

# Better Housing for Better Health

Our new paper 'Better Housing for Better Health' highlights the need for housing to be an essential part of future health strategies making better use of resources to improve health outcomes.

## English housing is making people sick; it can, and it does kill

The Coroner's findings that the tragic death of Awaab Ishak in Rochdale in 2020 was caused by 'prolonged exposure to mould' in a property rented from a housing association, has further highlighted the risks posed by unhealthy housing. There is agreement that the landlord's failure to act in this case was totally unacceptable. Agreement is now needed to prevent such cases in the future. **There must be a commitment to provide safe and healthy housing for everyone;** and to review all policies and practices to achieve this.

## The Need for Action

Landlords must be held to account where they fail to identify unhealthy housing and act speedily to remove risks to tenants. But for years, unhealthy housing has been tolerated by many landlords and at all levels of government.

- Nearly 4 million English homes are a threat to occupiers; and of these: 2.3 million are an unacceptable risk to health; and 600,000 of these are a totally unacceptable threat to health.

The state of English housing causes individual suffering; days off school that disrupt education and affect all our futures; and days off work (affecting household, local, and national economies).

People who make most use of, and place most demands on their home, are most exposed to unhealthy housing - elderly people, the very young, the already sick, and those vulnerable for physical or mental health reasons. This generates direct costs to the NHS (estimated to be at least £1.4 billion in first year treatment), and indirect costs to society (estimated to be at least £18 billion a year).

## Why Problems Persist

For years insufficient new housing has been built, especially public and affordable housing; and upgrading and improving existing houses has been neglected. Demand for rented accommodation exceeds supply, and uncontrolled rents and lack of security forces many tenants to accept unhealthy conditions.

- Landlords (public and private) are largely left uncontrolled.
- Landlords' rights are much better protected than tenants' rights.
- Financial and staffing cutbacks have left little, if any, monitoring of housing conditions.
- A confusing mishmash of legislation is the result of (ill-conceived) attempts to plug gaps.

More households are likely to be exposed to unhealthy housing unless action is taken.

## What Can be Done?

A new commitment to health and housing by all political parties must:

- Ensure that all occupiers have homes that do not present a risk to health and safety.
- Build new housing to standards adequate for the climate/weather of the future.
- Provide grant-aid and revive disabled facilities grants to deal with unhealthy and unsafe housing.
- Apply the same regulation and inspection to both social and private rented tenancies.
- Require all social landlords to report annually on the health and safety of their housing.
- Simplify legal processes and provide training and funding to ensure professional application and enforcement of laws dealing with any unhealthy and/or unsafe housing.
- Redress the imbalance of rights between tenants and landlords in Landlord, Tenant and Housing Law.
- Integrate Housing, Health, Supporting People, Social Care and Housing Benefit policies to achieve the best use of resources and the best health outcomes.

The Healthier Housing Partnership is an independent partnership of academics, housing, environmental health and regeneration practitioners and housing and health researchers. Our website can be viewed here: [www.healthierhousing.co.uk](http://www.healthierhousing.co.uk). For further information, please contact: Dr Richard Turkington [richardturkington@housingvision.co.uk](mailto:richardturkington@housingvision.co.uk), 07714106386

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This paper has been prepared by The Healthier Housing Partnership which has previously presented evidence on health and housing. It highlights the imperative to make better use of resources and for housing to be an integral part of future strategies to improve health.

## Unhealthy Housing Can Kill

Living in unhealthy homes can kill you. The tragic death of Awaab Ishak has recently highlighted the serious risks posed to health by unhealthy housing. The Coroner concluded that Awaab's death in 2020 was caused by 'prolonged exposure to mould in his home' - a property rented from a housing association in Rochdale. Although warned, the landlord failed to recognise the level of risk, to remove it or improve the ventilation, identified by the coroner as contributing to its development.

Health conditions, especially respiratory diseases, are caused by and made worse by dampness and mould growth, especially where they're combined with poor building and maintenance standards, lack of insulation and inadequate ventilation. Legal arrangements and organisational practices fail to protect tenants who need their homes improved or to be rehoused.

There is agreement that what happened to Awaab Ishak is unacceptable and that action is needed to prevent such cases in future. There must be an absolute commitment to provide safe and healthy housing for everyone, and to review the policies and practices to achieve it. Housing is a national asset, it underpins the nation's health and well-being and supports successful educational and economic performance.

The links between housing quality and health outcomes are well established but, despite the burdens that unhealthy housing imposes on services under pressure, they do not inform health, social care or housing strategies. All political parties must commit to resetting policies to eliminate unhealthy housing, support health and social care services and use resources more effectively.

## The Need for Action

Where landlords fail to identify unhealthy housing and to act speedily to remove risks to tenants they should be held to account – as should Rochdale Boroughwide Housing. But large numbers of homes that present risks to health and safety continue to be used across England. For years, unhealthy housing has been tolerated by many landlords and at all levels of government. Poor quality and crowded housing affected patterns of mortality during the Covid 19 pandemic and there is widespread evidence of large numbers of households exposed to risks to health and safety.



Here are some facts from the annual 'Survey of English Housing' and the 2021 BRE Report 'The Cost of Poor Housing in England'.

Almost 4 million homes in England endanger the health of the people who live in them.

2.3 million homes in England are hazardous to their occupiers.

Over 1 million dwellings in England fall below the Decent Homes standard.

Some 600,000 dwellings in England contain hazards regarded as totally unacceptable.

Almost a quarter of private tenants aged 75 and over are at risk from unacceptable hazards.

Almost 9,000 people died in England and Wales in 2020 because homes were too cold.

Leaving people living in the worst housing conditions (HHSRS Category 1) is costing the NHS some £1.4bn per year in treatment costs alone. When the total costs to society are added (including aftercare, lost education, income and opportunity), these costs rise to over £18 billion per year.

## And these are the reasons why unhealthy housing is likely to increase:



Successive governments have failed to build enough homes, and shortages of housing, especially of social housing, have contributed to a 'broken housing market'.



Little new building has been for rent, and housing associations have reduced investment in affordable housing.



Whilst the private rented sector has grown, the rented housing stock is ageing and tends to have high repair and maintenance costs, outdated insulation and ventilation and higher risks of structural and materials failures.



Shortages of housing encourage landlords to subdivide dwellings, increase sharing and overcrowding without providing adequate facilities.



Major private housing renewal and improvement programmes have been terminated and councils have lost their local, street by street knowledge of housing conditions.



Faced with rising energy and other costs, owner occupiers have had no access to improvement and repair grants since 2011.



Despite increasing numbers of disabled people and rising building costs, funding for Disabled Facilities Grant is now static, and Home Improvement Agencies that carried out repairs have mainly disappeared. The demise of Care and Repair England in 2022 has removed an important source of support.

Most households living in unhealthy housing do so because they have no choice or feel they have no choice. Households with problems are easy targets for exploitative and criminal landlords who consciously seek to maximise returns from substandard housing. Households most at risk include older, low-income owner occupiers and vulnerable, young and low-income households unable to afford more expensive housing. Low incomes can also affect diet and home heating – factors that combine with inadequate housing to increase risks to health.

The decline of social housing and Supporting People budgets, enabling local authorities to commission housing for vulnerable households, have left gaps in housing provision and have led the way for a growth in substandard private housing with high rents met from the public purse. With little scrutiny from the Social Housing Regulator, new Private Registered Providers have emerged exploiting shortages by providing high rent 'Exempt Accommodation'. This claims to provide supported housing whilst claiming exemptions under Housing Benefit regulations.

This situation has been made worse because Registered Providers are not subject to the licensing, regulation and planning controls normally applied to Housing in Multiple Occupation (HMOs). Consequently, providers can subdivide and extend accommodation to increase rates of return without any consideration for the health and safety of tenants or the detrimental impacts on neighbourhoods. Accommodation can be wholly inadequate: with tiny rooms, non-functioning facilities, infestations and unacceptable Hazards.

The Levelling Up, Housing and Communities Committee (LUHC) has described this system of Exempt Accommodation as "a complete mess". In the worst cases there was "exploitation of vulnerable people" and evidence of landlords making "excessive profits" from rents paid for by Housing Benefit. The Supported Housing (Regulatory Oversight) Bill, introduced as a Private Member's Bill with government support, is an important step forward in dealing with Exempt Accommodation. But action is also needed to bring Registered Providers within HMO regulation with resources provided to enable effective enforcement.

## **What Can be Done?**

Unless existing approaches by landlords, local authorities and government change, rising energy costs and inflation increase the likelihood that unhealthy housing will remain or increase, especially affecting vulnerable, young, low income and larger households living in older housing.

There is a need to shift to preventative policies focussed on achieving positive health and care outcomes which would target resources on households that live in poor housing and experience poor health. It is important that all political parties commit to implementing policies to remove or at least dramatically reduce unhealthy housing, and to take pressures and costs off health and social care services and make better use of the resources currently expended.

### **A new commitment to health and housing must include:**

#### **Integrating policies for Health, Housing, Supporting People, Social Care and Housing Benefit.**

Homelessness and Supporting People strategies do not provide sufficient suitable tenancies for vulnerable households. Increased funding for Supporting People programmes providing permanent housing for homeless households (rather than long term 'temporary' accommodation) would improve accommodation outcomes, eliminate the need for 'exempt accommodation', reduce unhealthy housing and enable better use of resources. Funding for improvement grants and Disabled Facilities Grants would also play a part in reducing unsafe and unhealthy housing.

#### **Applying the same regulation and inspection to the social rented sector as for private tenancies.**

Legislation places duties on local authorities to regulate private sector housing and public health, making use of the Housing Health and Safety Rating System and mandatory licensing of houses in multiple occupation (HMO's). Local authorities' duty, where an unacceptable threat to health exists (a Category 1 Hazard) is to require remedial action or prohibit the use of a dwelling.

### **But there are serious flaws in the operation of this system:**

- ❑ Local authorities' duties apply to all housing, except dwellings owned by the enforcing authority.
- ❑ Some local authorities have not adopted a pro-active approach, especially where housing associations are the owners.
- ❑ Repeated examples show that some tenants of social landlords live in inadequate housing for long periods; and some social landlords fail to address these problems promptly.
- ❑ Preventative action, especially the regulatory services provided by councils to enforce standards have been reduced and compromised by inadequately trained and insufficient numbers of staff.
- ❑ And, in the private rented sector, the complex enforcement system under Part 1, of the Housing Act 2004, protects the owner's interests while ignoring the tenant's (occupier's) suffering.

In future, all Registered Providers should be subject to the same regulation of HMOs and house condition as the private sector; and compliance with regulations should be subject to inspection and enforced with support from the Social Housing Regulator. These steps would also address issues highlighted in Exempt Accommodation and put unscrupulous Registered Providers out of business.

### **All social landlords should be required to provide an annual report on the health and safety of the housing they provide.**

This would be based on a regular survey of all properties and would identify dwellings with dampness, mould growth, leaks, poor insulation and poor ventilation. It would also include schedules of remedial work to bring all properties up to modern health and safety standards.

### **Extending and enforcing the Housing Health and Safety Rating System.**

HHSRS is the main tool for assessing unhealthy housing to determine actions under the Housing Act 2004 to make dwellings healthier and safer. It needs to be better understood and its enforcement (compromised by complex, bureaucratic procedures that add time and costs and by budget cuts and staffing reductions) should be stepped up. Unfortunately, new draft Guidance is badly written, confused and confusing and conflicts with other legislation. It would weaken the System not strengthen it and fail to promote healthier housing. This draft Guidance needs to be reconsidered.

If anyone fully trained in the HHSRS had inspected the home of Awaab Ishak they would have recognised that it represented an 'extreme' risk to health and safety and recommended immediate action. The existing HHSRS system and guidance is comprehensive. Landlords and their agents should be required to be properly trained in its' application and use it to ensure that their properties are safe. A hire company is not permitted to rent out an unsafe car, so it is unthinkable that a landlord can rent out an unsafe home.

### **Strengthening Tenants' Rights.**

Landlords have several legally imposed obligations that can only be enforced by tenants. But private tenants have very limited security of tenure and changes to legal aid and lawyers' ability to act for tenants have rendered landlords' obligations virtually meaningless. For tenants to be able to insist on repairs and maintenance to provide a healthy dwelling they need greater security of tenure, removing the risk of no-fault evictions. Registration of landlords, longer assured tenancies (ideally three years) requiring good grounds for non-renewal and a formula for rent increases and repair and maintenance should be backed by effective enforcement.

### **Improving the energy efficiency of dwellings and protecting against overheating**

Both are needed to reduce health risks and living costs and contribute to climate emergency objectives, especially for older housing.

### **All of the actions above must build upon a commitment to increase investment in existing and new housing.**

New programmes to modernise housing that is most vulnerable to health and safety problems and poor energy efficiency must involve all owners and landlords and local and central government and draw on past experience of housing improvement policies and urban renewal - providing grant-aid and disabled facilities grants to deal with unhealthy and unsafe housing and reduce costs to society.

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