

Poor housing and public health: developing a strategy for action

John Ashton MBBS MSc FRCPsych FFFPHM
NHS Executive North West, Birchwood, Warrington, UK

I owe my lifelong interest in housing to my father, Ted Ashton, who worked for a brewery. He actually worked in the estates department of a not insignificant local brewery in the north-west that happened to own much of the terraced housing on Merseyside. When I tell people about this their usual reaction is one of surprise, not normally associating the purveyors of alcoholic beverages with the provision of roofs over heads. However, when you think about it, there is a compelling logic to not only owning the 'boozer' on each corner but also ensuring that the spaces in between were crammed with captive customers for whom the pub provided solace from the daily grind and an alternative social focus for community life to the church. Home entertaining was not an option in a two-up, two-down with barely space to swing a cat. Today this approach would be known as vertical integration in the commercial world, or perhaps social planning in the public sector.

To return to my father, some of my earliest memories were of phone calls from the police to tell him about vandals on the roofs, stripping off the lead, and of a constant stream of landlord and tenant difficulties and the struggle to maintain properties in an adequate state of repair when their shelf life had long since passed. The culmination was massive schedules of compulsory purchase with whole streets at a time being signed over to the City Council at site values of £30 or £40 as the post-war slum clearance got into its stride. Living on the very edge of suburbia in one of a group of villages straddling the Liverpool, Lancashire and Cheshire boundaries where the Ashtons had laboured on local farms and tended the gardens of the ship-owners' mansions, I

became acutely aware of some of the social nuances of housing.

For one thing, my father was the first person in his family to be buying his own house, something that was regarded as verging on the reckless by other family members; an insulin-dependent diabetic taking on a mortgage on the basis of a very junior, albeit increasingly white-collar job at the brewery, when the memories of the recession in which his own father had been unemployed for years were still so vivid.

For another, the landscape of my early childhood was a very special village where the ship-owners' houses, the Bear Brand nylon stocking factory and the sandstone quarry which was building Liverpool cathedral shared the lanes with cows being brought into milking parlours from the surrounding fields on the slopes of the highest hill in south-west Lancashire from which you could see Snowdon on a clear day. It was all about to be surrounded by tens of thousands of 'dwellings' as farmer Stockley had his family farm compulsorily purchased and the abomination of Netherley estate was created where once we had fished. This estate was to last a mere 20 or so years until the militant tendency in control of the town hall, in one of their more relevant acts of policy, demolished all the tower blocks with 30 years of debt outstanding. Later, when I used to travel to university in Newcastle and pass through Hulme or Moss Side in Greater Manchester, one sign in particular ingrained itself on my memory: '30,000 dwellings for Manchester City Council'. If ever a worthy word with its inherent sense of homeliness was ruthlessly debased it was this word 'dwelling'. However, I am not among those who blame the planners alone for the disaster of post-war British



Tenement blocks in Liverpool in the 1960s

housing policy, and secretly I sometimes think that when real history is written some of it will be seen to have not been such a disaster after all, that some of the new towns, for example, will be judged to have been a success, but there doesn't seem to be much in the way of evidence-based policy-making at work in this neck of the woods. Rather, the responsibility can be justly shared by the politicians who were competing to build more 'dwellings' than their rivals, the architects who bought and sold Le Corbusier's vision of 'streets in the sky', the financiers who, as usual, were ever ready to lend money at the right rate of interest, and the medical officers of health who condemned the properties that the brewery sold to the city councils for a notional sum when social changes were taking place (much smaller families) and technical advances such as the advent of central heating were making the upgrading and recycling of a propor-

tion of older properties a realistic proposition.

There were other things I became aware of, such as the fact that corporation tenants were different from other people. They could have any colour house they liked as long as it was green, the city's official livery but carrying no religious significance to my knowledge, and they were not allowed to keep cats or dogs. My own feeling is that this stigmatization, which was symbolic of Poor Law attitudes to public sector service provision, was one of the things at the heart of the political upheavals of 1979. People wanted to impose their own identity on their home, perhaps even to the extent of using primary colours on the paintwork.

I first began to acquire a language for some of these impressions about housing when I started medical school at Newcastle. It was a wise choice because the new curriculum at that time had

very strong social roots, and within weeks as part of a course called 'Man, Medicine and Society' if my memory serves me properly, we tramped the streets and heard about Parker Morris standards. We also had a taste of sociology and discovered that while at that time the identity of men was wrapped up in work and often the pigeon loft, women seemed to be the power within the house. Years later I was to realise that from the point of view of violence it is the house that is dangerous for women and the street for men. As the years followed, I increasingly made sense of how the housing story had all gone horribly wrong. A combination of housing standards derived from an earlier focus on infectious disease and overcrowding, combined with the tenants being the only people not involved in decisions affecting where or how they were to live, resulted in what some might think with the benefit of hindsight to have been a predictable debacle.

A few other points before attempting to describe a vision of what housing should be about. First, there is the problem of student housing, which is a low-profile but significant sector, and because students are just passing through, one which nobody really seems to take very seriously. The reality is that people are making a lot of money providing slum housing to students.

Second, something I learned from a patient with haemophilia was the importance of noise and soundproofing. This particular patient's life was fraught enough with the constant fear of bleeding into joints which could be prompted by even minimal physical stress, and his sex life was seriously affected. The final straw was the realization that as he could hear the couple next door making love, they must also be able to hear him and his wife.

Third, there is a serious question to be answered about why continental Europeans seem to cope better with flats than the British. I suspect that the answer is partly about horses for courses and that, even in the UK, for the right people in the right place flats can be an ideal housing solution, but it always did seem bizarre

building high rise on the edge of towns in virtually open countryside. I suspect that most of the answer is to do with the fact that in this as with most other areas of public provision, there is a history of trying to do it on the cheap – low specifications, no provision for security etc.

Finally, something I have had the good fortune to observe in travel with my work, is the common sense of using vernacular cues and design that doesn't alienate people from the most intimate life setting, the home. To impose a European/North American-derived and looking housing form when there are strong vernacular traditions to draw on seems perverse and inviting trouble. Such traditions in the UK include the terrace, the court and the almshouse. When the Eldon street community in Liverpool resisted the city council's attempts to demolish what was left of their houses in the late 1970s, they had a very clear view of what kind of traditional terraced and semi-detached housing they wanted. It was at this time when I had been a qualified doctor for over ten years that I became convinced of the need for us to all change the way in which professionals work. 'On tap, not on top' was the way that Eldonians expressed it, and one of the women from another Liverpool housing cooperative, The Weller Streets, demonstrated a more insightful understanding of health than many health professionals when she defined it as 'a nice house, a decent school for the kids and a bit of money in my pocket'.

A public health vision?

Such a vision must include several component parts beginning with the value base. The old Victorian public health movement was built around the core 'sanitary idea' and the notion of 'control'. This 'sanitary idea' came about in advance of the germ theory of disease, but in recognition of the necessity of separating human and animal waste from food and water. All else followed: safe water and sewerage, paving and cleansing the streets and removing rubbish, food hygiene and



Derelict land on Tyneside in the 1960s

inspection etc. In true Victorian style, it was very mechanistic and proved remarkably effective for the best part of a hundred years or more. However, over the past few years, we have become ever more aware of the limitations of an approach which is not ecologically grounded and which seeks to impose solutions on nature rather than working with it. Hence, the values underpinning the 'new public health' concern sustainability, and the methods to be deployed involve management rather than control¹⁻³.

The translations of concepts of sustainability into a built environment context are well illustrated by reference to the principles for ecological city planning developed at a World Health Organization workshop in Liverpool in 1988⁴. These principles are taken from ecological science.

- *Minimum intrusion into the natural state.* The principle of minimum intrusion requires that new development and restructuring should reflect the topographic, hydrographic, vegetal and climatic environment in which it occurs. A close reference to the natural site will benefit drainage, ventilation, insulation, the indoor climate, the micro-climate and open and green spaces.
- *Maximum variety.* Maximum variety should be aimed for in the physical, social and economic structure of a city. Land uses and activities should be mixed where this does not create hazards, rather than separated and fragmented. A range of economic activities will make cities and communities less vulnerable to change and reduce social polarization and inequalities.
- *As closed a system as possible.* The

principle of the closed system in urban and environmental health management would mean that waste is recycled within the urban area wherever possible and that water, energy and resources are renewable. The management of green spaces would maintain nature and recreational opportunities within cities.

- *An optimal balance between population and resources.* Urban and population change must relate to the fragile natural systems and environments that support them. Balance is required at the city and neighbourhood levels to provide a high quality and supportive physical environment, as well as economic and cultural opportunities.

This ecological way of looking at sustainability and the environment needs to be taken together with the key themes of the Ottawa Charter which underpin much 'new public health' thinking:

- the need to build policies which support health in a range of policy sectors
- creating supportive environments (physical, social and psychological)
- strengthening community action
- developing personal skills
- reorienting health services towards the public health model espoused in the Alma Ata declaration of 1977⁵.

At the heart of this thinking is the need to move away from paternalistic forms of governance and social administration towards ones based on participation and a striving for equitable access to housing forms which can protect health and enhance the population's capacity to realise individual and group potential.

A concept which links the equity and sustainability agendas and which is especially salient in considering housing is the North American Indian notion of reciprocal maintenance or 'looking after the things that look after us'⁶. In the idea of the 'healthy home', the nurturing potential of our most intimate daily environment is immediately apparent. So isn't it time we had some new housing standards?

New public health standards for housing and 'healthy homes'

A modern public health analysis considers the population from three perspectives:

- the whole population
- the population or populations at risk from specific health problems
- those with specific medical conditions

Taking on board the central tenets of equity and sustainability and applying them to the public health perspective on population, we have the beginnings of a framework within we can consider the 'healthy home' as a special public health setting and hence ask questions as to what standards are appropriate. This is the subject of development work among a group in Liverpool at the present time (M. Morris, University of Liverpool, personal communication).

The generic framework for considering settings is that which has been used in a consideration of 'healthy prisons' and other specialized settings:

- an understanding of the demographics and their health-related aspects
- the impact on health of the natural and built environment of the setting
- the organizational culture and value systems, and issues of power and control
- the specific medical issues relevant to the setting in question
- the relationship of the setting to the wider community⁷

I hope that the drift of this paper so far gives an idea of where we should be looking for new housing standards. They will emerge from an understanding of the interrelationship of the housing needs of an ageing population whilst at the same time recognizing the social and ecological imperatives that flow from an understanding of the new public and environmental health. Lifetime homes, transport needs, mobility and access to local facilities and cultural opportunities, privacy and social space, noise, safety and security are just some of the areas which we need to consider. The ecological and equity

footprints are also important factors⁸. The interaction of the 'healthy home' with the 'healthy neighbourhood' and the 'healthy city' should be apparent. If I were to go any further in my thinking without involving the public at large, I would be perpetuating the errors with which I began this essay.

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John Richard Ashton MBBS, MSc, FRCPsych, FFFPHM is the Regional Director of Public Health/Regional Medical Officer, North West Regional Health Authority, and a professorial fellow of Liverpool School of Tropical Medicine. In 1993, he was appointed to a personal chair in Public Health Policy and Strategy, University of Liverpool.