aims to examine this core question regarding the potential role for social enterprise in enabling access to housing and thereby delivering health benefits. The remaining sections of this report outline the approach being taken, introduce the social enterprises involved in the research and describe the scoping work that has been undertaken to explore their particular approaches, concluding with an explanation of the specific research approach being used in the project.

## **5. Shaping the research**

### **5.1 Identifying the research questions**

The design of this research project requires sensitivity to the complexity of the relationships between housing and health, as well as the diversity of social enterprise both in principle and practice. Figure 3 (below) illustrates the three core pathways through which any social enterprise in the housing sector can impact upon health: specifically, via housing outcomes (1&2) or, more directly, through other, non-housing activities (3). As with all social processes, it will also be important to consider the ways in which outcomes vary between people with different demographic characteristics (e.g. gender, household size, age) and between different contexts (e.g. geographical location, private/social housing sector, etc.).

Figure 3 – Basic logic model to identify causal pathways



In exploring and evidencing the housing and health outcomes outlined in Figure 1 (above) it is also necessary to examine whether the distinctive characteristics of social enterprises, outlined in section 4 above, are critical in generating such outcomes. In order to address these needs, the following specific research questions are proposed:

- 1a)** What housing outcomes are delivered by social enterprises?
- 1b)** How are these housing outcomes generated?
  
- 2a)** What health outcomes for tenants are delivered by these housing outcomes?
- 2b)** How are these health outcomes generated?
  
- 3a)** What health outcomes for tenants are delivered by social enterprises in other ways?
- 3b)** How are these health outcomes generated?
  
- 4a)** Are there significant differences between groups of tenants in terms of housing and health outcomes?
- 4b)** What are the contextual factors which make a difference in terms of housing and health outcomes?
  
- 5a)** How do the characteristics of social enterprise manifest themselves in different organisations operating in the housing sector?
- 5b)** What role do the specific characteristics of social enterprises play in generating housing and health outcomes?

The first three pairs of questions relate to the possible causal links illustrated in Figure 1, with the fourth pair of questions adding the important details of context and differential impact. The final pair cuts across all of the others, to examine the ways in which the organisations participating in the research operate as social enterprises and how this creates particular effects through the way they deliver services, in

contrast to services delivered by private, public or non-trading voluntary sector organisations.

## 5.2 Identifying partner organisations for the research

Although it would be possible to address these research questions by examining the outcomes of a single organisation, the diversity of social enterprises operating in the housing sector, combined with the different aspects of housing need outlined in section 2 above, suggests that a comparative study of a variety of organisations could be significantly more informative. In particular, the growth of the PRS in recent decades, at the expense of both the homeowner and social rented sector, combined with the policy shift towards using the private sector as part of the response to homelessness and high social housing demand, makes it useful to examine the nature, role and impacts of social enterprises in both the social and the private housing sectors. Whilst there is a long history of social enterprise in the SRS, particularly in the form of Housing Associations and Housing Cooperatives, in recent decades a range of social enterprises have emerged which aim to facilitate access to the PRS for more vulnerable households. Examining organisations operating across these two sectors provides an opportunity to consider whether different approaches to providing housing are more or less beneficial in terms of housing and health outcomes for different types of households with a variety of housing needs.

In order to examine different models of social enterprise operating across the SRS and PRS, three organisations were invited to participate in the research:

- Homes for Good – a social enterprise letting agency which operates across the SRS/PRS divide, providing a letting agency service to PRS landlords, as well as purchasing its own property and renting it in a similar manner to a social landlord.
- NG Homes – a community-based Housing Association, providing social rented housing.
- Y People – a voluntary sector organisation running two Rent Deposit Schemes (RDS), which facilitate access to the PRS for households at risk of homelessness.

## 5.3 Scoping methodology

The first stage of this research was to scope out the particular approach of each organisation, in order to establish how they work to provide housing and/or housing support as well as hypothesise how they generate positive health outcomes for tenants. This initial scoping work therefore aims to address Research Question 5a and lay the groundwork for Question 5b.

In order to clarify these points, Theories of Change methodology was used with each organisation in order to build a logic model of their approach, setting out the causal links they envisage between their day-to-day activities and the long term housing and health outcomes for tenants. Key members of staff were interviewed within each organisation to develop the models, and to identify the core points of interest in terms of potential health impacts and the distinctive elements of their approach. Table 5 provides an overview of the interviewees in each organisation. In the smaller organisations (Homes for Good and Y People), the majority of staff were interviewed, including both Y People teams, to examine any differences between the two rent

deposit schemes. For NG Homes, which is a much larger organisation, a range of staff were selected for interview, encompassing different aspects of the housing service and the regeneration service. The interview schedule is provided in Appendix A. The next section sets out the main findings from this scoping work.

Table 5 – Overview of scoping study interviewees

Organisation	Interviewees
Homes for Good	<ul style="list-style-type: none"> <li>• Director</li> <li>• Assistant Director</li> <li>• Tenancy Support Officer</li> <li>• Property Inspection Officer</li> </ul>
NG Homes	<ul style="list-style-type: none"> <li>• Assistant Director of Housing Services</li> <li>• Housing Manager</li> <li>• Housing Officer</li> <li>• Concierge</li> <li>• Regeneration Manager</li> <li>• Community Support/Development Officers x 2</li> <li>• Cultural Officer</li> <li>• Development Officer (money advice service)</li> </ul>
Y People	<ul style="list-style-type: none"> <li>• Service Manager</li> <li>• Team Leader x 2</li> <li>• Senior Development Officer</li> <li>• Development Officer/Support Worker x 4</li> <li>• Admin Worker x2</li> </ul>

## 6. Findings from the scoping study

This section provides a brief outline of the findings from the Theories of Change scoping work relating to each organisation. The section concludes with an analysis of the key causal processes which were identified from the models relating to each organisation and which provide focal points for the empirical work with tenants in phase II.

### 6.1 Homes for Good

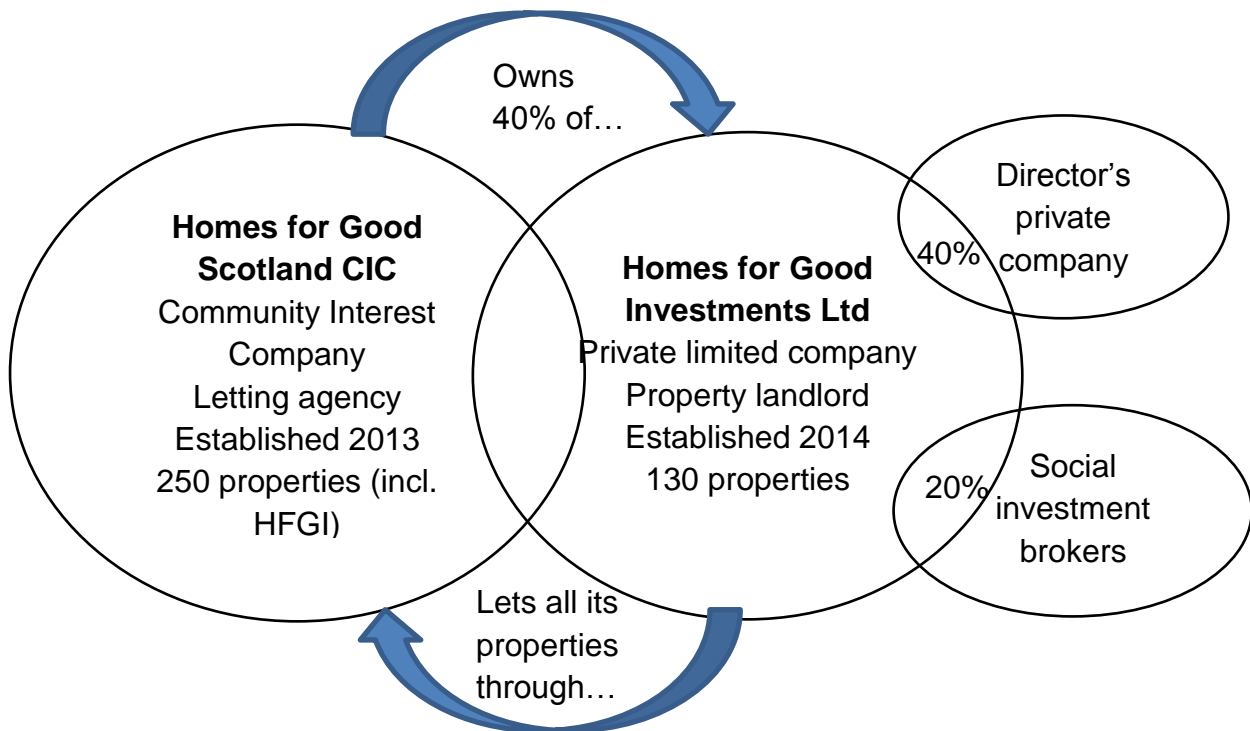
#### *Overview of the organisation*

Homes for Good consists of two separately incorporated organisations that are interconnected through share ownership and the purchase of services by one from the other: Homes for Good Scotland and Homes for Good Investments<sup>3</sup>. Homes for Good Scotland is a Community Interest Company (CIC) which operates as a socially responsible letting agency, providing a service to private sector landlords and their tenants. It currently manages around 250 properties. Homes for Good Investments Ltd is a landlord, which uses ‘social investment’ finance to purchase and renovate properties. These properties are then let to tenants, the majority of whom are in acute housing need. It currently owns around 130 properties. Homes for Good Scotland holds a 40% stake in Homes for Good Investments and also acts as the

<sup>3</sup> References to Homes for Good as a single organisation refer to the two organisations together.

letting agent for all Homes for Good Investments properties. Homes for Good Scotland was established in 2013 and Homes for Good Investments was established in 2014. Figure 4 below summarises the organisational structure of Homes for Good.

Figure 4 – Homes for Good organisational structure<sup>4</sup>



The core aim of the two inter-connected organisations that constitute Homes for Good is to enable vulnerable households to access well managed, high quality homes in the private rented sector. The intention is that this is delivered partly through raising the standard of property managed by the letting agency on behalf of other PRS landlords and partly through the direct provision of housing through Homes for Good Investments. In addition, the organisation has wider aims to improve the quality of homes in the PRS more generally and to influence policy and practice in the PRS by leading by example.

The organisation specifically attempts to attract vulnerable households to its tenancies, working in partnership with rent deposit schemes, veterans' organisations and the criminal justice system, amongst others. Homes for Good Investments properties are particularly focused on vulnerable households, with a target of 75% of tenants having some form of housing or other support need. The key focus is on tenancy sustainment through the provision of tailored support to every tenant, whatever their needs.

<sup>4</sup> There is also a third organisation, Homes for Good Property Care Ltd, which is a wholly-owned subsidiary of Homes for Good Scotland CIC, providing a maintenance service for HFG-managed properties. This is omitted here for simplicity, as this third organisation does not affect the overall structure or aims of the organisation as a whole.



Homes for Good Scotland is largely funded through its revenue as a letting agency, augmented by a limited amount of grant funding in its early phases. The organisation has also utilised subsidised employment opportunities by recruiting new graduates. Homes for Good Investments is mainly funded through social investment loan finance provided by Impact Ventures.

#### *Activities and intended impacts*

The scoping work with Homes for Good produced a theory of change model which is summarised in Figure 5 below (the full model is provided in Appendix B). This breaks the organisation's activities down into three areas. Firstly, there are a range of property management activities, including the renovation of property purchased through Homes for Good Investments, screening of property owned by private landlords using Homes for Good Scotland's letting agency service, together with an internal maintenance service for all Homes for Good property. Secondly, there are a number of activities loosely grouped together as 'tenancy management', including keeping rent levels affordable, working in partnership with referring agencies and favouring vulnerable households in selecting new tenants. Lastly, there are tenancy support activities, including the organisation's ethos of providing a welcoming approach for all tenants, person-centred support for tenants and vetting procedures to assess whether prospective tenants are ready for a tenancy.

Although the causal pathways are, in reality, more complicated than shown in this simplified diagram, the potential impacts on, firstly, housing and, secondly, health outcomes are clear. In terms of housing, these activities have the potential to provide a supply of accessible, sustainable tenancies in high quality and well maintained properties to vulnerable households seeking accommodation in either the social or the private rented sector, as is the organisation's aim. These are hypothesised, in turn, to lead to improvements in health and wellbeing, as supported by the literature outlined in section 3. The scoping work with Homes for Good also suggests that Homes for Good's approach may have direct impacts on health, aside from those that may be generated via the provision of high quality housing. In particular, the scoping interviews highlighted the ways in which the person-centred support for tenants often attempts to address issues beyond those immediately related to housing, including employment, personal capacity and confidence, all of which can be hypothesised to lead to improvements in health and wellbeing. Moreover, there is an open question which applies to all three participant organisations as to whether the nature of relationships between housing organisation staff and tenants may have impacts on wellbeing via mechanisms relating to status and respect.

#### *Social enterprise characteristics of Homes for Good*

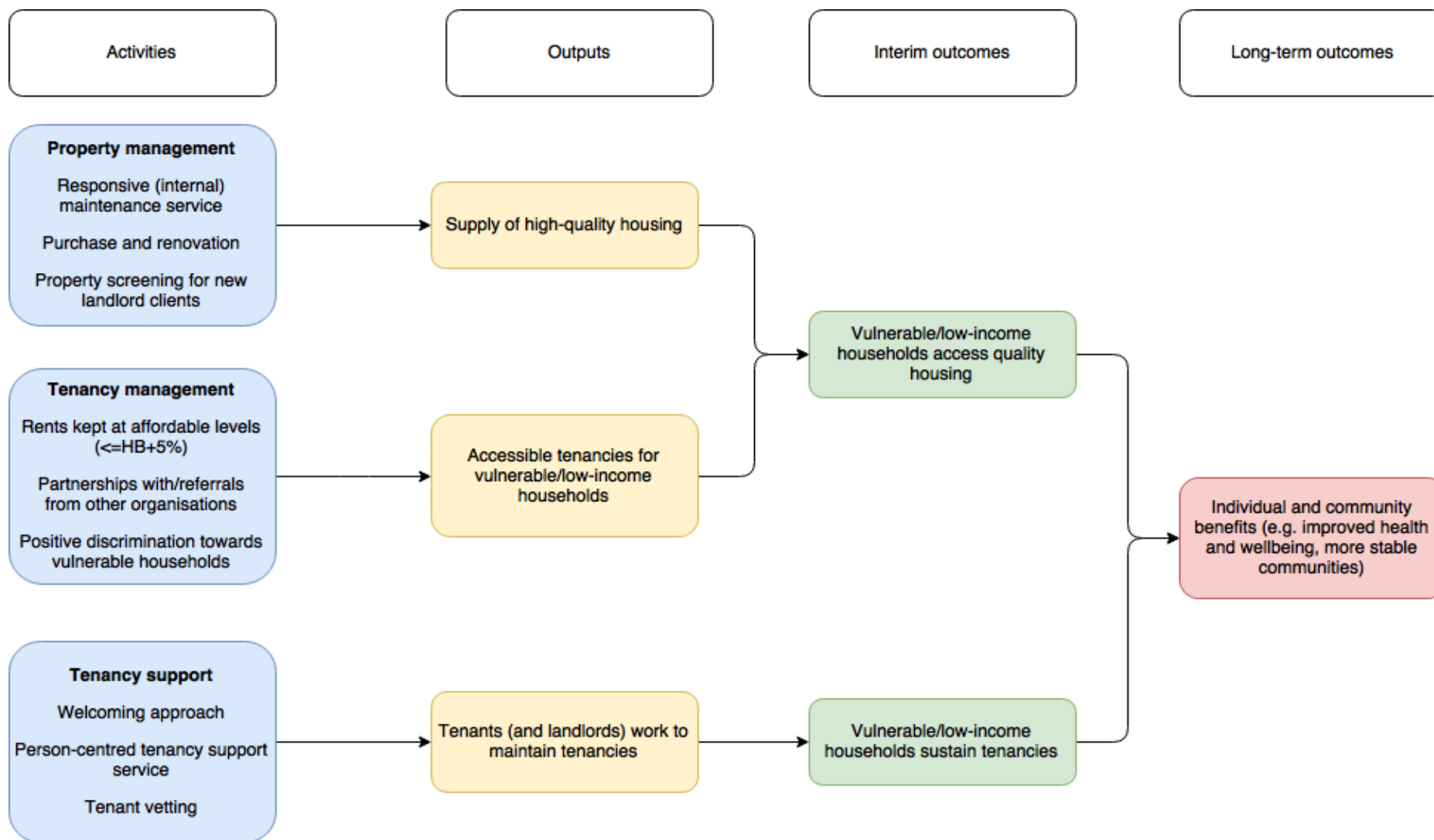
The structure of Homes for Good as a whole is more complex than many small social enterprises, with each wing of the organisation demonstrating different forms of the main social enterprise characteristics. However, from the theories of change work with Homes for Good staff, it is possible to draw together the specific social enterprise characteristics of the organisation, addressing Research Question 5a. These are summarised in Table 6 below.

Table 6 – Social enterprise characteristics of Homes for Good

<b>Social enterprise characteristic</b>	<b>Manifestation within Homes for Good</b>
Trading	Almost all revenue income derived from service charges to landlords (HFGS) and the 40% share of profits from rents (HFGI), with grants forming only a very small part of the organisation's income.
Not-for-profit	Letting agency (HFGS) trading income used to fund the person-centred tenancy support service, rather than being distributed to shareholders. Landlord (HFGI) is profit-making. However, letting agency (HFGS) takes a 40% share of these profits, which are then reinvested into the service.
Social mission	Clear social mission to provide high quality housing in the PRS to vulnerable households, with a specific target of 75% vulnerable households in Homes for Good Investment's property.
Asset lock	Homes for Good Scotland – 100% asset lock as a CIC. Homes for Good Investments – 40% owned by HFG Scotland, which is therefore asset locked. Remaining 60% not asset locked.

Notably, the three aspects of trading, not-for-profit status and social mission are interwoven, as with many social enterprises. Hence Homes for Good Scotland is able to attract private landlords with higher value properties, using the income from service charges to cross-subsidise the tenancy support service for all tenants, including those in Homes for Good Investment properties.

Figure 5 – Homes for Good simplified theory of change model



## 6.2 NG Homes

### *Overview of the organisation*

NG Homes is the trading name of North Glasgow Housing Association, a large community-based housing association in the north of Glasgow, which owns and manages around 5,500 properties. The Association has grown significantly since its creation in the 1970s, and more than doubled in size in 2011 with the second-stage stock transfer of 3000 properties from Glasgow Housing Association.

The Association aims to provide affordable housing in the social rented sector to households with a variety of needs, as well as contributing to community sustainability and regeneration through non-housing activities. As part of this latter aim, the Association undertakes a range of regeneration and community development activity, and operates subsidiary NG2, running a range of social, educational and cultural activities for its tenants, as well as providing employment and training opportunities for local people.

NG Homes is primarily funded through rental income from its properties, alongside Housing Association Grant funding from the Scottish Government. The latter can only be drawn on where the cost of housing refurbishment or development exceeds the expected rental return. The Association relies on grant funding for its social regeneration and tenancy support activities, such as Scottish Government funding for the 'Build, Bridge, Bond' community development project and for the Epic 360 money advice service.

### *Activities and impacts*

The scoping work with NG Homes produced a theory of change model which is summarised in Figure 6 below (the full model is provided in Appendix B). This breaks the organisation's activities down into four areas, the first three of which closely parallel those of Homes for Good, although there are some significant differences. Firstly, as with Homes for Good, there are a range of property management activities, although these also include building new properties, and the provision of decorating vouchers for new tenants who need them. Secondly, there are tenancy management activities which are very similar to Homes for Good in terms of a focus on affordability and prioritising households in need. Thirdly, the tenancy support activities have some parallels with Homes for Good, including pre-tenancy support and financial advice, although there is a stronger emphasis on rent monitoring within the tenancy support approach. Lastly, as a community-based housing association NG Homes also engages in regeneration work beyond its central role in housing provision, delivering a range of community development and employability activities.

As with Homes for Good, the causal pathways are more complicated than shown in this simplified diagram, but the basic hypothesis is that NG Homes' housing activities have the potential to create significant housing outcomes in terms of enabling vulnerable households to access and sustain tenancies in quality property. In turn, these outcomes can be hypothesised to lead to health and wellbeing outcomes. In addition, as a community-based housing association, NG Homes has a particular focus on developing community networks, cohesion and capacity through its regeneration activities, which can also be hypothesised to generate health and

wellbeing outcomes, in line with the research evidence regarding neighbourhood effects outlined in section 3.5.

*Social enterprise characteristics of NG Homes*

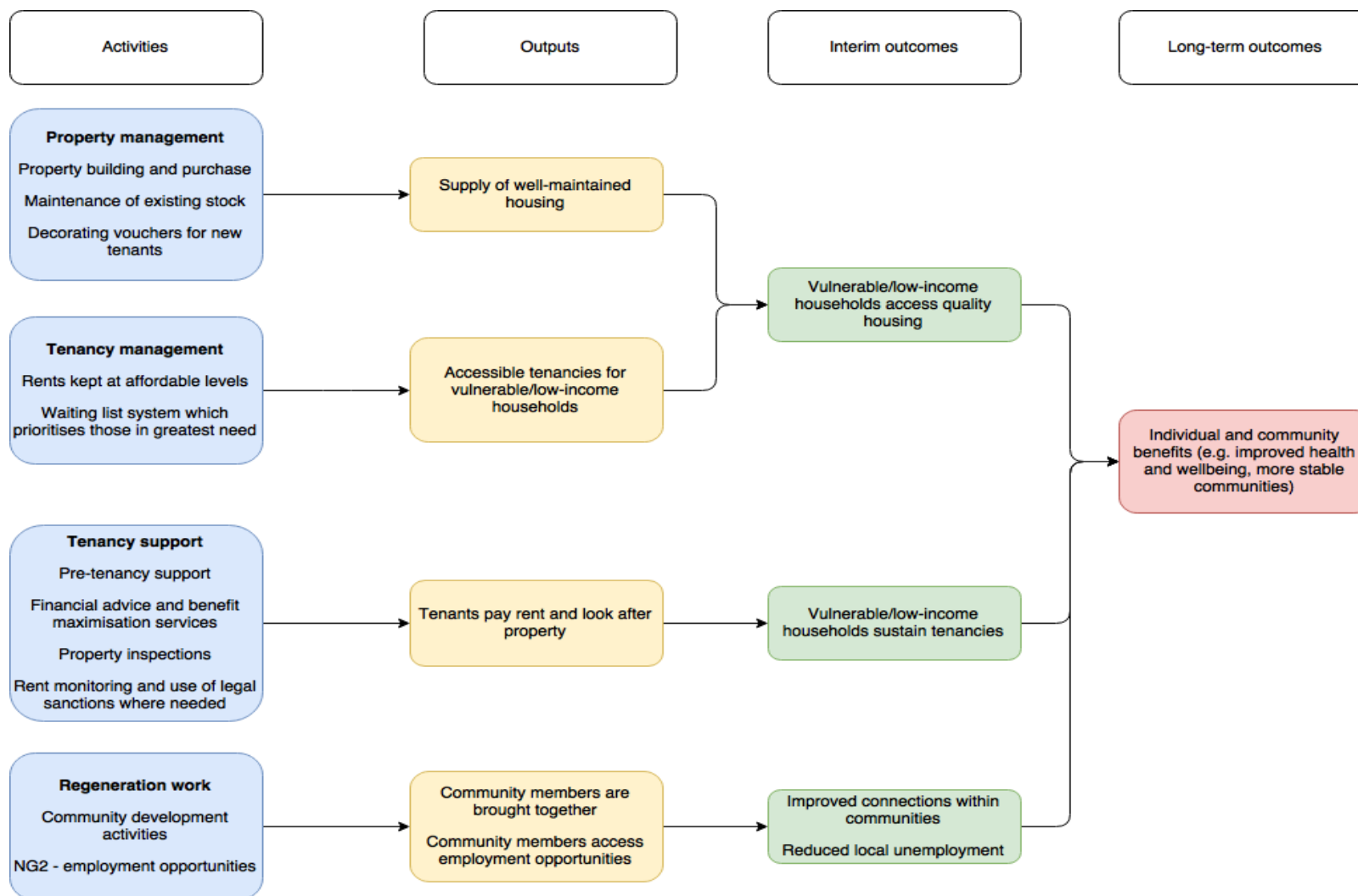
As with Homes for Good, the theories of change work with NG Homes staff provides the basis to identify the specific social enterprise characteristics of the organisation, addressing Research Question 5a. These are summarised in Table 7 below.

Table 7 – Social enterprise characteristics of NG Homes

<b>Social enterprise characteristic</b>	<b>Manifestation within NG Homes</b>
Trading	Virtually all revenue income derived from housing rents (plus small amounts from other trading income, such as mobile phone mast rents) – total income in 2016 £23.8m, of which only just over £1m was grant income, the majority relating to the organisation’s regeneration activity.
Not-for-profit	Organisation is a Community Benefit Society, so entirely not-for-profit. Uses income to further its aims of providing housing for households in need.
Social mission	Strategic aims focus on delivering affordable housing and support for the needs of its tenants, and contributing to community sustainability and regeneration.
Asset lock	100% asset lock as a Community Benefit Society.

Whilst there are clearly substantial similarities in terms of the general social enterprise characteristics between NG Homes and Homes for Good, there are also differences which the research will need to examine. For example, the differences in terms of capital funding (NG Homes using a combination of loan finance and Housing Association Grant to fund new developments, Homes for Good Investments using loan finance alone to purchase property) may have significant implications in terms of affordability and therefore the groups of tenants who stand to benefit most from each model. Furthermore, whilst both organisations have similar social missions, at least in terms of providing quality, affordable housing for vulnerable households, the detail of the theories of change (see Appendix B) suggest that there are subtle differences in terms of how they attempt to achieve these goals. These differences are explored in more detail below, together with an explanation of how the research will aim to explore them in order to identify what works in each organisation’s approach for different groups of tenants.

Figure 6 – NG Homes simplified theory of change model



### 6.3 Y People rent deposit schemes

#### *Overview of the organisation*

Y People is a charity that runs two Rent Deposit Schemes (RDS), which are underpinned by a range of support services. The schemes are aimed at people who are homeless or at risk of homelessness, focusing particularly on households who are unlikely to be a priority for social housing (e.g. single men and young people) but who struggle to afford the deposits demanded by the private rented sector. Although there are minor differences between the RDS services in Glasgow and South Lanarkshire, they are presented together here for simplicity. The Glasgow service supports around 50 households at a time, whilst the South Lanarkshire service supports up to 190 households.

The schemes work by providing a deposit guarantee (or 'bond') to the landlord, so that the tenant does not need to have the cash available for a deposit in order to start a tenancy in the private rented sector. The tenant is then supported by the service over the first year of their tenancy, during which time they are expected to save up the deposit, replacing the guarantee, or enabling them to move on to another tenancy.

The two schemes are funded by the local authority in each area through a contract. In Glasgow this funding is augmented by a degree of cross-subsidisation from another service (providing temporary furnished flats, again for the local authority), whilst in South Lanarkshire a small amount of additional funding is provided by fund-raising and local churches.

#### *Activities and impacts*

The scoping work with Y People produced a theory of change model which is summarised in Figure 7 below (the full model is provided in Appendix B). This breaks the organisation's activities down into three areas, which parallel those of the other two organisations, although again there are noticeable differences. Firstly, there are a range of property management activities, particularly focused on attracting and engaging landlords willing to let their property through the RDS. Secondly, there are tenancy management activities, including the rent deposit guarantees, plus liaison with the local authorities around referrals and assessment of potential tenants. Lastly, there are tenancy support activities, including mediation between landlords and tenants, and person-centred support for tenants, particularly in the early phases of their tenancy.

Again, the causal pathways are more complicated than shown in this simplified diagram, but the aim of these activities is to provide a supply of property in the PRS which is accessible to vulnerable households, who are themselves ready to sustain tenancies. Thus Y People aims to deliver outcomes in the form of vulnerable households sustaining tenancies in good quality housing, leading to individual benefits such as improvements in health and wellbeing.

#### *Social enterprise characteristics of Y People*

As with the other participant organisations, the theories of change work with Y People staff provides the basis to identify the specific social enterprise

characteristics of the organisation, addressing Research Question 5a. These are summarised in Table 8 below.

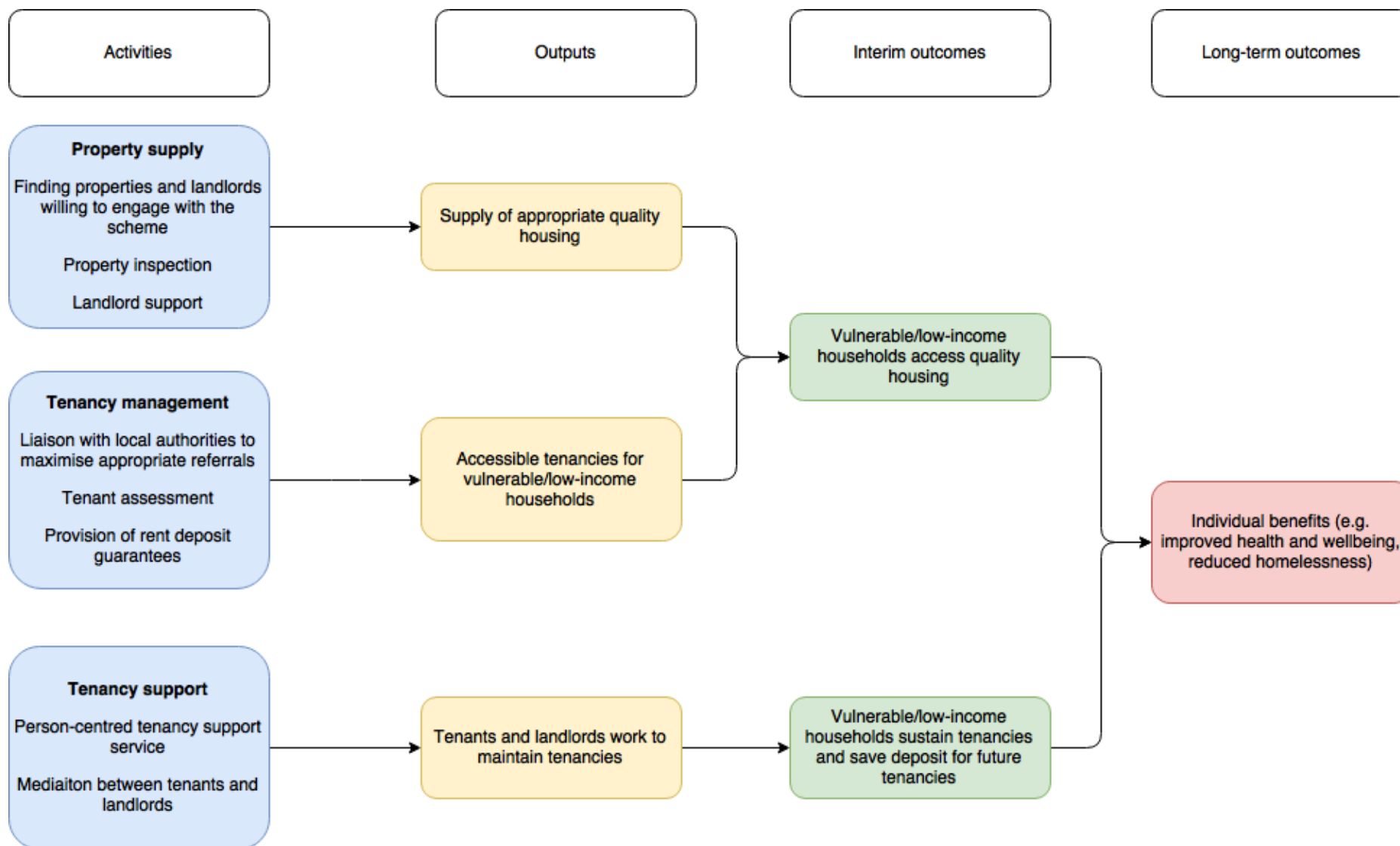
Table 8 – Social enterprise characteristics of Y People

<b>Social enterprise characteristic</b>	<b>Manifestation within Y People</b>
Trading	Revenue comes almost entirely from competitively tendered local government through contracts (hence the organisation is subject to market pressures, unlike grant-funded services).
Not-for-profit	Organisation is a Charity, so entirely not-for-profit. Some evidence of ‘surpluses’ being used for cross-subsidy between other services for vulnerable tenants run by the parent organisation in Glasgow.
Social mission	Clear social mission, focused on supporting households at risk of homelessness to gain access to a sustainable tenancy in the private rented sector.
Asset lock	100% asset lock as a Charity.

Unsurprisingly, there are substantial similarities with NG Homes and Homes for Good, particularly in relation to the overall mission of the rent deposit schemes, although the funding situation of Y People is clearly distinct from that of the other two organisations. Once again, there are also subtle but significant differences revealed by the detailed theories of change work, which are discussed in more detail in the below.



Figure 7 – Y People Rent Deposit Schemes simplified theory of change model



#### 6.4 Key causal processes

The findings from the scoping phase of the study enable the identification of points within the work of each organisation which are likely to be important in addressing these questions. Specifically, analysis of the models developed with each organisation highlights the causal processes that are assumed to be at work, where particular activities are expected to generate particular outcomes. This analysis does not attempt to identify every single causal process (indeed, such an approach would be impossible), but rather to identify those points within the overall theories of change which are important for the research on the basis of three criteria:

- Does the causal process relate to the research questions, in terms of housing and health outcomes?
- Does the causal process relate to notable similarities or differences between the organisations?
- Does the causal process relate to the specific social enterprise characteristics of one or more participant organisation?

The key elements identified through this analysis are set out in Table 6 below, together with their implications for the research focus, including any identified similarities and differences between the organisations.

The final section of this report builds from this analysis, to set out the specific research methods to be employed in the main part of the study.

Table 6 – Key causal processes identified by scoping research

Area of interest	Causal processes	Research focus
Tenancy support and responsive service	Tenancy support enables vulnerable households to access and sustain tenancies	All three organisations emphasise the importance of their tenancy support approaches and ongoing relationships with tenants, particularly in terms of supporting tenancy sustainment. However, there are notable differences in approach which the research needs to explore, to identify what works for different households and whether different forms of tenancy support reach beyond housing outcomes.
	Tenancy support enables (individuals in) vulnerable households to achieve other outcomes that may improve health and wellbeing (e.g. employment, local support network, engaging with other services)	
	Responsive service and positive relationships between tenants and housing organisation enable vulnerable households to access and sustain tenancies	
Housing quality and tenancy sustainability	Experience of living in quality housing generates health and wellbeing benefits for tenants	All three organisations emphasise housing quality, but there are also clear differences (e.g. PRS tenancies are generally furnished). Examination of housing quality and tenancy sustainability needs to build on the existing evidence base, outlined in section 3. Psycho-social benefits of home may be particularly relevant.
	Sustainability of tenancy enables (individuals in) vulnerable households to achieve other outcomes that may improve health and wellbeing (e.g. employment, local support network, engaging with other services)	
Affordable rent	Affordable rent enables vulnerable households to access and sustain tenancies	Affordability is key for all three organisations, with financial assessments forming an important part of pre-tenancy checks. However, there are also notable differences between the PRS and SRS which the research needs to explore.
	Affordable rent enables vulnerable households to have an improved quality of life due to increased disposable income	
Neighbourhood and community	Housing in preferred neighbourhoods enables tenants to maintain existing support networks, build new ones, or move away from previous problems	All three organisations recognise the importance of neighbourhood and community, but inevitably have different approaches, since only NG Homes is focused on one area. The research will need to explore the different aspects of community networks and community participation which these social enterprises may help to build, and the potential impacts on health and wellbeing.
	Activities which bring people together and empower them to take action build strong, integrated, supportive communities	
	Supportive communities generate health and wellbeing benefits for tenants	

## **7. The research approach**

### **7.1 Developing the research questions**

The key causal processes set out in section 6.4 provide focal points for the research and therefore form the basis of the specific research approach for phase II. Table 7 below sets out how the particular causal processes relate to each of the research questions and what this means for the types of data necessary to address these questions productively.

Table 7 – Implications of scoping findings for research approach

Research question		Connection to key causal processes	Types of data necessary to examine outcomes and causal processes
<b>1a)</b>	What housing outcomes are delivered by social enterprises?	How different approaches to <b>tenancy support, responsive services</b> and <b>affordability</b> have an impact on housing outcomes.	<ul style="list-style-type: none"> <li>• Measures of housing outcomes (e.g. length of tenancy, housing satisfaction)</li> <li>• Tenant experience of tenancy support and responsive services</li> <li>• Rent data and tenant experience of affordability</li> </ul>
<b>1b)</b>	How are these housing outcomes generated?		
<b>2a)</b>	What health outcomes for tenants are delivered by these housing outcomes?	How the <b>quality of housing</b> and <b>tenancy sustainability</b> delivered by different organisations have an impact on health outcomes.	<ul style="list-style-type: none"> <li>• Measures of health outcomes (including wellbeing)</li> <li>• Tenant perceptions of housing quality</li> <li>• Length of tenancy</li> </ul>
<b>2b)</b>	How are these health outcomes generated?		
<b>3a)</b>	What health outcomes for tenants are delivered by social enterprises in other ways?	How different approaches to <b>tenancy support</b> have a direct impact on health outcomes, other than via housing provision. How different approaches to <b>affordability</b> have an impact on disposable income and thus health outcomes.	<ul style="list-style-type: none"> <li>• Measures of health outcomes (including wellbeing)</li> <li>• Tenant experience of tenancy support</li> <li>• Measures of other outcomes with established links to health outcomes (e.g. employment)</li> <li>• Rent data and tenant experience of affordability</li> </ul>
<b>3b)</b>	How are these health outcomes generated?		

Table continued on next page

Table 7 continued

Research question		Connection to key causal processes	Types of data necessary to examine outcomes and causal processes
<b>4a)</b>	Are there significant differences between groups of tenants in terms of housing and health outcomes?	How some households may benefit more than others from each of the aspects of <b>tenancy support, tenancy sustainability, housing quality</b> and <b>affordable rent</b> and why.	<ul style="list-style-type: none"> <li>• All of the above data, plus...</li> <li>• Demographic data on tenants/households, including household make-up, age, gender, disability, employment status</li> <li>• Socio-economic data on neighbourhood (e.g. SIMD)</li> <li>• Tenant perceptions of neighbourhood and community</li> </ul>
<b>4b)</b>	What are the contextual factors which make a difference in terms of housing and health outcomes?	How particular contextual factors affect the ways in which <b>tenancy support, tenancy sustainability, housing quality</b> and <b>affordable rent</b> may affect outcomes for tenants. How <b>neighbourhood and community</b> may affect housing and health outcomes for tenants.	
<b>5a)</b>	How do the characteristics of social enterprise manifest themselves in different organisations operating in the housing sector?	How the social enterprise characteristics of each organisation may affect the way they approach <b>tenancy support, tenancy sustainability, housing quality</b> and <b>affordable rent</b> , as well as how they work to connect tenants to their <b>community</b> .	<ul style="list-style-type: none"> <li>• Some data already collected through scoping phase</li> <li>• Organisational financial data</li> <li>• Possibly further data from staff regarding social mission, organisational culture and practice, once tenant data on services has been analysed</li> </ul>
<b>5b)</b>	What role do the specific characteristics of social enterprises play in generating housing and health outcomes?		

## 7.2 Overview of research methodology

Building on Table 7, this section will set out the specific research methods which will be used in order to gather the necessary data in phase II. In order to address the research questions and examine the specific ways in which social enterprises in the housing sector may generate health and wellbeing outcomes, the project needs to gather data on processes as well as outcomes. For example, in order to answer question 1a, the research will need to gather outcomes data related to housing, such as whether tenancies are sustained over time and whether tenants are satisfied with the quality of their housing. Alongside this, to address question 1b, the research needs to gather process data, to explore how these outcomes are generated, such as tenants' views on the ways that tenancy support has assisted them to sustain their tenancy. Thus the methodology has to involve a mix of quantitative measures, to provide evidence of outcomes, and qualitative work, to examine the processes involved (Pawson and Manzano-Santaella, 2012).

Clearly the research also requires a longitudinal element, in order to examine the changes that happen in tenants' lives as they move in to a tenancy with a social enterprise housing provider, and to explore whether and how tenancies are sustained. The aim, therefore, is to gather a mix of quantitative and qualitative data from tenants at three stages, as set out in Table 8 below.

Table 8 – Overview of the research process

Wave	Time point	Focus of research
1	Prior to start of tenancy (or as close as possible to start)	Baseline data on health and wellbeing (quantitative). Baseline data on housing, relating to housing situation prior to new tenancy (largely quantitative).
2	2-3 months into tenancy	Quantitative data on health and wellbeing. Quantitative data on housing outcomes. Qualitative data on experience of housing service from social enterprise.
3	9-12 months into tenancy	Quantitative data on health and wellbeing. Quantitative data on housing outcomes. Qualitative data on experience of housing service from social enterprise.

Collecting quantitative data over the first year of tenancies in this way should enable outcome patterns to be examined, in order to identify the changes experienced by tenants in terms of housing and health. In turn, the collection of qualitative data will help to develop an understanding of the causal processes involved and therefore help to identify what works for different households being supported by each organisation.

## 7.3 Developing the research instruments

The questions to be asked of tenants in each wave of the research were developed in three stages. Firstly, existing national surveys were reviewed in order to identify quantitative questions which were pre-tested and for which comparator data would be available if required. Secondly, qualitative questions were developed to specifically focus on the key causal processes identified through the initial scoping

work with participant organisations. And, lastly, a wide range of these questions was tested through a focus group discussion and pilot interviews with existing tenants.

This last stage was particularly crucial in refining the questions to be used in the research, removing questions which were felt to be too sensitive or difficult to comprehend/answer, substantially altering the ordering of questions, amending the wording of some qualitative questions and selecting from the range of possible quantitative questions. As a specific example of this refinement process, the provisional choice for measuring health and wellbeing outcomes was the Warwick-Edinburgh Mental Wellbeing Scale, but tenants involved in the focus group highlighted a number of problems with this scale. In particular, tenants recognised this scale as a diagnostic tool used in healthcare contexts, giving it significant negative associations. Discussing alternative established health and wellbeing measures with the focus group led to the selection of the WHO-5 tool, which subsequently performed well in the pilot interviews. Table 9 below provides an overview of the questions to be used at each wave.

Table 9 – Overview of questions at each wave

<b>Subject area</b>	<b>Quantitative questions (waves 1-3)</b>	<b>Qualitative questions (waves 2-3)</b>
Housing	<ul style="list-style-type: none"> <li>• Pre-tenancy housing situation (wave 1 only)</li> <li>• Satisfaction with landlord, letting agent, maintenance, tenancy support, house condition, neighbourhood</li> </ul>	<ul style="list-style-type: none"> <li>• Perspectives of service received from housing organisation</li> <li>• Comparison with previous experiences</li> </ul>
Finance	<ul style="list-style-type: none"> <li>• Rent level</li> <li>• Ability to cope with rent and money more generally</li> </ul>	<ul style="list-style-type: none"> <li>• Experience of financial situation</li> </ul>
Health	<ul style="list-style-type: none"> <li>• Self-rated health</li> <li>• WHO-5 wellbeing scale</li> </ul>	<ul style="list-style-type: none"> <li>• Comparison with previous health</li> <li>• Perspectives on what may have generated any change in health</li> </ul>
Neighbourhood	<ul style="list-style-type: none"> <li>• Trust and local support networks</li> </ul>	<ul style="list-style-type: none"> <li>• Perspectives on local neighbourhood</li> </ul>

In addition, a range of demographic data will be collected from each household, including the make-up of the household, employment status, age, gender and disability status, to help identify whether particular groups benefit more from particular approaches and thereby address research question 4a.

#### 7.4 Participant numbers and recruitment

The intention is to have a sample of around 30 tenants from each organisation who progress through all three waves of the data collection. In order to achieve this



number, the project will aim to recruit up to 50 new tenants from each organisation, recognising that there will be some dropout over time.

Recruitment will be undertaken in partnership with the three participant organisations, using a very similar approach in each case, although with a degree of tailoring to suit the particular processes and contact points for new tenants. Staff of the participant organisations will provide all new tenants with basic information about the research and ask for their consent to pass on contact details to the research team. Those tenants who consent to be contacted will then be telephoned and given more detailed information about the study before being asked whether they consent to participate in the Wave 1 data collection. Following discussion with the participant organisations during Phase I, tenants will be given an incentive payment (in the form of high street vouchers) for their participation in each Wave.

#### 7.5 Outcomes from the research

The research aims to provide a range of findings which should be of value to a number of different audiences.

In terms of formative feedback, the focus on what works for whom should enable the research to provide useful feedback to the participant organisations about different aspects of their approaches. The aim will be to provide initial feedback (probably in the form of an interim report) after the Wave 2 interviews have been completed. The formative feedback process will also operate within the research project itself, with the data from each wave being used to review the method and potentially add questions to the schedule for the subsequent wave.

The outcome evidence in relation to housing and health outcomes should provide useful evidence for participant organisations regarding their immediate and wider impacts. This will be fed back to the participant organisations after Wave 2 and again at the end of the project (i.e. after Wave 3), and disseminated more widely to housing providers at this latter stage.

The examination of specific causal processes across different organisations should also provide evidence which will be of value for other housing organisations and will therefore be disseminated across the housing sector at the end of the project. This evidence should also contribute to the wider research base regarding the impacts of social enterprise and the links between housing and health, particularly in relation to issues of tenancy sustainability for vulnerable households. This will be of significant relevance to the future development of housing, welfare and social enterprise policy by the Scottish Government and potentially other national administrations.

Feedback on the findings from the research will also be sent to all participants in the form of a summary briefing at the end of the research. This will also be provided to the participant organisations (and other housing providers) for sharing with other tenants.

Initial estimates, based on anticipated rates of recruitment, are for Wave 1 data collection to be complete by mid-2017, with Wave 2 data collection running alongside (as participating tenants reach the 2-3 month point in their tenancy). Hence Wave 2 should complete by autumn 2017 and Wave 3 by spring 2018

## **8. Conclusion**

The scoping work undertaken for the Housing through Social Enterprise project highlights the range of housing challenges in Scotland and evidence that suggests considerable implications for health and wellbeing. It also points towards the potential for social enterprise to meet some of these challenges and thereby improve the health of tenants.

Whilst significant steps have been taken to tackle homelessness, particularly through recent Scottish Government policy, this problem is far from solved. Indeed, the evidence suggests that the underlying level of need may be increasing in the context of austerity and UK Government welfare reform. Alongside this, demographic changes, an undersupply of Social Rented housing and the growth of the Private Rented Sector are converging to generate new housing-related issues, the implications of which are just starting to emerge. These include threats to housing accessibility, affordability, security and quality for some of Scotland's more vulnerable households, all of which have significant implications for health inequalities.

Through their combination of social mission, trading and not-for-profit status, social enterprises have the potential to meet some of these challenges, enabling vulnerable and low-income households to access secure, high quality housing. The organisations participating in this research present three very different models, providing an ideal opportunity to examine the impacts of various permutations of social enterprise in terms of housing and health outcomes. In particular, researching the experiences of tenants within each organisation should provide insights into the ways in which social enterprises may offer distinctive approaches to tenancy support, housing quality and tenancy sustainability, affordability, and neighbourhood issues.

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## **Appendix A – Scoping study interview schedule**

The following provides a summary of the interview schedules used during the scoping study. Some adjustments were made for each organisation, to tailor the questions to their situation, and some questions were added for particular staff where needed to examine their role or understanding of the organisation in more detail.

### Role of interviewee within [participant organisation]

- Length of employment with [participant organisation]
- Day-to-day role/activities
- How role relates to that of other staff

### Aims of the organisation

- Tenant journey
- What [participant organisation] is aiming to achieve for tenants, landlords (where appropriate), staff and the wider community
- How [participant organisation] aims to achieve these goals
  - Housing activities
  - Non-housing activities
- (Possible) health impacts on tenants
- Whether/how [participant organisation] is different from previous employer(s)

### Looking forward

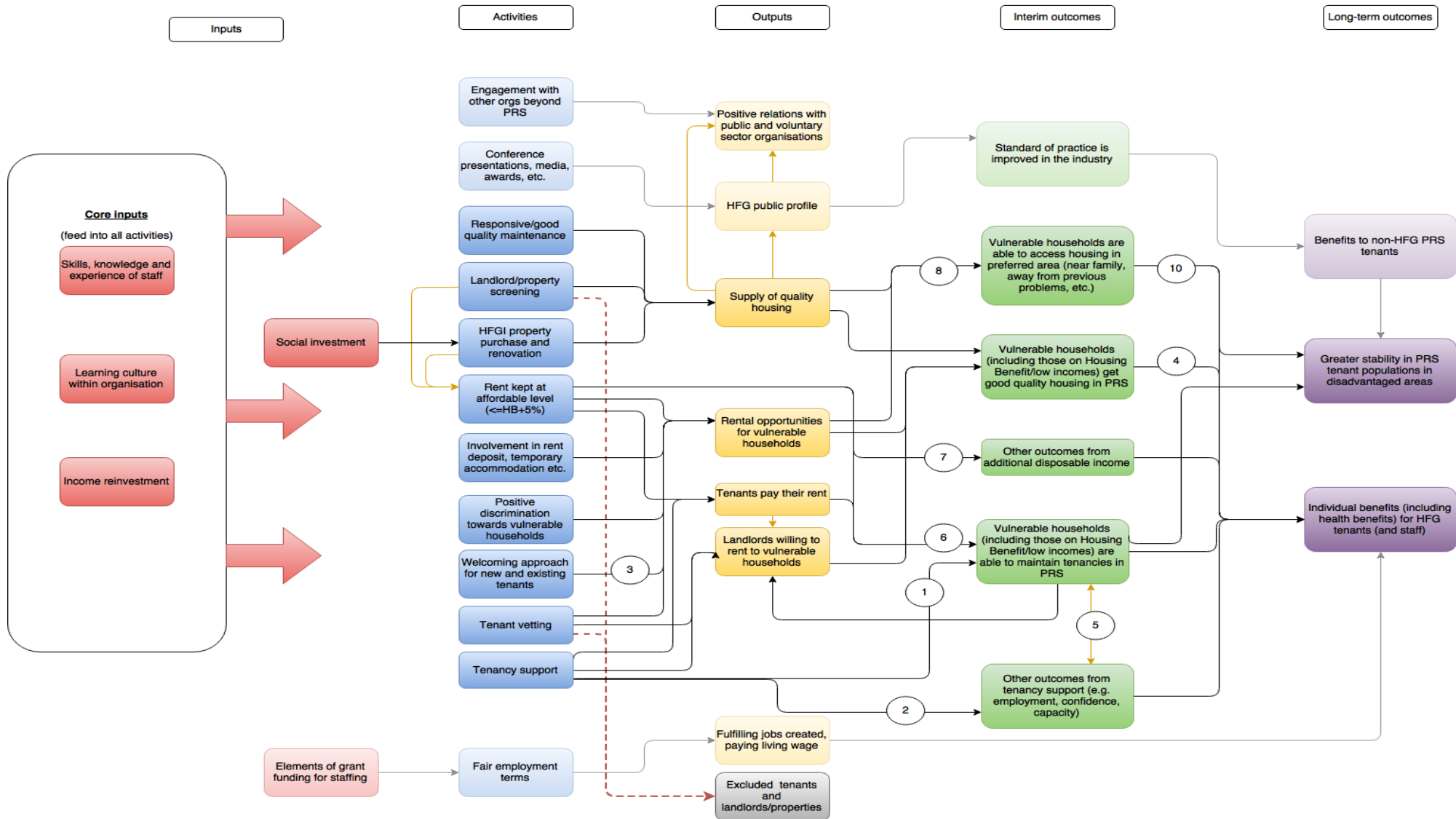
- Developments planned for [participant organisation] over the next 2-3 years
- Factors which might cause problems for [participant organisation] as it tries to achieve its long-term goals?
  - Internal issues
  - External constraints, challenges, etc



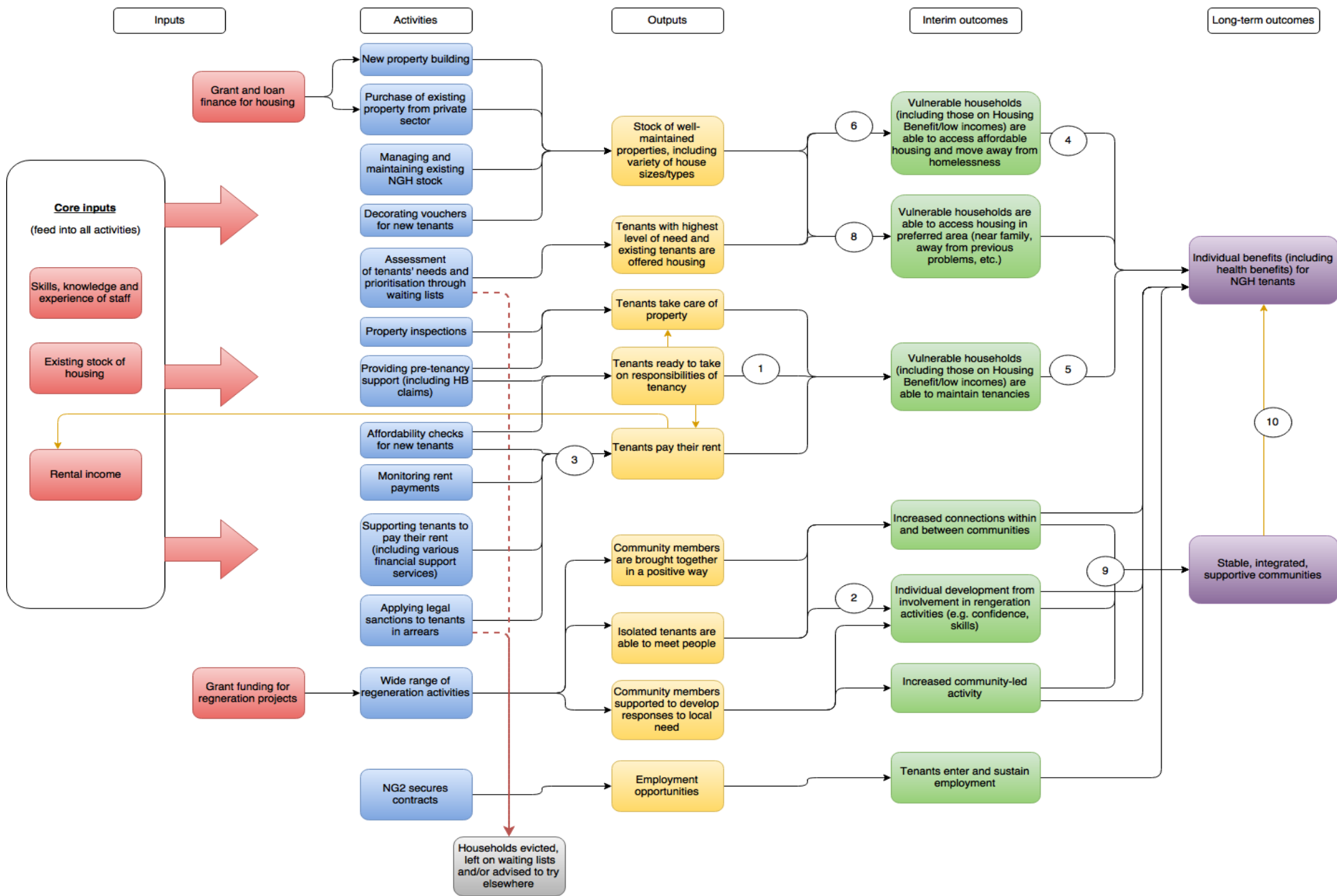
# Appendix B – Detailed theory of change models for each organisation

## Homes for Good Theory of Change

Final 07-11-16



NG Homes Theory of Change - Final 07-11-16



# Y People Rent Deposit Schemes Theory of Change

Final 07-11-16

