
Evidence Based Healthy Housing Interventions

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Private sector housing and health

- ◆ Key health determinant, internal and external living environment
- ◆ Maintaining and improving health, quality of life and well-being
- ◆ PSH (PRS and OO) - majority & favoured tenure
- ◆ Some of worst housing conditions



Policy Context of 'Evidence'

- ◆ 1979: 'New Right': major changes in housing. Public Choice (customer, market), enlargement of PRS (AST), provider to enabler of service, withdrawal of state, favoured individual, EBP (medical model) – value for money
- ◆ 1997: 'New Left' : Incorporated many above, added: PHA, MPH; SEU. Emphasis on community
- ◆ PHA, HIA, HNA, RRO, partnerships, new HA2004
- ◆ EBP – socio-economic model (causes of...)
- ◆ Rise of IT



PHA – new jargon, new strategies?

- ◆ **Enhanced housing and health interventions to address inequalities at their most acute**
- ◆ **Maximising programmes, policies and resources to improve health and address inequality**

- ◆ **Lots of initiatives & terminology, but discretionary**
e.g.
 - **Health needs assessment**
 - **Health impact assessment (+ve, - ve)**
 - **Health gain (quantifiable and qualifiable)**



Health impacts of housing as a living environment

Internal living environment includes physical conditions, space, amenities, dampness etc

External living environment includes community and neighbourhood, access to local amenities and facilities etc

‘Miscellaneous’ health effects of intervention e.g. to private sector tenant – rent rise, eviction etc



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‘Health’ in private sector housing interventions

- ◆ Plethora of information, but :
 - lack of evidenced sustainable solutions
 - paucity of funding for PH research
 - gaps in knowledge around cost-effectiveness, objectives and quantifiable outcomes
- ◆ Can be difficult to sustain support for discretionary interventions
- ◆ What about (discretionary) HNA and HIA?



Housing and Health

- ◆ Lots of information on links between health and housing
- ◆ BUT.....
- ◆ Very little evidence on the *EFFECTIVENESS OF INTERVENTION*
- ◆ How can this be ‘measured’? To what extent?



Private sector housing

- ◆ Complicated agendas – mixed messages as to whether housing is primarily a health promoting environment, or a commercial asset (O/O and PRS)
- ◆ Increasing policy emphasis for personal responsibility for conditions, funding and regulatory regimes (RRO)



Optimising policy opportunities: the challenges

- 1) Application of evidence based practices during interventions**
- 2) Challenges of partnership working**
- 3) Strategies for securing and financing works**



Evidence-based practice in housing and health: implicit or explicit?

- ◆ **Health and housing impacts are complex and adaptive**
- ◆ **Very little on actual health gain arising, mainly ‘likelihood’**
- ◆ **Hard to locate and access research into practice, lots of gaps, often about academic merit, not practical application**

- ◆ **So we need:**
- ◆ **Quantitative and qualitative data about what is working, how and why**
- ◆ **Contemporary, valid and reliable, consolidating research and good practice**



What is 'evidence'?

- ◆ **CIEH – called for evidence base of**
 - peer reviewed research
 - case studies
 - and funded initiatives
- ◆ **to influence policy, gain credibility and access resources**

- ◆ **CIEH – commissioned (BRE) report to promote the role of PSH's impact on public health within LA's (incl. local evidence related to HHSRS)**
- ◆ **Rogers Review failed to rate housing amongst its top five priorities, due in part to a lack of evidence**



AND...

- ◆ **Where is this evidence?**
- ◆ **(then) HDA, (now) NICE EB**
- ◆ **Published, peer reviewed or professional journal (standard ‘guaranteed’)**
- ◆ **Grey literature (might be good, but no ‘guarantee’ of standard)**
- ◆ **Who can get it? How?**
- ◆ **Is it helpful to practitioners?**
- ◆ **Is it actually used.....?**



Our research: (Private Sector) Housing as a health determinant showed...

- ◆ **Views and interventions fragmented, little reliance on evidence**
- ◆ **Inconsistencies in how private sector housing is seen as a health determinant and how evidence is used**
- ◆ **No overall ‘professional’ group in charge**
- ◆ **It will be some time before those involved will effectively to influence, promote and prioritise interventions in the PHA**



Challenges of partnership working: are viable partnerships in place?

- ◆ Partnerships consolidate interests, strategies and resources
- ◆ Led by NHS, but NHS no remit to tackle health determinants such as housing
- ◆ Lifestyle, not housing is frequently priority
- ◆ HNA and HIA could help consolidate joint activities
- ◆ PHA allows multiple strategies, helps meet local need and challenge barriers
- ◆ Many concerns remain about partnership working
- ◆ Still not ‘fully engaged’; focus on health care, not health



Example: Fuel poverty strategies

- ◆ **FPS present many of the dilemmas of putting policy into practice through partnership working, even though the links between fuel poverty and health are well documented**



However....

- ◆ **FPS not statutory requirement**
- ◆ **Partnerships not statutory requirement**
- ◆ **No requirement for HIA**
- ◆ **Difficult to assess health gain locally**
- ◆ **No requirements to report**
- ◆ **Historically inappropriate legislation**
- ◆ **FP particularly acute in PSH, disparate and hard to reach**

- ◆ **Partnerships in place, but no partnership focus on health gain**
- ◆ **Often down to individuals to champion important health strategies**

- ◆ **Need consolidation of partnerships and appropriately disseminated evidence to help ensure housing interventions gain support and resource**



Complexities for the private housing sector: how can works be funded?

- ◆ **PSH poorest conditions, some most vulnerable occupiers**
- ◆ **Particular problems within privately rented housing (HMOs)**
- ◆ **Most poor housing is occupied by lower income households, particularly ethnic minorities and lone parents**



PSH interventions can be challenging and highly complex as the multiple stakeholders involved may have different agendas and priorities



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Complexities of interventions

- ◆ **Partners involved- just EHP/HA – or wider...**
- ◆ **Area action – mixture of PRS, O/O.**
- ◆ **Different agendas – Lld, tenant, O/O, but also LA priorities**
- ◆ **Vacant properties, priority?**
- ◆ **Enforcement or supporting intervention?**
- ◆ **Quality if intervention, same for all? Should it be?
Can it be – choices to tenant, o/o?**
- ◆ **Is there funding available? To whom? For what?**
- ◆ **Stress before, during and after work**
- ◆ **Are interventions seen as part of a wider PHA?**



Regulatory Reform Order

- ◆ **Shift from service provider to enabler**
- ◆ **Emphasis on ‘personal responsibility’**
- ◆ **New power for ‘assistance’ for PSH renewal strategies**
- ◆ **RRO - largely market-led solutions help address housing as a social health determinant**
- ◆ **But, low income households have greatest risk from poor housing conditions, less ability to be able to access resource options**



RRO as a way forward?

- ◆ **Still relatively early stages**
- ◆ **Little research into practicalities & effectiveness**
- ◆ **Unclear relationship to wider public health strategies**
- ◆ **As housing so central to health in the health inequalities agenda, need to ensure that PSH strategies are consolidated into a package of evidence based practice to help**
 - **Prioritise interventions**
 - **Value for money**
 - **More sustainable interventions**
 - **Identification of most vulnerable & 'hard to reach' households**



Empty homes

What is socio-economic cost of NOT bringing back to use?



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HMOs

Probably overall the most challenging part of housing work

All typical health and safety issues

Plus fire safety...

Plus amenities...

Plus some of the most marginal tenants (including children) & poor tenancies

Very little published evidence in this area, though possibly potential for most health gain



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Why aren't EHPs routinely publishing?

- ◆ Great things going on, but not widely disseminated
- ◆ Need to continue to promote our work

- ◆ Opportunities to publish in professional AND peer reviewed journals
- ◆ Perceived lack of skills to publish (how to?)
- ◆ Confidence
- ◆ Lack of time, other priorities

- ◆ *Publish to achieve higher academic qualification!*
- ◆ *Publish to gain CPD!*
- ◆ *Publish to promote PSH in EH profession!*



Conclusion

- ◆ Frameworks are in place, but barriers remain
- ◆ Pressure for organisations to revert to core activities
- ◆ PSH interventions particularly challenging
- ◆ No homogenous group of professionals responsible
- ◆ Wider dissemination of existing and new evidence
- ◆ HNA and HIA should be routinely applied
- ◆ New accountability and evaluation mechanisms around the areas of HNA, HIA, health gain etc
- ◆ General shift from discretionary to mandatory status needed, with sufficient resource
- ◆ Accessible, continually updated evidence base specific to PSH to help estimate health gain arising from interventions to prioritise activities and address inequalities



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