

## Rapid Review of Housing and the Built Environment

### Executive Summary

Housing impinges on many aspects of health. It is important for both physical protection and psychosocial well-being ('home as well as shelter').

Inadequate home heating is associated with excess winter morbidity and mortality; damp and mould with respiratory symptoms; overcrowding with communicable disease. Indoor air is an important source of exposure to a range of pollutants including biological agents, combustion products and asbestos fibres. Households which receive water through lead pipes can be at risk of lead toxicity. A high proportion of accidents occur in the home, and many houses, especially those in multiple occupation, are not adequately protected against risk of fire. Poor sound insulation reduces privacy and may allow appreciable noise disturbance.

Unsustainable home ownership and personal debt (mortgage arrears, re-possession) are important sources of social isolation and mental stress. A poor physical environment can have a detrimental impact on psychosocial well-being and social cohesion. In addition, there are large inequities and inequalities in relation to housing, with a disproportionate number of low-income people living in dwellings and environments of unsatisfactory condition.

In terms of potential public health action, housing presents particular challenges because of the diversity of its health effects, because primary responsibility for it lies outside the health sphere, and because required interventions can be complex and slow to implement.

London has comparatively old housing stock and some of very poor quality. Some of its worst social and health problems are to be found in run-down housing estates with poor physical environments. London also has some of the most deprived populations in the country and a high proportion of residents from the ethnic minorities.

Research evidence does not allow accurate quantification of the total burden of ill-health relating to most aspects of housing. In many cases the health effects are of a qualitative nature - poorer quality of life, psycho-social impact, social isolation - and in others exposures and risks are imprecisely defined. Nonetheless, available evidence does allow a broad assessment and ranking to be made of the principal challenges to public health.

Based on such assessment, we propose four priority areas for public health action. These are:

to improve the physical environment and housing conditions of the poorest housing estates;

to reduce the number of families in temporary and multiple occupancy accommodation;

to improve the energy efficiency of homes with the aim of reducing the risk of excess winter death especially in vulnerable groups;

to reduce the number of homes with damp and internal condensation.

In addition, efforts are needed to reduce the risk of home accidents and fire, to reduce the risk of poisoning by carbon monoxide, to deal with friable or damaged asbestos materials, especially in system built housing, and to reduce the number of homes receiving water through lead pipes. Greater attention should also be paid to protection against noise. It is also important that public health should have a voice in decisions about urban development and land use, and in problems relating to debt and unsustainable home ownership.

In all these areas public health needs to act in concert with local authorities, voluntary groups, the local community, and central government. Opportunities exist for practical action, often through existing structures. But that action is likely to be effective only with close co-operation between these various groups and if a long-term strategy is developed to meet the very considerable challenges that housing presents.