



**National Children's  
Bureau**

## **Housing and the Health of Young Children**

Policy and evidence briefing for the VCSE sector

April 2016

## Introduction

Where children live – the condition, location and stability of their accommodation – has a wide ranging impact on their early health and development. It is a major factor determining the needs of children who present at statutory and voluntary sector services and the priorities of organisations who support vulnerable and low income families.

This briefing explores the main ways in which housing can impact on young children's health, and highlights how these risks and needs will be evolving as a result of the current policy and financial landscape. It poses suggestions and questions about how voluntary, community and social enterprise (VCSE) organisations working with children and families, including housing associations, may want to adjust their offer in light of how these issues may be affecting their clients. It focuses on local action to mitigate the health risks that housing issues can pose. Throughout the briefing quotes from parents of young children, taken from National Children's Bureau's recent research, are included to illustrate some of the health challenges discussed.<sup>1</sup>

We would like to thank The National Housing Federation for its support in sourcing case studies and informing the content of the policy and legislation annex.

## Housing for families with young children today

Households with dependent children are more likely than those without to live in private or social rented accommodation. While over half of households with dependent children are owner occupiers, the proportion in private rented accommodation is rising.<sup>2</sup>

3.6 million children are thought to be affected by poor housing. A higher percentage of children live in overcrowded conditions than any other age group.<sup>3</sup> Families in rented accommodation and on low incomes are at increased risk of being affected by these issues and by other threats to their health and wellbeing. It is the needs of such families that this briefing focuses on.

"My landlord's doing nothing about damp in my wall and in my cupboard. I thought about not paying my rent until he sorted it. But my friends say if I don't pay he'll evict me and I'll lose my benefits."

Young parent in private rented accommodation

Some types of family will have very specific housing needs, such as Gypsy, Roma and Traveller families, families with disabled children, migrant families and foster families. This briefing does not explore challenges that may be exclusive to such groups, but focuses on the major ways in which housing can impact on the health of young children from low income families in general.

---

<sup>1</sup> Joshi P, Wallace E, Williams L (2015) *Young children and families' experiences of services aimed at reducing the impact of low-income: Participation work with families*, London: Office of the Children's Commissioner for England; Adams S, Monaghan, R (2016) *Fuel poverty: What it means for young parents and their families*, London: National Children's Bureau

<sup>2</sup> Department for Communities and Local Government and Office for National Statistics (2015) *English housing survey 2013 to 2014: household report*

<sup>3</sup> Department for Communities and Local Government and Office for National Statistics (2015) *English housing survey 2013 to 2014: household report*

## The evolving policy landscape

Local authorities have a number of existing responsibilities for housing, spatial planning, and support for vulnerable families which they should be fulfilling in a way that is responsive to the needs of young children alongside other sections of the population. These include duties to support homeless families with children to find suitable accommodation, to enforce standards in rented accommodation, deal with environmental health and plan building developments so that they take account of the needs of the local population.

In addition, current and recent policy developments will impact the extent and type of housing related health risks that young children will be subject to, and the opportunities available for addressing these. These policies include, for example:

- Transfer of responsibility for health improvement (public health) to local authorities, bringing this responsibility together with responsibility for housing<sup>4</sup>
- National measures to reduce fuel poverty including eligibility for home improvements paid for by energy companies
- A new law to ban rogue landlords from continuing their business
- New policies to increase home ownership, including extending the right to buy to housing association tenants and encouraging the building of affordable homes
- Tighter funding settlements for local authorities, including for their work in early intervention and public health, as well as housing
- Reduced welfare entitlements and new restrictions on housing benefit

More detail of these new and existing policies are set out in the **policy and legislation annex**.

## Housing costs, child poverty and health

### What does the evidence say?

Housing costs account for a large proportion of a family's spending. Paying rent takes up 31 per cent of income for social renters and 43 per cent of income for private renters, while those buying their own home spend 19 per cent of their income on mortgage payments<sup>5</sup>. Housing benefit changes and the extent to which wider policies address housing market issues, will therefore have a significant impact on family budgets. They will impact on where families can afford to live and how much money they have left after housing costs for food, heating and other essentials required to support the healthy development of their child.

There were 2.6 million children in absolute poverty 2013/14, but 4.1 million after housing costs. Over the last fifteen years, the number of children in poverty after housing costs has fallen by much less than the number before housing costs. The number of children in

---

<sup>4</sup> Responsibilities for housing and public health will both be held by unitary authorities, metropolitan boroughs and London boroughs. In areas where there are both county and district councils, county councils are responsible for public health and district councils are responsible for housing

<sup>5</sup> Department for Communities and Local Government and Office for National Statistics (2015) English housing survey 2013 to 2014: household report

poverty according to both of these measures has risen since 2010/11.<sup>6</sup> Children in private and social rented accommodation are more likely to be in poverty than those in houses owned by their parents.<sup>7</sup> The quality of housing can also affect fuel bills, potentially putting further pressure on family budgets (see 'Physical condition of housing and long term health', below).

"Private rent is just crazy, there just aren't enough houses and they are extremely highly priced."

Parent on low income

There is indeed evidence of a link between how much money families have and children's health, with children from poor families being at a higher risk of obesity, tooth decay and injury, for example.<sup>8</sup> It also contributes to the likelihood of other risk factors associated with poor health in young children. Infants from low income families, for example, are less likely to be breastfed, more likely to be born with a low birthweight, and more likely to be fed sugary food and drinks which increase the likelihood of obesity and tooth decay.<sup>9,10</sup>

### What effect might current policy be having on this issue?

Changes to housing benefits and rising house prices and rent are likely to mean that more families of young children struggle with the cost of accommodation. Affected families, particularly those who lose support because of having a spare room, may have to move to a different area and/or smaller house. Many who are unable to move may be pushed into effective poverty with inadequate remaining money for other costs of living. An official evaluation of the impact of the removal of the spare rooms subsidy found that, of those affected by the policy, 77% had subsequently reduced spending on food, and 48% on energy bills.<sup>11</sup> As national housing policy continues to focus largely on supporting more people to become homeowners, pressures within the private and social rented sector are unlikely to be alleviated. See 'welfare' and 'planning and housing supply' sections in the policy and legislation annex.

### How might the VCSE sector respond?

Those working directly with vulnerable and low income families may experience increased turnover in their client base as families are forced to move. They may see a more diverse range of families being affected by issues relating to housing and poverty. Charities will need to make sure they are well placed to support families in such circumstances, helping signpost to more local services for those that move away and being ready to identify newly arrived families who may need support. Services operating on a hub or open access basis

---

<sup>6</sup>Department for Work and Pensions (2015) *Households Below Average Income: An analysis of the income distribution 1994/95 – 2013/14*

<sup>7</sup> Department for Work and Pensions (2015) *Households Below Average Income*, table 4.4

<sup>8</sup> National Children's Bureau (2015), *Poor beginnings: health inequalities among young children across England*

<sup>9</sup> Wolfe I and all (2014) *Why children die: death in infants, children and young people in the UK Part A* London: National Children's Bureau/Royal College of Paediatrics and Child Health <http://ncb.org.uk/whychildrendie>

<sup>10</sup> The Fabian society (2015) *A Recipe for Inequality* London: Fabian Society  
<https://www.fabians.org.uk/publications/a-recipe-for-inequality/>

<sup>11</sup> Department for work and pensions (2015), *Evaluation of Removal of the Spare Room Subsidy: Final Report*

where location is key, such as children's centres, will need to keep under review whether their location is still ideal for enabling access by their target client base and if not what steps they can take to mitigate this.

### Case Study: Heantun Care housing and early years

Heantun Care provides a range of services in the Wolverhampton area including care and support, childcare and fostering as well as acting as a housing association. The organisation has recently developed closer working between its four early years settings, which are based in deprived areas, and their housing association work. This enables more effective initial advice and signposting for families accessing childcare who are identified as having problems with housing and benefits, as well as building stronger relationships with their tenant families who have young children.

## Safety in the home

### What does the evidence say?

The Child Accident Prevention Trust estimate that every four minutes a child under the age of 5 is admitted to hospital with an accidental injury.<sup>12</sup> The home is the most common place for pre-school children to be injured, where they are vulnerable to a range of unintentional injuries including falls, burns and scalds, drowning, suffocation and poisoning.<sup>13</sup> Children who live in rented, older or overcrowded<sup>14</sup> accommodation are known to have an increased risk of injury.<sup>15,16</sup> Bed sharing, which may be more common in overcrowded housing, has been identified as a contributory factor of Sudden Infant Death Syndrome (SIDS).<sup>17</sup>

Severe injuries are associated with a range of health and psychosocial problems in both the short term and long term. These problems include post-traumatic stress, physical disability, cognitive or social impairment, and lower educational attainment and

---

<sup>12</sup> Child Accident Prevention Trust, 'Children's charity calls on health visitors to protect children from serious accidents'

<http://www.capt.org.uk/sites/default/files/imce/Health%20visitors%20press%20release%20Nov%202012.pdf> [last accessed 31 July 2015]

<sup>13</sup> National Institute for Health and Care Excellence (2010) *Preventing unintentional injuries among the under-15s in the home* London: NICE <https://www.nice.org.uk/guidance/ph30>; Fauth R and Ellis A (2010) *Reducing unintentional injuries in childhood: a research review* London: National Children's Bureau [http://www.ncb.org.uk/media/432942/childhood\\_unintentional\\_injuries\\_review.pdf](http://www.ncb.org.uk/media/432942/childhood_unintentional_injuries_review.pdf)

<sup>14</sup> Crowding can be defined in a number of ways, for example with the English Housing Survey looking at the number and size of rooms available for sleeping and the HHRS requiring enough space to separate different household activities, including space for play.

<sup>15</sup> Fauth R and Ellis A (2010) *Reducing unintentional injuries in childhood: a research review* London: National Children's Bureau [http://www.ncb.org.uk/media/432942/childhood\\_unintentional\\_injuries\\_review.pdf](http://www.ncb.org.uk/media/432942/childhood_unintentional_injuries_review.pdf)

<sup>16</sup> Ormandy, D (2013) 'Housing and Child Health', *Paediatrics and Child Health*, Issue 24 Volume 3

<sup>17</sup> Blair, PS et al (1999) 'Babies sleeping with parents, case study of factors influencing the risk of the sudden infant death syndrome', *British Medical Journal*, Issue 319, 4 December

employment prospects.<sup>18</sup> Injuries are the most common cause of death in children aged one to four years in the UK.<sup>19</sup>

Parents' knowledge of risk and how to manage them, as well as the availability of safety equipment, are both factors in the risk of injury to young children. Home safety education combined with the provision of free safety equipment has been found to be effective in protecting children from injuries in the home.<sup>20</sup>

Hazards can often be due to poor maintenance of homes. However, NCB's recent engagement work with low income families found that maintenance and repair requests made to landlords were not always addressed as quickly as they would like. Some private renters in particular felt unable to pursue their landlord for maintenance issues, for fear that their tenancy would not be renewed.<sup>21</sup>

### What effect might current policy be having on this issue?

Provisions in the Housing and Planning Bill to ban rogue landlords could reduce the number of the most dangerous houses in the future. However it is important to remember that not all hazards in rented accommodation are reported by tenants due to fear of 'revenge evictions' and difficulties finding a new home should that happen. While local authorities can investigate hazards and require landlords to address them, constrained resources will limit how responsive they can be and they will have little power or capacity to protect tenants from any other unfair treatment. A lack of affordable rented housing in some areas will make some tenants particularly fearful of the consequences of revenge evictions.

Many hazards may be less obviously linked to substandard housing such as difficulties keeping toddlers away from stairs or difficulties locking away dangerous objects. Local authorities may, taking into account their responsibilities for public health and housing, support the provision of safety equipment and advice for families with young children. However, reduced funding for public health (including health visitors) and early intervention (including children's centres) may reduce opportunities for this work to be funded and for the relevant families to be identified.

See 'enforcing standards and tenants rights', 'public health' and 'early intervention' in the policy and legislation annex.

### How might the VCSE sector respond?

Advice on how to keep a house safe for young children will be increasingly valuable to families, so VCSE organisations may want to consider how they can support this provision or signpost to other sources of support. Those working closely with families subject to potentially illegal hazards will need to think particularly carefully about the most

---

<sup>18</sup> Chief Medical Officer (2013) *Our Children Deserve Better: Prevention Pays*, London: Department of Health <https://www.gov.uk/government/publications/better-prevention-pays>

<sup>19</sup> Wolfe I and all (2014) *Why children die: death in infants, children and young people in the UK Part A* London: National Children's Bureau/Royal College of Paediatrics and Child Health <http://ncb.org.uk/whychildrendie>

<sup>20</sup> National Institute for Health and Care Excellence (2010) *Preventing unintentional injuries among the under-15s in the home* London: NICE <https://www.nice.org.uk/guidance/ph30>

<sup>21</sup> Joshi P, Wallace E, Williams L (2015) *Young children and families' experiences of services aimed at reducing the impact of low-income: Participation work with families*, London: Office of the Children's Commissioner for England

constructive way forward in each case, being cautious about potential conflict, and reassuring families.

### Case study: LifeForce

LifeForce is a free, community-based volunteer programme run by the Royal Society for the Prevention of Accidents (RoSPA) to give families the skills, support and knowledge to stay safe in their homes. The service is targeted at families with children aged under five as well as those over 65. Trained volunteers visit homes of those who have requested support, suggesting small changes that can be made to improve safety. LifeForce is currently operating in Birmingham, but RoSPA are hoping to roll the programme out across the UK.

## Physical condition of housing and long term health

### What does the evidence say?

In 2013 there were over million households with dependent children in fuel poverty, with those children put at a greater risk of the effects of a cold home. Around 25 per cent of single parent households are fuel poor and around 15 per cent of couples with dependent children.<sup>22</sup> A survey carried out in 2015 found that one in five families has been in energy debt<sup>23</sup>, with the average level of energy debt up from £320 in 2005 to £431 in 2015.<sup>24</sup>

"I'm scared to put the heating on because it takes so much money – I'd rather stick jumpers on the kids"

Parent on low income

Children in cold homes are twice as likely to suffer from respiratory problems such as asthma and bronchitis.<sup>25</sup> Cold increases the likelihood of what are normally considered minor illnesses such as cold and flu, but from which young children in particular are vulnerable to becoming more seriously ill.<sup>26</sup> Fuel poverty is associated with low weight gain in infants (as the infants will use up more calories to keep warm), slower developmental progress and a higher level of hospital admissions in the first three years of life.<sup>27</sup> Families in

<sup>22</sup> The Marmot Review (2010) *Fair Society, Healthy Lives*, London: The Marmot Review  
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

<sup>23</sup> Energy debt means where an account has had a bill issued but it has not been paid for longer than 91 days/ 13 weeks and there is a repayment plan in place.

<sup>24</sup> Williams N et al (2015) *Show Some Warmth: Exposing the damaging impact of energy debt on children*. The Children's Society

<sup>25</sup> The Marmot Review Team (2011) *The Health Impacts of Cold Homes and Fuel Poverty*. London: Friends of the Earth and The Marmot Review Team

<sup>26</sup> Public Health England and Institute of Health Equity (2014) *Local action on health inequalities: Fuel poverty and cold-home related health problems*. London: UCL Institute of Health Equity

<sup>27</sup> The Marmot Review (2010) *Fair Society, Healthy Lives*, London: The Marmot Review  
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

energy debt report cutting down on heating and other essentials, such as food, in order to pay their bills.<sup>28</sup>

The energy efficiency of a property is one of the major determinants of fuel poverty. The type of boiler and heating system that a household uses has an effect, with more modern systems being more efficient, as does the extent of insulation in walls, roofs and windows. The price of energy and a household's income are the other key drivers. Some households, normally low income families in rented accommodation, pay more for their energy because of their method of payment being 'pay as you go'. Households living in privately rented accommodation have the highest fuel poverty rates. Older properties also tend to be less energy efficient and larger and therefore have higher rates of fuel poverty.<sup>29</sup>

Some of the same things that cause a house to be cold or difficult to heat will also increase the likelihood of it suffering from damp and mould, another hazard that has a particularly pronounced impact on young children. Children living in damp, mouldy accommodation are between one and a half and three times more likely to suffer symptoms of respiratory illness than those in dry homes. Damp housing conditions encourage bacteria and viruses to spread and several studies have suggested a link with related health problems in children such as diarrhoea, headaches and fever.<sup>30</sup>

'We are worried that our children's health might be suffering as a result of living in cold and damp homes'

Young parent

Overcrowding can also present risks to young children's physical health. Children in overcrowded housing experience increased rates of intestinal and respiratory infection. They are at increased risk of tuberculosis and up to ten times more likely to contract meningitis.<sup>31</sup> A lack of space to store and prepare fresh food can have a negative impact on diet by leading to over-reliance on food from take-away and convenience food.<sup>32</sup>

### What effect might current policy be having on this issue?

Energy efficiency of houses may gradually improve over time due to a new requirement for private housing to meet a set standard and the continuation of the ECO affordable warmth programme which provides free improvements to families on low incomes. Families with young children are also eligible for a rebate on their energy bills which could discourage them from not heating their home properly to save money.

While these measures may help reduce the prevalence of cold and damp, the wider context must also be taken into account. More extensive national energy efficiency improvement schemes have come to an end and, due to the issues highlighted in the section above, families may have difficulties securing other relevant improvements from their landlords. Furthermore, there is reason to doubt that the target to improve energy

<sup>28</sup> Williams N et al (2015) *Show Some Warmth: Exposing the damaging impact of energy debt on children*. The Children's Society

<sup>29</sup> Department for Energy and Climate Change (2015) *Annual Fuel Poverty Statistics Report, 2015*.

<https://www.gov.uk/government/statistics/annual-fuel-poverty-statistics-report-2015> Note: The statistics quoted in this report related to 2013.

<sup>30</sup> Harker, L (2006), *Chance of a Lifetime: the impact of bad housing on children's lives*, London: Shelter

<sup>31</sup> Harker, L (2006), *Chance of a Lifetime: the impact of bad housing on children's lives*, London: Shelter

<sup>32</sup> End Child Poverty (2006) *Child Poverty and Housing*

efficiency will be met as government is currently spending less than half of what its advisory body on climate change estimates is required<sup>33</sup>, and it is estimated that two thirds of this money is not reaching the fuel poor.<sup>34</sup>

The cost of energy will still be an issue with other pressures on households' finances through welfare reform and the cost of housing itself. These pressures may also see more families living in overcrowded housing.

Taken together this may mean more young children being at risk of respiratory problems and infectious diseases and more children's development being affected by restricted and unhealthy diet.

See the 'energy and fuel poverty' section of the policy and legislation annex.

### How might the VCSE sector respond?

Organisations working with children will need to be vigilant to the signs of ill health relating to poor housing. For example if a child has colds or stomach bugs unusually often, opportunities to support a healthier living space for the child should be explored with parents as well signposting to the right medical support for an illness in the short term. Some of the infections discussed above can be particularly dangerous for young children so this may make the sector's role in supporting vulnerable families to access urgent medical help at the right time more relevant.

VCSE organisations may have a role in advising families how to take steps to mitigate the effects of cold and damp as well as supporting them to access the free improvements or rebates they may be entitled to. This might even include practical support to prepare for improvements such as help clearing lofts before insulation is installed. Where housing associations aim to improve energy efficiency of their stock they may have to find new sources of funding for this and will want to ensure that any investment is targeted at those most in need. The use of information that is held on tenants is vital in taking this forward, for example through some associations' development of a fuel poverty vulnerability 'score'.

#### Case Study: Holiday Kitchen

Holiday Kitchen is run in a number of local areas, including by Family Action with Ashrammosely Housing Association and the Accord Group in Birmingham. The service provides free and nutritious lunches, learning and play activities for pre and primary school children, and employment, skills and benefits advice for parents over the summer holiday period. In 2014, 2,300 activity days and meals were delivered to almost 300 participants across 11 sites in Birmingham, Sandwell and North Solihull. An evaluation found that the programme was successful in supporting its core objectives of improved social inclusion and aspiration, improved family nutrition and reduced financial and emotional strain.

---

<sup>33</sup> Howard, R (2015) *Warmer Homes: Improving Fuel Poverty and Energy Efficiency Policy in the UK*, London: Policy Exchange

<sup>34</sup> Guertler P and Royston S (2013) *Fact-file: Families and Fuel Poverty*. Energy Bill Revolution & Association for the Conservation of Energy

## Mental health and development

### What does the evidence say?

Issues such as housing insecurity, overcrowding and poor conditions present potential sources of stress for children with knock-on effects on emotional and physical health and longer term outcomes.

Housing insecurity is associated with poor health, lower weight, and developmental risk among young children; in fact, policies that decreased housing insecurity in the US were found to promote the emotional health of young children.<sup>35</sup> Frequent changes in residence during childhood have been found to be associated with emotional and behavioural problems and poor academic attainment in children and negative outcomes late in life.<sup>36</sup>

"Sometimes [my children] are not happy when they [they have to] move in the night, especially for the big one, for him when he's upset like this you get doctors in, he gets fits."

Parent on low income

Overcrowded housing is known to impact on mental health and household relationships.<sup>37</sup> Frequent sleep disturbance is common among children in overcrowded housing and can have a significant impact on a child's mental health, development and growth. There is evidence of a significant association between overcrowded housing and poor psychological health in young children.<sup>38</sup>

The symptoms of respiratory and other infections associated with cold and damp homes can also affect young children's mental health and development, as they can cause sleep loss and restrictions on children's daily activities.<sup>39</sup>

### What effect might current policy be having on this issue?

Welfare and housing benefit changes, as discussed in the 'housing and poverty' section above, may mean that more families face frequent house moves and have to tolerate overcrowded housing. Young children may therefore more frequently find themselves in households under high levels of stress, suffering from relationship problems, and their development and education negatively affected.

See the 'welfare' and 'energy and fuel poverty' section of the policy and legislation annex

### How might the VCSE sector respond?

Some provision run by the sector may play an increasingly important role in supporting continuity and healthy development for young children. Early years provision and play

---

<sup>35</sup> Cutts DB, et al (2011), 'US housing insecurity and the health of very young children', *American Journal of Public Health*, Issue 101 August 2011

<sup>36</sup> Dong M, et al (2005), 'Childhood residential mobility and multiple health risks during adolescence and adulthood: the hidden role of adverse childhood experiences', *Paediatric and Adolescent Medicine*, Issue 159

<sup>37</sup> Ormandy, D (2013) 'Housing and Child Health', *Paediatrics and Child Health*, Issue 24 Volume 3

<sup>38</sup> Harker, L (2006), *Chance of a Lifetime: the impact of bad housing on children's lives*, London: Shelter

<sup>39</sup> Harker, L (2006), *Chance of a Lifetime: the impact of bad housing on children's lives*, London: Shelter

groups, for example, may want to consider how they can support families with housing issues by targeting additional support and allowing continued access to families who may have to move outside of their usual catchment area. Time outside the home will be particularly important for families in these circumstances, so organisations may want to consider how they can facilitate this (see 'Healthy Neighbourhoods', below).

Young children and parents may present with emotional problems and challenging behaviour at services and this may have implications for the skills required by staff. For example, if it becomes more challenging to maintain positive relationships with their client base, an organisation may need to consider supporting their staff to develop more advanced communication skills.

## Healthy Neighbourhoods

### What does the evidence say?

The location of housing and the design of estates can play an important part in providing for easy access to facilities that support healthy living.

Several studies have found that some estates and neighbourhoods suffer from a lack of access to healthy, affordable food, only having smaller shops with a limited range of healthy foods and higher prices than larger supermarkets. These are often poorer neighbourhoods with poor facilities nearby compounded by families not owning a car or public transport not being available to reach shops further afield.<sup>40</sup>

Research shows that higher housing density and poor access to green space increases the risk of obesity in children.<sup>41</sup> People living closer to green spaces are more physically active and children who are able to play in green space have been found to gain significantly less weight than children who did not have access to such amenities.<sup>42</sup> Outdoor play, exercise and access to green space have all been found to support good mental health and development in children.<sup>43</sup>

"There's nowhere to take them because the parks are a bit dodgy after a certain time"

Parent on low income

Low income families in private and social rented accommodation have reported a lack of access to good quality outdoor space. Many such families live in flats without gardens, and some have play space allocated in car parks which parents do not consider safe. Many families are also reluctant to use local parks due to anti-social behaviour, a lack of/poorly

---

<sup>40</sup> The Fabian society (2015) *A Recipe for Inequality* London: Fabian Society

<https://www.fabians.org.uk/publications/a-recipe-for-inequality/>

<sup>41</sup> Roberts-Hughes, R (2013) *City Health Check: How design can save lives and money*, London: Royal Institute of British Architects

<sup>42</sup> Natural England (2009), *Our Natural Health Service: The role of the natural environment in maintaining healthy lives*

<sup>43</sup> White, MP et al (2013), 'Would You Be Happier Living in a Greener Urban Area? A Fixed-Effects Analysis of Panel Data', *Psychological Science*, published online 23 April 2013; Roberts-Hughes, R (2013) *City Health Check: How design can save lives and money*, London: Royal Institute of British Architects; Commission for Architecture and the Built Environment (2010), *Community green: using local spaces to tackle inequality and improve health*

maintained play equipment, poor lighting or being too far away.<sup>44</sup> Research has found that access to green spaces can be encouraged by providing safer and more attractive active travel routes.<sup>45</sup>

### What effect might current policy be having on this issue?

Welfare changes and restrictions to housing benefit may mean that families on low incomes become more concentrated in particular areas. Areas with lower rental prices are likely to be those with poor access to facilities and as families downsize they are less likely to have their own play area and green space.

With local authorities having recently taken on responsibility for public health, alongside their existing roles in planning and licencing, there may be opportunities to use a range of levers across these areas in combination to promote healthier environments for the whole community. Such environmental approaches to health promotion are a particularly vital tool in the context of a financial climate which makes investment in the targeting and delivery of preventative services more difficult.

See the 'welfare', 'planning and housing supply' and 'public health' sections of the policy annex.

### How might the VCSE sector respond?

The VCSE sector may have an increasing role to play in supporting access to facilities for healthy living for families in otherwise ill-served neighbourhoods. This might include, for example, supporting the formation of cooperatives for buying food, social supermarkets and deploying volunteers to supervise play. Housing associations, in particular those that manage community spaces and buildings, may want to think about how these are best utilised to support the health and wellbeing of the most vulnerable in their local communities. Many associations are involved in projects open to local people regardless of their tenancy so are already playing a crucial role in this regard.

Those organisations which campaign and represent the interests of their clients locally may want to consider opportunities to influence planning so that how new development is arranged in a way that supports the health of young children, particularly those in deprived areas.

#### Case Study: Community Shop

Community Shop is social enterprise which has set up special food outlets in West Norwood, South London and Goldthorpe, Yorkshire. The shops sell high quality, low cost surplus food which would otherwise be discarded by supermarkets. Membership is restricted to people who live within particular neighbourhoods close to the shop which are classified as deprived), are in receipt of some form of income support and want to sign up to the development programme.

<sup>44</sup> Joshi P, Wallace E, Williams L (2015) *Young children and families' experiences of services aimed at reducing the impact of low-income: Participation work with families*, London: Office of the Children's Commissioner for England

<sup>45</sup> Roberts-Hughes, R (2013) *City Health Check: How design can save lives and money*, London: Royal Institute of British Architects

## Access to support

### What does the evidence say?

The location and security of housing will of course determine families' opportunities to develop their own informal support networks, and the ease at which they can access formal services that support the health of their children.

Parents from low income families who spoke to NCB placed high value on living near an extended support network of family and/or friends.<sup>46</sup> Children whose parents have little social support (for example, having someone to talk to, borrow money from or ask to watch their children, particularly in emergency situations) have been found to have an increased risk of injury in the home.<sup>47</sup> Parents on low income reported that they value formal support including health visiting, family nurse partnership and specialist mental health services. However they recognised that these services either had little time to spend with individual families or high referral thresholds<sup>48</sup>, underlining the increasing importance of informal support.

### What effect might current policy be having on this issue?

Families' access to informal support networks, such as family and friends, may be disrupted due to having to move house. As mentioned several times above, such occurrences may become more common because of changes to welfare and housing benefit. More formal support, accessed through children's centres and more targeted early intervention services for vulnerable families may become more stretched due to reductions in funding.

See the 'welfare' and 'early intervention' sections of the policy and legislation annex.

### How might the VCSE sector respond?

VCSE organisations working with families may want to consider how their own services and interventions can provide opportunities for the formation of new supportive relationships. This might include, for example, delivering more support and interventions in groups rather than individually, providing opportunities for clients to get to know each other or developing the role of volunteer befrienders. Housing associations provide accommodation for a wide range of individuals including older people as well as families, providing opportunities for people with needs for social contact and emotional and practical support to be brought together for mutual benefit.

---

<sup>46</sup> Joshi P, Wallace E, Williams L (2015) *Young children and families' experiences of services aimed at reducing the impact of low-income: Participation work with families*, London: Office of the Children's Commissioner for England

<sup>47</sup> Fauth R and Ellis A (2010) *Reducing unintentional injuries in childhood: a research review* London: National Children's Bureau [http://www.ncb.org.uk/media/432942/childhood\\_unintentional\\_injuries\\_review.pdf](http://www.ncb.org.uk/media/432942/childhood_unintentional_injuries_review.pdf)

<sup>48</sup> Joshi P, Wallace E, Williams L (2015) *Young children and families' experiences of services aimed at reducing the impact of low-income: Participation work with families*, London: Office of the Children's Commissioner for England

"Information evenings or something. Information evening for your local area, would be a good one. Just even, the people, get health people, healthcare in it, that could be one corner, childcare could be in another corner, stay and plays, NSPCC could be in another corner, all get together and go, we're here, how can we help you?"

Parent on low income<sup>1</sup>

#### Case Study: Farnworth UCAN Centre

Farnworth UCAN Centre was set up by St Vincent's Housing association to offer pregnancy and baby massage to mothers in one of the most deprived areas of the country. Farnworth, in Bolton, Greater Manchester, has a high percentage of single and teenage parents, vulnerable families, and unemployment within families. There are high levels of mental health and depression particularly in women, high levels of childhood obesity, and almost a quarter of babies born in the area in 2012 were premature or of low birth weight. Massage is offered in a small, setting, located centrally in the community at which the service is targeted. As well as improving pregnancy outcomes, the intervention increases the chance of breastfeeding and bonding with the baby once born, provides extra emotional support for new mums who may not get the support at home and supports improved self-esteem, encouraging mums to be a more positive parent.

## Policy and legislation annex

### Planning and housing supply

Unitary<sup>49</sup> and district councils are also 'local planning authorities' meaning they are responsible for granting planning permission for developments in accordance with their local development plan. The plan will determine what types of homes get built, where they get built and what can get built next to existing homes.

The National Planning Policy Framework<sup>50</sup> sets out how councils should go about formulating their plans and was last updated in 2012. It stresses councils' responsibility for:

- Setting out a housing implementation strategy for the full range of housing (including market and affordable) describing how they will maintain delivery of a five-year supply of housing land to meet their target
- Setting out the approach to housing density in the local area plan
- Planning for a mix of housing based on current and future demographic trends and the needs of different groups in the community such as families with children (and others).

Included in the 12 core planning principles are suggestions that planning should:

- "take account and support local strategies to improve health, social and cultural wellbeing for all";
- "contribute to conserving and enhancing the natural environment and reducing pollution"; and
- "not simply be about scrutiny but instead be a creative exercise in finding ways to enhance and improve the place in which people live their lives".

There is also a dedicated section of the guidance on "Promoting Healthy Communities" which includes recommendations for planning accessible environments and public spaces and working with public health leads and health organisations to take account of the health needs of the local population.

A Housing and Planning Bill<sup>51</sup> is currently progressing through Parliament. When enacted it will:

- Create a statutory framework for the provision of starter homes for first time buyers below a certain value – to be supported by councils through their planning role
- Provide for the implementation of a 'right to buy' for housing association tenants, accompanied government grants to help associations replace stock
- Strengthen provisions allowing planning to take place at a neighbourhood level (as introduced by the Localism Act 2011)
- Help developers identify and secure brownfield sites for housing developments.

---

<sup>49</sup> And metropolitan boroughs and London Boroughs

<sup>50</sup> Department for Communities and Local Government (2012) *National Planning Policy Framework*

<sup>51</sup> Housing and Planning Bill 2015-16. For content and progress see <http://services.parliament.uk/bills/2015-16/housingandplanning.html>

## Homelessness

All district and unitary<sup>52</sup> local authorities are also 'housing authorities' who, as well as the ability to provide housing themselves, have duties towards people who are homeless or threatened with homelessness. In this context 'homelessness' refers to those who are living with family or friends in overcrowded housing, living in uninhabitable or dilapidated houses, or people threatened with domestic violence.

Housing authorities must secure accommodation for those who are homeless, are not considered to have made themselves intentionally homeless and are classified as being in priority need. Families with children or who are expecting a baby are always considered as being in priority need.<sup>53</sup>

Housing authorities must also have a homelessness strategy which sets out their plan for preventing homelessness, supporting those that become homeless and ensuring there is adequate accommodation available.<sup>54</sup>

## Enforcing standards and tenants' rights

Housing authorities must keep housing conditions in their area under review, inspect any dwellings they suspect may present particular hazards to tenant's health and safety and take enforcement action against landlords to ensure any such hazards are addressed.<sup>55</sup> Assessment of dwellings is guided by the Housing and Health Safety Rating System (HHSRS) which identifies 29 specific hazards.<sup>56</sup>

People in rented accommodation have certain protections through regulation of both private and social landlords under the Housing Acts of 1988 and 1996. These rules cover, for example, processes for eviction, tenancy terms and safeguards against harassment.

The default legal arrangement between a private renter and their landlord is an assured shorthold tenancy, which the landlord can end at their own discretion after the agreed fixed term (normally 6-13 months) has expired.

The Housing and Planning Bill, currently progressing through Parliament, will establish a legal framework for banning landlords and letting agents from carrying out any letting if they have committed an offence in their work. Government will also maintain a national database of these landlords and letting agents.

## Welfare

Housing is provided through a market and accounts for a significant proportion of any family's living costs. The amount of money that families have relative to movements in this market are therefore important factors impacting on housing.

---

<sup>52</sup> And metropolitan boroughs and London Boroughs

<sup>53</sup> Part VII of the Housing Act 1996

<sup>54</sup> Homelessness Act 2002

<sup>55</sup> Housing Act 2004

<sup>56</sup> Department for Communities and Local Government (2006) *Housing Health and Safety Rating System: Guidance for Landlords and Property Related Professionals*

Housing Benefit is made available to those on low incomes, however there have been a number of changes in the way it is calculated and wider welfare policy in recent years and further reform is progressing through Parliament:

- The amount of Housing Benefit that private tenants can claim has been restricted to the cheapest 30 per cent of local accommodation – having been restricted just to the cheapest 50 per cent previously. Annual increases have also not kept pace with rents in some areas<sup>57</sup>
- Reductions have started to be applied to Housing Benefit for those who are deemed to be under occupying – i.e. living in a home with more rooms than they require. There is a 14 per cent reduction for those under occupying by one room and a 25 per cent reduction for those under occupying by two or more rooms. This reduction is applied regardless of the availability of suitable alternative accommodation<sup>58</sup>
- A 'benefit cap' has been introduced limiting the total value of benefits that a family can claim. This was recently introduced at £500 per week or £26,000 per year. The Welfare Reform and Work Bill currently before Parliament will restrict this further to £23,000 per year in London and £20,000 per year elsewhere. The cap is applied by reducing the amount of Housing Benefit that is paid<sup>59</sup>
- The Housing and Planning Bill will require that tenants of council or housing association housing who aren't on low incomes pay market rates for their rent.

### Energy and fuel poverty

Government has a set of targets in law for reducing fuel poverty and also a duty to set out its plans for how it will meet these in a fuel poverty strategy. The latest strategy was published in 2015.<sup>60</sup>

ECO (Energy Company Obligation) is a national energy efficiency scheme funded through an obligation on energy suppliers. It covers a range of commitments including the Affordable Warmth Obligation which covers the cost of insulation work and heating upgrades for low income households in the private rented and owner-occupier sector.

Eligibility varies according to the particular improvements offered and can cover all or just part of the cost of improvements. Households in receipt of child tax credit and earning under £16,000 are among those eligible.

The scheme is administered by energy companies who are required to meet targets to complete work in a percentage of eligible homes, so eligibility may not always translate into an entitlement for individual households. The scheme is being scaled

---

<sup>57</sup> Valuation Office Agency (2015) *Local Housing Allowance (LHA) rates applicable from April 2015 – March 2016*

<sup>58</sup> The Housing Benefit (Amendment) Regulations 2013

<sup>59</sup> Welfare Reform Act 2012 and the Benefit Cap (Housing Benefit) Regulations 2012.

<sup>60</sup> HM Government (2015) *Cutting the cost of keeping warm: a fuel poverty strategy for England* London: Crown Copyright

down from 2017, targeting improvements at 200,000 homes per year. Warm Front, a grant scheme for insulation and heating, was also closed in 2013.

The Warm Homes Discount is a rebate of £140 provided to eligible households, including all families with young children, and can help reduce bills and keep homes warmer. This is administered by energy companies and in 2015 a set of standard criteria for the main group of eligible households was introduced to provide reassurance to those switch supplier who may be worried about losing their eligibility.

Regulations effective from April 2018 will mean that most private rented properties will have to be improved to a minimum energy efficiency standard before being let, and landlords will not be able to unreasonably refuse permission to their tenants making energy efficiency improvements.<sup>61</sup>

In March 2016 the Competition and Markets Authority (CMA) proposed a temporary safeguard price control to protect customers on prepayment meters, reducing such households' bills by an average of £75 per year. The CMA is working with stakeholders on a final report and recommendations which will due to be published in June.<sup>62</sup>

## Public health

As part of health reforms enacted in the Health and Social Care Act 2012, unitary and county councils took on new duties and commissioning responsibilities for protecting and improving the health of their local populations. This transfer was completed in October 2015, when local authorities took on these responsibilities for children aged under five. This includes responsibility for commissioning health visiting services and other steps local authorities deem necessary for improving health, such as work to tackle obesity or tooth decay, for example. The legal definition of health protection and improvement also explicitly includes the provision of 'assistance to help individuals to minimise any risks to health arising from their accommodation or environment'.<sup>63</sup>

Local authorities existing roles include a number of important levers for improving health, including their housing and planning roles set out above. Government's vision for these reforms (set out in 2011) suggested that local authorities should use this opportunity to (among other things): consider the health and wellbeing of the population in all policies and decisions; use a holistic approach to tailor wellness services to people's needs and: encourage health-promoting environments.<sup>64</sup>

From 2011 to 2015, Government invested in the Health Visiting Programme, which increased the numbers of health visitors by almost 50 per cent to nearly 12,000.<sup>65,66</sup> It

---

<sup>61</sup> The Energy Efficiency (Private Rented Property)(England and Wales) Regulations 2015

<sup>62</sup> Competition and Markets Authority (2016) *Energy market investigation: Provisional decision on remedies*

<sup>63</sup> Section 2B of the National Health Service Act 2006

<sup>64</sup> Department of Health (2011) *Local government leading for public health*  
<http://webarchive.nationalarchives.gov.uk/20130805112926/http://healthandcare.dh.gov.uk/public-health-system/>

<sup>65</sup> Department of Health (2011), *Health Visitor Implementation Plan 2011–15: A Call to Action*  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213759/dh\\_124208.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213759/dh_124208.pdf)

also supported the roll out of the Family Nurse Partnership, which aims to help young vulnerable parents to keep themselves and their babies healthy. However, the ring-fenced Public Health Grant, which local authorities will use to fund these and other public health services going forward, is being reduced by around four per cent per year and could be phased out completely as part of plans to reform local government funding.<sup>67,68</sup> While local authorities are currently required to ensure that parents receive the 'five key visits' delivered by health visitors, Government intends to review the need to maintain this requirement beyond April 2017.<sup>69</sup>

### Early intervention

Under the Children Act 2004, unitary and county councils have a duty to promote the wellbeing of children in their local area, and local public sector agencies, including district councils and health commissioners, have a duty to cooperate in this endeavour. This underpins some of local authorities' early intervention and prevention work delivered in partnership with others. Some areas continue to pursue multi-agency children and young people's plans (which are no longer a legal requirement), but the leading role of local authorities in this agenda also underpins the provision of specific services such as children's centres and work supporting teenage parents. Local authorities receive an early intervention funding allocation (previously called the Early Intervention Grant) to pay for these services. Between 2010 and 2015 this was cut by £1.8 billion and by 2020 it is expected that it will have been cut by 71 per cent since 2010.<sup>70,71</sup>

---

<sup>66</sup> NHS England (2015) *Indicative Health Visitor Collection (IHVC) September 2015*  
<https://www.england.nhs.uk/statistics/statistical-work-areas/health-visitors/indicative-health-visitor-collection-ihvc/>

<sup>67</sup> Department of Health (2015) *Local authority public health grant allocations 2015/16 Government response to public consultation on in-year savings and Equality and health inequalities analysis*  
<https://www.gov.uk/government/consultations/local-authority-public-health-allocations-2015-to-2016>

<sup>68</sup> HM Treasury (2015) *SPENDING REVIEW AND AUTUMN STATEMENT 2015*, pp32, 88

<sup>69</sup> Department of Health (2014) *Mandation Factsheet 1: Commissioning the national Healthy Child Programme - mandation to ensure universal prevention, protection and health promotion services*  
<https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

<sup>70</sup> National Children's Bureau, The Children's Society and Children and Young People Now (2015) *Cuts that cost: trends in funding for early intervention services*

<sup>71</sup> National Children's Bureau, Action for Children and The Children's Society (2016) *Losing in the Long Run: Trends in Early Intervention Funding*  
<http://www.ncb.org.uk/what-we-do/policy/thematic-policy-reports/losing-in-the-long-run>



**National Children's Bureau**

8 Wakley Street

London, EC1V 7QE

T: +44 (0)20 7843 6000

F: +44 (0)20 7278 9512



ncbfb



ncbtweets



National Children's Bureau

Registered Charity No B058805 [2016]



**National Children's  
Bureau**