Glasgow Centre for Population Health

# HOUSING THROUGH SOCIAL ENTERPRISE

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## SUMMARY

A scoping study explored the potential role of social enterprises in protecting and enhancing the health of low-income and otherwise vulnerable households in Glasgow. We consider how different kinds of social enterprises operating in the housing sector might work to improve access to affordable, stable and good quality homes for those in need. We begin by outlining the level of housing need in Glasgow, the barriers to quality housing for low-income households and the impact of housing and health, before describing a number of ways in which social enterprises have the potential to improve public health. We finish by outlining the next steps in this programme of research.

## KEY POINTS

- The size of Glasgow's private rented sector has increased significantly since 2001, while its social rented sector has continued to shrink. This means that low-income and otherwise vulnerable households face growing challenges in gaining access to affordable, secure and good quality housing. Welfare reforms (both existing and planned) are making this problem worse.

- There is strong evidence that homelessness, housing instability and poor housing quality all damage health. Supporting vulnerable households to attain or remain in stable, secure, high quality housing is key to protecting health and reducing health inequalities.

- Social enterprises are organisations that operate as trading businesses, but are driven by a social mission, instead of financial profits for shareholders. There are a number of different ways in which they act in the housing sector, including as Housing Associations, letting agents and rent deposit guarantors.

- Through their combination of social mission, trading and not-for-profit status, social enterprises have the potential to reduce some of the challenges faced by low-income and vulnerable households in accessing affordable, stable, high quality housing. This is because they focus heavily on the needs of tenants and use financial surpluses to support them.

- Research is currently underway to explore and evidence the ways in which three very different social enterprises, Homes for Good, Y People, and NG Homes, support low income and vulnerable households into housing, including how this impacts upon their health.

# INTRODUCTION

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

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

This briefing paper describes the findings of the first phase of this research project. It is part of the CommonHealth research programme (see Box 1) and explores the health impacts of social enterprises working in the housing and homelessness sector. This first phase assessed the context of housing and homelessness policy and practice in Glasgow, reviewed current evidence on the links between good and poor housing quality and health, and mapped out the potential for social enterprises operating in the housing sector to contribute to the health and wellbeing of Glasgow's population.

**Box 1: CommonHealth research programme**

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

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

The definition of 'health' being used by CommonHealth 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/

# HOUSING NEED IN GLASGOW

Across Glasgow, almost half of households own their home, just over one third are in the social rented sector (SRS) and the remainder occupy the private rented sector (PRS) (see Table 1). This represents a radical shift from the period between 1945 and 1980, during which renting from a local authority became the dominant tenure. In 1981, the SRS represented 58% of households, almost all of which were owned and managed by the local authority, while the PRS made up only 6% of households, with the remaining 36% owner occupied. The introduction of Right to Buy[a] from 1980 led to a dramatic shift of properties from council housing to owner occupation, while stock transfer policies from 1988 (accelerated from 2000) moved those properties that remained within the SRS from councils to Housing Associations (see Figure 1).

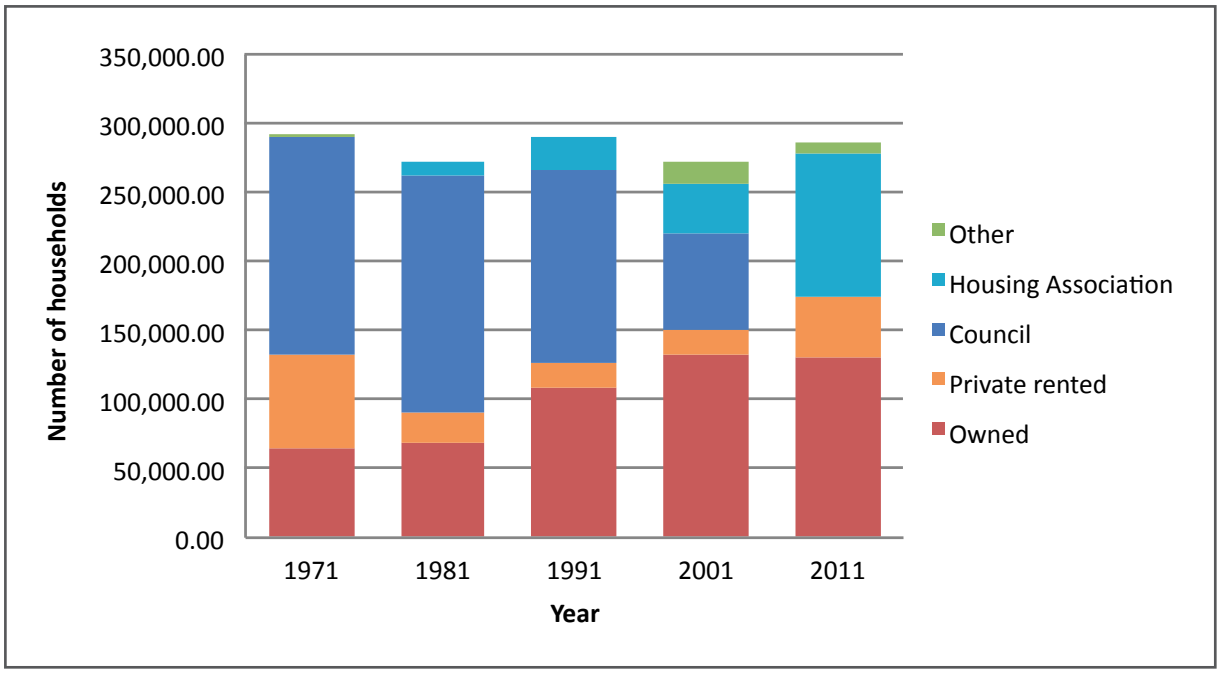
**Table 1. Housing tenure profile of Glasgow and Scotland[1].**

| | Owner occupation | Private rented sector | Social rented sector |
|---|---|---|---|
| Scotland | 58% | 15% | 23% |
| Glasgow | 44% | 18% | 35% |

Over the past 10-15 years, however, new trends have begun to emerge. Between 2001 and 2011, the size of Glasgow's PRS increased by almost two-and-a-half times, by over 25,000 households, reaching 1-in-6 by 2011. The proportion of owner-occupied households, which had risen dramatically from 1981 to 2001, fell 3 percentage points for the first time between 2001 and 2011. Meanwhile, the proportion of households in the SRS continued to fall, although at a much slower rate than in previous decades (also 3 percentage points).

[a] The Right to Buy scheme 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. Right to Buy was abolished in Scotland in 2016.

**Figure 1: Housing tenure in Glasgow 1971-2011[2].**



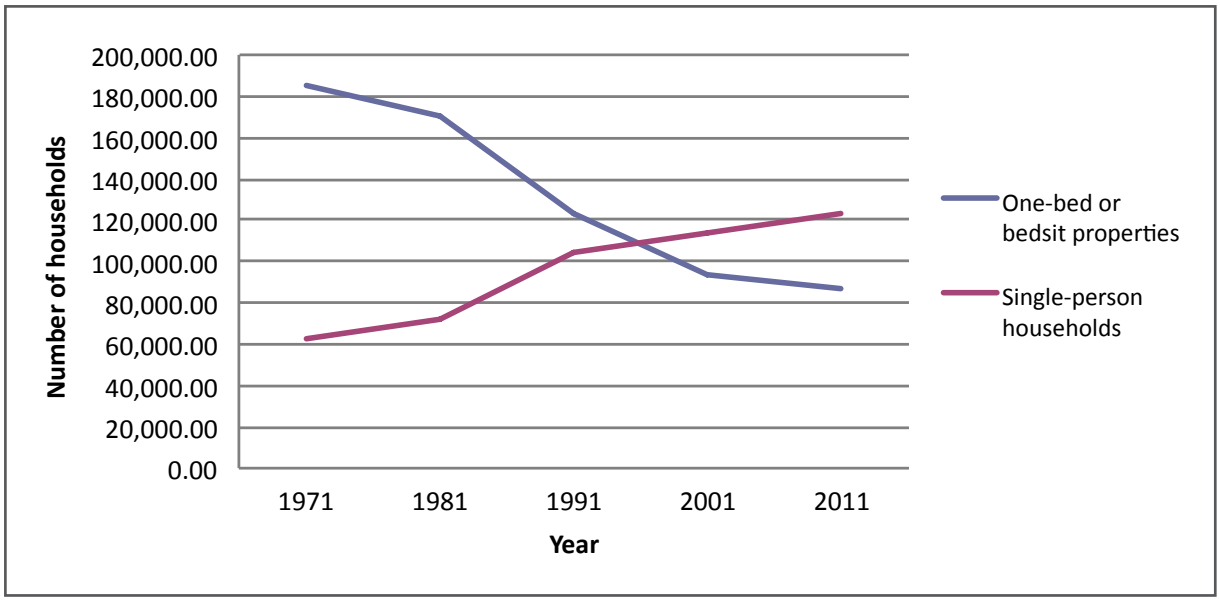

Affordability of housing, across all tenures, is a rising concern in this emerging context. Scotland-wide, one modelling study suggests an additional 12,000 affordable homes will be required per year for the next five years, nearly four times the number completed in 2014[3]. To at least partly address this need, the Scottish Government has introduced a target for the Affordable Housing Supply Programme of 50,000 homes over the period 2016-2021[4]. This target has necessitated the introduction of a new tenure, Mid-Market Rent, in which rent levels are placed somewhere between those in the SRS, which are generally constrained by Housing Benefit allowances, and those in the PRS, which are recognised as rapidly rising out of reach for households in housing need. This tenure is being supported by grants, low-interest loans and guarantees by the Scottish Government for private sector housing providers.

This is the context in which local authorities have a statutory duty to find accommodation for all those experiencing homelessness or at imminent risk of homelessness. In 2015/16, 34,662 households who considered themselves to be in this situation made homelessness applications to local authorities in Scotland. Of those, 28,226 were assessed by their local authority as homeless or threatened with homelessness, either because their current accommodation was found to be unsuitable for their whole immediate family to live together (e.g. it was too small, or

not accessible for disabled family members), they had no legal right to live in their current accommodation (e.g. they were staying with friends/family, or undergoing eviction), or their current accommodation did not offer a reasonable standard of living (e.g. they were experiencing violence, or very poor conditions). Of those, 24,891 were deemed to be entitled to settled accommodation, because they found themselves in this situation unintentionally, with nowhere else to live. As a result of this need, 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, although local authorities across Scotland report significant increases in the length of time that households are spending in temporary accommodation[5]. The majority of these placements are in social housing stock, although single person households are more likely to be temporarily housed in hostels or bed and breakfasts.

Moreover, the numbers of homeless applications are likely to substantially underestimate actual housing need. For example, the figures for 'concealed households', where individuals or families are sharing accommodation, suggest that around 9.3% of households (223,000) in Scotland contain more than one family unit[5]. 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, perhaps reflecting the impact of the economic crisis on people's ability to set up their own home. Further, Glasgow has the highest level of single-person households of all Scottish local authority areas[6] and average household size has been decreasing steadily across Scotland over the past few decades. This change has opened up a mismatch between the size of dwellings that are available and those that are required by the population. Although 43% of Glasgow's households are single-person[7], only 16% of the city's housing is one-bedroomed[8] (see Figure 2).

**Figure 2: Small households in Glasgow, 1971-2011[2].**



## BARRIERS TO QUALITY HOUSING FOR LOW-INCOME HOUSEHOLDS

For low-income households, owner occupation is typically unaffordable. In 2015 in Glasgow, two thirds of households earned below £25,000 per year, and over half of this group earned below £15,000[9], an income below which it would be extremely challenging to either save a deposit or secure a mortgage.

### Social rented sector

For households looking to access the SRS, the primary barrier is limited supply, despite the abolition of Right to Buy in Scotland in 2016. The scale of this problem is hard to elucidate because data on waiting lists is not comprehensive; it excludes six authorities which have transferred all their stock to Housing Associations, including Glasgow, and there is limited data regarding the length of time households spend on waiting lists. Nevertheless, data obtained through Freedom of Information requests suggests that (in 2014) as many as 33,000 households had been on waiting lists for at least five years and around 13,000 for at least ten years, Scotland-wide[10].

### Private rented sector

For those looking to access the PRS as an alternative to the SRS, the primary barrier is affordability. The average rent in Glasgow's PRS for smaller properties (one and two bedroom) is around twice that in the SRS, while for larger properties it can be three or four times as high as the SRS average. Moreover, for households reliant on benefits, the average PRS rent is significantly higher than the Local Housing Allowance rate in virtually all areas of the city[11]. These affordability issues are also reflected in survey evidence highlighting the high proportion of PRS tenants in Glasgow who report difficulties paying their rent[12]. A final affordability barrier is the tendency for PRS landlords to demand high deposits in order for tenants to secure a property, which many low-income households struggle to save up. Indeed, just over half (56%) of Scottish households with a net income under £15,000 have any savings[13].

PRS landlords (and letting agents) are also able to select their tenants, particularly where there is competition for properties, and this often disadvantages homeless households and those at risk of homelessness. Evidence from a survey of landlords in Glasgow suggests that more than half (58%) place some form of restriction on the 'type' of tenants they accept, with restrictions on tenants claiming Housing Benefit, tenants with a previous eviction, and/or homeless households[11]. These restrictions can be exacerbated by requirements for references and 'tenant profiling'.

The PRS also presents issues in terms of security of tenure, with current tenancies being significantly less secure than in the SRS. This can affect the power relationship between tenant and landlord, making it difficult for some tenants to request repairs (which can affect property quality) or negotiate around temporary difficulties with paying rent[12]. The Private Housing (Tenancies) (Scotland) Act 2016, which introduces the new Private Residential Tenancy[b], is likely to offer many new tenants a more secure experience in the PRS, alongside a number of new regulations (e.g. mandatory landlord and letting agent registration, tenancy deposit schemes, electrical safety standards) that aim to deal with poor standards in some parts of this sector. However, there remain concerns around the extent to which this increased security of tenure may further prejudice landlords against vulnerable households, drive rents up, or push illegal landlord practices further out of sight.

### Welfare reform

Across both rented sectors, changes to the benefit system over the past decade have exacerbated access, affordability and security issues. A number of changes have reduced the amount of Housing Benefit available, reducing housing options and increasing the challenge of managing financially once in housing. In particular, benefit sanctions are having an impact on the ability of households to sustain tenancies and/or move on from homelessness, due to their effect on income stability[5]. Other changes have affected particular groups, for example the extension of the Shared Accommodation Rate, which prevents adults under 35 years of age (without children) receiving Housing Benefit from renting anything other than a room in a shared property. Others still affect particular sectors, for example the Spare Room Subsidy (also known as the 'bedroom tax') for tenants in the SRS, which restricts the size of a property a tenant can rent dependent on their household size, although some are eligible for the Scottish Government's Discretionary Housing Payments to offset additional costs.

In future, the introduction of Universal Credit (UC), with the housing element being paid direct to individuals rather than to landlords, is anticipated to increase the risk of arrears for low-income and vulnerable households. This represents a significant change for the SRS, where Housing Benefit has typically been paid direct to landlords, and will also affect some vulnerable tenants in the PRS, where direct

[b] This replaces Short Assured Tenancies and Assured Tenancies for new tenants. It provides a simpler, more secure, more stable tenancy with greater predictability regarding rent rises.

payment of Housing Benefit to landlords has been used for tenants with arrears and/or problems managing their money. Universal Credit will also be paid monthly, rather than fortnightly, which may create budgeting problems for some households. While the Scottish Government have indicated that they will facilitate the continued direct payment of the housing element of UC to landlords and more regular payments, this does not entirely remove the risks, particularly for households in low-income employment for whom 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. The transition period is likely to be particularly challenging for tenants and housing providers, as claimants move onto Universal Credit and the Scottish Government's new regulations are brought into effect.

# HOUSING 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 and identifies associations between good quality housing and good physical and mental health, and conversely between poor quality housing and poor physical and mental health.

However, causal pathways are often two-way and complex in their operation[14]. While 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. Thus, understanding the connections between housing, homelessness and health requires careful examination of the evidence regarding causality as well as correlation.

### Homelessness

There is clear evidence that people in more acute forms of homelessness, particularly those that are roofless or in hostel-type accommodation, have significantly poorer health than the general population[15]. 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[16-18]. These increased morbidities translate into higher rates of mortality, leading to significantly lower life expectancy[19,20]. In particular, 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[16,21,22].

While causality may be two-way, longitudinal studies suggest that subsequently becoming housed produces positive health effects in terms of both substance misuse[23] and mental health problems[24]. Moreover, there are known to be positive psycho-social benefits of home as a haven, a locus of autonomy and a source of status[25].

### Housing quality

The physical and mental health effects of poor housing exhibit a ‘dose-response’ relationship; that is, short exposure to somewhat poor quality housing is typically harmless, but negative impacts on health rise rapidly as the length of exposure increases and the quality of housing declines. Moreover, such exposure, particularly early in life, has a lasting, life-course impact on health, even after housing quality has

improved[26]. This has implications for 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, in response to improved housing quality.

Despite these complications, there is clear evidence for the negative physical health effects of a number of housing quality problems, including: toxins, including carbon monoxide, lead, smoke from solid fuel heating/cooking and secondhand smoke[27]; damp and mould in the home, caused by building design or age, floor level, property size, and heating system and costs[28], particularly in terms of asthma and other respiratory problems[27-29]; and cold indoor temperatures, particularly in terms of cardiovascular and respiratory disease[27,28], with causality being clearly shown by the positive effects of energy efficiency improvements[30,31].

There is also clear evidence for negative effects on mental health of at least three aspects of housing quality, as well as a general finding that poor housing quality impacts on mental health[27]. Firstly, 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[30-32]. Secondly, overcrowding has negative impacts on mental health, particularly an increased incidence of depression which appears to be linked to a lack of personal/private space[28]. 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[28].

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[25,28]. Thus, for example, the value of home as a haven is likely to be undermined by overcrowding, while 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.

**Tenure**

The evidence regarding the psycho-social benefits of home and some of the research on the mental health effects of insecurity in homelessness point to security of tenure as an important factor. 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[33], and also evidence from the USA which suggests that there are individual and community-level mechanisms negatively affecting mental and physical health, arising from the loss of

a home through repossession[34]. In addition, some research calls into question the assumed benefits of home ownership delivered through Right to Buy, particularly for low-income households[35]. There is some limited evidence linking housing tenure to health, with a significant correlation between owner occupation and good health by comparison with social or private sector renting. However, this relationship seems to be explained by a combination of individual factors (e.g. owner occupiers have higher incomes), property effects (owner occupied housing is of better quality on average) and neighbourhood effects (e.g. lower crime rates)[36]. There is, therefore, no clear evidence that some tenures offer health benefits over others, in their own right.

### Summary

In summary, a number of aspects of housing are important determinants of health. Of particular relevance to the context in Glasgow are: the quality of housing; the appropriateness of the size of housing; and the security and stability of housing situation, all of which have been shown to impact upon physical or mental health, or both. Finally, the damage to health that can be caused by homelessness is well evidenced in the literature and the vulnerability of some individuals to homelessness, for example those with pre-existing mental health conditions, suggests that supporting vulnerable households to attain or remain in stable, secure, quality housing is key to protecting health.

# THE POTENTIAL ROLE OF SOCIAL ENTERPRISE

The definition of social enterprise is much debated[37], particularly when the term is examined in an international context[38]. However, in the UK at least, there is a reasonable degree of consensus around a broad definition that includes four key characteristics or principles that distinguish social enterprises from private sector, public sector or other voluntary sector organisations, albeit that many organisations with these characteristics may not self-identify as social enterprises. The key characteristics are set out in Table 2 below.

**Table 2. Key characteristics of social enterprises.**

| Characteristic | Description |
|---|---|
| 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 from donations or grants. |
| Not-for-profit | Unlike private sector companies, social enterprises do not distribute profits to their owners/shareholders, but reinvest any financial 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. |

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

Firstly, the social mission of social enterprises underpins the values and culture of these organisations, including the attitude and approach taken towards customers. In the context of housing, this leads to a greater focus on the needs of tenants, rather than primarily focusing on profit for landlords, as in the private sector. Thus social enterprises may be willing to house those who might otherwise be excluded from the PRS because they are considered too risky. 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[39], thereby potentially having wider impacts on tenants' wellbeing.

Secondly, the ability of social enterprises to generate income through trading and reinvest financial surpluses in the business may enable them to provide additional services for vulnerable households. Conversely, private sector organisations distribute such surpluses, as profits, to owners/shareholders, and public or other voluntary sector organisations may be unable to make financial surpluses at all. Thus, the direct effects of socially-focused service delivery can potentially be amplified by the indirect effects of reinvested surpluses[40].

Bringing these two interconnected themes together, Table 3 outlines a number of specific ways in which social enterprises operating in the housing sector have the potential to enhance the health and wellbeing of low-income and otherwise vulnerable households.

**Table 3. Key causal processes identified by this research.**

| Area of activity | Outcome |
|---|---|
| Tenancy support responsive service | Tenancy support enables vulnerable households to access and sustain and tenancies |
| | 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) |
| | A responsive service and positive relationships between tenants and the housing organisation enable vulnerable households to access and sustain tenancies |
| Housing quality and tenancy sustainability | The experience of living in good quality housing generates health and wellbeing benefits for tenants |
| | The 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 |
| | 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 |
| | Activities which bring people together and empower residents to take action build strong, integrated, supportive communities |
| | Supportive communities generate health and wellbeing benefits for tenants |

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 mean that the need for revenue to maintain the organisation and its services, and the desire to deliver on the social mission, need to be carefully balanced[41,42]. There is some evidence that social enterprises may either struggle to generate the financial surplus required for additional, specialist services due to the demands of the organisation's social mission[43], or resort to 'skimming off' clients with lower levels of need due to the demands of the business[44,45]. If not managed carefully, this tension has the potential to undermine the benefits of social enterprises for the most vulnerable and, therefore, actually widen inequalities.

# NEXT STEPS

Phase 2 of this research will work with three quite different social enterprises operating in Greater Glasgow's housing sector, which are outlined in Figure 3. It will consider the tenancy support, housing quality, affordability and sense of community they provide, and assess how this impacts on the health and wellbeing of their tenants. Of particular interest will be the ways in which the subtly different social missions of these three organisations are balanced with their various business needs, and how this feeds into the organisations' values, cultures and practices.

**Figure 3: Organisations participating in this research.**

Phase 2 began in autumn 2016 and will be complete by winter 2018/19. We are currently gathering evidence on housing and health outcomes for tenants engaging with each social enterprise, over the first year of their tenancy. This includes information on (mental and physical) health, quality of life and housing quality before households take up their tenancy, around three months into their tenancy and after one year. We will focus on both outcomes and the processes through which these outcomes are generated, which are anticipated to vary across the three social enterprises taking part in this research. Phase 2 aims to address the research questions set out in Table 4.

**Table 4. Research questions for Phase 2 of the Housing through Social Enterprise project.**

| Research questions |
|---|
| What housing outcomes are delivered by these three social enterprises? How? |
| What health outcomes for tenants are delivered by these housing outcomes? How? |
| What health outcomes for tenants are delivered by these social enterprises in other ways? How? |
| Are there significant differences between groups of tenants in terms of housing and health outcomes? What contextual factors affect this? |
| What role do the specific characteristics of social enterprises play in generating housing and health outcomes? |

Phase 2 findings should be of value to a number of different audiences. The focus on what works for whom should provide useful feedback to the participant organisations about different aspects of their approaches and the evidence on housing and health outcomes should also provide useful data on immediate and wider impacts. The examination of specific causal processes across different organisations should also provide evidence that will be of value for other housing organisations. 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. The findings from Phase 2 will be reported in future briefings.

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