

Our House, Our Home, Our Health

Great Places Housing Group; Connected Communities

Introduction

The quality of our environment, how safe and comfortable we feel, can significantly impact stress and confidence, which in turn affects health and wellbeing. Providing an individual or family with a home is the basis for a strong and distinctive relationship. Discussions have been taking place at a national and local level about the impact of housing associations on their tenants' health. How can these groups most effectively leverage their unique positions to improve health outcomes in deprived areas?

The housing association (HA) sector has witnessed vast changes in the last decade. Capital funding has changed with a reduction in central funding support through the Housing & Communities Agency; the 'tenure for life' guarantee has been removed; and HAs now form part of a tenant's journey to independent living.

One result of this has been a shift to providing a 'home' for tenants beyond bricks and mortar, with many associations investing in the communities that form within estates. The strategic thinking is thus beginning to focus more on residents' lives and their wellbeing.

Because a very high percentage of people in deprived communities live in HA properties, the associations' close and regular contact with their occupants grants them a distinctive chance to identify health problems early and contribute to solutions.

Great Places Housing Group

Great Places is a relatively small HA with roughly 1,500 properties in Manchester and the North West. Tenants are often vulnerable and facing disadvantages; they may be young families, older citizens, or in need of care. They are typically less resilient and less able to cope with changes in circumstance.

The group's Northmoor Community Centre was created in 2001 by transfer to the Northmoor Community Association and comprises residential flats, a café, offices and community spaces. Northmoor is in the top 10% of deprived Lower Super Output Areas in the country. NCA's aim is to "relieve poverty, promote health, advance education and improve quality of life for local residents of Northmoor and the surrounding areas".

Over 600 people from very diverse backgrounds regularly use the centre, which provides residents with a place to commune and access affordable food. As a result of this stability, crime rates have fallen and house prices have increased.

Meanwhile, Levenshulme Inspire also comprises residential flats over a community facility. Formerly a dilapidated church, a sum of £3m was raised with support from the Big Lottery, Homes and Communities Agency and Great Places to renovate the building, which reopened in 2010.

The project aims to support the people of Levenshulme, which is increasingly multicultural.

The project is run by three full-time staff, 10 part-time staff and a sizeable base of 40 volunteers. Levenshulme Inspire is 65% self-financing through rentals and is currently running at a small loss on its £112,000 annual turnover. Donations, grants and social

enterprise revenues make up the shortfall. Three main activities, in addition to the café, are revenue generating.

Great Places is a key enabler for both projects, providing essential staff support, but the approach goes beyond information, signposting and services. It works closely with local councillors and other community groups and together have seen real change in people's lives and their neighbourhoods. The approach and projects are intentionally aligned with residents' interests, following their energy and working on their priorities.

Connected Communities (“C2”)

The C2 programme is a scheme on housing estates across the UK whereby seven steps are used to identify residents' priorities. The approach is underpinned by assessments of health and community aspirations.

C2 bases its approach on a 1990s study which demonstrated that a community-wide programme in a housing association had a marked improvement on health outcomes. The scheme, which involved 6,000 residents from an estate in Falmouth, resulted in an increase in breastfeeding rates; a significant fall in childhood asthma; and a big drop in post-natal depression.

A second project launched dance workshops in the deprived area of Camborne in Cornwall. Over 400 young people participated across two years, resulting in reductions in smoking and alcohol consumption, weight loss, and a fall in asthma pump use.

A Department of Health evaluation estimated a social return on investment of £3.80 for every £1 spent in the programme, subsequently commissioning it as a practice framework.

Conclusion

Housing Associations are uniquely placed to improve health outcomes, particularly in deprived areas, and many are admirably turning their attention to tenants' wellbeing. There is limited but compelling research to show that holistic community programmes within housing estates can have huge health benefits.

But there is much more that can be done by associations across the country to turn this theory into practice. Considering their position on the front line of people's lives, HAs should be utilised as a strong resource to a far greater extent than they currently are.

The impact of whole-community programmes such as C2 raise exciting questions of just what might be possible if Housing Associations embraced similar thinking and shaped their core operations around it.

Researcher: Robin Millar