

Case-study 8.5.1

Shepherds Bush Housing Association Assessing the health impact of housing policy ... work in progress

*Ruth Barnes**

INTRODUCTION

This case-study outlines an in-depth health impact assessment (HIA) which is being applied to a programme of social housing refurbishment and reallocation in west London. The study runs over a period of three years and the HIA is partly concurrent and partly prospective.

Shepherds Bush Housing Association

Shepherds Bush Housing Association (SBHA) is a large housing association operating in the boroughs of Hammersmith and Fulham, Ealing and Hounslow in west London. It has c. 2,700 general needs homes, 300 supported housing flats, 200 privately leased homes and a further 500 shared ownership homes managed by Bush Housing Association¹.

Each year, SBHA re-houses around 20 tenants for social and medical reasons and reallocates new properties to about 100 people, many of whom are referred by the local authority and include homeless people and refugees. SBHA has recently started on a 12-year reinvestment and refurbishment programme affecting 1,200 properties and over 3,000 tenants.

Policy context

The importance of housing as a major health determinant is widely recognised and the new public policy agenda focussing on the development of partnership working to reduce inequalities and social exclusion offers good opportunities for making the link between housing policy and health. One of the long terms aims of SBHA is to realign all its policies and practices so that they have a positive impact on tenants' health and contribute towards reducing health inequalities amongst disadvantaged groups in west London. A first step in moving towards this has been to develop a research project in which I will start to gather an evidence base of health impacts on which policies can be based to ensure effective targeting of resources.

Funding and first steps

In 1998, SBHA successfully applied for funding from the Housing Corporation's Innovation and Good Practice Grant as part of a wider programme of health and housing work being undertaken in the London region². An additional contribution was also made by the London Borough of Hammersmith and Fulham.

The project began in April 1999 and will run until March 2002. A public health specialist was seconded from the NHS Executive to undertake the work. A steering group was established at an early stage, with representatives from:

- SBHA;
- Ealing, Hammersmith and Hounslow Health Authority;
- the London Borough of Hammersmith and Fulham;
- the Housing Corporation; and

* Ruth Barnes is the health research project manager at Shepherds Bush Housing Association. The study is funded by the Housing Corporation (London Region), the London Borough of Hammersmith and Fulham and Shepherds Bush Housing Association. The case study is based on an early draft of the study's first annual report which was subsequently published in May 2000.

- local general practice.

OBJECTIVES

The objectives of the work are:

- to investigate the impact of refurbished, new and reallocated housing on health and well being, how other influences on health interact with housing and whether proven health savings can be produced as a result of providing refurbished, new or reallocated housing;
- to establish which components of housing most affect health and, as a result, how resources can best be targeted to improve tenants' health;
- to develop exemplars of good practice for housing associations, in partnership with other agencies, to improve their tenants' health and to assess the effect this will have on housing association, local authority and other budgets; and
- to examine ways in which best practice can be developed to use improvements in housing and health to improve tenant involvement and the quality of housing management³.

METHODOLOGY AND METHODS

The project draws on a range of traditional public health and epidemiological research methods within a structural framework based on a variation of the Merseyside Guidelines⁴. The work is also underpinned very strongly by the key principles of HIA, namely:

- a social model of health and well-being;
- an explicit focus on equity and social justice;
- a multidisciplinary, participatory approach;
- the use of qualitative as well as quantitative evidence; and
- explicit values and openness to public scrutiny⁴.

Steering Group

The health and housing project Steering Group was established at an early stage – before the application for funding was submitted – so that its members could contribute to the bid as well as to raise the profile of the work with partner organisations and to gain their support for it. The Steering Group usually meets on a three-monthly basis and its members include the following:

- Shepherds Bush Housing Association
Chief Executive
Health Research Project Manager
- Local Authority
Assistant Director of Housing
Health Strategy Development Manager
- Health Authority
Public Health Specialist
- General Practice
Medical Adviser to LA housing departments
- Housing Corporation (London Region)
Area Manager

The terms of reference of the Steering Group are:

- to advise, interpret and guide the project and the researcher on the general direction and detail required;
- to provide expert knowledge on the processes required to facilitate the project's implementation;
- to read draft documents produced at key milestone dates and comment as appropriate;

- to approve final reports for release and contribute to the reports as necessary;
- to provide and facilitate contact with other organisations and individuals that will assist in the implementation of the project;
- to ensure that the project keeps to its targets and milestone dates
- to ensure the original objectives of the project are met as appropriate; and
- to assist in the dissemination of the project's work to other organisations⁵.

Literature review

One of the first tasks undertaken was to carry out a literature review to set the context for the study and to inform the development of the methodology by looking at how other studies, particularly those in the field of housing and health, had been designed and carried out. The review was also designed to start to assemble an evidence base on the links between housing and health that are already established, and to identify where there are gaps in the current knowledge. As a result a rich seam of resources including both published and "grey" literature was identified.

Collection of evidence

A major part of the work comprises a questionnaire survey to collect data on tenants' self-perceived health status and their views on how their housing affects their health. Two groups of tenants are being surveyed – those whose homes are being renovated or who are being reallocated to new housing and those whose housing situation is unlikely to change. The survey is repeated at regular intervals so that "before" and "after" responses can be compared and changes over time can be tracked.

Content of questionnaire

The questionnaire survey is in two parts:

1. a detailed questionnaire including questions on
 - housing
 - local environment
 - crime and fear of crime
 - neighbours
 - other influences on health
 - lifestyles
 - the future
 -
2. a shorter questionnaire on self-perceived health status

Tenant details, drawn from SBHA's existing records, are also recorded.

The more detailed questionnaire was purpose built to cover the most relevant issues in depth but draws questions from established, tried and tested sources where possible. As a general measure of self perceived health status, the EuroQoL EQ5D questionnaire was chosen so that the survey findings can be evaluated against a large, nation wide comparable data set⁶.

The data from the questionnaire survey is also being correlated against measures of housing quality, health service uptake rates and a baseline profile of the whole area, drawing on work from the London Borough of Hammersmith and Fulham and Ealing, Hammersmith and Hounslow Health Authority. There are also plans to augment the baseline profile using data and information from the two local Primary Care Groups, the Health Improvement Programme and the Hammersmith and Fulham Health Action Zone proposal*.

Pilot study

A pilot study was completed at the beginning of the study period. Its objectives were:

* Although the HAZ proposal did not receive national funding, it is being used by the Borough and the Health Authority as the basis for developing a local health strategy.

- to test the questionnaires in terms of their practicality and the quality of the data they produced;
- to compare methods of questionnaire administration by interview and postal survey; and
- to start to collect baseline data⁷.

Response rates and questionnaire administration

Over 60 sets of questionnaires were included in the pilot study and a response rate of 72% was achieved after follow up. There was positive feedback on the content of the questionnaires from the interviewees and the interviewees and a small number of minor adjustments were made to some of the questions as a result of this feedback.

A comparison of the postal and interview surveys found that although the quality of data from both was good, the response rate was much higher where tenants were interviewed. As a result, all questionnaires are now being administered by interview where possible⁷.

Findings

The numbers included in the pilot survey are relatively small but some interesting patterns began to emerge when the data were analysed. For example:

- a high proportion of respondents were fairly satisfied with their house or flat as a place to live and even more were satisfied with the general area;
- most respondents felt that their living accommodation had an influence on their health with heating, design and layout, sound insulation and security scoring highly as aspects of their house or flat which had a health impact;
- many respondents commented on the friendliness of their neighbours and on their having a sense of community belonging;
- self-perceived health status tended to be low compared with national figures, perhaps reflecting the socio-economic profile of SBHA tenants;
- a high proportion of respondents had health problems and almost half had visited their GP within the last month; and
- among respondents who were due to move into new accommodation or have their existing accommodation refurbished, there were high levels of expectation that life would be better for them in a year's time⁸.

CURRENT STATE OF PLAY AND NEXT STEPS

Survey and analysis

Following the pilot, the questionnaire survey has been extended to include all tenants coming into in the reinvestment and reallocation programmes, including those moving into newly purchased and refurbished street properties. This process will continue until March 2002 and approximately 100 households are being added to the study each year.

The interviews are being carried out by SBHA staff, primarily allocations officers, tenant liaison officers and reinvestment managers. Although this has considerable resource implications it has enabled a wider range of staff to become directly involved in the work than would have been the case if the questionnaires had been administered by postal survey.

The first round of follow-up questionnaires – from tenants who have been interviewed before and once after their housing situation changed - has recently been completed and is currently being analysed. At the same time, all the data are being incorporated into a database that will enable the longer term effects of housing on health to be elucidated as part of the development of an evidence base.

Implications for housing policy

It will be some years before the full findings of the study are available but, as work progresses, the interim outputs are being fed into our policy and planning processes within SBHA. This is already

beginning to have an effect on practice, for example, through the identification of elements of refurbishment that appear to offer the most in terms of health improvement.

We have also started to expand the programme of work that comes under a "health" banner, planning studies of our policies on medical referrals, aids and adaptations and housing provision for refugees and asylum seekers.

Tenant involvement

Enhancing tenant involvement in housing management is one of our objectives and although this has been slower to take off than the main HIA work, some first steps have been taken, including:

- the publication of a six-monthly tenants' newsletter on health and housing issues;
- the regular incorporation of health and housing issues on the agenda of the Tenant Services Sub-Committee; and
- preliminary discussions regarding the training of tenants in interview techniques.

Anecdotal evidence suggests that, on the whole, the study has been well received by tenants, and this is manifest by the large number of enquiries they make on progress with the project.

NETWORKING AND DISSEMINATION

Staff seminars

Regular staff seminars are held in order to keep SBHA staff up to date with progress on the work and its findings, to invite their input and to ensure that opportunities for applying the findings are maximised. The seminars are also an important way of spreading the "health" message and engaging staff in debates about interagency partnership issues and the wider implications of housing policy in general and their own work in particular.

Publications and conference presentations

The project publishes a six-monthly newsletter for circulation to a mailing list of over 200 health, housing and other professional colleagues nationally. In addition, we produce interim progress reports for the Housing Corporation (London Region) and the Steering Group. We are currently drafting the first annual report, due at the end of March, with a view to submitting papers based on it to relevant professional journals. The work has also been reported on in a number of housing journals⁹ and by the local media, for example at the formal launch of a new housing development involving local people, councillors and members of parliament in May 1999.

Several conference presentations have been made, including those to the London Public Health Network meeting on HIA in June 1999, the second UK National HIA conference in October 1999, the National Health and Housing Network conference on HIA in February 2000, and the annual UK Public Health Association Forum in March 2000.

National health and housing network

In developing the health and housing project, it became apparent that there is a considerable amount of work looking at the interface between health and housing currently being undertaken across the country, mainly in small, locally based projects. However, because much of this work is in its early stages and has not yet been documented, some of it is being done in isolation in a piecemeal and ad hoc manner. As a result, many workers in the field are unaware – or become aware only by chance – that there are others with closely overlapping interests elsewhere and the potential for sharing ideas, networking and support is not being realised.

We therefore became proactive in the development of a proposal for a national health and housing network which is now being funded by the Housing Corporation and administered by the charity Health & Housing. The first meeting of the Network – of those involved in projects being directly funded by the Housing Corporation – was held in December 1999 with the aim of beginning the process of shared learning and to starting to explore the possibilities for a more formal and wide

ranging network. A second, open meeting was held in February 2000 and focussed on HIA theory and practice.

Links to other work

As part of SBHA's realignment towards health and tackling inequalities in health, we are developing a bid for a Healthy Living Centre in the Shepherds Bush area in close collaboration with several other agencies, notably:

- Hammersmith Primary Care Group;
- London Borough of Hammersmith and Fulham and Ealing; and
- Hammersmith and Hounslow Health Authority.

SBHA is the lead organisation for the bid, which aims to stimulate and support local people in tackling the causes of health inequalities, encouraging access to and uptake of a range of health, social, welfare and education services. The project builds on local Single Regeneration Budget (SRB) partnerships and has four main themes:

- improving access and participation;
- developing skills for healthy living;
- reducing health inequalities; and
- contributing towards improving the environment¹⁰.

In addition, SBHA is contributing to the development of a New Deal for Communities (NDC) Round 2 bid locally and has some involvement, through the health research project manager, to a Department of Health funded HIA of SRB programmes in Hammersmith and Fulham.

LEARNING POINTS

Some of the lessons emerging from the HIA project to date have been incorporated into the description of the work that appears above. Those outlined briefly below - and which will be worked through more fully for our annual report - represent the observations which, at this point in time, seem to be particularly important for the future direction of HIA.

Process issues

The time is ripe!

HIA has been described as "an idea whose time has come"¹¹. This is certainly the case as social and regeneration initiatives proliferate and more and more organisations become receptive to the idea of working across traditional professional and organisational boundaries in order to meet their overall longer term objectives. We have found that HIA offers a useful tool for raising awareness of public health issues, highlighting the multifaceted nature of health determinants and getting these concerns onto the local public policy agenda. The process of HIA has also proved to be a helpful framework for developing a common language and focus of work with partner organisations under a common set of objectives, which may or may not be directly health related.

Early involvement of other sectors pays dividends

Establishing the Steering Group at an early stage was crucially important, particularly in terms of gaining widespread support and ensuring that a range of skills, knowledge and experience was available for the development of the project. The Steering Group has also been a useful mechanism for broadening our understanding of our partner organisations and for exploring ways in which in which we can work together in a fruitful and mutually beneficial way.

Leadership and commitment

Also vital was the strong enthusiasm and commitment of senior managers, particularly that of the SBHA chief executive, who initiated the work and without whose ongoing support and advocacy far

less would have been achieved. Of course, this is an important component of any policy work or research that probably cannot be legislated for.

Some of the other senior managers have also acted as strong advocates for the project, “banging the health drum” and incorporating health issues into their directorate work programmes. They have secured the interest and commitment of their staff and reviewed their priorities, recognising the need to sanction their involvement in the project and to allow time for it to be part of their everyday work rather than yet another burden added on to an already busy schedule.

Project planning takes time

The initial planning stages of the project included training staff in interview techniques, identifying tenants, testing the questionnaire and setting up systems for data entry and analysis. This took some months to complete but has been a good investment of time, ensuring that all the necessary mechanisms were in place when the full survey work came on line and facilitating the ongoing analysis of the data.

Interim findings can be incorporated into policy and practice

Although “quick fixes” were not expected from this work we are finding that it is not necessary to wait until the end of the project before acting on some of its findings, particularly where strong evidence - based on robust analytical techniques - appears to be emerging in support of policy changes. Given the wide recognition that poor quality housing is associated with poor health it is logical to conclude that improvements in housing will lead to improvements in health and that housing policies can be used to address health inequalities. We envisage that some of our interim findings will start to refine this assumption and its implications by giving pointers as to which elements of housing are most important and to where resources can best be targeted for maximum health improvement. The ongoing nature of the work should also allow us to test the accuracy of these predications in the short and medium term.

Methodological issues

Tried and tested techniques

Whilst the approach taken by HIA is new, many of the methods employed within it are not and, rather than “reinventing the wheel” unnecessarily, we have consciously chosen to use tried and tested techniques - primarily from epidemiological, public health and other social sciences research - where they are available and appropriate. This was particularly important, for example, in the design of the questionnaire where the use of validated questions from other surveys allows us to produce comparative analyses of our findings and those of colleagues working elsewhere. This has required a degree of flexibility in terms of combining our own innovations with existing work, part of which explains the relatively long project planning period described above. The same flexible approach has also been taken with the use of existing methodological HIA frameworks.

Scientific rigour versus practicality

It is a commonly held view that HIA should be undertaken prospectively and, if possible, comprehensively. However, in the real and constantly changing world of policy development, it seems doubtful whether this ideal can ever be realised if the HIA is to be a real force for change rather than a purely academic study. Our work, whilst carefully planned and carried out, has a number of opportunistic elements - for example in the selection of a control group - and our predictions of future health impacts are tempered by gaps in the existing evidence base and by the speed at which we can fill them.

Whilst all efforts can be made to ensure scientific rigour wherever possible, HIA is not the same as a randomised controlled trial. Our experience suggests that, at its best, it can be an extremely powerful action research tool and, as such, needs to be flexible and practically grounded if it is to be useful. This includes ensuring that qualitative as well as quantitative data is given validity where appropriate and that the two types of data are suitably balanced.

Networking

The benefits of developing networks are to some extent intangible and the time needed to develop them is particularly difficult to quantify. Despite this we have found that investment in “networking time” has paid good dividends, particularly in terms of adding context to our work, in the development of shared ideas and in strengthening our capacity to work effectively in partnership and we would argue that its value cannot be underestimated.

REFERENCES

1. Shepherds Bush Housing Association (1998). *Horizons*. Newsletter, November 1998.
2. Barnes R. (1999). Housing and health: partnership working at a regional level. *Managing Community Care*, 7(4): 15-22.
3. Shepherds Bush Housing Association (1998). Application for Innovation and Good Practice Grant (unpublished).
4. Scott-Samuel A, Birley M and Arden K (1998). *The Merseyside guidelines for health impact assessment*. Liverpool: Merseyside Health Impact Assessment Steering Group
5. Shepherds Bush Housing Association (1999). Investigating the links between health and housing. Interim progress report, January 1999 (unpublished).
6. Kind P, Dolan P, Gudex C and Williams A (1998). Variations in population health status: results from a United Kingdom national questionnaire survey. *British Medical Journal*, 3(16): 736-741.
7. Shepherds Bush Housing Association (1999). Investigating the links between health and housing. Pilot questionnaire survey: summary of evaluation (unpublished).
8. Shepherds Bush Housing Association (1999). Investigating the links between health and housing. Pilot questionnaire survey: summary of findings (unpublished).
9. For example, Venables M (1999). Housing and Health. *Property People*, 192: 8-9.
10. Hammersmith Healthy Living Centre bid (unpublished).
11. Scott-Samuel A (1996). Health impact assessment. *British Medical Journal*, 313: 183-184.

Contact:

Ruth Barnes, Shepherds Bush Housing Association, 1 Essex Place Square, London W4 5UJ.

e-mail: ruthbarnes@queenspark98.freeserve.co.uk

© Ruth Barnes, Shepherds Bush Housing Association; March 2000

Copyright for each case-study belongs to the author(s) or, where appropriate, the health authority or local authority concerned. Permission to quote from this work must be obtained from the authors. Moreover, each author or, where appropriate, the health authority or local authority retains the intellectual property rights (IPR) to the work.