

Housing LIN and ASH Roundtable – The case and opportunities for social landlords to promote tenants health and wellbeing in relation to tobacco use reduction

Housing Learning and Improvement Network

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Key Findings for ASH

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Contents

[1. Introduction 3](#_Toc79484339)

[2. Method 3](#_Toc79484340)

[3. Key Messages 4](#_Toc79484341)

# Introduction

* 1. This is a report from the Housing Learning and Improvement Network (Housing LIN) of the key findings from a roundtable hosted on Monday 9th August as part of the research project ‘The case and opportunities for social landlords to promote tenants’ health and wellbeing in relation to tobacco use reduction’.
	2. The Housing LIN’s role is as a research partner to support ASH to better understand the role that social landlords might play in supporting their tenants to reduce smoking.
	3. For stage 1 specifically, this has involved the organisation, hosting and facilitation of a virtual roundtable that enabled the research team to engage with a wide range of target stakeholders, namely social housing providers.
	4. The evidence from this roundtable is presented in the form of key ‘messages’ in relation to the research questions.

# Method

* 1. The five primary questions used to structure the discussion at each event were:
* What are the opportunities for action by social landlords to support their tenants to reduce tobacco use?
* How/where action supporting tenants to reduce/quit smoking fits into housing providers’ existing practice and agendas?
* What are the types and nature of the interventions that are likely to be most effective and have the greatest impact in reducing tobacco use amongst tenants?
* What are the challenges/barriers that prevent action being taken by social landlords?
* How can we assist and support social landlords to work with their tenants to reduce tobacco use?
	1. The Housing LIN was able to identify the breadth of target stakeholders from its extensive membership and networks to invite to the roundtable.
	2. The roundtable was attended by representatives from a variety of social housing providers and trade bodies.
	3. See below a table of organisations in attendance.

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| **Organisations in attendance**  |
| Sanctuary Group |
| Chartered Institute of Housing |
| Peabody Group |
| The ExtraCare Charitable Trust |
| New Tide Homes (Flagship Group) |
| Irwell valley |
| Virgin Care |
| Wakefield & District Housing |
| Bolton at Home |
| Grand Union Housing Group |

* 1. The roundtable started with two short presentations. The first from ASH that outlined the research and why it is important, the second was a presentation from Bolton at Home on their ‘Quit & Get Fit’ Smoking Cessation Pilot 2021. This was then followed by two group discussions in relation to the research questions.

# Key Messages

1. What are the opportunities for action by social landlords to support their tenants to reduce tobacco use?

Participants identified a number of opportunities that social landlords could use to support their tenants to reduce tobacco use.

People suggested that social landlords could utilise existing mechanisms so that they better understand the health and wellbeing status of their tenants, including whether they smoke and if they are interested in quitting. This could be discovered at the beginning of a tenancy as part of the sign-up process, or through other interventions such as rent arrears/debt advice services. However, it was expressed that it is important that these questions are asked in the right way and residents felt that they could be honest about disclosing this information.

Where social landlords provide a health and wellbeing or tenancy support service it was acknowledged that these services could be instrumental in supporting residents to reduce smoking.

A minority of social landlords already had peer navigators/community champions in place and these were thought to be the most effective way of targeting individuals who might want to reduce smoking.

1. How/where action supporting tenants to reduce/quit smoking fits into housing providers’ existing practice and agendas?

The point was made that for a number of providers, the relationship between housing and health is readily acknowledged and therefore supporting residents to reduce smoking fits neatly within their agendas.

Several social landlords have health and wellbeing as a core aspect of their organisations therefore this agenda fits in well with what they are already doing.

However, not all providers are focused as intently on the health and wellbeing of residents. Some primarily provide a landlord service.

1. What are the types and nature of the interventions that are likely to be most effective and have the greatest impact in reducing tobacco use amongst tenants?

People stated that the most effective interventions are those that utilise peer support through existing residents or community champions to build relationships and work with individuals to help them quit smoking or take part in smoking cessation programmes.

People that smoke are more likely to want to engage with individuals that have been through a similar experience or know them well. It is not always appropriate for a social landlord to enter into these conversations themselves as it can feel demeaning/controlling.

The peer navigator model that Bolton at Home utilised is a paid for role that was recruited for using the local Community and Voluntary Services. This was effective as it meant the landlord had a more hands off role and a trusted individual could broker a relationship with other tenants.

It was raised that it might be more challenging to use peer navigators across smaller sites compared to estates where there are lots of people.

It was also expressed that interventions that work alongside existing support programmes are more likely to be successful. For example, where a social landlord provides a wellbeing or tenancy support service, these could be used to encourage reducing tobacco use amongst tenants.

Participants also highlighted that the messaging and incentives that encourage people to reduce smoking is important. Any messaging should avoid making tenants feel as though they are being told off. Focusing on the health benefits as well as the financial implications are likely to have the most impact.

What seems to also be effective is where there is a joined-up approach across housing and health. For example, in Bath, a multiagency wellbeing hub has enabled different sectors to come together in the same place. Where housing individuals have a good relationship with health colleagues, this also seems like a successful approach.

1. What are the challenges/barriers that prevent action being taken by social landlords?

There are a number of challenges that are preventing action being taken by social landlords on a wider scale to reduce smoking amongst residents.

In part this is due to the extensive range in the types of landlords that exist and the varying level of services they provide. This means it is difficult to have a unified agenda as not all landlords provide support services that they could tie this into.

Another barrier is a lack of awareness across the social housing sector of the impact of smoking on social housing tenants both in terms of the impact on residents health but also on individuals’ financial means. Additionally, social landlords are unaware of the impact that supporting their tenants to reduce smoking would have on their organisation. For example, where residents might be in rent arrears but spending money on cigarettes, saving money on redecorating smoke stained properties.

Another challenge raised was the reluctance towards landlords being involved in this aspect of a residents life and that it tends to feel as though they are being told off rather than supported, even if this is not the intention. In turn, this can mean some social landlords are hesitant about intervening for fear of distancing themselves from tenants further.

Some social landlords also stated that they were unsure about how to go about starting a conversation with their tenants about reducing smoking or the appropriate language to use.

Another barrier mentioned was access to funding to support such interventions. Not all landlords have finance allocated to providing a support service, others have this built into their finance models. Some have good relationships with partner organisations that can provide the funding. For example, Bolton at Home were able to access funding for their pilot project through their CCG whereas other social landlords might not have a relationship with health colleagues.

It was also mentioned that a further challenge is how to tackle smoking amongst residents in supported housing and the extent to which this requires a different approach to general needs housing.

1. How can we assist and support social landlords to work with their tenants to reduce tobacco use?

Social landlords are seeking support to work with their tenants to reduce tobacco use in a variety of ways.

Some social landlords need support to build partnerships with local CCGs and other stakeholders to get this agenda off the ground and explore funding options.

Social landlords are also seeking to learn how to make this work practically and what the steps are they need to take to make it happen. It can feel like an overwhelming and risky task.

Social landlords are seeking more training and learning opportunities to better understand how to support their tenants to reduce smoking. In particular in relation to, what support services are available, what language to use and how to access funding for pilot projects.

In some cases, social landlords need to be incentivised to taking part in helping their residents to smoke. Social landlords are seeking better evidence of the cost benefits and health and wellbeing benefits for the residents should they reduce or quit smoking. There is also a need to understand the business case from an organisational perspective where senior managers or board members might need to be persuaded.

Social landlords might benefit from a national pledge to reduce smoking amongst their tenants that would create a united front amongst providers and enable them to share best practice.

Social landlords would like to understand how they can market this agenda to customers and the type of messaging that is the most effective. Where providers might not have peer navigators in place, they are seeking help to establish this.