# Scrutiny Discussion Paper – STAR survey/ Measurement of Health outcomes

This paper covers some of the current consultation carried out with tenants relating to investment made in their homes. The paper is to aide Scrutiny's consideration of what approach they wish for officers to take, if there is a desire to examine the links between Housing and Health achieved through Housing investment. The paper briefly considers some of the consultation that takes places and its current limitations in trying to capture health and wellbeing information.

### **STAR Survey**

The Survey of Tenants and Residents ('STAR survey') is a voluntary replacement for the Standardised Tenants Satisfaction Survey or 'STATUS' tenant satisfaction survey that used to be a Government requirement. It is undertaken every two years by the Policy Section on behalf of Housing Services.

The data collected in the STAR survey can be used for a variety of purposes but its primary purpose is to enable benchmarking with other Housing providers. The survey is very much focused on quantitative, statistical data and focuses predominantly on day-to-day housing management such as estate management, anti-social behaviour and the quality of repair work. It has limited ability to offer any qualitative analysis of the 'why' behind tenant's individual opinions.

In its current form there is no form of questioning that would directly relate to links between Housing and Health. The survey as its name suggests is 'standardised' therefore the questions should be the same as those asked in other local authorities to enable comparison. The Housing Service can add in other questions however there would be cost implication – increased printing costs etc as the survey neatly fits on to an 8 sides in its current form. Amending the survey would require a further 4 pages of questions.

As part of the Cabinet Report in March the recommendations stated that further works with tenants to look at the results would be carried out and a further report back on any proposed changes / actions would be made. This work will begin shortly through our Tenant Participation team and will identify some of the more qualitative elements of the survey responses.

## **Capital Works Satisfaction Surveys**

The Housing Service carries out satisfaction surveys of contractors who have carried out Capital works on behalf of the Council. This was previously done as a matter of routine when administrative support was available however is now done as and when Liaison Officers have time capacity. The forms are focused on things such as quality of workmanship, sticking to timescales, tidiness etc. These surveys are also done very soon after the work has taken place therefore do not give sufficient time to identify whether the tenant feel their health and wellbeing has improved. Response rates are around 25%. The timing of these surveys is also too soon to

capture Health and Wellbeing outcomes as these would become more prevalent over time.

## **Adaptations surveys**

This is an area where satisfaction surveys are routinely carried out. The improvements done under adaptations budget obviously have a direct link to the quality of life of the tenant through either increased mobility around the home to be able to stay in their property though again the satisfaction surveys in this area focus on quality of workmanship, timeliness and being kept informed etc.

## Potential Mechanisms to measure the effectiveness of improvement works on health / wellbeing outcomes

### 1. EPC's

The measurement of the effectiveness of works that have direct relationship on health such as external wall insulation, secure by design doors, loft insulation, new boiler and heating systems can be measured through the changes in Energy Performance Certificates scores. This again would be quantitative data rather than qualitative but would contain an idea of costs savings achieved by households through reduction in bills. This work is not currently done and the work would require some exploration as to its feasibility within current resources against the value of the data collated to the organisation. The ability to identify improvements would only be available for properties that have become vacant twice in the time EPC's have been in place and when the earlier EPC was over 5 years old.

### 2. Tenant Participation

The opportunity to focus on Housing and Health outcomes is one that could be explored through the existing resources used to engage with tenants. Future meetings and tenants groups could be asked to look at Health and Wellbeing. The limitations of this approach are the fairly narrow group of tenants who engage with tenant participation programme – and whether this group have had improvements.

## 3. Amending/Restructuring of current surveys

The amending of current surveys could be considered to start capturing health and wellbeing data - however the purpose of the original survey should not be lost. The timeliness of the survey is the consideration here. The surveys current purpose is to ascertain satisfaction with services and whether standards were upheld. Delaying these surveys to measure an impact on health and wellbeing would likely undermine the robustness of the data.

#### **Summary**

It is important for Scrutiny to provide clarity over the analysis they would like to see to enable officers to determine whether amendments to the current surveys could identify these outcomes or whether a new approach is required, and, whether the value in this new work would warrant officer time involved.