

Shelter's response to the Marmot Review consultation – Health Inequalities in England post-2010

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Shelter

Shelter is a national campaigning charity that provides practical advice, support and innovative services to over 170,000 homeless or badly housed people every year. This work gives us direct experience of the various problems caused by the shortage of affordable housing across all tenures. Our services include:

- A national network of over 20 advice centres
- Shelter's free advice helpline, which runs from 8am-8pm
- Shelter's website which provides advice online
- The Government-funded National Homelessness Advice Service, which provides specialist housing advice, training, consultancy, referral and information to other voluntary agencies, such as Citizens Advice Bureaux and members of Advice UK, which are approached by people seeking housing advice
- A number of specialist projects promoting innovative solutions to particular homelessness and housing problems. These include housing support services, which work with formerly homeless families, and the Shelter Inclusion Project, which works with families, couples and single people who are alleged to have been involved in anti-social behaviour. The aim of these services is to sustain tenancies and ensure people live successfully in the community.
- A number of children's services aimed at preventing child and youth homelessness and mitigating the impacts on children and young people experiencing housing problems. These include pilot support projects, peer education services and specialist training and consultancy aimed at children's service practitioners.
- We also campaign for new laws and policies - as well as more investment - to improve the lives of homeless and badly housed people, now and in the future.

SUMMARY

The First Phase Report of the Marmot Review concludes that, despite the achievement of commitments set by the previous health inequalities programme for action, *substantial social and economic health inequalities persist in British society – some of which have not narrowed over the last decade*¹.

Health and housing inequality

We support the Review's conclusion that evidence *shows that inequalities in social determinants closely relate to health inequalities – the more unequal income distribution, educational outcomes, housing quality are for instance, the more unequal health is*². The condition and location of our homes can have a fundamental impact on our health. Yet the gap between the housing haves and have-nots is widening and there is a danger of it becoming entrenched for generations. We argue that there is a strong correlation between housing inequality and health inequality.

The link between housing and health

Shelter supports the Review's conclusion that *there remains a strong association between poverty and place and poor health*³. We welcome the Review's acknowledgement that *neighbourhoods and housing matter to health in many ways*:

- *from physical attributes of housing failing to provide adequate, safe, dry, warm and not overcrowded accommodation*
- *to neighbourhoods with concentrated disadvantage, where services are overburdened, basic amenities in short supply and issues such as high crime, challenging schools and poor transport mar life chances for many*⁴.

Task Group Evidence

We are very pleased that a number of the Review's nine task groups, looking at the social factors that give rise to health inequalities, highlighted evidence of the link between housing, neighbourhoods, health outcomes and inequalities, notably:

Task Group 1: Education and Early Years

- Children in England do not have access to equally nurturing environments, while childhood outcomes and subsequent health outcomes are unequal. Policy which is concerned with reducing health inequalities, has to be concerned with these wider inequalities, and has to tackle inequalities in the broad socioeconomic context underlying childhood environments.

Task Group 3: Social Protection

- Eligibility for, and administration of, benefits matters.
- The absence of a collective safety net for financial security has profound health consequences.

Task Group 4: The Built Environment

- Housing is one of a number of direct elements that have an impact on health outcomes.
- Poor housing conditions such as damp and cold are problematic but are limited and falling.

¹ *Marmot Review: First Phase Report*, June 2009, page 17 (2.6 Action to reduce inequalities in social determinants)

² As above

³ *Marmot Review: First Phase Report*, June 2009, page 27 (2.6 Action to reduce inequalities in social determinants: neighbourhoods and housing)

⁴ *Marmot Review: First Phase Report*, June 2009, page 25 (2.6 Action to reduce inequalities in social determinants: neighbourhoods and housing)

- Rising fuel prices may impact further on the problem of poorly insulated and energy inefficient homes causing more serious fuel poverty and related health impacts.
- Poor quality private renting is a major problem, but so is concentrated poverty in social housing.
- Overcrowding affects only a small proportion of households, often large families or multiple adult households. It creates high pressures on those families.
- Well designed and well laid out housing helps.

We are disappointed that this task group did not give more weight to the importance of housing in addressing health inequality, with the evidence on housing conditions and health limited to impact of dampness, cold/fuel poverty and overcrowding.

The Government White Paper, *Saving lives: our healthier nation*⁵ expressly recognises housing as a key health determinant. The British Medical Association report *Housing and Health: building for the future*⁶ recognises housing quality as ‘an important determinant of health’. Furthermore, Shelter research (2004) highlights the link between temporary accommodation and mental health⁷.

Task Group 9: Social Inclusion and Social Mobility

- A key aspect of social exclusion, which profoundly affects daily life and, consequently, health, is service exclusion: a lack of access to quality services that enable people to live safe, healthy and satisfying lives.
- The differential control people – individually and collectively – have over the forces shaping their lives has important social economic and health consequences.
- Homelessness is a major exclusionary and health impacting experience whether it is characterised by sleeping rough, in shelters and hostels, precariously avoiding absolute homelessness through the goodwill of friends and relatives, or among the 67,480⁸ households living in temporary accommodation.
- People sleeping rough and those in hostels who have slept rough for long periods, also have very poor physical health – higher rates of TB and hepatitis than the general population, poor condition of feet and teeth, respiratory problems, skin diseases, injuries following violence, infections, digestive and dietary problems and rheumatism or arthritis.
- Mortality rates, particularly for those with mental health, are nearly five times higher than for the equivalent age group in the general population.
- An increasing bank of evidence shows that the physical and mental health of destitute refused asylum seekers deteriorates rapidly.

Key Strategic Themes and Task Group Proposals

Given the important link between neighbourhoods, housing and homelessness and health inequality, we would like to see improvements to neighbourhoods and the supply of decent housing as a key strategic theme. We would like the Department of Health to play a greater role in ensuring this provision occurs.

⁵ Department of Health, *Saving lives: our healthier nation*, The Stationery Office, 1999

⁶ BMA (2003) *Housing and Health: building for the future*, BMA, 2003

⁷ Mitchell, F., Neuburger, J., Radebe, D. and Rayne, A., (June 2004) *Living in Limbo: Survey of homeless households living in temporary accommodation*, Shelter (pages 24-25)

⁸ As at end of March 2009, the number of households in temporary accommodation is 64,000

However, we are pleased that a number of the key strategic themes emerging from the Review refer to housing as a driver of social and health inequality, and draw together housing-related proposals made by the task groups. In our view, the most important proposals are as follows:

Theme 4: Sustainability of neighbourhoods, transport and food systems

4.9 Greater involvement of public health in the planning system

Shelter strongly supports this proposal. We argue that health agencies, such as Primary Care Trusts and housing agencies, such as local housing authorities, should work much more closely in Local Strategic Partnerships.

Theme 6: Protecting vulnerable groups

9.8.5 Increase the supply of decent housing

Shelter research suggests that 3.5 million new homes need to be added to the housing stock by 2020 to meet newly arising need and demand. At least 40 per cent of this housing should be social rented or intermediate housing.

1.12 More effort into outreach to ensure all families that need, benefit

Shelter would like to see specific health outreach for households that are homeless and living in temporary accommodation, overcrowded and badly housed.

Theme 7: Public sector performance and responsibility

6.3 Direct some PCT funding at reducing avoidable health inequalities

Shelter would like to see PCTs working with housing agencies at a local level to formulate how health budgets could do more in relation to preventing health inequality via increasing the supply of decent housing. This is particularly important in areas of high deprivation, where health inequalities are rife.

INTRODUCTION

Shelter was pleased to be invited to take part in the third of the Review's series of policy dialogues on tackling health inequalities by addressing the social determinants of health, focussing on sustainability and the built environment.

We also welcome the opportunity to respond to the consultation on the First Phase of the review.

Our response to the consultation addresses the main sections of the First Phase Report as follows:

1. Overall principles and values in addressing social determinants of health inequality
2. *Task Group Evidence*
We highlight research published by Shelter that we feel should be added to the evidence of the nine task groups that reported to the Review.
3. *Key Strategic Themes*
We comment on the nine key strategic themes emerging from the task group evidence and the 162 separate proposals that are outlined in the 46 page Annex 1 to the First Phase Report.
4. *Cross-Cutting Challenges for the Review*
We comment on the six cross-cutting challenges identified by the Review.

STRATEGIC REVIEW OF HEALTH INEQUALITIES

1. Are the principles and values of social justice the right approach to addressing the social determinants of health inequality?

We agree that social justice is the right approach to addressing the social determinants of health inequality. The Review states that health inequalities are shaped by a wide set of social conditions and experiences. We believe that one of these is access to housing and the condition and location of our homes. We support the Review's conclusion that evidence *shows that inequalities in social determinants closely relate to health inequalities – the more unequal income distribution, educational outcomes, housing quality are for instance, the more unequal health is*⁹.

We therefore support the suggestion that the focus of health inequalities should shift away from inequalities in mortality (such as the current PSA target) towards outcomes that precede mortality and address inequalities in peoples' quality of life¹⁰. We particularly support the idea that health inequalities policy should seek to impact on 'well-being', defined as: 'a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity, it requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important goals and participate in society'¹¹. This approach should shift the focus health inequality policy to wider social determinants, such as housing.

Shelter argues that there is a strong correlation between housing inequality and health inequality. We also support the idea that social policy should seek to improve individual well-being. We believe that a home is a basic human need and that everyone should have a home in a place where they can thrive¹². If this basic need is unmet, there is detriment to an individual's well-being and wider health; inequalities in peoples' housing status can impact on inequalities in their health status. Consequently, we welcome the Review's conclusion that neighbourhoods and housing matter to health in many ways¹³. We note that the 1998 Acheson report on tackling health inequalities¹⁴ said that no one should be disadvantaged by where they lived and set a target of closing the gap between the 88 most deprived local authorities and the rest, but that there remains a strong association between poverty and place and poor health.

We strongly urge the Review to set new targets for housing policy as a means of addressing health inequality.

2. Are there any significant gaps in the evidence presented in the task group reports?

3. Is there additional alternative evidence available which the review should be considering?

The Review established nine task groups, which assessed the evidence of the social factors that give rise to health inequalities in the following policy areas:

⁹ As above

¹⁰ *Marmot Review: First Phase Report*, June 2009, page 44 (4.2 Beyond mortality: inequalities in 'being well' and 'well-being')

¹¹ *Marmot Review: First Phase Report*, June 2009, page 44 referring to DEFRA Wellbeing indicator 68

¹² Shelter, February 2009, *People, homes, places: Shelter's strategy, 2009-2012*, pages 4-5

¹³ *Marmot Review: First Phase Report*, June 2009, page 25

¹⁴ Department of Health (2003), *Tackling Health Inequalities: A Programme for Action*

1. Early child development and education
2. Employment arrangements and working conditions
3. Social protection
4. The built environment
5. Sustainable development
6. Economic analysis
7. Delivery systems and mechanisms
8. Priority public health conditions
9. Social inclusion and social mobility

We are very pleased that a number of these task groups highlighted evidence of the link between housing, neighbourhoods, health outcomes and inequalities. However, we believe that there is further evidence that they should consider. We have comment to make on the evidence presented in task groups 1, 3, 4, 5 and 9. Our comment on the proposals of the task groups is contained in our response to the next section of the consultation – Key emerging themes.

Task Group 1: Early Child Development and Education

The task group concludes that *children in England do not have access to equally nurturing environments, while childhood outcomes and subsequent health outcomes are unequal. Policy which is concerned with reducing health inequalities, therefore, has to be concerned with these wider inequalities, and has to tackle inequalities in the broad socioeconomic context underlying childhood environments.* However, in the time available, the group felt that a comprehensive review of the evidence would have been impossible.

We would like the Review to consider research carried out for Shelter by child poverty expert Lisa Harker. *Chance of a lifetime: the impact of bad housing on children's lives (2006)*¹⁵ was the first comprehensive review of evidence of the 'housing effect' on children's lives. It revealed the devastating impact of temporary accommodation and bad housing on children's life chances, including up to 25 per cent higher risk of severe ill-health and disability during childhood and early adulthood and how children living in unfit and overcrowded housing are almost a third more likely to suffer respiratory problems than other children. It analysed these effects against the five Every Child Matters (ECM) outcomes:

How the Every Child Matters outcomes are undermined by bad housing

Every Child Matters outcome	How each outcome is undermined – examples from Shelter's life chances research
Be healthy	The standard of some accommodation, for example damp, cold, overcrowded, or in a poor state of repair has negative implications for health. Children in bad housing conditions are more likely to: ¹⁶ <ul style="list-style-type: none"> • have mental health problems such as anxiety and

¹⁵ Harker, L. (2006) *Chance of a Lifetime: the impact of bad housing on children's lives*, Shelter

¹⁶ Bad housing is defined as homelessness, overcrowding and housing that is unfit or in poor condition. Note that not all forms of bad housing are related to all the conditions shown.

	<p>depression</p> <ul style="list-style-type: none"> • contract meningitis • have respiratory problems such as coughing and wheezing • experience long-term ill health and disability • experience slow physical growth • have delayed cognitive development
Stay safe	<p>Poor physical housing conditions can make it difficult to keep children safe:</p> <ul style="list-style-type: none"> • almost half of all childhood accidents are associated with physical conditions in the home • families living in properties that are in poor physical condition are more likely to experience a domestic fire.
Enjoy and achieve	<p>Living in bad housing greatly reduces children's enjoyment and achievement in life:</p> <ul style="list-style-type: none"> • homeless children have lower levels of academic achievement that cannot be explained by differences in their levels of ability.
Make a positive contribution	<p>Living in bad housing can be detrimental to schooling, self-confidence and the ability to deal with life changes and challenges:</p> <ul style="list-style-type: none"> • homeless children are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity • one study suggests almost half of young offenders have experienced homelessness.
Achieve economic well-being	<p>Housing circumstances often have a direct impact on family income, which impacts on children's life chances:</p> <ul style="list-style-type: none"> • those who grow up in poor housing are more likely to be unemployed.

Task Group 3: Social Protection

We note that the task group's analysis of the evidence concluded that the absence of a collective safety net for financial security has profound health consequences; that while some benefits approach adequacy, others fall short; and that eligibility for, and administration of, benefits matters. We argue that there are health implications if people have inadequate financial protection to cover their housing costs.

The lack of affordable housing has resulted in a large number of households spending a significant amount of their income on their housing costs. Shelter research from 2008¹⁷ shows that 2.2 million (9 per cent) of households pay more than half their income on housing costs and one million households (4.1 per cent) pay more than two thirds of their income. Nearly a quarter of households (6 million) said they were suffering from stress or depression because of their housing costs, with private renters most likely to be affected (30 per cent). A quarter of households (6.3 million) reported that they had spent less on food in the previous twelve months in order to cover their housing costs.

More than a quarter of people said that they would have to rely on state benefits if they were to fall behind with their housing payments. This remains high among people with a mortgage (23 per cent). A more recent survey of sub-prime mortgage borrowers showed that 28 per cent of respondents think they would need to claim state benefits to pay for their housing/borrowing costs if they found themselves unable to work or had a significantly reduced income for six months¹⁸. Of those who are already behind, this rises to 33 per cent. Yet state financial protection for home owners is limited. Whilst recent changes to improve Support for Mortgage Interest are welcome, we believe that in its current form it still allows too many struggling homeowners to slip through the net. It has limited eligibility criteria and does not always reflect the true amount paid by the borrower. Further recent, short-term initiatives to protect homeowners (Homeowner Mortgage Support and Mortgage Rescue Scheme), although also very welcome, have had little take-up so far.

Shelter is particularly concerned about the operation of the housing benefit system and the impact this can have on people being able to access adequate, affordable and decent housing in their area. Research published by Shelter earlier this year¹⁹ reveals wide variations in the affordability of private rented housing for Local Housing Allowance claimants and shows that they have very little choice about their housing and are effectively excluded from many neighbourhoods. We are continuing to conduct research on the Local Housing Allowance to reveal the impact of shortfalls and direct payment of benefit in the private rented sector. The results will be available at the end of September 2009.

Task Group 4: The Built Environment

We are pleased that this task group concluded that housing is one of a number of direct elements that have an impact on health outcomes. However, we are disappointed that the group did not give more weight to the importance of housing in addressing health inequality.

Decent-quality housing and neighbourhoods are fundamental to good health and well-being. The Government White Paper, *Saving lives: our healthier nation*²⁰ expressly recognised housing as a key health determinant. A full literature review was conducted by the British Medical Association (BMA) in its report *Housing and Health: building for the future*²¹. This recognises housing quality as 'an important determinant of health', and goes on to state: '... the BMA welcomes the Government's plan to provide more affordable housing. This should include an expanded programme of new build social housing, concentrated in areas of high house prices and homelessness.'

¹⁷ Reynolds, L., Parsons, H., Baxendale, A. and Dennison, A., (2008) *Breaking Point: how unaffordable housing is pushing us to the limit*, Shelter

¹⁸ Davie, C. And Hughes, N. (2009) Survey of Sub-prime borrowers: results and recommendations, Shelter

¹⁹ *A postcode lottery?: Part 1 of a study monitoring the implementation of Local Housing Allowance*, Shelter

²⁰ Department of Health, *Saving lives: our healthier nation*, The Stationery Office, 1999

²¹ BMA (2003) *Housing and Health: building for the future*, BMA, 2003

There are difficulties in isolating the impact of housing as a causal factor because those living in bad housing often suffer from many other deprivations that can lead to ill health. Nonetheless, the causal link between bad housing conditions and ill health is widely accepted and well documented²²:

- cold, damp and mould can cause a range of health problems, such as asthma, skin problems, coughing and wheezing
- overcrowding increases the risk of infectious or respiratory disease
- poor housing conditions have been shown to cause excessive stress for children and adults leading to long-term mental health problems such as depression and anxiety
- cramped housing can lead to poor hygiene and limited cooking facilities can lead to a poor diet
- people living in poor and overcrowded housing are more susceptible to tuberculosis.

Addressing healthcare needs as part of housing development

Shelter's research into building new communities²³ found that in two of the study areas neither development had included specific buildings or financial contribution to health service provision. We concluded that the failure to include these facilities has an impact on people with health problems. We called for new developments to ensure that residents have access to adequate infrastructure, such as transport and health facilities, from the outset.

Security of tenure and well-being

We note that the diagram at the start of the task groups report mentions *tenure (renting)* under housing conditions. However, we feel this issue is overlooked in the report. Discussion during the Policy Dialogue focused on the positive health effects of people having control over their physical environment and feeling part of a community. Shelter has conducted research illustrating how short-term and temporary housing is detrimental to the well-being of individuals, can prevent them from having a stake in their community and can make it difficult to secure improvements to their living conditions and health:

Short-term tenancies

Shelter research on the private rented sector and security of tenure showed that insecure private tenancies contribute to greater transience and low social capital²⁴. This research showed that in 2002/03 over 40 per cent of households with an assured shorthold tenancy moved. Frequent moves in the private rented sector were common among lone parents and families with children. The data showed that 'accommodation no longer available' is one of the top three reasons for moves between privately rented homes. The research also revealed that a quarter of private renters said that they did not know anyone in their neighbourhood – more than four times the rate of other tenures – and private renters are more likely to lack social support networks and to be less engaged civically and with the local community. The research cites a study in Camden, showing that private renters with assured shorthold tenancies are less likely than those with more secure tenancies to vote and register with local services, such as doctors and dentists. In this study, 70 per cent of assured shorthold tenants said that the length of their tenancy affects their sense of community.

²² ODPM, *The impact of overcrowding on health and education: a review of the evidence and literature*, 2004

²³ Bernstock, P (2008) *Neighbourhood Watch: Building new communities: Learning lessons from the Thames Gateway*, Shelter (pages 23 and 27)

²⁴ Reynold, L. (May 2005) *Safe and secure?: the private rented sector and security of tenure*, Shelter (pages 14-15 and 24-25)

Lack of security of tenure can also inhibit tenants from enforcing their rights to decent housing. The private rented housing stock is older and in much poorer condition than other tenures, yet in our study, 21 per cent of tenants did not try to enforce their rights because they did not want to 'cause trouble with the landlord' and a further five per cent felt their tenancy would be ended if they tried to get the repairs carried out.

Homelessness and temporary accommodation

Shelter research on people living in temporary accommodation found that over half said that their health or their family's health had suffered due to living in temporary accommodation. People who had been living in temporary accommodation for over a year were twice as likely to report that their health had suffered as a result. The most striking finding was the high level of depression associated with homelessness and living in temporary accommodation, with nearly half of parents with children and 71 per cent of childless people reporting being depressed. Respondents talked of how the instability of their accommodation and lack of control over their situation had an adverse effect on their mental health²⁵.

Shelter believes the way to improve this situation would be to provide increased security of tenure to tenants and to ensure that homeless people receive an offer of settled housing. We believe longer term tenancies should be more widely available, and want government, local authorities, and others to do more to promote their provision.

Our detailed comments on the task group's report are as follows:

Green infrastructure

We welcome the task group's conclusion that green infrastructure has a significant impact on health, mental health in particular, and well-being in general. Shelter research into building new communities in the Thames Gateway found that residents valued a range of measures that had been undertaken to enhance their neighbourhood, such as lakes, riverside walkways and green spaces. But the research concluded that more needed to be done to ensure public space is maintained.

In our response to the government's consultation on eco towns, we said that integrating green spaces into the urban fabric enhances the quality of life for local residents and can act as a focus for community engagement. We supported the suggestion that 20 per cent of eco town development areas should be dedicated to green infrastructure. We also called for housing in eco towns to have private outdoor spaces in the form of private gardens or large terraces so that residents are able to grow their own food and have access to other health benefits of outdoor space²⁶.

Housing conditions

Overcrowding

The task group concludes that *overcrowding affects only a small proportion of households, often large families or multiple adult households. It created high pressure on those families.* We fully support this finding as the effect of overcrowding on the health of families is also a major concern for Shelter. Whilst overcrowding affects only a small proportion of households,

²⁵ Mitchell, F., Neuburger, J, Radebe, D. and Rayne, A., (June 2004) *Living in Limbo: Survey of homeless households living in temporary accommodation*, Shelter (pages 24-25)

²⁶ Shelter response to the Departments for Communities and Local Government consultation – Eco towns: Living a Greener Future (July 2008)

large numbers are affected. In England, over half a million households are overcrowded²⁷. Over one third of these households live in London, the majority of which are BME households²⁸.

In 2005, Shelter published *Full House*²⁹, a research report based on a questionnaire survey of more than 500 overcrowded households living in social housing. Most of those who responded were from average-sized families with one, two or three children living in one- or two-bedroom flats. The results demonstrated the impact of living conditions on family relationships, health, and the development and education of children. Families reported that overcrowding was affecting their health. As indicated above, overcrowding has already been closely linked with physical health impacts such as respiratory disease and tuberculosis. Key findings from Shelter's research are:

- Mental health was the chief concern for adults, but parents were also worried about the physical and mental impact on their children.
- Seventy-one per cent of families strongly agreed that overcrowding has a negative effect on health.
- Eighty-six per cent of families strongly agreed that overcrowding causes depression, anxiety or stress.
- Severely overcrowded families were even more likely to say their living conditions caused depression, anxiety or stress, with 93 per cent stating this.
- When families wrote about overcrowding in their own words, health was one of the most mentioned concerns featuring in 48 per cent of cases. Mental health was mentioned more than physical health. Sleep deprivation was very common and a cause of other health problems. Concern over the health of children was often paramount, with asthma mentioned most often.
- Severely overcrowded families (63 per cent) and those without access to a safe place to play (64 per cent) were most likely to say overcrowding caused accidents.³⁰

²⁷ Survey of English Housing

²⁸ ODPM 'Overcrowding in England' 2000 - 2003, Numbers of London Households derived from census population statistics

²⁹ Reynolds L, *Full House? How overcrowded housing affects families*, 2005, Shelter

³⁰ One reason reported for increased accidents was that family members were more likely to trip over objects in crowded households.

Sandra's story

Sandra lives in a two-bedroom flat in east London with her husband Michael, her 40-year old Aunt Sheila, and her four children – Ben, 14; Justin, six; and twin boys aged one. The family has been overcrowded for almost three years and Sandra cannot see an end in sight. She says: 'There are no properties available round here'.

Sandra's aunt shares bunk beds with Ben in one room. Everyone else sleeps in the other bedroom – Sandra, her husband, Justin, and one of the twins in a king-size bed, and the other twin in a cot. Sandra doesn't recall the family taking an actual decision on the sleeping arrangements. She says they just arrived at the most practical solution, given that the living room is too small for anyone to sleep in and the older child has special educational needs.

Sandra is sure the health of her prematurely born twins is suffering because of the overcrowding. Her eldest son has asthma and she puts this down partly to the damp and overcrowding in their home. Sandra is especially worried about Ben, who shares a bedroom with her Aunt – 'Ben has no privacy... He already says he wants to leave home and he is only 14.'

Sandra's own health is also suffering: 'I am very stressed and depressed because our home is so crowded. I've seen the doctor about it. I don't ever sleep well and am always falling over things because there is no space.' Her relationship with her husband is also under pressure and she says they don't get any space or time together to talk and that her husband goes out a lot to get away from their home.

Source: Shelter *Full House* Report

Private renting

We support the task group's conclusion that poor quality private renting is a major problem. In 2007, Shelter highlighted the poor conditions in the private rented sector, where dwellings are, on average, in worse condition than in other tenures and disrepair is rife³¹. Shelter believes that every tenant in the private rented sector should have the right to accommodation that protects their health and well-being

Task Group 5: Sustainable Development

We are disappointed that this task group did not include the need for a sustainable housing policy within its summary and proposals. Housing has a great impact on ensuring a strong, healthy and just society, achieving a sustainable economy and living within environmental limits – three of the five guiding principles of sustainable development.

According to the Economic and Social Research Council, inequality in the UK is nearly the worst in the European Union³². Housing inequality is a large part of this. Housing is the single greatest repository of wealth of individuals in the UK but one in seven children in Britain live in overcrowded, dilapidated or temporary housing. Children who live in bad housing are almost twice as likely to suffer poor health³³. Current housing inequality points towards a dismal future for such children. In 2006, the Government predicted that if then current house-building levels

³¹ Jones, E. (2007) *Fit for purpose?: options for reform of the private rented sector*, Shelter

³² Inequality in the UK Factsheet, www.esrcsocietytoday.ac.uk

³³ Rice, B. (2006) *Against the Odds*, Shelter

continued only 30 per cent of today's 10 year olds would be able to afford to buy a home by 2026³⁴.

In terms of environmental sustainability, 75 per cent of the current housing stock is expected to still be in use by 2050. This means that to make sufficient progress in addressing the environmental impacts of housing, the government must seek to improve standards in the existing stock as well as focusing on new development³⁵.

Task Group 9: Social Inclusion and Social Mobility

This task group looked at the social and economic inequalities that contribute to health inequalities. It looked at the exclusionary processes relating to five circumstances, namely

- Disability
- Mental ill-health
- Minority ethnicity
- Asylum seeking and refugee status
- Homelessness

Homelessness

We are very pleased that the report of this task group focuses on the exclusionary nature of homelessness as one of five exclusionary circumstances. We urge the task group to consider Shelter research on the health impacts of homeless people living in temporary accommodation (see page 11-12 above) which showed that 49 per cent of families said their or their families' health had suffered as a result of living in temporary accommodation^{36 37}. We also urge the group to consider the impact of housing and immigration policy on the well-being of asylum seekers, refugees and economic migrants. Shelter has produced evidence on this subject^{38 39} which highlights the destitution and landlord exploitation of immigrants.

We fully support the proposals to address the health inequality caused by homelessness, namely:

- 4.1 To develop statistically rigorous longitudinal data on the health and support needs of all categories of homeless people.
- 4.2 To undertake a structural review of health service delivery to all homeless people – including mechanisms and access - with a view to measuring long-term outcomes, exploring alternative models, improving access and facilitating smoother cross-over with mainstream services where appropriate.
- 4.3 In the interim, to extend training on homelessness awareness to mainstream services used by homeless people.

³⁴ Reynolds, L., Parsons, H., Baxendale, A. and Dennison, A., (2008) *Breaking Point: how unaffordable housing is pushing us to the limit*, Shelter

³⁵ *Housing versus the environment: can there be only one winner? – a discussion paper* (2006) Shelter

³⁶ Mitchell, F., Neuburger, J, Radebe, D. and Rayne, A., (June 2004) *Living in Limbo: Survey of homeless households living in temporary accommodation*, Shelter (pages 24-25)

³⁷ Radebe, D. (2004) *Sick and Tired: the impact of temporary accommodation on the health of homeless families*, Shelter

³⁸ Garvie, D (2001) *Far from home: the housing of asylum seekers in private rented accommodation*, Shelter

³⁹ O'Hara, E. (2008) *No place like home?: addressing the issues of housing and migration*, Shelter

- 4.4 To review the 'fit' between hostel residents and the level of health support attached to their accommodation, to ensure that help is provided where it is most needed.
- 4.5 To increase, as a matter of urgency, the supply of decent housing to reduce the increasing length of stay in temporary accommodation being experienced by higher numbers of priority households in the pressure areas of London, the South East, South West and East of England.
- 4.6 To extend access (through rent deposit schemes, floating support, etc.) to decent private properties so that people with lower support needs can move-on from hostels more quickly.
- 4.7 To undertake longitudinal analysis to better understand the structural and social - rather than immediate - causes of homelessness, which can then be used to develop alternative housing models and tailor service delivery.
- 4.8 To strengthen the effective participation of homeless people to be able to contribute to policy-making structures at micro, local, regional and national levels.

In November 2007, Shelter published a policy report on the homeless safety net⁴⁰. This highlighted the problems of the housing options system, assessment of homeless applications and the provision temporary accommodation. It made a number of recommendations including:

- Extension of the duty to provide interim emergency accommodation to all homeless households while a full assessment of their needs is carried out.
- Homeless people who have experienced violence or spent time in prison or the armed forces should be conferred priority need without having to pass the homelessness vulnerability test.
- There should be national minimum standards for temporary accommodation offered to homeless people.
- A new framework for housing and homelessness assessment
- Better quality decision making, including regular training of local authority staff.
- Improved interface between the mainstream housing system and asylum support system.

Asylum seekers and refugees

Shelter's report, *Far from home: the housing of asylum seekers in private rented accommodation* (2001)⁴¹ revealed the shocking conditions in which asylum seekers were living and the risks to their well-being. It found that over 80 per cent of asylum seeker households living in houses in multiple occupation were exposed to unacceptable risks of fire and almost 17 per cent of dwellings inhabited by asylum seeking households were unfit for human habitation.

Shelter's report, *No place like home?* (2008)⁴² presented evidence that suggests many migrants are falling through the gaps in welfare provision and that levels of destitution among migrants, including asylum seekers, are increasing.

⁴⁰ O'Hara, E. (2008), *Rights and Wrongs: the homelessness safety net 30 years on*, Shelter

⁴¹ Garvie, D (2001) *Far from home: the housing of asylum seekers in private rented accommodation*, Shelter

⁴² O'Hara, E, (2008) *No place like home?: addressing the issues of housing and migration*, Shelter

KEY STRATEGIC THEMES

4. Are these the most relevant themes?
5. Do the themes provide a sufficiently comprehensive and appropriate framework through which to develop the review's proposals?
6. Are there alternative themes which need to be explored and what evidence exists to support their inclusion?

We note that the key emerging themes are:

1. Reducing material inequalities
2. Enhancing potential
3. Empowerment: enhancing social and community capital
4. Sustainability of neighbourhoods, transport and food systems
5. Quality and flexibility of work and security and employment
6. Protecting vulnerable groups
7. Public sector performance and responsibility
8. Strengthening the approach to evidence based policy
9. Strengthening universal health prevention

Given the important link between neighbourhoods, housing and homelessness and health inequality, we would like to see improvements to neighbourhoods and the supply of decent housing as a key strategic theme. We would like the Department of Health to play a greater role in ensuring this provision occurs.

Our comments on the proposed key themes and the associated proposals of the task groups are as follows:

Theme 1: Reducing material inequalities

1.1. Renew efforts to tackle social inequality

We agree that measures to tackle material inequalities must address inter-generational transmission of wealth, such as through housing and other forms of capital accumulation.

3.2.2. Meet the child poverty targets

The Government has announced that in future, the child poverty indicators will measure income on a before-housing-costs basis only, a move which Shelter has opposed. We are concerned about this measure because it excludes a considerable number of children in poverty from the figures. The Institute for Fiscal Studies has considered the characteristics of the 900,000 children that are in poverty on an after-housing-costs measure but are not picked up on the before-housing-costs measure. These are typically families living in southern England with particularly high housing costs. Dealing with housing affordability is a crucial part of tackling child poverty targets.

3.3. More tax resources and a progressive tax structure

Shelter has called for the Government to review and reform property taxation to make the system fairer, including council tax, stamp duty, inheritance tax and capital gains tax.

We have also called for the Government to take measures to prevent unsustainable house price rises, including an examination of the way housing demand is influenced by the ease of access to mortgage finance⁴³.

Theme 2: Enhancing potential

6.13 Focus early child development services on deprived children and families

We agree that early child development and education are important. Given the huge impact that housing has on children's health it is important that housing is integrated in the proposals put forward by the Education and Early Years task group. The Government's recent Child Poverty Strategy⁴⁴ took this approach by identifying housing and neighbourhoods as one of the four 'building blocks' in making progress towards eradicating child poverty by 2020.

Shelter has found that there is a lack of information sharing between local authority housing departments and children's services around preventing homelessness, mitigating the impact of temporary accommodation on children, and identifying additional support needs of children. There is also an inherent lack of understanding within children's services and local authority housing departments of each other's practices and procedures, and this can have a negative impact on the well-being of children. We therefore support many of the proposals put forward by the task group, particularly those focussed on developing a more co-ordinated approach to children's policy interventions but we urge the Review to recommend that housing professionals also play an active role in these. For example, there should be sufficient training on the Common Assessment Framework (CAF) for housing professionals and the recognition of local housing authorities as relevant partners for the improvement of children's well-being in the establishment of Children's Trust Boards⁴⁵. There should also be an overall better understanding of housing issues by staff working with children to help identify those in housing need.

Overcrowding

We urge the Review to add to this theme a proposal to end overcrowding in the rented sector. A first step should be the introduction of a new statutory definition of overcrowding that reflects the modern understanding of children's need for space and privacy.

Theme 3: Empowerment: enhancing social and community capital

9.4 Empowering people giving them real control over the decisions that affect their lives

We agree that the importance of individuals having control over their everyday lives is central to health outcomes. Our work on the health of homeless people living in temporary accommodation illustrates this. We would like the Review to recognise the impact of homelessness, temporary accommodation and security of tenure in the private rented sector on the ability of people to have control over their lives.

⁴³ Reynolds, L., Parsons, H., Baxendale, A. and Dennison, A., (2008) *Breaking Point: how unaffordable housing is pushing us to the limit*, Shelter

⁴⁴ *Ending Child Poverty: making it happen* (2009), Child Poverty Unit

⁴⁵ Shelter has recently proposed two amendments to the Apprenticeships, Skills, Children and Learning Bill 2008-09 on this issue: the first would add housing as a consideration as part of the arrangements between local authorities and relevant partners for the improvement of children's well-being, and the second would extend the duty to co-operate to include local housing authorities by naming them as relevant partners for children's services authorities in England.

9.8.8 *To strengthen the effective participation of homeless people to be able to contribute to policy making*

We agree that it is vital to build community capital at a local level to ensure that policies are owned by those most affected and are shaped by their experiences.

Theme 4: Sustainability of neighbourhoods, transport and food systems

We strongly agree that there is a need to ensure adequate housing. The absence of secure and reasonable quality accommodation affects both physical and mental health, particularly among children and the elderly. All new homes should be built as part of mixed and sustainable communities and homes should meet rigorous design, space and environmental standards. There must be sufficient investment to meet the decent homes target in both the social and private rented sectors.

4.6 *Continual investment in area regeneration*

We agree that the Government must commit to continued funding of the Housing Market Renewal Programme to ensure its long-term objectives of sustainable regeneration can be achieved. Funding will become increasingly important if private sector investors are less willing or able to take on financial risks in areas of market fragility.

4.9 *Greater involvement of public health in the planning system.*

Shelter strongly supports this proposal. We argue that health agencies, such as Primary Care Trusts and housing agencies, such as local housing authorities, should work much more closely together in Local Strategic Partnerships.

5.19 *Invest in the creation of quality green spaces*

In our response to the Department for Children, Schools and Families consultation on its play strategy (2008)⁴⁶, Shelter welcomed the principles on which the strategy are based: recognising that strong vibrant communities are an important part of ensuring that children and young people have a variety of places to play and an active involvement in play design and decision-making. It is vital that children and young people are able to access suitable and safe places to play that are near their homes. However, we called for an examination of the needs of children living in bad housing, gypsy and traveller children, and BME children, who are particularly vulnerable to having few or no opportunity to play, and for a greater involvement of children in decision-making concerning public spaces.

Theme 6: Protecting vulnerable groups

We agree that the review should aim to achieve social justice for all while having a greater proportionate effect with increasing disadvantage. We are therefore pleased that the proposals seek special measures to ensure that social justice is not denied to individuals who are, temporarily or permanently, the most vulnerable in society. We agree that vulnerable groups, such as disabled people, asylum seekers and homeless people, should have adequate support both financially and in terms of specialist services to meet both their needs for basic living standards and those specific to their circumstances. We particularly support the following proposals:

3.1 *More reasoned and open process for benefit setting*

⁴⁶ Shelter response to the DCSF consultation: *Fair Play: A consultation on the play strategy. A commitment in the Children's Plan* (July 2008)

We agree that there should be *an end to the 'cliff edge' distinction between 'in' and 'out' of work benefits*. Shelter wants to see reform of the Local Housing Allowance and direct payments of housing benefit to address shortfalls and tackle the poverty trap effects of housing benefit tapers.

- 3.4 *A simplification of the benefit structure*
Shelter wants to see an administrative simplification of the housing benefit system.
- 9.8.2 *To undertake a structural review of health service delivery to all homeless people*
Shelter believes there is a strong case for the introduction of a single housing and homelessness assessment interview for any household facing difficulties, which would be holistic examination of the individual's background, current situation and support needs, including health needs. This would involve an assessment of the household's status in housing law, and any potential need for additional practical or emotional support for either adult or child members of the household.
- 9.8.3 *To extend training on homelessness awareness to mainstream services used by homeless people*
- 9.8.4 *To review 'fit' between hostel residents and level of health support*
- 9.8.5 *Increase the supply of decent housing*
Shelter's research suggests that 3.5 million new homes need to be added to the housing stock by 2020 to meet newly arising need and demand. At least 40 per cent of this housing should be social rented or intermediate housing.
- 9.8.6 *To extend access (to decent private properties)*
Shelter wants to see increased security of tenure and affordability in the private rented sector and a statutory system of registration for private landlords.
- 9.9.4 *Overhaul policy and approaches to refused asylum seekers to prevent destitution and alleviate its impacts*
- 1.12 *More effort into outreach to ensure all families that need, benefit*
Shelter would like to see specific health outreach for households that are homeless and living in temporary accommodation, are overcrowded, or are badly housed.
- 4.7 *Home improvement to promote energy efficiency and tackling fuel poverty*
- 9.5.8 *Improve access to and quality in housing and supported accommodation for disabled children, adults and their families*
Much of the individualised support tailored around particular needs is currently provided through the Supporting People programme, which provides a number of services. However, in recent years, the Supporting People budget has been cut, leading to service closures and undermining local authorities' ability to pilot innovative solutions. We believe that it is vital that government and local authorities allocate sufficient funding to ensure provision of the support services needed to prevent homelessness and sustain vulnerable people in their homes.

Further proposal

Shelter proposes a serious and fundamental review of mortgage safety net provisions. We believe that an effective safety net should: be realistic; provide a comprehensive level of cover without encouraging reckless borrowing; be simple and universal, and funded through a mixture of channels. We plan further work on this later in 2009.

Theme 7: Public sector performance and responsibility

We agree that the capacity of the public services to address inequity, disadvantage and the needs of vulnerable groups is important in tackling health inequality. We agree that there should be a synergy between national and local public services to address inequity, disadvantage and the needs of vulnerable groups. The role of Local Strategic Partnerships in tackling both housing and health inequality is extremely important.

- 6.3 *Direct some PCT funding at reducing avoidable health inequalities*
Shelter would like to see PCTs working with housing agencies at a local level to formulate how health budgets could be used to do more in relation to preventing health inequality via increasing the supply of decent housing. This is particularly important in areas of high deprivation, where health inequalities are rife.
- 6.6 *Funding sectors beyond health to reduce health inequalities*
Shelter believes that investing in decent homes can prevent ill-health and help to realise significant long-term savings for the National Health Service. We would therefore like to see extra public funding for social homes, new models of public sector housing investment and incentives for new private sector funding for housing as a means to reduce health inequalities.

Theme 8: Strengthening the approach to evidence based policy

- 1.8 *Develop the evidence base*
Shelter would like to see further research into the link between health and homelessness and poor housing.
- 9.8.1 *To develop longitudinal data on the health and support needs of all categories of homeless people*
Shelter supports this proposal.
- 9.8.7 *To undertake longitudinal analysis to better understand causes of homelessness.*
Shelter argues that there should be a national assessment of housing need.

CROSS-CUTTING CHALLENGES FOR THE REVIEW

- 7. What are your views on the challenges raised?**
- 8. Are there other significant challenges the review needs to address?**
- 9. Are the current systems for delivering reductions in health inequalities the most appropriate? What would improve them?**

We note that, in developing its recommendations based on the evidence and analysis of the task groups, the review has identified some challenging cross-cutting issues that need to be addressed, namely:

1. Reducing the health inequality gradient
2. Beyond mortality: inequalities in 'being well' and well-being'
3. The role of resilience
4. Public services – creating the conditions that foster change

5. Prioritising recommendations
6. The role of regulation

We would like to comment on one of these cross-cutting challenges.

Public services – creating the conditions that foster changes

We are very pleased that the review recognises that public sector needs to address the intersections between domains, enabling policy makers to focus on upstream, preventative measures. We note that within health, resource allocations to Primary Care Trusts in England will reach £84 billion in 2010/11. The review asks how partners (local authorities, other areas of government, voluntary organisations or the private sector) should be involved in spending this budget, as well as their own, in a way that is more focused on addressing the social determinants of health.

Shelter has undertaken extensive research to demonstrate the critical role that affordable housing, especially social rented housing, has to play in achieving progress over a range of government objectives and priorities. Many of these objectives and priorities have been incorporated into the *New Performance Framework for Local Authorities and Local Authority Partnerships*. This framework now requires, in line with Public Service Agreement 20, the delivery of affordable homes.

Shelter believes that by prioritising this National Indicator and ensuring it delivers social rented housing, Local Area Agreements (LAAs) can be strategically cross-cutting and can:

- tackle improvement priorities on safer and stronger communities
- make improvements to health and educational attainment
- fulfil the aspirations of the Every Child Matters programme
- address exclusion, poverty and worklessness
- provide support to the local economy.

In 2007 Shelter produced a paper bringing together key statistics from our research, and linking them to each of the *New Performance Framework for Local Authorities and Local Authority Partnerships* outcomes, in order to provide soft housing-related evidence to support LAA negotiations. Local Areas Agreements are the opportunity for joined up thinking at a local level and Primary Care Trusts should be heavily involved in both drawing up the agreements and ensuring that the delivery and improvement of affordable housing addresses health inequality. Because housing plays an integral part in tackling health inequalities, we would like to see a significant percentage of PCT budget allocated to improving bad housing. For example, Thanet District Council health and social services finance housing regeneration schemes in order to tackle health inequalities and deprivation.

10. Are the proposed interventions those most likely to impact on health inequalities?

Please see our comments on the key themes above.

11. Are there examples of good practice and successful interventions which could be included and what evidence exists relating to their impact on the social determinants of health inequality?

Shelter's Children's Service is aimed at preventing child and youth homelessness and housing problems, and mitigating the impacts on children and young people experiencing

housing problems. Services include peer education projects, and specialist housing training aimed at children's service practitioners.

Shelter Policy Unit
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For further information please contact Deborah Garvie, Senior Policy Officer on 0344 515 1215 or at deborahg@shelter.org.uk