

A house is not a home when it is a risk to health

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Introduction and Background

In starting this address I recall the late Roy Emerson (a predecessor as CIEH president) wrote to the CIEH Commission on Housing Renewal and Public Health, long before the banking crisis, making a number of perceptive and valuable comments most particularly questioning why house price inflation seemed to be seen and reported as a good thing. Indeed the final report quoted him when he said “with present inflation on house prices the Commission cannot solve the insoluble and that no government, local authority or private company can afford clearance on the scale required”. Why he asked is inflation “deplored in other areas of the economy but applauded in the housing market”. He questioned “how much stress, anguish and ill-health is caused by the seemingly endless increase in acquisition costs and unaffordable mortgages?” Of course we know that this inflation was fuelled by the banks and irresponsible lending – a bubble that had to burst. The dysfunction of the housing market and how we as a society see “housing”, is a major contributory factor in why housing can pose a risk to health – and why irresponsible landlords can continue to operate.

I want to develop some of the thinking about the market further because housing does not just affect physical health (and safety) but also mental health and there can be no health without mental health¹. In doing this my focus will be on housing as a matter of public health and where and why this is a key issue for EHP.s. In this address I take account of two developments; the newly formed Pro-Housing Alliance which this month published two reports at its launch at Chadwick Court; and work done for Karen Buck MP following Freedom of Information requests to local authorities and the report on how well private tenants are being protected by local authorities. I should make it clear from the outset that I certainly don't believe that all private landlords are rogues – far from it – indeed the private rented sector is highly segmented and if local authority strategies don't reflect this then they are deficient.

As a starting point let me give you two relevant quotes:

The health of the people is really the foundation upon which all their happiness and all their powers as a state depend (Benjamin Disraeli)

Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care (Universal Declaration of Human Rights)

¹ See; Dept of Health (2011) *No health without mental health* – a cross-government mental health outcomes strategy for people of all ages. Debt and homelessness are associated with mental ill health.

The World Health Organisation has said, “the dwelling is the physical structure providing shelter and the necessary space, facilities and amenities for the household. The home is the social, cultural and economic structure created by the household. It represents a refuge from the outside world, enables the development of a sense of identity and attachment – as an individual or as part of the household - and provides a space to be oneself”². The dwelling and its location and immediate environment as well can have an impact on social mental and physical health.

There are thus two basic elements that have to be considered to ensure that housing makes a positive contribution to public health across the social gradient and helps reduce health inequalities not exacerbate them. The first is to increase the supply of housing in all tenures that is genuinely affordable given that lack of availability allows rogue and irresponsible landlords to flourish. At the same time any notion of affordability that does not reflect actual incomes is wholly inadequate. Remember that house price inflation was fuelled more by irresponsible lending than growth in incomes or construction costs. The second is to deal with conditions in the existing stock. Most of the housing that will exist in 2075 is already built. Furthermore the market does not encourage maintenance anyway – indeed the law (reflecting the market) interprets “repair” as work that adds little or nothing to property value³.

Supply and housing market issues

So turning in more detail to issues of supply and the market we cannot have a healthy population without an adequate supply of housing that people can genuinely afford. Despite the banking crisis house prices have not plummeted. Let us look briefly at the Birmingham and West Midlands. In 2008/09 according to the ONS, 11,100 new dwellings were completed in the West Midlands, the second lowest number out of all the English regions and there were 2.3million dwellings (10% of England’s total). Using the Zoopla.co.uk website⁴ however it seems, the market may not be “buoyant” with an annual turnover of about 9%, but thinking about what else is happening in the economy the average house price in 2011 at just over £287,000 is down only 5.44% on last year (a drop of £6,462). However the average value change is only 7.69% on that five years ago (a drop of £24,000). In the last three months there has actually been a 1.16% rise. The average weekly private rent asked is £225 per week. In truth our housing stock is grossly over-valued, not because of inherent costs of provision.

Looking at ONS data median earnings in the West Midlands are lower than for the UK as a whole – in April 2009 median gross weekly earnings for full-time employees working in the West Midlands were £456, compared with £489 for the UK. An indicator of housing affordability compares house prices towards the lower end of the range

² See: “Housing and Health in Europe – the WHO LARES Project” (2009) Ed David Ormandy, Routledge,

³ See Case Law on s.11 of the Landlord and Tenant Act 1985, the repairing obligation on landlords for example *McDougall v Easington DC* (1989) 21 HLR 310 CA

⁴ <http://www.zoopla.co.uk/home-values/browse/ts25/?q=TS25>

(lower quartile) with lower quartile earnings of workers in the area. The median price for homes sold in the West Midlands in 2009 was £142,000, the same as in 2008, compared with the England median of £170,000 (a decrease of 2.3 per cent). The median house price was ranked approximately in the middle of the figures for the English regions. On this measure, according to the latest available data for 2010, the ratio for the West Midlands was 6.1, which means that although lower quartile flats and houses were thought of as more affordable to local workers than those in London (where the ratio was 9.0), the South East (8.5), the South West (8.2) and the East of England (7.7) they were less affordable than other English Regions according to ONS. However this notion of affordability can be skewed. Recent research shows that almost 5million people above the minimum wage level are still not on a living wage; outside London one needs an income of £7.20 an hour (the minimum wage is now £6.08). A single person needs to earn at least £15,000 a year before tax in 2011 to afford a minimum acceptable standard of living. A couple with a single earner and two children need at least £31,600⁵. About a quarter of the workforce gets less than that.

At the same time the real value of income is reducing and the use of the term “affordable housing” as a percentage of “market rents” as commonly used can be misleading and unjustified. Unless the local housing cost level has been checked against local incomes and other costs required for an adequate lifestyle then we cannot say that housing is genuinely “affordable”. This can be done however using established Minimum Income Standard (MIS) methodology and with regard to the Minimum Income for Healthy Living. Evidence-based housing affordability figures should be calculated for local areas using the Housing Affordability Standard (HAS) methodology developed by the Zacchaeus 2000 Trust and Citizens UK (Z2K, 2005). Housing that causes stress as the result of financial pressures – pay the mortgage/rent or cloth the kids or eat or stay warm – is not healthy (and exacerbates health inequity).

Decent affordable housing is a pre-condition for societal health and wellbeing, educational achievement, economic development and the proper care of all age groups. The Marmot Review argues that tackling health inequalities involves tackling social inequalities:

...“the distribution of health and well-being needs to be understood in relation to a range of factors that interact in complex ways. These factors include whether you live in a decent house (Marmot 2010).”

As an aside we need also to be aware of demographic changes. With an ageing population we also need homes are suitably adapted to allow people to live independently with dignity and in comfort. Housing policy should thus be predicated equally on considerations of social justice and economic efficiency. The policies of at least the last 30 years have signally failed on both counts with resultant huge, but unmeasured, economic costs and widespread hardship for more vulnerable people.

⁵ Study by Loughborough University Centre for Research in Social Policy for JRF <http://www.jrf.org.uk/publications/minimum-income-standard-uk-2011>

Current policies as they affect housing and health do not making sense in terms of public health, cost-effectiveness in the use of scarce public funding, in terms of facilitating mobility of labour and the functioning of the economy, or in terms of natural justice. In the same way as local authorities are expected to have coherent housing strategies any government should have an overarching housing policy or strategy, which should be tested against its ability to deliver in all these respects.

The country has largely given in to the notion of “homes as pensions” idea (hence the acceptance and desire for house price for those already owner/occupying) i.e. using equity to supporting needs in older age, replaces proper pension provision then about 30% of the population cannot self-provide. This constitutes a clear injustice and leads to further stratification in society and epidemiological evidence shows that the more unequal societies are, the unhealthier they are also⁶. There is no logical relationship between the proportion of home ownership and general welfare. In Switzerland the ownership rate is 30%, in Bangladesh nearly 100% and in the former German Democratic Republic it was about 50%.

There should be no policy preference for owner-occupancy over rented tenures based on the need for rising values as a source of equity so as to fund future welfare needs. A dwelling should be to provide a healthy and secure environment in which to establish a home – it should not be seen as investment – easy money. The current approach has led to the buy to let market and increase in the private rented sector. This is not necessarily bad, but too many landlords rely on the capital gain without really think of what is involved in managing properties, never mind having a proper business plan.

So with an over-valued housing stock, what of those on low incomes, in insecure or spasmodic employment, never mind those wholly reliant on the benefit system? The present proposals to cut housing benefit (local housing allowance) and the proposed universal benefit could actually produce widespread costs in other ways as the result of increased hardship with increased adverse mental health and physical health effects. All resulting from increased debt and insecurity. They will lead to enforced moves, with disruption of lifestyles, an increase in overcrowding and they are inducing a reduction of household spend on other health-protective items such as a healthy diet and domestic fuel leading to energy precariousness.

On public health grounds I do not believe the reduction in local housing allowance should be implemented until other measures have ensured an increase in housing

⁶ See: Wilkinson, R, and Pickett, K, (2009) *The Spirit Level – why equality is better for everyone*, Allen Lane

supply⁷, and a gradual fall in the cost of housing with an accompanying reduction in the call for housing support payments⁸.

Conditions and the existing stock

What of the existing housing stock and action to ensure that this does not pose a risk to health with subsequent exported costs? Currently in the market we have a situation where there are two responses by landlords to the market and the welfare reforms. Those who are responsible will move out of the benefit end of the market as they can now let to the “generation renters”; those who in earlier years would have been first time buyers. The less responsible or reputable at the cheaper end of the market and who accept benefit claimants will be more inclined to crowd houses and increase multi-occupation to make their money. The pressure will also be on these tenants to move to cheaper areas – and cheaper areas are exactly where you will more likely to find the rogue landlords.

It is worth noting at this point that the statutory Operating Guidance for The Housing Health and Safety Rating System says:

“...any dwelling should provide adequate protection from all potential hazards prevailing in the local external environment and that any residential premises should provide a safe and healthy environment for any potential occupier or visitor ” (HHSRS Operating Guidance 2006 made under section 9 Housing Act 2004) (NB. “Health” in the 2004 Act is defined as including mental health)

The housing market has not led to healthier housing – possibly the reverse. According to the English Housing Survey Headline Report (EHS) 2009/10 in 2009 there were 6.7 million dwellings (30%) which failed to meet the decent homes standard. The most common reason was the existence of a Category 1 hazard under the HHSRS (not forgetting some Category 2 hazards can still pose a significant risk). Privately rented dwellings had the highest incidence of non-decency of the four tenures, 41% (1.465M dwellings), while in the owner occupied sector 29% failed to meet the standard (4.377M dwellings) (CLG, 2011). Of the total of non-decent homes 4.5M dwellings had a Category 1 hazard. Despite a Labour Government programme to ensure that all social housing should be made decent by 2010 there is still almost a million non-decent dwellings in this sector.

However proportionately the poorest quality housing is found in the private rented sector as the EHS Headline Report 2009/10 shows with 971,000 having a Category 1 hazard. This figure should be borne in mind when considering the rate at which local authorities

⁷ NB. 62,000ha of “brownfield” land in the UK, 10,000ha in London and the South East on which 1.2million homes could be built; towns and cities are the most environmentally efficient places to live

⁸ See also the report commissioned by Affinity Sutton from Cambridge Centre for Housing and Planning Research *Bridging the affordability gap* which indicates that although rents between social and full market levels could ease the strain of “soaring private rents for thousands of families if they are able to obtain a new housing association home. However, those dependent on benefits and some working families would still find this new rent model unaffordable”.

are dealing with these conditions. Furthermore, bearing in mind what has been said about supply and the "failure" of the housing market, it is anticipated that more people will be relying on this sector due to the restricted supply of social housing and mortgages being so limited plus the effects of the Localism Bill⁹. I have already expressed my concern that those on low incomes or benefit will have to use housing provided by more neglectful landlords and there will be an increase in multi-occupation.

The Coalition government rejected the proposal for to a national register of landlords, arguing that the powers exist to deal with bad landlords. A recent report for Labour MPs Karen Buck and Alison Seabeck however has indicated a worryingly low enforcement activity by local authorities and little strategic approach to addressing the real problems in this sector (Battersby, 2011). This also leaves tenants, who have very limited security of tenure, exposed to those neglectful and/or criminal landlords who can exploit their vulnerability. The benefit reforms will only add to the uncertainties for many housed in the private rented sector. The recent policy briefing from Shelter (Shelter, 2011) (and their rogue landlord watch initiative) says that Local authorities dealt with more than 86,000 complaints from private tenants in 2010/11; yet, wider research finds that over 350,000 private renters experienced housing problems in the same year.

Thinking of older households, many of the most vulnerable older and elderly householders in non-decent homes are in private sector housing. Vulnerable householders aged 75 or more are most likely to live in non-decent homes. Over 1 million vulnerable older and elderly householders in non-decent housing live in owner occupied or privately rented homes. Some 865,000 of older and elderly householders live in houses in serious disrepair in the private sector. Unlike other age groups the position of vulnerable householders aged 75 has continued to decline, with the percentage in housing in serious disrepair increasing from 10.8% to 14.4% since 2006 and for vulnerable householders aged 60 this increased from 10% to 12.3% in the four years from 2006. The EHS Headline Report (CLG, 2011) shows that older households in poverty were most likely to be living in the most energy inefficient homes, Bands F and G (22% compared to 15% of all poor households and 14% of all households).

Much of the private sector renewal money has been used to assist in improving levels of energy efficiency in the homes of vulnerable older and disabled people. In future there will be no such assistance and the situation has been greatly exacerbated by the government's decision to close the Warm Front programme and to replace it with the Green Deal, which will not be run by local authorities. In 2009/10 the Office for National Statistics reported there were 25,000 excess winter deaths. The 2010 Public Health White Paper says "*we could prevent many of the yearly excess winter deaths through warmer housing*". Following the exceptionally cold winter of 2010/11 it is highly probable that this annual tragedy of unnecessary winter deaths will continue at a high level.

⁹ The Localism Bill currently in Parliament will allow local authorities to fully discharge their duties to homeless people by using private rented accommodation without requiring the applicant's agreement. Local authorities will also have the power to offer flexible tenancies to new social tenants. A flexible tenancy is a secure tenancy of a fixed term (not less than two years). This again could mean people having to move from secure social housing into the private rented sector.

So one might ask who is working to protect these at risk from where they live? This is the challenge to the environmental health profession and indeed others in the public health world. The report for the MPs (Battersby, 2011) shows that many local authorities do not keep any record of hazards identified and remedied. While more authorities are keeping this information now, for many it is still not readily accessible. One might also ask whether adequate time records are kept to justify any fees and charges - or is no advantage taken of the opportunity to charge according to efforts and use charging powers strategically? It is again difficult to understand how local authorities can develop strategies, or demonstrate the effectiveness of their approach if they do not have accessible records on the hazards that have been identified and remedied. Even in 2009/10 45% of LHAs could not provide information on Excess Cold, the most common and most serious single hazard for health in the housing stock (collectively falling hazards are numerically the most frequent Category 1 hazard). In view of proposed changes to responsibilities for public health, it is questionable how they will be able to demonstrate their contribution to health improvement. As Michael Marmot has pointed out, housing is a key social determinant of health¹⁰ and LHAs do not appear to be addressing inequity in health attributable to housing conditions. This can be considered as matter of social justice and health equity. Vulnerable private sector tenants should reasonably expect a more consistent approach regardless of the council area in which they live.

On the figures from LHAs, Crowding and Space appears to be a less common hazard than others. However it may be more common in some LHAs than others as it appears to be identified increasingly, which would accord with the pattern reported in the EHS Headline Report 2009/10. Using the bedroom standard this showed 63,000 overcrowded private renting households in 1995/96 rising to 152,000 in 2009/10 (with a total of 630,000 households overcrowded in all tenures). One quarter of all overcrowded households are in the private rented sector. Housing has an impact on mental health and the impact of housing conditions, particularly where there is crowding and lack of space should not be forgotten. Overcrowding has also been linked to sleep deprivation, stress and lack of educational achievement (CIEH, 2008). So the potential contribution of LHAs to improved public mental health is not being fulfilled. On educational attainment a study in Wandsworth has found that overcrowding is an inhibiting factor to children's capacity to perform well at school and can be associated with adverse behavioural consequences (Ambrose and Farrell, 2009). The indications are that an improvement in housing conditions and security would lead to a more cost-effective use of educational investment and to reduced stress on both teachers and learners.

Looking further at what LHAs have reported. "Damp and Mould" as an HHSRS hazard appears to be identified and dealt with by LHAs more commonly than might be expected given the national statistics (7.7% of the private sector as a whole has some

¹⁰ Michael Marmot, 2010, Fair Society Healthy Lives – The Marmot Review, Strategic Review of Health Inequalities post 2010 can be viewed at www.ucl.ac.uk/marmotreview See also *The Health Impacts of Cold Homes and Fuel Poverty* Written by the Marmot Review Team for Friends of the Earth <http://www.marmotreview.org/reviews/cold-homes-and-health-report.aspx>

dampness but in the private rented sector this is 15.4%). However, damp and mould is a more obvious hazard than excess cold and is probably the reason why tenants complain to the LHA, even though it actually poses less of a risk to physical health. It is also true that the EHS shows that in 2009 damp was more prevalent in poor households, where 12% lived with damp problems compared with just 7% of households not living in poverty. Dampness and cold can often be a reflection of the inherently poor quality and age of the stock. It is also reported by W.H.O. that dampness is more likely to occur in houses that are overcrowded and lack appropriate heating, ventilation and insulation and in any country the prevalence of indoor damp in low-income communities can be substantially higher than the national average¹¹.

The fact that “Damp and Mould” is identified more frequently by local authorities than what are more common hazards that are also more of a risk so far as health and safety is concerned, indicates that in practice most local housing authorities intervene on the basis of complaint or service requests, rather than the result of any coherent strategic approach. Given the lack of security in the PRS and reluctance to complain, it is probable that those who feel most insecure and vulnerable (and at risk of retaliatory eviction) are least likely to complain. So local housing authorities may not be dealing with the worst housing conditions, nor the most irresponsible or worst landlords. Reliance solely on complaint before intervening even increases the risk of retaliatory eviction when action is taken. There are ways of avoiding this as shown by some local authorities such as Liverpool and Oxford. That said the reduction in the private sector renewal budget for 2011/12 to zero, means that local housing authorities will be less able to use the carrot of renewal assistance to help and support more responsible private landlords.

Given the general level of security of tenure in the PRS it might be reasonable to assume that there must be some apparent and obvious problems that lead the occupier to make a complaint to the LHA even if they are not the greatest risk. There is therefore a striking difference between the numbers of inspections, the numbers of hazards found and then the level of use of the powers in Part 1 of the 2004 Act. Indeed as a crude measure the EHS indicates an average of 2,969 private rented dwellings with Category 1 hazards per local authority. The average number of dwellings dealt with under the Housing Act in 2009/10 was 274 per LHA (including informal action)¹². This suggests that at best, less than 10% of the dwellings with Category 1 hazards are dealt with in any year. With so much informal action it is also difficult to know if these hazards are dealt with adequately if at all. Furthermore from the FoI requests the figure of 274 will include Category 2 hazards, so even this progress on remedying Category 1 hazards is probably overstated. Furthermore, without changes in approach the rate at which hazardous dwellings are dealt with is also unlikely to increase given the cuts happening in local government.

¹¹ WHO, 2009, WHO Guidelines for Indoor Air Quality - Dampness and Mould

¹² In 2009/10 Average of 431 referrals and 284 PRS inspections per LHA: Mean number per LHA of Prohibition Orders was 2.7; Improvement Notices -18; and Hazard Awareness Notice - 6.

If there is a reluctance to take more rigorous courses of action such as Improvement Notices or Prohibition Orders (whether suspended or not) it is surprising that so little use is made of Hazard Awareness Notices, which unlike the other provisions has no potential for an offence to arise. The most common action by the LHA is “informal” – possibly as this is construed as “better regulation”. However, this makes it very difficult to hold LHAs to account for their activities, as it is unclear what form this “informal action” takes and probably varies from authority to authority. This argues for a review of the Enforcement Guidance issued under s.9 of the Housing Act 2004 (and also Circular 5/2003 and I have offered the CIEH to undertake this for CLG). This is further justified by a third of authorities either not being able to provide information or who made a zero response for the use of Improvement Notices. It should be noted that “informal” action is not a course of action available for meeting the duty in Part 1 of the Housing Act 2004.

Any course of action other than one included in Part 1 to deal with a Category 1 hazard would be a breach of statutory duty. Part 1 of the Act itself complies with the Hampton Principles of Better Regulation and the courses of action available allow LHA.s to take action that is proportionate. In deciding on any course of action there should be some discussion with owners, tenants and other interested parties so that the most appropriate course can be taken. This also ensures that an adequate Statement of Reasons (under section 8) can be issued. The Statement explains why that action rather than another has been taken and underlines the need for accountability and fairness in actions. At the very least a hazard awareness notice should substitute for “informal” action, after all it would make it clear what is required and why for the avoidance of doubt for all parties.

If we are concerned with addressing health inequalities then as I have already alluded to, lack of security is itself a risk factor in the private rented sector (and indeed in the local authority sector with the proposed reduction of security). An Australian study found that increased housing security correlated with improved achievement and behaviour by children (Phibbs and Young, 2005).

Costs and evidence

Whether at the local or national government level it seems to be a poor (and potentially wasteful) approach to make policy changes without adequate evidence and without connecting with other policy areas. The full range of costs arising from housing that is unaffordable, in poor condition, overcrowded, insecure and inadequately heated or in any other way not appropriate for purpose needs to be identified and assessed as a guide to what level of housing investment would be most cost-effective in the use of public funds. So let us finally look at the costs of unhealthy housing. There seems little point in the government spending ever-increasing amounts on the NHS to reduce health inequalities while failing to recognise the impact of housing and its condition on health and wellbeing outcomes (Marmot et al, 2010, Shelter, 2006). The reduction of these damaging conditions would enable more effective use of NHS expenditure for example

in more preventative programmes.

The Marmot Review stressed the environmental and social determinants of health outcomes. The national and international literature on the “exported costs” generated by poor housing has been growing steadily since the early 1990s when the extent of cost savings arising from housing renewal was demonstrated in the Stepney “Health Gain” study (Ambrose, 2000). In the last two years there have been reports from the Building Research Establishment (Davidson et al, 2010)¹³, Circle Anglia (Circle Anglia, 2010) and Ecorys (formerly ECOTEC) (Friedman, 2010) each separately putting a figure of something like £1bn to £2.5bn annually on the costs of bad housing – but all working on a different aspect of housing.

DECC is commissioning a study to quantify and monetise the health benefits from improving the energy and thermal efficiency arising from programmes such as Warm Front and the Warm Homes Discount. UKPHA has commissioned the Greater Manchester Public Health Practice Unit to assess the costs and benefits of fuel poverty interventions, in particular as part of the AWARD programme (Threlfall, 2011). Using the NHS threshold of £20,000 for a QALY (Quality Adjusted Life Year), an intervention costing £88,800 must generate at least 4.44 QALYs to be cost effective. In the scenarios modelled the value of the QALYs gained ranged from £64,000 to £653,800, so only one scenario failed to achieve that.

Putting all the research it has been suggested that even taking conservative assumptions, the annual cost of poor housing could be £5bn to £7bn or more in England and Wales. This is enough to pay the annual interest on borrowings in the order of £100bn – more than enough to put all existing housing in good order and fund the housing drive being proposed by the Pro-Housing Alliance to solve current supply problems.

Conclusion

It seems to me that while the majority of us live in adequate conditions costs pose an increasing mental health strain. For many their housing does not provide a haven from the vicissitudes of the outside world. There are a number of things that need to be done at both the central and local levels. First there is a need to increase the supply of housing and redefine affordability so that it is not linked to market rents but real incomes. The minimum wage is not an adequate approach either.

Our approach to overcrowding/over-occupation needs to be redefined and rationalised – the review in CLG seems to have disappeared. The statutory overcrowding provisions date from the mid 1930s and while the HHSRS provides a better approach in itself it is not a standard and there are too many other standards.

¹³ See also Davidson et al (2011) *The cost of poor housing in Wales*, BRE Press (with Shelter Cymru and BRE Trust) which reports that targeting the worst hazards would save the NHS in Wales £67million per year and improving SAP of all housing currently SAP less than 40 savings would be doubled. Other societal costs from poor housing were estimated at £100 million per annum

Housing has to be seen as a public health issue within local housing authorities, so that with the new public health arrangements, they have in place coherent health and housing strategy and having a more proactive approach that does not rely on complaint (thereby meeting fully the statutory duty in section 3 of the Housing Act 2004). This should include a rigorous use of the powers in the Housing Act for the most recalcitrant landlords but having also in place some form of accreditation and support for those who act responsibly and know what they are doing. These are things on which local authorities can work together – for example a shared service on prosecutions or a regional accreditation scheme as even small portfolios can have properties in different authorities.

We also need a change in attitude within society so that housing is seen as a necessary part of public health and not as investment that supports future welfare.

Even in these challenging times though, we as a profession can do more. Indeed EHPs should be advocates for a better approach. Challenging times though also provide an opportunity for more imaginative thinking and the use of initiative, it is also a matter of commitment and drive. If we really do believe we have a role in tackling health inequity we have to do more for those households whose so called home is a risk to their health.

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