

Health in Private-Rented Housing



This POSTnote looks at the quality of housing in the UK private rented sector and explains the effects that housing conditions can have on health. It also looks at interventions to improve housing quality in the private rented sector and at the challenges to implementing them.

Background

Housing conditions can affect residents' health and wellbeing.^{1,2} The independent Marmot Review commissioned by the Government concluded that housing is a 'social determinant of health', meaning that it can affect physical and mental health inequalities throughout life.³ Physical housing conditions (e.g. cold and damp) can affect health,⁴ as can factors such as the accessibility of the home.⁵ One estimate puts the cost of poor housing to the NHS at £1.4bn per year in England.⁶ Conditions in the private rented sector (PRS) are worse than in other tenure groups (i.e. homeowners and social renters).⁷ The PRS is growing: 17% of UK households were private renters at the end of 2016, compared to 11% ten years previously.⁸

The law on housing quality in the PRS

In the UK, the law on housing quality focuses on making sure people's homes are not hazardous to their health or safety. Because housing is a devolved matter, each UK nation regulates private landlords differently. Local authorities are responsible for enforcing housing standards (the Housing Executive in Northern Ireland).^{9,10,11}

- **England.** Quality for all tenure groups is evaluated using the Housing Health and Safety Rating System (HHSRS). The HHSRS is a risk-assessment tool that does not set out a prescribed minimum standard. Private renters can contact their local authority (LA) if they believe there is a hazard in their home.

Overview

- The private-rented sector in the UK is growing and has worse housing conditions than any other sector.
- Conditions such as excess cold and overcrowding can affect physical health and mental wellbeing throughout life.
- Increasing energy-efficiency and removing damp and mould can improve health.
- Tenants may not feel able to request repairs and landlords may not know the standards that are required. Local authorities may lack resources to enforce housing standards.
- Incentivising landlords and encouraging joint-working across local authorities, and other providers of health and social care at local levels, may improve conditions.

Environmental health practitioners from the LA can then use the HHSRS to judge hazards based on the likelihood and severity of potential harm. LAs have to take action if there is a serious (Category 1) hazard, and can also decide to act on less serious (Category 2) hazards (Box 1).

- **Wales.** The HHSRS also applies in Wales. The Renting Homes (Wales) Act 2016 will set an additional minimum 'fitness for human habitation' standard for all homes. The Welsh Government has consulted on what the standard will be. It proposes using the measures set out in the HHSRS with additional safety standards.¹²
- **Scotland.** A minimum standard (the 'Tolerable Standard') applies to all tenures. LAs are required to close, demolish or improve houses that fall below this standard.¹³ Private landlords are also subject to a Repairing Standard to ensure that properties meet a minimum level of repair. Tenants and LAs can take landlords to a housing tribunal if a property fails to meet this standard.¹⁴
- **Northern Ireland (NI).** The Housing Fitness Standard is a pass/fail measure of housing quality for all tenure groups, which currently covers fewer hazards than the HHSRS. The NI government has said it will review the standard, and is looking at options such as including a greater range of hazards in the existing standard, or replacing it with the HHSRS.¹⁵

In all UK nations, landlords have certain other legal responsibilities like maintaining gas safety.¹⁰ Landlords letting out some types of Houses in Multiple Occupation (homes for multiple households that share facilities) must apply for a license (except in NI) and ensure the house meets certain safety standards.^{4,16,17,18}

Box 1. The Housing Health and Safety Rating System (HHSRS)

The HHSRS is an evidence-based framework for evaluating hazards in the home. It outlines 29 hazards across four categories (physiological and psychological requirements; protection against infection and accidents). Each hazard is assessed against the likelihood and severity of harm associated with it. Combined, these two factors produce a hazard rating which can be used to determine whether action is required.⁴

The HHSRS was developed from a review of academic literature, along with statistical sources (such as data on GP and hospital visits).¹⁹ As well as being used to regulate landlords, the HHSRS is used as an evidence source in its own right. It can be combined with health costs data to evaluate improvement programmes (see 'Interventions to improve housing quality'). Environmental Health practitioners suggest that the HHSRS' evidence base needs updating, as the data behind it was collected in the 1990s.²⁰

Quality in the PRS

Each UK nation carries out separate surveys of housing conditions. Data from these and other surveys has found:

- The PRS is growing and becoming more diverse.⁸ There are now more families with children in the sector.²¹ About 80% of foreign-born migrants resident in the UK for less than five years live in the PRS, compared to about 20% of the UK-born population.^{8,22}
- More people live in the PRS in England and Northern Ireland than in Scotland or Wales (Table 1).
- Homes in the PRS tend to be older (built pre-1919) and less energy efficient (Energy Performance Certificate - EPC - ratings in bands F or G) than those in the social rented or owner-occupied sectors (Table 1).

The English Housing Survey (EHS) provides figures on the prevalence of different health hazards, described in more detail in the next section (Figure 1). Findings include:

- The PRS has more serious (Category 1) hazards, assessed using the HHSRS, than other tenure groups.
- Social rented housing tends to be newer and has fewer quality issues than in the PRS.²³ The stock may also have benefited from improvement schemes like the Decent Homes programme.²⁴
- Some PRS households are more likely than other types of household to experience Category 1 hazards (particularly those on low income, receiving Housing Benefit, and with older or disabled people).²⁵ PRS housing is also more likely to be colder and have a fall hazard than those in other sectors.²⁶
- Around 4% of PRS households in England require home adaptations to improve accessibility. Of these, one in three - a higher proportion than in any other tenure group - feel that their current home doesn't meet their needs.²⁷

Linking housing and health

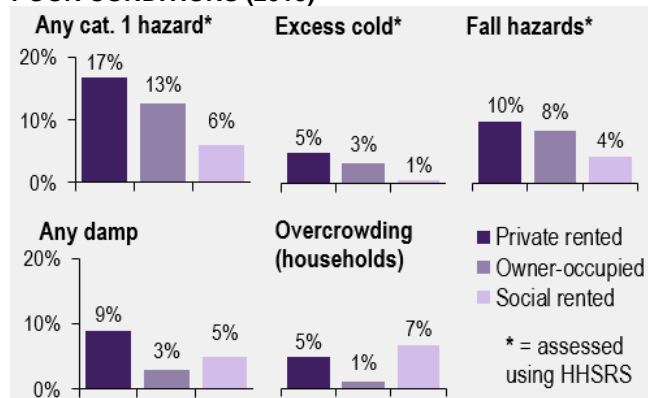
Evidence linking housing conditions to health comes from evidence used in the HHSRS (Box 1), from surveys that track people's health conditions over time, studies that measure the symptoms of people living in poor conditions, evaluations of housing interventions, and interviews with residents. Most evidence focuses on the effects of poor housing on physical health.^{2,28} However, people who live in poor housing long-term also report a decline in mental health.^{29,30,31,32} Children who live in persistent bad housing conditions are more likely to have poor physical and mental health outcomes.^{28,33,34} Most evidence examines housing across all tenure groups and there is a lack of research on the PRS specifically.

TABLE 1. HOUSING CHARACTERISTICS BY NATION

	Eng.	Wales	Scot.	NI
% of households in PRS ⁸	18%	14%	13%	19%
Of PRS homes:				
% built pre-1919 ^{35,36,37}	35%	..	39%	14%
% EPCs band F-G ^{38,39,40}	7%	..	7%	8%
Of social rented homes:				
% built pre-1919 ^{35,36,41}	7%	..	6%	3%
% EPCs band F-G ^{38,39,40}	1%	..	1%	0%
Of owner-occupied homes:				
% built pre-1919 ^{35,36,42}	21%	..	21%	11%
% EPCs band F-G ^{38,39,40}	5%	..	5%	6%

Age and EPC figures are for 2016 for England and Scotland. Age of PRS and owner-occupier homes in Northern Ireland are 2016; age of social rented homes are 2011. EPC figures for Northern Ireland are 2011. Recent data for Wales is not available.

FIGURE 1. % OF HOMES IN ENGLAND AFFECTED BY POOR CONDITIONS (2015)^{7,43}



All figures apart from overcrowding are for dwellings, including vacant homes. Overcrowding figures are for households (a household is a person or group of people sharing cooking and living facilities).

Housing conditions that impact health

Excess cold

Public Health England (PHE) recommends home temperatures of at least 18°C, though it recognises that vulnerable groups may benefit from higher temperatures.⁴⁴ 5% of PRS homes in England have excess cold (Figure 1). Cold conditions can affect respiratory and cardiovascular functioning,⁴⁵ affect the immune system,⁷ and worsen arthritis symptoms (increasing the risk of home injuries).^{4,46} Cold can cause death as well as poor health.⁴⁷ The number

of deaths in the UK rises in winter, a trend known as 'Excess Winter Deaths' (EWDs). Cold weather, and particularly cold housing, has been identified as contributing to this rise. The Marmot Review Team estimated that EWDs in the coldest 25% of all homes are almost three times higher than in the warmest 25%.⁴⁶

Damp and mould

9% of PRS homes in England are affected by damp (Figure 1). Damp can encourage dust mites and mould growth. There is evidence that damp and mould are associated with asthma, respiratory issues and eczema,⁴⁸ particularly amongst young people.⁴⁹ There is also a potential link with anxiety, depression and social isolation.^{50,51}

Excess heat and poor air quality

Insulation intended to prevent cold and damp can also be linked to health risks. When insulation is added to existing housing, ventilation needs to be provided to prevent over-exposure to indoor pollutants (such as mould and second-hand tobacco smoke) which have been shown to negatively affect health.^{52,53,54,55} Housing with poor insulation and high ventilation can lead to harmful pollutants from outside the home mixing with those indoors.⁵⁶ Insulated homes are also at greater risk of overheating in hot weather.⁵⁷

Accidents and other physical risks

Conditions in the home can affect the likelihood of accidents happening. 10% of PRS homes in England have fall hazards (Figure 1). Falls down stairs and from windows or balconies have the highest risk of serious injury, according to the HHSRS. People aged over 60 and under five are most vulnerable. Under-fives are also particularly vulnerable to electrical hazards, such as faulty appliances.⁴ Rental contracts that prohibit home alterations can make it harder for renters to put safety modifications in place.⁵⁸ Other physical risks highlighted by the HHSRS include potential hazards such as asbestos, inappropriate lighting and noise levels, and inability to maintain hygiene and food safety.⁴

Overcrowding and lack of space

The EHS defines a household as overcrowded if the number of bedrooms it needs (based on residents' age and relationships) is fewer than the number it has.⁷ 5% of PRS homes in England are overcrowded by this measure (Figure 1). A 2005 survey by Shelter showed that most families living in overcrowded homes said their living conditions affected their mental health, stress, privacy and sleep quality. Concerns about children's physical health, as well as their ability to play and study, were frequently raised.⁵⁹ The HHSRS also refers to the increased risk, from overcrowding and lack of space, of accidents, infectious diseases, condensation and mould.⁴ Living in overcrowded housing negatively affects children, including being associated with respiratory issues.^{32,33,50,60,61}

Insecurity

Besides the physical condition of the building, there are other aspects of housing that can affect health and wellbeing. Tenancies with only limited security of tenure are

now the norm outside of Scotland,⁶² but there is evidence that frequent moves are bad for children's social, emotional and educational outcomes.³² Frequent moves can also worsen mental health conditions, particularly when access to informal community support is reduced.⁶³

Unaffordability

Households in the PRS spend a higher proportion of their income on housing than other tenure groups.⁶⁴ Nearly half (47%) of working-age people in poverty spent more than a third of their income on housing costs in 2015/16.^{65,66} Unaffordable housing can be a source of self-reported stress, and can affect families' ability to pay for other essentials.^{46,67,68} This can increase the risk of a family becoming homeless, which comes with risks to health.⁶⁹

Surrounding neighbourhood

The design and appearance of neighbourhoods affects health and wellbeing.^{70,71,72,73,74,75,76} Improved street lighting can encourage walking by making people feel safer.^{71,77} PHE has produced guidance encouraging the development of neighbourhoods that promote exercise and have easy access to amenities and green space.⁷⁸

Interventions to improve housing quality

LAs can work to improve housing conditions, but assessing the effect of interventions can be complex. Improving housing conditions can involve trade-offs, such as balancing improved insulation with protection from indoor air pollutants (see *Excess heat and poor air quality* above).^{55,79} Gathering robust evidence is difficult because:

- The diversity of housing conditions and the mix of people of different demographics in interventions limit comparisons.⁸⁰
- Small sample sizes and short follow-up times mean that long-term health changes may not be captured.^{50,81,82}
- Families in poor housing are often exposed to multiple health hazards, as well as other forms of deprivation that affect health.⁶⁷ Improving a single aspect of their housing won't always have a clear effect.⁶

Many interventions have taken a holistic approach, for example by signposting residents to other support services as well as making housing improvements. While the overall effect of these evaluations can be captured, it is difficult to isolate the effect of specific housing improvements. Another approach taken by LAs is to estimate cost savings using a method developed by the Building Research Establishment (BRE), linking data on housing hazards to NHS treatment costs.⁶ LAs can use BRE's method to assess NHS savings from addressing poor housing in their area (Box 2).

Making homes more energy efficient

From April 2018, landlords in England and Wales must ensure their properties are at least at EPC rating C before letting to a new tenant.⁸³ Interventions to provide more affordable warmth usually take the form of energy-efficiency improvements, such as installation of central heating systems or insulation.⁸⁴ These interventions can improve health, particularly if they target those with existing health

issues and cold homes.^{1,68} Studies have found self-reported improvements in respiratory health, although these effects tend to be small-scale.^{6,68} More studies have examined the effects on children's health.⁸⁵ A subsidy to help with fuel bills was found to be associated with improved diet in infants, as families were able to spend more on food.⁶

There is also evidence to suggest that energy-efficiency improvements benefit mental health.^{2,6,68} This may be because of reduced worry about energy costs (whether or not this relates to a reduction in actual costs),⁶ or the ability to heat and use more rooms in the home, leading to more privacy and better family relationships.⁸⁶ Not all studies have found health improvements, possibly because:

- fuel prices and incomes also affect households' access to affordable warmth;⁶
- residents may continue to use heating systems ineffectively;⁸⁷
- not all studies look at the same type of energy efficiency improvements.

Tackling allergens

Some studies have found that removing damp, mould and other allergens from the home is effective in reducing asthma symptoms.⁸⁰ There is more evidence supporting tailored interventions that combine home improvements with behaviour change (e.g. improving cleaning techniques).⁸⁸

Reducing injuries and improving accessibility

Interventions that adapt the home to reduce injury risks are usually targeted at older people and children. Home safety modifications (such as ramps) have been shown to reduce the rate of falls, risk of falling and may also increase older people's ability to take part in day-to-day activities at home.^{5,89,90,91,92}

Implementing change in the PRS

This section looks at barriers and opportunities to making changes in the PRS. Most examples focus on England.

Enforcing standards

There are concerns that many landlords do not understand what is required of them under the HHSRS and other standards.⁹³ The majority of private landlords are individuals, not companies, and own a single property.⁹⁴ Guidance is available from the Government,⁹⁵ as well as organisations like the Residential Landlords Association. However, a 2010 survey found that only 6% of landlords were members of a relevant professional body.⁹⁴

LAs are responsible for enforcing housing standards.⁹⁶ Many LAs are constrained by lack of resources,⁹⁷ which limits their ability to monitor conditions in the PRS, making them reliant on tenants coming forward.^{70,98,99} Councils can introduce compulsory landlord licensing schemes in areas that meet certain criteria. This can be a starting point for enforcement,^{93,100} but Shelter report that councils face 'financial and bureaucratic obstacles' to introducing such schemes.¹⁰¹ The Homes (Fitness for Human Habitation and

Liability for Housing Standards) Bill 2017-19 seeks to set a minimum standard for PRS homes in England and allow tenants to take non-compliant landlords to court.¹⁰²

Constraints on tenants' choice

In theory, tenants in bad housing can request repairs or simply move out. But this can be difficult in practice.¹⁰³ Affordability issues and high demand in the PRS can constrain tenants' choice.^{101,104} Pursuing a non-compliant landlord via a LA is not always effective. Protections against retaliatory eviction exist but tenants may still fear eviction or rent increases if they ask for improvements.^{46,50,69,105}

Box 2. Case study: Liverpool Healthy Homes Programme

The Liverpool Healthy Homes Programme began as a collaboration between Liverpool City Council and the then Liverpool Primary Care Trust in 2008. It initially focused on improving housing conditions in the PRS and used local data to target at-risk groups. Residents found to be in poor housing were referred to environmental health, who dealt with Category 1 hazards through enforcement notices and other powers. Some residents were also referred to partner agencies, dealing with issues such as benefits advice, healthy eating and exercise, and access to employment. Analysis by BRE estimated that the home improvements made will save the NHS and wider society (including care costs) £55 million over 10 years.¹⁰⁶

Incentivising landlords

Because PRS properties tend to be lower quality, the costs associated with bringing them up to standard can be higher than other tenure types.¹⁰⁴ Some financial incentives exist for landlords to improve their property, such as income tax relief on maintenance spending.¹⁰⁷ Further tax incentives have been suggested, such as making improvements deductible from income tax.^{107,108,109}

Joint-working at local level

LAs have responsibility for housing, planning and public health. There is potential for joint-working within and across LAs, and with local health and social care providers (Box 2).^{110,111,112,113} New homes and communities, including 'build to rent' developments, can also be designed to support health.¹¹⁴ NHS England's 'Healthy New Towns' programme aims to explore and test how new housing developments can support health.¹¹⁵ However, new-build housing makes up a small proportion of current housing stock and will continue to do so at current building rates.¹¹⁶ This means that retrofitting existing housing can affect more people.

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