COMMUNITY PARTICIPATORY ACTION RESEARCH 3 (CPAR) REPORT

The Impact of Poor Housing on Racially Minoritised Families with Low Incomes in Oxford

Compiled by – CPAR Research Team 3

Guided by: Community led organisation, Oxford Community Action (OCA) team

October 2025

OXFORD COMMUNITY ACTION

Where Communities Thrive

"The house is not really suitable to live in because there is damp, and the ventilation is very low. When my relative with asthma stayed with us, it made their condition much worse."

— Resident,

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· NHS England South-East, Workforce, Training & Education, for their support of the third CPAR programme (CPAR3).
· Our academic and strategic mentors: The University of Reading, the Scottish Community Development Centre (SCDC), and the Institute for Voluntary Action Research (IVAR).
· Our host and guiding organisations: Oxford Community Action (OCA) and Healthwatch Oxfordshire.
· The in-house researchers and the CPAR2 graduates (Hassan and Mujahid), who provided hands-on support and paved the way.
· All thanks to the community members who gave their precious time to tell us their view and co-researchers whose lived experiences and active participation are the foundation of this work.

Thank you!

1 EXECUTIVE SUMMARY.

This report presents findings from the third NHS Community Participatory Action Research (CPAR3) programme, a community-led initiative designed to tackle health inequalities by placing residents at the heart of research. In Oxford's OX4 postcode, racially minoritised families with low incomes shared lived experiences of poor housing conditions including damp, mould, overcrowding, and inadequate insulation which contribute to disrupted sleep, respiratory illness, stress, and social isolation. Financial hardship and limited access to affordable housing further compound these challenges, leaving families feeling trapped and disempowered.

The research set out to:
• Explore the housing conditions and issues faced by racially minoritised families with low incomes in Oxford.
• Examine how poor housing affects their health, wellbeing, and everyday lives.
• Identify the economic and social challenges created or worsened by poor housing.
• Gather community-led recommendations and solutions to improve housing conditions.

Our findings reveal that poor housing significantly harms physical and mental health, especially among socially minoritised groups. For the NHS, this translates into an annual cost of £1.4 billion (BRE Study), with preventable illnesses placing pressure on overstretched services. Early interventions—such as minor repairs, tenant workshops, and translated advice—can reduce these burdens and support public health outcomes. The findings align with Oxfordshire's Health and Wellbeing Strategy and support Oxford City Council's 2024–2028 Housing Strategy by reducing emergency housing demand and strengthening statutory delivery.

Community members offered practical, heartfelt recommendations:
– Regular inspections by local authorities to enforce housing standards.
– Local representatives who understand community realities, beyond formal advice services.
– Timely repairs before tenants move in, and swift responses to maintenance issues.
– Fair access to shared facilities and legal support for tenants facing neglect.
– Financial compensation or rent relief for those living in poor conditions.
– Transparent use of housing data to build trust, and a commitment to follow through on promises.

Local organisations such as Oxford Community Action (OCA), Healthwatch Oxfordshire, and Agnes Smith Advice Centre are vital to cross-sector collaboration. Oxford Community Action (OCA) formed in 2018, to support new and emerging Black and Minoritised communities alongside more established communities to tackle and overcome barriers created by structural inequalities (e.g. labour market and ethnic health inequalities). These barriers prevent individuals and communities from reaching their full potential and enjoying equal representation and participation as active citizens within UK institutions and wider civil society. www.oxfordcommunityaction.org

Failure to act on CPAR3 recommendations risks continued NHS overspend, rising demand for crisis housing, widening health inequalities, and declining public trust. It also represents a missed opportunity for clean growth, inclusive planning, and community empowerment. Addressing poor housing is not only an economic imperative—it is a matter of racial justice, public health, and dignity.

2 RESEARCH BACKGROUND

The NHS Community Participatory Action Research (CPAR) programme was established to address health inequalities by placing communities at the heart of research. Rather than treating residents as passive subjects, CPAR empowers them to become co-researchers by actively identifying issues, gathering data, and shaping solutions rooted in lived experience. You can read more about this collaborative approach in the https://www.ukri.org/opportunity/collaborative-community-research-to-tackle-health-inequalities/UKRI feature on tackling health inequalities.

In Oxford, our case study explored how poor housing affects racially minoritised families with low incomes. This concern was first raised at the Oxford Community Action (OCA) food distribution centre, where community members had previously contributed to related research in collaboration with the University of Oxford through the Energising Equity project. https://www.fuelpovertyresearch.net/events/event/energising-equity/ Energising Equity – FPRN

The third CPAR programme (CPAR3), supported by Workforce, Training & Education at NHS England South-East, provided us with a year-long opportunity (2024-5) to engage in structured training and mentoring. We were fortunate to learn from the University of Reading, the Scottish Community Development Centre (SCDC), and the Institute for Voluntary Action Research (IVAR), whose guidance was instrumental in developing our research capabilities.

Our host organisation, Oxford Community Action (OCA), together with Healthwatch Oxfordshire guided us through the pupillage stages of the research. They offered hands-on support and practical sessions alongside in-house researchers and previous CPAR2 graduates (2023-4) (Hassan and Mujahid See their research here: https://healthwatchoxfordshire.co.uk/report/what-we-heard-about-food-and-the-cost-of-living-impact-on-our-communities-in-ox4-july-2024/ What our community researchers heard about food and the cost of living impact on communities in OX4 – July 2024 - Healthwatch Oxfordshire which also raised problems of housing and cost of living), enabling us to build a wealth of knowledge through direct engagement with our communities. This immersive experience deepened our understanding of participatory action research methodologies and their transformative potential.

This research also prepared us to contribute meaningfully to the ongoing Oxfordshire County Council initiative on the Care Co-op., https://futures.coop/our-work/oxfordshire-care-coop/.Oxfordshire Care Co-op Pilot | The learning we gained from OCA, CPAR2 researchers, the University of Reading, and the Scottish Community Development Centre enabled us to support community members in shaping the future of care services in Oxfordshire.

The overarching theme of CPAR3 was to mitigate the effects of health inequality and to generate insights into both community-led and system-level solutions. Our findings will be used to inform key decision-makers and commissioners at both local and regional levels, helping to shape priorities and improve service development for communities experiencing health disparities.

While still in the learning phase, we shared selected elements of our research locally with stakeholders with place-based leaders in Oxfordshire. This partial sharing was intended to spark dialogue and gather feedback as part of our developmental journey. Notably, we contributed to the Oxfordshire Marmot Place discussions (June 2025 community event), where our presentation on insights on poor housing and its impact on minoritised families helped frame broader conversations on tackling health inequalities at their roots.

In addition, we presented our findings at the Public Power Workshop hosted by the University of Manchester, where we shared how unsustainable public power provision can negatively impact personal health and encroach on financial wellbeing—key concerns that emerged from our research.

Looking ahead, our full research findings was formally presented at the South-East CPAR3 celebration event in London, in September 2025. Furthermore, we will be hosting a dedicated local stakeholder event for community researchers in the geographic Integrated Care Board area on 13th October 2025. This provides an opportunity to engage directly with commissioners and decision-makers, and to explore how our research can inform future service design and investment priorities within our communities. Our findings are of direct relevance to decision makers at Place in Oxfordshire, at Neighbourhood level and more widely across Buckinghamshire, Oxfordshire, And Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), both in highlighting avenues for prevention, and addressing wider determinants and drivers of health inequality.

3 INTRODUCTION

Oxford is often seen as a prosperous city due to its iconic and prestigious academic environment (University of Oxford), the social wellbeing indicators such as robust jobs in the field of technology and healthcare as well as quality of life. Its road layout and design connecting to Heathrow Airport and Victoria makes it a more chosen city across the diverse community in Oxford - but beneath that surface lies a stark and persistent reality.

On February 14th, 2024, four women volunteering at the Oxford Community Action (OCA) food redistribution centre were sorting vegetables and food packages when their conversation turned to the damp walls, mould, and broken heating in their homes. They spoke of conditions that left their children coughing, sneezing, their families stressed, and their health deteriorating. https://doi.org/10.1136/bmj.r893. That conversation caught the team's attention and was immediately noted the poor housing system as one of the top health inequality concerns to research in more depth. Soon after, the opportunity arose to take part in the Community Participatory Action Research (CPAR) programme and we began the journey.

This report centres on those voices. Through surveys, interviews, and lived experiences supported by statistical data, racially minoritised families with low incomes in the OX4 postcode areas of Oxford describe how substandard housing undermines their physical health, mental wellbeing, and dignity. Parents spoke of asthma attacks triggered by dampness; others recounted the helplessness of living with leaks and overcrowding, with landlords unresponsive and systems indifferent. The emotional toll is relentless, a sense of being trapped in homes that fail to protect.

Yet, within these struggles lie solutions. The same community members who endure these conditions have proposed actionable, fair changes, ideas born from necessity, not theory. Their recommendations demand attention: repairs enforced, policies revised, power shifted. This report is not merely a record of hardship; it is a call to listen and act, urgently and respectfully. The insights here do not come from outsiders interpreting lives from a distance, but from those who live these realities daily. Their voices must lead the way.

By weaving together firsthand accounts like the OCA volunteers' conversation with the broader testimony of the community, we highlight not just the crisis, but the path forward. As one mother of three told us: "Housing justice is health justice, and both begin by centring those most affected."

4 RESEARCH OBJECTIVES

- Explore the housing conditions and issues faced by racially minoritised families with low incomes in Oxford.
- Examine how poor housing conditions affect the health, wellbeing, and everyday lives of racially minoritised families with low incomes in Oxford.
- Identify the economic and social challenges created or worsened by poor housing conditions among racially minoritised families with low incomes in Oxford.
- Gather community-led recommendations and solutions through the action plans implementations to improve the housing conditions of racially minoritised families with low incomes in Oxford.

5 SCOPE & LIMITATIONS

- The research focuses on racially minoritised families with low incomes specifically in the OX4 postcode areas of Oxford, including the Leys, Rose Hill, Littlemore, Cowley, as well as Barton, where racially minoritised families were found.
- The study had a small sample size due to time and capacity constraints.
- Some participants expressed caution when sharing their experiences, due to concerns about landlord retaliation or lack of trust in systems.
- Some participants were reluctant to disclose details of their financial circumstances.
- Some participants did not complete all survey questions, often because long working hours and back-to-back shifts left them with little time to engage fully.
- A number of participants experienced digital barriers, as limited computer literacy made it difficult for them to complete the online survey.
- The findings reflect only the experiences of those who participated and should not be taken as representative of the entire racially minoritised community in Oxford.

6 METHODOLOGIES

- Mixed research approach (Qualitative & Quantitative Methods) were adopted

- 56 online surveys completed by Racially minoritised families across OX4 postcode areas of Oxford
- 11 in-depth interviews with Racially minoritised families across OX4 postcode areas of Oxford were carried out.
- Observation of housing conditions in 5 households.
- Respondents came from a mix of housing backgrounds like private rented and social housing across OX4 postcode areas of Oxford

7 SURVEY TECHNIQUE

Participants were selected using a purposive sampling technique, targeting individuals and families in private rented and social housing in OX4 postcode areas of Oxford who are directly affected by housing challenges

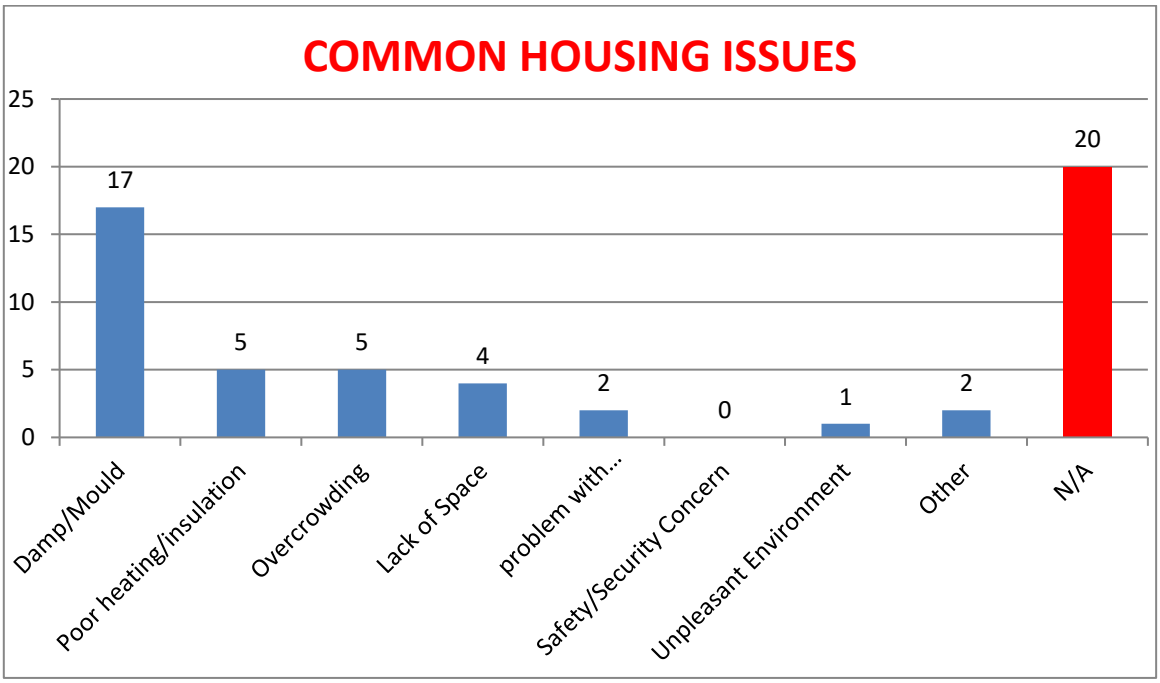
8 ETHICAL CONSIDERATIONS

The research adhered to standard ethical guidelines to ensure respect and protection of participants and their data. Informed consent was obtained from all individuals who shared their testimonies, with participants fully briefed on the purpose and scope of the study. Confidentiality and anonymity were guaranteed, with sensitive details either altered or omitted to protect identities where necessary.

9 KEY FINDINGS (SURVEY)

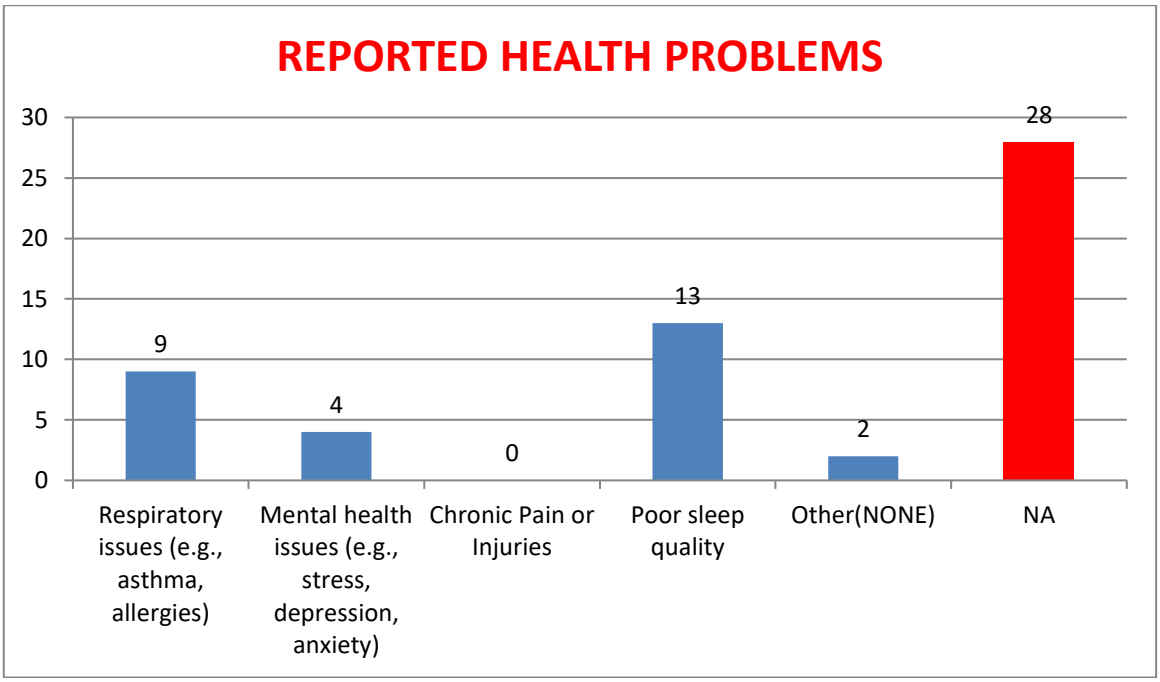
1. Housing Quality: Respondents rated the quality of their current housing across a range from very poor to very good. The chart below visualises these responses.

2. Common Housing Issues: Participants reported various problems in their homes. The most common issues include damp/mould, poor heating, and overcrowding. These are shown in the bar chart below.

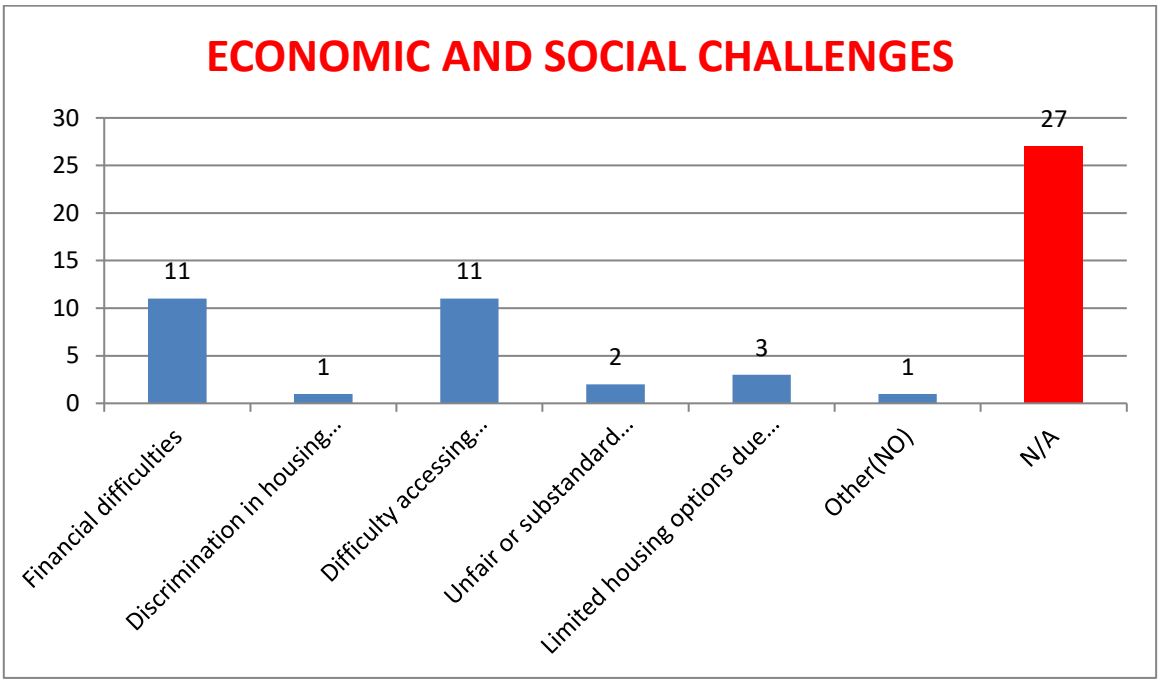


3. Impact on Health and Well-being: Many participants indicated that their housing conditions had a negative impact on their health. The graph below highlights the extent of this perceived impact.

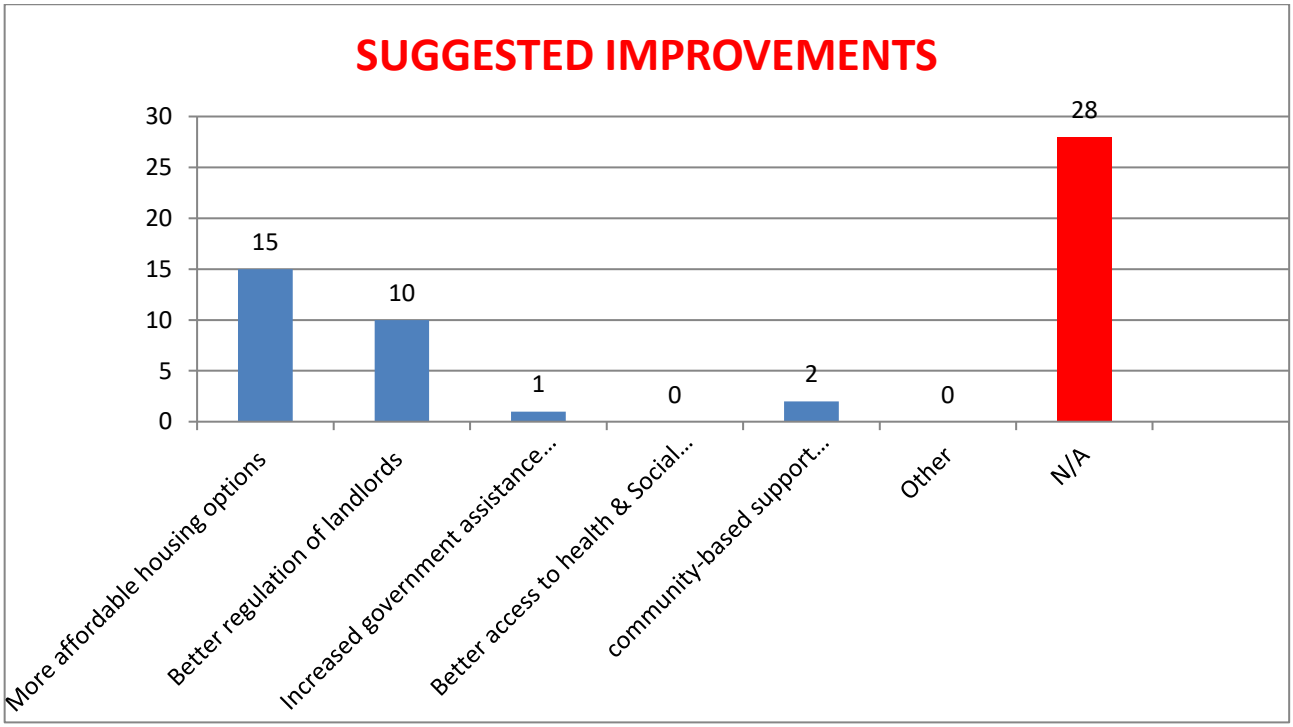
The types of health problems most frequently reported include poor sleep, respiratory issues, and mental health challenges:



4. Economic and Social Challenges: Respondents also faced a range of economic and social barriers related to their housing.



5. Suggested Improvements: The respondents recommended possible solutions to improve the housing conditions, These are shown in the bar chart below.



10 DATA ANALYSIS

1. HOUSING QUALITY

- More than half of respondents (56%) rated their housing quality as average, poor, or very poor, showing that unsuitable housing is the dominant reality for these families.
- Only 11% felt their housing was genuinely "good," and none rated it as "very good."
- Over one in three (34%) did not provide a rating, which may reflect the sensitive or complex nature of housing challenges for low-income Black and racially minoritised families.
- The absence of "very good" responses highlights a clear lack of high-quality housing access among the surveyed group.

2. COMMON HOUSING ISSUES

- Three in ten families (30%) experience damp or mould, making it the single most common housing problem.
- Almost one in five (18%) face either poor heating/insulation or overcrowding
- Over one third (36%) of respondents did not provide an answer, reflecting possible reluctance, sensitivity, or difficulty in categorizing their housing challenges.

3. REPORTED HEALTH PROBLEMS

- Half of respondents (50%) did not provide an answer, but among those who did, clear health impacts were evident.
- Poor sleep quality (23%) and respiratory issues (16%) were the two most common health effects, showing how poor housing affects both rest and breathing.
- Mental health problems (7%) were also reported, underlining the stress and psychological strain associated with inadequate housing.
- While no respondents identified chronic pain or injuries, the results demonstrate that housing conditions primarily harm families through disrupted sleep, respiratory illness, and mental health stressors.

4. ECONOMIC AND SOCIAL CHALLENGES

- Two in five respondents (40%) highlighted financial difficulties or trouble accessing affordable housing, showing these are the most pressing economic impacts of poor housing.

- While fewer participants reported discrimination (2%) or landlord exploitation (4%), these still reflect important barriers within housing markets.

- Nearly half of the respondents (48%) did not provide an answer, underlining the sensitivity of discussing financial hardship or social discrimination.
- The results show that economic strain and lack of affordable housing are central challenges

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5. SUGGESTED SOLUTION FOR IMPROVEMENT

- Over one quarter (27%) of families believe that increasing affordable housing supply is the most critical step forward.
- Almost one in five (18%) stressed the need for stricter landlord regulation.
- Supportive approaches like community networks (4%) or government subsidies (2%) were less frequently mentioned.
- Half of the respondents (50%) did not propose any solutions, which may point to the no recourse to public funds (NRPF) as most participants mentioned it, along with frustration, fatigue, or lack of confidence in systemic change.

11 INTERVIEW INSIGHTS: LIVED EXPERIENCES OF POOR HOUSING

Separate from the survey, in-depth interviews were conducted with 56 residents from racially minoritised communities particularly OX4 postcode areas of Oxford. These testimonies provide a deeper understanding of how poor housing conditions directly affect their health, wellbeing, and sense of dignity.

1. Dampness and Poor Ventilation: Participants consistently described damp walls, mould, and poor airflow. One respondent said *"the house is not really suitable to live [in] because there is damp, the ventilation is also very low."* Another respondent added that the lack of proper ventilation had serious health effects: *"The poor ventilation really affects a lot. When a relative with asthma was living with us, it really worsened their asthma and caused respiratory problems."*

2. Overcrowding and Lack of Privacy: some families shared experiences of their overcrowded rented apartment, with multiple people sharing small spaces meant for fewer occupants. This severely affected family relationships, health, privacy, and sleep quality. One respondent shared, *"Me and my husband and the kid stayed in one room for three months because of the heating."* Another described living conditions in detail: *"This is the two-bed flat currently occupied by six family members. The overcrowding situation is so bad… facilities are built for two or three people and are being shared by six or more."* Another participant also reported how lack of space affected privacy and family relationships: *"There is no privacy. You're staying with a son that is almost ten years old. Sometimes you lie down on your bed but you just cannot sleep. Even intimacy between adults is almost impossible….even if you have intention, you will be thinking any of these children can just come and open the door you understand"*

3. Prolonged Cold and Delayed Repairs: Broken or inadequate heating was a recurring issue, with residents enduring long periods without warmth. Repairs were often delayed or ineffective: a respondent shared *"We spent almost four months without any heating... even after technicians visited, the repair was not working at all."* Another respondent said "*When we moved into the house, I was pregnant, and the cold was unbearable for us to cope with." "the house is was very cold then very cold yeah and before he did the final solution, we suffer a lot which was a bad experience for us."*

Fig 1 : Poor heating system in the midst of extreme cold for our children resulted to condensation at the private apartment

4. Unsafe and Unsanitary Facilities: Some residents described structural and hygiene issues, including sagging toilet and poor sanitation, which led to serious health concerns: An aged respondent reported "My wife and daughter both needed treatment for infections… the toilet and hygiene situation is very bad.

Fig 2 : A safety and health concern where the ceiling is leaking around the lamp holder at the social housing around the Cowley

6. Impacts on Children: Parents described how poor housing affected their children most of all. One mother explained, *"It affects the health of my children because they keep having cold and cough*." Another added that poor conditions may even affect development: "*It can also impact their developmental progress*."**. On the same vein,**

7. Health Impacts on Adults and Stress: Participants linked poor housing directly to worsening chronic illnesses and mental health problems due to poor housing condition and stress as one aged participant explained: *"Poor housing leads to hyperaemia and some people have arthritis… it really causes stress. Stress can also lead to depression because you don't really have the comfort you expect."* he also added, *"I am receiving treatment for high blood pressure, poor eyesight which is glaucoma, and I am asthmatic and all these things are worsened by the stress of living in this house."*

He further highlighted the impact of the poor condition of their rented apartment on family life: *"my wife she is in her fifties is diabetic and she has reflux situation and most times like when the overcrowding is so bad is most times when we have repairs or damages done to the property it puts further stress on us"*

8. Social Isolation: One participant spoke about the shame and isolation that came with the unsuitable conditions of the house she said *"it causes like Isolation because you not be able to bring your friend and your family to come your place to see where you are living because it is not even suitable for you to live not to talk of inviting your friends*

Fig 3a : "Our landlord kept promising us for the repair but never seen him"

Fig 3b : Our landlord kept promising us for the repair but never seen him

9. Landlord Negligence: Several participants described being dismissed by landlords when they raised complaints. One resident said, *"He told us we should try to open the window, even when it was cold… even up till now, the house is still very cold."* Another added, *"The nonchalant attitude of the landlord makes the situation worse. There is no outlet for people like me to seek help apart from complaining to the landlord… Most landlords are just ducking their responsibilities, pushing everything back to the tenant.*

12 RECOMMENDATIONS & SUGGESTIONS

1. Inspection by the local authority: Regular inspections by local authorities would help ensure housing standards are maintained. This measure would hold landlords accountable and push them to comply with housing regulations. Respondent said: *"If the local authority can inspect the houses of those that have complaints... that would help. And make landlords follow regulations."*

2. Closer representatives: Tenants feel that advice services are distant and disconnected from their lived realities. Having local representatives who understand community issues would create better advocacy and support. Respondent said: *"We need representatives closer to the people, not just the Citizen Advice Bureau, people who understand where we're coming from."*

3. Adherence to housing policies and regulation: Participants want landlords to be compelled to follow existing housing policies. Strong enforcement would ensure housing is safe and comfortable for tenants. Respondent said: *"Local Authority they will have like policies their regulations so that they will make it compulsory. These Landlord must follow those Policies and Regulations in terms of making the housing the accommodation more comfortable for people."*

4. Repair any damages before tenants arrive: Tenants stressed the need for properties to be fully repaired before occupation. This would prevent disruption and protect tenants' privacy after moving in. Respondent said: *"they should at least make everything ready for the tenant before the tenant has to come inside, not when the tenant has already moved in before they will come and be disturbing our private life."*

5. Build trust & make good use of the data: Respondents highlighted the importance of trust in housing support services. Equipping representatives with proper tools and ensuring transparent data use would strengthen confidence among tenants. Respondent said: *"the people like yourself to be given the right tools and equipment so that the people will trust you because you are providing outlet make good use of the data."*

6. Parity in sharing facilities: Concerns were raised about unequal access to shared housing facilities, particularly affecting minority tenants. A fairer distribution of resources would ensure equity and reduce discrimination. Respondent said*: "let there be parity if it's something hundred at current rate it's almost like some groups are talking 90 and 5 or 10 is coming to black minority if It can slightly hinge forward to 40 against 60, it will serve everybody right so."*

7. Quick responsiveness of the landlord: Tenants believe landlords should respond quickly to repair needs to prevent problems from worsening. Timely interventions would improve living conditions and reduce long-term costs.

Respondent said: "landlord should be made to be responsible for good quality repair work on the property A stitch in time saves many it is as simple as that."

8. Compensation for inconveniency: Respondents suggested that landlords should face financial penalties or rent suspensions when tenants are forced to live in poor conditions. This would incentivize landlords to act responsibly and respect tenants' rights. Respondent said: *"pay for inconveniencing the people that you are making to live poorly it will stop them because it's almost*

like the tenant who are renting from landlord are just helpless" ..... "if is something that will make landlord to be responsible in terms of pay financial compensation to their tenants even it is the tenant will not pay rent for the next three months it makes everyone life easier another angle as well."

9. Offer legal backing and support to most tenants: Many tenants feel powerless when landlords neglect repairs but continue collecting rent. Establishing a dedicated legal body to represent tenants would provide protection, balance the power between landlord and tenant, and ensure justice is served. Respondent said*: "there should be body within you guys who will take over legal duties just to make sure there is someone out there because it's a win win situation for landlord the house is deplorable there are not doing repair and they are still collecting rent money."*

10. Work toward the promise: Respondents highlighted that trust depends on actions being followed through, not just promises. Delivering on commitments would help build credibility, whereas failure to do so would undermine the entire effort and cause community distrust**.** Respondent said: *"So my personal advice to you and the job you are doing is make sure you deliver all you promised to people if not so this research whatever you do will just die."*

13 DISCUSSION OF FINDINGS

1. Poor-quality Housing and Health Impacts: Most participants described their housing as poor or very poor, citing damp, mould, cold, and unsafe conditions. For example, one respondent shared: "*The house is not really suitable … because there is damp*". These experiences strongly echo national findings. Garrett et al. (Building Research Establishment, 2021) estimated that 2.6 million homes in England (11% of the stock) are poor quality, costing the NHS £1.4 billion annually to treat housing-related illnesses. The Marmot Review 10 Years On (Health Foundation / Institute of Health Equity, 2020) similarly concluded that long-term exposure to damp and cold increases the risk of respiratory illness, cardiovascular disease, and mental health issues.

2. Damp, Mould, and Cold Conditions: Participants repeatedly mentioned damp walls, poor airflow, and long periods without heating: "*We spent almost four months without any heating."* These testimonies align with Alice Lee et al. (Institute of Health Equity, 2022), who found that cold homes driven by fuel poverty exacerbate respiratory illness, cardiovascular disease, and mental health problems, sometimes leading to premature death. Similarly, the English Housing Survey 2023-24 reported that 13% of households (3.2 million) could not keep warm in winter, and over half of these contained someone with a health condition (MHCLG, 2025).

3. Overcrowding and Lack of Privacy: Families described cramped and unsuitable living spaces: "*Me and my husband and the kid stayed in one room for three months …*" This matches earlier evidence from Shelter's survey of 505 families, where 71% agreed that overcrowding harmed their health by causing stress, anxiety, and depression (Reynolds, 2005). The EHS 2023-24 also found that 55% of overcrowded households had at least one person with a health condition (MHCLG, 2025), underlining how overcrowding contributes to illness and poor wellbeing.

4. Mental Health and Chronic Stress: Several participants highlighted stress, depression, and hypertension linked to housing: "*Poor housing leads to ... stress ... Stress can also lead to depression*." These lived experiences are consistent with wider research. Preece & Simpson (UK Collaborative Centre for Housing Excellence, 2019) found that insecurity and unaffordability in the private rented sector are key drivers of poor mental health. The Marmot Review (2020) also underlined the mental health burden of living in cold, damp, or insecure housing.

5. Economic Constraints and Inequality in Oxford: Respondents reported financial hardship, long waiting lists, and being priced out of decent homes. One participant explained: "*It is very difficult to afford the rent ... we are struggling financially*." This directly reflects Oxford's housing crisis. The City Council's Strategy 2024–28 acknowledges Oxford as one of the least affordable places to live in the UK, with average house prices over 12 times average earnings and over 3,000 households on the waiting list for council housing (Oxford City Council, 2024). Nationally, Harris & McKee (2021) have shown how affordability pressures and lack of tenure security in the private rented sector undermine tenants' health and wellbeing.

6. Children's Health and Lost Childhoods: Parents frequently described recurring coughs, colds, and delayed development in their children due to poor housing: "*It affects the health of my children because they keep having cold and cough*." This mirrors the EHS 2023–24 finding that 1.3 million

households had at least one dependent child with a health condition, with children in social housing twice as likely to be unwell compared to those in private housing (MHCLG, 2025). Poor housing for children has long-term consequences for health, learning, and life chances (Health Foundation, 2020).

7. Landlord Negligence and Discrimination: Several participants described negligent or discriminatory landlords: "*He told us we should try to open the window" and "Some landlords treat BAME tenants differently*." This echoes Harris & McKee (2021), who showed how poor standards and insecurity in the PRS harm tenant health. It also connects to Oxford City Council's 2024–28 Strategy, which commits to raising standards in the private rented sector through regulation and licensing.

8. Social Isolation and Stigma: Participants reported feelings of shame and isolation: "*You cannot invite your friends or family.*" This reflects findings from the Oxfordshire Marmot Place event (2025), where community voices stressed that housing, poverty, and food insecurity isolate families and damage health (Barry, 2025). The event emphasized the need for community-led solutions, echoing your participants' calls for respect, dignity, and meaningful involvement in housing decisions.

14 NEXT STEPS AND ENGAGEMENT PLANS

Immediate Actions (Summer 2026)

- Translate housing advice materials with OCA and the Agnes Smith Advice Centre.
- Hold online stakeholders' workshop.
- Local workshops on tenants' rights in partnership with trusted organisations.
- Bridging the communication gaps between the stakeholders

Short-Term Plans (by November 2025):

- A dedicated space for the community researchers for the administrative work where community members and the researchers meet for the implementation, feedback and outcomes from their suggested recommendations
- Reach out to the stakeholder key contacts at Oxford City Council, Oxfordshire County Council, NHS (Buckinghamshire, Oxfordshire, & Berkshire ICB) Healthwatch Oxfordshire, Agnes Smith, Blackbird Leys , Public Health Oxfordshire, ODS and those private organisations handling many major housing projects in Oxford, whose role will be essential in ensuring homes are built to meet community needs as well as to provide funding and other necessary supports to initiate advisory supports, community focused information sharing, sign posting, community supports from the service providers and some proactive activities such as : (Activities to Maintain Social & Community Engagement, Activities to Prevent Decline in Cognitive Function, Activities to Prevent Decline in Physical Mobility & Strength)

Long-Term Aims (2026 and beyond):

- Involve community researchers and trusted local organisations in the early stages of new housing policies and planning.
- With the support of Oxford Community Action (OCA), organise a **community-led cleaning and repair initiative**, in collaboration with Oxfordshire Facilities Management, to provide quick responses for minor repairs and maintenance in social housing.
- Advocate for **stronger landlord regulation** and enforcement of housing standards.
- Continue delivering **Community Participatory Action Research (CPAR)** projects to ensure lived experiences shape housing policy and practice.
- Develop and promote a **community-led housing scheme** that empowers residents to co-design and manage affordable housing solutions.
- Establish **permanent community-led roles** for housing advice, tenant advocacy, and wellbeing support.
- Explore ways to support **community-led retrofitting** of Oxford's poor housing stock to improve safety, warmth, and energy efficiency—ensuring all homes meet decent living standards.
- Champion **community-led housing solutions** that place residents at the heart of decision-making and future housing development

We will work closely with Shelter, Citizens Advice, Oxford City Council, the Agnes Smith Advice Centre, Peabody, local GPs, planning departments and all concerns stakeholders.

15 WIN WIN APPROACHES FOR THE STAKEHOLDERS:

Strategic Value of Supporting and Collaborating with CPAR3 Housing Recommendation includes the following:

1. Improved Public Health Outcomes

- Reducing damp, cold, and overcrowding directly lowers NHS costs New BRE Study shows poor housing costs NHS £1.4 billion p.a. - News - Housing LIN, it also improves physical and mental health across vulnerable groups.

2. Evidence-Based Service Design

- Lived-experience data from community researchers ensures housing and health services are tailored to real needs, increasing effectiveness and uptake.

3. Enhanced Community Trust and Engagement

- Involving residents in decision-making builds trust, reduces stigma, and fosters long-term collaboration between communities and institutions, Participatory Research Methods – Choice Points in the Research Process | Published in Journal of Participatory Research Methods

4. Stronger Policy Alignment

- Recommendations support existing strategies (e.g. Oxford City Council's 2024–28 Housing Strategy), helping stakeholders meet statutory and ethical obligations.

5. Efficient Resource Allocation

- Early intervention (e.g. minor repairs, translated advice, tenant workshops) prevents costly crises and supports proactive service delivery.

6. Cross-Sector Collaboration

- Working with trusted organisations like OCA, Healthwatch Oxfordshire, Agnes Smith Advice Centre and other local organisations strengthen local networks and improves coordination.

7. Inclusive Planning and Development

- Involving community researchers in housing design ensures new builds reflect cultural, social, and health needs—reducing future inequalities.

8. Economic and Social Resilience

- Supporting community-led initiatives (e.g. cleaning services, housing advice roles) creates jobs, boosts dignity, and reduces isolation.

9. Regulatory Improvements

Advocating for landlord accountability improves housing standards and protects tenants—especially those in the private rented sector.

16 RISKS OF NOT TAKING THE ACTIONS

What stakeholders stand to lose if action is not taken?

If stakeholders fail to act on CPAR3 recommendations, the following losses are projected:

- NHS: Continued overspend on preventable illnesses linked to poor housing, with costs rising annually due to inflation and population growth.
- Oxford City Council: Escalating demand for emergency housing and enforcement, undermining long-term housing strategy goals.
- Public Health Oxfordshire: Increased health inequalities, higher rates of respiratory and mental health conditions, and reduced public trust.
- ODS and Planning Departments: Missed opportunities to align with national energy efficiency targets and community-led design principles.
- Construction Companies: Regulatory penalties, reputational damage, and reduced access to public contracts if housing standards remain poor.

Strategic Alignment and Collaborative Gains

By supporting CPAR3 outcomes, stakeholders can:

- Deliver on Oxfordshire's Health and Wellbeing Strategy and Marmot aims by addressing housing as a key social determinant of health.
- Meet Clean Growth and Energy Efficiency targets through community-informed retrofitting and new builds.
- Strengthen local planning and development by bringing in user voice through integrating community researchers into early-stage design and consultation.
- Enhance public engagement and legitimacy by demonstrating responsiveness to lived experience and grassroots evidence.

17 CONCLUSIONS:

The voices of those with lived experience and the findings in this report demonstrate how poor housing is contributing to health problems, stress, and inequality for racially minoritised communities. We heard particularly from those in OX4 postcode areas including the Leys, Rose Hill, Littlemore, and Cowley, as well as Barton, where racially minoritised families are found in Oxford. Participants' feedback points to the urgent need for affordable, secure, and healthy housing, supported by fair policies and community-based services.

The responses highlight the compounded effects of substandard housing not just in physical terms, but also in economic, social, and emotional wellbeing. These insights must inform local authorities, service providers, and policymakers in developing targeted, community-driven solutions to ensure no family continues to suffer due to inadequate living condition

This CPAR3 study offers a compelling, community-rooted account of how poor housing conditions in Oxford's OX4 postcode—particularly among racially minoritised families with low incomes—undermine health, wellbeing, and dignity. Through a mixed-methods approach, including surveys, interviews, and direct observation, the research highlights recurring issues such as damp, overcrowding, poor ventilation, and prolonged cold, all of which contribute to preventable illness, emotional strain, and disrupted family life.

Despite limitations in sample size and digital access, the testimonies gathered reflect urgent realities and offer practical, heartfelt recommendations. These include stronger enforcement of housing standards, timely repairs, fair access to shared facilities, and legal and financial protections for tenants. The findings also underscore the importance of trust, proximity, and cultural understanding in housing support services.

For the NHS, Oxford City Council, and local partners, this research presents both a warning and a roadmap. Failure to act risks escalating costs, deepening inequalities, and eroding public trust. But by embracing community-led insights and investing in preventative, inclusive housing strategies, stakeholders can deliver meaningful change—rooted not only in policy, but in the lived experience of those most affected.

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