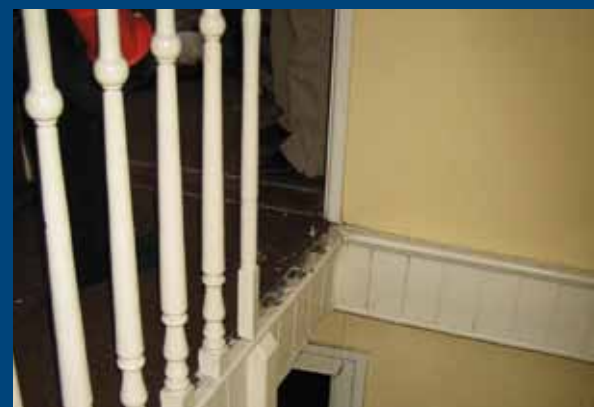


# THE COST OF POOR HOUSING IN NORTHERN IRELAND

Maggie Davidson, Simon Nicol, Mike Roys, Helen Garrett, Adele Beaumont and Charlotte Turner



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Housing  
Executive

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Registered Office: Bucknalls Lane, Garston, Watford, Herts WD25 9XX

BRE Trust  
Garston, Watford WD25 9XX  
Tel: 01923 664743  
Email: [secretary@bretrust.co.uk](mailto:secretary@bretrust.co.uk)  
[www.bretrust.org.uk](http://www.bretrust.org.uk)

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or  
IHS BRE Press  
Willoughby Road  
Bracknell RG12 8FB  
Tel: 01344 328038  
Fax: 01344 328005  
Email: [brepres@ihs.com](mailto:brepres@ihs.com)

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IHS BRE Press  
Garston, Watford WD25 9XX  
Tel: 01923 664761  
Email: [brepres@ihs.com](mailto:brepres@ihs.com)

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## FOREWORD

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I am pleased to be able to present this research report, which is based on secondary analysis of the data from the 2009 Northern Ireland House Condition Survey. The report makes a valuable contribution to our understanding of the links between good health and good housing and confirms the view that poor health can be alleviated by providing good-quality housing for low-income households.

The obvious connection between poor housing and ill health was a key factor that led to the public health legislation of the nineteenth century. Since then there have been enormous improvements in relation to the quality of the water supply and the provision of sanitation. This success helped to make the case for state intervention in the provision, maintenance and improvement of housing. Notwithstanding the progress that has been made, there is still evidence of a clear association between good housing and good health. However, a direct causal link has been more difficult to establish. This report is therefore important for two reasons: not only does it provide clear evidence that undertaking carefully targeted improvements to homes can directly lead to significant improvements in health, it also gives an insight into the very significant savings to the public purse that can result from this investment in housing.

The research and analysis underpinning the report found that even simple, low-cost safety improvements – handrails on dangerous stairs and steps, hard-wired smoke and carbon monoxide detectors and better home security – are effective in making a difference to people's health. Remedial works to deal with excess cold and dampness in the housing stock, although more expensive, are also effective, particularly when targeting certain types of properties with basic packages of work.

At a time of severe constraints on public expenditure, therefore, this report is a very welcome addition to the underlying evidence base for well-targeted public investment in housing, which would not only bring significant improvements in the physical and mental health and well-being of households, but would also increase the value of the housing stock and could facilitate very considerable savings in the health budget in Northern Ireland.



A handwritten signature in black ink that reads "John McPeake". The signature is written in a cursive, slightly slanted style.

Dr John McPeake  
Chief Executive  
Northern Ireland Housing Executive





# 1 EXECUTIVE SUMMARY

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This report summarises the results of a research project commissioned by the Northern Ireland Housing Executive and BRE Trust to apply a methodology developed to calculate the cost of poor housing in England and Wales to the housing of Northern Ireland. A full description of the original methodology is contained in *The real cost of poor housing*<sup>[1]</sup>. A summary of the findings for Wales is published in the companion document *The cost of poor housing in Wales*<sup>[2]</sup>.

The results of this research show that there is proportionately less poor housing in Northern Ireland than in England or Wales. This is largely due to the fact that Northern Ireland has the most modern housing stock of the UK nations. However, there is still an unacceptably high (and previously unreported)

proportion of health and safety hazards in the housing of Northern Ireland. Although great strides have been made in improving the energy efficiency of the housing stock, the excessively high fuel prices in Northern Ireland have meant that a very large number of households are still in fuel poverty.

If works are targeted to reduce the worst health and safety hazards in these poor homes to an acceptable level, it is estimated that there will be a benefit to the NHS of some £33 million per year. This figure could double if we widen our definition of poor housing to include all homes with a Standard Assessment Procedure<sup>[3]</sup> (SAP) energy efficiency rating of 40 or less and target basic heating and insulation improvements on these homes. Dealing with fuel poverty will save even more!



## 2 INTRODUCTION

### 2.1 BACKGROUND

There is a long established, recognised relationship between poor housing and poor health. During the nineteenth century, several cholera and typhus epidemics in Ireland highlighted the health risks associated with poorly designed and constructed buildings with no sanitary accommodation. The 1841 census reported that two-fifths of the houses in Ireland were single-room mud cabins without windows. The devastating effects of the potato famine of 1846 were further exacerbated by poor, overcrowded and insanitary living conditions in both private dwellings and the workhouses that provided lodgings for the most destitute.

In the following 50 years several pieces of legislation were enacted to improve housing and public health. The 1848 Public Health Act was the first of these. However, it had limited impact because it was only compulsory in municipal corporations. The 1866 Sanitary Act enforced the connection of all houses to a new main sewer, set definite limits for the use of cellars as living rooms and established a definition of 'overcrowding'. The 1875 Artisans' Dwelling Act gave local authorities the power to buy and demolish slum houses. However, because of severe opposition these powers were permissive rather than compulsory. Finally, the Public Health Act (Ireland) of 1878 specified a number of measures that local authorities had to adopt to improve public health, including ensuring that there was an adequate water supply, drainage and sewage disposal and that any nuisances were removed.

Although the incidence of many infectious diseases had decreased dramatically by the end of the nineteenth century, tuberculosis (TB) was still a major problem and, in contrast to the rest of the British Isles, deaths from TB in Ireland were actually rising at this time. It was only in the first decade of the twentieth century that mortality from TB began to fall, and even then it remained higher in Ireland than in Britain and many other European nations throughout the first half of the twentieth century. The problems of disease associated with 'slum' living have now largely been eradicated, but there remains a significant number of health and safety hazards in the housing stock of Northern Ireland.

Many studies have investigated the relationship between housing and health but, because of the number of intervening variables, it has been difficult to demonstrate clear and measurable cause-effect relationships. Nevertheless, there is a large and growing body of evidence linking systematically adverse health effects with poor housing conditions. These conditions include: dampness; living in a cold home; household accidents; noise; the fear of crime; overcrowding; and fire safety.

The statutory minimum standard for housing in Northern Ireland is the Housing Fitness Standard. This is essentially a count of serious defects to a dwelling that will have various effects on the health and safety of the occupants. In England and Wales the Housing Fitness Standard was replaced by the Housing Health and Safety Rating System<sup>[4]</sup> (HHSRS) in 2006. This produces scores



Figure 1: Glynn village showing group of people outside houses with one woman at a spinning wheel  
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Figure 2: Raphael Street – view looking east, dated 23 January 1912  
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