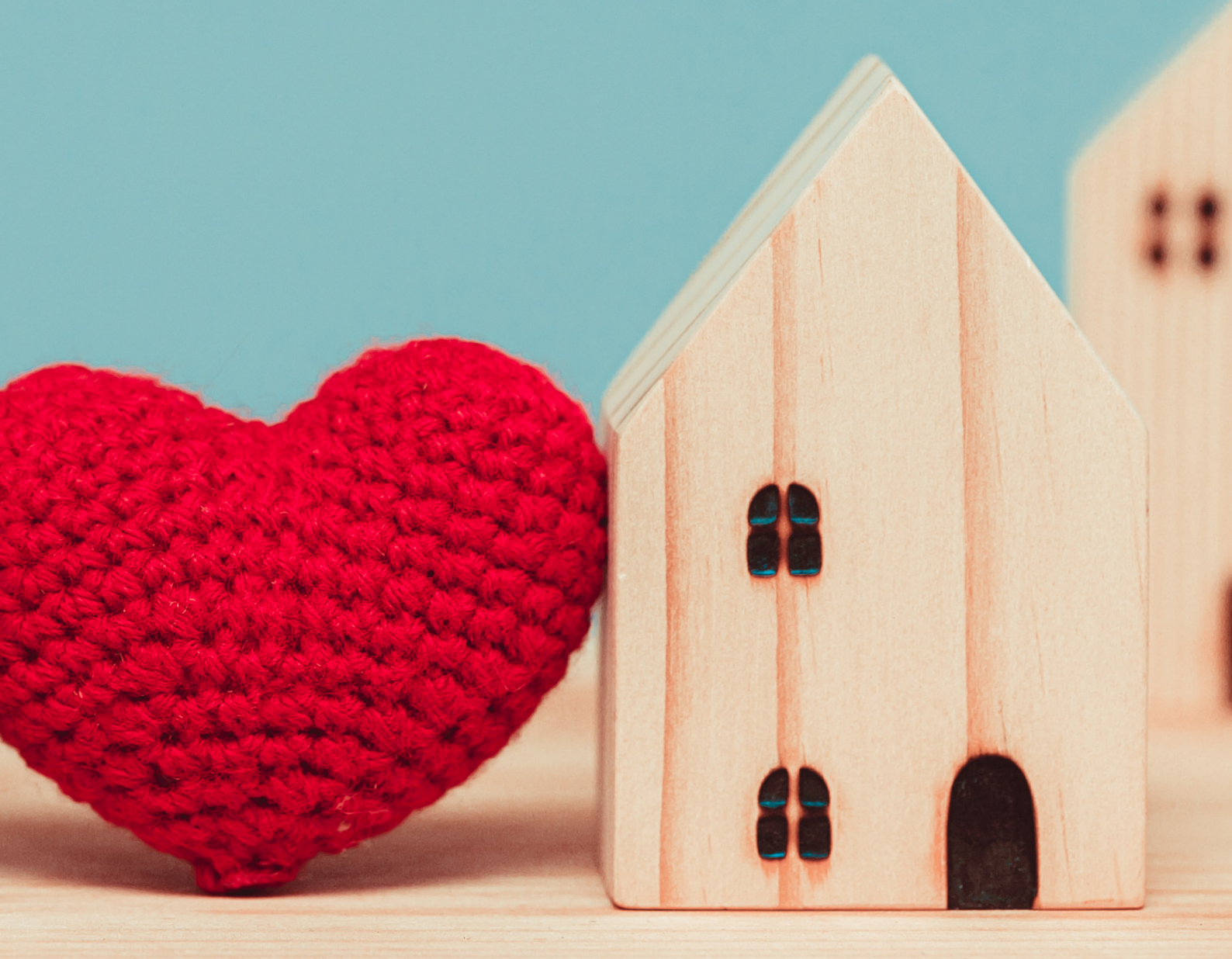


Health and Housing Insights Bank





Contents

<u>Introduction and the relationship between health and housing</u>	3
<u>Housing impacts on health</u>	4
<u>Connection between housing and health data and insights</u>	5
<u>Housing sector context</u>	7
<u>Methodology</u>	7
<u>Ways of gathering insight</u>	8
<u>Things to consider when carrying out surveys</u>	10
<u>You said...what we can do - turning insights into actions</u>	11
<u>Question bank</u>	14
<u>Living well and safely in your home</u>	14
<u>Gambling</u>	14
<u>Drug and/or alcohol use and dependency</u>	15
<u>Smoking</u>	15
<u>Mental health and wellbeing</u>	16
<u>Healthy eating</u>	16
<u>Physical activity</u>	17
<u>Employment and skills</u>	18
<u>Caring responsibilities</u>	18
<u>Neighbourhood and community</u>	19

Introduction

Our homes provide a foundation for our health and wellbeing throughout our lives. Housing is therefore an important ‘building block’ of health and plays a key role in determining health outcomes.

Understanding how people view their own health, and how they perceive that their home affects it, can support more targeted and joined up interventions between health and housing organisations. Shared insights can help build an understanding that can be used by both sectors.

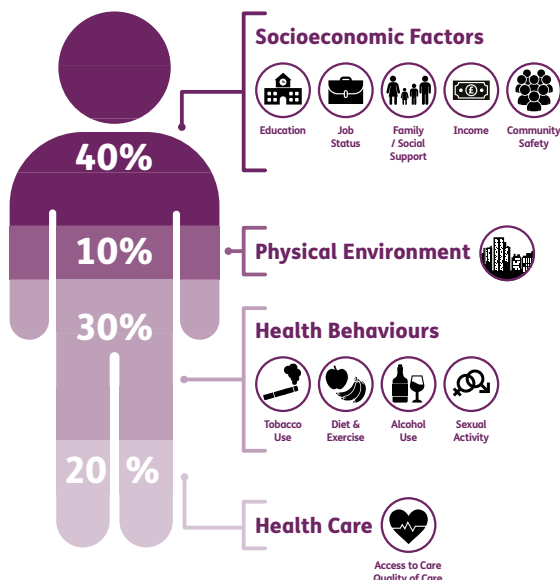
This insights bank is a resource for all social housing landlords to use to build understanding of their residents’ health, either as a standalone resource or working with health partners (including Local Authority Public Health teams, Integrated Care Boards, voluntary and community sector organisations, NHS providers). It will enable organisations to understand more about how residents feel about their health and help them to identify priorities for service development. And it provides resources for partnership working to help track and measure the impacts of interventions to help improve health and wellbeing.

This insights bank provides a series of topics and questions that can be used in a variety of ways, including alongside Tenant Satisfaction Measures, as part of focus group work, or in routine transactional surveys, to build up that insight.

Relationship between health and housing

Housing is not just about putting a roof over people’s heads, after all, [‘healthy homes are far more than just houses’](#). It’s about how people live their lives in our properties, their homes. The relationship between health and housing is well established and goes back a long way: From Octavia Hill recognising the impact poor housing was having on health back in the mid nineteenth century, leading her to set up a body offering decent homes to rent, to legislative changes in 2023, such as Awaab’s Law in the [Social Housing \(Regulation\) Act](#), brought in to ensure housing conditions are maintained to an acceptable standard.

Housing conditions can fundamentally impact people’s health. This can be in subtle ways that can sometimes be overlooked, such as how someone simply lives within a property and changes their behaviour patterns to work with the layout, to more significant impacts, for example, through property adaptations, through the negative effects of issues such as anti-social behaviour (ASB), or persistent maintenance issues that can impact the physical and/or mental health of residents.



The building blocks of health (including socioeconomic factors and the physical environment) are responsible for 30 - 55 per cent of our health.

They have such a big impact on health because they have a cumulative effect over our lifetime. They are also significant because they influence our individual health behaviours like smoking, diet, and alcohol.

People are more likely to live happy, healthy lives if they:

- Have the best start in life
- Can use their skills and have control over their lives
- Can get good, fair employment
- Have a decent standard of living
- Have help to stop them getting ill
- Can get access to sustainable places and communities.

Housing impacts on health

In this section we consider some of the health impacts for some of the most significant housing related issues that many residents experience. These factors can often be related and do not occur in isolation and the presence of one issue or condition can in turn exacerbate others.

The notes below provide some examples of the housing considerations and possible health impacts:

- Damp and mould, and/or cold temperatures: impact on physical health (respiratory conditions). The British Research Establishment (BRE) published a report in 2021 stating that poor housing is costing the NHS £1.4 billion a year in treatment bills, [over half of which is attributed to homes that expose residents to excess cold](#). A report published by the Institute of Health Equity in 2022 found that ‘Cold homes can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia and problems with childhood development. In some circumstances, health problems may be exacerbated to a degree that they may cause death.’ This has been further emphasised with the bringing in of Awaab’s Law in 2023 following the tragic death of toddler Awaab Ishak that was as a direct result of damp housing conditions.
- Repairs and adaptations: impact on physical and mental health. Keeping homes safe and in a good state of repair helps to keep the occupants safe and well, both in terms of their physical and mental health. Adaptations can help people to maintain their independence, live more comfortably in their home and remain there for longer. They can also help to improve mental health by reducing the stress caused by living in a home that is not suited to changing needs.
- Overcrowding: There can be an impact on physical and mental health due to overcrowding. Physically, overcrowded living conditions can increase the spread of respiratory infections due to the proximity of living with others who are unwell. Psychological impacts of overcrowding come from increased strain on relationships, reduced privacy, negative impacts on children’s education due to limited places for children to study or play, and can lead to depression, stress and anxiety.
- Financial wellbeing – rent payments, arrears, low income, and fuel poverty: Impact on mental health due to stress and anxiety of being in arrears. Impact on physical health if low income leads to poor nutrition. Cold and damp can come from fuel poverty and can lead to physical health problems (as explained above). Impact on finances and ability to pay rent due to addictions like smoking, alcohol, gambling and substance misuse. [A study by ASH in 2019](#) found one in seven social renters are living in poverty due to impact of smoking costs on their disposable income.
- Neighbourhood satisfaction – how people feel about where they live, if they have access to green spaces or experience anti-social behaviour (ASB): Impact on physical and mental health. The positive impact the outdoors can have on physical and mental health is well documented, with [MIND](#) listing many benefits including reduced stress, improved self-esteem and helping people to be more active. In terms of ASB, the government commissioned some research into the impact of ASB on individuals, publishing the results in March 2023. [‘Emotional impacts were found among nearly all participants, with annoyance \(for 56 per cent of participants\) and anger \(for 42 per cent\) being the most widespread impacts across ASB types. Fear, loss of confidence, difficulty sleeping, and anxiety were also common emotional impacts. While these were less commonly experienced \(each by around a quarter of participants\), the impacts were described as being more severe and longer lasting’.](#)

The above list is not exhaustive, and partners may wish to expand on questions and investigate other issues accordingly.

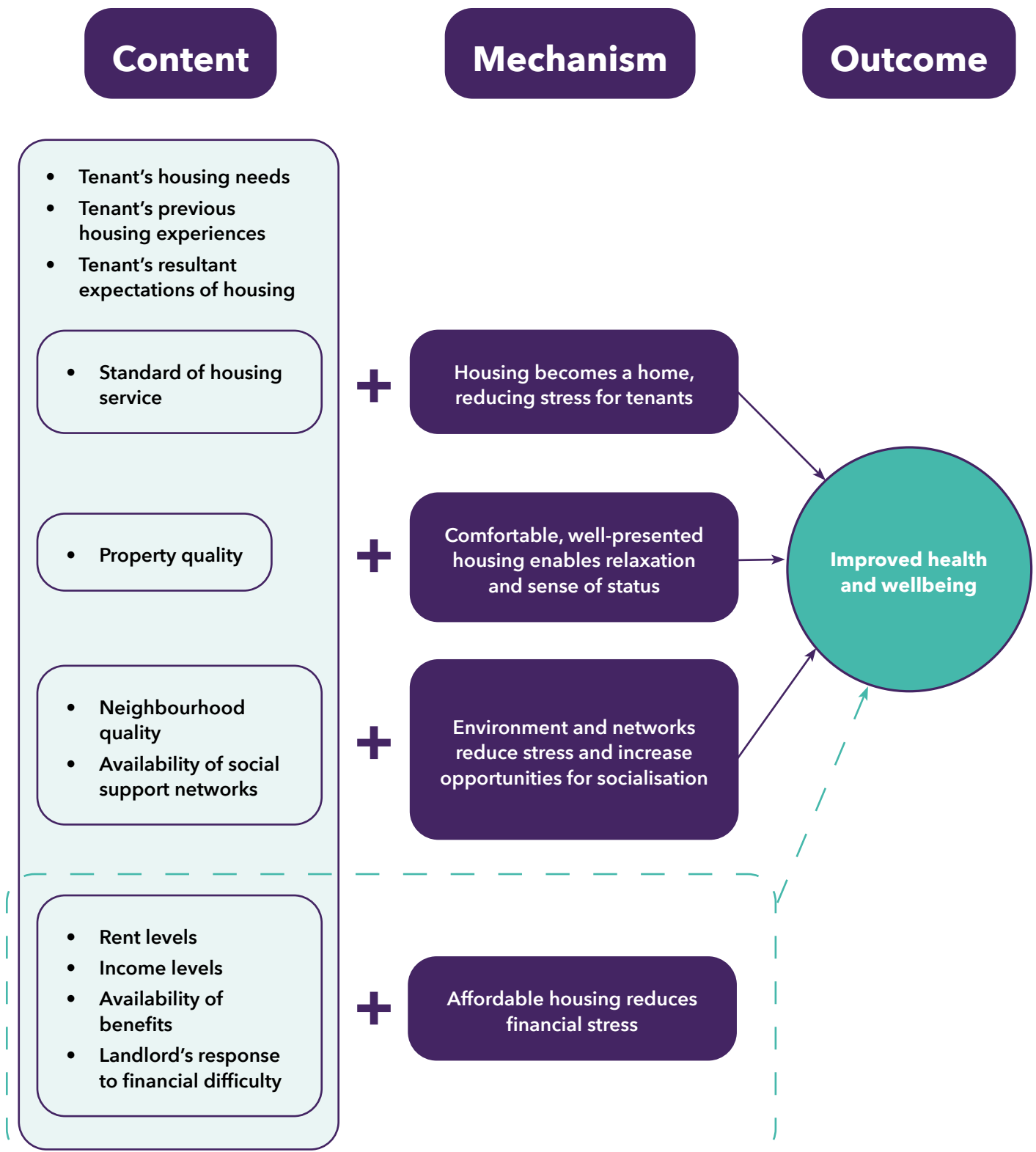
Connection between housing and health data and insights

The table below considers some of the different housing issues on which landlords collect data, how it can be used to provide a housing insights perspective, and how the issues can be joined up with health data and/or health impacts.

By developing shared insights, we will build up a fuller picture of people and places to better understand who is living 'behind our front doors'. We will be able to develop more informed and joined up ways of working across health and housing.

Topic	Housing insights and data	Health insights
Repairs	Planned maintenance Building safety Routine repairs Complaints Customer satisfaction Process improvement Damp and mould Hoarding Pest and vermin	Vulnerability Respiratory diseases Accessibility issues Mental health and wellbeing
Neighbourhood management and anti-social behaviour	Tenancy management Neighbour nuisance Neighbourhood satisfaction Crime and fear of crime Cuckooing	Loneliness and isolation Mental health and wellbeing Substance misuse Physical
Overcrowding	Tenancy management Increased wear and tear to property Multi-generational households Supporting friends and/or family waiting for housing Hidden homelessness / sofa surfing	Mental health and wellbeing Respiratory disease Safeguarding
Income	Rent account Employment support Tenancy sustainment Financial inclusion support Debt management Income maximisation	Mental health Respiratory disease Risk of poor nutrition Stop smoking support Weight management Substance misuse Gambling addiction Food insecurity
Tenancy sustainment	Quality of life Service improvement Managing your home Awareness of neighbours Budgeting and household bills Hoarding	Hoarding disorder Mental health and wellbeing

The diagram below gives an insightful view of various causal pathways through which improving housing may have an impact on health and wellbeing. It indicates that it is not only the state of the bricks and mortar that has an effect on the occupants, but also their tenancy experience, affordability and elements of neighbourhood quality and social support in an area.



Source: <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-020-09224-0>

Housing sector context

There have been some significant changes within the housing sector in terms of increased levels of regulation and legislation. Broadly these include:

- [Social Housing \(Regulation\) Act](#) and Awaab's Law: The Social Housing (Regulation) Act was brought in to improve the standards, safety, and operation of social housing. It includes provisions for inspections of providers, enhanced regulatory powers, professional standards of staff and elements on health and safety. Awaab's Law forms part of it and requires social landlords to fix damp and mould, and other issues hazardous to health, within strict time limits to strengthen the protection of children living in rental or social housing properties.
- Tenant Satisfaction Measures and changes to the wider Consumer Standards: The [Consumer Standards](#) are used to monitor performance of landlords and hold them to account. One part of the Consumer Standards is about how social providers are working with local partners to maintain neighbourhoods and encourage people to use them. Another part of the Consumer Standards is the Tenant Satisfaction Measures that were brought in from 1 April 2023. This requires landlords to collect and publish certain information about their performance, including surveying their residents and recording data on various safety checks and levels of ASB and complaints.
- Complaint Handling Code: The Housing Ombudsman's Complaint Handling Code sets out how landlords should respond to complaints fairly, effectively and quickly. The Housing Ombudsman Service's [Complaints Handling Code](#) is now statutory, requiring landlords to comply with it, including strengthening the onus on landlords to promote how to make a complaint. It also sets out good practice and reinforces the importance of learning from mistakes and making service improvements.
- [Building Safety Act](#): Brought in as a direct result of the Grenfell Tower disaster in 2017 where 72 people were killed due to poor construction and management of the high-rise building they lived in. The Building Safety Act puts new requirements in place for the design, construction and management of high-rise buildings to ensure they are safe for occupants.
- Decent Homes Standard: The Decent Homes Standard was brought in during the early 2000s to set a minimum standard that social homes are required to meet. The Social Housing White Paper, published by the government in 2020, committed to reviewing the standard. [The review is taking place over several years and is currently underway.](#)

Methodology

Understanding the experiences and views of residents is an important mechanism for service and process improvement for social landlords.

By developing insights around health and wellbeing, we can learn about how residents feel about their health, and how this might impact on day-to-day life and how they interact with services or support. And in doing so, it is possible to identify ways that health and housing can better deliver support together, enabling landlords to know and support their residents to increase the likelihood of tenancies being sustained.

For example - if a resident is made aware of the potential benefits from stopping smoking and is signposted to support to do so, they may consider re-prioritising their spending and could decide to put some of the money towards rent payments. This would help to stop them falling into arrears or could help maintain any repayment arrangements they already have in place. Similarly, the money could be spent on heating costs, helping to avoid them falling into fuel poverty and the respiratory diseases that can come with living in a cold environment.

Ways of gathering insights

In summary - different approaches:

Surveys are useful for capturing brief data from a large number of respondents. Surveys that are easy and quick as possible to complete will help encourage response rates. More information on surveys is shown below.

Focus groups / discussions - These sessions are good for when you want to explore an issue in more depth for example gathering more detailed insights with 'why' and 'how' questions.

Different approaches will work in different settings, and it is important to consider where and how is the best way to ask questions.

When considering how you wish to gather the insights, it is important to ensure compliance with [Data Protection Act 2018](#) and UK GDPR requirements alongside considering the ethics of gathering insights and information.

You should only capture data that you can and will use, and you should always explain to people why you need their information and how it will be used. It is also important to ensure you explain how data captured may be shared across partners (whilst preserving their anonymity) to avoid others asking the same questions. You should also consider who may see the data, particularly the responses to sensitive questions such as those around the use of illegal substances and substance misuse. If respondents feel their answers could be construed as them not meeting their tenancy obligations, this will impact the willingness of people to take part and/or be honest with their responses.

There are a range of ways to gather insights and information including:

Surveys:

- Transactional surveys: Carried out after a resident has had a particular experience, such as receiving a particular service.
- Tenant Satisfaction Measures: A set of questions provided by the Regulator of Social Housing to monitor performance of social landlords - the question set can be added to as long as certain conditions are met (such as location of additional questions).
- Other perception surveys.

Engagement opportunities and face-to-face interactions, such as:

- Community hubs: Individuals are welcomed to a local venue where they can access various support services for help with things like money advice, domestic abuse, community safety or health.
- Tenancy-related visits: Visits to discuss tenancy-related matters are an excellent opportunity for engaging with residents to discuss sensitive matters. They are a great opportunity to build a rapport with a resident to help them feel comfortable to speak openly and honestly about any issues or concerns they may have.
- Focus groups: Creating a positive atmosphere where individuals are encouraged to share their views alongside others is important. This helps build trust and you'll get more from participants.

Different approaches will be more successful than others and it is important to consider where is most appropriate to ask the questions you want to ask. For instance, it would not be appropriate to ask personal questions about weight management in a focus group; questions like those would be better suited to one-on-one conversations either at the resident's home or somewhere in a quiet corner at a community hub, or perhaps through a survey.

Essentially, it is about [Making Every Contact Count \(MECC\)](#), an approach devised by the NHS to use opportunities arising during routine contacts with patients to discuss ways in which their health or wellbeing might be improved. For housing this simply means using every opportunity available for both gathering insight on how housing is having an impact on the health of our residents and helping to raise their awareness about what support they might need and how they might access services for that support.

MECC

Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. Drawing on behaviour change evidence, MECC maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.

A MECC interaction takes a matter of minutes and is not intended to add to the busy workloads of health, care and the wider workforce staff, rather it is structured to fit into and complement existing professional clinical, care and social engagement approaches. Evidence suggests that the broad adoption of the MECC approach by people and organisations across health and care could potentially have a significant impact on the health of our population.

[Making Every Contact Count \(england.nhs.uk\)](https://www.england.nhs.uk/making-every-contact-count/)

Examples of feedback from residents during engagement events:

Meeting the disability resource centre has given me my confidence and independence back, I didn't know they existed until I met them here.

I never thought I would quit smoking but after attending several hub sessions and speaking to the stop smoking team, I am finally ready, I have even convinced my mum to sign up to.

My mental health was so low before coming here today, you will never understand how much your support has meant to me.

Coming to the hub every fortnight has improved my confidence, I am now volunteering at my local community cafe and starting to feel like me again.

Things to consider when carrying out surveys:

- **Channel:** The channel used for engaging with your residents will have an impact on the responses they give and even if they interact at all. Where possible you should interact with your residents through their preferred channel as this will make it more likely that they engage with you. Types of channels to be considered include telephone, face-to-face, online, paper (though this is less common nowadays). Type of channel can also influence the types of responses you receive. This is known as the 'mode effect'. This is where people's answers to a survey may differ depending on the way the survey is carried out. For instance, people who speak to someone on the telephone may give better scores than those who complete a survey received via email in their own time.
- **Frequency:** Be mindful of survey fatigue in terms of too many surveys being sent to residents, but also in terms of having too many questions in a survey making it overly long. To limit survey length, it is imperative that only questions that are key to improving your service or that directly link to your organisation's strategic objectives are asked. If you cannot do something with the data gathered from asking a question, then the question should not be asked.
- **Sensitive questions:** Some questions that relate to health are likely to be of a sensitive nature and will require the resident to trust their answers are really needed. It may be that it is only appropriate to ask some questions (such as those on substance misuse) when an individual is already engaging with you and an issue has already been identified. Residents who do not trust that their information will be treated respectfully or who do not understand why their answers are needed will be unlikely to give honest answers or perhaps any answers at all. It is important residents know why the questions are being asked and what the information will be used for. This can be explained through a good introduction to the survey and be promoted through a robust survey awareness campaign prior to the survey going into field.
- **Question wording:** Careful wording of questions is required so that residents are not led to an answer. Some words such as 'affect' or 'impact' can come across as negative and should be avoided where possible because they could put people off from sharing information if they think it will be at a detriment to them. For instance, they may think they could be blamed for doing, or not doing, something or have liability for something. It is therefore preferable to use other words like 'help' that have more positive connotations and could encourage them to share information with their landlord or reach out for support.
- **Question order:** Some thought should be put towards where in the survey the health questions are asked - a dedicated section in the survey with its own introduction to explain why the questions are being asked is an option. Another would be to have the health questions spread throughout the survey in sections that relate to them. It would be beneficial to build up a rapport with the resident by asking less intrusive questions at the start of the survey before bringing in questions of a more sensitive nature so that the resident isn't deterred from completing the survey due to feelings of embarrassment or awkwardness. Consideration should also be given to whether an answer to one question could have an impact on the answer to another. For instance, could a question about repairs and maintenance influence the answer to a subsequent question about health?
- **Types of questions:** Quantitative questions are excellent for gathering data and are generally easy to analyse and draw conclusions from. However, qualitative questions can help to explain the reasons behind the numbers and, whilst more time consuming to analyse due to the coding required, can add a level of richness to the data gathered. Follow up qualitative questions should only be asked after a quantitative question if something can be done with the answers to improve service and/or align to strategic objectives.

- **Response scales:** Be consistent with response scales where possible throughout a survey so residents are not confused by changing scales or descriptors.
- **Representativeness:** Ensure your responses are representative of your overall resident population. Consideration should be put towards what variable(s) your organisation wants to base the representativeness on. Variables to consider would be age, ethnicity, household composition and gender. You may also wish to think about property type, location and tenure. Try to select a small number of variables - the more that are picked, the more difficult it will be to gather a representative sample.
- **Timing (seasonality):** Consider when to ask questions as some responses can be influenced by the season. For instance, repairs questions tend to generate more responses about damp and mould in the winter months. This could be the case for asthma, coughs, colds, or flu for health questions.

You said . . . what we can do - turning insights into action



Insights bank	Insights gathering	Analysis	Actions and outcomes
<ul style="list-style-type: none"> • Shared resource to support • Strategy development • Operational decisions • Place-based working • Understanding health and vulnerabilities 	<ul style="list-style-type: none"> • Surveys • Focus groups • Community engagement • Complaints data • Scrutiny reviews 	<ul style="list-style-type: none"> • Neighbourhood and community insights - informing place - based approaches • Developing shared data sets • Customer segmentation 	<ul style="list-style-type: none"> • Improved engagement • Insights into health • Pathways for referrals in public health services • Income maximisation • Good employment • Healthy homes • ASB

Turning insights into actions

My Wellbeing Toolbox

Insights from residents and communities highlighted a gap in easy to access wellbeing support for people as a first port of call. We found people would value a resource with some hints and tips to help with wellbeing and mental health that could mean someone may not have to go to the GP in the first instance.

A project group with people from a range of community organisations was set up to work together to develop the resources. The group worked with residents with lived experience who provided further insights and feedback as the content was developed.

The 'My Wellbeing Toolbox' is supported by a version designed specifically for frontline staff to raise awareness of wellbeing and mental health resources and organisations, and to help conversations and queries from residents. The resource is something that can be refreshed and updated in response to feedback and suggestions from residents and teams working in our communities.



Developing the actions

The communities we work in often face the most acute health inequalities and can experience significant difficulties in accessing health and care services. They can therefore have the poorest health outcomes.

If we can work in partnership and use shared insights that build our understanding of residents in these communities, we can engage, provide better information, improve access to services and connect people to support.

By understanding need and circumstances, landlords can refer their residents and local communities into this support where provides benefits for both residents and landlords.

By working in partnership, health and housing can start to move towards a preventative rather than corrective approach that not only benefits residents and communities but can help deliver better value and efficiencies.

Through shared health and social housing insights we can support and develop:

Collaboration and partnerships: Shared insights can encourage collaboration between health professionals, housing providers and local communities. Joint efforts to build awareness and understanding can inform and enable partnership working to address health inequalities, promote preventive health measures, and enhance overall quality of life for residents.

Evidence-based decision-making: The insights bank can facilitate data collection on topics and issues that intersect health and housing. Housing associations and public health can use this data to make informed decisions and to direct resources. For instance, understanding the health outcomes associated with specific housing conditions can guide targeted interventions around things like stop smoking or gambling awareness.

Aligning health and housing strategy and policy: By analysing trends and correlations, the insights bank enables the development of policies that prioritise health outcomes. For example, it can inform strategies to improve indoor air quality, reduce dampness, and enhance energy efficiency in social housing.

Investment in sustainable housing: The insights bank can be used alongside building safety and asset management data and can support environment and sustainable homes initiatives. Looking to the future, investing in energy efficient, low-carbon housing not only benefits the environment but also positively impacts health. By promoting sustainability in housing, we can reduce energy costs, improve wellbeing, and support shared goals to mitigate climate change.

Question bank

This question bank has been designed to be flexible so that practitioners can use it in a way that best suits them. The different groups of questions have been themed to make it easier to choose the sections that best meet their needs, depending on what they want to find out and the purpose for which it will be used.

Some sections have questions that overlap others because some topics naturally overlap. In this event, questions can be picked based on their suitability for the target audience and purpose of the insight gathering exercise.

Living well and safely in your home:

Insights about how people live and feel in their home can be useful to build up a picture of resident needs, for example information about vulnerabilities, requirements for property adaptations and how these needs might change over time. This data is also vital to help landlords support their tenants with regards to any needs they have that must be considered for building safety reasons such as fire safety (in relation to the requirements of the Building Safety Act), and damp and mould.

FACT: 42 per cent of households with a new social housing letting in 2022/23 included at least one person who had a physical or mental health condition or illness lasting or expected to last for 12 months or more, similar to the 43 per cent in 2021/22*.

FACT: According to a Building Research Establishment report, the most common hazards in homes are those that cause falls in the home. Fixing this issue would save the NHS £374 million in treatment costs.**

***Source:** [National statistics: social housing lettings in England, tenants: April 2022 to March 2023](#)

****Source:** [Building Research Establishment \(BRE\) 'The Cost of Poor Housing in England'](#)

- o How likely are you to inform your landlord about a change in your health that could influence the way you are able to live in your home? (e.g. changes to mobility)
- o How likely are you to inform your landlord about issues with your home that are likely to have or be having an effect on your physical or mental health? (e.g. damp, ASB, overcrowding, rent arrears)
- o Are there any issues within your home that may be making a medical condition you have worse? (e.g. damp and mould)
- o To what extent is your home suitable enough for you to live in? Does your home meet all your needs, in terms of your mobility, care and support? If no, what could be improved?
- o Do you wear any kind of personal alarm to enable you to call for help if you need it?
- o If you live in a block, do you have any needs that your landlord should know about in the event of a fire? (e.g. any mobility needs that could affect your evacuation in the event of a fire) Have you told your landlord about them?

Gambling:

Gambling can take many forms including betting on sporting events, taking part in lotteries, or using scratch cards, or gaming with cards or machines. With advances in technology, gambling has never been easier with gamblers being able to download apps onto their smartphone or tablet for use at any time. There are increasing reports of residents turning to gambling as a solution to tackling rent arrears and debt. Insights into these issues can help inform financial wellbeing services and enable sign posting into specialist support services.

FACT: Excluding lottery draws, 27 per cent of adults surveyed by NatCen on behalf of the Gambling Commission had gambled within the previous four weeks. Overall gambling participation was highest for males aged 18-44. The most popular reasons given as to why respondents gambled was for the fun and/or enjoyment factor or for monetary reasons.*

***Source:** <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-gambling-participation-year-1-2023-wave-1>

- o Do you regularly take part in gambling activities? These might include betting on sporting events, taking part in lotteries, using scratch cards, or gaming with cards or machines.
- o Do you consider your gambling to be a problem for you?
- o Are you worried about gambling debt?
- o Are you finding you are spending money on gambling that is needed for essentials things, such as rent, food or other household expenses?
- o Have you ever bet more than you can afford?
- o Would you like some support to help you stop gambling?

Drug and/or alcohol use and dependency:

Drug and/or alcohol use and dependency can have negative impacts on individuals' health and the wider community. Gathering insights can enable tailoring of advice and guidance, and signposting into drug and alcohol treatment and recovery services. It can also help develop an understanding of wider neighbourhood issues and inform approaches and interventions geared towards tenancy sustainment.

When asking questions of this nature, those surveying should reassure respondents that their answers will be anonymised at reporting stage and will not be used against them.

FACT: Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15-49 year olds in the UK.*

*Source: Fingertips <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

- o Are you concerned about your drug and/or alcohol use?
- o Would you say you are dependent on or addicted to illegal drugs (e.g. cocaine, heroin, crack, cannabis)?
- o Would you like help to reduce or stop your use of them?
- o Are you worried about how much you are spending on them?
- o Are you finding you are spending money on illegal drugs that is needed for essentials such as rent, food, or other household expenses?
- o Do you use opioid painkillers (e.g. codeine, tramadol, oxycodone or fentanyl)?
- o Are these prescribed to you?
- o Would you say you are dependent or addicted to them?
- o Would you like help to reduce or stop your use of them?
- o Are you worried about how much you are spending on them?
- o Are you finding you are spending money on painkillers that would be better spent on other things, such as rent or other household expenses?
- o Are you worried about how much alcohol you are drinking?
- o Would you like support to reduce your levels of drinking or spending on alcohol?
- o Are you worried about how much you are spending on alcohol?
- o Are you finding you are spending money on alcohol that is needed for essentials such as rent, food, or other household expenses?

Smoking:

Smoking is the biggest cause of preventable disease and premature death. Smoking is a significant fire safety risk and smoking 20 a day can cost £5,000 a year and so is a significant factor in financial wellbeing and rent arrears.

FACT: The proportion of people aged 18 or over in England who smoke decreased from 19.8 per cent in 2011 to 12.7 per cent in 2022. Rates of people who have successfully quit smoking for four weeks or more are decreasing.*

*Source: <https://fingertips.phe.org.uk/static-reports/health-trends-in-england/England/smoking.html>

- o Do you smoke or use tobacco?
- o Do you feel that smoking affects your health, but you need support to help quit smoking?
- o Would you like some support to help you stop smoking?
- o Are you worried about how much you are spending on smoking?
- o Do you vape?
- o Would you like some support to help you stop vaping?
- o Are you worried about how much you are spending on vaping products?

Mental health and wellbeing:

Mental wellbeing can have a significant impact on daily life. Understanding more about this can help with tenancy sustainment, awareness of vulnerabilities and helping people integrate and feel part of the community.

*FACT: One in four people will experience a mental health problem of some kind each year in England. One in six people report experiencing a common mental health problem (like anxiety and depression) in any given week in England.**

*FACT: 21 percent of adults in England said a housing issue had negatively impacted their mental health, even when they had no previous mental health issues, and housing affordability was most frequently stated as the reason.***

*Source: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-facts-and-statistics/>

**Source: https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf

- o Do you have contact with one or more people on a frequent basis (e.g. daily or weekly)?
- o Do you feel lonely?
- o Do you feel part of a community? (this could be local to where you live, or through clubs or groups you are a member of)
- o Do you feel you have lost regular social contact?
- o Do you feel isolated?
- o Would you like support or advice on how to become part of your wider community?
- o How has your mood been over the last couple of weeks?
- o Do you feel you get good quality sleep?
- o Do you often feel anxious or on edge?
- o How stressed do you feel?
- o Do you feel 'supported' by those around you - friends, family, neighbours?
- o Do you get to engage in activities or interests you enjoy?
- o Are you physically active and do you get to enjoy being outdoors?
- o What helps your mental health and wellbeing?
- o Would you like some support for your mental health?

Healthy eating:

How people feel about their weight can affect their confidence for example applying for a job and limiting what they do in their daily lives.

The cost of living continues to be a factor including increases in rent across the housing sector. As housing costs increase, there is less to spend on other essentials such as food, clothing, and transport; this, and the stress of it, will have significantly worsened health for low-income families.

FACT: According to the Resident Voice Index, nearly four in five (78 per cent) were worried all or most of the time about meeting monthly living expenses (10 per cent more than spring 2022).*

FACT: Healthy nutritious food is nearly three times more expensive than obesogenic products with more healthy foods costing an average of £8.51 for 1,000 calories compared to just £3.25 for 1,000 calories of less healthy foods. Between 2021 and 2022 healthier foods became even more expensive, increasing in price by an average of 5.1 per cent compared with 2.5 per cent for the least healthy foods.**

FACT: Levels of adults being overweight are on the increase with 64 per cent of adults classified as overweight or obese in 2022/23 compared to 61 per cent in 2015/16.***

** Source: [Resident Voice Index report, Cost of Living: Crunch Time](#)

*** Source: [The Broken Plate 2022 The State of the Nation's Food System](#)

***Source: <https://fingertips.phe.org.uk/search/obesity#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

- o Are you worried about your weight?
- o Do you think your weight is having a negative impact on your health?
- o Do you lack confidence because you're concerned about your weight?
- o Do you feel unable to do everything you'd like to because of your weight?
- o Do you feel your weight may be limiting the activities you're able to do? (e.g. playing or taking care of children, moderate exercise, socialising, buying clothes)
- o Would you like some support to manage your weight?
- o Do you have enough income to pay for essentials, such as rent, food, energy costs etc?
- o Do you think your income is having a detrimental impact on the amount and/or quality of the food you can buy?
- o Have you needed to access a foodbank in the last X months?
- o Is there adequate provision for food storage in your kitchen?
- o Do you have the space and facilities to store food safely and prepare meals?

Physical activity:

Being physically active can help people remain independent and in their own homes. One in six deaths are caused by physical inactivity. Understanding the barriers to physical activity can help encourage and support to take appropriate activities and reduce support needs. Increased physical activity can have positive impacts on mental wellbeing and improve confidence. There are partnership working and grant funding opportunities available to support physical activity programmes.

FACT: People who are physically active have a 20-35 per cent lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.*

*Source: <https://fingertips.phe.org.uk/profile/physical-activity>

- o Thinking about being physically active, which of the following activities have you done in the past 12 months? (respondents can tick) Walking or cycling (for at least 10 minutes), gardening, sport, fitness, dance, none of these.
- o How recently did you do the activity? (Grid style question with activities down the side and a column for each of these frequencies along the top: within the last month, one to three months ago, four to six months ago, seven to 12 months ago)
- o Would you like to be more physically active?
- o Do you lack confidence to try exercise?
- o Do you know how to find out about what exercise or activity options are available where you live?
- o Do you have nearby green space(s) nearby? If yes, do these meet your needs in terms of accessibility?

(getting to them easily, have facilities you need such as places to sit, play areas etc)

- o Do you feel safe to go out into your local area?
- o Are the local green spaces nice places to be and well looked after? If not, does the condition of them dissuade you from visiting?

Employment and skills:

Good employment is a building block of health, and a secure source of income can help to sustain tenancies and improve quality of life. There are a range of agencies and support to help people into employment and having these insights can enable signposting to services and help to understand barriers to employment which partnership working can help to breakdown.

FACT: 40 per cent of lead tenants in households in a new general needs letting were employed in 2022/23 - an increase from 38 per cent in 2021/22. The remainder include the unemployed, retired, those unable to work due to illness and those not seeking work.*

***Source:** <https://www.gov.uk/government/statistics/social-housing-lettings-in-england-april-2022-to-march-2023/social-housing-lettings-in-england-tenants-april-2022-to-march-2023>

- What is your employment status? (options given)
- Are your hours, or work, consistent and reliable?
- Do you feel you have a good work/life balance?
- Are you looking for work?
- Is there anything preventing you from engaging in work, study, volunteering, or any other activities you would like to do?
- Are any of these barriers preventing you from working?
 - o I do not feel confident in the skills and experience I have
 - o I do not have an up-to-date CV
 - o I need flexible hours
 - o I don't have my own transport
 - o I cannot afford the transport to get there
 - o I have a health condition or disability preventing me from working
 - o I feel anxious at the thought of attending an interview
 - o Other

Caring responsibilities:

Caring responsibilities can have an adverse effect on both the physical and mental health, education and employment of those providing the care. Understanding and being able to respond to the needs of those with caring responsibilities who live in our homes can help to make the lives of both the carer, and those they have caring responsibilities for, more comfortable.

FACTS: The most recent Census 2021 puts the estimated number of unpaid carers at five million in England and Wales. This, together with ONS Census data for Scotland and Northern Ireland, suggests that the number of unpaid carers across the UK is 5.7 million.

This means that around nine per cent of people are providing unpaid care. However, Carers UK research in 2022 estimates the number of unpaid carers could be as high as 10.6 million (Carers UK, Carers Week 2022 research report).

4.7 per cent of the population in England and Wales are providing 20 hours or more of care a week.*

In 2023, 82 per cent of carers said the impact of caring on their physical and mental health would be a challenge over the coming year - an increase from 77 per cent in 2022.**

*Source: <https://www.carersuk.org/policy-and-research/key-facts-and-figures/>

** Source: [Carers UK State of Caring 2023 - The impact of caring on health](#)

- o Do you have caring responsibilities for someone with physical and/or mental health problems?
- o Do you need to have a separate bedroom to meet the needs of your partner (such as if they have continence or sleeping issues)?
- o Would you benefit from any advice on how to keep yourself physically safe when carrying out caring tasks (such as advice on heavy lifting)?
- o Do you know how to apply for adaptations to the home to enable you and your family to remain living together at home for as long as possible and/or to make your caring role safer?
- o Are you aware of local community alarm and telecare services that can provide support?
- o Do you have support as a carer?
- o Do you think you are in receipt of all welfare benefits you may be entitled to as a carer?

Neighbourhood and community:

Neighbourhoods and communities can have a positive and negative impact on our health and wellbeing. Gathering insight on how our residents feel about the area they live can help us to understand behaviours and enable us to prioritise those areas where there is an increased risk of health inequalities developing.

*FACT: Access to good quality green space is linked to improvements in physical and mental health, and lower levels of obesity. Levels of access to green space are lower on average for people from ethnic minority communities and people living in areas with lower average incomes. Exposure to air pollutants is estimated to cut short 28,000-36,000 lives a year in the United Kingdom. Differential levels of exposure are associated with both deprivation and ethnicity.**

*Source: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities>

- o How do you feel about where you live OR Do you like where you live / your neighbourhood?
- o What would make you feel safer about your neighbourhood / where you live?
- o How important to you is it to have leisure facilities near to where you live?
- o What do you like most about living in your neighbourhood?
- o What do you like least about living in your neighbourhood?

Summary

This insights bank enables health and social housing partners to develop shared insights and partnership working to deliver improved health and housing outcomes for residents and communities.

If this work can be developed and embedded, we can use the data and learning to create evidence-based processes and policies and prioritise health outcomes for vulnerable groups. Looking to the longer term, this should help with investment in sustainable housing.

This resource is not a static document. The content will evolve and develop, with further updates published.

It is part of a suite of resources that CIH is supporting with the health and housing partnership led by Grand Union, Peabody, bpha and the Shared Public Health Service for Milton Keynes, Bedford, and Central Bedfordshire.

You can access the resources and other useful links below:

[Building Blocks For Life: Housing and Healthy Neighbourhoods \(cih.org\)](#)

<https://cih.org/publications/expanding-the-art-of-the-possible-the-role-for-health-care-and-housing-partnerships-in-the-developing-local-framework>

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