Chartered Institute of Environmental Health

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A house is not a home when it causes ill-health

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Introduction and Background

It is sad that in this my fourth and last year as President of the CIEH, two of my most illustrious predecessors passed away. Both Mick Archer and Roy Emerson, in whose honour this lecture is being held, were inspirational figures in the environmental health world. Although Mick was not directly a housing person, we should not forget that under his leadership in Birmingham the concept of "enveloping" and urban renewal (as opposed to just "clearance") was first developed and many other innovative ideas were put in to practice. Roy was very much a housing person and enthusiast for housing as a key part of environmental health, but both recognised the role housing and housing conditions play in public health, and both were concerned with inequalities in health, and where one lives plays a significant role in this.

I recall with great fondness the kind letter that Roy sent me when I was elected as President – an event he probably also viewed with wry amusement. However long before the banking crisis, he had also written to the CIEH Commission on Housing Renewal and Public Health making a number of perceptive and valuable comments most particularly questioning why house price inflation seemed to be seen and reported as a good thing. Indeed the final report quoted him when he said "with present inflation on house prices the Commission cannot solve the insoluble and that no government, local authority or private company can afford clearance on the scale required". Why he asked is inflation "deplored in other areas of the economy but applauded in the housing market". He questioned "how much stress, anguish and ill-health is caused by the seemingly endless increase in acquisition costs and unaffordable mortgages?" Of course we know that this inflation was fuelled by the banks and irresponsible lending –a bubble that had to burst.

In this lecture I want to develop some of this thinking further because housing does not just affect physical health (and safety) but also mental health and there can be no health without mental health[1]. In doing this my focus will be on housing as a matter of public

[1] See; Dept of Health (2011) *No health without mental health* – a cross-government mental health outcomes strategy for people of all ages. Debt and homelessness are associated with mental ill health.

health and where and why this is a key issue for EHP.s. I will do this taking account of two developments; the newly formed Pro-Housing Alliance (Pro-Housing Alliance, 2011) which this month published two reports at its launch at Chadwick Court; and work done for Karen Buck MP following Freedom of Information requests to local authorities and the report on how well private tenant's are being protected by local authorities. On this I should make clear from the outset, that I am not assuming that all private landlords are rogues or criminals – far from it.

As a starting point let me give you two relevant quotes:

> *The health of the people is really the foundation upon which all their happiness and all their powers as a state depend* (Benjamin Disraeli)
>
> *Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care* (Universal Declaration of Human Rights)

More frivolously in the 1960s songwriter Burt Bacharach wrote "a house is not a home when there is no-one there to hold you tight and no one there you can kiss goodnight". My view is that a house is not a home when it causes ill-health and unintentional injuries. Perhaps more scientifically the World Health Organisation has said, "the dwelling is the physical structure providing shelter and the necessary space, facilities and amenities for the household. The home is the social, cultural and economic structure created by the household. It represents a refuge from the outside world, enables the development of a sense of identity and attachment – as an individual or as part of the household - and provides a space to be oneself"[2]. The dwelling and its location and immediate environment as well can have an impact on social mental and physical health.

There are thus two basic elements that have to be considered to ensure that housing makes a positive contribution to public health across the social gradient and helps reduce health inequalities not exacerbate them. The first is to increase the supply of housing in all tenures that is genuinely affordable given that lack of availability allows rogue and irresponsible landlords to flourish and exploit those in need (and £3.5bn a year in housing benefit may go to neglectful landlords). At the same time any notion of affordability that does not reflect actual incomes is wholly inadequate. Remember that house price inflation was fuelled more by irresponsible lending than growth in incomes or construction costs. The second is to deal with conditions in the existing stock. Most of the housing that will exist in 2075 is already built. Furthermore the market does not encourage maintenance anyway – indeed the law (reflecting the market) interprets "repair" as work that adds little or nothing to property value.[3]

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[2] See: "Housing and Health in Europe – the WHO LARES Project" (2009) Ed David Ormandy, Routledge,

[3] See Case Law on s.11 of the Landlord and Tenant Act 1985, the repairing obligation on landlords for example *McDougall v Easington DC* (1989) 21 HLR 310 CA

Supply and housing market issues

So turning in more detail to issues of supply and the market we cannot have a healthy population without an adequate supply of housing that people can genuinely afford. Despite the banking crisis house prices have not plummeted. Let us look briefly at Hartlepool. Using the Zoopla.co.uk website[4] it seems, the market may not be buoyant with an annual turnover of about 11%, but the average house price in 2011 at just over £112,000 is down only 5.44% on last year (a drop of £6,462). However the average value change is only 5.99% on that five years ago (a drop of £7,156). In the last three months there has actually been a 1% rise. The average weekly private rent asked is £122 per week. The average household income for the TS25 postcode (Hartlepool) is just over £16,000 (£308 per week) so house prices are about seven times the average income for those wanting to purchase. At the same time the real value of income is diminishing as the result of inflation (and no or minimal wage increases) we can see that the use of the term "affordable housing" (for example in relation to s.106 agreements) can be misleading and unjustified. Unless the local housing cost level has been checked against local incomes and other costs required for an adequate lifestyle then we cannot say that housing is genuinely "affordable". This can be done however using the established Minimum Income Standard. Evidence-based housing affordability figures should be calculated for local areas using the Housing Affordability Standard (HAS) methodology developed by the Zacchaeus 2000 Trust and Citizens UK (Z2K, 2005). Housing that does not meet this standard should not be designated as affordable. Why is this relevant – think about what I said Roy's views were, and think about the stress of getting into debt because housing costs take up so much of income.

I must reiterate decent affordable housing is a pre-condition for societal health and wellbeing, educational achievement, economic development and the proper care of all age groups. The Marmot Review argues that tackling health inequalities involves tackling social inequalities:

> …"*the distribution of health and well-being needs to be understood in relation to a range of factors that interact in complex ways. These factors include whether you live in a decent house* (Marmot, 2010)."

As an aside we need also to be aware of demographic changes. With an ageing population we also need homes suitably adapted to allow people to live independently with dignity and in comfort. Housing policy should thus be predicated equally on considerations of social justice and economic efficiency. The policies of at least the last 30 years have signally failed on both counts with resultant huge, but unmeasured, economic costs and widespread hardship for more vulnerable people.

There is a strong and growing case that housing policy malfunction in all its manifestations costs a lot more than the economy can afford. Equally some aspects of

[4] http://www.zoopla.co.uk/home-values/browse/ts25/?q=TS25

the system are totally unjust and are causing mental stress, physical ill-health and consequent public costs on a widespread scale.

In my view, and that of a number of others, present policies on housing have no clear set of aims against which success can be measured, whether that be on housing provision, planning and land use, or welfare reform. They do not make sense in terms of cost-effectiveness in the use of scarce public funding, in terms of facilitating mobility of labour and the functioning of the economy, or in terms of natural justice. In the same way as local authorities are expected to have coherent housing strategies any government should have an overarching housing policy or strategy, which should be tested against its ability to deliver in all these respects.

Let me emphasise the problem further. The all-pervasive ideologically-led emphasis on owner-occupancy as the only tenure form worth promoting has been dysfunctional to the economy. If the "homes as pensions" idea i.e. using equity to supporting needs in older age, replaces proper pension provision then about 30% of the population cannot self-provide. This constitutes a clear injustice and leads to further stratification in society and epidemiological evidence shows that the more unequal societies are, the unhealthier they are also[5]. There is no logical relationship between the proportion of home ownership and general welfare. In Switzerland the ownership rate is 30%, in Bangladesh nearly 100% and in the former German Democratic Republic it was about 50%.

So there should be no policy preference for owner-occupancy over rented tenures based on the need for rising values as a source of equity to fund future welfare needs. A dwelling should be to provide a healthy and secure environment in which to establish a home – it should not be seen as investment. This has also led to the "buy to let" market and increase in the private rented sector. But too many landlords rely on the capital gain without really thinking of what is involved in managing properties, never mind having a proper business plan.

So with an over-valued housing stock, what of those on low incomes, in insecure or spasmodic employment, never mind those wholly reliant on the benefit system? The present proposals to cut housing benefit (local housing allowance) and the proposed universal benefit could actually produce widespread costs in other ways as the result of increased hardship with accompanying adverse mental and physical health effects. All resulting from increased debt and insecurity. The changes fail to recognize the pressure on the weekly cost of food and fuel from climate change and global influences. They will lead to enforced moves, with disruption of lifestyles, an increase in overcrowding and they are inducing a reduction of household spend on other health-protective items such as a healthy diet and domestic fuel leading to energy precariousness. On public health grounds I do not believe the reduction in local housing allowance should be implemented until other measures have ensured an increase in housing supply, and a

[5] See: Wilkinson, R, and Pickett, K, (2009) *The Spirit Level – why equality is better for everyone*, Allen Lane

gradual fall in the cost of housing with an accompanying reduction in the call for housing support payments[6] [7].

Conditions and the existing stock

So we can see that the housing market has led to an inadequate supply of, and access to genuinely affordable housing. What of the existing housing stock and action to ensure that that does not pose a risk to health with subsequent costs? It is worth also noting that the statutory Operating Guidance for The Housing Health and Safety Rating System says:

> "…*any dwelling should provide adequate protection from all potential hazards prevailing in the local external environment and that any residential premises should provide a safe and healthy environment for any potential occupier or visitor* " (HHSRS Operating Guidance 2006 made under section 9 Housing Act 2004). (NB. "Health" in the 2004 Act is defined as including mental health)

The housing market has not led to healthier housing – possibly the reverse. According to the English Housing Survey Headline Report (EHS) 2009/10 in 2009 there were 6.7 million dwellings (30%) which failed to meet the decent homes standard. The most common reason was the existence of a Category 1 hazard under the HHSRS (not forgetting some Category 2 hazards can still pose a significant risk). Privately rented dwellings had the highest incidence of non-decency of the four tenures, 41% (1.465M dwellings), while in the owner occupied sector 29% failed to meet the standard (4.377M dwellings) (CLG, 2011). Of the total of non-decent homes 4.5M dwellings had a Category 1 hazard. Despite a Labour Government programme to ensure that all social housing should be made decent by 2010 there are still almost a million non-decent dwellings in this sector. However proportionately the poorest quality housing is found in the private rented sector as the EHS Headline Report 2009/10 shows with 971,000 having a Category 1 hazard. This figure should be borne in mind when considering the rate at which local authorities are dealing with these conditions.

Furthermore, bearing in mind what has been said about supply and the "dysfunction" of the housing market, it is anticipated that more people will be relying on this sector due to the restricted supply of social housing and mortgages plus the effects of the Localism Bill[8]. The more responsible landlords however will move "upmarket" providing

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[6] See also the report commissioned by Affinity Sutton from Cambridge Centre for Housing and Planning Research *Bridging the affordability gap* which indicates that although rents between social and full market levels could ease the strain of "soaring private rents for thousands of families if they are able to obtain a new housing association home. However, those dependent on benefits and some working families would still find this new rent model unaffordable".

[7] NB. 62,000ha of "brownfield" land in the UK, 10,000ha in London and the South East on which 1.2million homes could be built; towns and cities are the most environmentally efficient places to live.

[8] The Localism Bill currently in Parliament ill allow local authorities to fully discharge their duties to homeless people by using private rented accommodation without requiring the applicant's agreement. Local authorities will also have the power to offer flexible tenancies to new social tenants. A flexible tenancy is a secure tenancy of a fixed term (not less than two years). This again could mean people having to move from secure social housing into the private rented sector.

accommodation for those who previously might have been first time buyers who can pay higher rents. This leaves those on low incomes or benefit to be accommodated by landlords who care less and with an increase in multi-occupation.

The Coalition government rejected the proposal for a national register of landlords whilst at the same time a recent report for Labour MPs Karen Buck and Alison Seabeck has indicated a worryingly low enforcement activity by local authorities and little strategic approach to addressing the real problems in this sector (Battersby, 2011). This also leaves tenants, who have very limited security of tenure, exposed to those neglectful and/or criminal landlords who can exploit their vulnerability. The benefit reforms will only add to the uncertainties for many housed in the private rented sector. The recent policy briefing from Shelter (Shelter, 2011) (and their rogue landlord watch initiative) says that Local authorities dealt with more than 86,000 complaints from private tenants in 2010/11; yet, wider research finds that over 350,000 private renters experienced housing problems in the same year.

Thinking of older households, many of the most vulnerable older and elderly householders in non-decent homes are in private sector housing. Vulnerable householders aged 75 or more are most likely to live in non-decent homes. Over 1 million vulnerable older and elderly householders in non-decent housing live in owner occupied or privately rented homes. Some 865,000 of older and elderly householders live in houses in serious disrepair in the private sector. Unlike other age groups the position of vulnerable householders aged 75 has continued to decline, with the percentage in housing in serious disrepair increasing from 10.8% to 14.4% since 2006 and for vulnerable householders aged 60 this increased from 10% to 12.3% in the four years from 2006. The EHS Headline Report (CLG, 2011) shows that older households in poverty were most likely to be living in the most energy inefficient homes, Bands F and G (22% compared to 15% of all poor households and 14% of all households).

Much of the private sector renewal money has been used to assist in improving levels of energy efficiency in the homes of vulnerable older and disabled people. In future there will be no such assistance and the situation has been greatly exacerbated by the government's decision to close the Warm Front programme and to replace it with the Green Deal, which will not be run by local authorities. In 2009/10 the Office for National Statistics reported there were 25,000 excess winter deaths. The 2010 Public Health White Paper says "*we could prevent many of the yearly excess winter deaths through warmer housing*". Following the exceptionally cold winter of 2010/11 it is highly probable that this annual tragedy of unnecessary winter deaths will continue at a high level.

So one might ask who is working to protect these at risk from where they live? This is the challenge to the environmental health profession and indeed others in the public health world. The report for the MPs (Battersby, 2011) shows that many local authorities do not keep any record of hazards identified and remedied. While more authorities are keeping this information now, for many it is still not readily accessible. One might also ask whether adequate time records are kept to justify any fees and charges - or is no advantage taken of the opportunity to charge according to efforts by the authority? It is

again difficult to understand how local authorities can develop strategies, or demonstrate the effectiveness of their approach if they do not have accessible records on the hazards that have been identified and remedied. Even in 2009/10 45% of LHAs could not provide information on Excess Cold, the most common and most serious single hazard for health in the housing stock (collectively falling hazards are numerically the most frequent Category 1 hazard). In view of proposed changes to responsibilities for public health, it is questionable how they will be able to demonstrate their contribution to health improvement. As Michael Marmot has pointed out, housing is a key social determinant of health[9] and LHAs do not appear to be addressing inequity in health attributable to housing conditions. This is a matter of social justice. Vulnerable private sector tenants should reasonably expect a more consistent approach regardless of the council area in which they live.

On the figures from LHAs, Crowding and Space appears to be a less common hazard than others and may be more common in some areas but it does appear to be identified increasingly. This accords with the pattern reported in the EHS Headline Report 2009/10. Using the bedroom standard this showed 63,000 overcrowded private renting households in 1995/96 rising to 152,000 in 2009/10 (with a total of 630,000 households overcrowded in all tenures). One quarter of all overcrowded households are in the private rented sector and this likely to get worse. Housing has an impact on mental health and the impact of housing conditions, particularly where there is crowding and lack of space should not be forgotten. Overcrowding has also been linked to sleep deprivation, stress and lack of educational achievement (CIEH, 2008). So the potential contribution of LHAs to improved public mental health is not being fulfilled.

Looking further at what LHAs have reported. ”Damp and Mould” as an HHSRS hazard appears to be identified and dealt with by LHA.s more commonly than might be expected given the national statistics (7.7% of the private sector as a whole has some dampness but in the private rented sector this is 15.4%) but there are probably no more than 100,000 homes with a Category 1 damp and mould hazard. It may be that this is a more obvious hazard than excess cold and is probably the reason why tenants complain to the LHA, even though it actually poses less of a risk to physical health. It is also true that the EHS shows that in 2009 damp was more prevalent in poor households, where 12% lived with damp problems compared with just 7% of households not living in poverty. Dampness and cold can often be a reflection of the inherently poor quality and age of the stock. It is also reported by W.H.O. that dampness is more likely to occur in houses that are overcrowded and lack appropriate heating, ventilation and insulation and in any country the prevalence of indoor damp in low-income communities can be substantially higher than the national average[10].

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[9] Michael Marmot, 2010, Fair Society Healthy Lives – The Marmot Review, Strategic Review of Health Inequalities post 2010 can be viewed at http://www.marmotreview.org/. See also *The Health Impacts of Cold Homes and Fuel Poverty* Written by the Marmot Review Team for Friends of the Earth http://www.marmotreview.org/reviews/cold-homes-and-health-report.aspx

[10] WHO, 2009, WHO Guidelines for Indoor Air Quality - Dampness and Mould

The fact that "Damp and Mould" is identified so frequently by local authorities indicates most intervene on the basis of complaint or service requests, rather than the result of any coherent strategic approach. Given the lack of security in the PRS and reluctance to complain, it is probable that those who feel most insecure and vulnerable (and at risk of retaliatory eviction) and in the worst conditions are least likely to complain. So local housing authorities may not be dealing with the worst housing conditions, nor the most irresponsible or worst landlords. Reliance solely on complaint before intervening even increases the risk of retaliatory eviction when action is taken. There are ways of avoiding this as shown by some local authorities such as Liverpool and Oxford. That said the reduction in the private sector renewal budget for 2011/12 to zero, means that local housing authorities will be less able to use the carrot of renewal assistance to help and support more responsible private landlords.

Given the general level of security of tenure in the PRS it might be reasonable to assume that there must be obvious problems that lead the occupier to make a complaint to the LHA. There is therefore a striking difference between the quite high numbers of inspections, the numbers of hazards found and then the level of use of the powers in Part 1 of the 2004 Act[11]. Indeed as a crude measure the EHS indicates an average of 2,969 private rented dwellings with Category 1 hazards per local authority. The average number of dwellings dealt with under the Housing Act in 2009/10 was 274 per LHA (including informal action). This suggests that at best, less than 10% of the dwellings with Category 1 hazards are dealt with in any year. With so much informal action it is also difficult to know if these hazards are dealt with adequately if at all. Furthermore from the FoI requests the figure of 274 will include Category 2 hazards, so even this progress on remedying Category 1 hazards is probably overstated. Furthermore, without changes in approach the rate at which hazardous dwellings are dealt with is also unlikely to increase given the cuts happening in local government.

If there is a reluctance to take more rigorous courses of action such as Improvement Notices or Prohibition Orders (whether suspended or not) it is surprising that so little use is made of Hazard Awareness Notices, which unlike the other provisions has no potential for an offence to arise. The most common action by the LHA is "informal" – possibly as this is construed as "better regulation". However, this makes it very difficult to hold LHAs to account for their activities, as it is unclear what form this "informal action" takes and probably varies from authority to authority. This argues for a review of the Enforcement Guidance issued under s.9 of the Housing Act 2004. This is further justified by a third of authorities either not being able to provide information or who made a zero response for the use of Improvement Notices. It should be noted that "informal" action is not a course of action available for meeting the duty in Part 1 of the Housing Act 2004.

[11] In 2009/10 Average of 431 referrals and 284 PRS inspections per LHA: Mean number per LHA of Prohibition Orders was 2.7; Improvement Notices -18; and Hazard Awareness Notice - 6.

Any course of action other than one included in Part 1 to deal with a Category 1 hazard would be a breach of statutory duty. Part 1 of the Act itself complies with the Hampton Principles of Better Regulation and the courses of action available allow LHA.s to take action that is proportionate. In deciding on any course of action there should be some discussion with owners, tenants and other interested parties so that the most appropriate course can be taken. This also ensures that an adequate Statement of Reasons (under section 8) can be issued. The Statement explains why that action rather than another has been taken and underlines the need for accountability and fairness in actions. At the very least a hazard awareness notice should substitute for "informal" action, after all it would make it clear what is required and why for the avoidance of doubt for all parties.

If we are concerned with addressing health inequalities then as I have already alluded to, lack of security is itself a risk factor in the private rented sector (and indeed in the local authority sector with the proposed reduction of security). An Australian study found that increased housing security correlated with improved achievement and behaviour by children (Phibbs and Young, 2005). On educational attainment a study in Wandsworth has found that overcrowding is an inhibiting factor to children's capacity to perform well at school and can be associated with adverse behavioural consequences (Ambrose and Farrell, 2009). The indications are that an improvement in housing conditions and security would lead to a more cost-effective use of educational investment and to reduced stress on both teachers and learners.

Shelter has argued recently that local and national authorities should work together to develop ways of making enforcement self-funding – yet many authorities are not using their existing powers to charge in a strategic way to encourage responsible landlords and squeeze out the rogues. I would also refer you to Shelter's Rogue Landlord watch - a campaign to "evict rogue landlords".

Costs and evidence

Whether at the local or national government level it seems to be a poor (and potentially wasteful) approach to make policy changes without adequate evidence and without connecting with other policy areas. The full range of costs arising from housing that is unaffordable, in poor condition, overcrowded, insecure and inadequately heated or in any other way not appropriate for purpose, needs to be identified and assessed as a guide to what level of housing investment would be most cost-effective in the use of public funds. So let us finally look at the costs of unhealthy housing. There seems little point in the government spending ever-increasing amounts on the NHS to reduce health inequalities while failing to recognise the impact of housing and its condition on health and wellbeing outcomes (Marmot et al, 2010, Shelter, 2006). The reduction of these damaging conditions would enable more effective use of NHS expenditure for example in more preventative programmes.

The Marmot Review stressed the environmental and social determinants of health outcomes. The national and international literature on the "exported costs" generated by

poor housing has been growing steadily since the early 1990s when the extent of cost savings arising from housing renewal was demonstrated in the Stepney "Health Gain" study (Ambrose, 2000). In the last two years there have been reports from the Building Research Establishment (Davidson et al, 2010)[12], Circle Anglia (Circle Anglia, 2010) and Ecorys (formerly ECOTEC) (Friedman, 2010) each separately putting a figure of something like £1bn to £2.5bn annually on the costs of bad housing – but all working on a different aspect of housing.

DECC is commissioning a study to quantify and monetise the health benefits from improving the energy and thermal efficiency arising from programmes such as Warm Front and the Warm Homes Discount. UKPHA has commissioned the Greater Manchester Public Health Practice Unit to assess the costs and benefits of fuel poverty interventions, in particular as part of the AWARM programme (Threlfall, 2011). Using the NHS threshold of £20,000 for a QALY (Quality Adjusted Life Year), an intervention costing £88,800 must generate at least 4.44 QALYs to be cost effective. In the scenarios modelled the value of the QALYs gained ranged from £64,000 to £653,800, so only one scenario failed to achieve that.

Putting all the research together it has been suggested that even taking conservative assumptions, the annual cost of poor housing could be £5bn to £7bn or more in England and Wales. This is enough to pay the annual interest on borrowings in the order of £100bn – more than enough to put all existing housing in good order and fund the housing drive of 500,000 new homes a year being proposed by the Pro-Housing Alliance to solve current supply problems.

Conclusion

It seems to me that even if the majority live in adequate conditions, housing costs pose an increasing mental health strain. For many their housing does not provide a haven from the vicissitudes of the outside world. There are a number of things that need to be done at both the central and local levels. First there is a need to increase the supply of housing and redefine affordability so that it is not linked to market rents but real incomes.

Our approach to overcrowding/over-occupation should be redefined and rationalised. The statutory overcrowding provisions date from the mid 1930s and while the HHSRS provides a better approach in itself it is not a standard and there are too many other standards.

Housing has to be seen as public health issue within local housing authorities, so that with the new public health arrangements, they have in place coherent health and housing and health strategies with a more proactive approach that does not rely on complaint (thereby meeting fully the statutory duty in section 3 of the Housing Act 2004). This should include a rigorous use of the powers in the Housing Act for the most

[12] See also Davidson et al (2011) *The cost of poor housing in Wales*, BRE Press (with Shelter Cymru and BRE Trust) which reports that targeting the worst hazards would save the NHA in Wales £67million per year and improving SAP of all housing currently SAP less than 40 savings would be doubled. Other societal costs from poor housing were estimated at £100 million per annum

recalcitrant landlords but having also in place some form of accreditation or support for those who act responsibly and know what they are doing or want to act responsibly. These are things on which local authorities can work together – for example a shared service on prosecutions or a regional accreditation scheme as even small portfolios can have properties in different authorities.

We also need a change in attitude within society so that housing is seen as a necessary part of public health and not as investment that supports future welfare.

So in conclusion the issues that concerned Roy are still with us, and in some ways we are going backwards; at least we have the HHSRS that should help us identify the greatest risks, and direct resources more effectively – so that we achieve the greatest positive health impacts when resources are limited. Even in these challenging times though, we as a profession can do more. Indeed EHPs should be advocates for a better approach. Challenging times also provide an opportunity for more imaginative thinking and for taking the initiative. It is also a matter of commitment and drive. We owe it to the memory of Roy and Mick, both of whom I had the pleasure to work with at the CIEH, and for whom I had the highest regard but more than that, to those whose so called home is a risk to their health, to strive harder to address these problems.

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