Health Impact Assessment

HIA

of the North Edinburgh Area Renewal (NEAR) Housing Strategy

Scottish Needs Assessment Programme

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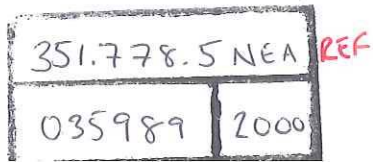

Preface

The Scottish Executive has identified Health Impact Assessment (HIA) as an 'essential step' towards placing health at the centre of the decision making process at both national and local levels. It is further seen as having the potential to assist in reducing health inequalities, with the Acheson Report[1] recommending that 'as part of health impact assessment, all policies likely to have a direct or indirect effect on health should be formulated in such a way that by favouring the less well off they will, wherever possible, reduce such inequalities'.

The Scottish Needs Assessment Programme (SNAP), a Scotland-wide network with well developed links with both the service and academic side of medical and non-medical Public Health, was commissioned by the Scottish Executive to pilot the HIA process within Scottish settings.

This report is one of two case studies involved in the piloting process. The other case study "A Health Impact Assessment of the City of Edinburgh Council's Urban Transport Strategy", and a discussion document "Health Impact Assessment: Piloting the Process" are also available.

This report was written by the NEAR Housing Strategy HIA Working Group on the behalf of the Steering Group (See Appendix I for membership).

Members of the Working Group

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EXECUTIVE SUMMARY

Introduction

The North Edinburgh Social Inclusion Partnership (SIP) has a total population of 16330 (source: NEAR Project 1999). The area lies some three miles north west of central Edinburgh and exhibits a range of indicators commonly associated with large, peripheral local authority dominated estates - high unemployment, low educational attainment and poor health. North Edinburgh Area Renewal (NEAR) heads the SIP, and the NEAR Steering Committee acts as the partnership board.

The NEAR Housing Strategy was selected for piloting health impact assessment (HIA) for two main reasons. Firstly, the NEAR partners are currently reviewing the NEAR housing strategy, and conducting the assessment at this point will enable a health input into this review process. Secondly, an association between housing and health is well recognised, and inequalities in health are particularly manifest in the area of housing. In the White Paper, Towards a Healthier Scotland{6}, a decent home is acknowledged as a key determinant of health, with housing conditions being accepted as affecting both physical and mental well being.

Methodology

Information for the study was gathered from two main sources: a review of the published evidence; and focus group sessions involving community groups. It was also agreed that a range of other stakeholders with a professional connection to the area would be interviewed. These included: a local councillor, a GP, a head teacher, a local housing manager, a community police officer, and a member of the NEAR group.

A consultant was contracted to run focus group sessions with the community groups. Participants were asked to reflect on what good health is, and then to rank the elements of the housing strategy in order of most important in terms of impact on health. The rankings of each participant was recorded, and from this a group ranking was determined. This ranked list was then used as the starting point for discussion as to what the impacts on health actually were. As the top rankings of all the groups were broadly similar, they were combined to produce an overall composite ranking. Further research was undertaken on the 7 highest ranked areas.

This information was presented and discussed with the steering group, and recommendations formulated to be presented to the NEAR board and the CEC Housing Department.

Results

Both physical and mental health impacts were identified. Overall, the housing strategy has the potential to impact most on mental health, directly through the

reduction of stress and anxiety caused by fear of crime, worry about money, overcrowding and indirectly through improving family functioning and social functioning.

Impacts of the housing strategy on mental health were very widely reported, and this is backed up by the published evidence. Housing-related stress or other mental health problems have been connected to several factors:

- the socio-economic characteristics of the population involved
- the amount of time spent at home
- physical housing quality
- standards of space and design
- visual and acoustic insulation between homes[29]

All of the highly ranked components of the housing strategy dealt with above were seen by both the focus group participants and the other stakeholders as having an impact on levels of stress and depression. Elements of the strategy which were reported as having a positive impact on mental health included: central heating allowing all parts of the home to be warm which effectively increases living space and reduces overcrowding; double glazing helping to reduce noise pollution; security entry and window locks reducing the fear of crime; a suitable size of home reducing overcrowding; having a sense of control over your life by actively participating in the renewal programme and the sense of achievement that this brings about. In addition, the stakeholders felt that the very fact that the area was undergoing redevelopment helped to reduce what is sometimes seen as the stigma associated with living in this area and produced more of a "feel good" factor, with increased self esteem and hope for the future.

Factors reported as having negative impacts on mental health reflected the other side of the coin, and included: noise pollution within buildings blamed on ineffective sound insulation; overcrowding as a result of not being able to get a house large enough; not having an input into the choice of neighbours and thus possibly being exposed to neighbourhood disputes and anti-social behaviour; frustration brought about by being involved in the redevelopment process and attempting to influence council policies, yet having the feeling of a lack of meaningful consultation by those in authority when trying to be involved in the process.

Various stress factors such as those resulting from poor housing conditions have also been linked with an increased propensity to smoke[38]. This obviously compounds the negative health impact by introducing a negative impact on physical health.

The physical impacts related primarily to central heating and double glazing, with reported improvements in cold and damp-related illnesses. Negative impacts of central heating and double glazing were also reported with drier heat exacerbating asthma and warmer conditions thought to be the cause of increased colds and snuffles.

Potential indirect physical health impacts of central heating were also identified by some groups. These impacts could be positive or negative depending on the cost of heating a home. Affordable heating could potentially mean more money being available for a healthier diet. Inefficient heating, on the other hand, could result in either the heating not being used or a reduction in money being available for buying healthier food.

Recommendations

General

There is currently no NEAR-wide, multi-agency, housing group that meets on a regular basis to consider the range of housing issues in the area.

Recommendation 1

A strategic NEAR housing group should be established as soon as possible. It should consider the findings of this report and agree suitable targets, relevant implementation strategies, and a monitoring framework.

At present, the likely health impact of any housing policies and projects in the NEAR area are not routinely or explicitly considered prior to policy or project implementation.

Recommendation 2

Procedures must be developed to ensure that the health impacts of new housing policies and projects are considered prior to implementation, with the positive health impacts being maximised and negative impacts minimised.

Currently, housing, public health and health promotion professionals in the NEAR area do not meet on a regular basis to discuss and exchange information on working practices and priorities.

Recommendation 3

Consideration should be given to establishing appropriate regular forums involving housing and health professionals, to enhance working relationships, develop a shared understanding, and promote best practice.

Central Heating and Double Glazing

All the focus groups rated the provision of central heating and double glazing highly in terms of the positive health impacts. Provision of adequate and affordable heating helps to combat respiratory illness in particular. Many homes, particularly council

housing in the area, have benefited from the installation of central heating and glazing, although it is recognised that there are still some properties which hav

Recommendation 4

4.1 *All housing providers in the NEAR area must make the installation of ce heating and double glazing a priority in all properties which still do not them.*

4.2 *There must also be an investigation of funding opportunities available to individual householders to encourage them to install central heating and double glazing .*

4.3 *Appropriate publicity materials should be locally available that will offer guidance on funding opportunities for individuals, especially older and disabled people.*

4.4 *Given that there may be cost implications for householders when new heating systems are installed, targets for "affordable warmth" should be established.*

Linked to the provision of central heating and double-glazing is a more general issue of improving energy efficiency. There is however no comprehensive database at present which systematically records the energy efficiency of properties in the city.

Recommendation 5

5.1 *Assessments should be undertaken to establish the energy efficiency of all homes in the NEAR area.*

5.2 *Programmes should be developed to improve energy efficiency throughout the area on a worst first basis.*

5.3 *Targets should be developed to bring properties up to accepted standards. As a guide, targets suggested by Energy Action Scotland should be considered: in the medium term, the minimum target should be to bring the poorest houses up to the current Scottish median National Home Energy Rating(NHER) of 4.1.*

5.4 *In the longer term a range of energy efficiency measures should be introduced to bring existing houses up to new build energy efficiency standards.*

5.5 *All new build housing should maximise NHER ratings, i.e. an NHER rating of 7 should be considered an absolute minimum standard.*

Currently there are no standards for minimum energy efficiency ratings where properties are being upgraded. It is recognised that this may be difficult given the varied nature and age of the housing stock, however, consideration must be given to developing such targets in the NEAR area. The Council and Scottish Homes, as

major funders of housing, should take the lead role in developing targets and making them conditions of funding.

Recommendation 6

6.1 *The Scottish Homes Housing Association Grant system should set minimum energy efficiency standards for housing improvement projects and include passive solar heating among its requirements.*

6.2 *The Council should also develop targets for improving energy efficiency in improvement/refurbishment projects that it funds or enables .*

Security

The provision of secure entry systems and improved window locks was ranked highly by the focus groups in terms of having a positive health impact. This reinforces findings previously established during the development of the NEAR Community Safety Strategy.

Recommendation 7

7.1 Objective 3.3 of the NEAR Community Safety Strategy must be reaffirmed i.e. there must be a promotion of measures within the area which enhance the safety of local residents. This includes achieving maximum coverage across tenures of the home security standards set by the Safe Housing Agency. In addition, the highest standards of security and safety of design must be incorporated in all housing (re)development projects.

7.2 Repairs to secure entry systems and window locks must be carried out as urgent priorities.

House Size and Type

Overcrowding was identified by the focus group participants as an issue affecting health. In particular, it was identified as having a negative impact on mental health.

Recommendation 8

8.1 *Rented housing providers in the area must take steps to establish the existence of and nature of overcrowding in the NEAR area.*

8.2 *A range of measures should be established to deal with this issue, including possible changes in allocation policies and building larger houses to meet identified needs.*

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Internal Improvements (sound insulation)

The focus group participants associated internal improvements with improved sou
insulation in particular. Lack of adequate sound insulation was reported as having
negative health impact leading to anxiety and stress.

Recommendation 9

9.1 *The provision of adequate sound insulation must be a priority in new build and refurbishment projects and appropriate targets should be established.*

9.2 *Housing providers in the area must react positively to complaints about poor sound insulation and develop a range of measures for dealing with the problem.*

9.3 *As no single body has the jurisdiction over noise disputes, a multi-agency approach should be developed to provide a co-ordinated response to these problems. The likely partners would be the Police, the Council's Environmental Services Department, and Housing providers.*

Resident Input into Choice of Neighbour

The focus group participants interpreted this aspect of the housing strategy as dealing with exposure to anti-social behaviour and neighbour disputes. The health impacts of a perceived lack of choice regarding neighbours included increased stress and increased fear of injury and racist attacks.

Recommendation 10

10.1 *Housing Providers in the area must allocate housing as sensitively as possible in an attempt to avoid problems of anti-social behaviour.*

10.2 *Where problems of anti-social behaviour do arise, these must be dealt with by the appropriate agencies quickly and effectively. All housing providers must therefore have clear policies for dealing with anti-social behaviour.*

10.3 *The issue of racial harassment should be afforded particular priority by housing providers who must do everything in their power to protect ethnic minority tenants. Housing providers must have comprehensive strategies like the Council's Racial Harassment Policy, to deal with this problem. A multi-agency approach to dealing with the problem of racism in the area has already been adopted and this must be continued and extended if appropriate.*

10.4 *The use of local/consultative lettings initiatives such as the High Rise Tenant Group Initiative, is considered as vital and these should be extended throughout North Edinburgh as appropriate. Such initiatives allow local residents' groups to develop and implement plans for sensitive lettings in consultation with their housing provider.*

Tenant and Resident Participation

Both positive and negative health impacts were cited by the focus group participants when commenting on this aspect of the housing strategy. On balance, resident participation in improving and maintaining the quality of housing in the NEAR area was seen as having positive health impacts.

Recommendation 11

11.1 *Best practice in tenant and resident participation must be continued in the NEAR area.*

11.2 *Meaningful participation should be developed with local communities to give them a genuine sense of control.*

Background to North Edinburgh Area Renewal (NEAR)

The North Edinburgh Social Inclusion Partnership (SIP) has a total population of 16330 (source: NEAR Project 1999). The area lies some three miles north west of central Edinburgh and exhibits a range of indicators commonly associated with large, peripheral local authority dominated estates - high unemployment, low educational attainment and poor health. North Edinburgh Area Renewal (NEAR) heads the SIP, and the NEAR Steering Committee acts as the partnership board. The NEAR partners are: The City of Edinburgh Council; Scottish Homes; Lothian and Edinburgh Enterprise Limited; Greater Pilton Community Alliance; Lothian Health; Employment Service; Lothian University Hospitals Trust; The Pilton Partnership; Scottish Gas; and Telford College. The NEAR Charter was signed by all partners on 15 May 1998 and is underpinned by three guiding principles:

1. Community Involvement
2. Strategic Planning
3. Integration of North Edinburgh into the wider housing market, economy and life of the city

Background to the Housing Strategy

North Edinburgh has been a priority area for housing investment throughout the 1990s. Particularly over the last five years, the Muirhouse and West Granton areas have benefited from significant housing improvements including those funded via the Government's New Housing Partnership Initiative. The housing investment that has taken place in the area has been guided by a number of strategic plans. The current Housing Strategy was prepared in late 1994 by the then Edinburgh District Council and Scottish Homes.

The key objectives are:

- to arrest population decline and create a demand for housing in the area
- to improve the quality of housing and its environment
- to provide housing opportunities which will meet current and future needs
- to create a locally accountable housing management plan for the area

The Housing Strategy is currently being reviewed by the relevant NEAR partners with the assistance of independent consultants. The final report of the strategy review will be available in Autumn 1999. The Health Impact Assessment has run in tandem with this review process and aims to influence and support some of the recommendations of the housing strategy review.

Why do a HIA here?

The North Edinburgh housing strategy was selected for a pilot HIA for three main reasons.

Firstly, the health and social care strategy subgroup (for composition see Appendix I) of the NEAR partnership board recognised that many of the factors influencing the health of the local community lay outwith the spheres of responsibility of health and social care agencies. They identified health impact assessment as a means of influencing those agencies that do have responsibility for the wider determinants. The agencies concerned were supportive of the idea of carrying out the HIA.

Secondly, the association between housing and health is well recognised, and inequalities in health are particularly manifest in the area of housing. In the White Paper, "Towards a Healthier Scotland"[2], a decent home is acknowledged as a key determinant of health, with housing conditions being accepted as affecting both physical and mental well being.

Finally, the NEAR partners are currently reviewing the NEAR housing strategy, and conducting the assessment at this point will enable a health input into this review process. It is intended that this will lead to the results of this assessment informing current and future housing strategies in the area.

Population Profile

The area covered by NEAR has a population of approximately 16330 (source: NEAR Project 1999), is contained within three and a half electoral wards (Muirhouse, Pilton, Granton and part of Drylaw), and is referred to in this report as Greater Pilton. The general picture of the area is one of high levels of unemployment with those participating in the labour market often having low skills and qualifications and low paid unskilled or semi-skilled work. Local authority housing remains the dominant form of tenure although recent changes have taken place in housing stock through demolition, new building and transfer of housing stock to housing associations and co-operatives.

Age of Population

- The population of Greater Pilton has a higher proportion of under 5s and under 15s than the city as a whole
- Pilton and Muirhouse have an elderly population well below the city average, while Granton's elderly population is close to the city average

Household Composition

- There was a significant increase in single person households in the area between 1981 and 1991
- The Greater Pilton area has a significantly higher proportion of single parent households than Edinburgh as a whole, and of these a significant proportion are aged between 16 and 24
- Single parent households are not evenly distributed throughout the area but are concentrated in particular in Royston/Wardieburn and parts of Muirhouse
- There is a larger proportion of households with three or more children than for Edinburgh as a whole
- There is a smaller proportion of households with pensioners than for Edinburgh as a whole

Income

- A high proportion of residents in the area rely on state benefits for all or part of their income
- Those in work are frequently on low pay, with part timers and lone parents having particularly low earnings
- 49% of all households in Greater Pilton have no earners compared to 36% for Edinburgh as a whole, and 43% of households with children have no earners, compared to 10% for Edinburgh
- Levels of car ownership in the area are low - only 27% of households had access to a car at the time of the census compared to 53.5% for Edinburgh

Source: Economic and Social Profile of Greater Pilton, 1996

Health

Analysis of routine health statistics demonstrates that the residents of Greater Pilton experience higher mortality, higher hospital admissions for specified reasons, and a higher proportion of low birthweight babies than the City average.

The higher mortality reflects a higher incidence of heart disease and cancers in particular. The lifestyle risk factors associated with these may be difficult to classify as 'personal' and 'life circumstances' as they are related in an interdependent manner, with income a common underlying factor.

The rate of admissions due to self harm/self poisoning in Greater Pilton is higher than for the rest of Edinburgh, which could reflect a higher level of poor mental health in the area. However, the numbers involved are very small and should be interpreted with caution.

The proportion of births producing low birthweight babies is important, as there is evidence that low birthweight is associated with poorer health in later life, and there is a higher proportion of low birthweight babies in Greater Pilton (9%) compared to the rest of Edinburgh (5%).

	N. Edinburgh SIP (Greater Pilton)	**Edinburgh ***
Standardised mortality ratio	**1.15**	**.92**
Rate of emergency medical admissions	**46.65**	**29.06**
Rate of admissions due to self poisoning/self harm	**9.91**	**4.77**
Rate of pregnancy to women under 20	**135.56**	**51.79**
% births classified as low birthweight babies	**9%**	**5%**

*(excluding priority partnership areas- Craigmillar, Wester Hailes, North Edinburgh, South Edinburgh)

Source: Capital City Partnership 1997/98 update indicators

The health and social care strategy subgroup commissioned a community health needs assessment to determine the health and social care priorities of the residents of Greater Pilton which was carried out in 1998. A total of 27 discussion groups were held with members/participants of various groups and organisations in the area to elicit what 'health' meant for them, what their most important health concerns were, and what some of the causes and solutions might be.

Stress was the most commonly identified health concern in the study. Lack of money was identified by all groups as a cause of stress. Relationships were also a common cause of stress. Family and personal safety issues were a great concern. Families with children worried about the safety of their children. Fear of verbal and physical abuse

prevented some people, particularly older people, from leaving their houses after dark, while some did not feel safe in their own homes at all.

All groups felt that the environment in which they lived had a detrimental affect on their health. The main concerns related to: pollution from local industry, and the asthma in young children that they thought this was causing; poor housing in terms of structure; vandalism; noisy and abusive neighbours; drug dealers; and rubbish left in the streets[3].

A survey of the views of 252 Greater Pilton residents asked respondents to identify issues with the most important negative effect on their health, the single factor that would most improve their (personal) health, and what would improve the health of their community. Unsafe streets, high food prices and low income were the three most commonly mentioned factors having a negative impact on health. More money was the third most commonly mentioned factor that would improve individuals' health, behind stopping smoking and improving diet, while the most commonly mentioned factors for improving the community's health were improving the environment, reducing unemployment, having higher incomes, and improving housing. [4]

Methodology

Working Group and Steering Group

A working group was established whose role was to carry out the HIA itself (for membership see Appendix I). This group included some members who were also involved in the NEAR Health and Social Care Strategy Group. The Working Group invited the main stakeholder organisations to form a Steering Group (for membership see Appendix I). The role of the Steering Group was to facilitate information dissemination, so that organisations involved in housing and related fields would be kept informed of the process. In addition, it was felt that an informed Steering Group would add weight to the recommendations. The approach taken by the Steering Group was that broadly described in the Merseyside Guidelines[5], the flowchart from which was particularly helpful (see Appendix II).

Conducting the Assessment

Community Consultation

Agencies working in the area have a commitment to community involvement, and it was agreed that health impact assessment should prioritise consultation with the community. The time and resource constraints dictated that existing groups be consulted rather than attempting to convene new groups for the purposes of the assessment. For the same reasons, it was agreed to limit the work to the Muirhouse area, to avoid the necessity of having to replicate groups in different parts of the NEAR area. This would have the additional benefit of consulting with people living in an area in which there has been substantial recent activity with regards to housing.

Stakeholder Consultation

It was also agreed that a range of other stakeholders would be interviewed. These included: a local councillor, a GP, a head teacher, a local housing manager, a community police officer, and one of the NEAR officials.

Consultation Process

- *Strategy Analysis*
  The Working Group analysed the NEAR housing strategy, identifying proposed actions, targets and policies whose impact should be assessed. It was important to define the elements as concretely as possible, in terms that would be readily recognised and understood by those being consulted. The 16 elements used for the study were:

  - Central Heating
  - Double Glazing/new windows
  - Secured entry system and improved window locks
  - A choice of house size and type

- Improvements to inside of house, eg redecoration in kitchen & bathroom, rewiring & improved sound insulation
- Resident input into choice of neighbours
- Tenant and resident participation in improving and maintaining the quality of housing and the physical environment
- Security measures such as improved lighting of back greens and CCTV
- Improved repair system
- Provision of a co-ordinated response for the cleansing of the physical environment (street cleansing, ground maintenance & stair cleaning)
- External repairs, eg roofs & improvement to external appearance
- The effect of living in an area undergoing redevelopment - which may include temporary or permanent re-housing
- Improvements to communal open spaces and to the wider environment
- Improvements to garden areas, eg reduction in size, improving appearance of back greens and reducing maintenance
- 24 hour janitorial system (including cleaning and maintenance) for multi-storey blocks
- A choice of having a landlord or buying

- *Community Profiling*

  For the purposes of the community consultation, the working group identified specific groups of the community whose health may be affected in different ways. Those identified were: families with young children; people with disabilities and their carers; older people; people from minority ethnic communities; young people and local tenants (see Appendix III for group compositions).

  The Working Group also collated information describing the affected community with reference to the above groups. The designated area has been the subject of several studies and reports, thus much information on the community's composition in terms of age, sex, socio-economic status, etc. was readily available. However, information on the population's health status was less readily available.

Focus Group Discussions

A consultant was contracted to run focus group sessions with the community groups. Representative community groups were contacted through the Pilton Partnership * and dates to carry out the consultation by focus group discussions were arranged. All participants received an information leaflet about the study prior to the focus group sessions. Also, an article explaining the study was published in the *North Edinburgh News*, the local community newspaper. In preparation for the focus group sessions, the working group prepared matrices of health determinants and influences as a framework for recording health impacts. The matrices were piloted using the working group and colleagues who volunteered to join the session. It became apparent that this

* The Pilton Partnership was formed in 1990 and is a partnership between local councillors and community representatives elected from their local communities.

framework would be an extremely time consuming process - in terms of both explaining and completing the matrices. It was therefore decided that the matrices were not appropriate for use in the focus group sessions which were to be limited to two hours.

A different format was therefore agreed upon. When the focus group sessions were run, participants were asked to reflect on what good health is, and then to rank the elements of the housing strategy in order of most important in terms of benefit to health. In order to facilitate this, each focus group participant was given a set of 16 cards, each card having on it brief details of one of the 16 components of the housing strategy. They were then asked to put the cards in order of most important in terms of benefit to health. The rankings of each participant was recorded, and from this a group ranking was determined. This ranked list was then used as the starting point for discussion as to what the impacts on health actually were. One member of the working group attended each focus group as a rapporteur, noting the discussion, and using a recording for back up when writing up the notes.

As the top rankings of all the groups were broadly similar, they were combined to produce an overall composite ranking. Further research was undertaken on the seven highest ranked areas. For each of these areas, the health impacts were examined along with an indication as to how likely this impact was: certain, probable, possible (see grid in results section).

Stakeholder Interviews

A grid naming the 16 components of the housing strategy was sent, along with a letter explaining the study, to eight professionals working in the North Edinburgh area. The letter was followed up by a telephone call to arrange a time for an individual interview to take place. Those who agreed to be interviewed were asked to rank the components of the housing strategy from 1 to 16, where 1 was most important in terms of benefit to health, and 16 was least important.

The interviews were based on the interviewees' rankings. The interviewees were asked to explain the thinking behind each rank, and to detail what, if any, health impacts they felt would result from each component of the strategy.

Literature Search

A limited literature search using Medline and BIDS ISI was undertaken to find information on the seven highest ranked areas identified through the consultation process. The Internet was also searched using the Infoseek search engine. The search focussed on identifying review articles. Further searches were undertaken on specific areas when it was felt necessary to supplement the information found in the review texts. The report from the Scottish Office's Central Research Unit "Poor housing and ill health: a summary of the research evidence"[6] was identified as a key text which provided much of the information used for this study.

Limitations of the Process

It is recognised that selecting pre-existing community groups may have introduced a degree of bias to the results. The groups cannot be deemed to be truly representative of the community as a whole, and the fact that they are members of community groups implies an existing knowledge of and interest in community issues which may not be reflective of the community as a whole. There are, however, also advantages to using pre-existing groups. For example, the group members, with the exception of the newly formed young tenants' group, obviously knew each other well which seemed to facilitate the focus group discussions.

The study limited the focus groups to people living in Muirhouse. Whilst this enabled a more focussed approach and concentrated on an area where there had been substantial housing development activity, it is recognised that residents in Muirhouse are not necessarily representative of the North Edinburgh area as a whole.

The study did not include the collection of information regarding the actual level of redevelopment work to which the individual focus group participants had been exposed. Although some such information did emerge during the focus group discussions, the routine collection of this data could have added more weight to the study findings.

Results

Focus Groups

When the rankings from the individual focus groups were brought together, the following composite rankings were produced to summarise the results of the groups:

1 Central heating
2 Double glazing
3 Secure entry system and improved window locks
4 Choice of house size and type
5 Internal improvements to the house (new kitchen, bathroom, sound insulation)
6 Tenant and resident participation
7 Resident input into choice of neighbours
8 Improved repair system
9 Security measures such as improved lighting of back greens and CCTV
10 External repairs eg roofs & improvement to external appearance
11 Co-ordinated response for the cleansing of the physical environment
12 The effect of living in an area undergoing redevelopment
13 24 hour janitorial system for multi-storey blocks
14 Improvements to communal open spaces and to the wider environment
15 Improvements to garden areas
16 A choice of having a landlord or buying

The six groups consulted were: Muirhouse Under 12s (parents' group); Greater Pilton Carers; Black Community Development Project; Muirhouse Residents; Chummy Club (older adults' group); and the Young Tenants' Group.

The following section is split into two parts. Firstly, the issues raised within the focus groups for the seven highest ranked components of the housing strategy are summarised in table form, along with the working group's estimation of how likely it is that the impact will occur. The second part contains more details of the issues raised within the focus groups for the seven components, together with supporting evidence gathered from the literature.

Housing Feature	Positive Health Impact	Negative Health Impact	Certainty of Impact		
			Definite	*Probable*	*Speculative*
Central heating and double glazing	• *Mental health* - reduces worries about bills; increases overall sense of well-being: reduces depression, degradation, stress, anger, anxiety, embarrassment; better sleep→less irritable • *Physical health* - Improves circulation, chest, recovery from operations, reduces hypothermia, fevers, pneumonia, asthma, coughs, colds, stiffness, aches and pains, passing out from epilepsy, angina, bronchitis, sore throats, arthritis, cramp • *Family functioning* - children can go to own rooms, relieves strain on parents; people less grumpy, more calm • *Income* - increases income→more to spend on food→potential for improved diet, more to send on socialising • *Social networks/isolation* - increases social life as feel better about inviting friends round→ reduces isolation	• *Physical health* - Can aggravate asthma as air too dry, can cause more colds and snuffles	✓ ✓	✓	✓ ✓ ✓

Housing Feature	Positive Health Impact	Negative Health Impact	Certainty of Impact		
			Definite	*Probable*	*Speculative*
Central heating/double glazing (ctnd)	• *Physical environment* - reduces damp→ less illness; reduces noise→ less stress • *Education* - increased ability to concentrate (due to less noise from double glazing and heating in children's bedrooms, etc)→ better school performance		✓	✓	
Security entry system and improved window locks	• *Mental health* - Reduces distress and anxiety from fear of burglary/unwelcome visitors→ improved mental health. Improved asthma due to less stress • *Social environment* - Increased confidence to go out and socialise without fear of burglary		✓	✓	
Improvements to inside of house (including sound proofing)	• *Mental health* - less stress/anxiety and better sleep due to decrease in noise (fear from noise disruptions leading to feelings of panic) • *Family functioning* - more control over immediate environment if less affected by noise	• *Mental health* - jealousy and resentment between those who have had improvements and those who haven't	✓✓	✓	

Housing Feature	Positive Health Impact	Negative Health Impact	Certainty of Impact		
			Definite	*Probable*	*Speculative*
A choice of house size and type	• *Social environment* - easier to get in and out with children if not in block of flats - less exposure to racist attacks in own house compared with blocks of flats→ less fear→ better sleep→ less sleeping tablets • *Family functioning* - improved sleep and family relationships in bigger house→ less stress and reduction in feelings of tiredness and sluggishness; less affected by noise in own house compared with block of flats → better sleep, less panic attacks • *Physical health* - less spread of illness in own house compared to block of flats with shared stairs, etc, less accidents		✓ ✓		✓

Housing Feature	Positive Health Impact	Negative Health Impact	Certainty of Impact		
			Definite	*Probable*	*Speculative*
Resident input into choice of neighbour	• *Mental health* - less stress if no noisy/ annoying neighbours; less fear of violence and racist attacks; less anger caused by nuisance children coming into stair; less vandalism; less worry re drug users becoming role models for children • *Physical health* - reduced threat of injury and spread of disease via dirty needles; less injury from racist attacks and other violent incidents • *Social environment* - better communication, improved social network	• *Mental Health* - **If this limited consultation does not lead to a reduction in nuisance neighbours, there could be increased frustration that tenant voice is not being heard**	✓ (if choice actually leads to reduction in nuisance neighbours) ✓	✓	✓
Tenant and resident participation	• *Mental health* - Sense of control	• *Mental Health* - **if consultation with tenants and residents is not meaningful, and they feel their views are not being taken into account, frustration and increased stress levels could result**		✓	✓

Central heating and double glazing

Overall, ranked first and second respectively.

All the groups gave central heating and double glazing a high priority in terms of the benefit on health. The two components have been placed together for analysis as double glazing was thought in the groups to be a complementary feature without which many of the benefits of central heating would be lost.

Issues Raised

All groups, with the exception of the parents' group, identified a broad range of positive health impacts of central heating and double glazing. In the carers' group it was said that when you have spent most of your life without central heating and when "every winter was an ordeal", you feel an enormous benefit when you do have it. A number of physical illnesses and symptoms were thought to be improved, but the parents' group reported that the dry heat of the central heating could exacerbate asthma, and too warm a home could cause colds and snuffles.

Many of the groups identified the financial savings associated with gas as opposed to electric central heating as having a beneficial effect. Meeting the high costs of electric heating caused people much stress, while the money that was saved through not having to pay such high heating bills could be used for other things that made them feel better: they were able to get out and about, or to buy better foodstuffs.

Two groups observed that as central heating allowed them to heat the whole home, stress caused by families crowding into one room was alleviated. Cold conditions can be socially isolating and leave residents feeling angry and degraded when the only way to keep warm is to sit with a hot water bottle, covered with quilts and blankets. Cold homes were described as being "restrictive" because often everyone had to gather round a coal fire or heater or end up "lying on a couch with a duvet and hot water bottle just to attempt to keep warm". This restriction was felt to be a "degrading, depressing and isolating" factor in their lives. In the tenants' group it was said that "a warm house promotes a sense of wellbeing", whereas in a cold house you end up "hunched up", which only adds to feelings of tension.

In addition the reduction in noise from the outside due to the double glazing was thought to reduce stress and improve sleep.

Evidence

Research evidence summarised in the Central Research Unit (CRU)[6] document supports the views gathered in the focus groups. The effects of dampness and mould are considered separately from cold. It is notoriously difficult to definitively prove that poor housing conditions *cause* ill health. There is however sufficient evidence for associations between dampness/mould and ill health to be considered *indicative* of causation. Dampness in a house leads to an increased level of house dust mites and fungal spores, which in turn can increase the risk of respiratory or allergic symptoms[7-9]. Many moulds found in damp houses are allergenic, and provide a food supply for house mites which are also potential allergens.

Mould allergy is a recognised cause of asthma. Several studies[10-13] have shown an association between damp and several symptoms of ill health, such as aches and pains, asthma, nerves, diarrhoea and headache, sore throats, wheeze and blocked nose, in children and in adults. There has been some debate in this area over whether objective or subjective measures are most appropriate. Self reported health is highly correlated with and predictive of future morbidity and mortality, while it is argued that self reported health may be influenced by awareness of the prevailing damp and mould.

While low temperatures in Britain are often associated with high humidity, there is a body of research which focused on the effects of air temperature. For each degree Celsius by which the winter is colder than average, there are an excess 8,000 deaths[6]. A report on health in the Lothians examining health figures from 1974 to 1989 estimated the number of excess winter deaths in Scotland to lie in the range 4,000 to 7,500[14]. The biggest causes of these deaths are cardiovascular and respiratory conditions[15]. Although excess mortality may arise in part from exposure to outside air, it is argued that as the elderly spend so little time out of doors in winter, the indoor environment may be more influential. However, a study of elderly residents in sheltered accommodation with continuous high daytime temperatures found that the pattern of mortality mirrored that of the general population.

Dampness, mould and cold have also been shown to be associated with poor mental health[16-18].

Secure Entry System and Improved Window Locks

Ranked third overall.

Issues Raised

The groups believed that the main health impact of improved security measures was the reduction of distress and anxiety resulting from a reduced fear of burglary or unwelcome visitors. Security entry was seen as being very positive in terms of making "you feel safer and more secure within your own home". One woman reported that her house had previously been broken into six times which had resulted in her rarely going out, and feeling unsafe within her own home. Since the improvements she has felt more able to go out and "develop more of a social life" without fear of break-ins. One participant reported that her asthma had improved due to the reduction in stress when her home was made more secure. In addition, people said that with a secure entry system and improved window locks, they felt confident to go out and develop a social life without fear of their empty home being burgled.

Improved security was mentioned as being specifically beneficial for older people, people using wheelchairs, parents concerned about the safety of their children, the black and ethnic minority community who live in fear of racist attacks, and young people who want to feel safe enough to go out.

Evidence

The CRU identify health effects of crime in the home to both victims and non-victims. For victims the health effects range from direct injury to the victim during burglaries, to the shock and ensuing depression experienced following the crime. For non-victims the fear of burglary, particularly felt by the elderly, women and the poor, can, in itself, have a detrimental effect on health. It can be a cause of mental distress and social exclusion. Women and older people tend to worry more about becoming victims and this may prevent them from engaging in social activities[6].

The CRU also refer to the 1995 Building Research Establishment (BRE) report[19] which identifies crime as one of the "leading hazards in housing, which can be mitigated by design and infrastructure improvements".

The Association of Metropolitan Authorities in their 1997 report[20] affirmed that providing a secure environment gives comfort and confidence to residents, whereas poor security can lead to anxiety, stress, depression and potentially violent behaviour. There is also the possibility of more direct physical harm to occupants from the presence of intruders in their home. The Acheson Report on inequalities in health[1] identified people from minority ethnic groups as being at a greater risk of violent crimes and of racial harassment.

House Size and Type

Ranked fourth overall.

Choice of house size and type was discussed mainly by the parents' group and the Black Community Development Project group.

Issues Raised

When discussing house size, both groups identified overcrowding as the important issue, particularly where children were involved. They spoke of problems such as children of different ages sharing the one bedroom, causing sleep disturbances due to differing bed times; children of different sex having to share rooms; or children having to sleep in the same room as their parents. Keeping overcrowded homes tidy was reported as being difficult because of the lack of space, with group members making comments such as "you can be tidying all day long and the house still looks cluttered at the end of the day, which means you can't relax, and the mess wears you down". Just living in a crowded environment made people feel hassled all the time, and one member of the parents' group said that "if you start the day feeling tired and stressed it can be very difficult to cope with the children and the hassles of daily life, so your stress levels continue to increase and it becomes even harder to cope". A larger house was seen as being able to offer a "clear mind" and improved family relationships. It was also felt that illnesses spread quicker within the household due to the confined space.

The issues which were discussed concerning house type focussed on the difference between living in a house where the residents have their own front door, and living in a property where they have to share a stair. Having to share a stair was seen as having a negative impact on physical health because there was thought to be more dirt and animal hair being brought into the home. The parents' group was particularly concerned about this because of the risk to young children who would be crawling around on dirty floors and because the increase in animal hair was bad for children with asthma and eczema. Mental health was also thought to be affected. The Black Community Development Project Group felt more at risk of racist attack when they did not have their own front door. They said that in a block of flats racists could target black people: "when you're in a block of flats, anyone can come in.... security should be a basic right - racism takes away that right". Other groups felt that the tension created between neighbours over issues such as cleaning the communal areas, meant that sharing a stair had a negative impact on their mental health.

Evidence

Overcrowding is a particular problem in the area because Greater Pilton has a high number of families with three or more children but has a low number of three and four bedroom properties[21]. Overcrowding can impact on health in a number of ways. The main impact, and the one which the focus group discussions highlighted, is an increase in poor mental health. Lack of space increases levels of stress for occupants[22]. A study which took place in West London demonstrated that psychological symptoms in women increased as the level of overcrowding increased [23]. Children have also been shown to be affected, with overcrowding resulting in higher rates of emotional problems, which can include bedwetting and developmental delays [24]. In terms of impacts on physical health, overcrowding can increase the risk of respiratory infections, infectious diseases such as tuberculosis and digestive tract infections such as dysentery[25; 26], and can increase the risk of accidents in the home[20].

The evidence relating to type of housing is inconclusive. Although people living in flats have complained more consistently, comparative studies have failed to demonstrate that neurotic symptoms are more common in flat dwellers than in people who live in houses[6; 27]. Another study demonstrated that the proportion of children living in flats remains a predictor of long term illness in children, after controlling for children living in households dependent upon income support or other benefits[28].

Internal improvements to the house (new kitchen, bathroom, noise insulation)

Ranked fifth overall.

This component was accorded a high priority by the residents' and carers' groups in particular.

Issues raised

The health impacts which were mentioned under internal improvements were those arising from improved noise insulation, and the negative impacts where there was no improvement. This issue received a lot of attention in the focus groups with one person claiming that "there

is nothing worse than noise". Noise pollution from neighbours may consist of general neighbour noise i.e., people moving around, loud music, toilets flushing, lifts working, people shouting, and abusive language. People reported that noise from neighbours disrupts sleep, which leads to irritability, anxiety, depression and stress, and generally "wears you down". It was felt that the noise factor could cause people to drink too much or take drugs in an attempt to "black it out". Tenants reported feelings of aggression towards noisy neighbours and felt that they had a lack of control over their immediate environment.

The bad language and loud music of some of the younger neighbours caused some people to feel frightened and panicky in their own homes. This made them feel stressed and depressed.

Evidence

It has been suggested that privacy includes being able to exclude the noise of others from your home[29]. Rybczynski in 1988 said that privacy is a key element in the concept of home[30], and insufficient privacy has been linked to negative impacts on mental health[23]. The Faculty of Public Health Medicine's Working Group on Housing and Health (1992) found that noise nuisance can cause short term physiological responses such as increased blood pressure and long term chronic stress increasing anxiety, headaches and irritability[31].

Another possible impact of internal improvements mentioned in the literature, but not by people in the focus groups was that of reducing accidents in the home as housing in a state of disrepair is potentially dangerous[20].

Resident Input Into Choice of Neighbours

Ranked sixth overall.

Although this aspect of the North Edinburgh Housing Strategy was presented to focus group participants as "Having An Input Into Choice Of Neighbours", it was immediately interpreted by the participants as the impact of dealing with exposure to anti-social behaviour and problems with neighbours. The residents within the groups identified that their "perceived" lack of choice regarding new potential tenants and neighbours was in part responsible for subsequent difficulties which they experienced with regards to elements of anti-social behaviour.

As all the groups questioned interpreted this topic as such, similarly the literature review and background research has been based upon policies and strategies for dealing with anti-social behaviour and neighbour disputes. Anti-social behaviour was not only discussed under the specific topic of "resident input into choice of neighbours", but was also raised under topics such as security measures, double glazing, improvements to inside of house, which included sound insulation, and tenant and resident participation.

At present, the only tenants in Greater Pilton who have an input into choice of neighbour are those who live in high rise blocks. This group was not, however, represented amongst the focus groups. Therefore, comments are from residents who do not have a direct input into the choosing of potential neighbours. It is also the fact that not all disputes are caused by direct

neighbours or residents and therefore it is recognised that implementation of an agreed and equitable selection process would not necessarily lead to a reduction in anti-social behaviour.

Background information to The City of Edinburgh Council's allocation and lettings policies is detailed in Appendix IV.

Issues Raised

Within each of the focus groups, there was ample experience of having what were most commonly termed "noisy neighbours" whose described behaviour ranged from what could be termed as "normal neighbour noise" exacerbated by poor sound insulation, to extremely anti-social, threatening and fear inducing actions.

The health impact of anti-social behaviour upon residents was variable dependent upon the level and nature of actual disturbance experienced and also by which particular group experienced the grievance. The Black Community Development Project group directly associated lack of neighbour choice with the direct experience of racism from neighbours with the following comments: "annoying neighbours can make people feel unhappy and ill"; "fear and experience of racism means you cannot sleep, feel restless, can feel depressed and increases visits to GP". The fear of attack also affects the whole family in terms of the physical costs of an injury which may result in the inability to work and therefore restricts their earning capacity.

The older resident group stated they were often scared to go out, and that the loud music and noise was extremely disruptive to them in terms of causing stress; not being able to sleep; and feeling scared of the perpetrators of the noise. One elderly resident suffered panic attacks when woken by noise at night. Another resident who was eventually re-housed felt so much more happy and content after being moved away from the noisy area.

The parents' group, also identified that the additional stress which they experienced from disruptive neighbours had a negative impact upon their children's well being. They were often woken by noise during the night and witnessed the tensions created within households as a result of neighbourhood noise and disputes. A specific concern from this group of tenants regards the incidence of alleged drug dealers whom the parents considered a particular threat and danger to their children's well-being. The perceived prevalence of drug users and dealers was seen to represent a poor "role model" for young children who may regard drug abuse as the accepted norm. Although such alleged behaviour is taken very seriously by the housing department, the issues of insufficient evidence and lack of corroboration were often a problem in reaching an agreed solution.

For all residents, the disruptions to sleeping patterns were considered to impact directly and negatively upon their overall health, well-being and ability to cope with everyday life. It was frequently stated that they often felt angry and aggressive towards the perpetrators which sometimes led to direct confrontations and disputes with neighbours. It was specifically stated by one resident that "if tenants were able to chose their own neighbours, then you would be less angry".

Evidence

The great majority of neighbour disputes in our research and others, are caused directly by noise nuisance. In properties which have not been renovated or modernised with improved sound insulation, noise problems are more frequent.

Recent government legislation has acknowledged the impact of noise and associated anti-social behaviour on people's well-being[20]. A major survey of attitudes to noise was carried out in 1990 which found that one in three of those interviewed said that environmental noise spoiled their home life to some extent. The survey also found that people object most to neighbour noise. Annoyance, anger, anxiety and resentment are the most frequently reported personal consequences of exposure to noise at home[32].

A report on Anti-Social Behaviour in Scotland in 1997 [33] found that neighbour problems occur across all tenures, with limited evidence that there were more complaints in "disadvantaged" areas. This apparent higher incidence is, however, recognised as being directly exacerbated by poorly designed and badly sound insulated properties. Evidence also indicated that the issues most commonly complained about were noise, children, and pets. The research also found that although landlords have perceived a need to take action, there is low tenant satisfaction levels suggesting that complaints are not dealt with effectively. Although a large number of "good practice" guidelines and policies have been developed, many landlords are more reactive, rather than being pro-active in developing preventative measures. The paper concludes by recommending further independent research to evaluate the effectiveness of various initiatives which have been established in Scotland to deal with the issue.

Tenant and resident participation in improving and maintaining the quality of housing and the physical environment

Ranked seventh overall.

Issues Raised

In the time available within the focus group structure, it was not possible to probe further with most of the groups to find out why they ranked this factor quite highly. This was however possible in the residents' group, and both positive and negative health impacts were cited in respect of participation. On the one hand, it was claimed that the act of participation "puts you back in control", thereby resulting in improved self esteem and an input into the decision-making process. Similarly, a "sense of achievement" was recorded via active participation. On the other hand, a sense of frustration was also recorded through being involved in attempting to influence the Council's policies. There was also a claim that there was a lack of real consultation which made people feel "anti-authority", which in turn could lead to frustration and possible anti-social behaviour.

Evidence

A limited search of the literature was undertaken in an attempt to discover evidence of the health impacts of resident participation.

Kelly and Clark in their good practice guide on tenant participation[34], warns tenants that "you will not have complete control .... You might find your views ignored or put second .... You might find your expertise undervalued and your participation unwelcome." This seems to concur with some of the feelings expressed in the residents' group, ie that the participation process could be frustrating. Conversely, Kelly and Clark also claim that "it is evident that those buildings and projects which have had user or resident involvement in their design or redevelopment have been more successful in providing satisfactory working and living environments." Kelly and Clark note that a number of studies have shown that where communities have been involved in the regeneration/redevelopment of estates, they "tend to be more positive about the final result."

An 1989 Institute of Housing publication on tenant participation [35], quotes the personal testimony of a tenant who was involved in participation via a tenants' association:

"By belonging to the tenants' association .... I feel now that I could go out and cope with a lot of things which I couldn't have done before .... It's made me feel better about myself....".

The IOH go on to warn however that such powerful impacts may only be achieved by *intensive* participation processes and that where tenants have little influence on their landlords, they are "likely to become discouraged and lose the motivation to develop their skills".

The IOH also note that tenant participation can, in addition, be seen as a means of assisting community development. Tenant participation may lead to a "sense of community" and the "encouragement of social networks of support and control". In the IOH survey, 80% of tenant association members agreed that tenants' associations helped to create a community spirit.

A 1998 study of Tyne and Wear Development Corporation's [36] approach to community development considered whether the work of the Corporation produced any direct benefits to the local community. TWDC commissioned a community development strategy which led to the formation of a number of monitoring panels to be consultative forums on various flagship developments in the area. The researchers noted that this brought about better mutual understanding and gave the regeneration process greater legitimacy in the eyes of the local people. Other benefits to local people that arose from TWDC's more holistic approach to regeneration were also cited. These were job creation, education, promoting awareness of disability issues, and promotion of mixed tenure housing. The researchers concluded that TWDC's individual, organisational, and community capacity buildings would leave a lasting legacy. One may conclude from this case study that resident involvement in area

renewal has many benefits which are likely to be associated with positive health impacts. For example, job creation in the construction industry (i.e. a very direct form of participation linked to housing renewal) could have quite a fundamental health impact.

Scottish Homes [37] commissioned research on community participation in Muirhouse. This concluded, inter alia, that participation strategies should be developed in areas facing long and difficult regeneration tasks. The researchers noted that enabling communities to join regeneration partnerships is not easy - "participation, if it is to be more than token, requires that local people acquire a measure of control". The research in Muirhouse concentrated on analysis of a community planning weekend or "planning for real" exercise, which was seen as a catalyst to further regeneration in the area. Benefits of this participation which are cited in the research include the building of a shared consensus on the way forward, and the ability of Muirhouse's "existing residents and issue-based organisations (to negotiate) their interests with a new confidence." Like the Tyne and Wear research, whilst there is no explicit mention of a specific health impact of participation, one might conclude that participation as a process is often beneficial to health in the widest sense.

Individual Stakeholder Interviews

Of the eight stakeholders contacted, seven agreed to be interviewed. The positions of the seven were: Head Teacher; General Practitioner; Local Councillor; Housing Association Manager; Police Officer; Local Area Housing Manager; and North Edinburgh Area Renewal Co-ordinator. The social workers contacted did not agree to be interviewed.

The stakeholder interviews backed up what the focus groups' participants reported i.e. housing has a greater impact on mental rather than physical health.

Perhaps not surprisingly, the rankings of the individual stakeholders tended to reflect their professional interests in the area. For example, the police officer ranked the components dealing with security issues highly, and the head teacher tended to focus on the components of the housing strategy which had a particular effect on children.

One factor which was discussed at almost all of the stakeholder interviews, but which was not mentioned within the focus groups was the "feel good factor". Many of the stakeholders referred to the poor connotations which accompany areas such as Muirhouse and Pilton, and the effect that this has on the people who live in these areas. They felt that the renewal work being done in the area had begun to address this and that consequently those living in the area were beginning to feel less stigmatised. They thought that the fact that work was being done to improve the area gave people more pride in their environment, and more hope for the future. The visible changes to the area, such as the installation of double glazing and the improvements to the appearance of both buildings and the environment were thought to have most influence on the "feel good" factor.

Differences between groups

	A	B	C	D	E	F
Central Heating	1	1	1	2	3	1
Double Glazing	6	3	2	5	5	1
Secure Entry System	3	2	4	3	12	4
Choice of house size and type	9	6	9	1	1	3
Internal improvements	2	4	3	10	9	8
Tenant & resident participation	5	8	4	6	10	14
Resident input into choice of neighbour	15	5	10	4	1	5
Improved repair system	4	9	7	11	5	8
Security measures eg CCTV	8	7	6	5	15	5
External repairs	6	9	8	12	14	5
Co-ordinated response for cleansing of physical envt.	13	13	13	9	3	11
Effect of living in redevelopment area	11	9	14	13	10	10
24 hour janitorial system	11	14	11	7	16	14
Improvements to communal open space	10	15	12	15	8	13
Improvements to garden areas	16	12	15	14	7	12
A choice of landlord or buying	12	16	16	8	13	16

Groups:

A - Chummy Club (older adults)
B - Greater Pilton Carers
C - Muirhouse Residents
D - Black Community Development Project
E - Muirhouse under 12s (parents)
F - Young Tenants Group

As can be seen from the above table, although the rankings of the focus groups were sufficiently similar to be able to extrapolate an overall picture (with most 1 to 5 rankings being against the seven components ranked highest overall) differences do obviously exist. Communities are not homogenous, and different groups will be impacted upon in different ways.

The parents' group said that the cleansing of the physical environment would have a significant health impact because this is the environment in which their children play. The removal of rubbish, dog mess and dirty needles would definitely make the environment a safer place for their children to play.

Security entry was seen as having a notable impact on the health of the older adults, the carers and the black community because these groups felt particularly vulnerable to and fearful of crime.

House size and type was seen as important in terms of how it impacted on health by the parents' group, the Black Community Development Project Group and the young tenants' group. Although these three groups ranked this component similarly (1, 1 and 3 respectively), the reasons behind the rankings were quite different. The parents' group considered house size important because they felt that their homes were too small for bringing up young families. They found it difficult having children of different sex and/or different age sharing rooms, and felt that the cluttered living conditions had a negative impact on their mental health. The young tenants, on the other hand, did not like having too large a home to care for. The black community, while sharing the concerns of the parents' group regarding overcrowding, were also concerned about house type. Having a house with its own front door and garden made them less fearful of racist attack. Living in flats made them feel extremely vulnerable.

Summary of Health Impacts

Both physical and mental health impacts were identified. Overall, the housing strategy has the potential to impact most on mental health, directly through the reduction of stress and anxiety caused by fear of crime, worry about money, overcrowding and indirectly through improving family functioning and social functioning.

Impacts of the housing strategy on mental health were very widely reported, and this is backed up by the published evidence. Housing-related stress or other mental health problems have been connected to several factors:

- the socio-economic characteristics of the population involved
- the amount of time spent at home
- physical housing quality
- standards of space and design
- visual and acoustic insulation between homes[29]

All of the highly ranked components of the housing strategy dealt with above were seen by both the focus group participants and the other stakeholders as having an impact on levels of stress and depression. Elements of the strategy which were reported as having a positive impact on mental health included: central heating allowing all parts of the home to be warm which effectively increases living space and reduces overcrowding; double glazing helping to reduce noise pollution; security entry and window locks reducing the fear of crime; a suitable size of home reducing overcrowding; having a sense of control over your life by actively participating in the renewal programme and the sense of achievement that this brings about. In addition, the stakeholders felt that the very fact that the area was undergoing redevelopment helped to reduce what is sometimes seen as the stigma associated with living in this area and produced more of a "feel good" factor, with increased self esteem and hope for the future.

Factors reported as having negative impacts on mental health reflected the other side of the coin, and included: noise pollution within buildings blamed on ineffective sound insulation; overcrowding as a result of not being able to get a house large enough; not having an input into the choice of neighbours and thus possibly being exposed to neighbourhood disputes and anti-social behaviour; frustration brought about by being involved in the redevelopment process and attempting to influence council policies, yet having the feeling of a lack of meaningful consultation by those in authority when trying to be involved in the process.

Various stress factors such as those resulting from poor housing conditions have also been linked with an increased propensity to smoke[38]. This obviously compounds the negative health impact by introducing a negative impact on physical health.

The physical impacts related primarily to central heating and double glazing, with reported improvements in cold and damp-related illnesses. Negative impacts of central heating and double glazing were also reported with drier heat exacerbating asthma and warmer conditions thought to be the cause of increased colds and snuffles. Potential indirect physical health impacts of central heating were also identified by some groups. These impacts could be positive or negative depending on the cost of heating a home. Affordable heating could potentially mean more money being available for a healthier diet. Inefficient heating, on the other hand, could result in either the heating not being used or a reduction in money being available for buying healthier food.

Recommendations

General

There is currently no NEAR-wide, multi-agency, housing group that meets on a regular basis to consider the range of housing issues in the area.

Recommendation 1

A strategic NEAR housing group should be established as soon as possible. It should consider the findings of this report and agree suitable targets, relevant implementation strategies, and a monitoring framework.

At present, the likely health impact of any housing policies and projects in the NEAR area are not routinely or explicitly considered prior to policy or project implementation.

Recommendation 2

Procedures must be developed to ensure that the health impacts of new housing policies and projects are considered prior to implementation, with the positive health impacts being maximised and negative impacts minimised.

Currently, housing, public health and health promotion professionals in the NEAR area do not meet on a regular basis to discuss and exchange information on working practices and priorities.

Recommendation 3

Consideration should be given to establishing appropriate regular forums involving housing and health professionals, to enhance working relationships, develop a shared understanding, and promote best practice.

Central Heating and Double Glazing

All the focus groups rated the provision of central heating and double glazing highly in terms of the positive health impacts. Provision of adequate and affordable heating helps to combat respiratory illness in particular. Many homes, particularly council housing in the area, have benefited from the installation of central heating and double glazing, although it is recognised that there are still some properties which have not.

Recommendation 4

4.1 ***All housing providers in the NEAR area must make the installation of central heating and double glazing a priority in all properties which still do not have them.***

4.2 ***There must also be an investigation of funding opportunities available to individual householders to encourage them to install central heating and double glazing .***

4.3 ***Appropriate publicity materials should be locally available that will offer guidance on funding opportunities for individuals, especially older and disabled people.***

4.4 ***Given that there may be cost implications for householders when new heating systems are installed, targets for "affordable warmth" should be established.***

Linked to the provision of central heating and double-glazing is a more general issue of improving energy efficiency. There is however no comprehensive database at present which systematically records the energy efficiency of properties in the city.

Recommendation 5

5.1 ***Assessments should be undertaken to establish the energy efficiency of all homes in the NEAR area.***

5.2 ***Programmes should be developed to improve energy efficiency throughout the area on a worst first basis.***

5.3 ***Targets should be developed to bring properties up to accepted standards. As a guide, targets suggested by Energy Action Scotland should be considered: in the medium term, the minimum target should be to bring the poorest houses up to the current Scottish median National Home Energy Rating(NHER) of 4.1.***

5.4 ***In the longer term a range of energy efficiency measures should be introduced to bring existing houses up to new build energy efficiency standards.***

5.5 ***All new build housing should maximise NHER ratings, i.e. an NHER rating of 7 should be considered an absolute minimum standard.***

Currently there are no standards for minimum energy efficiency ratings where properties are being upgraded. It is recognised that this may be difficult given the varied nature and age of the housing stock, however, consideration must be given to developing such targets in the NEAR area. The Council and Scottish Homes, as major funders of housing, should take the lead role in developing targets and making them conditions of funding.

Recommendation 6

6.1 ***The Scottish Homes Housing Association Grant system should set minimum energy efficiency standards for housing improvement projects and include passive solar heating among its requirements.***

6.2 ***The Council should also develop targets for improving energy efficiency in improvement/refurbishment projects that it funds or enables .***

Security

The provision of secure entry systems and improved window locks was ranked highly by the focus groups in terms of having a positive health impact. This reinforces findings previously established during the development of the NEAR Community Safety Strategy.

Recommendation 7

7.1 ***Objective 3.3 of the NEAR Community Safety Strategy must be reaffirmed i.e. there must be a promotion of measures within the area which enhance the safety of local residents. This includes achieving maximum coverage across tenures of the home security standards set by the Safe Housing Agency. In addition, the highest standards of security and safety of design must be incorporated in all housing (re)development projects.***

7.2 ***Repairs to secure entry systems and window locks must be carried out as urgent priorities.***

House Size and Type

Overcrowding was identified by the focus group participants as an issue affecting health. In particular, it was identified as having a negative impact on mental health.

Recommendation 8

8.1 ***Rented housing providers in the area must take steps to establish the existence of and nature of overcrowding in the NEAR area.***

8.2 ***A range of measures should be established to deal with this issue, including possible changes in allocation policies and building larger houses to meet identified needs.***

Internal Improvements (sound insulation)

The focus group participants associated internal improvements with improved sound insulation in particular. Lack of adequate sound insulation was reported as having a negative health impact leading to anxiety and stress.

Recommendation 9

9.1 ***The provision of adequate sound insulation must be a priority in new build and refurbishment projects and appropriate targets should be established.***

9.2 ***Housing providers in the area must react positively to complaints about poor sound insulation and develop a range of measures for dealing with the problem.***

9.3 ***As no single body has the jurisdiction over noise disputes, a multi-agency approach should be developed to provide a co-ordinated response to these problems. The likely partners would be the Police, the Council's Environmental Services Department, and Housing providers.***

Resident Input into Choice of Neighbour

The focus group participants interpreted this aspect of the housing strategy as dealing with exposure to anti-social behaviour and neighbour disputes. The health impacts of a perceived lack of choice regarding neighbours included increased stress and increased fear of injury and racist attacks.

Recommendation 10

10.1 ***Housing Providers in the area must allocate housing as sensitively as possible in an attempt to avoid problems of anti-social behaviour.***

10.2 ***Where problems of anti-social behaviour do arise, these must be dealt with by the appropriate agencies quickly and effectively. All housing providers must therefore have clear policies for dealing with anti-social behaviour.***

10.3 ***The issue of racial harassment should be afforded particular priority by housing providers who must do everything in their power to protect ethnic minority tenants. Housing providers must have comprehensive strategies like the Council's Racial Harassment Policy, to deal with this problem. A multi-agency approach to dealing with the problem of racism in the area has already been adopted and this must be continued and extended if appropriate.***

10.4 ***The use of local/consultative lettings initiatives such as the High Rise Tenant Group Initiative, is considered as vital and these should be extended throughout North Edinburgh as appropriate. Such initiatives allow local residents' groups to develop and implement plans for sensitive lettings in consultation with their housing provider.***

Tenant and Resident Participation

Both positive and negative health impacts were cited by the focus group participants when commenting on this aspect of the housing strategy. On balance, resident participation in improving and maintaining the quality of housing in the NEAR area was seen as having positive health impacts.

Recommendation 11

11.1 ***Best practice in tenant and resident participation must be continued in the NEAR area.***

11.2 ***Meaningful participation should be developed with local communities to give them a genuine sense of control.***

Piloting the process: lessons to be learned

General

The working group was concerned that as the housing strategy was designed to be health promoting, there was a risk of the Health Impact Assessment simply affirming a healthy public policy, with the results of the assessment almost being a foregone conclusion, rather than throwing up potential negative impacts over which changes might be negotiated. It was thought that it might have been more useful to concentrate the HIA on policies which were more ambiguous in terms of their potential impact.

Process

There was also debate as to whether the whole exercise could have been carried out purely on the basis of a literature search, given the time and cost it took to carry out focus groups with residents and individual interviews with stakeholders. We were also concerned that although we consulted six focus groups, we were really skating the surface of an approach which would genuinely engage the community.

Nevertheless, it was concluded that the focus groups, limited though they were, were vital in that the qualitative data obtained gave important insights into the importance people placed on each impact, and so they helped to prioritise the key features of the housing strategy which impacted most on people's health locally. It was however thought that the individual interviews with stakeholders could have been carried out by self-completion questionnaires rather than face-to-face interviews.

When identifying the health impacts emerging from our data the working group began by trying to use the method described in the Liverpool guidelines whereby influences on health are identified initially. However it became clear that for our purposes this resulted in a circular method, as many of the influences were the same as the resulting impacts. We ended up by presented our analysis in terms of each feature set out in the housing strategy.

Our initial idea of having a working group which carried out the day-to-day tasks of the HIA worked well. All six members of the working group participated actively and were enthusiastic and committed, despite not being able to attend every single meeting due to holidays or sick leave. The role of the steering group was weakened by the fact that two of the four members of the steering group left their posts during the timespan of the HIA. The remaining three members of the steering group were very supportive and gave extremely useful input and advice.

The HIA was helped by the fact that it was embedded in the Social Inclusion Partnership within the area. This meant that there was already a tradition of inter-agency working in the area and of community participation and the structures were already in place for getting together the working group, steering group and organising community-based focus groups. The process of carrying out the HIA strengthened inter-agency relationships especially between housing and health.

Guidance and common sense suggest that health impact assessment should be carried out at a stage in policy/project planning when the policy is well enough developed to assess, but early enough that any recommendations from the HIA can be incorporated. In practice however, this 'window of opportunity' is not very long, and it is not very easy to complete a health impact assessment in this time. This is particularly so when the work is undertaken in partnership between several agencies, and when community involvement is sought. Overall we underestimated the time taken to complete this HIA. We took twelve months to complete what we thought would take six months. The cost for the first six months totalled over £10,000, the main cost being the salaries of those involved in the HIA. The remaining five months were spent writing up and finalising the report.

Community Involvement

This project experienced some of the problems common to any attempt to involve a public or community: how to engage them, who to approach, how to obtain information on complex matters within the constraints of time and resources available. In addition, the following issues were identified as being more specific to this health impact assessment:

Some elements of the housing strategy were more tangible and easy to discuss than others. For example, it was quite easy to ask people what difference having central heating would make to them, and how this would make them feel. Another of the objectives of the housing strategy was to provide a choice of landlord/ tenure, both for existing residents and to attract other types of resident. This was much more difficult to discuss, and people could not identify what impact this would have on them.

It is likely that the effects of many projects or policies will range from the more tangible to the more abstract. Without some means of allowing the possible impacts of these more abstract effects to be considered with the more tangible effects, there is the risk of the latter being prioritised over the former regardless of the actual impact on heath.

While running focus groups is resource intensive, and takes time, the prioritisation of the health impacts was unique to our focus group output, and could not have been obtained from other sources.

It may, however, have been more appropriate to have involved the community in the formulation of the recommendations, and to have asked them to prioritise the recommendations.

Certainty of impact

Some of the impacts identified by the community were rather speculative. The focus group facilitator asked people what difference the housing strategy elements would make to them, how that would make them feel, and how that might affect their health. In some cases the association was direct - feeling warm would make them feel better, less noise intrusion from the neighbours would allow them to sleep better. In other cases, the health impact was indirect: more cost efficient heating would leave them more money to spend on other things,

more money would mean they could eat more healthily. While there is no doubt that financial hardship can cause stress and damage mental health, it is not certain that any extra money available would be spent on a more healthy diet. There would presumably be other competing demands, which were also mentioned, ie bus fares and socialising. Some of these other options may not be regarded as health promoting, such as tobacco, or alcohol. The group were unsure of how to treat these indirect impacts.

Evidence

As mentioned previously, most of the impacts identified through the focus groups were also mentioned in the literature. However, while impacts on mental health were the most frequently mentioned by local residents, in general the studies identified in the literature focussed on physical morbidity.

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Appendix I

Steering Group Membership

Mike Avery, *City of Edinburgh Council, Housing Department*
Lisa Bullen, *Scottish Homes*
Kate Burton, *Pilton Community Health Project*
Lynn Conway, *SNAP, University of Glasgow*
Ian Cooke, *The Pilton Partnership*
Saskia Gavin, *Lothian Health, Public Health Department*
Alan Howie, *NEAR*
Lesley Johnston, *City of Edinburgh Council, Corporate Services Department*
Deborah Ritchie, *Queen Margaret College, formerly Lothian Health, Health Promotion Department.*
Hilda Stiven, *Lothian Health, Health Promotion Department*
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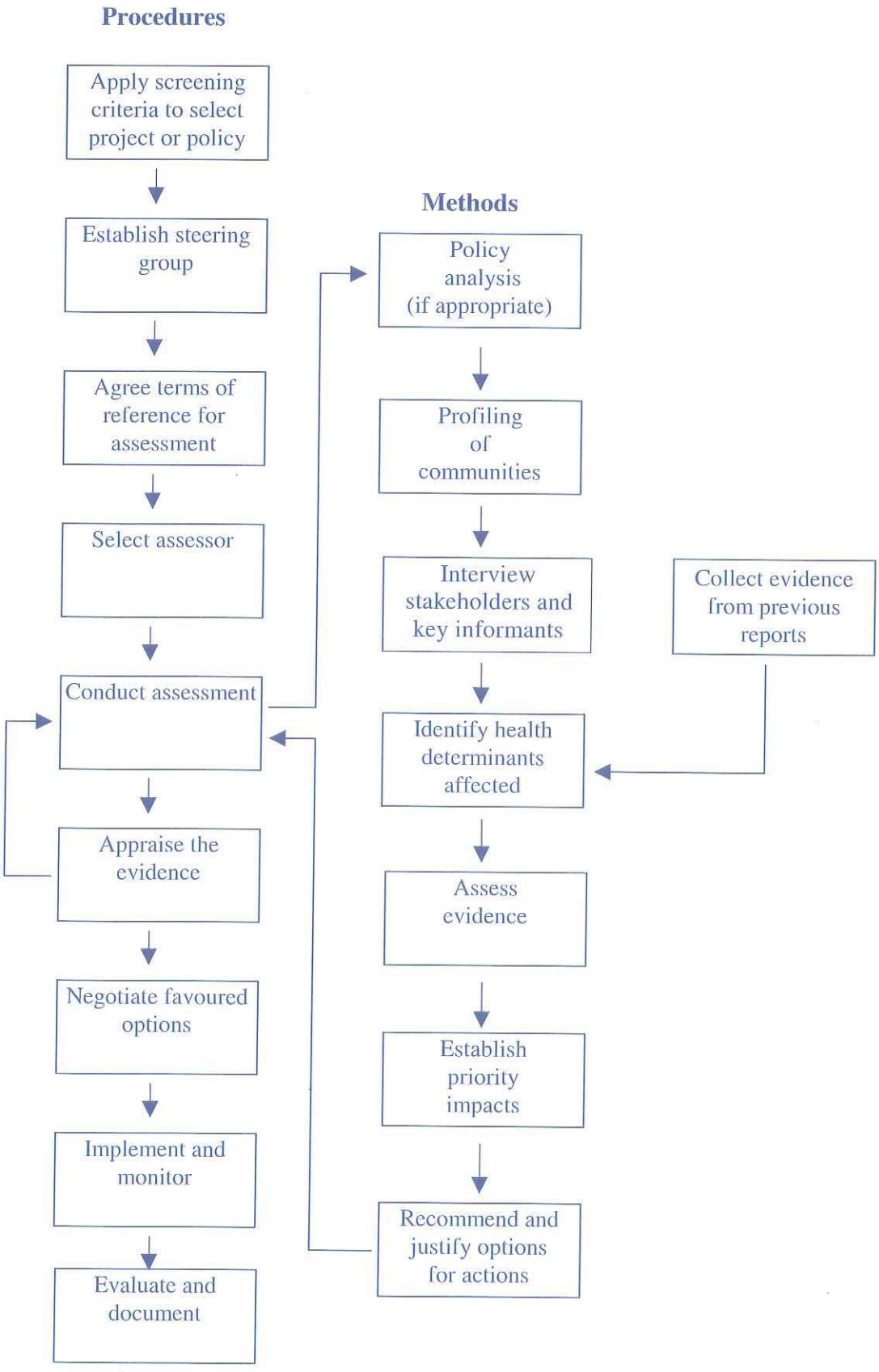
NEAR Health and Social Care Strategy Group Members

Community Representatives
Pilton Elderly Project
North Edinburgh Drug Advice Centre
Pilton Community Health Project
Greater Pilton Carers' Resource
Edinburgh Community Food Initiative
NEAR
Social Work Department, the City of Edinburgh Council
The Pilton Partnership
Lothian University Hospitals NHS Trust
PROP Stress Centre
Corporate Services, The City of Edinburgh Council
Crewe Medical Centre
Health Promotion, Lothian Health
Muirhouse Six Circle Project
Ladywell Medical Centre
Pennywell Resource Centre
North West Local Health Care Co-operative
Lothian Primary Care NHS Trust

Appendix II

Stages in the HIA Process

from the Merseyside Guidelines for Health Impact Assessment[5]



Appendix III

Attendance at focus group sessions

Group	Total	Men	Women
Greater Pilton Carers	6	2	4
Young Tenants	2	2	0
Muirhouse Residents	6	2	4
Muirhouse under 12s (parents)	6	0	6
Chummy Club (older adults)	3	0	3
Black Community Development Proj.	5	0	5

Appendix IV

Background information to the city of Edinburgh Council's allocation and lettings policies

City Wide Strategy

Under their "Capital Standards" policy, The City Of Edinburgh Council operate a specific Housing Management Procedure regarding neighbour complaints. There is an operational procedure whereby complaints are classified according to the seriousness of the alleged case and dealt with accordingly. In addition, the council has a Racial Harassment Policy which aims to prevent racial harassment and deal effectively and severely with perpetrators of such behaviour. In 1994, Edinburgh became the first housing authority to successfully evict a tenant who had consistently racially harassed another tenant. (Housing Management Procedures, City Of Edinburgh Council 1994). Due to specific changes in legislation, an in-house solicitor has recently been appointed to update procedures in line with legislative changes and to offer guidance and directives to the decentralised housing local areas offices .

Although current cases of neighbourhood disputes will be dealt with at a local level, all information regarding the level, nature and outcome of incident is collated and returned centrally. Over a two month period from February/ March 1999, a total of 55 neighbour complaints were received within the North Edinburgh Housing locality, the majority of which fell into "Category C" which covers issues such as; excessive noise; family disputes; infrequent disturbances; verbal harassment; behaviour of children; rubbish and disputes over stair cleaning.

Across the whole city for the same period, there was a total of 576 neighbour complaints, again with the majority falling into "Category C".

The Council also supports Edinburgh Community Mediation Project which was established in 1995. An independent organisation managed by SACRO, it is funded through the Urban Programme with the support of the council and Scottish Office. The Project work with grieving parties in an attempt to resolve issues and reach a solution of mutually agreed satisfaction. A total of 220 neighbour dispute cases were referred to the project in its first year, with referrals varying from self, Housing, Police, and other. On review of cases dealt with, 58% were considered to have reached a satisfactory outcome, i.e. improved relationships/agreement between protagonists. Working with one to one cases of people involved in conflict is likely to remain the priority of the project, although they recognise that such individual case work does not have such a significant impact upon the wider community and therefore group work regarding stair and street mediation is being developed.

National Strategies & Guidelines

A number of local and national initiatives with clear sets of guidelines have been implemented across Scotland as a means of dealing with anti-social behaviour. This is partly in response to the greater media coverage which has been given to the issue of anti-social behaviour and the resultant Inquiry by the Scottish Affairs Committee of the House of Commons in 1996.

The City of Edinburgh Councils' current allocation policy does not in general allow for tenants to have any say upon the allocation of council tenants who would becomes prospective neighbours for existing tenants. One exception to this policy which has been implemented by the North Edinburgh Local Housing Area Office, is the Multi-Storey Consultative Lettings Process currently in place within the high rise blocks within Muirhouse. This policy was introduced approximately two years ago as a means of reducing neighbour disputes and the management and tenant difficulties associated with anti-social behaviour. The scheme operates by housing officials imparting a certain degree of anonymous information regarding the age, sex, family composition etc. to the High Rise Tenants Group as a means of consultation regarding prospective tenants. Although the scheme is a useful form of consultation, it is recognised by both parties that not all potential neighbourhood disputes nor difficulties can be predicted nor eliminated on the basis of the available information.

Within North Edinburgh, there have been at least two policy and procedural changes made as a direct means of reducing the incidence of neighbour disputes. A committee report to the City Of Edinburgh Council in July 1997, implemented a pilot local lettings policy for two high rise blocks within North Edinburgh whereby no new lets were made to tenants under the age of 25 years. This development of a local lettings initiative was in direct response to previous complaints over young tenants and their visitors to the blocks causing problems with their anti-social behaviour. It was further noted that a significant amount of anti-social behaviour was either not reported or not pursued due to fear of retribution from the perpetrators. Even following investigation from the Housing Department, the issue of lack of corroborative evidence often remains an issue of concern.

The policy was agreed following extensive consultation with an existing tenants group and it was further agreed to closely monitor the effects and impact of this policy upon a wide range of housing management issues such as void levels, turnover, refusal rates, abandonment and neighbour problems. However, it is hoped that the revised policy will reduce overall management problems and create a secure living environment of particular benefit to women, the elderly and members of ethnic minority groups. Following completion of the 12 monthly review period, it was agreed to further extend the policy due to its considered success.

Post Script

Following the completion of the NEAR Housing Strategy HIA, there have been a number of relevant developments. These are detailed below. Where the developments relate to one of the HIA recommendations, the recommendation number is given in italics.

- The strategic housing group (the North Edinburgh Housing Planning and Implementation Group) has been reconvened and is considering the recommendations against the background of the NEAR Housing Strategy Review. The group is currently refining the strategic objectives and setting targets (short, medium and long-term).

  Recommendation 1

- The new monitoring framework for the North Edinburgh Social Inclusion Partnership (SIP) (as recently produced for all SIP's by the Scottish Executive) will bring the measurement of activity/identification of cross-benefits (across housing and health fields) under annual scrutiny. This will allow / promote joint working amongst the professionals and local communities.

  Recommendations 2 and 3

- The installation of central heating and double-glazing to all properties remains an investment priority for the City of Edinburgh Council and this will continue until all council homes are completed.

  Recommendation 4.1

- The Council is a key partner in the City's "Warmburgh Plan" addressing issues on affordable warmth and the reduction of carbon emissions (e.g. through grants for insulation, free energy efficient surveys and advice etc.).

  Recommendation 4.4

- The CEC Housing Department has commissioned a stock condition survey which is almost complete – this includes an energy survey which will give additional information on the stock in North Edinburgh. The output from this study will inform the North Edinburgh Housing Plan as well as the housing plan for the city as a whole.

  Recommendation 5.1

- The NHER rating for the development at West Granton A (now on site) is 9. The rating for the housing on site at Muirhouse Drive South is 10.

  Recommendation 5.3

- All new housing developments include "Secure by Design" standards in the development brief. The Safe Housing Agency has recently received further funding from the North Edinburgh Social Inclusion Fund for its work in the area.

  Recommendation 7.1

- Repairs for windows and door locks are top priority repairs for the North Edinburgh Local Office Housing Team.

  Recommendation 7.2

- The CEC Housing Department had also commissioned a city level study on housing need – this along with the housing Strategy Review will identify over/under occupancy levels.

  Recommendation 8.1

- As part of taking the North Edinburgh Housing Plan forward a local management forum, across tenures, is being investigated which will consider, for example, local allocation policies; raising standards across tenures; and issues arising from noise disputes, with a view to developing a multi-agency approach.

  Recommendations 8.2 and 10.1 - 10.4

- The Housing Strategy Review included a specific sample of ethnic minority tenants – the output of this will be discussed through the local Anti Racist Forum with any recommendation being incorporated in the North Edinburgh Housing Plan.

  Recommendation 10.3

- The Muirhouse Housing Development Groups (MHDG) has devolved authority from the Housing Committee to oversee the New Housing Partnership Expenditure Programme for central Muirhouse. The M.H.D.G. is made up of local residents and professionals and chaired by the local councillor.

  Recommendation 11.1 and 11.2

- The regeneration work in Muirhouse recently won the award for the Best Regeneration Scheme under the National Institute of Housing's National Award Scheme. The good practice demonstrated there will act as a model for further developments.

- A summary/public version of the new North Edinburgh Housing plan is under preparation to be launched in 2-3 months time.

Scottish Needs Assessment Programme
Tel: 0141 330 5607
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