

How non-health charities address the social determinants of health



Housing

1 in 4 homes in the most deprived areas of the UK fail to meet the decent homes standard—which is likely to be having a large impact on the health of those living in them.

Evidence summary

Pages 65–70 of the [Evidence Review](#) discuss in detail the evidence that suggests the following:

- There are strong associations between living in a non-decent home and poor mental health. Poor housing causing problems such as anxiety, depression and psychological distress.
- Homelessness, temporary accommodation, overcrowding, insecurity of tenure, and housing in poor condition, all increase the risk to people's physical health.
- Cold homes contribute to excess winter deaths, and increase the risk of respiratory problems in children and adults.
- Exposure to multiple poor housing conditions is particularly damaging to health, and comparable to the health risks posed by smoking and excessive alcohol consumption.

Cold housing contributed to an extra 24,300 winter deaths in 2015/2016.



Key evidence link to Education and skills: Poor housing can delay physical growth and cognitive development in children—contributing to poor educational outcomes.

Case Study: [Shelter](#) helps millions of people every year who are struggling with poor housing and homelessness. The strong link between housing and health is reflected in the charity's work; for example, services that help people to register with vital health services, advice services that a GP can directly socially prescribe, and research campaigns focusing on the links between housing and mental health.

The charity monitors health outcomes for clients. It does this through a follow-up survey with a sample of clients who self-report on the perceived change in their mental and physical health. For more health-focused services it collects a self-reported score of a person's assessment of their health and wellbeing, using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), both at their first touchpoint with Shelter and then again after receiving help from the charity. The charity has found that 51% of people with mental health issues and 35% of people with physical health issues see an improvement after coming to Shelter for help with their housing.

Currently, WEMWBS is only collected in a limited number of services. The organisation feels that asking personal questions related to health is simply not appropriate or relevant in some services and could jeopardise vital, trusting relationship between Shelter and the people it supports. However, Shelter does make use of existing third party research and evidence—including from Homeless Link, [National Housing Federation](#) or the [Chartered Institute of Housing](#)—to draw links between its work and health outcomes in some funding applications. Shelter has also used external evidence when liaising with a CCG considering funding Shelter to integrate housing and welfare benefits advice services within local GP surgeries.

Challenges

Barriers to gathering and using evidence

- Problems like poverty, isolation from the wider community, or crime levels—which are correlated with poor housing—also have an impact on someone’s health, which can compound the issue of poor housing and make a person’s health worse.
- There are many different groups of people that suffer from housing problems. The problems they face and their needs vary—and so will the impact of housing problems on their health. Communicating and evidencing the variety of impacts on different groups is more complicated than on a few groups.

Barriers within the sector and wider environment

- The housing crisis in the UK is significant and getting worse. Private and public sector investment and structural intervention are required, as well as charity sector action, to solve these challenges.
- Those areas where housing charities may have the biggest impact on health are often the hardest to reach for the sector—eg, people sleeping rough or experiencing ‘hidden homelessness’.

Opportunities

Opportunities for gathering and using evidence

- Although poor housing can affect a person throughout their life, the impact is more immediate than other determinants like education. This can mean that: it is easier to measure the impact of a housing intervention as you can measure short term changes so a longitudinal study is not required; it is more likely that a change in health can be attributed to housing; and there is a convincing argument for immediate action.
- Poor housing is an issue that impacts health across the life course. This makes the issue relevant for many different groups of people—and so there are more opportunities for its impact on health to be measured.
- The quality of housing is more tangible and less subjective than say, the quality of social relationships, which makes measurement of outcomes changes easier.

Opportunities within the sector and wider environment

- Health-focused charities are already looking at issues related to housing. For example, [Rethink Mental Illness’s A Place to Call Home](#) campaign, and Mind’s [housing support and advice](#). This could be an opportunity for health-focused charities and non-health charities to work together.
- The [National Housing Federation](#) has developed [helpful resources](#) linking health and housing.
- There is an increased awareness of the impact of housing on health and this has been reflected in government policy. For example, the [Care Act 2014](#) includes housing measures.
- Increased attention in this sector due to the UK’s current housing crisis may be an opportunity to link housing to health inequalities, and the burden on the NHS.
- Non-health charities are starting to really focus on health already: [Citizen’s Advice Bureau’s Winter Resilience project](#) delivers energy and holistic advice on homes, in response to [National Institute for Health and Care Excellence \(NICE\)](#) guidance on mortality and ill health from cold homes.

See more at www.thinkNPC.org/KeepingUsWell



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