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**EVIDENCE BRIEFING HOUSING ASSOCIATIONS  
AND HOUSING INTERVENTIONS:  
DELIVERING COMMUNITY-CENTRED  
APPROACHES FOR HEALTH AND WELLBEING**

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## Contents

Introduction .....	5
Background .....	5
What are community centred approaches? .....	6
What is this evidence briefing about? .....	7
Methods .....	7
Findings .....	9
What do housing associations do? .....	9
Role of housing associations .....	9
Population needs and approaches .....	10
What difference do housing associations and housing interventions make to health and wellbeing? .....	11
Strengthening communities .....	11
Collaborations & partnerships .....	14
Volunteer & peer approaches .....	17
Accessing community resources .....	20
Other health and wellbeing outcomes mentioned in stakeholder interviews .....	22
Difficulties .....	23
Future directions .....	24
Implications for policy and practice .....	24
Implications for research .....	25
Conclusion .....	26
REFERENCES .....	28
APPENDIX 1: Detailed methods and search strategy .....	31
APPENDIX 2. Interview schedule .....	35

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## Key Messages

- This report is about how Housing Associations are using community-centred approaches to health and wellbeing in their work.
- Housing associations in the UK undertake an enormous amount of community-centred health and wellbeing related initiatives with their tenants.
- Housing associations work with a wide range of vulnerable and disadvantaged people, particularly older people, people with mental health problems, people with drug and alcohol problems, people who are homeless or at risk of homelessness and young people and their families.
- Housing associations work in partnership with each other and are working to improve partnerships and collaborations with health and social care organisations and the wider community.
- Housing associations deliver health and wellbeing initiatives related to all four branches of the “family” of community centred approaches: Strengthening Communities; Collaborations & Partnerships; Volunteer & Peer Roles, and Access to Community Resources.
- The majority of health and wellbeing initiatives delivered by housing associations are about helping their tenants access support and advice in the community and navigate the health and social care systems.
- Many of the health and wellbeing initiatives take place in supported or sheltered housing settings (rather than ‘general needs’ housing).
- Community development initiatives are more likely to be associated with ‘general needs’ housing.
- Health and wellbeing initiatives delivered by housing associations address many different issues, including: social isolation, support to live independently, mental health, safety in the home, healthy lifestyles and drug and alcohol problems.
- The scale of housing association provision and the emphasis it places on supporting people in need means that it should be seen as a significant partner to support the health and care system in rebalancing its focus towards communities and citizens.

## Introduction

### Background

Housing associations have been major contributors to public health improvements for many decades. For example, by providing warm, affordable and energy efficient homes, promoting financial inclusion, training and employment opportunities, providing care and support services and investing in homes, local neighbourhoods and wider community services. Housing associations are also experienced in delivering services and support to people experiencing social exclusion and health inequalities, and in working in partnership to deliver health improvement interventions (National Housing Federation 2013). Housing interventions that have a major impact on health and wellbeing and work within a life-course framework include:

- Targeted work with homeless individuals with complex and multiple needs
- Providing refuge and support for victims of domestic violence and specialist work with troubled families
- Supporting people to access other public services, training or employment
- Encouraging healthy lifestyle choices in partnership with public health and the voluntary sector
- Providing advice and information, help with personal budgeting, financial capability and support to deal with personal debt
- Providing specialist accommodation and tailored support to help people with mental health needs make progress towards recovery and live more independently
- Providing specialist support and adapted accommodation for people with long-term conditions.

A recent report from Sitra (2015) stated that almost 8.6 million people live in a home rented from social landlords, and that 11.5% of these tenants reported bad or very bad health, and 15.6% reported that their day to day activities were limited 'a lot' by long term health conditions or disabilities.

Recent legislation and strategy documents such as the Health and Social Care Act 2012, Care Act 2013 and Five Year Forward View 2014 have recognised the importance of the voluntary, community and social enterprise (VCSE) sector as an important partner for statutory health and social care agencies in improving health, wellbeing and care outcomes, and promoted the role of VCSE organisations in service provision <http://vcsereview.org.uk/about/>. The renewed emphasis on community planning and the social determinants of health provides housing

associations with numerous opportunities to expand their work in local partnerships to reduce health inequalities<sup>1</sup>.

This report is about how Housing associations are using community-centred approaches to health and wellbeing in their work.

### **What are community centred approaches?**

There is increasing interest in working in partnership with communities in order to improve health and wellbeing and reduce health inequalities. In 2015, Public Health England (PHE) and NHS England published the guide to community-centred approaches for health and wellbeing (PHE/ NHSE 2015). The guide sets out an evidence based case for working with communities and for using participatory approaches to improve the health of the poorest the fastest, in line with the recommendations of the Marmot review (Marmot 2010). Community-centred approaches represent practical ways to mobilise assets within communities, promote equity and increase people's control over their health and lives. Community practice in the UK is diverse and there are many community engagement and empowerment methods and models. The PHE/NHS England guide introduces a 'family of community-centred approaches' which organises approaches, interventions and models into four main groups:

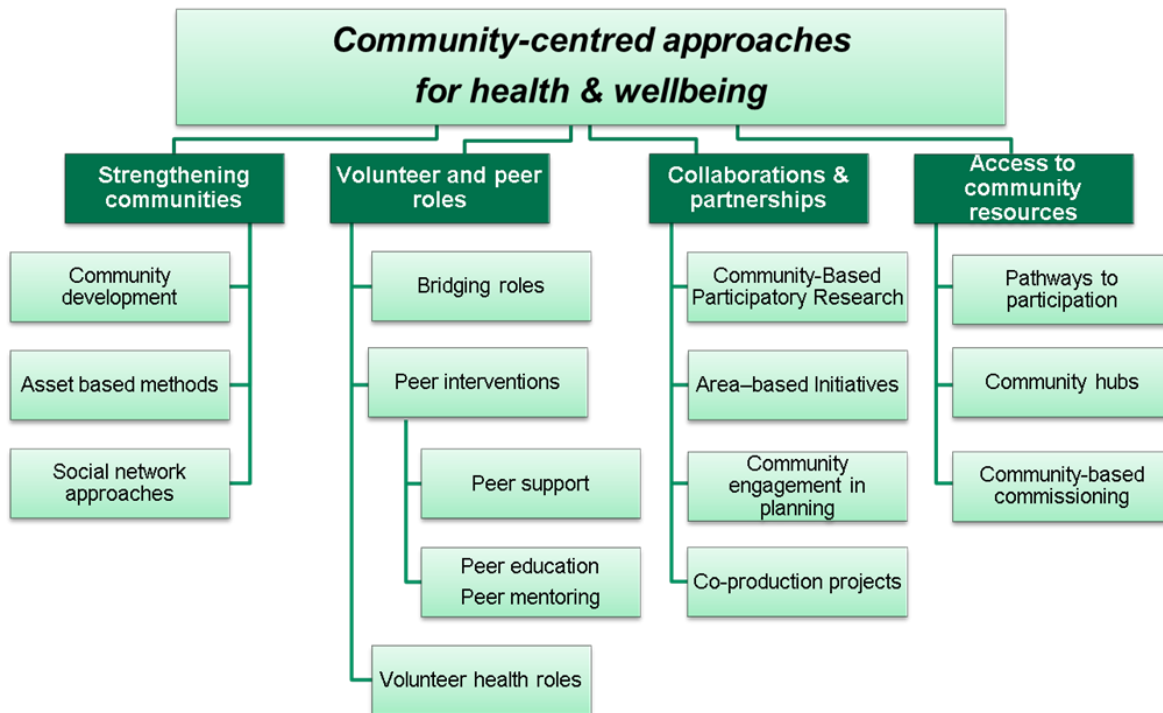
- Strengthening communities: where approaches build community capacity and social networks, enabling people to work together to identify needs and develop local solutions
- Volunteer and peer roles: where approaches that build the capacity and skills of individuals to take on community health roles as volunteers or peer support workers.
- Collaborations and partnerships: where approaches involve people in designing, delivering or evaluating services
- Access to community resources: where approaches set up ways of linking people to community resources through referral or through local community centres.

The PHE/NHS England guide is applicable across different public health issues and types of community. This report looks at the application of community-centred approaches within the housing sector. The 'family' provides a framework for mapping and developing practice that involves people as equal partners in improving health and reducing the health gap.

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<sup>1</sup> [http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/NHF\\_Connecting\\_Housing\\_and\\_Health\\_Tackling\\_Health\\_Inequality\\_Briefing\\_Final.pdf](http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/NHF_Connecting_Housing_and_Health_Tackling_Health_Inequality_Briefing_Final.pdf)

**Figure 1: The family of community centred approaches for health and wellbeing**  
 (source: PHE & NHS England, 2015:17)



**What is this evidence briefing about?**

This evidence briefing aims to improve understanding of the role of housing associations in developing and delivering community-centred approaches for health and wellbeing. The report draws on a National Housing Federation survey of its member organisations, a review of published research evidence and key informant interviews.

The main research questions are:

How are housing associations using community-centred approaches to health and wellbeing in their work? Who are they working with and with what results?

**Methods**

The review is limited to UK evidence. Detailed methodology is presented in Appendix 1. A literature review was undertaken on the use and application of community-centred approaches to health and wellbeing by housing associations.

We revisited literature searches previously carried out for other projects, and updated these with search terms specific to housing. The main sources were:



- Searches previously carried out for PHE/ NHSE “Community-centred approaches” report (PHE, NHSE 2015; Bagnall et al. 2015a); NICE “Community engagement in the UK” mapping review (Bagnall et al. 2015b);
- Update search for published research studies and grey literature, from 2005, using search terms specific to housing, in MEDLINE, IDOX Information Service; CINAHL; Social Policy and Practice; Academic Search Complete (see Appendix 1 for search strategy);
- Grey literature and local evaluations identified by NHF (e.g. recent NHF health and wellbeing survey, and community impact awards) and others;
- Website searches of relevant organisations e.g. HACT, CIEH, Sitra, Housing LIN, NHS Alliance “Housing for Health”, King’s Fund

Semi-structured interviews were used to gain an in-depth perspective of housing associations’ use of community centred approaches to the health and wellbeing of their tenants. The National Housing Federation’s audit tool was used as a sampling frame, from which twenty housing providers were purposively sampled with support from the National Housing Federation. An additional eleven health organisations were sampled according to their relevance to the research question. Potential participants were then invited via email to be interviewed.

We also had access to preliminary findings from the National Housing Federation 2015 survey of its member organisations.

In the report, findings from the three sources of evidence (survey, interviews and literature review) are presented together within each type of community centred approach. Direct quotes from interviewees have not been attributed to individuals, and in some cases details of housing associations have been removed, in order to preserve the anonymity of those individuals who spoke to us.

## Findings

### What do housing associations do?

#### Role of housing associations

Housing associations can make an important contribution to the health of their tenants. All three sources of evidence showed the relevance of health in the housing sector and also confirmed the rich mix of roles and approaches used. In interviews, people told us that good housing was linked to positive health and wellbeing for tenants. Housing associations felt their role in the health and wellbeing of tenants was “*far more than just bricks and mortar*”. For example, one housing association described their role as: “*...a charity who provide housing*”.

By virtue of being landlords, housing associations felt they have expertise in reaching people and communities that public health campaigns may not reach:

*“We have to go into every home every year to do a statutory gas check – we have the infrastructure and are in touch with people who are disadvantaged in some ways this connection and role has a strong fit with NHS programmes such as Every Contact Counts”*

Where housing associations were able to coordinate effectively with other stakeholders they were able to be the catalyst for health and wellbeing improvements, preventing people from “*slipping through the cracks*”.

Housing associations felt they had a duty of care for the health and wellbeing of tenants. In ‘general needs’ housing, often as a result of a lack of resources, the relationships between tenants and housing associations was felt to be “*most distant*” and “*transactional*”, while in more specialist provisions, housing associations have a more proactive involvement with tenants.

Housing associations may be involved in the delivery of services. For example, a smaller housing association that works with homeless young people, described their ‘life academy’ programme in which they provide courses for tenants around three topic areas: independent living, employability and skills, and health and wellbeing. Such service delivery may be the result of housing associations winning local authority and health tenders:

*“We’re paid and directly concerned to help people’s health and wellbeing and explicitly make it better and measure how much better we’ve made it”*

It was felt that housing associations may also have a role to play as commissioners of services for their tenants and communities. One housing association spoken to, as part of a larger

consortium, were responsible for distributing Big Lottery funding to local health and wellbeing projects. Further examples of commissioning work included breakfast clubs in schools, floating support services, and employment support and education.

### **Population needs and approaches**

Many housing association tenants are people who rely on health and social care services and who are often perceived as 'hard to reach' by the NHS. A survey carried out by the National Housing Federation of its member housing associations in 2015 identified that they were working with a range of population groups at risk of health inequalities. Respondents could select up to three population groups for this question, and the largest groups reported were older people (n=91 respondents) and people with mental health problems (n=88 respondents). Significant numbers of housing associations also reported working with people with long term sickness (n=49 respondents) and physical disabilities (n=38 respondents, although most of these may fall within the "older people" category as well), people with alcohol or drug problems (n=37 respondents), people who were homeless or at risk of homelessness (n=40 respondents), people with learning disabilities (n=33 respondents) and younger people or families (n=42 respondents).

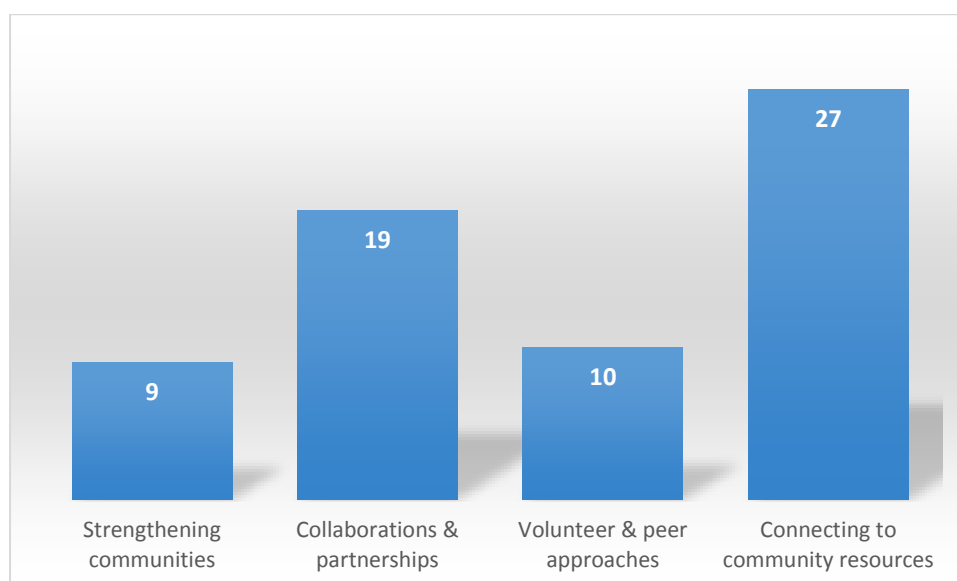
The 37 articles included in the literature review (14 of which were research or evaluation studies) included a similar range of population groups.

In interviews, stakeholders described tenants in 'general needs' housing as experiencing health and wellbeing issues associated with financial inequality. Some respondents felt that behaviour detrimental to good health may be entrenched within communities. Tenants in more specialised housing were described as vulnerable, and potentially having "*a lot of additional needs*". It was felt that mental health was becoming an increasingly pressing issue in both 'general needs' and specialized housing provisions. The age profile of tenants was generally increasing as people live longer and delay their 'last move' (*i.e.* into supported housing) until later in life.

The 2015 NHF survey respondents reported a range of health and wellbeing initiatives, with enhancing and maintaining independent living and reducing social isolation being the most prominent aims. Other initiatives focused on older people, mental health, safety in the home, crisis intervention, homelessness, alcohol and drug problems and healthy lifestyles. Health and wellbeing issues addressed in the literature were similar, with social isolation, social capital, individual health and wellbeing and mental health all mentioned frequently.

In terms of the 'family' of community centred approaches (PHE & NHSE 2015), 'Accessing community resources' contained by far the largest cluster of housing association-related initiatives (n=27; 10 research studies), followed by 'Collaborations and partnerships' (n=19; 4

research studies), although ‘Strengthening communities’ (n=9; 1 research study) and ‘Volunteer and peer approaches’ (n=10; 3 research studies) were also well represented (Figure 2). Many initiatives sat across more than one category.



**Figure 2: Community centred approaches reported in published literature**

## **What difference do housing associations and housing interventions make to health and wellbeing?**

This section looks at evidence around the role of housing associations in relation to the four broad types of community-centred approaches that can be used to promote health and wellbeing (see page 6-7 and Figure 1). Key findings from evaluations are reported along with some case studies (from NHF survey respondents and suggestions from key stakeholders) to show how community-centred approaches work in practice.

### **Strengthening communities**

Nine articles (1 research study) described initiatives that sat within the “strengthening communities” branch of the family (Shiland 2015; East Midlands Regional Empowerment Partnership 2009; Eleftheriades 2005; Rosenberg 2011; Rosenberg 2012; Lashko 2012; Phillips et al. 2015; Place Shapers Group 2011; Lilley 2014). One of these reported findings from a large survey of the local sense of wellbeing among residents of a mutual resident-controlled housing association (Rosenberg 2012<sup>2</sup>). This study found that residents expressed high levels of satisfaction with the neighbourhood (e.g. feelings about home were rated as

<sup>2</sup> Full report [http://www.wech.co.uk/images/pdf/Community\\_Empowerment\\_Report\\_by\\_Dr\\_Satsangi.pdf](http://www.wech.co.uk/images/pdf/Community_Empowerment_Report_by_Dr_Satsangi.pdf)

87%, ratings of area and facilities at 89%, compared to 82% and 53% respectively in the New Deal for Communities (NDC) evaluation (Ipsos MORI 2010)) and greater levels of community engagement (active participation = 29%, compared to 20% in the NDC evaluation) than people living in areas with comparable levels of deprivation. The conclusions were that an empowering and participatory management style - especially where based upon full community ownership and resident control - effectively enhances community engagement, activates citizenship and significantly improves individual and collective well-being.

The other eight articles described a range of community development initiatives, with the concept of empowerment a recurring theme. A paper by Philips et al (2015) described three initiatives funded by the Liverpool Decade of Health and Wellbeing, which applied the “5 ways to wellbeing” developed by the New Economics Foundation<sup>3</sup>: memory boxes for people living with dementia; a community garden run by artists in an area experiencing socio-economic deprivation; and an urban photography project involving ex-servicemen and women, all of which were supported and facilitated by housing associations in some way.

In interviews, stakeholders from housing associations described one of their roles as helping to build resilience among tenants so that “*they can be the master of their own wellbeing*”. Examples of how housing associations have developed ‘asset based approaches’, building on the tenants’ existing strengths, include:

- Alongside the local public health team, commissioning three experts to work with residents on community development, including asset mapping.
- Implementing a points based system in which residents accumulate points for developing new skills. Accumulated points are exchanged for, for example, driving lessons, training course, or work equipment.
- Annual competitions in which the winning resident receives money and/or other resources (*i.e.* volunteers) to support their initiative.
- Stipulating that new residents must sign up to give a set number of hours a week to community-based activities.

Such activities may, however, only occur “*in pockets*”, as it was felt to be “*pretty aspirational*” to expect tenants to spontaneously develop their own initiatives. Housing associations were thought to have a role to play finding “*a spark...something compelling that brings people together*” and to support and facilitate tenants’ ideas that “*bring people together, to celebrate*”

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<sup>3</sup> <http://www.fivewaystowellbeing.org/>

where they live". Where possible, developing initiatives "very organically from [the communities'] ideas" and strengths was thought to make them more self-sustaining.

Some stakeholders told us that housing associations, by organising open days or opening up buildings for use by the community, can bring tenants and non-tenants together in the wider community; for example, a small housing organisation described their role as a 'hub' for strengthening their residents' place in the broader community.

#### **CASE STUDY - Strengthening Communities: The Bromford Deal**

The Bromford Housing Association describes itself as a social enterprise with an important purpose – to inspire people to be their best. They believe that everyone has something more they can achieve, and work with people to help them find out what it is they want to achieve in their life. They have a growing range of services, for example: courses to help find work; support to help get tenancies off to the best possible start; money advice; skills coaches to help access the right training or learning opportunities; information and advice about home ownership.

They believe that working in partnership is key to their success and in helping people to get to where they want to be in life, and they are involved in partnerships with health services, prisons, colleges, new home building developments and other local support services. At the heart of the relationship between the housing association and the tenants is the Bromford Deal:

##### ***What is the Bromford Deal?***

***The Deal depends on you, your skills, your ambitions and your aspirations. It's not about where you have come from it's about where you are going. We provide you with a home that meets your needs and services to help you achieve your goals and make the most of your talents.***

***We will work with you to agree what it is that you want to achieve in your life (it could be anything that makes you feel more in control of your future) and then you commit to what you need to do to get there and how we can help you. In return we expect you to commit to working with us - making the most of the opportunities on offer and helping to make your neighbourhood a great place to live.***

***We have a growing range of services to help you achieve more – we have courses to help you get a job; support to help you get your tenancy off to the best possible start; money advice; skills coaches to help you access the right training or learning opportunity; information and advice about home ownership and a whole lot more.***

***We know the Deal won't suit everyone, but our homes come as part of a package.***

***If we find that the Deal isn't working for both of us, we will need to discuss with you whether being a Bromford customer is suited to you. We want to make the best use of our time and money, and we want to offer our services to those who are going to benefit most from them.***

A report on the social value of the Bromford Housing Group concluded that £9 of social value was gained for every £1 invested (Bromford Housing Group Social Value Report 2015)

<http://www.bromford.co.uk>

## **Collaborations & partnerships**

Nineteen articles described initiatives that included collaborations and partnership working with communities (Shiland 2015; Duffy & Baldwin 2013; East Midlands Regional Empowerment Partnership 2009; Eleftheriades 2005; Flanagan et al. 2006; Rosenberg 2011; Rosenberg 2012; Joyce 2005; Lashko 2012; McCrudden et al. 2008; Phillips et al. 2015; Place Shapers Group 2011; Marston et al. 2014; Santokhee 2006; Davis et al. 2009; Stacey & Hembrow 2013; Trueland 2010; Lilley 2014; Seymour 2014). Four of these were evaluations: Wirral Healthier Homes (Seymour 2011), a qualitative study which described positive healthy lifestyle effects for looked after children using a holistic approach and 'network of partners'; City memories (Joyce 2005), which created opportunities for older people to take part in reminiscence activities at the museums and in a large extra care housing setting in the community (although no health outcomes were reported, the study author advised that provision of training, advice, mentoring or acting as a change agent facilitated partnership working); empowerment in a mutual resident-controlled housing association (Rosenberg 2012, as reported in previous section); and a qualitative study which highlighted the critical role of supported housing in recovery from drug use (Duffy 2013).

The remaining 15 articles described a range of initiatives. Supported housing and its role in helping people with mental health problems and/ or substance use problems, reducing social isolation and improving wellbeing for older people, were prominent themes.

In interviews, stakeholders told us that collaborations and partnerships between housing associations and tenants were common. Many housing association representatives said they "*wouldn't dream of doing something without finding out what it is [tenants] wanted*" and that they "*consult [with tenants] on everything*". Housing associations have a history of co-production and so, it was felt, have a "*genuine approach to hearing and valuing the voices of people*". Collaborating with tenants was felt to benefit the housing associations, one of the reasons being that tenants are able to "*hold us to account*".

Stakeholders reported that tenants may be directly involved in decision making or consulted about possible courses of action. Examples included consulting on the design of new

buildings/spaces, co-commissioning, tendering, staff recruitment, design of new services, management issues, and feedback for existing services.

Stakeholders also told us that tenants' associations or forums were a formal mechanism through which tenants and housing associations can engage. Some housing associations also have a dedicated board member for 'service user involvement' to ensure the voice of tenants is represented at the highest level in the organisation. Less formal mechanisms for feedback are also in place. One association described how they have embedded collaborations and partnerships into their relationships with all tenants:

*"it's as much about you and your community and us supporting you to grow confidence in your community and hopefully do us out of a job"*

Where housing associations are working with particularly vulnerable groups of people, the degree of collaboration and partnership may change. For example, one respondent suggested they rely heavily on collaboration and partnership with tenants because the alternative – a 'top down' approach – "*wouldn't work...you couldn't possibly tell our crowd what to do*". However, describing the collaboration with younger tenants, they suggested that "*young people also need [a top down approach]*". Moreover, truly co-produced services with some groups (e.g. homeless people) can be difficult.

Collaboration with other stakeholder partners was described as "*fundamental to achieving almost anything we do*" as each stakeholder holds "*one small part of the picture*".

Housing association stakeholders described working with statutory health organisations (*i.e.* hospitals, NHS trusts, Clinical Commissioning Groups (CCGs), individual GPs), non-health statutory organisations (*i.e.* local councils), commercial organisations, and the Third Sector. Examples of collaboration include home-from-hospital schemes, consulting with young people in Accident & Emergency departments, "*revitalising*" community cooking spaces, designing better 'social infrastructure', delivering nutritional and cooking advice, signposting, and joint bidding. Collaboration between housing associations and stakeholders was also felt to "*provide a conduit*" for residents to interact with stakeholders.

Housing associations may also be involved in strategic level collaborations with local and national organisations. For example, as part of the NHS housing alliance, sitting on their local health and wellbeing board and regional steering groups for the Better Care Fund, and linked into their local teaching hospital, one housing association felt they had secured "*a seat at all the right tables*". However, the general experience of housing associations was of having struggled "*getting into the system*" to be involved in "*the system shaping and the policy stuff*". Most housing associations felt they were still "*tinkering around the edges*" of strategic



relationships. Housing associations felt they needed to tell other stakeholders how they can “*be the provider of some of these solutions*”.

### **CASE STUDY – Collaborations and Partnerships: St Mungo’s Health and Homelessness Project**

The Health and Homelessness Project (HHP) works with supported housing projects across Hammersmith and Fulham to improve health access and decrease health inequalities for those who are vulnerably or temporarily housed. The Community Health Assessment Tool (CHAT) and wellbeing plan is used to assess the needs of service users and staff in supported accommodation projects and address these needs. Based on the most recent statistics the HHP determined that key areas of focus are; strengthening relationships with external health services, developing new relationships with external health services, delivering health and wellbeing training to staff, delivering health screenings, improving the participation at the annual HHP events and Health Action Group Meetings, implementing wellbeing plans and promoting the Health and Homelessness Project.

The HHP works to coordinate the work of health and housing providers across the boroughs to improve access to health services and reduce health inequalities. In Hammersmith and Fulham, the HHP works in partnership with 16 different housing providers and numerous primary, secondary and community health and wellbeing services.

Close working with housing providers is crucial to the success of the project. Housing providers submit quarterly and annual data on a range of health indicators for their service users, allowing the HHP Coordinator to monitor and identify areas where health and housing staff may benefit from additional training.

HHP sources relevant local health and wellbeing services to provide this free training and improve the capacity of housing workers to monitor and support the health of their service users. HHP also coordinates a programme of volunteers who run health action groups within accommodation projects, proactively engaging and educating service users.

Through health action group meetings, events, training, e-mail promotion and quarterly statistics the HHP works to ensure that housing staff are: knowledgeable of health and wellbeing services available in their area and can refer and signpost service users; monitoring health needs and supporting service users to address them; raising awareness about important health issues; sharing examples of best practice.

And that service users are: Provided with thorough health assessment; Empowered to acknowledge health needs, access local services and make decisions regarding their health;

Encouraged to attend HHP events and make positive changes to their health and wellbeing;  
Experiencing improved health outcomes.

The Hammersmith and Fulham project achieved positive outcomes during 2014/15:

- The project reached 250-300 service users per quarter
- 24 clients attended dental screenings
- 14 supported accommodation projects took part in alcohol awareness week, running events to raise awareness about the harmful effects of alcohol
- 70 staff and service users from supported accommodation projects attended the annual service user conference
- 182 staff, volunteers, service users and health and wellbeing professional attended the H&F health and wellbeing fair
- Positive increase of service users registered with a GP
- New partnerships and development of the GP Link Project
- Safe sex promotion: condom budget allocated to each organisation in Hammersmith and Fulham.

*Clark J (2015) St Mungo's Broadway Health and Homelessness Project Annual Report. London: St Mungo's Broadway*

### **Volunteer & peer approaches**

Ten articles described initiatives that involved volunteer or peer approaches within a housing setting (de Heer-Wunderink et al. 2012; Duffy & Baldwin 2013; Flanagan et al. 2006; Johnson 2007; Rosenberg 2012; Lashko 2012; Phillips et al. 2015; Place Shapers Group 2011; Stacey & Hembrow 2013; Trueland 2010). Three of these were evaluations, of which two have already been mentioned as part of "Strengthening Communities" (Rosenberg 2012) and "Collaborations and Partnerships" (Duffy & Baldwin 2013). The third was a comparison of community housing programmes for people with severe mental illness in the Netherlands and the UK (de Heer-Wunderink 2012).

The remaining seven articles describe different initiatives where residents may offer peer support to maintain mental health and wellbeing in supported housing (Johnson 2007), time-banking (Lashko 2012) as a way of improving social capital, volunteering as a way of promoting social inclusion (Flanagan 2006) and a complementary therapy centre for older

people organised and staffed by volunteers (Trueland 2010), the three example initiatives funded by the Liverpool Decade of health and Wellbeing, advancing the “five ways to wellbeing” (Phillips et al. 2015), and case studies from various housing associations in the Place Shapers group (Stacey & Hembrow 2013; Place Shapers Group 2011).

In interviews, stakeholders told us that housing associations developed volunteering and peer roles for the benefit of their residents and the communities in which they live; “... *to improve people’s confidence and get them socialising*”. Some housing associations were involved in signposting residents to external organisations for volunteering opportunities, while others (e.g. YMCA) delivered schemes themselves in which residents were encouraged to volunteer e.g. residents’ café, sports teams, and gym facilities. One smaller housing association provided opportunities for young people to volunteer in the supervised delivery of after school clubs to gain work experience.

Peer support or mentoring schemes were particularly well regarded. One housing association used peer support to reduce isolation among carers of people with dementia, while another described a ‘good neighbours scheme’ in which local residents ‘mentor’ neighbours who might be susceptible to social isolation. In many cases, peer support was thought to be more effective than external interventions to address health and wellbeing issues.

Volunteer and peer support schemes may be part of apprenticeships or associated with accredited qualifications; for example, one housing association we spoke to enrolled all peer supporters on the Chartered Institute of Housing Level 2 course ‘Supporting People in Accommodation Settings’, and another was able to employ a volunteer coordinator funded by the Big Lottery. Volunteering and peer support may also be informal. One housing association stakeholder expressed a desire to rely less on paid staff and have more local ‘community connectors’ from among residents to facilitate volunteering.

Residents taking on volunteer and peer roles can deliver interventions to other residents and community members. Non-residents “*with something to offer*” may be brought into befriending roles to support residents.

**CASE STUDY – Volunteer & peer approaches: Friendship Care and Housing Community Champions**

Most residents on the Beechdale Estate experience multiple deprivation, with a much lower level of economically active adults than Walsall average. Levels of adult basic skills (literacy, numeracy, ICT) and life expectancy levels are below the Walsall average.

The project aims to give unemployed, working age residents training to improve their health, wellbeing, lifestyle and employability. The project aims are to develop/deliver capacity building activities, providing one to one support, identifying and meeting residents' needs, improving access to local services, encouraging community involvement, engaging residents in courses/activities to build confidence/skills, improving health and wellbeing and increasing access to employment, training and voluntary opportunities.

The Community Champions live in the area and have experienced first-hand many of the challenges affecting residents, so there is a greater degree of trust in them than in other 'professionals' who aren't seen as being part of the community in the same way.

In 2014, the project delivered soft skills, such as craft days, Fun4Life courses, Evolve (a healthy eating & exercise programme), family fun days and more.

In 2015, the project delivered three 9 week courses called PREP (Preparing for Employment). These courses incorporated both employment skills and health & wellbeing elements including: Confidence Building; Race and Equality; Safeguarding; Dementia Awareness; Drug/Alcohol Awareness; Emotional Wellbeing; Healthy Lifestyles; Employment and Skills; CV and Interview Techniques, and Accredited Courses in: Manual Handling; Health & Safety; First Aid; Food Hygiene.

28 Learners completed PREP in 2015, 3 of which were NEET (not in education, employment or training). Out of the 28 learners who completed PREP, 71% signed up for one to one support outside of the course with an Employment & Training Advisor. 29% of the Learners moved into full time employment, 39% are in volunteering positions and 64% moved onto further training. 100% have at least 1 positive progression. Some of the participants now work locally in care facilities, improving the services to local people. A number of the Learners also volunteer with the local befriending service, working particularly with local residents who suffer from dementia.

50% found an increase in their self-awareness, 75% had an increase in self-esteem, 64% had an increase in community awareness and 79% found an increase in their confidence and communication skills.

The wider impact is on the families of Learners; some reported improvements in emotional wellbeing, one overcoming his depression, one losing a significant amount of weight. This impacts on their children and their quality of life. They are now role models for their families and the wider community.

*Case study submitted to NHF by Friendship Care and Housing Community Champions*

## Accessing community resources

Twenty seven articles described initiatives that helped residents access community resources to help improve their health and wellbeing (Atkinson et al. 2014; Cameron et al. 2009; McDaid et al. 2014; de Heer-Wunderink et al. 2012; Duffy & Baldwin 2013; East Midlands Regional Empowerment Partnership 2009; Gage et al. 2012; Froggatt et al. 2012; Hanlon 2008; Flanagan et al. 2006; Burns 2014; Johnson 2007; Rosenberg 2011; Joyce 2005; Lashko 2012; McConkey & Collins 2010; McCrudden et al. 2008; Phillips et al. 2015; Place Shapers Group 2011; Marston et al. 2014; Santokhee 2006; Davis et al. 2009; Stacey & Hembrow 2013; Taylor & Neill 2009; Trueland 2010; Lilley 2014; Young 2014), of which ten were evaluations. One of these papers was a literature review which found very little literature focusing specifically on care and support in housing with care settings, but concluded that housing with care is in a strong position to deliver on most if not all UK government aspirations (Atkinson 2012). Another study evaluated the role of a housing support and outreach service for homeless people living with HIV (Cameron 2009) and found that the initiative improved GP registration rates while all tenancies were maintained. A survey of care home workers (Gage 2012) concluded that, although there was evidence of collaboration, there could be more integrated working between care homes and primary care. A qualitative study of residents of extra care housing found that overall they reported improved outcomes in relation to their health, happiness, confidence, social life, relationships with their families and general well-being. The importance to well-being of social interaction, activities and a communal restaurant was reported to be critical (Burns 2014). A study of the role of support staff in promoting the social inclusion of persons with an intellectual disability (McConkey 2010) found that staff working in more individualised support arrangements tended to give greater priority to promoting social inclusion. A qualitative study of older people's housing preferences in northern Ireland found that tenants valued the independence and choice of sheltered housing in comparison with institutional care, as well as the social interaction with other tenants, fostered by activities such as coffee mornings, regular lunches and social events (Taylor 2009).

In interviews, stakeholders told us that housing associations have a "*huge amount of links with other partner organisations*" to whom they can refer tenants, as well as specialist staff to allow tenants to access particular services. Connecting tenants to community resources was thought to benefit tenants by, for example, "*helping people to navigate the health system*" and also benefit housing associations; "*we recognize that it's in our interest as an organisation to do that*".

Some housing associations have an established system for assessing tenants' needs, for example, one housing association utilises the 'five ways to wellbeing' schema

(<http://www.neweconomics.org/publications/entry/five-ways-to-well-being-the-evidence>) to assess the needs of tenants and staff before referring them to any relevant services. Housing associations might also be commissioned to deliver ‘social prescribing’ services in their communities.

Examples of ways that housing associations connect tenants to community resources included:

- a collaboration with a local social enterprise in which residents make furniture for the housing associations buildings,
- a customer service centre where tenants can find out information about the local area, and
- housing association sports teams which compete in local leagues.

Such activities were described as “*healthy integration for a group that’s normally regarded as a sub culture...*”. Two housing association stakeholders we spoke to described ‘settling in’ services, which involved offering new residents a guided tour of their new local area so that they knew where local amenities (*i.e.* bus stops, shops, GP surgeries) were located. This ensured that “*people [were] more confident and able to navigate themselves through the local system*”.

Some housing associations run ‘in-house’ courses to connect tenants to community resources. For example, one respondent described residents progressing from volunteering in their on-site fitness suite to volunteering at a local sports centre. Housing associations were also felt to have a role to play in connecting the resources of the wider community. One interviewee described setting up a skills bank for residents and other members of the community, and another mentioned a scheme to invite the public to share their favourite healthy cooking recipes as part of a larger Eat Well project.

#### **CASE STUDY – Accessing Community Resources: Family Mosaic**

Family Mosaic is one of the largest registered providers for social housing and social support in London and the South East (General Needs - 40,000, Care Support - 8,000). A few years ago, Family Mosaic launched a manifesto which focussed on investing in care and support, saving the NHS money and getting 1,000 people into work. They provide a wide range of support services, and recognise that as a social landlord they have a more general responsibility for the wellbeing of their tenants. Their values are summarised by their strap line “a hand up not hand down”

In 2013 they launched the *Health Begins at Home* pilot randomised controlled trial, testing the effectiveness of two types of interventions for improving health and wellbeing of tenants aged over 50:

- 172 people were signposted to health and wellbeing services by their neighbourhood manager;
- 174 people received intensive personalised support from a dedicated health and wellbeing support worker, including being accompanied to relevant local services;
- 186 people received no additional support (they were the control group)

Data from the 433 people who completed the project indicated that:

- Both health and wellbeing interventions led to residents reducing their NHS usage, particularly planned hospital appointments. This was especially the case for the most vulnerable residents, many of whom were socially isolated before the study started;
- Taking part in the research had a positive effect on the health of the participants, especially the most vulnerable;
- Interventions and support had a greater effect when delivered by staff with specialist skills.

*Moulard J (2016) Health begins at home: Final Report. London: Family Mosaic*

### **Other health and wellbeing outcomes mentioned in stakeholder interviews**

Housing association stakeholders felt they had a positive impact on the health and wellbeing of tenants. Positive outcomes reported included increased self-esteem and physical fitness, increased employability, less anti-social behaviour, fewer empty properties, increased meaningful use of time with key workers, increased independent living skills, reduced hospital admissions, and reduced A&E attendance. One stakeholder described the tenants they had engaged through their community-centred approaches as “*more full of life and happier*”:

*“Moving on from being homeless into your own accommodation isn’t just about finding your own accommodation, it’s about everything else that defines a person”*

Housing associations were also felt to encourage tenants to become more engaged in broader ‘citizenship activity’, such as voting, further volunteering, and joining local clubs/associations.

Without their interventions, housing association stakeholders suggested tenants would experience increased illness, comorbidity, and early mortality. Housing association stakeholders also felt their interventions could reduce demand on the health service. One

respondent (YMCA Liverpool) reported that their holistic approach to supporting previously homeless tenants produced a return on investment of between £2,000 and £6,000 per service user per month.

Some of the housing association stakeholders we spoke to had taken steps to demonstrate the impact of their work, including commissioning professional research organisations to evaluate their work.

## Difficulties

Stakeholders reported a number of difficulties faced by housing associations in implementing community-centred approaches to health and wellbeing:

### *Partnership working*

Some stakeholders felt that collaborations between housing and health were “*more talked about than demonstrated*”. Despite working with the same people, housing and health were thought to “*speak very different languages*”. The role of housing in health was felt to be undervalued by those in the formal health sector.

*“From a health point of view it feels like there is a huge scepticism with regard to the role of housing and social landlords- even though the Care Act does make links between health and housing.”*

Some housing association stakeholders felt the health sector “*doesn’t reach out*”; for example, the extent of some housing associations’ collaboration with health was described as “*them...putting a tender out*”. It was felt that the health sector does not “*respond particularly well to innovation*” and is “*risk averse*”.

People told us that external stakeholders, such as funders, service commissioners, and clinicians, often don’t understand tenants’ needs or the work housing associations are trying to do to positively influence health and wellbeing, particularly with regard to the most vulnerable tenants. Some housing association stakeholders described Third Sector organisations as “*much easier to engage with than the statutory sector*”.

It can also be difficult for housing associations to work collaboratively with tenants themselves. It can be challenging to generate the necessary “*ethos of them getting together and looking outwards*”. Moreover, engaging the ‘right’ tenants is a challenge. For example, it was felt that sustainable projects need people who will “*be there for the long term*”. The most vulnerable tenants may also be under-represented.



### *Demonstrating outcomes*

Housing association stakeholders described the difficulties of demonstrating impact, and thereby convincing other stakeholders – principally in the ‘health’ sector – of the value of their contribution in terms of improving patients’ outcomes and saving the health system money. It was felt to be difficult to demonstrate the relationship between the intervention put in place by a housing association and the health outcomes achieved. Proper evaluation of projects was also described as expensive and taking time.

### *Resources/funding*

Housing associations attempting to implement community-centred approaches felt they were “*existing on slippage*”. In particular, schemes were often funded for a short period of time, making sustainability difficult. Moreover, funding for community centred approaches was not felt to be a priority, although the resource needed was described as “*peanuts*” in relation to broader health budgets. One housing association stakeholder suggested that a lack of funding could be overcome through effective partnership working with statutory bodies.

## **Future directions**

### **Implications for policy and practice**

A recent report by Sitra (2015) issued a “call to action” for housing organisations, local health and social care commissioners, National Housing and Health Memorandum signatories, and Public Health England. Among their recommendations for housing organisations was the adoption of the training and competencies developed by Sitra through their work for all housing staff as part of core induction programmes, to gather evidence of the impact of trained and competent staff on the health and wellbeing of tenants and wider community, and to develop closer cooperation and joint working relationships with local health and social care agencies at strategic and operational levels. Local health and social care commissioners are encouraged to bring social landlords and other housing organisations together locally to enable them to share intelligence, identify gaps and opportunities to improve health and wellbeing through partnership working.

In interviews, stakeholders suggested that housing associations may start to take a ‘wider view’ of their role, perhaps increasing their ‘outbound’ interactions with tenants, for example, contacting tenants to remind about appointments, warn about cold weather, or provide personalised information about upcoming events. It was felt that community-centred approaches may become more prevalent where “*commissioners...see it as being cheaper*”

than the 'institutional' alternative and where housing associations have become "*aloof and detached*" as a result of their size, they may sell off some stock in order to focus on a few key locations/communities.

Stakeholders suggested that housing associations may become more fluid, agile, dynamic, and creative in their approaches to working with tenants. This would involve realigning the organisation to face streams of money relating to health and employment. The remit of working with tenants could also expand beyond traditional 'health' interventions to the inclusion of residents in broader civic life (e.g. voting). The role of the housing association could be to make systems more accessible and less intolerant for citizens.

Stakeholders alluded to pressures building in the formal health system and how healthcare cannot continue to be centred on large institutions (*i.e.* hospitals). Greater collaboration in the future may enable housing associations to be more integrated into the health system. National policies, such as the Better Care Fund, are an opportunity to start breaking down barriers and to see health from a patient perspective. Housing associations should work more closely with primary care and be recognised "*as an equal player in the system*". Co-location of housing and health services where patients could have all their needs met in one place was thought to be key, e.g. co-locating floating support in GP practices.

While housing associations have a long track record of working in partnership with other agencies, implementing community-centred approaches was felt to require a realignment of power between service providers (including health services, local authorities, and housing associations) and communities. Greater power to make decisions may be handed over to tenants in the future with housing associations taking on the role of facilitator to "*seed it, get out of the way and look at it grow*". This process will require all parties to become more engaged. However, some stakeholders expressed concern that housing associations – and other institutions – will try and control the direction of community, "*crushing*" any development.

### **Implications for research**

The systematic literature search found very few published research or evaluation studies of the impact of housing associations and housing interventions on health and wellbeing, despite drawing on recent reviews of community engagement and community-centred approaches, which looked beyond traditional 'health' databases and 'research' study designs (Public Health England & NHS England 2015; Bagnall et al. 2015a; Bagnall et al. 2015b). A recent systematic review of theory behind empowerment interventions in the living environment (Whitehead et al. 2016) similarly identified very little evidence on the health impacts of empowerment interventions. In view of the scale of community-centred health and wellbeing initiatives that

are being implemented by housing associations nationally (as preliminary data from the 2015 NHF survey show) it is important that evidence of the health and wellbeing impacts of housing associations' community-centred work is produced and published so that it can contribute to the growing evidence base in this area. This could be improved by making findings from local evaluations and pilot studies available publically (e.g. online), using this evidence to test models in other contexts (moving towards an expanded implementation of successful approaches by sharing learning), and conducting methodologically sound process and outcome evaluations of larger initiatives for publication in peer-reviewed academic journals as well as larger reports, thus making the evidence on health and wellbeing impacts of housing association initiatives accessible to all interested parties.

A recent evaluation report of a homeless hospital discharge project demonstrates that evaluation can be carried out "in house" by housing associations at a relatively low cost (Derwentio Housing Trust 2016).

Since this evidence review was produced, the Housing Associations' Charitable Trust (HACT) have published Standards of Evidence, which aim to provide an agreed process that housing associations can use consistently to produce evidence of the effectiveness of their work (Vine 2016) <sup>4</sup>.

## **Conclusion**

In conclusion, this evidence briefing has found that UK housing associations are undertaking an enormous number of health and wellbeing initiatives, many with tenants from population groups that are considered 'hard to reach' by traditional health services. UK housing associations use a wide range of community-centred approaches to improve tenants' health and wellbeing, and the most prominent of these is 'Access to community resources': helping tenants to access support and advice from community resources and to navigate the health system. Housing associations have a long track record of forming partnerships and collaborations with other agencies, although there have been some difficulties in being heard at a strategic level by health service partners. The scale of housing association provision (there are more than 5 million Housing Association tenants in England) and the emphasis it places on supporting people in need means that it should be seen as a significant partner to support the health and care system in rebalancing its focus towards communities and citizens. In future:

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<sup>4</sup> [http://www.hact.org.uk/sites/default/files/StEv2-1-2016%20Effectiveness-Specification\\_0.pdf](http://www.hact.org.uk/sites/default/files/StEv2-1-2016%20Effectiveness-Specification_0.pdf)

- Housing associations could consider how to use current practice to move from projects to mainstream transformation;
- NHS England needs to consider how it can support Clinical Commissioning Groups to develop a clearer understanding of the role of social landlords in commissioning;
- The Local Government Association could consider how Health and Wellbeing Boards can ensure the contribution of social landlords is recognised in key strategies such as the Joint Health and Wellbeing Strategy and Sustainability and Transformation Plans;
- Evidence of the health and wellbeing impacts of housing associations' community-centred work need to be produced and published so that it can contribute to the growing evidence base in this area.

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## APPENDIX 1: Detailed methods and search strategy

The review is limited to UK-based evidence to ensure the relevance and transferability of findings. A literature review was undertaken on the use and application of community-centred approaches to health and wellbeing by housing associations. This was not a systematic review, however we used systematic methods of searching, selection and review.

We revisited literature searches previously carried out for other projects, and updated these with search terms specific to housing. The main sources were:

- Searches previously carried out for PHE/ NHSE “Community-centred approaches” report (PHE, NHSE 2015);
- Searches previously carried out for NICE “Community engagement in the UK” mapping review (Bagnall et al. 2015);
- Update search for published research studies and grey literature, from 2005, using search terms specific to housing, in MEDLINE, IDOX Information Service; CINAHL; Social Policy and Practice; Academic Search Complete:

### Search terms

1. Housing associations	2. Community-centred approaches	3. Health & Wellbeing
‘Housing adj3 association*’ ‘Tenant* adj3 association*’ ‘Resident* adj3 association*’ ‘Social adj3 hous*’ ‘Neighbourhood adj3 hous*’ ‘Public adj3 housing’ ‘Affordable adj3 hous*’ ‘Sheltered adj3 hous*’ ‘Supported adj3 hous*’ ‘Housing adj3 cooperative*’ ‘Tenant Management Organisation’ ‘TMO’ ‘Large scale voluntary transfer’ ‘LSVT’ ‘housing estate’ ‘almshouse’ ‘housing trust’ ‘housing group’	‘Community adj3 develop*’ ‘(Lay OR Patient OR Public OR citizen) adj3 (participation OR involvement OR engagement OR action)’ ‘Social adj3 (acti* OR movement*)’ ‘Community –centred’ - ‘Community adj3 centred’ ‘People-centred’ - ‘People centred’ ‘Empowerment’ ‘Emancipat*’ ‘Lay roles’ ‘Community adj3 capacity’ ‘Volunteering’ ‘Active citizen*’ ‘Community adj3 intervention’	‘Health*’ ‘Well-being’ - ‘wellbeing’ ‘Quality of life’ ‘Prevention’ ‘Health promotion’ ‘(social* OR health*) determinant*’ ‘Selfcare’ - Self-care - Self adj3 care ‘Healthy adj3 commun*’ ‘Communit* adj3 resilience’



## Data bases

MEDLINE, IDOX, CINAHL, Social Policy and Practise, Academic Search Complete, Cochrane and Campbell Library, DoPHER, DARE

## Limiters

- English language
- UK based papers
- Titles and Abstracts

## Full search string

1. (Housing OR tenant* OR resident*) adj3 (association* OR cooperative)
2. (Social OR neighbourhood OR public OR affordable OR sheltered OR supported) adj3 hous*
3. Tenant management organisation OR TMO
4. Large scale voluntary transfer OR LSVT
5. Housing estate
6. Almshouse OR Alms-house
7. Housing adj3 (trust OR group)
8. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7
9. Communit* adj3 (develop* OR capacity OR intervention)
10. (lay OR patient OR public OR citizen) adj3 (participation OR involvement OR engagement OR action)
11. Social adj3 (acti* OR movement*)
12. Community-centred OR people-centred OR ((Community OR people) adj3 centred)
13. Empowerment OR emancipat* OR lay role OR volunteering OR active citizen*
14. 9 OR 10 OR 11 OR 12 OR 13
15. Health* OR well-being OR wellbeing OR quality of life OR prevention
16. Health adj3 promotion
17. (social OR health) adj3 determinant
18. Selfcare OR self-care OR (self adj3 care)
19. (resilience OR health*) adj3 communit*
20. 15 OR 16 OR 17 OR 18 OR 19
21. 8 AND 14 AND 20

((Housing OR tenant\* OR resident\*) NEAR/3 (association\* OR cooperative)) OR ((Social OR neighbourhood OR public OR affordable OR sheltered OR supported) NEAR/3 hous\*) OR (tenant management organisation OR TMO) OR (Large scale voluntary transfer OR LSVT) OR housing estate OR Almshouse OR alms-house OR (housing NEAR/3 (trust OR group))

AND

((communit\* NEAR/3 (develop\* OR capacity OR intervention)) OR ((lay OR patient OR public OR citizen) NEAR/3 (participation OR involvement OR engagement OR action)) OR (social NEAR/3 (acti\* OR movement\*)) OR community centred OR community-centred OR ((community OR people) NEAR/3 centred) OR Empowerment OR emancipat\* OR lay role OR volunteering OR active citizen\*)

AND

(Health\* OR well-being OR wellbeing OR quality of life OR prevention OR (health NEAR/3 promotion) OR ((social OR health) NEAR/3 determinante) OR selfcare OR self-care OR (self NEAR/3 care) OR ((resilience OR health\*) NEAR/3 community\*))

- Update search for relevant systematic reviews in Cochrane and Campbell databases, DoPHER, DARE;
- Grey literature and local evaluations identified by NHF (e.g. recent NHF health and wellbeing survey, and community impact awards) and others;
- Website searches of relevant organisations e.g. NHF, SCIE,
  - HACT - <http://www.hact.org.uk/communityinsight>
  - CIEH - <http://www.cieh-housing-and-health-resource.co.uk/>
  - Sitra - <http://www.sitra.org/policy-good-practice/>
  - Housing LIN - <http://www.housinglin.org.uk/>
  - NHS Alliance 'Housing for health' - <http://www.housingforhealth.net/>
  - King's Fund- <http://www.kingsfund.org.uk/events/housing-and-public-health>

### **Inclusion criteria**

**Population:** Articles about housing associations or similar in the UK

**Interventions:** Articles about community-centred approaches

**Comparator:** Articles do not have to report on a comparator setting

**Outcomes:** Articles reporting any health or wellbeing benefits

**Study design:** Any article, whether research or non-research, which reports the work of housing associations taking a community-centred approach to health and wellbeing. Not discussion or commentary articles.

Semi-structured interviews were used to gain an in-depth perspective of housing associations' use of community centred approaches to the health and wellbeing of their tenants. The National Housing Federation's audit tool was used as a sampling frame, from which twenty housing providers were purposively sampled with support from the National Housing Federation. An additional eleven health organisations were sampled according to their relevance to the research question. Potential participants were then invited via email to be interviewed.

We used the framework of the PHE/NHS England family of community-centred approaches to identify models and summarise published evidence: <https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>. The family is based on four strands:

- Strengthening communities
- Volunteer and peer roles
- Collaboration and partnerships
- Improving access to community resources

## **Findings**

*Literature review.* We screened 6,160 titles and abstracts, and retrieved 218 articles to read as full text articles. Of these, 37 were found to be about the role of UK housing associations in improving health and wellbeing, and were included in this report. 14 articles were research or evaluation reports, 13 were descriptions of practice and 11 were discussions or commentary articles about the role of housing associations more generally (not specific housing associations).

Supported housing was most frequently reported on in the published literature (18 articles), followed by general needs housing (15 articles), sheltered and extra care housing (10 articles each) and retirement villages (3 articles).

*Survey.* Eighty-six housing associations responded to the National Housing Federation's audit survey. 70 of the 86 respondents reported that they ran initiatives that provided supported or specialist housing, while 49 respondents said they ran initiatives providing floating support. Each housing association could report on multiple initiatives, there was a total of reporting on 472 different initiatives to improve health and wellbeing in the UK.

*Interviews:* Twelve interviews were conducted with stakeholders from housing associations, and other relevant organisations. The housing associations spoken to provided both affordable 'general needs housing' for people on low incomes, and specialised housing provisions, including supported housing, extra-care, and hostels for, for example, older and young people, people with a physical or learning disability, homeless people, single parents, and ex-offenders.

## APPENDIX 2. Interview schedule

# Housing associations and community centred approaches to health and wellbeing – interview schedule

'How are housing associations using community centred approaches to health and wellbeing in their work? Who are they working with and with what results?'

### Housing associations

1. **Could you start by telling me about the organisation that you work for?**
2. **Could you tell me about the community or the tenants that you serve?**

*Prompt re. demographic, type/diversity of tenants, size of area, transient or stable, type of housing, physical infrastructure, main health and wellbeing needs*

#### Current activities

3. **How do you see your current role in the health and wellbeing of the community/of your tenants?**

*Prompt re. commissioning, delivering, partnerships, addressing the needs of vulnerable tenants*

*What are the priority health and wellbeing issues for your tenants?*

4. **How do you develop and/or use community centred approaches to health and wellbeing?**

- a. Collaboration and partnerships – do you involve tenants or other community members in identifying needs or designing services for health and wellbeing?
- b. Volunteer and peer roles – do you run any volunteer schemes or have any volunteering in relation to health and wellbeing?
- c. Strengthening communities – do you use any community development or similar approaches that enable people to come together to develop local action?
- d. Improving access to community resources – do you have any interventions that help link your tenants to other activities in the community that might support good health – like social prescribing or care navigators?

5. **How do you collaborate/work with other organisations to deliver community-centred health?**

*Prompt re. Community groups, statutory bodies, third sector, How integrated into the health system are you?*

#### Outcomes

6. **What difference do you see the community centred approaches you use making to the health and wellbeing of the community?**

*Prompt re. do you measure impact at all? what difference would it make if interventions were not in place?*

### Future directions

**7. What frustrations and/or difficulties are there in developing community centred approaches as a housing association/in housing?**

*Prompt re. system integration, sustainability, working with community/vulnerable groups, policy context*

*Do you have any points of learning for others in developing community-centred approaches for health and wellbeing?*

**8. How do you see community-centred approaches developing in the future?**

*Prompt re. ambitions, integrated care, policy context*

**9. Is there anything else that you would like to add?**

### **Other stakeholders**

**1. Could you start by telling me about the organisation that you work for?**

### Current activities

**2. How do you see your current role in the health and wellbeing of the community/of your tenants?**

*Prompt re. commissioning, delivering, partnerships, addressing the needs of vulnerable tenants, addressing priority issues*

**3. What is your role in supporting housing associations/tenants to develop and/or use community centred approaches to health and wellbeing?**

- a. Collaboration and partnerships – do you involve tenants or other community members in identifying needs or designing services for health and wellbeing?
- b. Volunteer and peer roles – do you run any volunteer schemes or have any volunteering in relation to health and wellbeing?
- c. Strengthening communities – do you use any community development or similar approaches that enable people to come together to develop local action?
- d. Improving access to community resources – do you have any interventions that help link your tenants to other activities in the community that might support good health – like social prescribing or care navigators?

**4. How do you collaborate/work with other organisations to deliver community-centred approaches to health and wellbeing?**

*Prompt re. Community groups, statutory bodies, third sector, How integrated into the health system are you?*

### Outcomes

**5. What difference do you see community-centred approaches making to the health and wellbeing of the community?**

*Prompt re. do you measure impact at all? what difference would it make if interventions were not in place?*

**Future directions**

**6. What frustrations and/or difficulties are there in developing community centred approaches?**

*Prompt re. system integration, sustainability, working with community/vulnerable groups, policy context*

*Do you have any points of learning for others in developing community-centred approaches for health and wellbeing?*

**7. How do you see community centred approaches developing in the future?**

*Prompt re. ambitions, integrated care, current policy context*

**8. Is there anything else that you would like to add?**