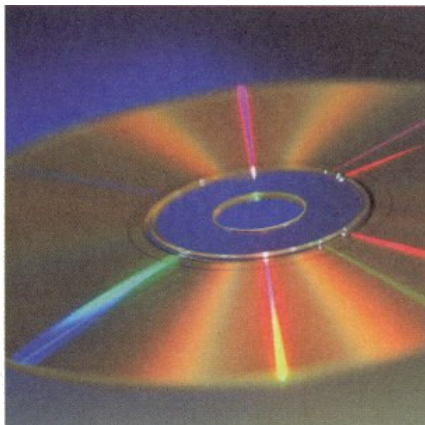
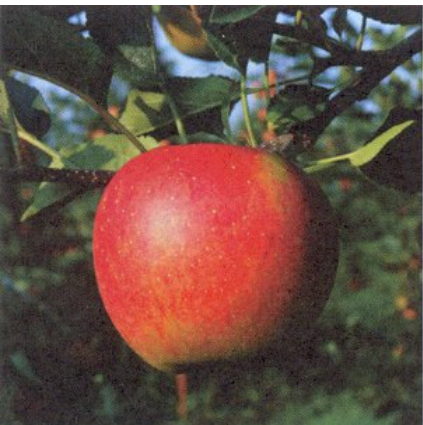


## Housing and Health in Kent

What have we learned from the  
Kent and Medway Health and  
Lifestyle Survey?



**Dr Ann Palmer**

**Centre for Health Services  
Studies  
University of Kent**

**April 2004**

## **Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?**

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Centre for Health Services Studies

CHSS is one of three research units of the University of Kent's School of Social Policy, Sociology and Social Research and contributed to the school's recent Research Assessment Exercise 6\* rating. This puts the school in the top three in the UK. CHSS is an applied research unit where research is informed by and ultimately influences practice.

The Centre is directed by Professor Andy Alaszewski and draws together a wide range of research and disciplinary expertise, including health and social policy, medical sociology, public health and epidemiology, geriatric medicine, primary care, physiotherapy, statistical and information analysis. CHSS supports research in the NHS in Kent and Surrey and has a programme of national and international health services research. While CHSS undertakes research in a wide range of health and health care topics, its main research programmes comprise-

- Risk and health care
- Health and social care of vulnerable adults
- Public health and public policy
- Injury prevention and surveillance
- Ethnicity and health care

Researchers in the Centre attract funding of nearly £1 million per year from a diverse range of funders including the ESRC, MRC, Department of Health, NHS Health Trusts and the European Commission.

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## **Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?**

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*'Shelter is a basic need that will contribute to maintaining and achieving good health. The opportunity of decent housing promotes social cohesion, well-being and self-dependence. Those earning low incomes in the South East will not be able to afford good housing and many have little prospect of being able to buy their own homes'*

Health in the South East Region<sup>1</sup>

### **Introduction**

The Regional Director of Public Health in his report says that access to affordable housing is a particular issue as housing in the South East is more expensive both to buy and to rent; public sector rented housing is expensive compared to the national picture, although Medway was the cheapest local authority in the South East in the first quarter of 2002 (Land Registry).

There is a large volume of evidence which links where you live to your health (Black Report, The Health divide<sup>2</sup>, Townsend<sup>3</sup> etc.), but much there is less published around how housing affects health. There are many factors which are inextricably linked to the kind of housing people occupy, which also affect their health, for example income, employment, lifestyle. There is some evidence about home safety and health e.g. falls; many of the problems of poor safety and risk are commonly associated with sleeping rough and homelessness, and many homeless families are housed in temporary accommodation<sup>4</sup>.

The 1996 Housing Conditions Survey<sup>5</sup> used three indicators of poor housing, these were unfitness, substantial levels of disrepair, and need for essential modernisation. Using these indicators it was estimated that 14.2% of household, usually socially and disadvantaged groups, were living in poor housing, particularly single parents, families from minority ethnic groups and lone older people. In 1993 Carr-Hill et al<sup>6</sup> reported that people living in poor housing were using health services 50% more than expected.

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<sup>1</sup> Health in the South East Region: its Social and Economic Context. The Report of the Regional Director of Public Health. 2002

<sup>2</sup> Inequalities in Health – Townsend P and Davidson N, The Black Report and Whitehead M, The Health Divide. Penguin Books, 1988

<sup>3</sup> Townsend P, Phillimore P and Beattie A, Health and Deprivation: Inequalities and the North. Croom Helm, 1988

<sup>4</sup> Health Education Authority: Health Update, Environment and Housing. 2000

<sup>5</sup> Department of the Environment, Transport and the Regions. Unfitness. In Housing Conditions survey, London. The Stationery Office. 1996.

<sup>6</sup> Carr-Hill R, Doyle D and Ivens C. Poor housing poor health. Unpublished report funded by the Department of the Environment. 1993

## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

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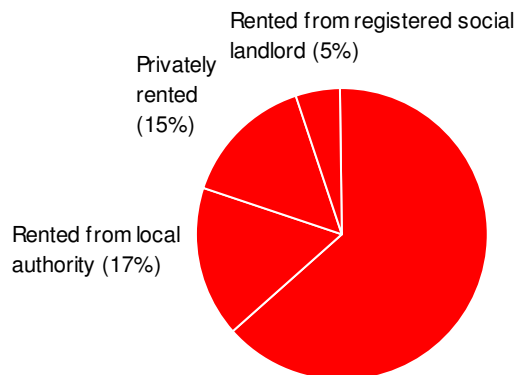
The Sustainable Communities Plan<sup>7</sup> launched in 2003 referred to decent housing, which must meet the statutory level of fitness and have reasonably modern services and thermal comfort. The English House Condition Survey in 2001<sup>8</sup> found there were 7 million homes which were 'not decent' 25% less than in 1996.

The proportion of households living in non-decent housing in England in 1996 was 29 per cent for the private sector and 40 per cent for the social sector. The percentage of homes judged unfit to live in decreased from 8.8 per cent in 1986, in England, to 7.2 per cent in 1996. Improvement has been most marked in the owner occupied and Registered Social Landlord (RSL) sectors where there has been over 25% reduction in the proportion of dwellings that do not provide decent homes.

Housing is a key component of a decent quality of life - poor quality housing causes harm to health and is often associated with other social problems. Some sections of older people are also more likely to live in non decent homes in the private sector: 39% of elderly households (that include someone aged 75 years or more), 40% of people aged 60 years or more living alone and 47% of households who have been resident 30 years or more.

Housing stock in England is relatively old, 8.1 million dwellings (39%) were built before 1945, including 4.4 million dwellings (21% of all) built before 1919. 70% of the stock is owner-occupied, and another 10% is rented from private landlords. The remainder is rented from a social housing provider (13% from local authorities and 7% from RSLs).

**Figure 1**  
**Households whose accommodation does not meet the decent homes standard: by tenure, 2001, England**



Source: English House Condition Survey, Office of the Deputy Prime Minister

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[http://www.odpm.gov.uk/stellent/groups/odpm\\_communities/documents/sectionhomepage/odpm\\_communities\\_page.hcsp](http://www.odpm.gov.uk/stellent/groups/odpm_communities/documents/sectionhomepage/odpm_communities_page.hcsp)

<sup>8</sup> The English House Condition Survey 2001

[http://www.odpm.gov.uk/stellent/groups/odpm\\_housing/documents/page/odpm\\_house\\_022942.pdf](http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/page/odpm_house_022942.pdf)

## **Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?**

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In 1997 Molyneux and Palmer<sup>9</sup> identified four housing quality issues affecting health :-

### **Homelessness**

- Mental health, increased physical problems, poor child development, access to health education and primary care, accidents in temporary accommodation, domestic violence

### **Poor conditions inside the home**

- Damp, poor heating and insulation, poor ventilation, disrepair, lead pipes, sound insulation, poor housing, structural, air quality, multiple occupation, overcrowding

### **Poor conditions outside the home**

- Design, pollution, security, high-rise housing

### **Links between housing costs, poverty and poor housing**

- Poverty, unemployment, housing benefits, heating costs, marginal home ownership, concentrated deprivation, links between poverty, housing and ill-health

The Health Education Authority Update of Housing, Environment and Health summarises how housing affects health: -

- Cold homes are linked to excess winter deaths – the poorest 30% of households spend more than 10% of income on fuel compared to 4.5% of the rest of the population
- Damp homes are linked to respiratory symptoms – possibly because of more house dust mites – in 1991 22% of unfit properties were damp
- Indoor pollutants - 41% of adults live in a households where someone smokes
- Noise - in one survey 83% were sometimes affected by traffic noise
- Home Safety - In 1995 72% of deaths from accidents within the home for people aged 75 and over were falls; death from fire is 3 times higher in homes with no smoke detector, also socio-economically related
- Overcrowding - 2.3% of homes are overcrowded; up to 40% Pakistani and Bangladeshi live in overcrowded homes; there is no direct evidence to link health and overcrowding
- Homelessness – in 1994 381,000 people were homeless, 36.5% of homeless families spent some time in temporary accommodation

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<sup>9</sup> Molyneux P and Palmer J. Housing and Health: Getting it Together. Association of Metropolitan Authorities, London. 1997.

## **Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?**

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### **2001 Census**

The Census showed there to be 21,660,475 households in England and Wales and 30.0 per cent of these (6.5 million) were one-person households - up from 26.3 per cent in 1991. Single-person households were least likely to have amenities such as central heating or sole use of a bath/shower and toilet. More than one in eight of single-person households did not have central heating - over 383,000 pensioners and over 430,000 non-pensioners.

Over 70,000 single-person households did not have sole use of a bath/shower and toilet - 21,000 of these were pensioners. More than half of pensioners living alone had a limiting long-term illness (52.8 per cent). In pensioner households, 60.4 per cent contained someone with a limiting long-term illness.

### **What have we learned about housing and health from the Kent and Medway Health and Lifestyle Survey?**

In 2001 a postal questionnaire was sent to a random sample of one in one hundred people aged 16-74 and one in twenty five people aged 75 and over registered with a General Practitioner in Kent and Medway. 8071 individuals responded; these people comprised a 51% response. The number of women in the survey is greater than the number of men at all ages; response amongst men improves with age. The Kent and Medway survey is weighted towards older people, four times as many people over the age of 75 were surveyed and 57% responded compared with 48% of younger people.

In our survey across Kent and Medway, 70.6% of respondents lived in owner occupied accommodation, 5.2% lived with parents or family and 3% lived with others. 18.2% of respondents were living in rented accommodation; 5.2% rented privately, 6.2% rented from a Housing Association and 5.3% rented from the Local Authority. This compares to 16% in Local Authority and 5% in Housing Association rented accommodation nationally in 1998<sup>10</sup>, so people in the Kent and Medway survey appear to be more likely to own their housing (this result may reflect the sampling and response with more older people in the survey).

Patterns of home ownership vary according to locality. 57.5% of all respondents were living in town, 32% in a village and 7.1% in the countryside.

69.5% of respondents were living in a house, 16.1% in a bungalow and 3.8% in a ground floor flat, 6% were living in an upstairs flat. In the 2001 Census 12.6% of households in Kent and Medway were living in a flat.

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<sup>10</sup> Living in Britain: Results from the 1998 General Household Survey. ONS. The Stationery Office, London, 2000.

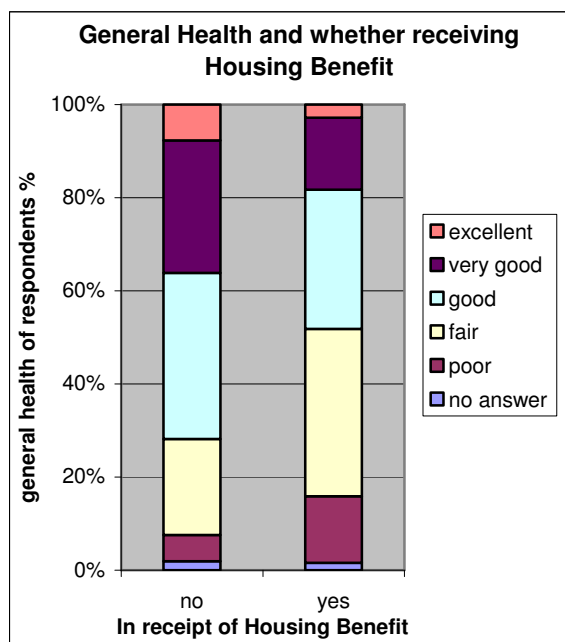
## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

Remembering the sampling frame contained an enhanced sample of older people, also that the response rate was higher in older people - 80% of respondents had no children under 4 in their household and 65% had none aged 4-15. 50% of households had no pensioners; 1845 households (22.9%) had one pensioner and 1859 (23%) had two pensioners. There were 103 households with three pensioners.

### Poverty and housing - People on Housing Benefit

683 people (8.5% of respondents) were receiving housing benefit. 441 (64.6% of those on housing benefit) were retired and 66 (9.7%) unable to work; 35.3% of these people lived in accommodation rented from a Housing Association and 28.7% rented from the Local Authority, 15.1% rented privately. 75.7% of people not receiving housing benefit lived in owner occupied accommodation compared to just 15.5% on benefit.

**Figure 2**



People receiving housing benefit were more likely to report poorer health (Figure 2), and long standing illness, disability or infirmity (11.5% compared to 5.7%). They were more likely to have reported feeling sad, unhappy or depressed for two weeks in the past year (Table 1)

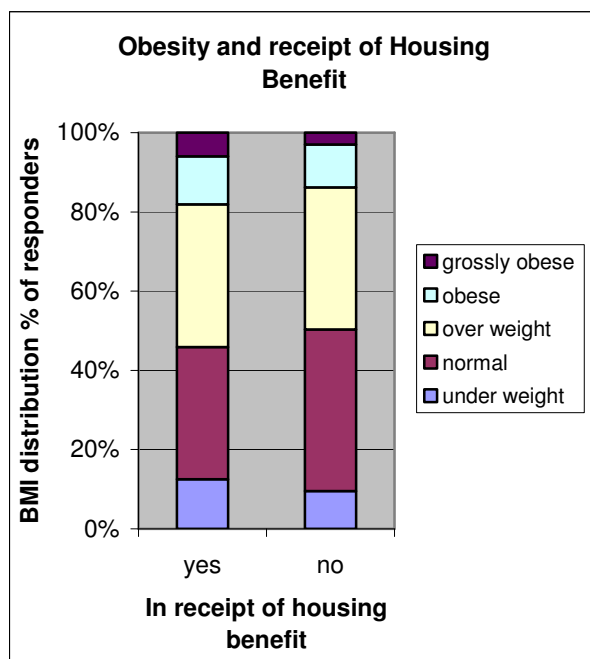
## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

**Table 1**

**People who reported two weeks or more during the past year during which they felt sad, unhappy or depressed by whether receiving Housing Benefit**

Had two weeks or more sad, unhappy or depressed	Receiving Housing Benefit		
	Yes	No	Total
Yes	309 (45.2%)	2372 (32.1%)	2681 (100%)
No	334 (48.9%)	4787 (64.8%)	5121 (100%)
N/A	40 (5.9%)	229 (3.1%)	269 (100%)
Total	683 (100%)	7388 (100%)	8071 (100%)

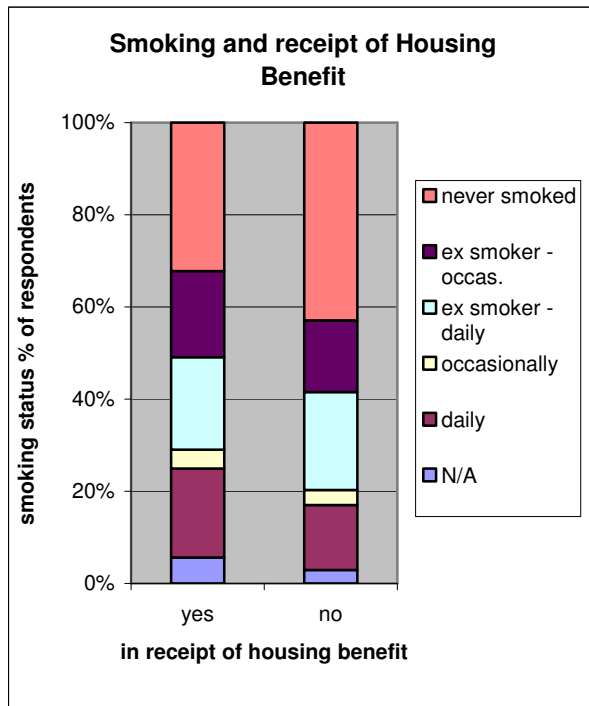
**Figure 3**





## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

**Figure 4**



People on Housing Benefit were more likely to be under weight and more likely to be over weight and obese (Figure 3); they were also more likely to be current smokers and less likely to be people who had never smoked (Figure 4); these are indicators of general health.

### Poor Conditions inside the Home - Damp and Cold Housing

The survey asked :

*'is damp or condensation a serious problem in your home?'*

122 people (1.5%) said damp or condensation was a serious problem in their home; another 685 people (8%) said it was a nuisance. Serious dampness was more common in privately rented accommodation; 6.3% of people said it was a serious problem and 20.1% a nuisance compared to 0.9% and 7.5% respectively in owner occupied accommodation. Damp housing was more of a problem for younger people aged under 45; 2.8% said they had a serious problem with damp and 11.2% said it was a nuisance.

The survey asked :

*'during the past 3 months, have you felt anxious or stressed by any of the following'*

## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

**Table 2**  
**People who reported being Anxious or Stressed by Housing Conditions – Damp or Cold**

<b>Your Housing:</b>	<b>All or most of the time</b>	<b>Some of the time</b>	<b>Little or none of the time</b>	<b>No answer</b>
	%	%	%	%
conditions e.g. damp or cold	1.6	5.6	81.7	11.1

29.5% of the 122 saying they had a serious problem with damp were anxious all or most of the time and 32.8% said they felt anxious some of the time (Table 2). Only 4.3% of people with no problem with damp said they were at all anxious about their housing conditions.

The survey asked :

*‘are there times in the winter when you cannot keep your home warm enough?’*

217 people (2.7%) said they could not keep their home warm enough in winter most of the time; another 319 (4%) said quite often they couldn’t keep warm enough and 2060 (25.5%) said occasionally they couldn’t. Nearly half the people not keeping warm enough most of the time were in owner occupied accommodation; however only 1.8% of people in owner occupation couldn’t keep warm most of the time compared to 13% in privately rented unfurnished accommodation. 6.8% of people aged over 75 were not able to keep warm enough quite often or most of the time; there was very little difference between age groups. The survey picked up 32 pensioners living alone who said they couldn’t keep warm enough most of the time; this was only 2.7% of the 1193 pensioners living alone.

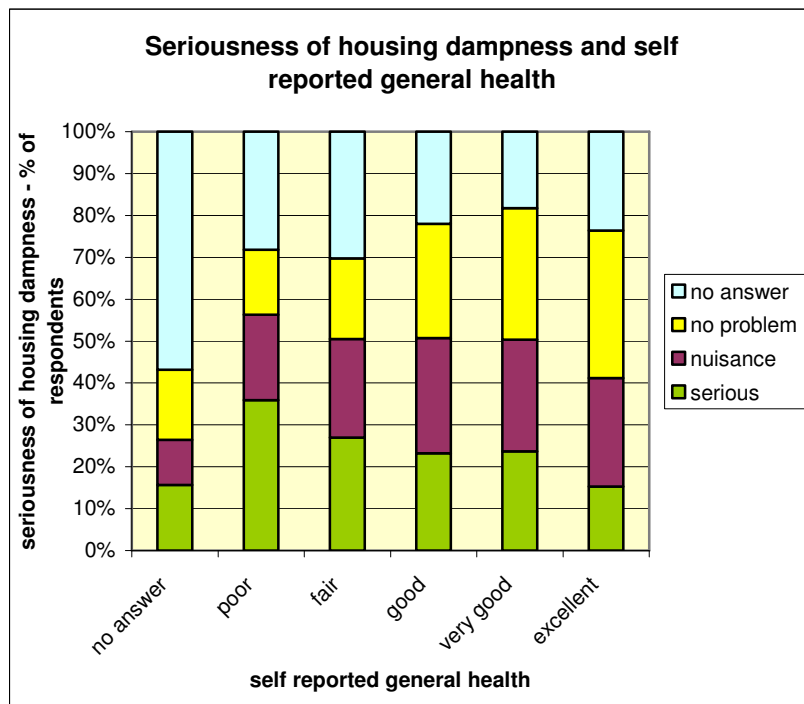
16.6% of the 217 people who couldn’t keep their home warm enough most of the time felt anxious about their housing conditions most of the time, and 26.7% were anxious some of the time. 32.9% of the 319 who said quite often they couldn’t keep their home warm enough were anxious some, most or all of the time.

### ***Does cold and damp affect people’s health?***

People with poorer general health were more likely to report problems with dampness or condensation in their housing (Figure 5). People with long standing illness, disability or infirmity were only slightly more likely to report they had a serious problem with damp or condensation (Table 3).

## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

**Figure 5**



**Table 3**  
**People who reported Long Standing Illness and Damp or Cold Housing**

Long standing illness, disability or infirmity	Is damp or condensation a serious problem?				Total
	Serious	Nuisance	No Problem	N/A	
Yes	61 (1.7%)	306 (8.5%)	3071 (85.6%)	149 (4.2%)	3587 (100%)
No	58 (1.4%)	327 (7.7%)	3787 (88.6%)	101 (2.4%)	4273 (100%)
N/A	3 (1.4%)	12 (5.7%)	171 (81%)	25 (11.8%)	211 (100%)
Total	122 (1.5%)	645 (8.0%)	7029 (87.1%)	275 (3.4%)	8071 (100%)

## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

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### Poor Conditions inside the Home - Risk of falls

The Centre for Health Services Studies (CHSS) has developed a risk scoring for falls, this applies to people aged 65 and over. The survey included 5 questions to indicate the presence of risk factors for falls : -

- history of falls
- 4+ prescribed medicines
- history of stroke or Parkinson's
- balance and / or gait problems
- ability to rise from a chair of knee height without arms.

People answering yes to 2 or more risk factors were estimated to have a 43% chance of falling and for 3 or more it was estimated they had a 57% chance of falling in the subsequent 6 months.

- 28 men and 30 women said they have Parkinson's disease. The prevalence of Parkinson's Disease was 1% in people aged 65-74 and 2.3% for age 75 and over.
- 77 men and 121 women said they had had a stroke which had left them with weakness and arms or legs; 20 were aged under 65. The prevalence of stroke amongst 65-74 year olds was 3.0% for men and 1.6% for women, and for those aged 75 and over was 5.5% for men and 6.1% for women.
- 466 men (14%) and 795 women (16%) said they had problems with their balance. Problems with balance increased from 6% of men under the age of 65 and 4% of women under 45 to one in three over the age of 75.
- 1060 men (one in three) and 1952 women (one in five) said they could not rise from a chair without using their arms. Even young people couldn't do this! The proportion rose steadily from the age of 35, the increase being greater in women than men.
- Nearly one in six people (more women than men) had fallen within the past 6 months. Falls were common in young men; for most ages and both sexes between 8 and 10% of people had fallen; in men this number rose from the age of 75 when one in five men had fallen; more than one in four women aged 75 and over had fallen.

## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

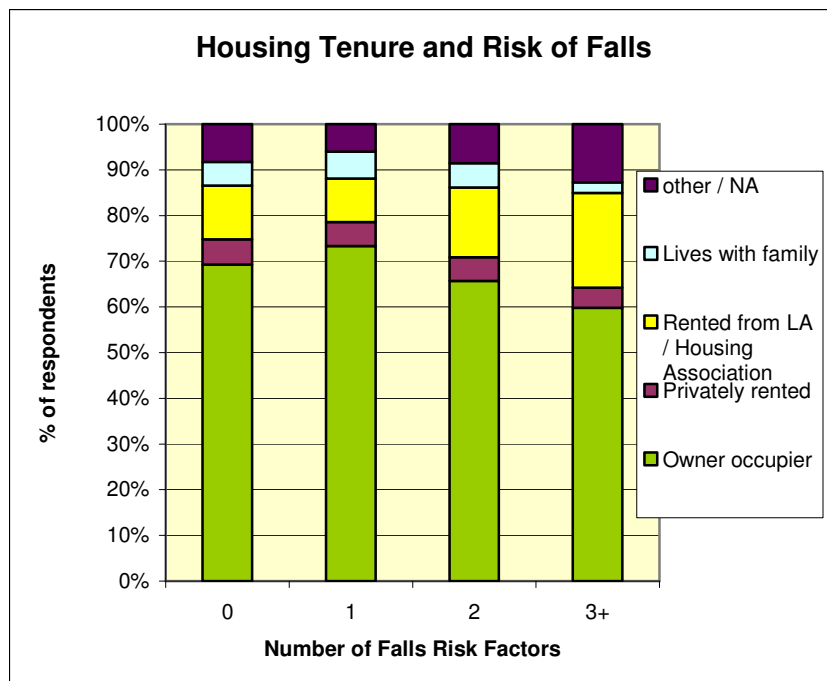
**Table 4**  
**Older people with Falls Risk Factors - percent by age, over 65**

Age group	Number of Risk Factors			
	0	1	2	3 or more
<b>Males</b>				
65-74	14%	60%	20%	5%
75 and over	18%	45%	24%	13%
<b>Females</b>				
65-74	25%	51%	19%	5%
75 and over	24%	38%	25%	13%

In this survey there was very little difference between the risk amongst men and women; for it is estimated that 20% of people those aged 65-74 and 25% of people aged 75 and over have a 43% risk of falling in the next six months; in addition there were 5% of people aged 65-74 and 13% aged 75 and over who have a 57% risk of falling in the next six months (Table 4).

People who had three or more risk factors (57% risk of falling in the next 6 months) were less likely to be living in owner accommodation and more likely to be in housing rented from the Local Authority or a Housing Association (Figure 6).

**Figure 6**



## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

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### Poor Conditions Outside the Home - Neighbourhood anxieties and social cohesion

The survey asked

*'during the past 3 months have you felt anxious or stressed by any of the following?'*

138 respondents (1.7%) reported feeling anxious or stressed by their housing neighbourhood all or most of the time and another 8.7% were some of the time. 84 19.6% of people living in accommodation rented from the local authority 16.6% living in accommodation rented from a Housing Association felt anxious about their neighbourhood at least some of the time. This compared to 8.8% who were owner occupiers.

**Table 5**  
**People who reported being Anxious or Stressed by Housing Conditions – Neighbourhood**

Your Housing:	All or most of the time	Some of the time	Little or none of the time	No answer
	%	%	%	%
Neighbourhood	1.7	8.7	70.3	19.3

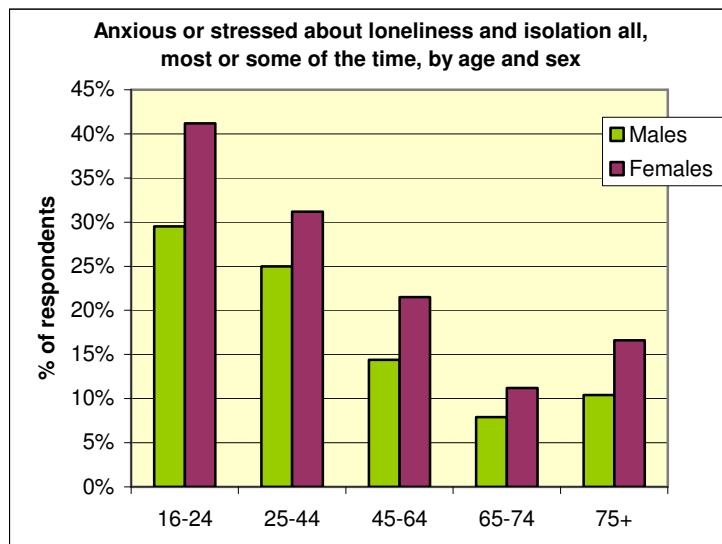
of people living in a ground floor flat were most likely to be anxious or stressed about their neighbourhood with 14.6% who reported the felt stressed at least some of the time; people in an upstairs flat were next (13.9%). Living in a bungalow was least stressful (6.1%) followed by a mobile home (9.1%).

People feeling anxious or stressed about their neighbourhood all or most of the time were also more likely to be feeling lonely; 30.4% were feeling lonely most of the time, and 22.5% some of the time compared to 3.1% and 15.2% respectively for people who were stressed by their neighbourhood little or none of the time.

## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

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**Figure 7**



Loneliness was more common in younger age groups reducing up to the age of 65 – 74, but rose again in older people aged 75 and over (Figure 7).

49.6% of people who were feeling lonely most of the time were in owner occupied accommodation compared to 62.5% for people feeling lonely some of the time and 76.4% little or none of the time. People feeling lonely were more likely to be living in rented accommodation - 3.5% in furnished privately rented, 9.1% in unfurnished privately rented, 11.1% in Housing Association and 10% in Local Authority accommodation.

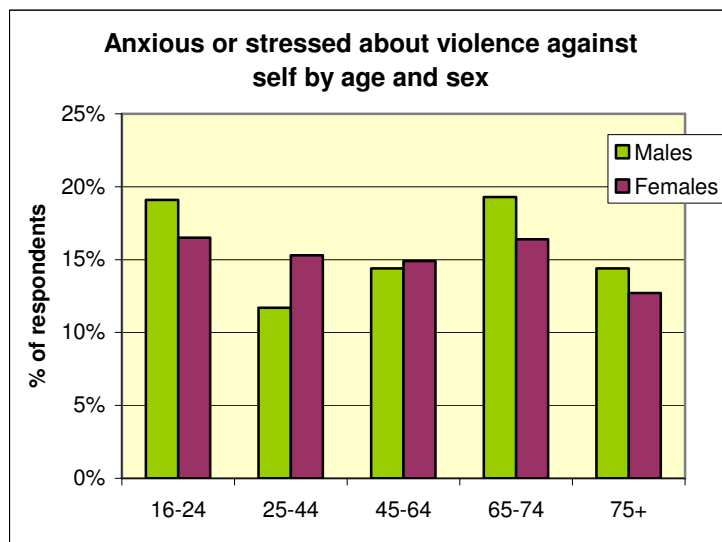
## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

**Table 6**  
**People who reported being Anxious or Stressed by Housing Conditions – Crime and Violence**

During the past 3 months, have you felt anxious or stressed by any of the following to do with:	All or most of the time	Some of the time	Little or none of the time	No answer
	%	%	%	%
<b>Crime in your area :</b>				
burglary	3.4	20.1	63.3	13.2
theft from, or of, cars	2.8	17.0	62.8	17.4
<b>Fear of violence :</b>				
against you	2.4	12.2	71.1	14.3
against your family or friends	2.1	14.6	66.4	16.9

- 23% were in fear of burglary, and 14-17% in fear of violence against themselves, family or friends (Table 6). People from the age of 45 were more likely to worry about burglary; theft from cars affected people from the age of 25 and particularly men aged 45-74; fear of violence affected all ages particularly young men under 25 and men aged 45-74 and women aged 25-44 (Figure 8)

**Figure 8**



24.6% of the people anxious or stressed most of the time by their housing neighbourhood were also receiving housing benefit, compared to 11.6% who were anxious only some of the time and 5.7% who were anxious little or none of the time.



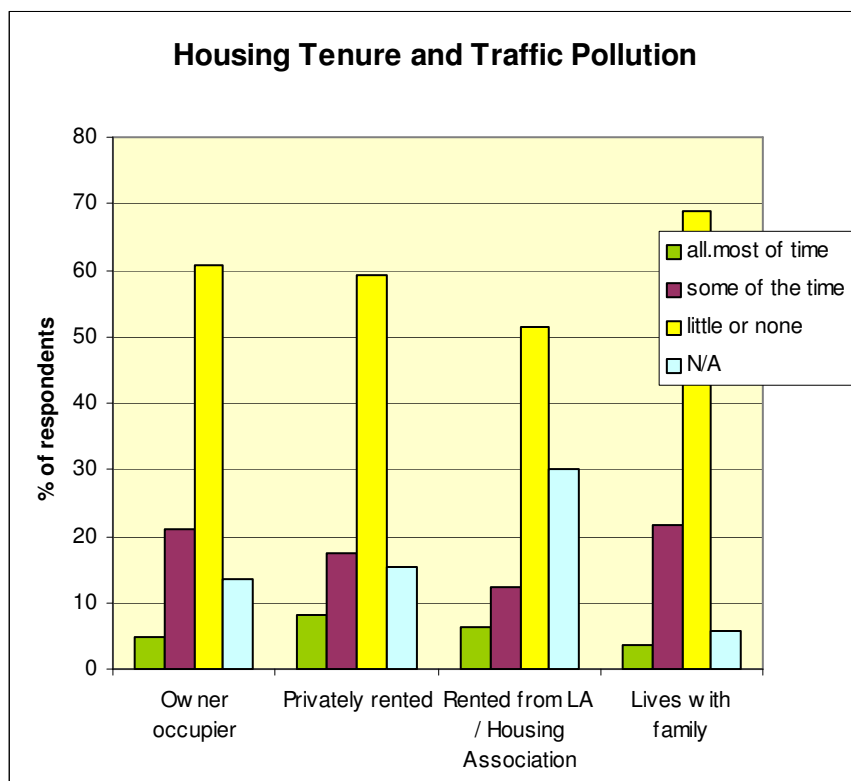
## Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?

### Poor Conditions Outside the Home – Environmental Noise and Pollution

26% of people living in Local Authority rented and 24% in privately rented accommodation reported being anxious or stressed some or most of the time because of noise pollution; this compared to 18.2% in Housing Association rented and 21.5% in owner occupied accommodation.

Owner occupiers and people living with their families were most likely to report being stressed or anxious at least some of the time as a result of traffic pollution (Figure 9); the interesting result is the high proportion of people who were living in accommodation rented from both Local Authority (31%) and Housing Association (29%) compared to 13% of owner occupiers who did not answer this question raising the issue of could this be due to intimidation.

**Figure 9**



In the same way, the survey showed that 34% of people who were renting their accommodation from Local Authority and Housing Associations refused to answer the question about waste and litter pollution and 30% refused to answer the question about air quality. 46% from Local Authority housing and 52% from Housing Association housing said waste or litter was a problem little or none of the time compared to 65% of owner occupiers and 75% living with their family. 56% from Housing Association and

## **Housing and Health in Kent - What have we learned from the Kent and Medway Health and Lifestyle Survey?**

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55% from Local Authority housing said air pollution was not a problem compared to 69% of owner occupiers and 67% of those in privately rented accommodation said air quality was a problem little or none of the time. However 18% of owner occupiers found waste / litter a problem and 16% found air quality a problem at least some of the time.

### **Discussion**

Through the Kent and Medway Health and Lifestyle Survey we have been able to explore the local prevalence of housing problems which have been demonstrated through evidence to be relevant to the health status of the community. Especially we have shown that people living in rented accommodation were particularly at risk, for example they were found to be more likely to be older and more likely to be in receipt of housing benefit.

People in privately rented accommodation are more likely to find their housing to be cold and damp. People with a higher risk of falls were also more likely to be living in Local Authority or Housing Association accommodation. People in accommodation rented from the Local Authority or Housing Association were more likely to be stressed or anxious because of their neighbourhood, fear of crime or their environment.

The findings relating to health risk are deeply bound up with the fact that people in rented accommodation are older, and are more likely to be living in poverty; this is why they are in rented accommodation. Whilst it has been shown that older owner occupied housing often is in a poorer state of repair<sup>11</sup>, and often occupied by lone pensioners, it is the privately rented accommodation occupied by young people which is reported to be damp and cold.

People at risk of falls are more likely to be living in rented accommodation; thus Local Authority and Housing Association landlords need to pay attention to creating a safer environment inside the house.

Overall the survey shows that whilst very few people are suffering from disrepair problems, there are many who fear crime, environmental pollution and stress caused by their neighbours; this is likely to lead to or result from poor social cohesion; we have not so far explored whether there are variations across Kent and Medway; the survey gives us the potential to do this further work.

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<sup>11</sup> The English House Condition Survey 2001  
[http://www.odpm.gov.uk/stellent/groups/odpm\\_housing/documents/page/odpm\\_house\\_022942.pdf](http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/page/odpm_house_022942.pdf)