

The cost of poor housing in London

Helen Garrett, Maggie Davidson, Simon Nicol, Mike Roys and Claire Summers



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Dedication

Professor Peter Ambrose, of the University of Sussex, was an internationally respected academic who really raised the profile of health and housing issues and tirelessly campaigned for improvements in both housing conditions and housing systems to improve public health. He took on a key role with the Zacchaeus 2000 Trust that involved working at local, national and international levels. His most recent research focused on the complex relationship between poor housing and poor health and on the general impact of high housing costs on poverty and debt. He was also a major contributor to developing the methodology used in this publication and other BRE Trust Reports on the costs of poor housing.

Much of Peter's research was in London. In the mid-1990s he carried out groundbreaking research into health problems facing families in poor-quality, overcrowded housing in Stepney, demonstrating real health gains for those who had been moved into new housing. In 2010 his work on overcrowding in Wandsworth highlighted the impact of this problem on children's educational attainment and life chances as well as their general health.

This report is dedicated to Peter's memory.



Professor Peter Ambrose (1933–2012)



Foreword

As chair of the London Region Management Board of the Chartered Institute of Environmental Health, I am delighted to have been asked to write the foreword to this new research report focused on London. I have been a public health manager in both local authorities and health authorities. As local authorities once again take responsibility for public health, this report provides the evidence that improving housing should feature in effective health and well-being strategies.

The costs of poor housing in London have been estimated by BRE using the research methodology that underpins the Housing Health and Safety Rating System (HHSRS). The HHSRS was introduced to set minimum housing standards in Britain for the Housing Act 2004. It seeks to set an objective measure of the health hazards within the home upon which enforcement and improvement action can be based. Subsequent actions should address the particular circumstances of the residents in the property.

There are good reasons to argue that the trigger levels for intervention should be set lower in London, where residents in the worst housing often lack the resilience to overcome the impact of poor housing on health. This report identifies the high levels of overcrowding caused by unmet demand for affordable housing in London. It notes that wider impacts on mental health and educational development are not considered by HHSRS methodology.

One area of particular concern is the insecurity of tenure resulting in consequent changes to schooling and doctors for vulnerable tenants in the private rented sector. The 2011 English Housing Survey says one-third of England's overcrowded households live in London, where 21.5% of residents live in the private rented sector, compared with 14% across the whole of England.

Another area of concern is that high housing costs force the most vulnerable to choose between eating and heating and they eke out meagre post-rental income. I particularly welcome the additional work done in this report to quantify the impact of housing costs of fuel poverty at a time when the Hills Review has suggested that half of all Excess Winter Deaths attributable to indoor cold result from fuel poverty.

I also acknowledge the report's recognition of the need for further research. NHS and public health policy is currently focused on reducing health inequalities, an approach based on the Marmot Report, which identified environmental and household income as key determinants of such inequality.

An evidence-based approach to reducing health inequality needs to better understand those links. Further work may be needed, but this report is evidence enough that no health and well-being strategy or housing strategy is complete if it does not address poor housing and its impact on health.



A handwritten signature in black ink, appearing to read 'Jennifer Douse'.

Jennifer Douse, CFCIEH, MBA
Chair, London Region Management Board
Chartered Institute of Environmental Health



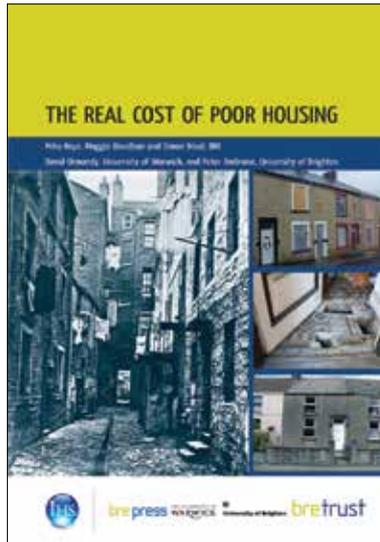
1 Executive summary

This report summarises the results of a research project commissioned by BRE Trust to apply a methodology developed to calculate the cost of poor housing in England to the housing of London. A full description of the original methodology is contained in *The real cost of poor housing*^[1].

The results of this research show that there is proportionately slightly less poor housing in London than in the rest of England. This is largely due to the fact that London has a much higher proportion of homes that are purpose-built flats than the rest of England and such dwellings tend to be newer, more energy efficient and in better repair than other types of home. However, housing conditions vary considerably both between and within boroughs and there are parts of London where housing conditions are significantly worse than both the national and London averages. Overall, there is a high (and previously unreported) proportion of health and safety hazards in the housing of London. While great strides have been made in improving the energy efficiency of the housing stock, an unacceptable number of households are likely to experience fuel poverty and overcrowding as a result of the increasingly high housing costs in London.

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 £56 million per year. This figure could rise to over £140 million if we include other costs related to living in poor housing, including lack of educational attainment, lost work days, additional cost to the emergency and social services, and additional energy and insurance costs. Providing more affordable housing and dealing with fuel poverty will save even more!

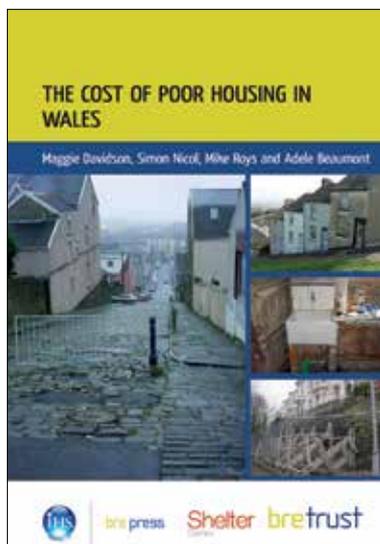




The real cost of poor housing

Poor housing in England is costing society around £1.5 billion a year. This best-selling report will help you to understand the weaknesses in existing housing stock models. It shows the link between housing and health using a cost-benefit model for analysing costs of unsafe and unhealthy housing and proposes a new model for more accurate analysis.

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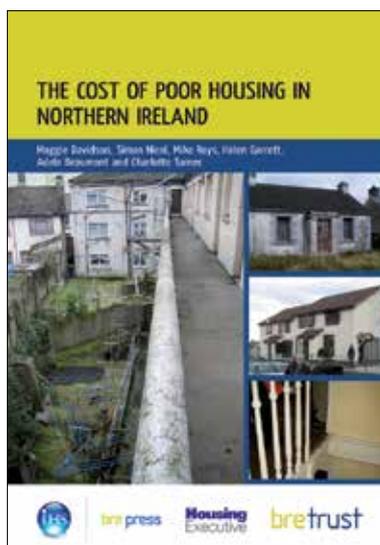


The cost of poor housing in Wales

Find out how improving housing conditions in Wales could save the NHS millions of pounds a year by reducing physical and mental illness caused by poor living conditions.

This report summarises the results of a research project that applied a methodology to calculate the cost of poor housing in England to the Welsh housing stock. It provides a valuable resource for housing and health professionals and policy makers.

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The cost of poor housing in Northern Ireland

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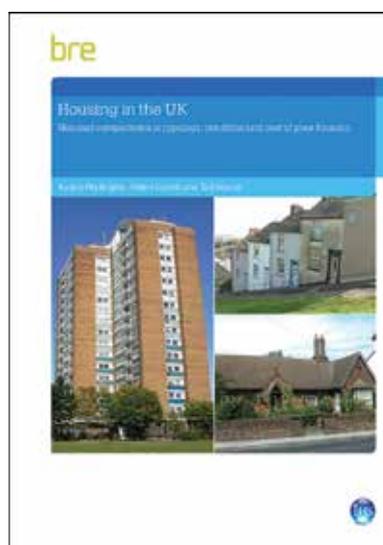
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Quantifying the health benefits of the Decent Homes programme

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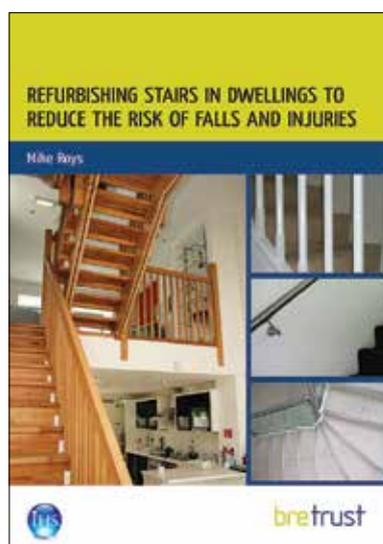
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Housing in the UK: National comparisons in typology, condition and cost of poor housing

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The cost of poor housing in London

There is a long-established, recognised relationship between poor housing and poor health, but until recently it has not been possible to estimate the costs to society of living with poor housing. This report summarises the results of a research project commissioned by BRE Trust to apply a methodology developed to calculate the cost of poor housing in England to the housing of London.

Although the problems of disease associated with slum living in the nineteenth and early twentieth centuries have largely been eradicated in London, there are still a significant number of homes with health and safety hazards. The research estimated that some 15% of London's households are deemed to be 'poor housing'. It found that reducing the worst hazards of poor housing in London would save the NHS about £56 million per year.

This research demonstrates that investment in housing not only improves people's health and life chances, but also makes sound economic sense and can actually save public money in the longer term.



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