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Housing and Health Inequality (Inequity)



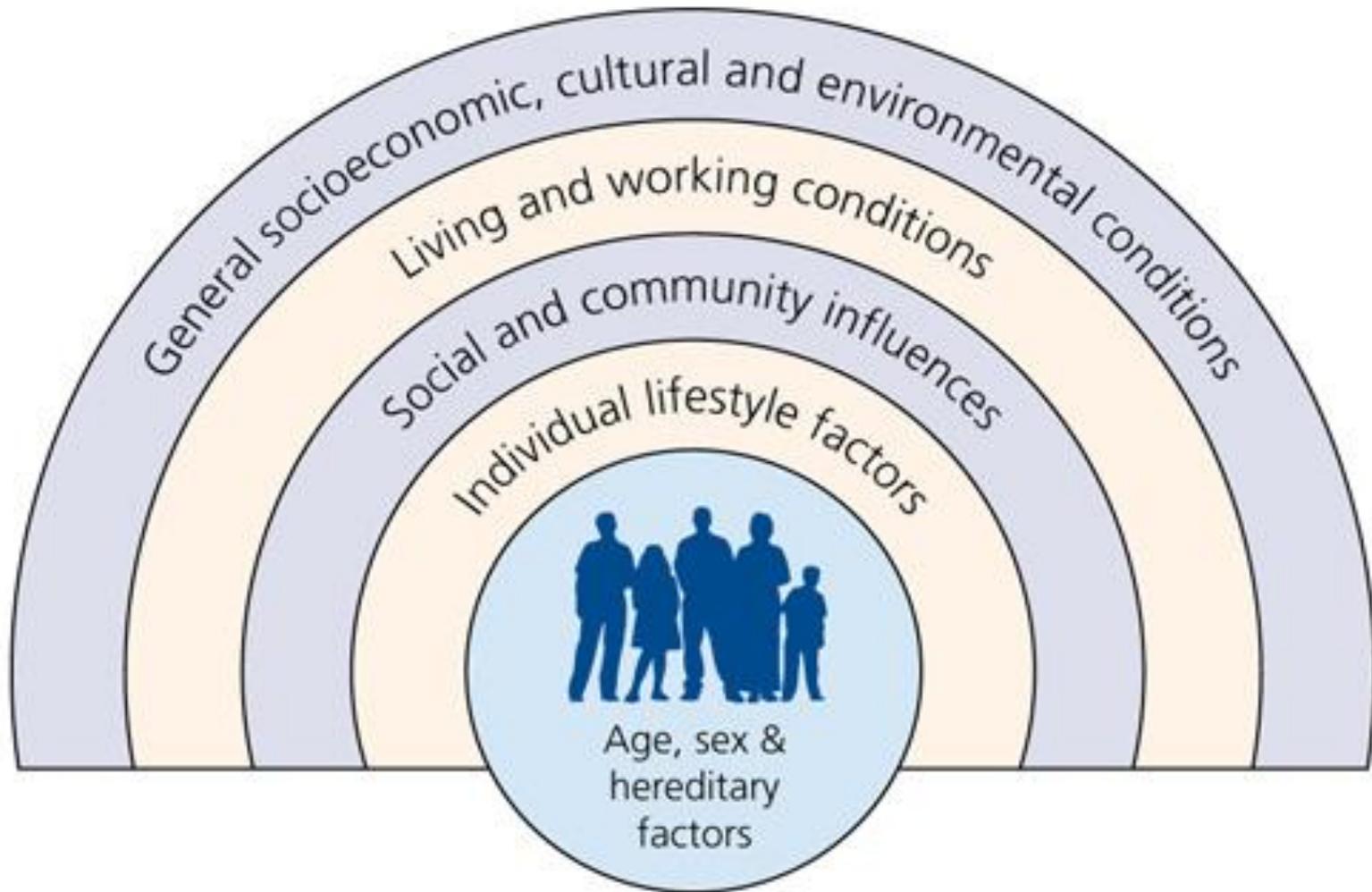
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Housing and Health Inequality (or Inequity)

Dr Stephen Battersby
President, CIEH

Number of people killed or injured by location

Per year	UK		France	
	Killed	Injured	Killed	Injured
At work	380	1,500,000	700	1,150,000
On the road	3,600	317,000	7,600	170,000
At home	4,100	2,700,000	9,000	3,000,000



Source: Dahlgren G and Whitehead M (1991) Policies and strategies to promote social equity in health. Stockholm, Institute for Futures Studies

Social determinants of health



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- The conditions in which people are born, grow, live, work and age, including the health system (*environmental health is part of the health system*)
- These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.

Social determinants of health

- Social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries
- Persisting inequalities across key domains provide ample explanation: inequalities in early child development and education, employment and working conditions, house and neighbourhood conditions.

Marmot Review Policy Recommendations

- Improve the availability of good quality open and green spaces across the social gradient
- Improving energy efficiency of housing across the social gradient
- Integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.

Marmot Review

- Investment in new and existing housing is needed across the social gradient.
- More than 500,000 people are living in overcrowded conditions,
- 70,000 people in temporary accommodation.
- Almost 2 million people are on council waiting lists for social housing.

Housing and health inequity

- In 2009, 41% of the PRS was “non-decent”
(English Housing Survey Headline Report 2009/10)
- 33% of households living in poverty were
living in non-decent homes
- 94% LAA areas prioritised new and/or
affordable housing targets but $< \frac{1}{3}$
prioritised targets for the existing stock
(Audit Commission, 2009)

Dampness



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Dampness is more likely to occur in houses that are overcrowded and lack appropriate heating, ventilation and insulation (Institute of Medicine 2004), the prevalence of indoor damp in low-income communities can be substantially higher than the national average

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

Dampness



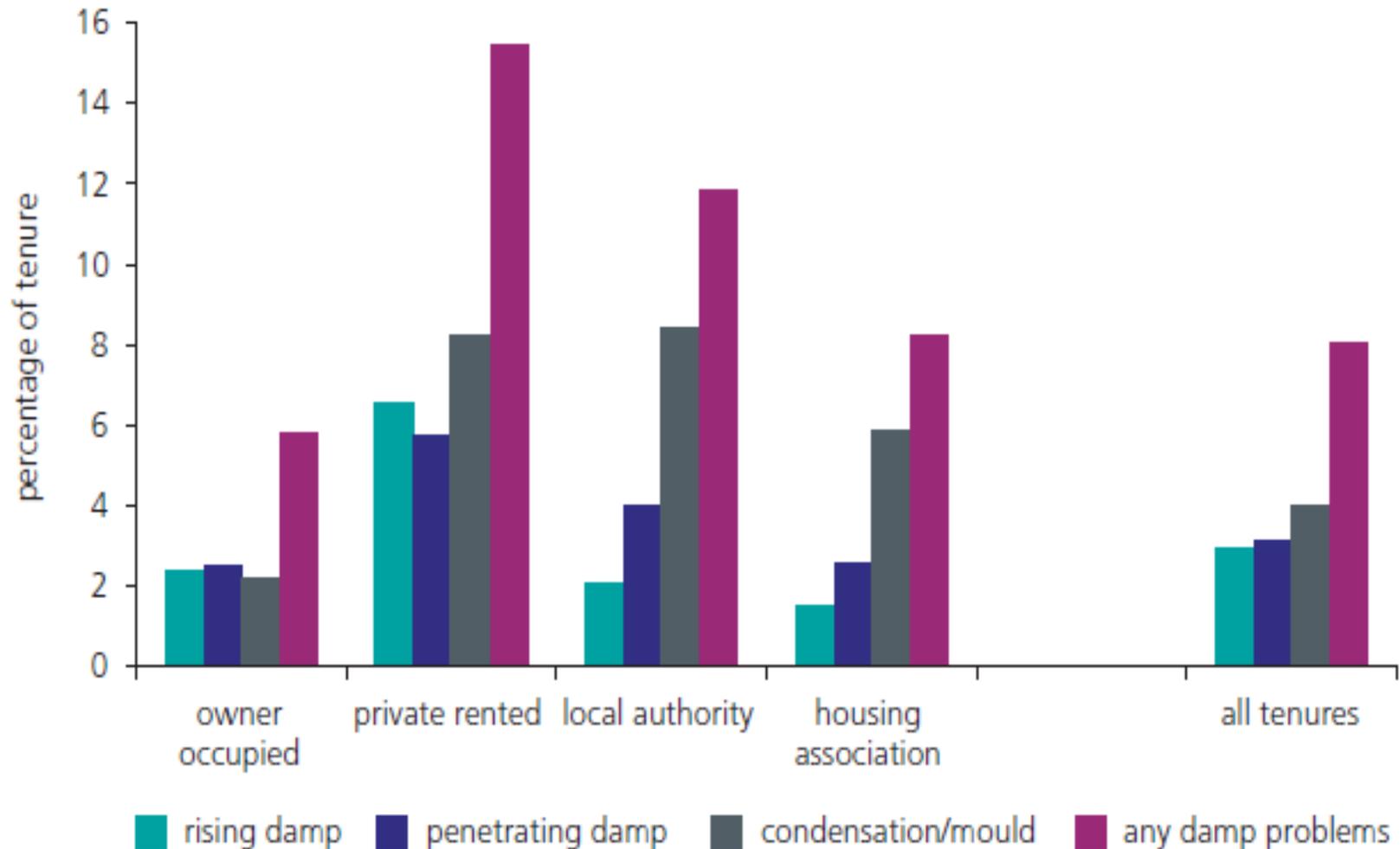
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In 2009

- 895,000 dwellings had condensation
- 701,000 had penetrating damp
- 651,000 had rising damp

PRS more likely to have damp problems but unlikely that more than $\approx 100,000$ have Category 1 hazard for damp and mould – but can have impact on mental health

Percentage of dwellings with damp by tenure (EHS Headline Report 2009/10)





Other hazards

- In 2009 the Category 1 hazards were:
- Excess Cold - 1.788 million
- Falling - 2.674 million
- Other - 1.038 million

Impact of poor housing

- CIEH/FoE work shows 20% of the 3.4 million households in PRS are in fuel poverty
- Illness due to cold housing cost the NHS at least £145 million p.a. (BRE estimates dealing with homes with SAP<41 would save NHS £700million p.a.)
- BRE has shown that Category 1 hazards cost NHS £600million a year and costs to society at least £1.5bn p.a.

Mental health impacts of housing



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- Poor mental health – overcrowding leads to behavioural difficulties and poor educational attainment & is associated with poor mental health and wellbeing and psychological stress
- Fuel poverty and affordability (debt) adversely affects mental health
- Green space (place and external environment) can impact positively on mental health
- Lack of security has negative impact
- Housing can impact on resilience in extreme weather events

Health Inequalities & the Housing Act 2004

- Part 1 introduced the notion of health and safety hazards in the home as the basis of interventions – identified by using the HHSRS
- HHSRS addresses 29 potential health and safety hazards in the home arising from deficiencies (health includes mental health)
- In general greatest risk– Excess Cold hazard
- LHAs' duty to review housing conditions to identify actions needed using a range of powers (s.3) – many fail to do so

Housing Act 2004 – Part 1

courses of action

- Category 1 hazards- duty to take one of the courses of action & Category 2 hazards- power to take action
- Possible actions -
 - Improvement Notice (can be suspended)
 - Prohibition Order (can be suspended)
 - Hazard Awareness Notice
 - Emergency remedial action (where imminent risk of serious harm)
 - Emergency Prohibition Order (where imminent risk of serious harm)
 - Demolition Order
 - Clearance Area

Other powers for dealing with inadequate housing in PRS

- Financial assistance
 - Grants
 - Loans
- Management Orders
- Renewal areas
- Licensing of HMOs

CIEH Survey:– activity by LA type 06/07

	District (n=67)	Wales (n=10)	London (n=12)	Met Boroughs (n=17)	Unitary (n=24)
Improvement Notice	486	143	230	250	392
Emergency Remedial Action	44	0	1	5	26
Prohibition Order	74	14	15	18	51
Hazard Awareness Notice	90	58	11	237	101
Work in default	80	1	2	26	24
Informal action	2891	636	1113	1786	1340
Demolition Order	1	0	1	3	1

Other finding - top five factors influencing activity

1. Number of complaints from or on behalf of residents (*score 329*)
2. Number of staff available to deal with private sector housing conditions (*score 293*)
3. Addressing risks to health and safety in housing (*score 199*)
4. HHSRS and the Regulations (*score 197*)
5. Priority given to HMO licensing (*score 139*)

(*cf. "Risk of retaliatory eviction" & "Council's renewal policy" scored 58 & 55 respectively*)

Activity in perspective

- CIEH work found excluding HMO licensing – average about **77** dwellings improved per LHA per year using the 2004 Act in 2006/08
- A comparator - the mean number of *vulnerable households* in non-decent PRS homes per LHA in England was **1,073** in 2007

Activity in perspective



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- EHS 2009, 4.7 million (21% of) dwellings had one or more Category 1 hazards & 971,000 in the PRS - average of 2,969 per LHA.
- FoI requests to LHA.s by Karen Buck MP found in 2009/10 an average of about 273 dwellings with hazards dealt with (primarily “informally”) per LHA
- Dampness more frequently dealt with than excess cold – implication that most activity complaint led not necessarily the worst conditions or most vulnerable households

Activity in perspective



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- Some LHAs are not using the powers available
- Many do not have easily accessed records of hazards dealt with ($\approx 42\%$ in 2009/10) - so how can they demonstrate health impact of interventions?
- At least 25% had not serve an improvement notice in three years and $>50\%$ had not served even a hazard awareness notice

LHA.s and unhealthy housing-implications



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- Do private sector housing strategies truly reflect conditions and needs? Reported use of Part 1 of the 2004 Act appears to indicate not.
- Changes to welfare benefits (HB), duties on homelessness and proposals on security of tenure indicate need for better oversight of PRS as there will be greater opportunities for the irresponsible landlords
- Better use of powers needed now

Action on unhealthy housing

- Then what about poorer owner-occupiers?
- Housing is a determinant of health and HHSRS associated powers not being used to address inequalities – loans
- CLG cuts to PS Renewal budget don't help - £0 in 2011/12
- Duty under s.4 of Act to inspect? How is this being met and how can it be met in current circumstances?

Action on unhealthy housing



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- Complaint (Demand) led only is not the best way
- Who makes the referrals to LHA.s for intervention – role for health and advice agencies
- LHA.s deal with damp more often than Excess Cold (1.8 million where Category1 hazard)
- Apparent that coherent housing and health strategies the exception rather than the rule

Challenges for EH Profession

- Cold homes and cold related ill-health – the greatest risk in the housing stock
- Unintentional injuries more likely in cold homes and also those in noisy environments (sleep disturbance)
- Educational attainment is lower for children brought up in housing that is overcrowded or in poor condition – reinforcing inequalities
- Yet how well have EHPs advocated for better use of the available tools?

Action to help reduce health inequalities

- Better collection, analysis and used of data required to develop more effective housing and health strategies
- Part 1 of the 2004 Act should be used more strategically to reduce risks to health and safety from housing conditions - so far a missed opportunity
- Closer working with other health professionals (who could also advocate for those living in poor accommodation) needed

Conclusion

- Health inequalities reflect the degree of personal control over circumstances – including the home environment
- EHPs could intervene more effectively to reduce the negative impact of poor housing and reduce one of the stressors that leads to health inequalities