HOMES FOR HEALTH

THE PUBLIC HEALTH CASE FOR SOCIAL HOUSING

Medact

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INTRODUCTION: THE HOUSING SYSTEM IS MAKING US SICK

Our homes are key to our health. The bricks and mortar of our homes can provide a foundation for our health and wellbeing, whilst affordability and security offer stability that is essential for people and communities. Secure, affordable and accessible homes help us to grow and thrive, and should be available to all.

But there is a public health crisis in our homes. Policy changes in the UK housing system have turned homes from sources of good health and stability into into sites of sickness affecting our minds, bodies and communities. Poor-quality housing, insecure tenancies and unaffordable rents mean that millions of people are unsafe at home.

The current housing system prevents vast numbers of us from simply feeling at home and calling the places we live in safe.

Health workers frequently see patients impacted by conditions directly related to their housing, such as respiratory problems and worsening mental health. The UK housing system entrenches the injustices of health inequity and intergenerational poverty, disproportionately impacting those with the least social, economic and political power. Poverty in turn increases exposure to both health hazards and poor-quality, unaffordable and insecure housing, further undermining health.

According to Shelter, 17.5 million people in the UK are living in overcrowded, dangerous, unstable or unaffordable housing, and the NHS currently spends around £1.4 billion a year treating people affected by poor housing.[1] As the NHS struggles with underfunding, our government continues to incentivise and subsidise a private housing

market that entrenches more harm and allows private interests to profit from this system.

Our health is fundamentally shaped by the social and material conditions we are born into and those in which we grow, live, work and age. Together, these factors create unequal exposure to health risks and disease, resulting in stark health inequities. These 'social determinants' of health are underpinned by political and economic systems that dictate how power, wealth and resources are distributed. Improving housing security, affordability and accessibility are critical to addressing the structural drivers of health inequities.

This booklet sets out a brief history of housing policy in the UK, as it relates to the current housing and health crisis, and traces the relationship between the two. It then offers a vision for how we can achieve a just future with secure, healthy and affordable homes for all – which is not only possible, but essential to our collective health (for today's and future generations).

HOW THIS BRIEFING SHOULD BE USED

This briefing sets out:

1. The historical and social reasons behind the decimation of availability of social homes and standards across the housing system.

2. Actions that will help address the housing crisis, and provide secure, affordable and decent homes for health

This briefing is intended to provide key background information for health workers and others wanting to campaign and organise on these issues.

Use this alongside the messaging guide we produced with NEON, designed to help us communicate these problems clearly.

HOW DID WE GET HERE?

PURSUING HEALTH THROUGH HOUSING POLICY: A HISTORY OF UK SOCIAL HOUSING, 1900–1979

Addressing housing injustice offers a powerful opportunity to address a key source of illness in the UK. Housing policy has a long history of being intertwined with public health planning to address health inequities. Historically, homes for social rent have been built at scale by the government to meet the need for healthy, secure and affordable housing.

In the 1910s and 1920s, almost 80% of people rented their homes, almost all from private landlords.[2] Overcrowding was rampant and ventilation often poor, with millions living in slum conditions. Following World War I, the Housing Act 1919, also known as the Addison Act, established large-scale, state-funded provision of council housing at low rents. It subsidised councils to build 1.1 million new council homes over the next 20 years. The act took its name from Dr Christopher Addison, who was not the Minister of Housing but the Minister of Health, and its aim was to improve the health of working people. This intervention highlighted the deep connection between housing and health.

In the aftermath of World War II, bombed cities and returning soldiers reiterated the urgent need to tackle poor housing conditions. The election of 1945 saw a Labour government voted in, and housing policy was central to their proposed welfare reforms. Aneurin Bevan, the Minister of Health and Housing, was responsible for the housing programme. Bevan's 1949 Housing Act removed the restrictions that only allowed councils to provide public housing to the 'working classes', so that council housing was made available to all.

Council-house building grew again under Macmillan's Conservative government, with his 1950 pledge to build 300,000 homes per year.[3] In total, 4.4 million new social homes were built between 1946 and 1980. In 1979, local authorities owned almost 5.2 million homes.[4]

1910S-1920S

ALMOST 80% OF PEOPLE RENTED THEIR HOMES, ALMOST ALL FROM PRIVATE LANDLORDS

Overcrowding was rampant and ventilation often poor, with millions living in slum conditions.

1919

POST WWI HOUSING LEGISLATION

The Housing Act 1919 (the Addison Act) establishes large-scale, state-funded council housing at low rents. Spearheaded by the Minister of Health, Dr Christopher Addison. Over a million new council homes built over the next 20 years.

1945

AFTERMATH OF WWII

Bombed cities and returning soldiers highlight urgent need to tackle poor housing conditions. Housing policy central to the welfare reforms of Labour government of 1945.

1949

BEVAN'S HOUSING ACT

Aneurin Bevan introduces Housing Act 1949, removing the restrictions that only allowed councils to provide public housing to the 'working classes', so that council housing was made available to all.

1950

CONSERVATIVE PARTY PLEDGE TO BUILD 300,000 HOMES PER YEAR

Successive Conservative Prime Ministers make housebuilding a priority of their governments. Council-house building grows again. In 1953 almost a quarter of a million new council homes were completed.

1946-1980

INCREASE IN SOCIAL HOMES

4.4 million new social homes built between 1946 and 1979. Local authorities own almost 5.2 million homes in 1979.

Consequently, in the decades leading up to the 1970s, millions of low and middle-income households had a high-quality, secure and affordable alternative to home ownership in socially-rented, state-owned council homes.[5] These homes provided a vital base for individuals, families and communities, through the safe and good-quality living spaces, affordable rents and stability that people need to thrive. For example, in 1968, households in the poorest quarter of the population spent on average only 9% of their disposable incomes on housing, compared to 21% in 2021.[6]

THE DECIMATION OF SOCIAL HOUSING STOCK: THE LEGACY OF PRIVATISATION

After decades of transformative progress, the links between housing and public health policy were severed. Homes were gradually commodified, turned into vehicles for profit-making and sources of ill health.

RIGHT TO BUY AND THE TRANSFER OF SOCIAL HOUSING STOCK

The 'Right to Buy' is a key policy cited by experts as foundational to the annihilation of social housing stock and the subsequent treatment of homes as private assets. This was set within a broader neoliberal policy agenda of privatisation (i.e. transferring public assets such as utilities and transport to the private sphere) and austerity (reducing state spending) in the 1980s.

Right to Buy became law in October 1980 through the Housing Act in England and Wales, and the Tenants' Rights Act in Scotland. It established a legal right for almost all secure tenants who had lived in their council homes for at least three years to purchase their properties at substantially discounted prices. The policy led to over 2 million homes being sold off[7] and privatised in England alone. This was the most significant transfer of one of the UK's most valuable public assets into private hands.

The Housing Act in 1988 also introduced mixed funding for housing associations and made it easier for councils to transfer stock to them. These changes were an attempt to transfer the responsibility for social housebuilding and accountability of management to organisations, backed up by private finance, rather than councils. The act paved the way for housing associations to become the main provider of social housing and led to a long-term shift in the ownership of social housing towards them (from 7% of all social housing in 1980, to over 60% as of 2019[8]).

However, social housing providers of all kinds have lacked the resources and powers needed to meet housing demand. As a result, social homes have been sold off faster than they have been replaced, and local authorities today have been left with just a fraction of the social homes they once had to offer. With supply reduced and stock being lost through Right to Buy, there was a net loss in social housing across the 1980s. Moreover, it has drastically impacted social housing providers' ability and incentives to build new housing, because it could then be sold off at a discount. There are now 1.4 million fewer households in social housing than there were in 1980.[9]

In the longer term, the Right to Buy scheme did not lead to higher levels of home ownership or owner-occupancy. In fact, over 40% of the homes bought under Right to Buy are now rented privately.[10] Affordable public homes have turned into private investments contributing to individuals' wealth at the expense of our collective health.

The effect of Right to Buy has been to drive a chronic shortage of affordable social housing. This has contributed to increasing homelessness, which has huge health ramifications. Local councils are now responsible for limited housing stock that is poorer in quality. Younger working people were disproportionately forced out of the social-housing sector, and the most economically disadvantaged and elderly populations were left with the remaining lower-quality homes. The subsequent lack of available social housing has pushed millions of people into the expanded private rented sector and onto ever-growing social housing waiting lists.

This also resulted in diminished incomes from social rent to councils, which reduced central government's support for council-house building, maintenance and services. This in turn undermined councils' and housing associations' abilities to repair and improve their properties. Many social tenants now face severe disrepair. And private rented properties lack the regulation of social housing, meaning that residents often live in worse quality housing with insecure tenancy arrangements.

STRIPPING TENANTS OF THEIR RIGHTS: HOUSING IN SERVICE OF LANDLORDS AND THE RISE OF THE PRIVATE RENTED SECTOR

Political pressure built from grassroots movements during the early 20th century, such as the powerful rent strike movement in Glasgow, led to a series of policies to control rent rises and evictions in the early 20th century. This included the Increase of Rent and Mortgage Interest (War Restrictions) Act 1915, which was later extended by the Rent and Mortgage Interest Restriction Act 1939.

The Rent Act 1957, brought in by the Conservative government, radically changed the situation: once a property was vacated, a new market rent could be imposed. This led

to instances of slum landlordism that sought to displace tenants.[11] Rising insecurity led the Labour government to bring in the Rent Act 1965, which introduced tenancies with long-term security and independently assessed fair rents. The expectation of rent regulation, as opposed to rent control (as under the 1915 and 1939 acts), was that rents would be set by the market. When landlords and tenants disagreed, either or both could refer the rent to an independent rent officer service.

One major effect of this regime was a substantial reduction in the amount of people renting in the private rented sector. The private sector had made up 90% of the housing stock in 1915 but by 1980, this had fallen to just 11% (32% lived in social housing and 57% were owner occupiers).[12] Rent controls have been widely identified as a factor in this decline; it is argued that there is a direct correlation between reduced rental returns and reduced presence of private landlords in the sector.[13]

In this context, the housing laws of the 1980s were designed to reverse the decline of the private rented sector, prioritising private over public housing, in keeping with a broader privatisation agenda. This had the effect of shifting the balance of power in favour of private landlords, through ending rent regulations, giving landlords the right to charge any rent, and creating a new tenancy type (assured shorthold tenancies) which allowed evictions without any reason (Section 21 evictions). This imbalance in power came to be reflected in widening inequities in our health.

FROM HOUSING FOR PUBLIC HEALTH TO HOUSING FOR PROFIT

Right to Buy attempted to expand home ownership at the cost of replacing thousands of secure, affordable homes with insecure tenancies and unaffordable rents. Overall, there has been a shift away from social homes to private rentals, which have more than doubled since 1996.[14,15] The current nature of the private rented sector, now free from rent stabilisation measures and protections against evictions, has led to a serious lack of affordable housing with rampant abuse and exploitation of tenants in the absence of protections.

The main purpose of the changes brought in the 1980s was to set the conditions for the expansion of a profitable housing market with a much larger private rented sector, followed by enabling landlords to profit from buy-to-let properties. Buy-to-let mortgages were first introduced in 1996, and this market was substantially expanded in the early 2000s.[16]

Over the long-term, housing policy in the UK has shifted from investing in building affordable council homes to subsidising high private-sector rents, charged by landlords to tenants who cannot afford increasing rents and cannot access social housing. For example, 25% of private renters received housing welfare payments in 2020/21.[17] In 1975, 80% of housing expenditure was spent on the construction of social housing (which resulted in rental income for councils/housing associations and allowed re-investment for public good), whereas by 2000, 85% was spent on housing welfare payments.[18] This has resulted in huge costs to taxpayers to effectively subsidise landlords' incomes.

These changes have contributed to the creation of what is now commonly known as 'generation rent' since the mid-2000s, as well as people living in temporary accommodation whilst on ever-growing waiting lists for social housing.[19] Alarmingly, provision of temporary accommodation alone is now costing councils £1.74 billion annually.[20]

Taken together, this created a perfect storm of public health harms, affecting the millions of people who cannot access a safe, secure and affordable home that is needed as a foundation for good health. These impacts affect the most marginalised groups in our society first and worst:

- refugees and migrants, who are often housed in extremely poor-quality and insecure 'temporary accommodation' as well as harmful Homes Office accommodation that enables profit-seeking through corporate contract procurement
- people with low incomes and in receipt of welfare
- children and young people, disabled people and those with chronic health conditions, who are all disproportionately likely to live in poor-quality accommodation
- and people experiencing homelessness, who are at the sharpest end of the housing crisis.

HOW HOUSING SHAPES OUR HEALTH: QUALITY, AFFORDABILITY AND SECURITY

Homelessness, housing insecurity, poor conditions and high rents all constitute serious risks to health, which health workers witness directly. These problems are complex and often overlap with one another. However, three frames – quality, security and affordability – can help us to understand them better.

QUALITY AND ACCESSIBILITY

Damp, mouldy, cold or overcrowded housing has huge impacts on both physical and mental health.[21] These conditions can harm lung health, contribute to excess winter deaths, and increase the risk of heart attacks and strokes, notably among the elderly, frail and disabled. Damp can lead to mould growth, which can cause allergic type reactions, the development and worsening of asthma, respiratory infections, coughs, wheezing and shortness of breath.[22] For example, 31,000 babies and toddlers are admitted to hospitals annually with lung conditions caused or exacerbated by cold, damp and mould.[23]

Cold homes also affect mental wellbeing, including stress, financial strain, social isolation, and direct effects on mood and sleep.[24] Overcrowded homes not only increase the spread of respiratory conditions,[25] but children living in them are also more likely

to be stressed, anxious and depressed, or have more behavioural problems and worse school attainment than those in uncrowded homes.[26]

- In 2021, around 900,000 homes in England had damp and mould, including a disproportionate 456,000 private rented homes. Cold homes are at greater risk of damp and mould, and 55% of homes in the private rented sector have an inadequate Energy Performance Certificate (EPC) rating of "D" or below, contributing to this issue.
- Around 1 million (23%) private rented homes also failed to meet the Decent Homes Standard, versus approximately 10% of social homes and 13% of owner-occupied homes.

Percentage of households that are overcrowded by tenure
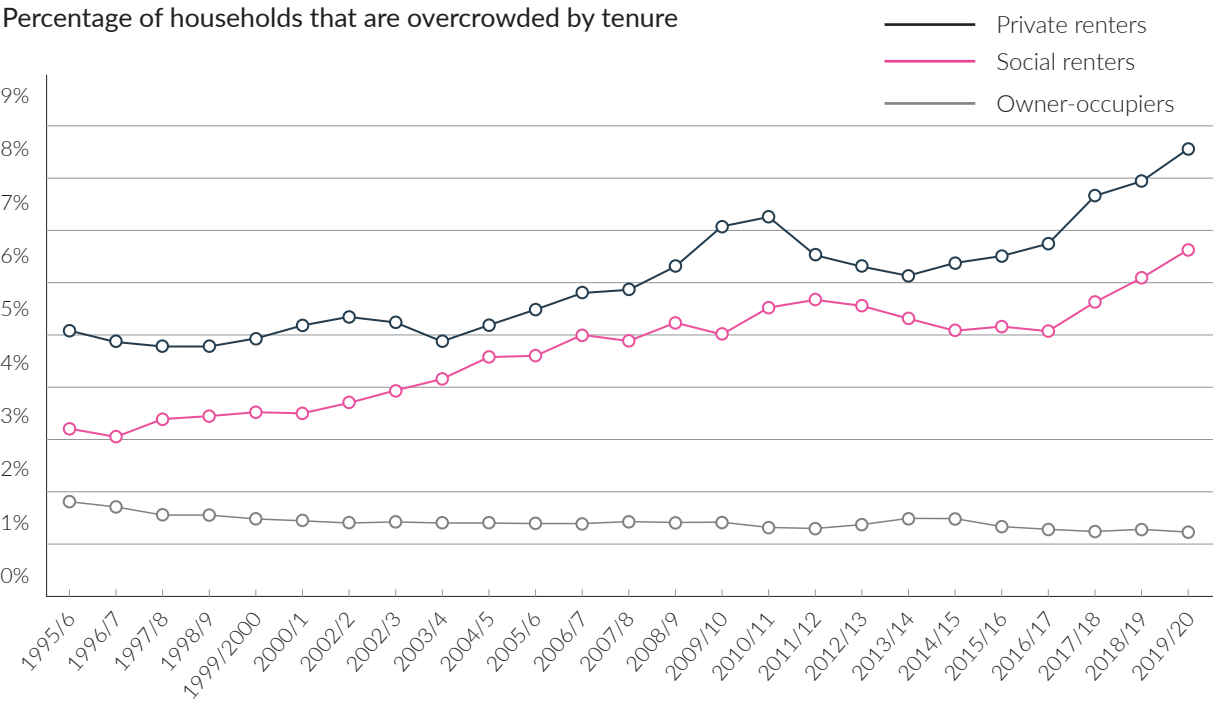
Graph: *The Health Foundation*[27] Source: *Ministry of Housing*[28]

Around 18% of people aged 18–34 live in poor-quality housing, and racialised groups are more likely to experience poor-quality housing. In 2017–2019, between 8% and 10% of households from Black African, Bangladeshi and Pakistani groups had damp in at least one room of their home, relative to 3% of White British households, whilst 14% of ethnic minority households live in overcrowded homes (3.5 times greater than the national average of 4%).[29] Poor-quality housing is also concentrated among low-income families, with the poorest fifth of households more than five times as likely to report living in poor-quality housing than middle or higher-income households (22% versus 4%).

There are 16 million disabled people in the UK, yet 91% of homes do not provide even the most basic accessibility features to make a home 'visitable', let alone suitable for disabled and older people to live in. Disabled and older people living in homes that are not suitably adapted report 'higher levels of pain, poorer health outcomes, and higher levels of social isolation than other adults.' Local authority wait times for new-build wheelchair-accessible homes can reach 47 years,[30] partly due to only 427 new wheelchair-accessible homes being built each year nationally.[31]

The financial, emotional and human costs of inaccessible housing are well documented. They include increased need for social care, increased reliance on carers and family members, accidents (which can be life-changing or fatal), and avoidable hospital admissions and lengthy stays in hospital.[32]

AFFORDABILITY

As of 2021/22, private renters spent an average of 33% of their total household income on their housing,[33] the highest of any tenure, and rents have risen particularly sharply in recent years (for example by 9.4% from 2021 to 2022[34]). There are also regional inequalities in housing affordability: London renters on average spent 53.6% of their (pre-tax) monthly income on rent.[35]

Yet despite steep year-on-year rises, Local Housing Allowance (LHA) – housing support to low-income private renters – has been frozen since March 2020, and critically wages have not matched the rise in rents.[36] Private tenants receiving welfare can often only afford lower-quality, overcrowded, insecure homes – exacerbated further by regional economic and housing market inequalities – and may also face a higher risk of exploitation.

High housing costs can drive people into poverty, particularly as they tend to take up a high proportion of disposable incomes. The stress associated with housing payment problems has been linked to ill mental health and sleep disturbances.[37] Unaffordability and constrained supply also impact health by driving increased overcrowding.

Lack of affordable housing has been linked to inadequate nutrition, especially among children. Relatively expensive housing may force low-income tenants to use more of their resources to obtain shelter, leaving less for other necessities such as food, school equipment and opportunities to learn and grow.[38]

Moreover, fuel poverty – exacerbated by the poor energy-efficiency of many UK homes – increases housing-related financial difficulties, causing impossible choices between heating homes or eating a hot meal.[39] This is despite record shareholder profits for fossil fuel and utility companies.[40] (For more on this, see our briefing *The Public Health Case to Warm Our Homes, Not Our Planet*.[41]) As such, it's not just the bricks and mortar that create or worsen health inequities, but the indirect effects of unaffordable rents or mortgage payments, which can leave little to nothing left over for the cost of other essentials for good health (food, heating, transport, leisure) and access to life-affirming infrastructures.

SECURITY

Insecure housing describes not having stable accommodation and being forced to move, which can include short-term and precarious rental tenancies, sofa-surfing, temporary housing, the fear of eviction and street homelessness.[42] People facing housing insecurity can experience significant mental distress and sleep disturbance. Children's health can be substantially impacted at a critical time in their development: housing instability in childhood is linked to poor child physical and psychological health both at the time[43] and later in life.[44] It also adversely affects children's educational attainment and their opportunities to thrive.[45]

Renters in particular experience a high degree of tenure insecurity – for example, 19% of renters have moved over five times in five years.[46] This is reflected by research showing higher levels of inflammation (CRP) in private renters, which is known to substantially affect long-term physical health, relative to owner-occupiers.[47] Living in a privately rented home has also been shown to lead to more rapid biological ageing, with an effect size equivalent to half that of smoking.[48] Furthermore, 45% of renters experience anxiety as a direct result of their living situation, meanwhile, those in temporary accommodation, the least secure living situation, experience depression at over twice the rate of the general population.[49]

The changes brought from the 1980's shifted the power balance in favour of private landlords, which all but guaranteed the conditions for rampant housing insecurity.

One of the most serious effects of insufficient housing supply over time has been an increase in homelessness and reliance on temporary accommodation, which is associated with especially adverse health outcomes. At least 309,000 people were estimated to be statutorily homeless in December 2023 (including 140,000 children),[50] and rough sleeping is 61% higher than 10 years ago.[51] Alarmingly, sleeping rough in

early adulthood is linked to a four-fold mortality increase over the next 27 years.[52] Children who are homeless are three to four times more likely to have mental health problems than other children.[53] Studies highlighting the experience of families in temporary accommodation have also revealed a range of physical health problems such as eczema and asthma.[54]

Minoritised groups often face greater housing insecurity in England and Wales, than the White British population.[55] People of colour are 25% less likely to own their homes compared to the national average,[56] and are therefore more often subject to private renting (with the associated insecurity, risk of Section 21 evictions, and unaffordable rent rises noted earlier).[57] Additionally, they are disproportionately more likely to experience discrimination by estate agents and landlords, to be moved out by local authorities from their current area, and to be made homeless.[58]

TRANSFORMING HOUSING TO TRANSFORM HEALTH

OUR VISION

At Medact, we believe a housing system that is just, fair and healthy is possible. In order to achieve this, we need to reclaim homes as sites for health, embedding health justice principles into housing policy. From its inception, the NHS was not meant to stand alone, but instead work in harmony with a housing system that promoted public health. We need to rethink housing beyond commodification, and take action to reclaim housing for our health, and as a public health asset.

Social housing not only pays for itself through savings in welfare, homelessness services and healthcare expenditure. but also delivers net social value beyond health, including economic prosperity, productivity, employment, crime-reduction, educational attainment and opportunities.[59] Moreover housing is closely linked with our climate through insulation and heat resilience. Healthy homes enable a healthier planet.

We are already seeing signs of transformative change in the housing system that should energise us. There is a growing movement of people challenging power on local, regional and national levels with results. The 'housing crisis' is a systemic problem that requires systemic solutions. Our political leaders have the opportunity and the means to change it, yet it is often ignored, all while developers and landlords profit through our collective sickness.

We need urgent political action to respond to the public health crisis that health workers are witnessing.

DEMAND 1: BUILD SOCIAL HOMES

We are calling for all parties in the UK to commit to a major programme of building at least 3 million homes for social rent, including more accessible social homes, to reduce inequities and support collective health.

- Social rented housing offers residents long-term security of tenure.[60] This delivers benefits in terms of households' stability and associated benefits for health, wellbeing and educational attainment.
- Social rents are set by a formula tied to local incomes, and historically they have typically been around 50% of market rents, making them the most affordable housing tenure. This offers benefits both to mental health and for disposable income after rent (e.g. on heating homes and other essentials). It also allows rents to be recycled back into maintenance and delivery of local services rather than syphoned-off and captured by landlords.
- Social rented housing delivers homes of a higher standard than that provided in the private rented sector, and is better-regulated. Improving housing conditions can relieve pressure on public services such as health and social care.

DEMAND 2: REFORM RIGHT TO BUY

The Right to Buy (in England) should be reformed so that, instead of worsening injustice, the housing system can become part of the solution.

- In the immediate term: devolve power to suspend Right to Buy to local authorities, wherever councils can evidence that the Right to Buy is contributing to a lack of affordable housing supply in the face of significant demand.
- End Right to Buy for new builds: Right to Buy means it makes little sense to build homes, only to then be forced to sell them at a sizable discount and forego the rental income. Giving councils the ability to end Right to Buy for newly built or acquired social homes would be an effective way to ensure they remained within local authority ownership.
- Prevent former social homes from being rented in the private rented sector: Councils should have the option of preventing homes sold under the Right to Buy from being let privately.

DEMAND 3: A SAFE AND SECURE PRIVATE RENTED SECTOR

DECENT HOMES STANDARDS FOR PRIVATE RENTERS

Over a million households in the private rented sector are living with damp, mould, accessibility issues and other serious hazards. A legally-binding Decent Homes Standard exists for social tenants, and the same needs to apply for private tenants. This would significantly increase local authorities' enforcement powers and help to hold private landlords to account.

Applying the Decent Homes Standard to private rented properties – as was previously proposed in the (now dropped) Renters' Reform Bill – would stop landlords from renting out a home that fell below an agreed standard. Any landlord failing to comply would then be unable to let the home out and potentially have to refund rent to their tenant.

LICENSING SCHEMES

Local authorities could consider implementing more selective licensing schemes as a way to fund efficient and effective enforcement. Licensing schemes are an important way for councils to improve standards for private rentals. By establishing these schemes, councils can charge a fee to landlords to be licensed and receive additional powers to enforce standards and issue fines. Licence fees and revenue from fines can help build up revenue to employ enforcement officers. The powers that landlord licensing schemes provide need to be used in full, with councils being clear they are willing to issue fines and revoke or not renew a licence where a landlord has broken the law.

CONTROL RENTS TO ACHIEVE SECURITY

Given the scale of the housing affordability crisis, carefully-designed rent control measures are becoming increasingly necessary to create a fairer, more affordable private rented sector.

While building more homes will help in the long run to reduce house prices and rents, this is not a solution to the housing crisis given its nature and extent. A large-scale increase in social-home building, as well as an expansion of the welfare system to ensure low-income households can afford homes where they need to live, are fundamental steps – but stabilising rents should be part of the solution alongside these measures.

ABOLISH SECTION 21 EVICTION ORDERS

Achieving security in the private rented sector also requires the abolition of Section 21 'no-fault' eviction orders, and guarantees of secure tenancies to prevent revenge evictions.

WHAT HEALTH WORKERS CAN DO

As part of the health community, we see and treat symptoms of an unjust economic system. We all play a crucial part in advocating for the systemic change needed to win high-quality, secure and affordable housing for all.

The Medact Economic Justice & Health Group is organising to improve policies for better access to quality, secure and affordable housing. This includes working alongside local groups to support local campaigns, as well as demanding policy change on a national level for better support for social housing and protections for renters.

Access our Homes for Health Toolkit at this address or scan the QR code: https://medact.org/homes-for-health-toolkit

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