

Does Tenure Mix Matter for Residents' Health and Well-being? The Role of Residential, Social and Economic Variables

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Abstract

The goal of achieving mixed-tenure communities has become a predominant approach to development and regeneration strategies over the past decade across Europe. In the UK, the existing evidence on tenure mix effects is weak. This study represents a first attempt to explore the issue of tenure mix effects on residents' health and well-being, and intends to answer such questions as: Are there any differences in health and well-being between social renters living in mixed-tenure communities and tenants in social housing mono-tenure neighbourhoods? Do these indices differ for owner-occupiers in private neighbourhoods as compared to those who live in mixed neighbourhoods? Do the potential effects of tenure mix on health and well-being alter when other (e.g., residential, social and economic) variables are taken into account? The study analysed data from the first wave of the GoWell community health and well-being survey which included interviews with 6008 randomly selected residents in 14 deprived areas across Glasgow. The first results offer evidence for a greater predictive force of economic variables (i.e., employment, income), residential variables (i.e., well-being at home) and psychosocial variables (i.e., fear of crime, social contacts with neighbours) as compared to that of tenure mix for explaining residents' health and well-being. Tenure mix significantly predicted general self-assessed health. In particular, social renters living in predominantly social rented areas were less likely to report good health than owners living in predominantly owned areas.

Key-words

Tenure mix, health, well-being, housing, neighbourhood, social contacts, employment, income

Introduction

The goal of achieving mixed-tenure communities has become a predominant approach to development and regeneration strategies over the past decade, and is now clearly expressed in housing policy, in general statements of urban policy and regeneration

strategy, and in planning guidance across Europe. Through a range of impacts (see Kearns and Mason, 2007) – on the local economy and service environment, on individual and group behaviours, on community functioning, and on the social exclusion of a place - mixed tenure communities are intended to be more sustainable into the future.

In the UK, various social, economic, residential and environmental aspects of life in mixed communities have been examined by researchers since the middle of 1990s. However, the early findings of a systematic review of UK studies on tenure mix effects that the authors of this paper are presently conducting show that the available evidence is very weak.

Although the relationships between tenure mix and health or well-being seem plausible, to our knowledge, no UK study has tested them until now. Our study represents an initial attempt to explore the issue of health and well-being outcomes of tenure mix. Specifically, our interest focuses on such questions as:

- Are there any differences in health and well-being between social renters living in mixed-tenure neighbourhoods and tenants in social housing mono-tenure neighbourhoods? Do these indices differ for owner-occupiers in private neighbourhoods as compared to those who live in mixed neighbourhoods?
- Do potential effects of tenure mix on health and well-being alter when other (e.g., residential, social and economic) variables are taken into account?

Method

Secondary data analysis

This study analysed data from the GoWell community health and wellbeing survey. The survey included interviews with 6008 randomly selected residents in 14 deprived areas across Glasgow. GoWell is a 10-year prospective evaluation of the health and well-being impacts of a major programme of community regeneration and refurbishment across Glasgow, UK. All but one of the GoWell study areas are within the 15% most deprived areas in Scotland that are subject to priority attention from public policy. The 14 GoWell study areas can be divided into 32 sub-areas of which all but 6 were majority social rented in 2006.

This study used the data from the first wave of the survey, which was conducted in 2006. As for the tenure estimates, we used data provided by the Glasgow City Council for the same year.

Materials

Mixed tenure variable

In order to answer the question whether outcomes differ in individuals with different types of tenure (social renters vs. owners) living in areas with predominantly social-rented housing, mixed housing or predominantly owned housing, we created a composite categorical variable. The association between the two variables (tenure

type and area type) was significant ($\chi^2(2, N = 4728) = 1556.28, V = .574, p < .0001$). The new composite variable that we have called Mixed tenure has six modalities:

Composition of Mixed Tenure variable

Type of area	Type of tenure	
	Social renter	Owner
Predominantly social rented (70 to 100% of rented housing)	1. SR living in SR area	2. O living in SR area
Mixed tenure (less than 69% of mono-tenure)	3. SR living in mixed area	4. O living in mixed area
Predominantly owned (70 to 100% of owned housing)	5. SR living in O area	6. OO living in O area

Health and well-being variables

Two variables measuring health and three variables measuring well-being were selected for the analysis.

The health measures were based on the following questionnaire items:

- 1) General self-estimated health: “In general, would you say your health is...?”. Respondents had a choice of answers on a 5-point scale (1- excellent to 5-poor). For the purpose of data analysis, this and the following health and wellbeing variables were dichotomised in such a way to include: 1 – Good (points 1- excellent, 2-good) and 2- Not so good (3-good, 4-fair, 5-poor).
- 2) Health conditions intervening into daily activities: “During the past four weeks how much of the time have you accomplished less than you would like as a result of your physical health?” (answer scale: 1 – all of the time to 5 – none of the time).

The well-being outcomes included:

- 1) Psychological conditions intervening into daily activities: “During the past four weeks how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?” (answer scale: 1 – all of the time to 5 – none of the time).
- 2) Psychological well-being, which represents an average of answers (Cronbach’s $\alpha = .85$) to two questionnaire items: “How much of the time during the past four weeks have you felt calm and peaceful?” and “How much of the time during the past four weeks have you had a lot of energy?” (answer scale: 1 – all of the time to 5 – none of the time).

- 3) Reporting psychological conditions to a general practitioner (GP): “In the past 12 months, have you spoken to a GP or family doctor on your own behalf, either in person or by telephone about being anxious or depressed or about a mental, nervous or emotional problem (including stress)?” (answers scale: yes, no).

Residential, social and economic covariates

The covariates included the following measures:

- Well-being at home, which represents an average of answers (Cronbach’s $\alpha = .89$) to five questionnaire items: “I feel I have privacy in my home”, “I feel in control of my home”, “My home makes me feel that I’m doing well in my life”, “I feel safe in my home”, “I can get away from it all in my home” (scale 1 - strongly agree to 5 – strongly disagree).
- Feeling of personal progress through living in the neighbourhood: “Living in this neighbourhood helps make me feel that I’m doing well in my life” (scale 1 - strongly agree to 5 – strongly disagree).
- Environmental quality in neighbourhood: “My neighbourhood has an attractive environment” (scale 1 - very good to 5 – very poor).
- Perceived safety in the neighbourhood: “How safe would you feel walking alone in this neighbourhood after dark?” (scale 1 - very safe to 5 – very unsafe).
- Contacts with neighbours: “How often do you speak to neighbours?” (scale 1 - most days to 5 – never).

Results

Differences between groups of tenure mix

First of all, in order to prevent alternative explanations for our results, differences between groups of tenure mix were examined. Although no significant gender differences were found, groups significantly differed in age, socio-economic indices, car ownership, housing type, length of time at that residence.

Owners in mixed-tenure areas were older and lived at the same address for longer than renters. This result suggests that, in our sample, ownership in mixed tenure areas might partly be due to the Right-to-Buy scheme (which gives eligible council tenants the right to buy their property from their council at a discount). Thus our findings may not be fully generalisable to other types of tenure diversification, e.g., new private developments with affordable housing, or newly built areas where tenure mix is achieved through a masterplanning process.

Testing effects of mixed tenure on health and well-being

Binomial logistic regression (backward conditional elimination method, the level of significance established at .05) was used to determine the association between tenure mix, social, residential and economic factors (Covariates) and health and well-being indices (Dependent variables). The final models' fit (R^2) varied from 0.11 to 0.35.

The effects of tenure mix

Tenure mix significantly predicted only one health outcome, that of general self-assessed health, and none of the well-being outcomes. Results show that renters living in predominantly social-rented areas are a third (OR= 0.32) less likely to be in good health than owners living in predominantly owner-occupied areas (or 3 times more likely to report poor health).

Effects of social, residential and economic covariates of health and well-being

Results of binomial logistic regression offer evidence for a greater effects or associations for economic variables (i.e., employment, income), residential variables (i.e., well-being at home) and psychosocial variables (i.e., fear of crime, social contacts with neighbours) than tenure mix in explaining residents' health and well-being.

Well-being at home. The odds of both physical and mental health impacts on daily routine increased respectively by 60% and 66%, and the odds of psychological well-being decreased by 75% per one-category (one scale point) decrease in well-being at home.

Feeling of personal progress through neighbourhood and perceived environmental quality. The odds of reporting psychological problems to GP increased by 75% when the feeling of personal progress through neighbourhood decreased per one category. In a similar way, these odds increased by 66% when there was a one-category decrease in perceived environmental quality of neighbourhood.

Perceived safety in the neighbourhood. The odds of good general self-reported health and of good psychological well-being decreased by 81% and 87% per one-category decrease in perceived safety in the neighbourhood.

Contacts with neighbours. The odds of both physical and mental health impacts on daily routine increased respectively by 76% and 73% when the frequency of contacts with neighbours decreased per one category. On the contrary, the odds of reporting psychological problems to GP decreased by 15% when the frequency of contacts decreased per one category.

Income. The odds of good general self-reported health, those of good psychological well-being decreased by 60% and 34% respectively, and those of reporting psychological problems to GP increased by 55% per one-category decrease in income.

Employment status. Results show that unemployed and temporarily sick residents were respectively 40% and 14% less likely to be in good general health than the full-time employed residents. Residents in government training, unemployed and temporary sick as compared with the full-time employed residents were respectively 40%, 14% and 2% more likely to see their daily routine influenced by health

conditions. In a similar way, residents in governmental training, unemployed and temporary sick as compared to the full-time employed residents were respectively 41%, 16% and 7% more likely to see their daily routine influenced by psychological conditions. Finally, those who reported being temporarily sick were twice as likely to have reported psychological problems to their GP in comparison with the full-time employed residents.

Discussion

This study sought to explore the impacts of tenure mix on health and well-being taking into account residential, social and economic factors. The initial findings presented in this paper suggest that, for the health and well-being indices considered, the predictive value of tenure mix is less substantial than those of residential, social and economic variables.

Tenure mix significantly predicted only general self-assessed health; in particular, social renters living in predominantly social rented areas were less likely to report being in good health than owners living in predominantly owned areas. This result is as we would expect and often reflected in literature.

Tenure encompasses many factors related, for example, to housing and area characteristics, socio-economic status, which impact health (see Hiscock, Macintyre, Ellaway and Kearns, 2003). It appears that the impact of tenure mix on health and well-being should be seen as multidimensional phenomenon, rather than a factor in its own right.

Our findings should be generalised with caution, due to their exploratory nature. Further, tenure mix in the studied sample might be explained to a large extent by the Right-to-Buy scheme, that is, a large part of owner-occupiers in our sample may have been renting the same dwellings in the past. Also, the studied sample is representative of residents living in deprived areas, thus results might differ in other types of areas.

The analyses initiated can be pursued by exploring the relationship between tenure and residential, social and economic variables. Also, selecting other variables (both incomes and outcomes) could offer new insights. Structural equation modelling or multi-level modelling, as well as analyses using GIS may also be useful to better understand the relationships between tenure mix, residential, social, economic variables and physical health and psychological well-being indices. Studying longitudinal aspect of tenure mix effects could be a very productive approach.

Regarding policy-making, it appears that introducing tenure mix needs to be implemented with a greater caution.

References

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