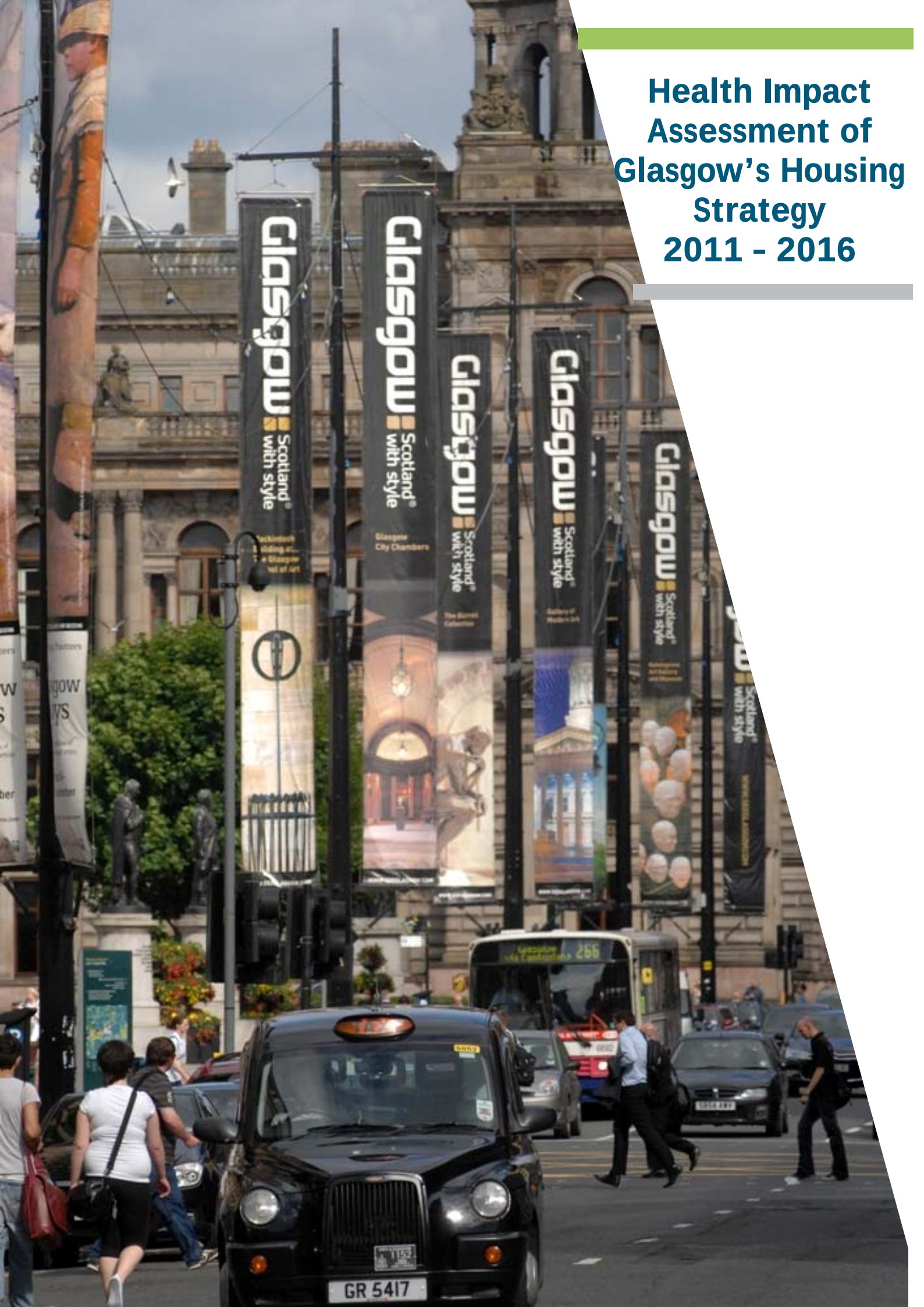
Health Impact Assessment of Glasgow's Housing Strategy 2011 - 2016



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Background and Objectives

This report has been produced by Glasgow City Council and describes the process and the findings of a Health Impact Assessment (HIA) of the final consultative draft of the Local Housing Strategy 2011-16. The HIA set out to investigate the impact of the City Council's Local Housing Strategy (LHS) on the health and wellbeing of the residents of Glasgow in order to devise action to maximise health gain and minimise any negative impacts on health status.

The recommendations arising from the HIA will influence the action plan and monitoring framework associated with the LHS and aim to ensure that the health and wellbeing of Glasgow's people can be improved through the LHS.

Why do a Heath Impact Assessment?

Health is defined by the World Health Organisation as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or ill health". HIA reflects this so-called social model of health. It acknowledges that a range of socio-economic factors determines the health and wellbeing of a population and that the greatest scope for improving the public's health lies outside the control of the NHS.

The social determinants of health include transport, housing, employment, the environment, education, cultural and leisure activities. Importantly, determinants can affect each other. For example, the quality and suitability of housing may be influenced by employment status, which in turn is affected by education and access to transport. Loneliness, social isolation, and fear of crime are affected by the design and quality of the built environment, mobility, and income. Income, education, and social networks are linked to levels of exercise, adequacy of diet and vulnerability to substance abuse.

A HIA provides a set of tools for looking at how a project or plan affects health. It is recognised by the World Health Organisation as a robust and effective way of helping agencies and communities to think about health. This HIA has allowed partners to identify how the Local Housing Strategy 2011-16 might have potential positive and negative impacts on health. Recommendations have then been developed so that:

- the positive impacts can be maximised
- the negative ones can be minimised or mitigated.

Whilst an HIA is concerned with the health of the whole community, it is very much focused on identifying potentially differential impacts across the members of that community. We already know that there are inequalities in Glasgow between different members of the community, based on race, gender, disability, sexuality and economic status. These can have a significant effect on people's health. This HIA has therefore sought to incorporate a strong equalities perspective and to make recommendations which:

- ensure that inequalities do not widen as a result of the LHS
- propose actions which are sensitive to the different needs of Glasgow's people.

Glasgow's Housing Strategy 2011 -16

The development of a LHS is a statutory requirement for local authorities as outlined in the Housing (Scotland) Act 2001. The LHS is a strategic document covering a 5 year period that sets the strategic direction for the development of housing and housing services across all tenures.

As part of the Strategy preparation, we have also carried out a separate but linked Equalities Impact Assessment. This document can be found at: http://www.glasgow.gov.uk/en/Business/Housing/HousingStrategy/LocalHousingStrategy

The LHS covers Housing Supply, House Condition, Fuel Poverty, Homelessness, and Housing Support, and so contributes to corporate objectives of regeneration, improving health and wellbeing, and supporting the economy.

The LHS will:

- Set out assessed housing need and demand
- Set out the local authority's strategic vision for the future of housing across all tenures, taking account of national priorities
- Set out how the quality of housing will be improved
- Provide strategic direction for housing investment
- Identify specific commitments by the local authority and key partners to enable the delivery of outcomes

The draft LHS Strategic Themes are outlined below and underneath each are the related Strategic Outcomes.

Strategic Theme 1: Regeneration: Increasing the supply and improving the quality of housing available to Glasgow's people

- We will have increased the supply of good quality social housing and introduced more affordable housing to meet the city's housing needs
- We will have increased the supply of good quality housing for owner occupation
- We will have increased the supply of good quality family housing across all tenures
- We will have increased the supply of new and converted accessible housing, as well as housing for particular needs
- Across all housing tenures, we will have increased the proportion of the housing which meets the current SHQS
- Across all tenures, we will have increased the energy efficiency of the City's housing and taken steps to mitigate the impact of increasing energy costs on the level of fuel poverty in the City.
- We will have improved neighbourhood quality across the City.

Strategic Theme 2: Access: Improving access to appropriate housing for Glasgow's people

- Homelessness is prevented and if not prevented, is addressed effectively through improved service delivery

- More people are living independently and receiving the support they require
- We maximise the use of our existing housing stock and develop a city-wide Common Housing Register

Strategic Theme 3: Delivery: Maximising Resources, Improving Partnership Working and Effective Monitoring

- We will have promoted positive partnerships and co-ordination among statutory and voluntary agencies across a range of housing and housing related areas
- We will work together with our partners in a smarter way, maximising financial innovation and the opportunities offered by new technologies
- We will have delivered, with our partners and stakeholders, housing and housing services more efficiently and effectively within tight financial constraints
- We will have secured a substantial improvement in the quality of management of the private rented sector
- We will have improved standards of service in the social rented sector within the framework of the Social Housing Charter

Glasgow City: Community and Health Profile

Glasgow is the largest of Scotland's cities, with a population of 584,240 in 2008.1 Of the total 2008 population, approximately 16.5% are children, 67% are of working age and 16.4% are of pensionable age. Of the 392,028 of working age, 51% are male and 49% are female. In 2005, approximately 25% of the population were income deprived. People from minority ethnic groups accounted for over 5.5% of the City's population in 2001, with substantial Pakistani, Indian, Chinese, African and Caribbean communities and an increasing number of people from Eastern Europe.[1]

While Glasgow's poor health position relative to other parts of Scotland and the UK is well known, there have been notable successes in health. Infant mortality has reduced dramatically over the last 30 years and overall mortality, and that related to specific chronic diseases (heart disease, stroke and cancer), has fallen. Smoking levels, while still high, have dropped in recent years and, through the impact of legislation and smoking cessation initiatives, may fall further.

The issue for Glasgow, however, is that greater reductions in mortality have been achieved elsewhere and so Glasgow's health has become relatively worse in comparison to the rest of Scotland and other UK cities. Estimates of life expectancy suggest that Glaswegians not only live shorter lives, but also succumb to disease and illness earlier in life.

Inequalities in health within the city are also stark. For example, while a boy born today in the city might live to 70, this estimate alters dramatically depending on socio-economic

[1] Scottish Neighbourhood Statistics. (Accessed 30 June, 2009, at www.sns.gov.uk.)

circumstances. A boy born in an affluent area is likely to live 14 years longer than one born in a deprived area.

Trends in health behaviours will have an impact on future disease and mortality levels. While smoking levels have reduced, levels are still high. In 2005, 39% of Glasgow residents reported smoking at least some days. Rates are significantly higher in deprived areas (47%) as compared to elsewhere (32%). Obesity levels have risen to the extent that in Greater Glasgow a fifth of males and almost a quarter of females are now estimated to be obese, with well over half classified as overweight. Self-reported physical activity levels are more promising. The recommended levels of physical activity are at least 30 minutes of moderate activity five or more times per week and/or at least 20 minutes of vigorous activity three or more times per week. Over half (56%) of Glasgow residents report taking the recommended amount of moderate activity and 31% say they take the recommended level of vigorous activity.[2]

Another major concern relates to alcohol. There are estimated to be more than 13,500 'problem alcohol users' resident within Glasgow City. Since the beginning of the 1990s, there has been a striking increase in numbers of alcohol related deaths and hospitalisations across Scotland and this increase has been particularly pronounced in Glasgow. Approximately 300 Glaswegians die of alcohol related causes each year. The impact of illicit drugs is a major issue in the city. Glaswegians made up over a quarter of all Scots dying from drug related causes in the eleven year period, 1996-2006. It is estimated that at least 11,000 problem drug users live in Glasgow.

NHS Greater Glasgow and Clyde conducts regular Health and Well-being Studies that monitor a variety of self-reported health measures and include several indicators that reflect mental well-being. In Glasgow in 2005, 83% rated their general mental or emotional well-being positively (78% in deprived areas compared to 86% in more affluent areas). Eighty-two percent rated their quality of life positively (79% in deprived areas compared to 86% in more affluent areas). A similar percentage (85%) rated their happiness positively, but the range between positive responses in deprived areas (79%) and more affluent areas (91%) was greater.[3]

In addition, the General Health Questionnaire (GHQ)-12 scale, a validated method of measuring general psychosocial well-being was used in this questionnaire. In 2005, 13% of Glasgow residents had poor mental health, with those living in the deprived areas more likely to have poor mental health (16% and 10% respectively.

The impact of living environments is important for people's health and wellbeing. Despite improvements in overall house conditions and dramatic decreases in levels of overcrowding, housing-related problems persist for considerable numbers of residents. When we look at transport trends, car ownership and road traffic usage both continue to rise in the city, which will have negative implications for and is a concern in terms of sustainability and health improvement. Glasgow has a greenspace network which

[2] Hanlon P, Walsh D, Whyte B. Let Glasgow Flourish. Glasgow: Glasgow Centre for Population Health; 2006.
[3] Greater Glasgow Health and Well-being survey. Glasgow NHS Greater Glasgow; 2005.)

accounts for 20% of its total area, but it is not equally distributed across the city. Inequalities also exist in terms of the quality of, and access to, greenspace for the city.

Finally, children are the future of any city. Thus, the relatively high number of children being brought up in potentially problematic environments (eg as children of substance misusers, in care, in workless households) is a concern, as are the worrying levels of childhood obesity, poor dental health and potentially harmful behaviours (smoking, drinking, drug taking).

In summary, while trends in some of Glasgow's health problems are moving in a positive direction, other new issues have emerged, particularly in relation to alcohol, drugs and weight gain. Glasgow has high levels of deprivation concentrated in pockets across the city and this strongly influences Glasgow's continued poor health.

The health of Glasgow's economy is vital to the health of Glasgow. Efforts to raise income levels among those on the lowest incomes, to reduce the city's 'workless' population and to improve skills and education levels would be protective for health, and help prevent further widening of health inequalities. The effect of the 'credit crunch' on Glasgow's economy and in turn on health in the city is a key issue that needs to be monitored and understood.

Housing and Health

Housing has long been recognised as an important mechanism for improving people's health and sense of well-being and for reducing health inequalities between different groups. The relationship between housing and health is, however, a complex one as housing is inextricably linked with other key determinants of health such as the socio-economic circumstances of individuals and area factors. For example, groups such as those who are already unwell, older people, people with disabilities and the unemployed are among those most likely to live in poor housing and also tend to spend long periods of time indoors exposed to potentially hazardous environments. Housing improvements among these groups may have the potential for greater health gain and may, therefore, be used as a tool for tackling the complex dynamic between poverty and poor health[4].

If housing policy is a key determinant of both health and health inequalities and a means by which inequalities may be tackled, then it is essential that strategic planning for housing takes into account the impact of decision-making on the health and well-being of the population.

LHS Health Impact Assessment (HIA): the process

In 2009, a Housing HIA steering group was established to lead the assessment process. The steering group comprised of staff from Corporate Policy with specialist knowledge of health policy and staff from the Housing Strategy Team who were responsible for the development of the LHS.

[4] Thomson et al (2009), 'The Health Impacts of Housing Improvement: A Systematic Review of Intervention Studies From 1887 to 2007'

In May 2010, a HIA scoping event was held which identified potential health and wellbeing impacts of Glasgow's Local Housing Strategy (LHS). This interactive half-day workshop gathered around 40 key professional stakeholders from a variety of backgrounds, not only those working in the NHS, but also others who play a key role in influencing many of the social determinants of health including housing, regeneration, transport and planning. Importantly, the workshop examined some of the potential differential impacts of the consultative draft of the LHS on different population groups.

The LHS Health Impact Scoping Report was published and disseminated in June 2010 and detailed potential impacts of the LHS on health and equality and included a set of research questions to inform the next phase of the assessment. The HIA steering group then prioritised the key impacts identified at the workshop and decided what research questions needed to be examined during the appraisal phase to inform any changes to policy. The priorities identified were:

- Housing Conditions
- Fuel Poverty
- Homelessness
- Housing Support and Specialist Housing.

A summary of draft LHS plans under these key impacts is included at Appendix 1.

In July 2011, a workshop was held with key stakeholders to identify potential evidence sources relating to the 4 impact areas that would address the policy questions developed during the scoping stage. There was a comprehensive range of research evidence identified at this workshop and only a limited selection has been reviewed in developing the recommendations set out in this report. The process of appraising the research evidence on the 4 priority impact areas will continue and inform the development of detailed actions plans on Homelessness, Fuel Poverty/Affordable Warmth, Housing Support and Private Sector Housing.

Housing Conditions

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
Investment in improving existing housing and neighbourhood quality	Housing in poor condition has potentially negative impacts on people's health as well as on neighbourhood quality and the health and well-being of the wider community. Perceived safety of the local environment, including levels of crime and anti-social behaviour, is linked to areas of multiple deprivation. Improving neighbourhood quality and access to greenspace will potentially have positive impacts on the health and well-being of people living in poverty. Some groups in	Older people BME communities Refugees & Asylum Seekers People living in poverty/low incomes People with a disability	Definite/probable	Major	Older people: 80,863 people aged 65 or over in Glasgow City (GRO Scotland, 2010) Black and minority ethnic groups: 41,000 people aged 16+ in Glasgow City (2010 Annual Population Survey) There were 3,440 asylum seekers representing 70 nationalities in Glasgow 2,300 children in schools from asylum seeker	

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
	particular (older people, disabled people, people on low incomes, households form BME communities) may not have the means to maintain their properties due to lack of resources. Targeting investment and information and advice services to vulnerable households in the private sector would have positive impacts. Problems with private landlords and factors can lead to anxiety and stress, so improving management and conditions in the sector has potentially positive impact.	Carers People with long-term medical conditions			or refugee families (COSLA, 2008). Those living in low income neighbourhoods: 245,279 in Glasgow City lived in the 15% most deprived SIMD datazones in Scotland in 2008 (figure sourced from DRS, GCC) Disabled people: 97,200 people aged 16-64 in Glasgow City (2010 Annual Population Survey)	

Housing Conditions

Commentary

We still have only limited understanding of how the quality of the home environment affects health as the complex dynamic between housing and health creates particular methodological problems in demonstrating any simple cause and effect relationships between any particular set of housing conditions and any specific health outcome. As a result, the research field is characterised by weak, and sometimes contradictory, empirical evidence[1].

As commentators have pointed out however, absence of evidence should not be confused with evidence of absence[2] and it is generally accepted that proof of causality is not essential in demonstrating that living conditions are one of the key determinants of individual and community health and well-being.

There is a considerable body of research conducted over the past 20 years or so which shows that clear linkages between housing and health do exist and that good quality housing has an important role to play in improving both physical and mental health[3]. Research findings are summarised in the table below.

1 Wilkinson, D. 'Poor Housing and Ill Health: A Summary of the Research Evidence', The Scottish Office, 1999

2 Douglas M, Thomson H, Gaughan M. Health Impact Assessment of Housing Improvements: A Guide, Public Health Institute of Scotland, Glasgow, 2003.

3 See Thomson et al (2009), 'The Health Impacts of Housing Improvement: A Systematic Review of Intervention Studies From 1887 to 2007', American Journal of Public Health, Vol. 99, No.S3; Wilkinson, D (1999), 'Poor Housing and Ill health: A Summary of Research Evidence', Douglas M, Thomson H, Gaughan M. Health Impact Assessment of Housing Improvements: A Guide, Public Health Institute of Scotland, Glasgow, 2003.

Health impacts of housing improvement *			
		Health Impact	Strength of evidence
General health and wellbeing, illness episodes, health service use	• Regeneration has unclear overall impact on health or illness. • Energy efficiency measures and medical priority rehousing improve self-reported health.	👉👈 👍	+ +
	Numbers of smokers reduced.	👍	+
Mortality	Higher mortality linked to rent increases.	👎	+
Respiratory symptoms	• Conflicting findings from studies of regeneration and housing refurbishment. • Improved energy efficiency may reduce respiratory symptoms.	👉👈 👍	+ +
Mental health	• Regeneration and medical priority rehousing improve mental health. • No improvements reported following improved energy efficiency.	👍 👉👈	++ +
Injuries	• Safety devices in the home, such as smoke alarms and child resistant packaging on poisonous products, can reduce unintentional injury. • Environmental modifications and tailored exercise programmes help prevent falls in the elderly.	👍 👍	++** ++**
Social impacts	• Increased community involvement, social support, sense of belonging and feeling of safety. • Reduced fear of crime and sense of isolation. • Increased rents led to reduced income to buy adequate diet. • Improved energy efficiency led to less school time lost due to asthma symptoms, but not other symptoms.	**Not Known** **Not Known** 👎 👍	+ + + +

Direction of health impact

👍	Improvements to health or reductions in illness
👉👈	No clear overall effect on health or illness indicators
👎	Reductions in health or increases in illness

Strength of evidence measured by study quality

+++	Strong association evidence from prospective controlled studies with good levels of follow up
++	Moderate association: evidence from at least one prospective controlled studies
+	Weak association: evidence from uncontrolled studies

Source: Douglas M, Thomson H, Gaughan M. Health Impact Assessment of Housing Improvements: A Guide, Public Health Institute of Scotland, Glasgow, 2003.

Equally Well

Research evidence shows that poor housing is often only one aspect of multiple deprivations experienced by people and that housing interventions alone may not be sufficient to improve the health and well-being of extremely disadvantaged groups. This is recognised in the 'Equally Well' approach to reducing health inequalities in Scotland which focuses on multiple interventions through strong joint working between the NHS, local government, the Third Sector and others within community planning partnerships.

Two of the eight Scottish Government Scottish "Equally Well" Test Sites were designated in Glasgow in October 2008. Their objective was to try out new ideas to redesign and refocus public services with the aim of tackling health inequalities. The Scottish Government allocated £4million over three years to support the Test Sites, health inequalities learning networks, and fund the application of continuous improvement techniques in the Test Site areas.

An evaluation of the Equally Well Test Sites was carried out from February 2010 and reported on in June 2011[4]. The evaluation acknowledged that the Test Sites are at an early stage in their journey towards reducing health inequalities. General findings across the 8 Test Sites in Scotland are that there are significant challenges in making joined up multi-agency work effective, in transforming services from being reactive to focusing on early intervention, and in engaging service users in decisions about services. However, it is reported that progress towards sustainable service redesign can and has been achieved.

The first Test Site in Glasgow looks at integrating Health and Planning in Glasgow with the aim of developing good practice in incorporating health within the planning process. The partner organisations are Glasgow City Council, Glasgow Centre for Population Health, and NHS Greater Glasgow and Clyde. The test site builds on previous successful experience of incorporating health considerations into the planning process through Glasgow's East End Local Development Strategy. The central tool which informs much of the work of the Test Site is the Healthy Sustainable Neighbourhood Model, based on data from the public, private, voluntary sector and local communities, which should create a more collaborative approach, lessen the tendency for particular professions or sectors to keep within their own 'silos', and encourage a wider appreciation of the diverse decision-making framework within 'placemaking'.

The expected outcomes include improving mental health for residents in deprived neighbourhoods through engagement in decisions, tackling obesity levels through environmental action, and enhancing the role of the local authority (particularly services not traditionally linked to health) in working to tackle health inequalities. These outcomes are based on the premise that place can have an impact on quality of life and wellbeing, and the policy area has come to be referred to as 'healthy urban planning' with an emphasis on peacemaking. It explores the impact of both the natural and built environment on health, and how people interact with the environment in a way that can facilitate healthy living.

The second Test Site was based in Govanhill which looked at community regeneration and development through the adoption of a neighbourhood management approach

[4] "Equally Well Test Sites: Evaluation", May 2011, NHS Health Scotland.

involving all key partners. The Test Site application set out a number of reasons for why Govanhill was seen to have deep rooted health inequalities. These include the highest level of serious crime, drug related hospitalisation and reported drug offending in south East Glasgow, the population classified as income deprived is 85% above the Scottish average, children in workless households is 114% above the Scottish average, and Govanhill compared to the rest of South East Glasgow has the second highest number of tenements, and the highest in terms of overcrowding particularly in the private rented sector. A neighbourhood management group has been set up and is responsible fort he overall direction of a multi-agency work programme for Govanhill. The Test Site aims are linked with the aims of the management group. There has been varying levels of activity in the area since 2008 and by 2010, there was more of a focus on rogue landlords, poor housing and environmental issues, and the establishment of the Hub in April 2010, with the idea that operational staff from a number of different organisations would have a physical space to meet daily to share intelligence and agree joint actions. There is a separate Action Plan for 2011/12 for neighbourhood management in Govanhill which include actions such as increasing school attendance for Roma children, improving nutritional intake, reducing domestic fire incidents, and in terms of housing, achieving 100% compliance with private landlord registration, and taking action to remove landlords assessed as not being fit and proper.

The Evaluation found that partners have adapted the way they deliver services as a result of the Neighbourhood Management approach, partners are sharing information and aligning through the development of an agreed action plan, and the approach has enabled partners to give a particular focus to Govanhill. It was identified that there is now an opportunity to improve community engagement but there is a need to agree the parameters, the correct focus, how big an appetite there is among public agencies for the community to have a real influence on decisions, and a need to make sure as wide a range of community views are engaged given the diversity of the community. The evaluation suggested that the participatory budgeting with the community could be replicated elsewhere but the neighbourhood management approach may not be appropriate for many areas. Challenges include the fact that partnership work takes time and is effective in ebbs and flows, matching the pace of physical, economic and social regeneration is important, and that legislation such as that in relation to private landlords, is not always effective. Success factor have been the creation of a Hub for multi-agency work which have brought immediate benefits, and the evaluation approach which has meant reviewing practice and agreeing the best way forward.

Recommendations

Housing Conditions

- **Develop and implement a Private Sector Housing Action Plan which includes tackling issues of house condition in the private sector and management of the private rented sector**

Fuel Poverty

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
Increasing the energy efficiency of housing stock and providing advice and information to mitigate the impact of increasing energy costs on the level of fuel poverty in the city.	Conditions such as cardiovascular disease and respiratory illness are likely to be exacerbated by cold, damp homes. In addition, those living in cold, damp conditions are at a higher risk of falls and accidents in the home. The mental health impact of inadequate housing is still an emerging field of study, although evidence supports the view that householders do suffer stress that is detrimental to their quality of life and general well-being. Those who are fuel poor may also become more socially isolated due to economising and	People living in poverty/low income Disabled people Older people	Definite	Major	Those living in low income neighbourhoods: 245,279 in Glasgow City lived in the 15% most deprived SIMD datazones in Scotland in 2008 (figure sourced from DRS, GCC) Disabled people: 97,200 people aged 16-64 in Glasgow City (2010 Annual Population Survey) Older people: 80,863 people aged 65 or over in Glasgow City	It is important to note that of the three main causes of fuel poverty, low disposable income and high domestic fuel prices are matters reserved to Westminster, while poor energy efficiency of the home is a matter devolved to the Scottish Parliament. Recent welfare reform proposals are likely to result in reduced disposable incomes of many of those households who rely on welfare benefits at the same time as the major utility companies are increasing energy costs. To compound the negative impact of these changes, poor and low income households tend to live in

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
	reluctance to invite friends into a cold home environment. Homes in fuel poverty have a choice between keeping warm and spending money on other essentials. Poor diet can potentially be the results, with increased long-term health risks of cancer and coronary heart disease. Potential positive health impacts if Glasgow's Fuel Poverty Partnership identifies and targets vulnerable groups who are fuel poor, including higher risk groups who are more susceptible to illnesses caused by the cold/ damp and those who tend to spend longer at home.	Young people and children			(GRO Scotland, 2010) Younger people and children: 180,061 people aged 24 or under in Glasgow City (GRO Scotland, 2010)	poor energy efficient housing.

Fuel Poverty

Commentary

Fuel poverty is a general term used to describe a situation where a household is unable to afford to their home adequately. This may result in the household spending a high proportion of their income on fuel bills to keep their home warm and then not being able to afford other essentials such as food, or could result in a household living in a cold home in order to be able to afford other essentials. Fuel poverty is therefore often described as where a household must make a choice between "eating or heating".

The usual definition of fuel poverty is the need for households to spend 10% or more of their income to pay for fuel bills to heat their home to a comfortable and basic standard. If a fuel poor household must spend 20% or more of income on fuel, the household is considered to be in extreme fuel poverty, while those spending between 8% and 10% of income on fuel bills are said to be at risk of falling into fuel poverty.

It is estimated that there are currently around 900,000 households in Scotland living in fuel poverty - more than 1 in 3 of all households[1]. The Scottish House Condition Survey (SHCS)[2] estimates that there are currently at least 70, 000 households in Glasgow living in fuel poverty, with around 20% of this group living in extreme fuel poverty.

The results from the SHCS and other research[3] suggests that older people, those with long-term illnesses which keep them at home, low income families with young children and others on low incomes are all especially at risk of fuel poverty. Evidence from the SHCS also indicates that there is a strong link between low income and the likelihood of living in poor energy efficient housing and that fuel poverty is concentrated among those living in older private sector housing stock, and among people living in private rented accommodation in particular.

The causes of fuel poverty are complex but can be understood as the interaction between the poor energy efficiency of housing, low disposable household income and the high price of domestic fuel.

The consequences of fuel poverty are wide ranging and impact on the wider economy and environment, but the most important and obvious effect is on people's health. A number of robust and wide-ranging studies[4] have critically reviewed an extensive body of research to conclude that the evidence demonstrates that the highest risks to health in housing are attached to cold, damp and conditions.

Research has shown that that there are more winter deaths in the UK, and in Scotland in

[1] Energy Action Scotland (2011) www.eas.org.uk
[2] Scottish House Condition Survey (2010) www.scotland.gov.uk
[3] The Scottish Government (2010), Progress Report on the Scottish Fuel Poverty Statement 2002, www.scotland.gov.uk
[4] Thomson et al (2009), 'The Health Impacts of Housing Improvement: A Systematic Review of Intervention Studies From 1887 to 2007', American Journal of Public Health, Vol. 99, No.S3; Wilkinson, D (1999), 'Poor Housing and Ill health: A Summary of Research Evidence', Scottish Office Central Research Unit; Health Impact Assessment of Housing Improvements: A Guide, NHS 2003

particular, compared to other countries and that a high proportion of excess deaths can be attributed to the negative health impacts of living in a cold home. This research found strong evidence of links between cold housing and the incidence of cardiovascular and respiratory conditions, the main causes of winter deaths especially among older people. Studies also found evidence of strong causal links between ill health, particularly in children, and dampness and mould, with high prevalence of respiratory problems, aches and pains, nerves, diahorrhea, headaches and fever among those living in damp conditions. What is more, the prevalence of illness appears to increase with the level of dampness.

This body of work suggests that warmth and energy improvement programmes can bring about improvements in general, respiratory and mental health.

Potential positive health outcomes are demonstrated by research into the impact of a comprehensive improvement project carried out in Easthall in Glasgow in the 1990s[5], which was specifically aimed at providing whole house warmth through provision of insulation and high efficiency, low cost heating solutions. Comparing the health of residents against a control group, the study showed a very significant fall in blood pressure across the group of residents, and improvements in a range of other health conditions such as cardiovascular and respiratory (including asthma and bronchitis) diseases, sinusitis and arthritis. These impacts also resulted in improved attendance at school for children and less time absent from work for adults. The improvements were largely attributed to the 'whole house' approach and movement away from the situation whereby, with partial house heating, residents were regularly moving from warm to cold parts of their home.

Findings from the Easthall study find support in the evidence from an extensive body of research studies from across the UK and abroad and this strongly suggests that the greatest potential for investment in housing as a health improvement strategy appears to lie in targeting improvements in affordable warmth at vulnerable households who have poor health and live in poor housing.

[5] E.L. Lloyd et al, 'The effect of improving the thermal quality of cold housing on blood pressure and general health: a research note', Journal of Epidemiology and Community Health, 62.

Recommendations

Fuel Poverty and Energy Efficiency

- **Revise and update the Fuel Poverty (Affordable Warmth) /Energy Efficiency Action Plan which includes the following objectives:**

  - Provide information and advice on energy related issues to householders across the city, targeting vulnerable groups who are fuel poor
  - Increase the energy efficiency of our housing stock to reduce the amount of energy that is needed to heat the home adequately.
  - Work with partners to support the installation of gas networks where there is no access to the gas grid and where this is the best solution for an area.
  - Work in partnership to gain investment through traditional routes, through utilities and through government initiatives such as CERT, CESP, UHIS, FIT & RHI and create funding packages of these to maximise the amount of funding available.
  - Support micro generation projects where these are economically viable.

- **Work towards zero carbon standards and eradicate fuel poverty in existing housing through investment in energy efficiency, renewable energy and appropriate advice.**

Homelessness

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
Homelessness is prevented and if not prevented, is addressed effectively through the delivery of improved services.	Potential positive impacts through promoting equality of opportunity by abolishing priority need. Potential positive impacts on reducing and preventing homelessness through provision of tenancy support and signposting to other services. Potential positive impact if use of social sector and private rented sector is maximised to assist in delivering 2012 target.	People who are homeless or at risk of homelessness People with addiction issues People with mental health problems	Definite	Major	HL1 data shows that 10,357 households presented as homeless in Glasgow in 2010/2011. There are estimated to be more than 13,500 problem alcohol users (LGF, 2006) and at least 11,000 problem drug users living in Glasgow (SNS, 2009)	Changes to Housing Benefit under the Westminster Government's welfare reform agenda are likely to undermine the ability of some to access sustainable lets in the private rented sector. A significant number of properties are no longer fully covered by local housing allowance for private tenants – the Chartered Institute of Housing estimates that 60,000 homes in Scotland are now unaffordable for households in receipt of housing benefit. The changes mean that existing tenants unable to afford to pay rent will be forced to move to more

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
	Potential negative impacts if private rented sector discriminates against certain population groups in the allocation of tenancies.	People living in poverty / low incomes Refugees and asylum seekers People who have experienced domestic abuse			Those living in low income neighbourhoods: 245,279 in Glasgow City lived in the 15% most deprived SIMD datazones in Scotland in 2008 (figure sourced from DRS, GCC) There were 3,440 asylum seekers representing 70 nationalities in Glasgow 2,300 children in schools from asylum seeker or refugee families (COSLA, 2008).	affordable areas, creating 'benefit ghettos' in parts of the country/city.

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
		Children & young people			Younger people and children: 180,061 people aged 24 or under in Glasgow City (GRO Scotland, 2010)	

Homelessness

Commentary

The various ways that specific aspects of housing affect health are complicated and our knowledge about them is incomplete. There are particular methodological difficulties in establishing causal links between homelessness and ill health as it is often unclear the extent to which findings can be attributed to homelessness rather than other related risk factors such as alcohol and drug misuse, domestic violence, poverty and childhood trauma. Identifying a suitable group for comparison with homeless populations can also be problematic. Nevertheless, researchers have been able to demonstrate that homelessness – in isolation from other factors – does directly affect health and well-being, often with devastating consequences.

There is significant evidence from a number of cohort studies that homelessness increases the risk of death from a variety of causes[1]. In his study, Morrison (2009) addressed the methodological problems outlined above by examining whether the high mortality rates among homeless people was typical of other socio-economically deprived populations and could be explained by a higher prevalence of morbidity, or was an independent risk of homelessness itself. The research involved a retrospective 5-year study of two fixed cohorts, homeless adults and an age- and sex-matched random sample of the local non-homeless population in Greater Glasgow National Health Service Board area for comparison. The study found that, after adjustment for age, sex and morbidity requiring hospitalisation, homeless people has a mortality hazard 1.6 times greater than local non-homeless people and 1.4 times greater than residents of the most socio-economically deprived areas. For individuals with some morbidity such as drug use, being homeless conferred a much higher risk of death. The study concluded that homelessness is more hazardous than being in conventional socio-economically deprived circumstances and that the health of homeless people may be improved by more intensive targeted health and social interventions.

A comprehensive and authoritative review of the research evidence about homelessness and ill-health carried out by a working party of the Royal College of Physicians (London) in 1994[2] similarly demonstrates a direct causal link between homelessness and ill health. Based on the evidence reviewed, the report concluded that homeless households living in temporary accommodation experience more mental, physical and obstetric health problems than other comparable non-homeless groups. Families living in temporary accommodation suffered from depression, stress, loss of self-esteem, had difficulty in maintaining good hygiene and had poor diets due to lack of adequate cooking facilities. People sleeping rough or in night shelters or in direct-access hostels had a higher much risk of death and disease than comparable non-homeless groups due to factors such as cold, hunger and fear which disrupt sleep and leave people vulnerable to a wide spectrum of physical illness, due to lack of basic facilities for personal care, high rates of alcohol and drug misuse, suicide and accidents.

There is particularly strong evidence that homelessness has a significant deleterious impact on children's health as well as on the health care they receive – an impact that

[1] Morrison, DS, '*Homelessness as an independent risk factor for mortality: results from a retrospective cohort study*', International Journal of Epidemiology 2009;38:877–883

[2] Source: Wilkinson, D. *'Poor Housing and Ill Health: A Summary of the Research Evidence'*, The Scottish Office, 1999

begins at birth and which may well be long lasting and lead to health problems in adulthood[3]. Children who are born to mothers who have been living in bed and breakfast accommodation for some time are more likely to be of low birth weight and miss out on immunisations, which can have serious implications on their future health. Evidence suggests that thereafter homeless children are at significantly greater risk of respiratory infections, stomach and diarrhoeal infections, emergency hospitalisations, and speech and stammering problems. Homeless children are also two to three times more likely to have mental health problems than other children and are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity.

While it is unclear to what extent many of these finding can be attributed directly to homelessness rather than to other related risk factors, there does seem to be evidence that homelessness itself has a negative impact on children's physical and mental health and emotional well-being and that perhaps more research is needed to understand the mechanisms involved.

Evidence of direct causal links between homelessness and ill health highlight the importance of implementing approaches that focus on prevention rather than solely on discharging statutory duties under the homelessness legislation. As the 2012 commitment to abolish priority need and give all unintentionally homeless households in Scotland the right to a permanent home grows closer, and as rates of social tenancy turnover decrease and there is reduced investment in new supply as a result of drastic cuts in public expenditure, approaches aimed at ensuring fewer people become homeless in the first place are becoming increasingly important if health and well-being are to be improved through the housing strategy.

Homelessness prevention is defined in the Code of Guidance as 'action to be taken by local authorities to prevent homelessness arising in the first place and then recurring'[4]. Homelessness prevention can, therefore, involve both interventions to enable a household to retain existing accommodation or to help someone access new accommodation. Evaluations of homelessness prevention activities[5] suggest that practices have been successful in helping people to avoid becoming homeless and have played a large part in the reductions in the total homelessness acceptances in England in recent years.

There is broad agreement across a range of organisations that there are three main stages where intervention can prevent homelessness:

- Early intervention: where those potentially at risk are identified and services provided to support the person and their environment before incipient problems or disputes escalate beyond repair;
- Pre-crisis intervention: which can take the form of advice services, mediation services, negotiation with landlords to avoid imminent loss of a home and targeted services at known risk points such as those leaving the looked after system, prison or the armed forces; and

[3] Harker, L. *'Chance of a lifetime: The impact of bad housing on children's lives'*, Shelter, 2006
[4] Para 2.1 in: Scottish Executive (2005) Code of Guidance on Homelessness; http://www.scotland.gov.uk/Publications/2005/05/31133334/33366

[5] Pawson, H et al. *'Evaluating Homelessness Prevention'*, Communities and Local Government, December 2007; Pawson et al. *'Evaluation of Homelessness Prevention Activities in Scotland',* Scottish Executive Social Research 2007

- Preventing recurring homelessness: tenancy sustainment is seen as key to preventing recurring homelessness where there are problems that cannot be resolved by re-housing alone.

The most widely adopted approaches to homelessness prevention include:

- Enhanced housing information and advice services, including provision of housing options interviews
- Mechanisms for increasing access to the private rented sector such as Private Sector Leasing Schemes and rent deposit/guarantee schemes
- Family mediation services
- Support services for survivors of domestic violence
- Tenancy sustainment services

In evaluating the effectiveness of these different approaches to preventing homelessness, the research has concluded that:

- Service user outcomes data appears to demonstrate that improved or enhanced housing advice services have a potentially significant impact in preventing homelessness

- Initiatives, such as rent deposit-type schemes, aimed at securing access to private tenancies for households at risk of homelessness appear to have a potentially significant role to play in preventing homelessness but that this is dependent on the private rented sector in the local area

- There appears to be solid evidence of the potential for 'sanctuary' schemes, which enable those who have experienced domestic violence to stay in their own homes, to prevent homelessness

- There is relatively little hard evidence to demonstrate the effectiveness of the tenancy sustainment services due to the lack of robust monitoring systems. Case study evidence, however, suggests that the key elements of 'what works' in the provision of support to help vulnerable people retain their tenancies includes flexibility and client-centred provision, close liaison with key agencies, and building in support from other agencies when necessary. The need for timely intervention was also highlighted, as was the need for active promotion of the availability of the service and early contact with clients on referral.

As Shelter argues,

"Prevention work needs to address the threat of homelessness before the point of crisis is reached. Effective prevention work should recognise the potential risk factors of homelessness, engage with people at risk of homelessness, use early intervention to avoid crisis, assess a person's needs fully to make a suitable housing offer, and provide the necessary support to allow a person to retain their new tenancy." [6]

[6] *'Prevention of Homelessness in Practice'*, Shelter, February 2009, www.shelter.org.uk

Recommendations

Homelessness

- **Engage with stakeholders and service users to develop and implement a detailed Homelessness Action Plan which includes the following objectives:**

  - Develop a Housing Options pilot, to offer personalised advice to anyone in housing need including the delivery of a one stop shop with information and advice services
  - Engage with stakeholders and service users to plan the development of a range of effective homelessness prevention and tenancy sustainment activities, including initiatives to facilitate access to private sector tenancies, family mediation services and enhanced support services for survivors of domestic violence

Housing Support & Specialist Housing

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
Investment in housing and housing services aimed at supporting people to live independently in the community.	Potential positive impacts if support, including telecare and adaptations, can assist with caring responsibilities. Many people provide care on an informal basis and are not known to statutory services. Potential negative impact if this group can't easily access support services. Potential positive impacts if implementation of targets for the development of wheelchair accessible housing reduces the inequality faced by	Older people Carers People with a disability People with addictions People with Long Term Medical Conditions	Definite/probable	Major	Older people: 80,863 people aged 65 or over in Glasgow City (GRO Scotland, 2010) A Council Working Group of officers has estimated that, in 2008, about 100,000 of Glasgow's population have one or more physical disabilities. Glasgow has a higher	

Impact	Positive/ negative	Affected populations	Likelihood Definite /probable/ possible/ speculative	Severity Major/ moderate/ minor	No. of people affected	Other comments
	disabled people in accessing suitable housing. Potential negative impacts if the geographical distribution of housing for wheelchair users does not meet demand.	Families with children with a disability			disability rate than the Scottish average (for people in households: Glasgow 17.0% compared to 13.7% for the rest of Scotland). There are estimated to be more than 13,500 problem alcohol users (LGF, 2006) and at least 11,000 problem drug users living in Glasgow (SNS, 2009)	

Housing Support and Specialist Housing

Commentary

Population statistics show that the number of people aged over 65 years in Scotland is projected to increase by 21% between 2006 and 2016, with a 38% rise in the over 85 age group. Research has also shown that the majority of older people want to live independently in their own homes within a community setting for as long as possible.[1] As the population grows, and as people grow older, there will therefore be greater pressure on existing housing and housing support services. This suggests that there will need to be better use made of existing accessible /adapted homes, including within the private sector, as well as further investment in specialist housing and adaptations, improvements and equipment if the housing stock is to meet the needs of an ageing population. Housing support will also need to be used more effectively and alternative models of care developed to ensure that services meet the increasing demands of our changing society.

Heywood & Turner (2007)[2] review the research evidence available to argue that investment in housing adaptations, improvements and equipment has significant potential not only to produce important savings in health and social care budgets, but also to bring about positive health and quality of life outcomes for older people, disabled people and their carers. In their review of a substantial body of research from across Europe, the authors found strong evidence that the provision of housing adaptations and equipment helps to prevent falls (leading to hip fractures), as well as a number of other physical health problems, including contractures, pressure sores, ulcers infections, burns and pains. The provision of adaptations and equipment also produces positive health impacts for carers by preventing back injuries and reducing stress, thus improving the physical and mental health of the whole household.

This study found that investment in housing adaptations and equipment generated savings in health and social care budgets by preventing admission to and enabling discharge from hospital and residential care, by preventing the need for other medical treatment and by reducing the costs of home care, especially for younger disabled people. As the authors point out, this evidence suggests that investment in specialist housing and in the provision of housing adaptations and equipment has the potential to reduce the costs of health and social care for older and disabled people and therefore enable resources to support more people, while at the same time promoting independence within a healthy and safe environment for as long as possible.

Recent research[3] has developed this work further, moving beyond conventional forms of economic performance management to measure what is termed the Social Return on Investment (SORI) of adaptations and very sheltered housing in Scotland (REF).

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[1] Source: Scottish Government (2010) *Wider Planning for an Ageing Population*

[2] Frances Heywood & Lynn Turner (2007) *'Better outcomes, lower costs - Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence'*, Department for Work and Pensions

[3] *Measuring the Social Return on Investment of Stage 3 Adaptations and Very Sheltered Housing in Scotland (2011)*
http://www.trustha.org.uk/assets/newsdocuments/Measuring_SRI_S3_Adaptations_VSH.pdf

SORI analysis is based on the experiences and views of service users and assigns values to social and environmental outcomes as well as to economic outcomes. Based on an evaluation of existing data and primary research with tenants living in sheltered and very sheltered housing, their families and resident managers, the study assessed and valued the impact of adaptations and very sheltered housing on the well-being of older people. The well-being impact of services to older people was measured using the Adult Social Care Outcomes Toolkit (ASCOT), which outlines a range of domains of well-being including:

- Autonomy & control
- Independence & privacy
- Confidence & peace of mind
- Overall psychological well-being
- Family relationships
- Other social relationships; and
- Sense of community & belonging.

The well-being scores of tenants living in properties with adaptations and tenants living in very sheltered housing were benchmarked against measures of the well-being of care home residents according to ASCOT domains and valued as part of the overall SORI calculation.

Using this analysis the study demonstrated that, for an average cost of £2,800, each adaptations leads to:

- A potential £7,500 saving through reduced need for publicly-funded care home provision
- A potential £1,100 saving through increased safety and reduced hospitalisation of tenants
- A potential £1,700 saving through reduced need for social care provision
- A potential £4,700 saving through reduced need for self-funded care home provision
- Substantial well-being benefits to tenants (such as independence, confidence, autonomy, and relationships). Each adaptation leads to wellbeing
- benefits that are valued at £1,400

The study also found that the benefits of Very Sheltered Housing were:

- A reduction in the need for Care Home provision worth £19,000 per year. Approximately 63% of this would likely have been paid for by the Scottish Government
- Greater levels of confidence, independence, autonomy and relationships with friends and family than would be the case in alternative residential settings
- An overall reduction in the need for care of 63 hours a year for those who would otherwise have been in their previous home, with a cost saving of approximately £1,300
- Peace of mind for tenants' families, reducing levels of anxiety and reduced emotional stress

The study thus confirmed that the provision of adaptations and equipment and specialist housing make valuable contributions to shifting the balance of care away from care homes and hospitals through preventing accidents, minimising delayed discharge and reducing regular need for care. This, in turn, reduces waste and generates substantial savings for health and social care budgets. What is more, the study also clearly demonstrates that these services maintain and improve levels of independence, dignity, well-being, control and autonomy in day-to-day self-management for older people.

Recommendations

Housing Support Services and Specialist Housing

- **Review and enhance existing housing-related preventative support services for older owner occupiers**
- **Engage with partners and service users to explore alternative models of care within a community setting and to look at what changes could be made to current provision to deliver improved services**
- **Review how adaptations are delivered in the city to ensure equality of access across all tenures/groups and the impact of resources are maximised**
- **Review and implement new wheelchair accessible housing targets for new developments**

Summary of Recommendations

Housing Conditions

- **Develop and implement a Private Sector Housing Action Plan which includes tackling issues of house condition in the private sector and management of the private rented sector**

Fuel Poverty and Energy Efficiency

- **Revise and update the Fuel Poverty (Affordable Warmth) /Energy Efficiency Action Plan which includes the following objectives:**

  - Provide information and advice on energy related issues to householders across the city, targeting vulnerable groups who are fuel poor
  - Increase the energy efficiency of our housing stock to reduce the amount of energy that is needed to heat the home adequately.
  - Work with partners to support the installation of gas networks where there is no access to the gas grid and where this is the best solution for an area.
  - Work in partnership to gain investment through traditional routes, through utilities and through government initiatives such as CERT, CESP, UHIS, FIT & RHI and create funding packages of these to maximise the amount of funding available.
  - Support micro generation projects where these are economically viable.

- **Work towards zero carbon standards and eradicate fuel poverty in existing housing through investment in energy efficiency, renewable energy and appropriate advice.**

Homelessness

- **Engage with stakeholders and service users to develop and implement a detailed Homelessness Action Plan which includes the following objectives:**

  - Develop a Housing Options pilot, to offer personalised advice to anyone in housing need including the delivery of a one stop shop with information and advice services
  - Engage with stakeholders and service users to plan the development of a range of effective homelessness prevention and tenancy sustainment activities, including initiatives to facilitate access to private sector tenancies, family mediation services and enhanced support services for survivors of domestic violence

Housing Support and Specialist Housing

- **Enhance existing property-related support services for older owner occupiers and the development of appropriate services**

- **Engage with partners and service users to explore alternative models of care within a community setting and to look at what changes could be made to current provision to deliver an appropriate service.**

- **Review how adaptations are delivered in the city to ensure equality of access across all tenures/groups and impact of resources are maximised**

- **Review and implement new wheelchair accessible housing targets for new RSL development**