



Evaluation of the Homes for Health Programme

Strand 1: Outcomes Report

April 2026

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1.0 Introduction

Poor housing is a major driver of health inequalities across the UK, affecting the wellbeing and life chances of individuals and communities. The Homes for Health (HfH) pilot programme was established by People's Health Trust (PHT) to support local people and organisations to address these challenges, by enabling community-led action to improve housing conditions and influence wider systems. This report presents the findings from an independent evaluation of the programme's early progress and learning.

1.1 The Homes for Health Programme

The HfH programme was launched by PHT in November 2023, as a pilot initiative to address the health impacts of poor housing conditions across England, Scotland, and Wales. The programme was a collaboration between the Trust and experts from housing, community, and civil society organisations, delivering projects that respond to the growing problem of unfit private and social rented homes and their effects on tenants' physical and mental health. The rationale for the HfH programme was grounded in a growing body of evidence that poor housing conditions are a major contributor to health inequalities. Cold, damp, and overcrowded homes are associated with respiratory illnesses, mental health challenges, and increased risk of injury.¹ Insecure tenancies and inadequate facilities can exacerbate stress and reduce access to stable healthcare and social support.²

Through an investment of over £600,000, the HfH pilot programme provided grant funding over a 21 month period, resources and training, and facilitated a supportive network of peers to help to find practical, on-the-ground solutions, as well as encouraging action by decision-makers. Ten projects were funded under the pilot, each looking at how poor health and wellbeing arising from housing conditions can be tackled through local action and influencing decision-makers and landlords. The projects used a combination of community organising, collective action and campaigning to:

- ▶ Improve tenant knowledge on housing rights
- ▶ Increase tenant voice
- ▶ Improve housing conditions, standards and security which impact health.

The projects were diverse in geography, tenant demographics, and intervention strategies. The table below outlines the ten funded projects, their locations and principal activities.

¹ House of Commons Library (2023) The private rented sector: regulation of letting and managing agents (England). House of Commons Library Briefing Paper CBP-9696. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-9696/>

Marmot, M., Donkin, A., & Institute of Health Equity (2024) Left Out in the Cold: The Hidden Impact of Cold Homes. London: UCL Institute of Health Equity. Available at: <https://www.instituteoftheequity.org/resources-reports/left-out-in-the-cold-the-hidden-impact-of-cold-homes>

² Hock, E.S., Blank, L., Fairbrother, H. *et al.* Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review. *BMC Public Health* 24, 2453 (2024). <https://doi.org/10.1186/s12889-024-19735-9>

Table 1: Homes for Health project summaries

Project delivery organisation	Location	Project description
ACORN	Splott & Adamsdown, Cardiff, Wales	Empowered social and private tenants to collectively address poor housing conditions and secure repairs through community organising and advocacy. Focused on building tenant leadership and achieving tangible improvements.
ACORN	Knowle West, Bristol, England	Mobilised tenants to challenge landlords, secure repairs, and improve living conditions, especially for those affected by damp and mould. Emphasised collective action and peer support for vulnerable tenants.
ACORN	Holme Wood estate, Bradford, England	Supported tenants facing poor housing and health, particularly those with disabilities, to advocate for repairs and accessibility. Used collective action to influence landlord practices and improve tenant wellbeing.
Caribbean & African Health Network (CAHN)	Gorton, Manchester, England	Established a Black-led tenants' group to address discrimination and poor conditions in the private rented sector. Developed multilingual resources and toolkits to empower tenants and improve health outcomes.
Citizens UK	Ely, Cardiff, Wales	Organised tenants from racially minoritised backgrounds to influence landlords and local authorities, aiming for equitable housing outcomes and improved standards through advocacy and partnership.
Community Renewal Trust (CRT)	Govanhill, Glasgow, Scotland	Worked with Roma and other marginalised tenants to overcome language barriers, report housing issues, and advocate for better conditions. Created a housing panel and pushed for translated tenancy agreements.
Edberts House	Felling, Gateshead, England	Amplified the voice of private tenants, including refugees, by providing advocacy, social connection, and culturally appropriate support. Facilitated engagement with health and housing services.
Leeds Muslim Youth Forum (LMYF)	Harehills, Leeds, England	Supported young people and refugees in poor housing to build confidence, understand rights, and take collective action. Collaborated with grassroots groups to address health and housing inequalities.
Living Rent	Knightswood, Glasgow, England	Brought social tenants together to address damp, mould, and accessibility issues in social housing. Focused on leadership development and influencing landlord and council practices.
Living Rent	Lochend, Restalrig, Craightinny, Edinburgh, Scotland	Supported social tenants, families, and carers to organise for repairs, accessibility, and better mental health. Built a lasting neighbourhood housing union and advocated for systemic change.

The HfH programme was designed not only to improve physical living conditions but also to empower tenants, foster community engagement, and influence policy and practice at local and national levels. It

served as a pathfinder for the Trust's broader [Health Justice Fund](#), which now encompasses multiple thematic priorities.

1.2 The evaluation of Homes for Health

The evaluation of the HfH programme, aimed to provide an evidence-based assessment of what the pilot achieved and how it worked in practice. The evaluation objectives were to:

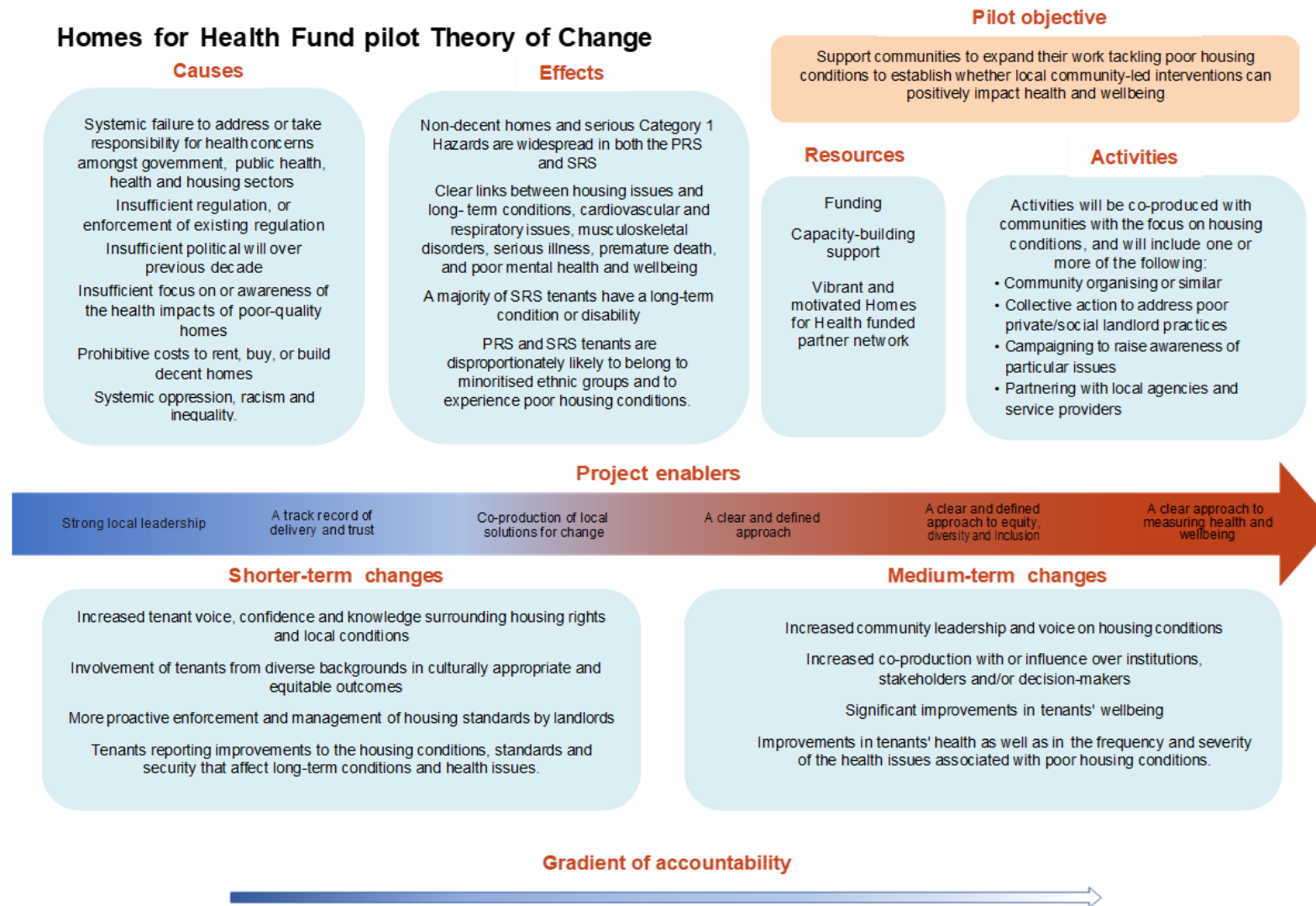
- ▶ **Assess progress** against HfH's desired shorter- and medium-term outcomes across participating projects.
- ▶ **Generate actionable learning** on how programme design and delivery supports (or hinders) outcomes, capturing enablers and barriers to change.
- ▶ **Scope the feasibility** of tracking and evidencing longer-term health outcomes (e.g., physical and mental health) in future phases.

The evaluation was reported across two strands: **Strand 1** assessed progress against shorter- and medium-term outcomes and includes a feasibility study on health outcomes (this report); **Strand 2** reviewed the functioning of the programme to understand delivery strengths and areas for improvement.

1.2.1 Programme Theory of Change (ToC)

A ToC was developed for the programme. At its core, the ToC suggested that by resourcing community-led action, strengthening voice and co-production with local institutions, and supporting practical housing solutions, HfH would achieve several shorter-term changes and in turn medium-term outcomes. The full ToC is presented overleaf (Figure 1). Testing this theory of change was the focus of many of the research methods utilised for the evaluation as detailed in the following section.

Figure 1 Homes for Health programme theory of change



1.2.2 Research methods

The evaluation adopted a mixed-methods design aligned to the ToC, balancing breadth (surveys) and depth (case studies), and adding targeted economic and feasibility components. The key methods and what each covered were as follows:

- ▶ **Desk review:** A systematic review of programme and project documentation, including guidance, monitoring information, and end-of-period progress reports was conducted. This provided essential context, informed the sampling frame and triangulated primary findings.
- ▶ **Baseline and follow-up surveys:** Two survey waves were administered to tenants and project leads to capture change over time.
 - ▷ The **tenant survey** aimed to track changes over time in wellbeing, housing conditions and agency/voice outcomes aligned to the ToC, using comparable questions across waves. Measures included tenants' wellbeing and health, perceptions of housing conditions and security, and views on influence and landlord practices. Where feasible, validated scales (e.g., GHQ-12 for mental wellbeing³) were used. The baseline survey was conducted in Summer 2024 while the follow-up survey ran from late June to mid-August 2025. The surveys were delivered as a self-completion questionnaire via Microsoft Forms, with paper returns accepted. Wave 1 achieved around 107 completes, and Wave 2 achieved 172 completes overall (see section 2 for further detail on the characteristics of the sample).
 - ▷ The **project lead survey** was completed in January 2025 and August 2025, with a response received from all ten projects in each wave. The survey captured views on delivery, stakeholder engagement and progress against outcomes.
- ▶ **In-depth qualitative case studies:** Multi-stakeholder qualitative work (interviews, focus groups and document review) explored how change happened, why, and for whom within different projects. Ten case studies were completed in total. This included 66 consultation sessions with project leads and staff, tenants and relevant programme stakeholders, adding explanatory depth to survey trends and generating practical learning on delivery.
- ▶ **Programme staff interviews:** Semi-structured interviews were conducted with four staff from the PHT who had overseen or managed the programme at different stages. These conversations explored delivery challenges, success factors, and lessons for future programme design. Interviews were recorded and transcribed, with findings triangulated against other evaluation data. In addition, two interviews were held with members of the programme's advisory group to gather insights on their role in shaping delivery and supporting programme development.
- ▶ **Economic evaluation:** The National Audit Office's "4 E's" framework—examining Economy, Efficiency, Effectiveness, and Equity—was adopted to assess value for money (VfM) across the pilot. The approach combined quantitative and qualitative data, focusing on project costs, resource use, and outputs, but did not attempt to monetise outcomes due to the short timeframe and data

³ GHQ-12 refers to the 12-item version of the General Health Questionnaire, a brief and widely used screening tool for detecting non-psychotic mental health problems like anxiety and depression in adults and adolescents.

limitations. Instead, it explored cost patterns, potential unit costs (such as cost per tenant engaged), and gathered stakeholder views on VfM through qualitative research.

- ▶ **Feasibility study on health outcomes:** A scoping exercise assessed which longer-term health outcomes might plausibly be tracked and what data sources (including national datasets) could support future evaluation of health impacts attributable to improved housing conditions. The feasibility study also scoped what would be required for a fuller economic evaluation in future phases, including the potential for outcome monetisation and benchmarking against similar programmes.

1.2.3 Study limitations

As with any complex, multi-site evaluation, there are several important limitations to consider when interpreting the findings from the Homes for Health evaluation.

Firstly, the pilot's scope and timeframe mean that only shorter- and some medium-term outcomes could be assessed within the evaluation period. A notable limitation of the evaluation relates to the challenges in confidently assessing the short- and medium-term outcomes achieved for tenants. Several project leads and staff interviewed highlighted that project monitoring and reporting systems did not always capture the full range of tenant outcomes. In particular, once tenants disengaged from the HfH project, there was often no further contact or follow-up, making it difficult for project teams to obtain a complete picture of the outcomes experienced by these individuals. As a result, the evaluation may underestimate or overlook some impacts, especially for tenants whose engagement with the project was time-limited or who exited before the end of the reporting period. Many of the programme's intended longer-term health impacts—such as sustained improvements in physical and mental health—were likely to emerge only after the pilot concluded and so could not be directly evidenced. While the feasibility study scoped options for tracking these outcomes in future, the current evaluation could not attribute health changes to the programme with confidence.

Secondly, there was substantial heterogeneity across projects and local contexts. Projects operated in different countries, worked with a variety of tenancy types, and engaged with diverse local systems and populations. This diversity made it challenging to aggregate findings or make direct comparisons between projects.

Survey response rates also varied by project and respondent group. In some cases, lower response rates limited the representativeness of the survey data, particularly for sub-group analyses. This introduced a risk of response bias, where the views and experiences of those who participated may differ from those who did not. To mitigate this, survey findings were triangulated with qualitative evidence from interviews and case studies, but some caution is still warranted in interpreting the quantitative results.

Finally, the evaluation faced challenges in evidencing systems-level change, particularly in relation to engaging health services and decision-makers. Several projects reported difficulties in building sustained relationships with these stakeholders within the pilot timeframe, which limited the breadth and depth of evidence on wider ecosystem change. This means that while some promising examples of influence and partnership were identified, the evaluation cannot draw firm conclusions about systems-level impact at this stage.

Taken together, these limitations reflect both the ambitious nature of the programme and the realities of evaluating complex, community-led interventions in diverse settings.

1.3 About the report

This report focuses on Strand 1 of the Homes for Health evaluation to assess the extent to which funded projects have achieved one or more of the programme's desired shorter- and medium-term outcomes. Drawing on a mix of quantitative and qualitative evidence, the report examines progress across key outcome areas, explores how change has occurred, and identifies lessons for future delivery.

The report is structured as follows:

- ▶ **Section 2: Engagement overview** - Presents the engagement data at a project level and outlines in more detail the profile of tenants who responded to two waves of the survey. This provides context for the later reporting of outcomes.
- ▶ **Section 3: Short term outcomes** – Outlines the progress made by projects towards meeting a range of short-term outcomes for tenants.
- ▶ **Section 4: Medium term outcomes** – Presents the evidence gathered on the medium-term outcomes achieved by the projects for tenants.
- ▶ **Section 5: Learning from implementation** - Summaries the main learning points gleaned from projects implementing the HfH pilot.
- ▶ **Section 6: Economic evaluation** - Examines the VfM of the programme.
- ▶ **Section 7: Feasibility study on health outcomes** - Examines the feasibility of measuring the key longer-term health outcomes anticipated from the programme, to help inform its future development
- ▶ **Section 8: Conclusions** - Summarises key messages for the programme and its stakeholders.

2.0 Engagement overview

This section provides an overview of the profile of tenants engaged in the programme as well as the characteristics of the sample of tenants who engaged in the surveys as part of the evaluation.

2.1 Programme engagement numbers

The engagement of tenants was monitored by projects in two ways. This included recording *the total number of tenants engaged* in the project which covered any contact tenants may have had such as through events or door knocking. In addition, *regular engagement* was recorded which related to tenants involved in or leading HfH action on an ongoing basis through, for example, being involved in steering groups or committees. In their project applications the ten projects set targets to reach a combined 3,185 tenants, with 433 tenants actively involved on a regular basis. Table 2 presents the engagement figures collated by the HfH project team at the end of the programme, drawing on reports completed by each project at the end of the funding period. This data shows that **the programme performed strongly in terms of overall engagement more than doubling the original targets**. Lower numbers of tenants were, however, regularly engaged than initially anticipated. The evidence from consultations with project staff and tenant survey results suggests this was due to varying delivery approaches and projects finding a greater need for one off, crisis type support.

Table 2: Tenant engagement by type, per project

Project	Total tenants engaged	Social tenants	Private tenants	Regular engagements
Caribbean & African Health Network	200	N/A	N/A	15
Community Renewal Trust	140	20	160	41
ACORN – Bristol	1,460	930	530	25
Living Rent – Glasgow	621	541	80	35
ACORN – Cardiff	1,560	900	660	35
Leeds Muslim Youth Forum	120	46	74	35
ACORN – Bradford	1,600	1,100	500	30
Citizens UK Charity	400	280	120	35
Living Rent – Edinburgh	475	150	325	20
Edberts House	302	287	15	9
Totals	6,878	4,254	2,464	280

Source: HfH end of project reports

Most of the engaged tenants were social tenants (62%), with the remaining 38% being private tenants. No specific targets were set for the programme, but this balance reflects the intentions of the different projects at the beginning, where five of the projects stated they intended to engage social and private tenants, three of the projects stated they intended to engage social tenants, and two projects stated they intended to engage private tenants. Comparing the geographical spread of the project funding (50% of funding supporting projects in England, 30% in Scotland and 20% in Wales), with the total number of participants, suggests projects in Scotland reached smaller proportions than expected.

A few projects were affected by serious incidents that affected the local community, and therefore the project in terms of tenant engagement. In all cases, the projects were able to adapt to overcome these challenges, demonstrated by the strong engagement achieved, but it highlighted that projects were at times working in changing and difficult circumstances:

“A single incident of violent crime in the local area had a short-term negative impact on outreach activities. Residents were reluctant to engage during evening door-knocking sessions, fearing for their safety or mistaking outreach workers for police.”
– Project Lead

Alternatively, for other projects, local and national incidents had a positive impact on securing engagement via tangential issues:

“Persistent litter and poor cleanliness have had a dual impact, demotivating some members while galvanising others to take action. Councillor pay rises amidst deteriorating housing conditions have intensified tenant frustration, increasing engagement and urgency around the campaign.” – Project Lead

2.2 Programme participant characteristics

Beyond reporting the total number of tenants engaged and their tenancy status, projects were not required to collect or report quantitatively any other management information on the characteristics of the tenants who engaged with the project. As such it is not possible to provide any further overview of the full cohort engaged in the programme. However, the two waves of the tenant survey conducted as part of the evaluation provided insight into the profile of tenants involved in terms of their health, housing issues faced and civic participation. These results also set the scene and context for the reporting of outcomes for tenants in Sections 3 and 4 that follow.

Tenant survey sample overview

- ▶ A total of 264 participants responded to the tenant’s survey. Around one-third of responses (35%, 92 responses) were received in wave 1 and around two-thirds (65%, 172 responses) in wave 2. (See Annex 1 – Tenant Survey for further details of the profile of respondents in each wave).
- ▶ Around half of the total tenant survey respondents were in England (51%); 30% in Scotland and 19% in Wales. In terms of all HfH participants, 54% of all participants were in England, 17% in Scotland and 28% in Wales. This means that the survey results slightly overrepresented participants from Scotland, and under-

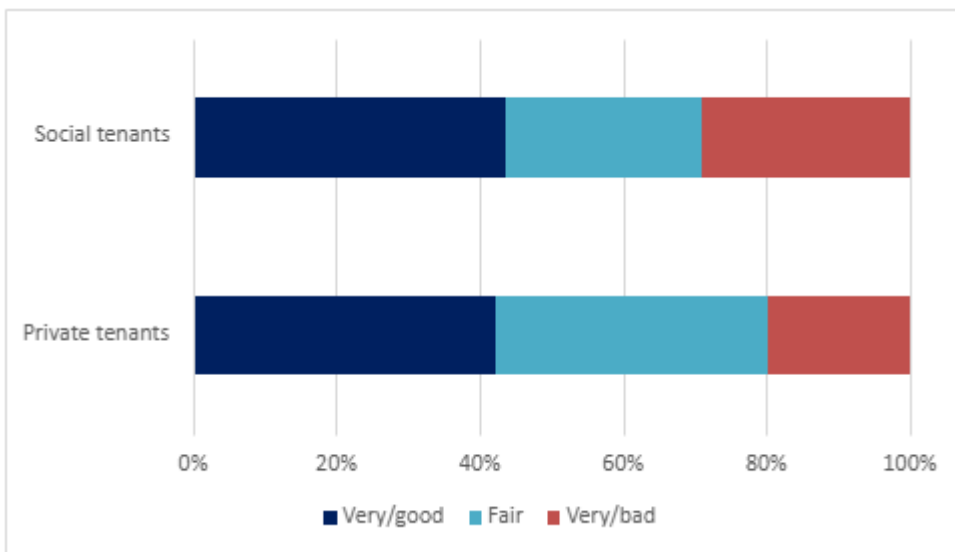
represented those from Wales, in comparison to all HfH participants (See Table A1 in Annex 1 – Tenant Survey).

- ▶ Private tenants made up 56% of survey responses and 38% of HfH participants. Social tenants made up 44% of survey responses and 62% of HfH participants. This means private tenants were overrepresented and social tenants underrepresented in the survey analysis (See Table A2 in Annex 1 – Tenant Survey).
- ▶ In terms of all participants, Caribbean & African Health Network, Community Renewal Trust, Leeds Muslim Youth Forum and Edberts House were overrepresented in survey responses; and the ACORN groups in Bristol, Cardiff and Bradford were underrepresented in survey responses. This means that tenant profiles and outcomes analysis were skewed towards participants of these projects (See Table A3 in Annex 1 – Tenant Survey).

2.2.1 Tenants' health

In total, 44% of all survey respondents had very good or good health, 33% had fair health and 24% had bad or very bad health. Similarly, over half (56%) of participants reported having a long-term health condition. Both findings were similar across wave one and wave two of the survey.

Figure 2: Tenants' perceptions of their health and wellbeing



Source: HfH participation survey; social tenants n = 117, private tenants n = 147

- ▶ The most common **physical health conditions** reported by respondents of the tenant survey were asthma (27%), high blood pressure/hypertension (23%) and diabetes (21%). The least common were sickle cell disease (<1%), spleen problems (1%), and H.I.V (1%). The same health conditions were most common in both waves (see Table A4 in Annex 1 for full results).
- ▶ The most common **mental health conditions** reported by the respondents of the tenants' survey were depression (54%), generalised anxiety disorder (39%), panic attacks (23%). The least common were, psychosis or schizophrenia (<1), Post natal depression (2%) and Bipolar (3%). The same mental health conditions were most common in both waves (see Table A5 in Annex 1 for full results).

2.2.2 Housing issues and limitations

Damp and mould growth, the poor state of repairs, and repairs not being carried out properly were the main causes of dissatisfaction in tenants' homes, for both private and social tenants. Of tenants with issues in their home (n=243), around half had between 1-3 issues (56%), one-third had 3-6 issues, and 13% had over 6 issues. Table 3 presents the top five issues tenants were dissatisfied with. See Table A4 in Annex 1 – Tenant Survey for a full overview of causes of dissatisfaction.

A majority (60%, n=257) of all tenants had problems with condensation, damp or mould in their house. It was slightly more common for private tenants (46%) to have issues with condensation/damp/mould than social tenants (45%). More tenants in Wales (77%) had these issues than those in England (59%), and Scotland had the lowest issues (50%).

Most tenants (89%) had taken steps resolve their damp issues, predominantly by opening windows (82%) and using extractor fans (44%). Some tenants had used trickle vents (15%).

Table 3: Tenants' top five issues they were dissatisfied with

Dissatisfied with... (Top 5 issues for social tenants)	Social tenants (n=117)	Dissatisfied with... (Top 5 issues for private tenants)	Private tenants (n=147)
Repairs not carried out properly	50%	Damp and mould growth	46%
Damp and mould growth	45%	Repairs not carried out properly	42%
Poor state of repairs	41%	Poor state of repairs	34%
Not enough storage space/cupboards	21%	No heating/not enough heating/too cold	24%
No heating/not enough heating/too cold	17%	Windows need replacing/repairing	19%

Source: HfH participation survey

One-third (33%) of tenants **were not limited** in their activities by their homes; this was the most common response. This was the same for both private and social tenants. Of those who were limited (n=174), the **top three issues** were 'too small/need more rooms' (35%), 'rooms too small' (33%), and 'bath/shower difficult to access/use' (21%). These were the same issues for both private and social tenants.

The case study interviews with tenants, staff and project leads concurred with the survey findings, highlighting a **wide range of common housing repairs** that were necessary, all of which had negative mental health impacts to a greater or lesser degree. Some instances were linked to poorer physical health, and in several cases, safety concerns because of the lack of maintenance.

“I didn't want to be home... My mental health was bad, and I was phoning them every three days. So, the Council, they say, ‘oh, you're priority [after multiple hospital visits] they'll be someone out within three days, if not, call us again’ And this was repeated constantly, and I was becoming drained. I didn't want to get out of bed in the morning, you know, I was depressed that the house was just smelly.” - Tenant

In cases where tenants had pre-existing conditions, the negative effects of poor-quality housing compounded these. When asked about their housing issues during interviews, one tenant described how they came into the property feeling very ill with some medical challenges including breathing problems and diabetes. They were given an accessible bungalow with a wet room but this did not have a gradient so the whole bathroom and the corridor kept flooding. The cold then affected their bedroom, which worsened respiratory problems and a lack of response to their complaints left them feeling frustrated at not being taken seriously.

A minor theme raised by tenants and staff was overcrowding, however where it did occur, overcrowding was a significant problem. Project staff reflected that the available small housing/flat provision in one area did not meet the intergenerational living needs of their local Roma community. Interviewees emphasised the additional challenges the Roma community often faced such as feeling disempowered due to a transient lifestyle.

“Now we find 3 generations living under the same roof just because there's not enough provision for housing in [local area]. So, when you have, you know, eight people living in a 2-bedroom flat, it's quite difficult, you know, and that affects their health as well.” – Project staff

Another key issue for some private renters was unregulated rent increases that negatively impacted their mental health. The uncertainty of rent amounts each month caused them significant stress. Rodent infestations were infrequently mentioned across tenancy types.

2.2.3 Management and repairs

Half (52%) of tenants surveyed reported that the **management of their home over the last five years** (by a landlord or letting agent) had stayed the same, and almost one-third (30%) believed it had gotten worse. **A minority (14%) thought it had improved.** Social tenants were more likely than private tenants to say that management had gotten worse (35% compared to 25%).

Half of respondents had **repairs carried out** by their landlord (50%), with around one in five participants stating that it varies (18%) or that they were carried out by estate agents, property managers, and/or letting agents (17%). Similar proportions of social and private tenants carry out repairs themselves (4% and 6%, respectively). Social tenants more commonly relied on landlords for repairs than private tenants (58% and 43% respectively), and a higher proportion of private tenants relied on estate agents/property managers/letting agents (24% compared to 9%).

2.2.4 Civic participation and community belonging

Just over half (57%) of participants **agreed that people in their neighbourhood would pull together** to improve the neighbourhood, this was similar across waves (58% in wave one and 55% in wave two). A **higher proportion of social tenants** (62%) agreed that their neighbours would pull together to improve their neighbourhood than private tenants (53%). Similarly, over half (56%) of participants agreed that they belonged to their neighbourhood, 16% disagreed, and 28% neither agreed nor disagreed. These proportions were similar across wave one (58%, 17% and 25% respectively) and wave two (54%, 16% and 30% respectively). A higher proportion of social tenants (67%) **felt they belonged** to their neighbourhood than private tenants (48%).

When asked what activities people would take part in to **influence local decisions**, most commonly people reported they would contact their local councillor (49%), the local council office or an official (41%), or attend a public meeting (38%). Of those activities that involved organising, 32% of participants said they would organise a group, rather than organise a paper petition (10%) or e-petitions (7%).

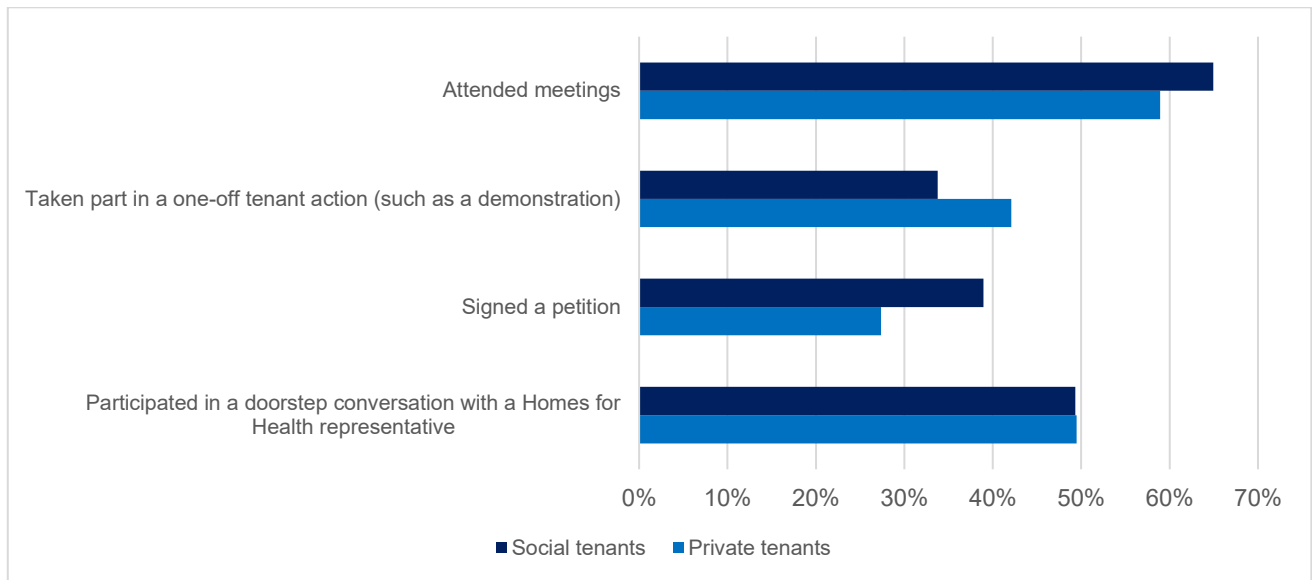
Over half (59%) of **participants had not been active in any local groups** in the last 12 months. One quarter of tenants had been active in a tenants' group (24%), and 14% in another type of local community group. In wave 1, 70% of participants had not been involved in any local groups involved in decision making.

Social tenants in both waves were more commonly involved in local decision-making groups than private tenants; 56% of social tenants had not been involved in decision making groups, compared to 61% of private tenants. Social and private tenants had similar levels of involvement in tenants' groups (26% and 25%, respectively) and other local groups (16% and 11% respectively).

2.3 Involvement in HfH

Questions about participants involvement in HfH were asked in wave 2 of the survey only allowing enough time for activities to have been undertaken. A summary of the main findings here provides context for the later achievement chapters. Section 5 outlines the main learning points from different types of involvement in HfH projects.

- ▶ The most common way participants became involved with HfH was through attending **meetings** (62%), followed by having had a conversation with an HfH representative (55%). Just over two-thirds (38%) had taken part in a one-off tenant action, and two thirds (32%) had signed a petition (see Figure 3).

Figure 3: Tenants' involvement in HfH activities, by tenancy agreement

Source: HfH participation survey, social tenants n = 117, private tenants n = 147

- ▶ The activities respondents had most taken part in included **weekly/monthly project activities** (68%), supporting others to deliver **collective actions** (52%), campaigning activities (43%), and outreach activities (35%) as shown in Table 4.
- ▶ The most common activities respondents in social tenancies took part in were weekly/monthly project activities (77%), campaigning activities (53%) and supporting others to deliver collective actions (50%). The most common activities those in private tenancies took part in were weekly/monthly project activities (63%), supporting others to deliver collective actions (54%), outreach activities (37%) and campaigning activities (37%).
- ▶ Overall, **social tenants tended to participate in the different activities more than private tenants**. The three top activities private tenants participated in the HfH activities at a higher proportion than social tenants were writing letters/reports to housing/health stakeholders (14 percentage points difference), research activities (11 percentage points difference), and reviewing policies and procedures (9 percentage points difference). See Figure 4 for a full overview of the different between social and private tenants and the participation in HfH activities.

Table 4: Engagement with HfH activities

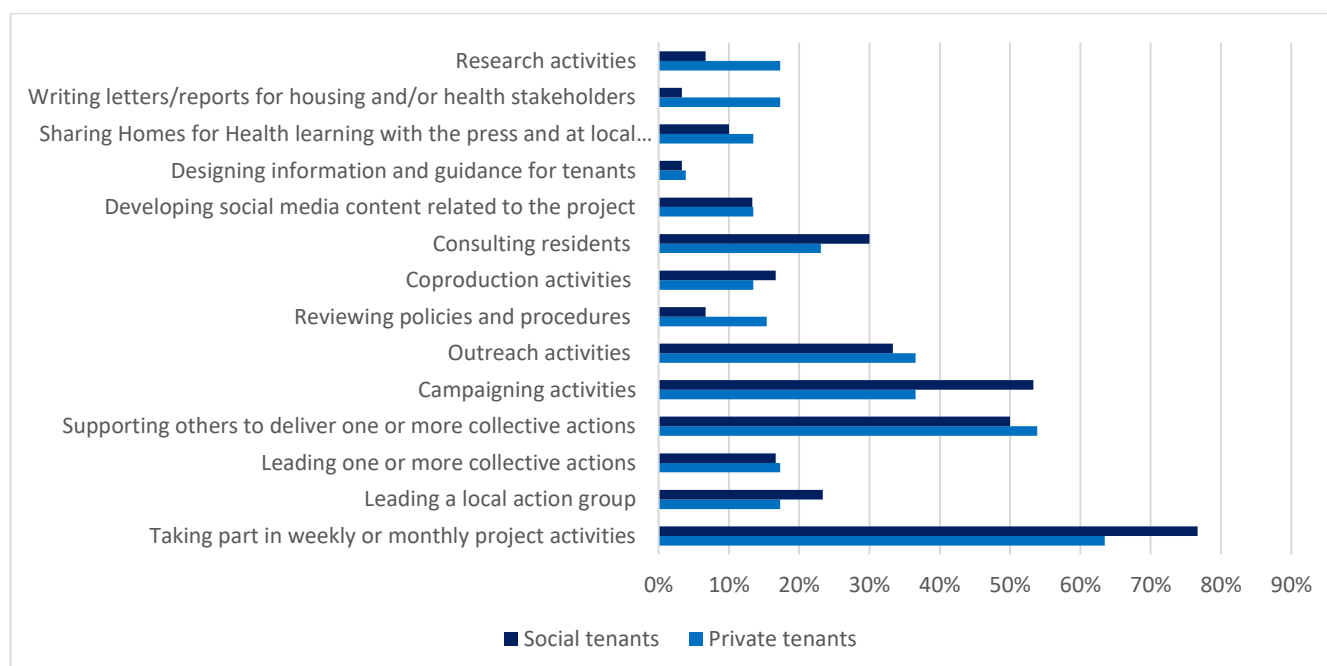
HfH activities	Wave 2 (n=82)	Group
Taking part in weekly or monthly project activities	68%	High
Supporting others to deliver one or more collective actions	52%	High
Campaigning activities (member led and/or through local forums)	43%	High

Outreach activities (engaging and negotiating with housing and health stakeholders on individual tenant issues)	35%	High
Consulting residents (through surveys, door-knocking)	26%	Medium
Leading a local action group (on my own or with others)	20%	Medium
Leading one or more collective actions	17%	Medium
Coproduction activities (formal representation providing tenant voice at local and regional meetings/roundtables with housing and/or health stakeholders)	15%	Medium
Developing social media content related to the project	13%	Medium
Research activities (policy advocacy, exploring the link between housing and health)	13%	Medium
Reviewing policies and procedures (related to housing and health)	12%	Medium
Sharing Homes for Health learning with the press and at local conferences	12%	Medium
Writing letters to/reports for housing and/or health stakeholders	12%	Medium
Designing information and guidance for tenants (in accessible formats)	4%	Low

Source: HfH tenants survey;

Note: High >30%, medium 10%-30%, low <10%

Figure 4: Types of HfH activities by tenancy agreement



Source: HfH tenants survey; social tenants n= 103, private tenants n= 178)

The case studies explored the range of delivery **approaches** projects took to involving tenants in HfH. These varied depending on the size and scope of the lead organisation, the local area context and tenants' needs, and how new or not it was for projects to be working on the links between housing and health. Reflecting the survey results, tenant involvement was on a spectrum, ranging from established and highly structured approaches to tenant engagement to the informal and ad hoc.

On one side lead organisations with a national presence were operating based on their **existing community action models**. For example, several projects were run by a membership organisation that helps people to help themselves. Tenants with housing issues pay what they can to join as members and receive support with their individual cases. Membership fees are used to grow the organisation, and members supported to develop their skills and collective capacity to help other members and recruit new members. The organisation encourages members to stay on once their case has been successfully dealt with so they can share their skills. They also offer opportunities for members to take on additional tasks and/or become committee members. While there were examples of structured activities working well (chapters 3 and 4), sometimes more organised, and specifically formal activities, proved challenging for tenants intimidated by the various professionals represented at panel meetings.

In contrast, other smaller local voluntary sector-led organisations sought to **adapt existing activities and build networks locally** via statutory and other voluntary-led services. They used their networks to try and bring tenants in need together, raise awareness, inform, and educate while finding out how the tenants they engaged thought others experiencing similar challenges might best be reached.

3.0 Short-term outcomes

This section discusses findings related to the **short-term outcomes** identified in the ToC that the HfH projects achieved. The findings presented draw on case study data, project lead and tenant survey data, and end of project monitoring reports.

3.1 Overall achievement

HfH projects made progress towards meeting a range of short-term outcomes for tenants. Involvement in HfH projects was generally **rated positively** in the tenants' survey, with a majority expressing satisfaction with their experiences and influence in local housing matters. The wave 2 survey found 82% (n=172) of tenants rated their involvement in HfH projects as "very good" or "good", with better ratings among those with lower GHQ-12 scores, indicating better mental health. No survey participants rated their experience as "bad" or "very bad" although survey results were mixed. The case study research largely correlated as there was **strong evidence within and across projects that the desired shorter-term outcomes were achieved**. As referenced in the method limitations, a few projects found it difficult to evidence outcomes because systems did not enable staff to collect post-programme data.

3.2 Increased tenant voice, confidence, knowledge

Across the surveys and interviews, the findings show that **tenants' voice, confidence and knowledge on housing rights and local conditions have improved** linked to tenants' involvement in HfH projects. 9 out of 10 project leads in the wave 1 and wave 2 surveys respectively reported a positive shift in terms of tenant voice, confidence and knowledge on housing rights and conditions.

Tenants, project leads, and staff who were interviewed as part of the case study work described that, **prior to HfH, tenants had limited knowledge** of both tenants' and landlords' rights and responsibilities. This was perceived as a real problem, especially in cases where tenants were "blamed" for their living situations, for keeping windows closed and not putting the heating on. This observation was consistent among socially and privately renting tenants and across countries. Aiming to improve knowledge, confidence and tenants' voice, projects ran workshops and held individual meetings covering tenants' legal rights. They covered practical advice on steps to take when social or private landlords were not complying with legal procedures. While the topic areas varied, commonly tenants said they gained new knowledge about:

- ▶ Tenants' and landlords' rights and responsibilities, including processes relating to bailiffs, evictions, rent changes, maintenance and repairs.
- ▶ Approaches and practical tools to advocate for themselves, including how to communicate effectively with private and social landlords (for example, how to write to landlords to make them aware of their housing issues).
- ▶ How housing systems in England, Scotland and Wales work, which covered the history of housing systems and current housing legislation.

Interviews indicated that this new knowledge helped to **empower tenants** as they became better informed and more able to apply the information when taking individual or collective action. A prominent

theme was that tenants felt more confident to report housing issues to their landlords. In turn their improved knowledge of housing rights was transformative in moving tenants from a place of apathy to agency.

"A lot of tenants don't know all of their rights when it comes to what landlords have to do. So, organisations like [funded project] are very good for helping them to advocate for themselves; understanding what their rights and what the laws are and also providing support because it can be quite intimidating." - Tenant

Participating in meetings with stakeholders including elected representatives helped tenants make new connections and **gain confidence**.

"I heard people say that this has really boosted my confidence ... it's like a self-discovery journey for them" - Partner

Whilst not an intended ToC outcome, tenants reported feeling **less isolated and more connected** to their local neighbourhoods. For one person, this sense of connection was especially important because they had previously experienced homelessness and lived in a "dysfunctional" situation. Having newly moved into the area, and with the support of a HfH project, this individual felt much more settled. More frequently tenants explained that before HfH they did not know their neighbours were experiencing similar housing issues. By engaging with projects, they gained a better understanding of the range of housing and health issues others experienced and realised they all faced similar challenges. A common opinion was that this sense of community further empowered tenants, which supported their wellbeing.

"It (HfH project) helped me mentally; I'm more relieved than before. It really helped mentally, cause when you are struggling alone in your house, you think it's only me, but when you meet other people who say this and that, you realise Oh, I'm not alone." – Tenant

Tenants shared accounts of **fulfilment and enjoyment** from supporting other tenants' cases.

"I mean, and we're also helping other people, which is a good feeling knowing when you help somebody else get their situations sorted... I like paying it forward. It's a good feeling." - Tenant

A main theme was **notable improvements** in tenants' knowledge, confidence, and collective voice regarding housing rights and local conditions. The empowering effects of growing legal awareness and tenant connections not only equipped individuals to advocate more effectively for themselves but also fostered a stronger sense of community and wellbeing. These positive outcomes highlight the

transformative potential of tenant-led initiatives, which made a meaningful difference in individual and wider neighbourhood life.

3.3 Taking collective action

Central to HfH projects were the collective activities which brought local tenants together. These actions were typically tenant-led, supported and guided by project staff who worked alongside to help tenants realise their plans. There were **mixed views on the effectiveness of collective action** on housing and health improvements, influenced in part by tenants' views on the extent of their personal influence. The proportion of tenants surveyed who “definitely” or “tend to agree” that they can influence local decisions rose from 58% in wave 1 to 63% in wave 2 (see Table 5), despite a decrease in definite agreement. Disagreement decreased slightly, indicating a more positive outlook on tenants' personal influence. Confidence in community impact however declined. Additionally, agreement that community involvement can change local area management dropped from 74% to 67%, while neutrality increased. Despite confidence in their own ability to influence decisions growing, **tenants appeared less certain about the community's collective impact**. A possible explanation could be the relative speediness of individual home improvements compared with the more variable success of wider influencing activities (see 4.7). However, as section 3.5 explains, there remained some frustrations with the time it took to resolve issues.

Table 5: Tenant survey results on influencing decisions

Survey question: To what extent do you agree or disagree that you personally can influence decisions affecting your local area?				
	Wave 1 (n=105)		Wave 2 (n=173)	
Definitely agree	20	19%	25	14%
Tend to agree	41	39%	85	49%
Tend to disagree	32	30%	52	30%
Definitely disagree	12	11%	11	6%

Source: Tenant wave 1 survey, month 2025 (n=105) and wave 2, August 2025 (n=173)

The qualitative findings suggest that tenant voice amplifications were due to group campaigns and direct-action activities. Some tenants explained that before they got involved, they felt hopeless and thought that their housing issues would never be addressed. However, they attributed growing confidence to aspects including:

- ▶ Being directly involved in collective action with a mutual goal to affect change through stakeholder tenant meetings and protest marches.
- ▶ Learning new skills and knowledge by tasks including letter writing to local MPs and housing associations to inform them of tenants' housing and health issues.

While HfH projects empowered tenants who acted collectively, views on the community's capacity to drive broader change was less convincing. Nonetheless, the increased engagement, skill-building, and direct participation in advocacy activities helped to strengthen tenants' voices and foster agency, highlighting the value of tenant-led approaches in addressing housing and health challenges for individuals and communities.

3.4 Involvement of tenants from diverse backgrounds

Section 2.1 explained that projects exceeded their overall target reach in their applications however the number of tenants engaged regularly was below target. All projects engaged with both social and private tenants. In terms of other key demographic groups, from a review of end of project reports, this varied across the different projects and included:

- ▶ racialised backgrounds,
- ▶ gypsy or traveller background,
- ▶ low-income households,
- ▶ families with children,
- ▶ individuals with disabilities, chronic health conditions or long-term illnesses,
- ▶ working class,
- ▶ LGBTQIA+,
- ▶ women,
- ▶ the elderly (65+),
- ▶ individuals with caring responsibilities,
- ▶ and individuals in temporary housing or lodgers.

In the main, this list aligns with the original target groups outlined in project's applications, apart from people seeking asylum and people who are unemployed. Due to inconsistencies across reporting the proportions of diverse groups across projects, the research team was **unable to calculate reliable overall** engagement estimates among these groups. Some projects also acknowledged that the demographic groups they engaged did not fully reflect the demographics of their local area as identified in a data workbook produced by the PHT for each project at the start of the pilot.

According to projects' end of funding reports, projects engaged with social and private tenants across diverse communities. Engaged tenants came from different minority ethnic, cultural and religious groups, with disabilities, caring responsibilities and with language barriers. Projects did not routinely collect MI data on tenants' demographics so although a good baseline was established through the Trust's evidence workbook, **assessment of this outcome was therefore limited**. Worthy of additional consideration was a comment that housing associations did not collect data on who specifically they let rentals to. Consequently, it was unlikely they had a sound understanding of the issues that some communities (e.g., Roma) faced nor how best to support them to overcome challenges.

The demographics collected in the tenants' survey gave some indication of who the projects were able to reach. **Diversity was somewhat lacking.** In both wave 1 and wave 2, the largest ethnic group reached was white (63% in wave 1 and 58% in wave 2), including white British, white European, Roma and travellers. The second largest ethnic group was Black or Black British (19% in wave 1 and 24% in wave 2). The most common age group in both waves was 25 to 44 years (50% and 53% respectively) and most respondents were female (72% in wave 1 and 60% in wave 2). Around one-third of the respondents had a disability (36% in wave 1, 33% in wave 2), whilst a large minority reported having caring responsibilities (42% in wave 1, 49% in wave 2).

Case studies explored if and how projects targeted specific groups, such as migrant communities and tenants from minority ethnic backgrounds, including groups affected by racial inequality. In several projects, activities and intended outcomes related to addressing housing and health issues affecting these **specific groups**. One project took the approach of bringing together largely white working-class communities with more ethnically diverse communities, focusing on uniting them through common housing issues. Another project focused on lobbying landlords to **translate tenancy agreements** and resources into community languages. They sought to **overcome language barriers** faced by tenants for whom English was a second language and, in some cases, felt pressured to agree and sign tenancy agreements they did not understand (see Project case study 1). When supporting migrants, project staff needed to carry out “myth debunking,” sharing information and advice about their rights and how to live well in the UK climate.

Project case study 1: Addressing tenants' language barriers

One project worked with tenants facing language barriers as English was not their first language. This made it difficult for them to understand their rights and responsibilities as tenants and frequently led to tenants signing agreements without fully understanding the terms and conditions.

“I would say the language barrier is probably the most the biggest one for my clients in terms of understanding their rights and responsibilities as tenants.” – Project lead

To project focused on securing social and private landlords' commitment to translating tenant agreements into community languages. Project interviews highlighted it was difficult to reach private landlords who did not agree. An end of funding report confirmed that a housing association did however commit to translating tenant agreements into multiple languages. The project also allocated resource into developing a website to engage tenants, which served as a platform for them to confidentially report any immediate housing concerns, advice and support needs, request help with social housing repairs, homelessness, or pest control and access tenant information. The website resources are available in multiple community languages, allowing tenants to select their preferred language.

In one case, a tenant reported **inclusive support** for trans people and said they had found the project to be welcoming, staff eager to hear the details of their experiences, and described a sense of feeling

safe and heard. The case studies and the end of project reports demonstrated instances of HfH projects adopting **tailored approaches** to engage tenants from diverse backgrounds to encourage regular and meaningful engagement. They held project meetings in culturally suitable locations like faith institutions, local community organisations, and tenants' homes if they preferred. However, the evidence for this short-term ToC outcome and the medium-term outcome (tenants from diverse backgrounds regularly involved in culturally appropriate and equitable outcomes) was weaker.

3.5 More enforcement and management of housing standards by landlords

Among project leads surveyed, there was a **perceived improvement in landlord practices**, with more project leads feeling “very confident” (an increase from 3 to 5) and fewer “not at all confident” (a decrease from 1 to 0). Yet the tenants' survey found that the proportion of tenants who were dissatisfied with landlord repairs remained similar across the two waves. There was an increase in the proportion of individuals who were fairly satisfied with landlords' repairs from 13% in wave 1 (n=105) to 19% in wave 2 (n=173), indicating a slight improvement in landlords management of housing standards.

The reasons for tenants' dissatisfaction with landlord repair and maintenance also remained relatively steady (see Table 6). Fewer tenants reported that their “landlord does only the bare minimum” in wave 2 of the survey (-5 percentage points, 23% in wave 1 to 19% in wave 2) and a smaller proportion reported that their “landlord is slow to get things done” (-10 percentage points, 14% in wave 1 to 4% in wave 2). On the other side, a greater proportion of tenants reported that their “landlord is difficult to contact” in wave 2 (+10 percentage points, 2%-12%) and that their “landlord becomes hostile if maintenance issues are raised” (+8 percentage points, 0%-8%).

Table 6: Reasons for tenant dissatisfaction

Survey question: What is the main reason why you are dissatisfied?				
	Wave 1 (n=44)		Wave 2 (n=80)	
Landlord does not bother about repairs and maintenance	7	16%	12	15%
Landlord carries out only emergency repairs	7	16%	12	15%
Landlord is difficult to contact	1	2%	10	12%
Work done is of poor quality	5	11%	9	11%
Landlord does only the bare minimum	10	23%	15	19%
Landlord is slow to get things done	15	14%	6	4%

Landlord becomes hostile if maintenance issues are raised	0	0%	6	8%
Other	3	7%	4	5%

Source: Tenant wave 1 survey, month 2025 (n=44) and wave 2 survey, August 2025 (n=80)

The interview findings were consistent with the survey results. There was a common perception that **landlords had become more aware** of the housing issues local tenants faced and **more willing to listen** to tenants' concerns although communication with private landlords proved difficult and landlord's actions were not always timely. Despite this, there were powerfully positive outcomes for both private and social tenants.

“...The impact that has on people and the difference that makes for them, I think is huge in terms of people often feel like on their own with the landlords. They feel like, well, that's just how it is or there's nothing I can do if I speak up or get kicked out and actually the difference you can make by being like 1) you know what your rights are but 2) we'll have your back and your community will have your back when you accept those rights is huge for people. So, I think that has been very exciting and will be long lasting” – National stakeholder

Tenants interviewed generally felt that being involved in HfH projects supported them to **hold landlords to account** for their responsibilities. They felt that social landlords especially had listened and taken tenants' housing issues seriously - a significant achievement as repairs not being carried out properly was a key cause of dissatisfaction in tenants' homes (see section 2.2.3). In several cases, tenants described how local councils started to listen and progress activities addressing their housing concerns because they campaigned together. For example, one HfH project involved a tenant-led protest, which led to a meeting with the council's Head of Repairs designed to raise awareness of the damp and mould issues multiple tenants were experiencing. This meeting was considered a successful outcome because tenants' voices were heard but at the time of the interviews it was unclear whether concrete commitments and actions followed.

Tenants surveyed reported **higher satisfaction with the housing services** provided by their landlord in wave 2, with a 13 percentage point (10% - 23%) increase in individuals who reported they were either “very satisfied” or “fairly satisfied” between wave 1 and 2. There was also a drop in individuals who were either “slightly dissatisfied” or “very dissatisfied” of nine percentage points (57% - 48%). The case study findings helped to explain how projects generally made positive progress when working to improve landlord practices. There were many examples of landlords taking action to address tenants' housing issues including completing repairs, fixing fences and roofs.

Project case study 2: Pressure for landlord repairs

Tenants in one local community came together with the support of a HfH project to put pressure on a social landlord that had not responded to complaints. The landlord eventually actioned multiple repairs including fixing a hole in the road, repairing a fence and resolving noise issues related to roofing problems. Through collating evidence, joining forces, writing letters, and project staff visiting regularly to communicate updates and ensure ongoing tenant support, various issues were resolved and overall street safety improved. The landlord visited the site to provide oversight and talk to tenants. Alongside the practical support received, tenants emphasised the emotional and psychological support from HfH staff, including advice and guidance on personal matters, which for one was crucial during times of depression and mood swings. This support fostered a sense of confidence and comfort, enabling the tenant to engage more actively with neighbours and community activities. The tenant also highlighted improvements in the neighbourhood atmosphere, with increased social interaction among adults and children playing safely outside, reflecting a stronger community connection.

Positively, across survey respondents there was **majority agreement that the resolutions achieved would not have been possible without HfH projects**. Over two thirds (68%, n=173) of all tenants surveyed reported that they “strongly agreed” or “agreed” with the following statement: ‘My feelings about tackling housing problems have been affected by my involvement in the local project’.

Overall, involvement in HfH projects contributed to some notable improvements in landlord practices and tenant satisfaction. While challenges remained, particularly around communication and responsiveness, the growing confidence among project leads and tenants alike, coupled with increased satisfaction rates, highlights the positive impact of support for tenants, advocacy and collective action. These results underscore the **importance of continued support** for initiatives that empower tenants and foster constructive engagement with landlords to achieve sustainable enhancements in housing standards and services.

3.6 Tenants reporting improvements to housing conditions, standards and security

Tenants were **generally satisfied with landlords’ work** addressing housing maintenance and repairs following HfH project engagement. They explained that issues like persistent damp and mould, updating and installing new bathrooms, kitchens and flooring (where previously inadequate or inaccessible) had been addressed. They attributed success to the projects’ advocacy and lobbying efforts on tenants’ behalf, collective action, protests and campaigns.

"After 20 plus years... as soon as they (council) knew we had backup, they did it quickly." - Tenant

Staff were able to help tenants to **build the necessary evidence base** for landlords to action repairs. One challenge was getting housing repairs made without proof of needs, so staff documented evidence and supported tenants to do so. Record keeping helped people get to the point of demanding interventions from councillors and was one way to secure a response following many months, and in some cases, years of landlord inaction.

Tenant case study 1: Capacity and opportunity building

A tenant was experiencing persistent mould and damp in their home, which they reported to their social landlord multiple times, but the issue was not addressed. This negatively affected the tenants' health, and they had frequent bronchitis episodes. After becoming involved in HfH, an action plan was developed. The community came together to support the tenant and called the local council emphasising HfH support which made the council listen.

"We went to see the councillors, and we had the team to back us up, so we weren't alone...we were able to talk about our situation, and they actually listened to us." – Tenant

Local councillors then agreed to meet with tenants as part of a surgery in a local library, where the tenant shared their story and secured commitment to prioritise this case. The surgery offered an opportunity for connections and communications in a familiar and friendly setting, an approach which also worked well elsewhere.

While tenants were **satisfied with the quality** of the repairs, some expressed continued **frustration** with the length of time it took for landlords to take tenants' concerns seriously. **Long waits** were further compounded by **housing insecurity worries**. Staff at one project talked about how many people in their target community were simply pleased to have secure housing which made them reluctant to complain. But overall, the involvement of tenants in the HfH projects has led to **tangible improvements** in housing conditions and landlord responsiveness, particularly through advocacy, coordinated and supported actions, which put pressure on landlords to respond quicker and better. Despite ongoing challenges with delays and communication, tenants have experienced positive changes such as **better maintenance and home upgrades**, demonstrating the value of empowering tenants to hold landlords to account.

3.7 Organisational change among funded partners

Funded organisations reported that **HfH changed some ways of working**. The project leads survey showed the most significant change over time was the development of **new partnerships** with housing bodies or staff, health bodies, and other charities/voluntary sector organisations (see Table 7). The case studies found that project workers who embedded themselves in hyper-local community life were able to engage tenants, and to find new ways of delivering their activities. **Awareness raising often worked both ways**. For instance, staff at one project mapped out the area, identified existing community

organisations, hubs, and events and engaged in those activities to build rapport with tenants. By using existing groups, initiatives and events to spread awareness and connect with others in need of support, they partnered with a local family hub and supermarket to distribute flyers. These types of connections not only helped deliver HfH but also other work.

Table 7: Changes to organisational practice as a result of Homes for Health

Survey question: Have you made changes to your organisational practice in any of the following areas, as a result of Homes for Health?				
Response option	Wave 1 (n=10)		Wave 2 (n=10)	
	Yes	No	Yes	No
New staff roles	9	1	6	4
New volunteering role	9	1	8	2
Organising local action differently	5	5	4	6
New partnerships with housing bodies or staff	8	2	8	2
New partnerships with health bodies	9	1	10	0
New partnerships with other charities/voluntary sector organisations	7	3	9	1
Other	4	6	1	9

Source: Project leads baseline survey, January 2025 (n=10) and project leads follow-up survey, August 2025 (n=10)

The project lead survey results were consistent with the case study findings as project leads, and staff described how the hyperlocal model of the programme meant that funded organisations could engage partners and create **strong local networks**. A minority of projects strengthened engagement with housing teams in local authorities and health partners (including GPs). Project leads and staff interviewed thought HfH played a significant role in helping them to recognise the importance of poor housing effects on health outcomes. While some partners had already made these links, others placed greater emphasis because of HfH. Projects helped to **create a dialogue** however leads, and staff interviewed emphasised ongoing challenges in securing commitment to addressing housing and health concerns (see 4.7). These projects have laid important foundations for progress through the pilot programme and interviewees typically expressed a **desire to continue working** towards maintaining momentum towards joint actions. Moving forward, sustaining efforts will be crucial in delivering lasting improvements in housing standards and health outcomes for tenants.

Organisations with multiple funded projects, reported additional benefits from cross-site collaboration. Staff could share insights and strategies, helping each other overcome local challenges and building collective expertise. This collaborative environment contributed to the recognition of staff skills and reinforced the effectiveness of the community organising model in varied settings.

4.0 Medium term outcomes

The general perception from project interviews and survey responses was that **most medium-term outcomes would not have been achieved by the end** of the programme, but HfH helped to set good foundations. A need for longer-term funding to achieve medium-term outcomes was highlighted.

4.1 Increased community leadership and voice on housing conditions

Project lead survey findings showed **increasing confidence** in tenants' voice, knowledge, and understanding of housing rights and conditions at a local level. Most reported feeling either "very confident" or "fairly confident," with a rising number expressing fair confidence (one respondent in wave 1 to three in wave 2). The case studies recorded improvements in tenants' confidence over time, linked to tenants' involvement in collective action, gaining new knowledge, and advocacy work (see section 3.2 'Increased tenant voice, confidence, knowledge'). A **small number of individuals took on more responsibility and leadership** roles with the support of project staff who gave tenants a choice on how much or little they wanted to engage and began to offer different ways to participate. For instance, staff used to attend meetings on behalf of a tenant with poor mental health. They kept in contact, fed back and offered encouragement until the tenant became confident enough to join meetings and eventually take on a leading role:

"One tenant I feel I've pushed a bit and kind of made her go and do these public speaking things that she wouldn't have done before, but it's amazing to see the growth in her, just to see the things that she's kind of doing now that she never was before." - Project staff

The interviews provided examples of tenants regularly involved in HfH actions supporting others and helping to drive community action. This mainly applied to projects with a community organising model which emphasised developing local people as leaders (see Project case study 3).

"I think they're really good at developing leadership in the Union and that kind of builds power for us" - Tenant

Project case study 3: Developing local leaders

Projects that applied a community organising model approach to their HfH projects placed emphasis on developing tenants as local leaders and established mechanisms so that they had a forum and the tools needed to step into that role. This was achieved by encouraging tenants who were regularly engaged in the HfH projects to become more involved in collective action. Tenants were supported in recognising and sharing their individual talents, building confidence to take the spotlight, and through various training

(around campaigning, lobbying and how to approach direct action). It was crucial to create a space, for example, through tenant action teams, for tenants to come together:

“The tenant action team - this is where they (tenants) meet. This is where we held the workshops, which I think cannot be underestimated. It's trust, it's the safety aspect and they feel comfortable... This is their space. And I guess that is particularly important in communities that feel disenfranchised politically and feel disengaged politically.” – Project lead

Some tenants also benefited from peer-to-peer support as this also influenced their leadership development. In one project, tenants who had experienced poor housing conditions became motivated to support other tenants by becoming more involved in campaign actions.

Across projects there was limited evidence of this outcome outside of projects that already operated with a community organising/leadership model, suggesting that more time and support for tenants is needed if the aim is to increase community leadership and voice across all types of projects.

4.2 Increased co-production and/or influence

Project leads surveyed felt **relatively confident projects had made a difference by partnering with local agencies and service providers** to ‘influence, inform or co-produce solutions to emerging housing issues.’ “Very confident” responses increased from 4 out of 10 in wave 1 to 5 out of 10 in the wave 2 survey with half of project leads feeling less convinced. Case study interviews found clear effort and progress with influencing housing and health stakeholders, and decision makers, but the main message was that projects needed more time, and perhaps a slightly different focus to achieve this outcome.

There were notable successes; for instance, one project collaborated with a local authority to develop an information leaflet for tenants addressing damp and mould issues which has been translated into several community languages. Other projects pressurised social and private landlords to make changes by working collaboratively with partners, including law centres, that provided legal support:

“We found, in (local area), there's the law centre and they deal with housing. So, we've been able to reach out to them to get legal support for the cases that have come up. They're bringing the landlords to court and things like that and just the threat of court oftentimes makes landlords change their mind and do things.” – Project lead

One project worked effectively with a local authority to address concerns tenants had about the amount of work associated with a retrofit programme aimed at making homes damp free. By joint working towards the same aim, they were able to directly address the root cause of the problem rather than simply manage the symptoms.

“The other really good outcome was that one of the things the Council said... slowed down the retrofit programme was that some residents were unsure. ...we agreed that we'd want to work in our community to explain that this is a good thing. There's nothing to be afraid of, and we could assist with any concerns or fears. So, we can actually work with the Council to make their own rollout programme more efficient.” -

Partner

Another strong example of partnership working was a Healthy Homes Conference organised by one of the projects. The event brought together tenants, landlords, statutory organisations, and voluntary groups to share information and enable tenants to voice their challenges directly to service providers. This initiative empowered tenants by raising awareness of available support and encouraged statutory organisations to tailor their services to better meet tenant needs. Notably, a woman with a disability who had lived in poor conditions for years received help only after attending the conference, demonstrating the tangible impact of such collaborative efforts.

Overall, HfH has enabled projects to establish the foundations needed to continue negotiations with housing partners, health partners and other decision-makers, including increasing their awareness of tenants' poor housing conditions and associated health problems. The case studies highlighted that engaging health institutions remained difficult, and some projects had encountered resistance when trying to build relationships with GP surgeries, even after multiple attempts, which delayed progress. It was suggested that the Trust could have supported health stakeholder engagement if they wrote letters of recommendation for projects to pass on.

4.3 Tenants reporting improvements to housing that affect long-term health

Although a medium-term outcome in the ToC, for many tenants interviewed, the short-term **improvements to tenants' housing situations immediately improved tenants' wellbeing**. The reduction in stress, improvements in confidence, knowledge and connection to the community alongside the speedy health benefits (e.g., self-reports of recovery from chest infections) gained from involvement in HfH projects led to some immediate health benefits. Many tenants described that housing repairs, including fixing or installing new bathrooms, kitchens and floors were addressed and suggested that in the long term, this will mean that tenants, especially those with physical disabilities or mobility issues, should no longer need to worry about the negative impact upon their physical health. Resolving damp and mould issues and installing ventilation was reported to have significant impact on tenants' health and wellbeing. Tenants who had frequently experienced infections and respiratory issues directly linked to damp and mould reported that they no longer experienced these issues.

“I think there was a positive result for that particular couple. I think they had severe damp and mould. It was caused a lot of health issues and eventually those fixes were done, it took, it took a few months. But I think in the end with pressure it worked and it was nice to be a part of that as. Speaking with the councillors in a positive way.” - Tenant

The case study data demonstrated how improvements in tenants' housing conditions were generally achieved through a combination of project advocacy and tenant collective action. In a small number of individual cases, the HfH projects helped tenants from marginalised groups delay unlawful evictions and secure alternative accommodation, which lessened their worries and feelings of uncertainty over their housing situation. Housing outcomes were amplified when tenants were empowered with knowledge, supported by community networks, and able to engage directly with decision-makers. While small-scale qualitative findings, these tenant reflections suggest that in any future HfH projects, positive health effects may be expected in the shorter rather than the medium-term, except larger scale community and population level effects.

4.4 Significant improvements in tenants' wellbeing

Survey findings on the extent of any improvements in tenants' wellbeing painted a **mixed picture**. The tenant survey used two different measures to assess change in tenants' personal wellbeing. The Office for National Statistics (ONS) assesses personal wellbeing through four measures, often referred to as ONS4, and the General Health Questionnaire (GHQ) – 12 - measuring personal wellbeing or psychological distress through a series of positively and negatively-worded questions about feelings of happiness, usefulness, confidence in themselves and ability to face day-to-day activities.

Table 8 shows that the average tenant wellbeing score for the ONS4. This shows **slight improvements** for several ONS4 measures between wave 1 and 2 regarding feelings of:

- ▶ 'worthwhileness' (5.9 in wave 1, compared to 6.1 in wave 2) and
- ▶ 'happiness' increased (5.2 in wave 1 compared to 5.6 in wave 2); and
- ▶ 'anxiety' decreased (from 5 in wave 1 to 4.8 in wave 2) suggesting the sample was less anxious overall.

However, the average score for 'life satisfaction' decreased from 5.7 in wave 1 to 5.5 in wave 2. Furthermore, **these averages were not statistically significant** (p-value 0.23 - 0.62) and when compared to the UK population average, these averages were **below the general population** that had higher life satisfaction, worthwhileness and happiness. The **level of anxiety among tenants surveyed was also above the UK average**. When asked to what extent they agreed with the statement 'My feeling about personal wellbeing have been affected by my involvement in the local projects,' just over half of tenants (53%, n=173) either "agreed" or "strongly agreed".

Table 8: ONS4 averages

ONS4 Averages	Wave 1 (n=106)	Wave 2 (n=173)	UK Population (2023)
	Average (SD)	Average (SD)	Average
Life Satisfaction	5.7 (2)	5.5 (1.9)	7.45
Worthwhile	5.9 (2.1)	6.1 (2.1)	7.73

Happiness	5.2 (2.4)	5.6 (2.1)	7.39
Anxiety	5 (2.6)	4.8 (2.7)	3.23

Source: tenant survey (2024 and 2025)

Results using the GHQ-12 measure of psychological wellbeing were more positive (Table 9). The GHQ-12 is a 12-item questionnaire about mental health problems, assessing symptoms over the past few weeks. Each tenant who completed all 12 questions was given a score between 0 and 36; higher scores indicated the individual was more likely to be in distress. A cut-off of 13 was established and validated in previous literature, where individuals scoring fewer than 13 were at low risk of being in distress, whilst individuals scoring 13 were at higher risk of distress. There was a **significant drop in the number of tenants who scored 13 or more from wave 1 to wave 2** (-28 percentage points; p-value = 0.00).

Table 9: GHQ-12 scores

GHQ – 12 scores	Wave 1 (n=103)	Wave 2 (n=168)
Less than 13	43%	71%
13 or more	57%	29%

Source: tenants survey (2024 and 2025)

Just over half of the tenants participating in the wave 2 survey agreed or strongly agreed with the statement 'My views about my feelings have been affected by my involvement in the local project' - 62% of tenants who scored less than 13 responded strongly agree or agree to the statement. Case study findings aligned which together **suggests HfH reduced the risk of distress and helped improve tenants' wellbeing**. In interviews, wellbeing improvements were largely attributed to resolved housing issues (particularly where this affected their physical and mental health), an improved sense of community, in part achieved by taking collective action. The interviews found that tenants involved in regular collective action experienced a renewed sense of energy and motivation, as well as a feeling that they were making a meaningful contribution to their community. However, elements such as landlords' historic lack of response and action and challenges in achieving other desired outcomes for tenants, as well as broader lifestyle issues, may be a reason why improvement in tenants' wellbeing has not been significant.

4.5 More proactive enforcement and management of housing standards by landlords

Survey findings indicated a **modest improvement** in project leads' confidence regarding the impact of projects on landlord practices between wave 1 and 2. The number of projects leads who were "very confident" about making a difference increased from 3 to 5, while "not at all confident" responses dropped from 1 to 0. However, there was also a slight rise in those "not very confident" (from 1 to 2), suggesting ongoing uncertainty. When asked directly if they had noticed positive changes in landlord practices, the number responding "yes" rose from 7 to 8, and those saying "no" decreased from 3 to 2.

These findings suggest **a little more trust and optimism among project leads**, with over half feeling very confident and the majority observing some positive change in landlord practices.

Case studies provided some explanation of how projects made progress in landlords' enforcement and management of housing standards, largely driven by **collaborative efforts** from project leads, staff, and partner organisations. There was greater emphasis on **tenant-focused repairs and decision-making**. Where tenants were involved in constructive discussions with senior council officials, they had a direct voice. In one case, a project worked with partners on the development of a Good Landlord Charter which aims to ensure that tenants have secure, well-adapted homes, contributing to better work prospects, stable relationships and family wellbeing. It was very early days when the case study research was conducted but the hope was that tenant voices would become embedded within training and governance and lead to more proactive landlord enforcement of standards.

However, across funded projects there were challenges that limited the realisation of medium-term outcomes. Success was often **hindered by systemic issues**, such as poor record-keeping and lack of responsiveness within council complaint systems, which were described as disorganised and inefficient. Bureaucratic hurdles involving multiple departments/teams brought added challenge. Efforts to improve tenants' understanding, such as translating tenancy agreements in languages that reflected the demographic make-up of local areas highlighted inclusivity and placed public pressure on landlords and housing associations to address inequalities. One project tried to work with a local authority to create an easier system so tenants with English as an additional language, could report pests and vermin. Projects needed more time to strengthen relationships with housing stakeholders, including senior staff from local authorities, housing associations and representatives from private landlords' associations. They made some progress but could not achieve a successful outcome within the funding period. Ongoing commitment, further relationship-building, and continued advocacy will be required to drive up standards.

4.6 Change within the wider ecosystems as a result of HfH

The findings show that **HfH has had limited impact on wider ecosystems that could be directly evidence at this stage of evaluation**. Project leads' thought health providers' awareness of the potential impacts of housing on health declined between the two surveys. At wave 2, 4 out of 10 project leads did not believe health providers were becoming more aware of the potential impacts of housing on longer-term health outcomes, compared with nobody at the start. When asked if their HfH project had helped to raise awareness of housing issues that affect health and wellbeing, survey respondents were largely unsure. While 'very confident' responses remained at zero and 'fairly confident' remained at 3, the number of projects leads who were not at all confident increased from zero to 6. These results indicate **little confidence in and much uncertainty about impact**.

There was however a **slight improvement in confidence about partnering with local agencies**, with one more project lead feeling "very confident" in the follow-up survey (5 up from 4), although two project leads remained 'not very confident'. Partnerships worked well when organisations recognised the benefits for their service users and/or the mutual benefit to the partner organisations.

The interviews found that **projects informed health professionals** about the effects of poor housing on people's health although the evaluation would ideally have engaged more health stakeholders to

explore their views. For example, few projects managed to engage with general practitioners (GPs) – those staff who did felt GPs became more aware that health concerns stemmed from inadequate housing issues, which exacerbated respiratory issues, particularly in children. Whilst they saw this as a positive step, projects said it was oftentimes very hard to engage with GPs in the first place. Some projects were met with limited or no responses at all and wanted more time to engage with health partners including GPs and social prescribers.

“We had plenty of active members who wanted to take action, but really we needed the health workers in the room to be able to make that change, but they weren't responding.” - Tenant

Others reported that health partners that engaged initially were at times unsure about their roles. This might reflect projects' own uncertainties about how they were expected to improve links between housing and health. More Trust guidance and/or help with practical resources for partners could have been useful.

There were **few specific examples of bold attempts to change wider systems**. In one such example, work to influence council practices and embed tenant voice in decision-making processes was ongoing. Staff described having discussions and negotiations with council officials about the potential for tenants to influence how repairs are prioritised and delivered in their area as for many tenants, in-person as opposed to web forms or live chats were preferable. If successful, the project planned to roll out this approach more widely with the aspiration that it could lead to systemic change.

“If we could prove the benefit of providing people a way of reporting repairs in person in an area like this, then the Council, I think would be more open to rolling that out elsewhere in [area]...” Project lead

Overall, while HfH tried to raise awareness across the housing and health systems and made modest improvements in collaboration between housing and health stakeholders, significant challenges remained. At the programme end there was still uncertainty among project leads about the extent of influence on health partners, and persistent process barriers that continued to hinder progress. In contrast, staff from the PHT reported a receptive policy and media environment, growing interest from other funders, and increasing confidence within the Trust to replicate this community-led approach in other thematic areas.

5.0 Learning from implementation

This section summaries the main learning points gleaned from projects implementing the HfH pilot. While project engagement and delivery were in some regards unique to local areas and tenants, barriers and enablers were largely common experiences and predominantly centred around tenant and provider engagement.

5.1 What projects found challenging

Projects generally aimed to engage tenants who had experienced **poor living conditions for a long time**, often years. Tenants interviewed reported that they had tried multiple times to raise concerns with landlords but to no avail, so they became apathetic over time. Another common experience, particularly among privately rented tenants was the fear that landlords would find out about their involvement in the projects, and they feared potential consequences like evictions, rent increases and harassment. Project staff played a key role in assuring tenants that their engagement would be confidential. This was significant as the lack of tenant engagement was often linked to this **experience of apathy and/ or fear of reprisal from landlords**.

Consequently, some projects had to **adapt their tenant engagement plans**, for example certain projects that had planned to focus on engaging tenants to take collective action instead began supporting tenants' individual cases, helping them to address their housing issues and provide advocacy support. In another case, a project pivoted from a community engagement for collective action approach to focus first on building tenants' trust and knowledge. They moved to support tenants via drop-in sessions about tenant rights and responsibilities before later working towards more collective actions. A key learning is the need for more time to build trusting relationships with tenants and develop processes that empower tenants to come together to take collective action.

Where lead organisations were working with established collective action models, they sometimes found tenants in vulnerable circumstances, and older more disheartened tenants, were **worried that direct action activities were too extreme**. A project lead described a challenge as people not wanting to “poke the bear” and likened their role to being a salesperson of power, working with people to build trust so that tenants could begin to see how the project could help them to help themselves - by elevating their voices rather than speaking for them. Tenants shared similar concerns, and one mentioned a perception that direct action caused immigration risks for non-UK nationals.

There were different **capacity challenges** for projects and tenants which sometimes limited engagement and meant projects had to in-build a variety of engagement means to ensure local people could choose how and how much to take part in HfH projects (see 5.2). At the same time, they had to manage significant barriers to partner engagement (see 4.6).

“It kind of like because there isn't us going and fixing the problem, it's us together helping them to fix the problem also takes like a lot of time, energy, stress. And. If you think about sort of newer parents like they do find it hard to kind of come to stuff and like we do, do our best to work around that. But there is you know, only so much you can do.” - Tenant

5.2 What worked well

Projects' ability and capacity to **build trust with local tenants** and engage them onto the HfH projects played a key role in meeting the outcomes. Prioritising **targeted outreach and engagement activities** was essential during projects' initial stages. Door knocking was described as an effective way to introduce tenants to HfH and whilst this often took place over several weeks to months, project staff were able to have one-to-one conversations with tenants, demonstrate friendliness, empathy and a willingness to listen to their housing and health concerns. In the community being in the area more than a year was helpful for embedding a local presence through staff changes, and weather dependent seasons, which meant building relationships took time. Some project staff reflected that the programme grant funding was not enough to cover the capacity and time needed for this initial engagement.

So, things like there's local food clubs, which are like food banks, but you pay like £4 and you get like a full shop worth of food...trying to find those places where people who would benefit from being involved in something like this will naturally find themselves, using that to like develop rapport with people, get people comfortable enough to talk to me about it, cause often it'll be on like the third or fourth conversation that some will be like. Oh, actually by the way...my kids have really bad asthma because there's loads of mould in our front room or whatever – Project staff

Trust building activities provided the foundations to then engage tenants with group-based meetings and tenant forums. There was a strong sentiment from projects that it was important to **meet people where they were**:

“If you really you want to empower people, if you want it to be led by the community, you have to meet people where they are. And so, we had to tackle that issue at the same time as looking at the longer-term things. And that was quite interesting.” – Project lead

This was particularly important for projects that worked with historically marginalised groups including migrants and refugees and individuals from minority ethnic groups. Where projects worked with **vulnerable groups**, it worked well to engage with tenants primarily on a **one-to-one basis** rather than encouraging them to take collective action (which could discourage engagement altogether). Project staff also had to carefully explain the aims of the project and place strong emphasis on the confidential nature of their engagement. Word of mouth was considered a powerful tool particularly when trying to engage migrant communities. One of the most effective means of recommending projects via word of mouth was via known community leaders who tended to present themselves to projects and self-identify.

“It's better to have your trusted members of the community with the information and being well equipped than it is for us to be well equipped.” – Project staff

An important factor for families with multiple needs and caring responsibilities was that **projects did not make tenants feel obliged to engage** instead keeping contact open and information flowing to support re-engagement when families were ready. Initial engagement sometimes involved informal sessions with food to create a safe space for tenants to discuss their issues.

“...The first session was actually in this room, and we told them it's going to be a pizza evening. We made it quite informal and it's only when they came in and we talked about our advocacy service first because we were trying to say that we have something to give you back. So, that's the strategy we utilised.” – Project staff

Practical steps like being family friendly, making it clear that children could come to meetings, providing tea and coffee, and hiring accessible buildings helped to encourage tenant engagement. Also important for building trust and tackling any apathy was project staff **responding quickly** to enquiries.

I mean like the response to my first message was like lightning quick like I didn't. I didn't expect or need it to be that fast but that was encouraging. We quite quickly met - Tenant

Another key success factor for achieving short-term outcomes was having **feasible and targeted actions** that could be achieved within the funding period. Actions were informed by a range of tenants' reported housing and health concerns. Some tenants appreciated when projects focused on urgent cases that helped create a focal point for the actions planned. Focusing on specific actions was a key reason for the progress made, including through collective tenant action and actions which involved influencing housing and health systems.

In many cases where projects adopted an **individual case work approach**, they were successful. Case work involved projects working with tenants with the aim of addressing their reported housing concerns. This was particularly important for tenants who needed immediate housing support, meaning that this was the most appropriate approach projects could take. There were examples shared where funded partners helped delay tenant evictions and supported tenants to find alternative accommodation, even acting as a rent guarantor.

Across the project case study data, **building wider community trust** was seen as crucial for engaging local tenants. It worked well where projects met tenants where they were through outreach activities such as door-knocking, visiting local churches, mosques and businesses, and through one-to-one meetings where tenants were already being supported by the funded partners. Projects succeeded when they found ways to help people to help themselves, achieved in part by effectively building a range of mechanisms for people to engage with, that were built around clear roles and responsibilities, a welcoming ethos that everyone has something to bring and can be supported to see results from their involvement.

“The project’s success depended on time, trust, and being embedded in the community.” – Project lead

One way in which several projects were able to facilitate trust building between tenants and staff, and within local communities, was by setting up easy means of communication, such as private WhatsApp groups. These provided a means of sharing information and action updates, and a way for tenants to ask questions of and support each other, which one tenant described as “neighbour to neighbour authentically sharing messages from neighbours in the same boat.” This combined with regular “facetime” helped sustain trusting relationships.

Especially for smaller local projects, a way to build community trust involved staff making it clear they were there to support tenants with any issues, and were willing to **signpost tenants to further support** (e.g., a law centre for legal advice) if the project itself was unable to help directly:

“They [project team] are open to people to help them if they come to them, if they need help, and some of them don’t know where to go, so they direct them to special places and offices” – Project lead

More time for tenant engagement would have been particularly beneficial for projects that struggled to secure the level of engagement they had anticipated in their original project plans. This includes projects that sought to engage with tenants from diverse groups, such as migrants and refugees, tenants from minority ethnic backgrounds and from various cultural backgrounds.

As reported earlier in section 3.7, a notable strength was seen in **organisations delivering multiple funded projects**. Having multiple projects meant staff could trade experiences and support each other when challenges arose. This peer support not only helped resolve issues more quickly but also enabled staff to gain recognition for their ideas and expertise. Despite each location bringing in different tenants and unique challenges, the ability to share learning across sites proved that the community organisation approach was effective in diverse contexts across two countries.

A key learning was the value of **projects acting as brokers**—actively mediating between tenants and housing or health stakeholders. In several cases, project staff played a pivotal role in brokering relationships, helping tenants navigate complex systems and ensuring their voices were heard by decision-makers.

5.3 Reflections on barriers to achieving medium-term outcomes and how to overcome

A main theme across the surveys and interviews was that many of the short-term outcomes were achieved. In doing so, projects laid the groundwork for medium-term outcomes to be achieved post-programme funding. Project leads and staff reflected that achieving medium-term outcomes within the funding period was challenging as the experience of most projects trying to build relationships and agree actions with key housing and health stakeholders and other relevant partners was difficult.

The interviews commonly found the perception that more time (said to be up to two years) was needed for the medium-term outcomes to be realised. The following barriers to achieving medium-term outcomes were highlighted:

- ▶ The **difficulty of directly attributing** reductions in asthma or anxiety to the project in the medium term, as a direct result of the programme.
- ▶ Ensuring that **the already engaged did not lose their sense of community spirit, confidence and voice** was key. Project leads and staff could not say for certain that momentum and engagement from tenants post-funding would be sustained. There were concerns that without the organisational support and “hand holding,” tenant engagement would not continue.
- ▶ **Systemic issues** such as social landlords’ responsiveness, inefficient processes, and the need for policy change was thought likely to slow progress.

Bearing this in mind, there are some key considerations based on the outcomes evidenced in Chapters 3 and 4 that are worth highlighting:

- ▶ There is a need to **further consider how HfH could address both individual and structural issues** hyper locally and on a larger scale. This could potentially involve funding separate strand approaches to best support projects like these to achieve individual and system level outcomes via individual case work, direct action, policy and wider advocacy work. Any future projects might better focus on one or the other. Country specific issues were highlighted, for example a perceived misalignment between national and local housing policies in Scotland.
- ▶ There is also a need to think about the **role of tenants** in bringing about both tenant and system level change, including what their level of involvement should be and how their personal experiences of poor housing conditions and effects on their health can be used in a meaningful way to affect and communicate change.
- ▶ To achieve system level outcomes, **more time is needed** (linked to the time needed to build and strengthen relationships with housing and health stakeholders).
- ▶ The role of partners is also worth highlighting as there were a few examples where they played a key role as a mediator between tenants and housing and health stakeholders, which suggests that **partners could play a more active role in brokering relationships**.

6.0 Economic evaluation

This section examines the value for money (VfM) of HfH by examining delivery costs, including activities grant funding was spent on and deviations from planned budgets. It references whether intended outcomes were achieved, if longer terms outcomes were on track to be achieved, key challenges with obtaining longer terms outcomes, and if the programme was able to meet its intended audience.

6.1 Cost of delivering the programme

To deliver the programme, grant funding was combined with in-kind contributions (e.g. volunteer time) and self-funding of some project elements and other grant funding. In total, the cost of delivering the programme is estimated to be at least £682,263 over Y1 and Y2. This is presented as a minimum estimate due to the exclusion of the Trust's staff costs, which were not available at a programme level.

As this was a pilot programme, it is not anticipated that all costs incurred by the Trust and projects would be experienced in a second phase of the programme. For example, a large proportion of training costs would not be re-incurred.

The total estimated £682,263 cost breaks down as:

- ▶ £575,410 in grant funding
- ▶ £88,487 from other sources, including self-funding by projects and in-kind contributions
- ▶ £18,366 of Trust costs, capturing capacity building training costs only.

Table 10 provides a breakdown of the key cost categories projects spent their grant funding on. Most of the grant (77%) was spent on **staff costs**, including projects' senior managers and managers, community organisers, researchers, and administrative staff. This was followed by 12% spent on admin/management, 7% on venue and equipment hire or purchase, 1% on volunteer expenses (travel and refreshments), less than 1% on capital (IT equipment and software, phones, and office space), and 3% on other items, capturing training, marketing and networking, staff travel, staff recruitment, and Finance and HR overheads.

Table 10: Project grant funding expenditure

Cost type grant funding	Grant expenditure (£)	Percentage of total grant expenditure (%)
Staff	444,709	77%
Volunteers	6,201	1%
Venue/equipment hire/purchase	38,208	7%
Admi/management	67,819	12%
Capital	1,916	0.3%
Other	16,557	3%
Total	575,410	100%

Source: End of project reports and budgets

Table 11 shows a breakdown of the key cost categories non-grant funding was used to cover. The highest expenditure categories mirror those of the grant expenditure, with 67% directed to staff, followed by 23% on admin/management, and 7% on venue and equipment hire or purchase.

Table 11: Expenditure covered by additional funding sources

Cost type non-grant funding	Non- grant expenditure (£)	Percentage of total non-grant expenditure (%)
Staff	59,195	67%
Volunteers	1,520	2%
Venue/equipment hire/purchase	5,901	7%
Admi/management	20,121	23%
Capital	1,000	1%
Other	750	1%
Total	88,487	100%

Source: End of project reports and budgets

6.2 Budget deviations among projects

Over the course of the programme, projects did deviate from their original budget, both in terms of grant and non-grant expenditure. This **flexibility was built into the grant**, with conditions allowing projects to reallocate grant funding between categories and to add new spend items as required. The Trust's prior approval was needed to relocate an amount of over £500, either between existing budget lines or to a new budget line, add to a new budget line relating to capital costs or staffing regardless of the amount.

Table 12 compares planned and actual grant and non-grant funding for the programme. In total, the amount of grant funding paid out was £7,768 above the planned value, with other funding sources £51,825 above the planned value. This combines to a total overspend of £59,593 when compared to projects original budgets.

The largest areas of deviations for the grant funding were staff costs (£13,507 higher than planned), followed by other costs (£1,128 higher than planned). All other categories saw an underspend on grant funding, with the largest underspend observed for venue and/or equipment hire and/or purchase of £3,936. For non-grant funding the largest deviations were also seen for staff costs (£41,109 higher than planned), followed by venue and/or equipment hire and/or purchase (£3,800 higher than planned) and admin/management costs (£3,645 higher than planned). No underspend of non-grant funding was reported. While it is important to have flexibility in funding to accommodate necessary changes to budgets, the fact that staff costs were higher than expected should be considered in subsequent phases, to limit future underestimation.

Table 12: Planned and actual expenditure

Cost type	Grant applied for (£)	Final grant expenditure (£)	Difference grant applied for and final grant expenditure	Other budgeted costs (£)	Final other expenditure (£)	Difference other budgeted costs and final other expenditure
Staff	431,202	444,709	13,507	18,085	59,195	41,109
Volunteers	8,087	6,201	-1,887	0	1,520	1,520
Venue / equipment hire /purchase	42,144	38,208	-3,936	2,101	5,901	3,800
Admin / management	68,646	67,819	-827	16,476	20,121	3,645
Capital	2,133	1,916	-217	0	1,000	1,000
Other	15,429	16,557	1,128	0	750	750
Total	567,642	575,410	7,769	36,662	88,487	51,825

Source: End of project reports and budgets

Deviations in staff spending were driven by increases to project staff wages over the course of the programme, as well as a need to devote more staff hours to projects than originally estimated. Interviewees reported that these extra hours were used to engage tenants and landlords in the project, and in some cases to undertake programme reporting requirements, such as the six-monthly expenditure spreadsheets (see 5.2 and the Strand 2 report).

Whilst expenditure differed from initial estimates, this flexibility enabled projects to devote the grant to areas it was most needed. There is **no evidence to suggest that projects could have achieved the same outcomes at a lower cost**, with project leaders reporting that overall, the application and project set up process was efficient. The training and networking events provided to projects were generally well received and increased project's knowledge (see Strand 2 report). However, some projects did find the programme reporting requirements to be unnecessarily burdensome, and as noted above had to devote additional staff time to complete these. While these requirements were in place to ensure grant funding was spent in line with guidance, it is worth considering if the frequency of reporting could have been reduced without compromising the quality of the programme, as this would have enabled projects to devote more resource to delivery, potentially offering increased VfM.

6.3 Achievement of intended outcomes

Overall, projects have demonstrated good progress towards all the short-term outcomes anticipated to be seen over the evaluation period, as summarised below and in preceding sections of this report. Medium- and longer-term outcomes such as improved health were not intended to be observed over the evaluation period and are not included in this section. Ways in which these anticipated longer-term benefits could be captured in future VfM analysis are outlined in Section 7 'Feasibility study on health outcomes.'

- ▶ As sections 2.1 and 3.3 discuss, HfH **overachieved target reach numbers although did not meet targets for regular engagement**. Projects were committed to engaging a diverse tenant population and the importance of culturally sensitive approaches, several specifically reported how they struggled to embed diversity due to previous negative experiences, difficulties in gaining the

confidence of some individuals, individuals being in temporary housing and therefore difficult to contact, and language barriers. **Gaps in data collection and reporting were a barrier to fully understanding and evidencing impact** on all the intended groups.

- ▶ One of the **most clearly evidenced outcomes was increased tenants voice and knowledge surrounding housing rights and local conditions**. All evaluation data points to tenants having gained softer skills, learned how to be empowered and to empower others. Issues with damp and mould have been addressed through collective lobbying actions, improving people's sense of pride in their homes. Through confidence-building, tenants have been able to gain confidence to talk to other people and take part in their communities.
- ▶ To date evidence of progress with landlords becoming **more proactive in the enforcement and management of housing standards was less strong**, however clear foundations were in place. For instance, relationships were being built with landlords, agencies and key housing officials, allowing for a dialogue to discuss the problems and challenges facing tenants. Other project focused on mobilisation and peaceful direct action, which resulted in some individuals seeing improvement, such as prevention of evictions. However, it did not achieve a systematic community level change that the grant was aiming for, with stakeholders acknowledge that this change will take time to embed.
- ▶ Activities have **increased tenants' confidence, knowledge of rights, and engage decision-makers and landlords**. In turn stakeholders reported that this has led to actions such as council taking tenants' complaints more seriously and resolving them more quickly, and tenants who have been supported with improvements in their homes self-reporting increased mental health and confidence. There was also some evidence that the treatment of mould and moisture in homes of families with children has helped boost children's however, a follow up study would be needed to determine the sustainability of such changes.

6.4 Assessment of VfM

The evidence available to date suggests that **the programme has provided VfM**. Overall, while projects have experienced some challenges in fully engaging all their target demographic groups, they have performed well against most outcomes expected to be seen over the evaluation period. They have also developed their own knowledge through participating in the training and networking events the programme offered, and through developing relationships with landlords, agencies and key housing officials have opened new opportunities to discuss the challenges tenants face. Additionally, some projects have produced toolkits that will continue to act as a source of information to tenants. Several longer-term outcomes are also anticipated because of HfH but cannot be confirmed at this time. Reflecting that longer-term outcomes may be observed, the below section discusses ways in which these benefits could be considered in future VfM evaluations.

7.0 Feasibility study on health outcomes

This section examines the feasibility of measuring the key longer-term health outcomes anticipated from the programme, to help inform its future development. As these longer-term benefits will occur outside of the current evaluation period and require specific data to estimate them, they have not been captured in the above VfM findings.

A key aim of the programme was to improve tenants physical and mental health through improving the condition of their home and reducing insecure tenancies. Ways in which such outcomes could be included in the VfM evaluation are explored in relation to the below two key outcomes:

- ▶ The improved condition of rental properties leads to improvements in tenants' physical health (including reduced incidents of accidents such as trips and falls)
- ▶ The improved condition of rental properties leads to improvements in tenants' mental health

7.1 Data requirements and sources

A range of evidence exists on the link between housing issues (such as damp and mould in the home) and reduced physical and mental health (such as asthma⁴). To quantify and monetise these benefits, we would recommend the below activities:

1) **A post survey** distributed to either a representative sample of tenants, or to all tenants engaged via the programme. If achieving this would not be possible, detailed case studies with a sample of individual tenants/families identified as experiencing health improvements could be undertaken. The aim of both the survey and the case studies would be to capture how participants housing conditions improved since the end of the programme after further time has elapsed, how their physical and mental health has improved or been maintained since changes in their housing conditions, and the degree to which they attribute improvements in their health to changes in their housing condition. Suggested questions to explore these themes are noted below:

- ▶ Thinking about before you received support, did your housing conditions impact on a) your/your partner's/your family's physical health? b) your/your partner's/your family's mental health?
- ▶ Has the support you have received through the programme helped improve your housing condition? If yes, how (e.g. reduced damp, reduced mould etc)?
- ▶ Since receiving support to improve your housing conditions, has a) your/your partners/your families physical health improved? b) your/your partner's/your family's mental health improved?
- ▶ What specific health conditions have improved for you/your partner's/your family's (e.g. your own asthma, blood pressure, arthritis etc)?
- ▶ To what degree has your health improved (e.g. 0-100%)?

⁴ Moorcroft, C., Whitehouse, A. & Grigg, J. (2025) 'Damp and mouldy home: impact on lung health in childhood', *Archives of Disease in Childhood*, 110(6), pp. 419–421. Available at: <https://adc.bmj.com/content/archdischild/110/6/419.full.pdf>

- ▶ What are the outcomes of your/your partner's/your family's improved mental and/or physical health e.g. what has this changed in terms of number of hospital trips, doctor appointments, medications taken.

Additionally, to assist with attributing changes in health to the programme, we would recommend including questions such as the below:

- ▶ To what extent do you feel any improvement in your/your partners/your families physical and mental health are due to improvements in your housing condition (e.g. 0-100%)?
- ▶ Have you received support from any other programmes to improve your housing conditions? If yes, which programmes and what support was provided?
- ▶ What do you think your/your partners/your families health would be like now if your housing conditions had not improved?
- ▶ What do you think your/your partners/your families physical and mental health would be like now if you had not received support from this programme? ⁵

2) Exploration of unit cost datasets and published papers. For example, the Personal Social Services Research Unit (PSSRU) [Unit Costs of Health and Social Care programme](#) and the [GMCA unit cost database](#) provide a wide range of costs that can be used to estimate avoided physical and mental health care costs following health improvements. This includes the estimated average cost to the NHS of providing care for hypotension and asthma patients, treatment for falls, and the cost of providing treatment for depression, among many others.

Similarly, the National Institute for Health and Care Excellence (NICE) places a monetary value on good health using the concept of quality-adjusted life years (QALYs). QALYs provide a means to estimate the total additional life years gained from an intervention, along with the quality of life in each of these additional years, ⁶ then assign a monetary value to these gains. The process to estimate additional life years gained for the programme would likely require oversight from a health economist, however standardised values estimating the reduction in a QALY from ill health are available in published papers and can be applied. For example, the recently updated Green Book⁷ suggest that 1 QALY should be valued at £70,000 in 2020/2021 prices. A report by Oxford Economics⁸ estimated the average loss of health status at 0.098 of a QALY for an individual classed as moderately anxious or depressed. Combining these two figures provides an estimated monetary value of £70,000*0.098 = £6,860, which can be used to monetise cost avoided from improved mental health. This value can be combined with the above mentioned PSSRU or GMCA unit costs to also capture the cost of avoided treatment.

⁵ This question will only be useful if it is anticipated that respondents will know which support came from each programme they have been supported by, which may not always be the case.

⁶ Typical questions to explore the change in quality of life are outline in Methods for analysis and reporting 5Q-5D data (2020), ch 1 An introduction to EQ-5D instruments and their applications, available here [An Introduction to EQ-5D Instruments and Their Applications - Methods for Analysing and Reporting EQ-5D Data - NCBI Bookshelf](#)

⁷ Green Book (2022), HMT. Available at: [The Green Book \(2022\) - GOV.UK](#)

⁸ The economic and social impact of British Gas energy trust, (2015), Oxford Economics. Available at: [Oxford Economics](#)

3) Combining survey and/or case study responses with unit cost estimates.

The information provided by each individual/family would be used to determine the appropriate unit cost to use for each case study and/or each survey respondent to monetise outcomes. For example, if an individual reports that as a result of improved housing conditions their asthma has improved, resulting in an average of two fewer doctor appointments and one less hospital admission over the past year, the equivalent costs estimated in the Unit Costs of Health and Social Care programme could be used to calculate an estimated savings over the same time period. This £ figure may then need to be reduced, to account for the fact that the improved housing conditions may only be part of the reason for their improved health. As such, if the individual reported that 40% of their improvement is due to improved housing conditions, 40% of the total estimated avoided cost would be attributed to the programme. Individually reported reductions could be applied to the case studies, but for survey responses we would recommend using an average percentage reduction calculated from all responses. A further percentage reduction may then be needed if it is known that other housing improvement programmes were operating in the area and that the tenant may have benefited from these. The size of this reduction would need to be informed by the case studies and/or survey response, along with project knowledge of other activities in the local area. While a unique percentage reduction could be used for any case studies, we would again recommend using an average percentage reduction for the survey based on responses.

QALYs values can be incorporated in a similar way. For example, as noted earlier the loss of health status for a person with a mild mental health issue is estimated at £6,860 for a year. The above two adjustments to account for a) improved housing conditions only being part of the reason for improved health and b) benefits from other housing improvement programmes, can then be applied to this figure to estimate the total benefits to survey and/or case study respondents reporting an improvement to their mental health.⁹

If only case studies are undertaken, we would not recommend using estimated individual/family costs avoided to estimate savings at a programme level, due to a large degree of uncertainty in the number of people experiencing benefits. If a representative survey is undertaken, the survey results can be applied to all programme beneficiaries to provide an estimate of the monetary benefits of the whole programme. Given challenges around establishing how long benefits will be sustained for (e.g. if/when mould may return and if/when health may decline), we would recommend estimation is focused on the health benefits observed at the time of any future evaluation, presented as costs avoided. Costs of treatment avoided can be presented as cost avoided to the NHS. Depending on the findings an estimate of either a) the £ value of benefits generated for every £1 spent, or b) if the cost of the programme at the time of the evaluation is estimated to be greater than the monetised benefits, the number of years it would take for the benefits attributed to the programme to outweigh the programme costs (based on the assumption that the benefits observed continue into the future).

4) Benchmarking

In addition to the above monetisation of benefits, benchmarking could be undertaken to compare the estimated monetised benefits (or ratio of monetised benefits to costs) to other programmes aimed at

⁹ The paper *A social return on investment study: Measuring the impact of united utilities assistance schemes* provides examples of how to estimate some physical and mental health benefits, including how to apply reductions. Available at: [social-return-on-investment-final-report.pdf](#)

improving health through enhancing homes. This would help to demonstrate if the programme's VfM was in line, above, or below other similar programmes. For example, an evaluation of SSE Warm at Home (WAH) initiative found that for every £1 spent on vulnerable households, £4 in health benefits were generated.¹⁰ A literature review would need to be conducted to identify the most appropriate estimates to use (i.e. estimates for intervention that are most similar to the programmes and have the same intended outcomes).

5) Exploration of secondary benefits

While improvements to physical and mental health are the key intended longer-terms outcomes of the programme, it is reasonable to assume that such benefits may have knock-on effects. For example, improved health among children may lead to increased attendance at school and therefore higher attainment. Similarly, improved mental health among adults may mean they are able to move into employment (or work additional hours), or reduced stress may lead to improvements in family/partner relationships. We would recommend surveys and/or case studies also explore these topics with tenants, either with a view of reporting qualitative on these benefits or for monetisation. The [GMCA unit cost database](#) provides unit costs for a range of potential outcomes, including education and employment and economy that can inform monetisation. These unit costs stated could be applied using the same methods as outlined in step 3 above.

¹⁰ The triple dividend of home improvement: part two overcoming the health and care polycrisis (2023), Demos. Available at: [*Triple-Dividend-Part-Two_FINAL.pdf](#)

8.0 Conclusions

A main theme across surveys, interviews and end of programme reports was that overall, **the HfH programme achieved most short-term outcomes and demonstrated exceptional success in engagement**, more than doubling its original target for tenant reach although did not meet the regular engagement target. Most evidence of short-term outcomes was strongly positive. Data regarding diverse engagement, the impact of collective action and more enforcement and management of housing standards by landlords was somewhat mixed, and the extent of individual projects' successes varied. Positively, extra short-term benefits unanticipated in the Theory of Change were demonstrated, for example the case study research found tenants experienced reduced social isolation, improved community connectedness and a growing pride in local areas because of engaging with HfH projects. Furthermore, they often reported improvements in wellbeing, and especially mental health (a medium-term outcome). Most tenants surveyed highly rated their involvement in the programme.

The strongest evidence centred on the short-term outcome of **increased tenant voice, confidence, knowledge of housing rights** and local conditions and the case study interviews emphasised the transformative power of improvements in tenants' self-confidence – as an outcome of project involvement itself, and as a facilitator to achieving other outcomes. Interviewed tenants spoke extremely positively about their involvement in HfH projects and the difference it had made to their lives, often after prolonged periods of mental and physical ill health.

Importantly, the **connecting nature** of many HfH projects, whether that be staff making connections with tenants to engage them on doorsteps and at local community venues, or tenants connecting with each other because they were facing similar challenges, was essential to their success. While projects engaged tenants in various ways, they were most successful when they could well establish trust by having a regular presence in the local area, regularly checking in on people to find out how they were, or building visibility around a common local cause. As a result, HfH unanimously helped tenants to feel less isolated, more connected to their communities and more hopeful. These were not explicit programme outcomes in the ToC but nonetheless, notable achievements.

A further key achievement was a **shift from reactive to proactive ways of identifying and responding to housing and health issues**. HfH projects helped tenants, staff and partners to anticipate and address problems earlier, improving both the initial response and resolution process. This proactive culture also enabled tenants and stakeholders to better understand the distinction between personal and structural responsibilities – for example, what sits with tenants themselves versus what requires landlord or council action.

There were clear **project success stories in which housing and health problems were resolved or lessened** and, in the process, individuals and communities benefitted in various ways. HfH projects helped ensure that tenants were listened to, and that they felt heard because they frequently learnt about any changes made following their engagement. Projects tended to be an important connection in the relationship between tenants and landlords, between tenants themselves, and between tenants and other support services. They had an important role in making sure links were made and not missed by stakeholders/services within the wider housing and health systems.

From a partnership perspective, projects helped to **improve understanding between organisations** with different starting points – for instance, council housing teams that are property-focused and voluntary or health partners that are people-focused. Projects helped mediate early conversations so that tenants approached councils better informed about evidence requirements, expected responses and appropriate referral routes. This reduced frustration and improved targeting of cases. However, monitoring and tracking referrals through and out of local systems remains an area for improvement, as does data sharing – with the absence of formal DSAs (data sharing agreements) currently limiting what can be shared about referral outcomes.

Funded organisations also benefitted from running HfH projects as new partnerships arose from taking part. A common theme among those interviewed was that the programme provided a framework for helping projects to make the link between poor housing and health outcomes. However, interviewees shared ideas for how better links could have been made. For example, by either thinking more strategically and separating out activities for individual tenants and those aimed at tackling more structural issues or asking projects to simply focus on one need or issue or one stakeholder type to help concentrate efforts. In both situations, projects would have liked more tangible, practical examples to support their work as discussed in this and the Strand 2 report.

There were also variations in delivery models, with some projects adopting a more formal community organising structure while others took a flexible, informal or ad hoc approach. There was no clear evidence that one model was inherently more effective than another; rather, success tended to depend on how well the chosen approach matched local tenant needs, existing relationships, and the project's ability to maintain consistency and trust over time. Importantly, small, locally based projects cannot realistically address every aspect of the housing or health systems. To influence wider structural change, in any future work there is likely to be value in having a dedicated advocacy or campaigning arm to complement local delivery work, ensuring that learning and tenant voices can inform higher-level policy and practice change.

The survey and interview findings were somewhat less positive about the impact of taking collective action. It is not surprising that there was less confidence in the community's collective impact when compared with improvements in individual ability to influence decisions because structural and systemic changes generally take longer and could not reasonably be expected at scale within the HfH timescales. The programme did coincide with increased awareness of renters' rights and anticipated changes in housing legislation, which provides a strong foundation for further shaped tenant confidence and engagement. Any future work in this area should ensure there is enough time to try and harness connections, potentially aided by People's Health Trust introductions, to help achieve medium – long term outcomes.

Evidence of more enforcement and management of housing standards by landlords was weaker, with project leads growing more confident over time, while tenants' dissatisfaction with landlord repairs and maintenance remained similar over two survey waves. Tenants' complaints tended to centre on landlords only really doing the bare minimum repairs and feedback on social landlords was often better than on private landlords.

Medium-longer term outcomes were yet to be fully evidenced and often those asked felt unsure because they were waiting to hear about potential outcomes or did not know how they would know if these intended outcomes had been realised. Underpinning some of these uncertainties were difficulties

navigating and building on existing systems that small projects alone were unable to affect (e.g., local authorities not collecting referral source data). There was a positive trend among project leads' views on the extent to which increased community leadership and voice on housing conditions was being achieved, and several examples in interviews of new community leaders because of HfH projects. The programme also helped to increase conversations and co-production between different organisations, institutions, stakeholders and decision makers but there was an overwhelming sense from interviews across projects and nations, that **more time was needed to achieve measurable and lasting changes**. Likewise, it was too early to say whether the range of mental and physical benefits interviewed tenants, HfH project staff and leads described would be maintained but case study interviewees were at best optimistic and more generally felt unsure.

The Strand 2 report explored the effectiveness of the programme's structure and management. Notable strengths included the Trust's flexible and responsive support, which was widely praised by grantees for fostering open communication and partnership working. The capacity building offer—encompassing training, networking events, and tailored resources—was particularly effective for organisations with limited prior experience in housing, helping to build knowledge, confidence, and practical skills. The advisory group played a crucial role, providing expert guidance and hands-on support that enabled smaller and marginalised organisations to maximise the impact of their grants. Its diverse membership brought valuable perspectives from across the UK, and its tailored advice was instrumental in supporting both project delivery and organizational development. The evaluation also surfaced several areas for improvement, particularly projects needed more time to do the influencing work and wanted more practical guidance and examples to help them engage health stakeholders and put the strategic objectives into action.

Regarding value for money, the available evidence suggested **the programme has provided VfM**, that the same outcomes could not have been delivered for less, and while the diversity outcome data was not as strong, and engagement target achievements mixed, the data collected shows good achievement of short-term outcomes overall. In order to evidence longer-term outcomes, additional data collection and desk research are suggested, including exploration of unit cost databases and benchmarking data.

Looking ahead to future pilots and any potential programme expansion, where possible the Trust should:

- build in more time for project set up and delivery
- consider a more directive scope if working within similar grant amounts (e.g., around fewer, smaller, tangible outcomes targets), and/or increasing funding awards to enable projects to implement the health influencing work alongside the resource heavy day-to-day community engagement and support
- look to simplify the application process, enhance guidance and practical resources,
- support long-term capacity building, perhaps through a bespoke support offer, and strengthen feedback loops with both advisory groups and grantees.

Annex 1 – Tenant survey results

Table A1: Country in which HfH participants and survey respondents took part from

Country	Participants		Survey		Participants compared to survey respondents
	Number	Proportion (n = 6,878)	Number	Proportion (n = 264)	
England	3682	54%	138	52%	-2%
Scotland	1236	18%	82	31%	+13%
Wales	1960	28%	44	17%	-11%

Source: HfH Participants survey

Table A2: Tenancy type of HfH participants and survey respondents

Tenancy type	Participants		Survey		Participants compared to survey respondents
	Number	Proportion (n = 6,878)	Number	Proportion (n = 264)	
Private	2,464	37%	147	53%	+16%
Social	4,254	63%	117	42%	-15%

Source: HfH Participants survey

Table A3: Project of HfH participants and survey respondents

Project	Participants		Survey respondents		Participants compared to survey respondents
	Number	Proportion (n = 6,878)	Number	Proportion (n = 264)	
Caribbean & African Health Network	200	3%	38	14%	+11%
Community Renewal Trust	140	2%	31	12%	+10%

Leeds Muslim Youth Forum	120	2%	28	11%	+9%
Edberts House	302	4%	23	9%	+5%
Living Rent – Glasgow	621	9%	29	11%	+2%
Citizens UK Charity	400	6%	20	8%	+2%
Living Rent – Edinburgh	475	7%	22	8%	+1%
ACORN – Bristol	1,460	21%	25	9%	-12%
ACORN – Cardiff	1,560	23%	24	9%	-14%
ACORN – Bradford	1,600	23%	24	9%	-14%

Source: HfH end of project reports and HfH Participants survey

Table A4: Physical health conditions reported by tenants

Physical health conditions reported by tenants	n	%
Asthma	43	27%
High blood pressure/hypertension	36	23%
Diabetes	34	21%
Arthritis	27	17%
Emphysema, Chronic bronchitis, or COPD (Chronic Obstructive Pulmonary Disease)	20	13%
Very overweight (a BMI of 40 or above)	19	12%
Congestive heart failure, Coronary heart disease, Angina, Heart attack or myocardial infarction, or Stroke	11	7%
Any kind of liver condition	8	5%
Hypothyroidism or an under-active thyroid	7	4%

Epilepsy	7	4%
Conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease, a learning disability or cerebral palsy	7	4%
Cancer or malignancy	5	3%
Cystic Fibrosis	4	3%
Chronic kidney disease	4	3%
H.I.V	2	1%
Problems with your spleen	2	1%
Sickle cell disease	1	1%
Other long standing/chronic condition	44	28%
Other	38	24%
None of these	30	19%
Total n	159	

Source: HfH tenants survey, n=264

Table A5: Mental health conditions reported by tenants

Mental health conditions reported by tenants	n	%
Depression	86	54%
Generalised anxiety disorder	62	39%
Panic attacks	36	23%
Post traumatic stress disorder	31	19%
Attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)	11	7%
Any other emotional, nervous or psychiatric problem or condition	11	7%

Nervous breakdown	10	6%
Alcohol or drug dependence	8	5%
An eating disorder	7	4%
Obsessive compulsive disorder (OCD)	7	4%
A phobia	6	4%
Seasonal affective disorder	6	4%
A personality disorder	5	3%
Psychosis or schizophrenia	4	3%
Post natal depression	3	2%
Bipolar disorder (or 'manic depression')	1	1%
Any other anxiety disorder	15	9%
None of these	49	31%
Total n	159	

Source: HfH Tenants survey, n=264

Table A6: Causes of tenant dissatisfaction with their homes

Dissatisfied with...	Private tenants	Social tenants
Damp and mould growth	High	High
Repairs not carried out properly	High	High
Poor state of repairs	High	High
No heating/not enough heating/too cold	Medium	Medium
Windows need replacing/repairing	Medium	Medium
Other	Medium	Medium

Doors need replacing/repairing	Medium	Medium
No garden	Medium	Medium
Not enough storage space/cupboards	Medium	Medium
Floorboards need replacing/repairing	Medium	Low
Overcrowding/lack of space	Medium	Medium
Needs re-wiring/electrical hazards from faulty wiring and appliances	Medium	Low
Lack of security	Medium	Medium
Poor layout - unhygienic, attracting pests, inadequate refuse storage/collection	Medium	Low
Risk of falls from uneven flooring, stairs	Low	Low
Heating system too expensive	Low	Medium
No sound proofing/excessive noise	Low	Medium
Too many stairs to get to my home	Low	Medium
Problems with access	Low	Low
Nothing	Low	Low
Roof need replacing/repairing	Low	Low
Inadequate lighting	Low	Low
Garden too small	Low	Low
Poor facilities for preparing food, personal hygiene and sanitation, inadequate drainage	Low	Low
Would like my own entrance	Low	Low
Excess heat	Low	Low

Problems with water supply	Low	Low
Risk from Carbon Monoxide and fuel combustion products	Low	Low

Source: HfH participation survey, (social tenants, n=117, private tenants, n=147)

Note: high>30, medium 10%-30%, low <10%

Wave one and wave two samples

The total survey sample reflected the proportion of projects delivered in each country, with England slightly underrepresented in wave 1 and overrepresented in wave 2 (36% and 61% of responses in wave 1 and 2, respectively), and Scotland overrepresented in wave 1 and underrepresented in wave 2 (42% and 23% of responses in wave 1 and 2, respectively). Wales was relatively proportionally represented in both waves (21% and 17% of responses in wave 1 and 2, respectively).

Table A7: survey responses by wave and country

Country	Proportion of Projects (n=10)	Wave 1 responses (n= 107)	Wave 2 responses (n = 173)	Total (n = 280)
England	50%	36%	61%	51%
Scotland	30%	42%	23%	30%
Wales	20%	21%	17%	19%

Source: HfH participation survey

When looking at the different types of tenants participating in Homes for Health, 53% of survey participants were private tenants¹¹, 42% were social tenants¹² and 6% had other tenancy agreements¹³. There was a higher proportion of private and social renters in wave two compared to wave one (increased from 49% to 55% for private, and 37% to 45% for social), and a decrease in other tenancy agreements (decreased from 14% to 1%). This does not represent the overall engagement profile of participants reported by the projects (62% social tenants, 36% private tenants, see table 1 above for full project overview).

Table A8: Tenancy type by survey wave

Tenancy type	Number participants			Proportion of participants		
	Wave 1 (n= 107)	Wave 2 (n = 173)	Total	Wave 1 (n= 107)	Wave 2 (n = 173)	Total

¹¹ Includes responses: renting from a private landlord, other organisations or renting from an employer or relative/friend.

¹² Includes responses: renting from housing association, co-operative or other charitable trust or local authority/council.

¹³ Includes responses: other, individuals indicating they own their own home.

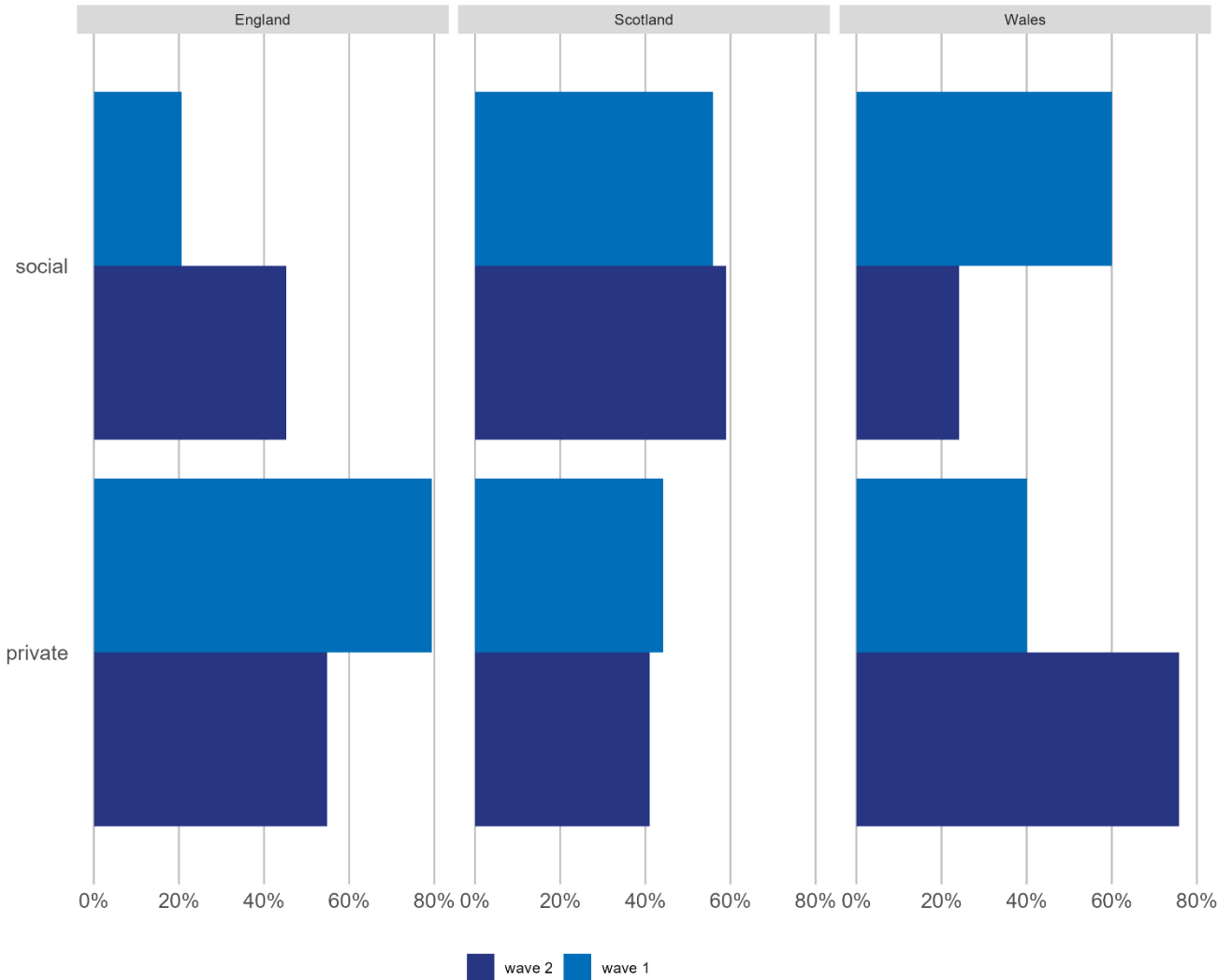
Private	52	95	147	49%	55%	53%
Social	40	77	117	37%	45%	42%
Other	15	1	16	14%	1%	6%

Source: HfH participation survey

There were differences between the tenancy types of respondents between wave 1 and wave 2 of the survey. This could influence the interpretation of differences between tenancy level findings across waves.

Figure A1 below, shows the distributions of respondents by tenancy agreement and country. There was a lower proportion of social tenants in wave one compared to wave two (18% and 45% respectively).

Figure A1: distribution of respondents by tenancy agreement and country



Source: HfH participation survey, (social tenants, n=117, private tenants, n=147)