



Housing and Health

Vision

To improve health through the delivery of improved housing conditions and sustainable communities

West Midlands Priorities for Action

- Support the provision of decent homes, which promote health and well-being through design, energy efficiency, warmth and the reduction of risk of accidents in the home
- Reduce the excess number of winter deaths and end fuel poverty
- Reduce homelessness and improve the health of homeless people
- Promote the housing needs of diverse and vulnerable groups and support people to remain in their own homes
- Support and encourage better design of new developments to provide safe access to work, services and which promote positive health and well-being for example, through the provision of cycle and walking routes when designing new estates
- Ensure that NHS and social care bodies are engaged in the design of major new housing developments so that services respond to changes in population through planning e.g Section 106 agreements and other mechanisms.



Key Facts: In the West Midlands

- In 2004 an estimated 120,000 dwellings provided by Local Authorities and Housing Associations in the West Midlands failed to meet the Decent Homes Standard. Current estimates show that there are nearly another 140,000 non-decent homes occupied by vulnerable people¹
- According to the 2001 Census, 9.6% of houses in Birmingham are overcrowded. Overcrowding is associated with poor physical and mental health²
- Compared to the national average of 9.8%, around 12% of all dwellings in the Region have poor ratings for energy efficiency and are therefore hard to heat effectively³
- There are a number of areas in the West Midlands where homelessness is in excess of regional and national averages⁴
- Across the Region, on average people from Black and Minority Ethnic communities are over 6 times more likely to be in housing that is overcrowded than white European households⁵
- In 2004 there were 16,469 fires resulting in 28 fatal and 659 non fatal casualties⁶.

- Significant numbers of asylum seekers and refugees have been dispersed to and resettled in the Region since 2000⁷. Asylum seekers are still accommodated within specific communities and their presence impacts on public services, community cohesion and the economy of that place. A failure to integrate at a community level can cause future problems, feed local myths, breed distrust and result in the reinforcing of social exclusion for an already vulnerable group of people
- Each winter in the Region there are 3,000 avoidable deaths. This winter rise in deaths is not seen in Scandinavian countries, which have much colder winters than the UK. This suggests that if people were able to keep their houses warmer and be better looked after through the winter many of these deaths could be prevented⁸
- The key themes which have emerged from the Local Area Agreements are the need to meet the Decent Homes Standard, reduction of fires in the home, affordable housing, reduction of homelessness and enabling people over the age of 65 to live at home.

Housing and Health in the West Midlands

The West Midlands is home to 5.3 million people and the vast majority (85%) of dwellings are located in urban areas. The ability of people to improve their quality of life is related to the ability to find decent, accessible housing, located in areas of employment. Decisions relating to the where housing is located and the type of housing provision are made via the Regional Spatial Strategy⁹ and the Regional Housing Strategy¹⁰. These strategies therefore form a vital part of improving people's health and well-being (see also chapter on Planning, Transport and Health). In more deprived neighbourhoods there are higher injury rates, poorer birth outcomes more cardiovascular disease and higher rates of infectious diseases, as well as poorer mental health and physical inactivity¹¹. Shelter's 'Chance of a Lifetime' report states that children living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections and have mental health problems. The impact on children's development is both immediate and long term; growing up in poor or overcrowded housing has been found to have a lasting impact on a child's health and well-being throughout their life¹².



The proportion of older people in the West Midlands has steadily increased and is projected to continue to increase (for example the number of people over 75 will rise from 7.7% of the total population to 9.8% by 2021). The implications of this are the need for more supported housing, homes suitable for an ageing population, homes suitable for independent living, as well as the development of adaptable housing and homes that are suitable for people throughout their life.

Some vulnerable groups such as people with mental health problems, long term unemployed, women suffering domestic abuse, migrants, gypsies and travellers are at more risk of having to live in poor housing and there is a need to provide support to these groups.

Supporting the Provision of Decent Homes, Homes for Life, and Better Access to People with Disabilities and Mental Ill Health

Provision of decent homes should incorporate more than basic requirements for housing standards. The standards to aspire to include:

- Homes to 'last a lifetime', being flexible and adaptable to the changing needs and circumstances of the occupants. Disabilities range in type and extent but homes should provide for a diverse range of needs reflecting recognised issues around access.

- Enabling older people to remain in their homes/reducing care home admissions should be seen as an integral part of promoting health and well-being in the older population. Examples might include the development of extra care housing, the use of assistive technology, the development and integration of a variety of services which could be labelled intermediate care and the development of services delivered in or closer to the homes of older people which are able to meet complex needs. Falls prevention work is also important with respect to reducing hospital admissions
- There should be the ability to obtain a family home which might include space for family and friends and extended families, but also have the capacity to provide for an ageing family, so the provision is thought out in terms of accessibility and home safety both for young children and for increasingly incapacitated older adults
- All homes should be worked towards home safety standards including fire safety
- Use of materials that incorporate 'environmentally friendly' heating, air circulation, insulation and air conditioning, as standard, partly to eliminate high-energy usage but also to tackle 'fuel poverty' for young and old, ensuring housing is fit for purpose for all climates
- Recognising and acting on the issue of fuel poverty and cold related deaths. This includes working with partners to understand the links to household income, the characteristics of households, housing standards, occupancy issues and energy price fluctuations and payment methods and raising awareness to help people conserve energy
- It is essential that support around physical and mental ill health are met within community settings as a substantial element in the practical support of patients and in the improvement of mental health
- For a tenancy to be 'secure' it is essential to maintain those support structures that will provide stability and security for example, moving a young mother even a few miles from family and friends, even with the availability of public transport could undermine support structures and therefore be detrimental to both mental (and physical) well-being. Issues of post-natal depression can be compounded by the loss of familial support, impacting directly on both mother and baby. If the intention is that single young mothers be encouraged back into economically active engagement through training, education or employment, then this adds a further level of argument for promoting 'local' housing and childcare provision.

Supporting Diverse and Vulnerable Groups

Many vulnerable groups can benefit from housing related support, including for example, the frail elderly, homeless families, people with mental health problems, migrants, travellers, people with drug and alcohol problems.

Supporting People Programme

The Supporting People programme enables the provision of housing-related support to enable vulnerable people to maintain or improve their ability to live independently. It has important links to health and well-being as it has an emphasis on supporting vulnerable people to live in their own homes. It provides targeted supported housing and access and availability of appropriate and affordable housing for people to move onto as they come out of specialist and/or short-term services. However, it is important that this programme is not the only route taken to make stronger links between housing for vulnerable people. Joint working is needed between local housing, health providers and the voluntary sector to achieve the shared outcomes. Below is a snapshot of some of the issues around vulnerability. (To Note: it is recognised that there are many other groups that might fall into this category).



Black and Minority Ethnic Groups

- The Regional Housing Strategy highlights a strong correlation between housing problems and current patterns of BME residence. This is especially the case for Pakistani and Bangladeshi communities living in poor quality private sector housing in major urban areas. A prevalence of issues such as overcrowding, affordability, poor quality and low priced housing amongst these communities demonstrates that action is needed to improve housing quality and housing accessibility¹³.



Older People

- Housing solutions are intimately linked to access to care and support at home. The Supporting People agenda recognises the needs of the elderly as a priority. Bringing together health and social services providers with housing providers to develop patterns of service delivery which support older people is essential, given the expected increase in the elderly population in the West Midlands¹⁴
- There should be strategically planned and commissioned services intended to enable the maximum degree of independence, choice and self care among vulnerable people living in the community.



Disabled People

The Region's disabled population is very diverse and includes people from all ages and income groups and there are large differences in the disability or impairment experienced by disabled people¹⁵. Suggested areas where action is needed include:

- Tackling the barriers to independent living
- Tackling the difficulties people have accessing affordable housing, particularly young, disabled adults wanting to leave home
- Tackling inflexible services that move people into residential care against their wishes.

Migrants and Refugees

Migrants and refugees need to be included in service planning, including health planning and should act as consultees¹⁶. Suggested areas for action include:

- Links to housing related support such as assistance with life skills, budgeting and managing tenancy¹⁷
- Tackling problems of isolation, fragmented service provision and the range of other indicators of deprivation (e.g. homelessness and unemployment) which can reinforce their mental distress¹⁸.

Gypsies and Other Travellers

- Research has shown that gypsies and travellers are more prone to ill health: level of perinatal mortality, stillbirths and infant mortality are significantly higher than the national average. It is estimated that, on average, gypsy and traveller women live 12 years less than women in the general population and gypsy and traveller men ten years less than men in the general population¹⁹.

People at Risk of Domestic Abuse

- Research estimates that domestic violence accounts for 16% of all violent crime²⁰ and it is estimated that domestic abuse will affect 1 in 4 women in their lifetime²¹. Planning for hostels and safe housing needs to be promoted with this in mind.

Homelessness

There are clear links to health and homelessness for example homeless people have the lowest levels of life expectancy, similar to the poorest parts of the developing world. They are at increased risk of many health problems such as alcohol and drug misuse, mental ill health and violence²². A recent study by Shelter highlighted the devastating impact of living in temporary accommodation on health, education and well-being, particularly for children²³.

The Regional Housing Strategy identifies concerns around the following groups with respect to homelessness; young people, BME groups, refugee homelessness and street homelessness. Health related issues include the need for:

- Improvements to access to primary care for people who are homeless for example providing out-reach services, Personal Medical Services schemes, informing other agencies how homeless people can register and implementing a hospital discharge policy to include accommodation²⁴
- Prioritising homeless young people as a key group among the general homeless population because of their highly vulnerable position. Young homeless people are affected by different guidelines than the adult homeless population and have differing access to health services and can for example, have problems in getting registered with a GP. The experience of homelessness among young people can exacerbate existing mental health problems or contribute to the onset of mental health problems
- Mental health problems are also a risk factor for homelessness in its own right²⁵. Suggested action includes encouraging Local Authorities and local housing providers to integrate work between homelessness and mental health practitioners, to develop effective support in hostels and day care centres²⁶
- Reducing the number of people with mental health problems who become homeless by use of prevention schemes/funds, support for guidance on managing rent arrears and closer working between health and housing sectors.



Supporting and Encouraging Better Design of New Developments

Housing renewal is a key aspect of health improvement. As part of the development of Regional Spatial Strategies and local development plans, housing options will emerge which will have varying impacts on the health of neighbourhoods. Evaluation of the health impacts of future housing investment is important to embrace the positive health gain that could arise from such investment. The contribution of Regeneration Zones to health and well-being is also important. Health Impact Assessments of Regional and Local Housing Options (which emerge from planning decisions on the location and numbers of new houses) can predict how specific policies will affect the health of communities. They also provide an opportunity to reduce negative health impacts and enhance opportunities for health gain. Also the use of Section 106 payments, where in some cases Local Authorities can negotiate with developers to contribute to new facilities, to fund local health services or other necessary enhancements within large scale developments to achieve mixed, balanced and sustainable communities can be undertaken.

Housing can make a significant contribution to physical activity, the reduction of accidents and feelings of safety and well-being. The presence of footpaths, building placement, site design and visual quality not only improve the actual safety and appearance of the streetscape, but also the perception of an areas safety and walkability. Building the opportunity to be physically active into daily routines as part of housing development is essential to turn around the effect of sedentary lifestyles. (see also Planning, Transport and Health chapter).

Housing planners and providers need to take account of Social Capital, which is 'the degree of citizen involvement in a community, the degree to which people know and trust their neighbours and the interactions between neighbours. Increased community cohesion and increased personal security can help health and well-being by allowing people more opportunities to walk and participate in social activities. Linked to this is the issue of 'neighbourhood attachment' and the benefits for health of a stable neighbourhood²⁷. When longstanding families and households leave a neighbourhood, there is the possibility of destabilising social norms through the disruption of social support networks. A community should include not merely housing but those services that will be required at various stages in development, including access to education from nursery through to adult education; convenient and economically compatible shops and services; transportation, clinical and treatment centres, pharmacy provision, leisure activities, including greenspaces. All of these are essential to health and healthy lifestyles/well-being. Engagement with the service user from the outset in the planning and design of new estates will improve the sense of ownership and is more likely to succeed.



Remote/rural areas have particular housing issues affecting health, such as isolation of residents, transport access, access to education and health care services. Quite often there are pockets of deprivation in these areas, for instance social housing estates or land adopted by travellers. There are also particular issues of affordable homes for local families and providing homeless services and support which can be more difficult in remote areas. The recognition of specific rural health issues is important. Action for the future includes building up the use and provision of technology and outreach services to these areas.

Case Study: First Step Winterwatch

Working with rough sleepers in Birmingham helped Focus Futures identify individuals for whom existing hostel and accommodation provision was not available or meeting their needs, Reasons for this included: partnerships and relationships, dog ownership, poor mental health and lives bound up in substance misuse. The CRISIS Winterwatch Program was an opportunity to meet the needs of these most excluded people. It targeted the 10 most excluded individuals, offering a ready-made home for 5 weeks over the Christmas period, with intensive support and treatment. Important partnerships made this work possible including CRISIS, RSU, BCC, DAT, Business in the Community (Cadbury's, Carillion, Barclays and Wragge & Co). Using the motivation gained over the 5 week period, move-on options were explored and secured. The scheme has run 4 times with 80%+ positive results every time. More details can be found at 'First Step – Winterwatch, A Good Practice Guide'²⁸.



Main Partners

Regional Planning Bodies	Local Authorities	Housing Providers and Developers
Voluntary and Community Sector	Environmental Groups	Energy Agencies
Housing Corporation	House Builders Federation	WMRA Partnerships
Regional Housing Board	WMLGA	CSIP
GOWM	Health and Safety Executive	NHS West Midlands
Regional Homelessness Implementation Group		

Weblinks

<http://www.sustainable-development.gov.uk/>
<http://police.homeoffice.gov.uk/operational-policing/crime-disorder/domestic-violence/?version=1>
<http://www.mentalhealth.org.uk/welcome/>
<http://www.wmra.gov.uk/page.asp?id=63>
<http://www.wmlga.gov.uk/page.asp?id=424>
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