Chapter 2

Housing and health in the United Kingdom

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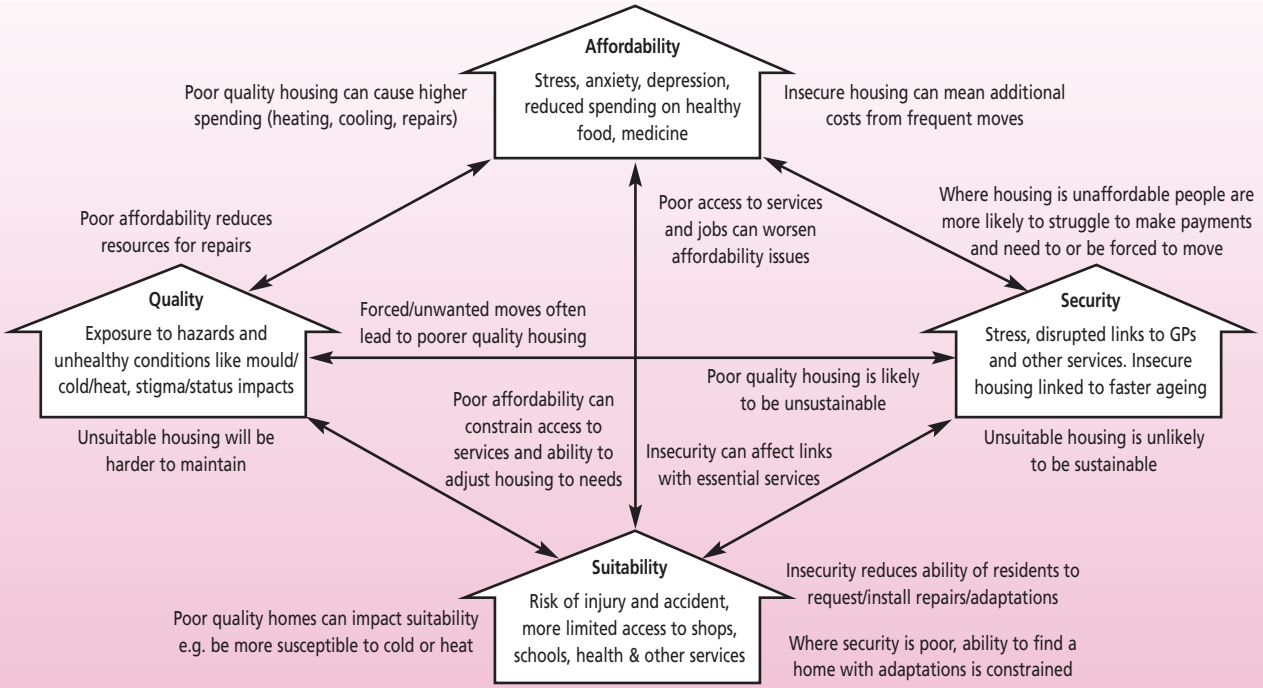
Housing has long been recognised as a key social determinant of health. Indeed, the relationship between housing and health re-emerged as a central policy concern during the Covid-19 pandemic, during which the lockdowns highlighted its importance. Since then, inequalities have widened, with wages stagnating and housing costs escalating. The persistence of poor-quality housing combined with affordability pressures, relating to both the cost of housing itself and that of the energy required to run it, are producing measurable health impacts across all parts of the UK.

This chapter reviews the latest evidence on how housing affects health, examines recent policy responses, and considers the implications for future housing and public health policies.

Overview: health effects of housing problems

Housing affects health through multiple overlapping biological, psychological, and social pathways, with housing affordability, security, suitability and quality forming the key aspects of adequate housing (summarised in Figure 1.2.1).

Figure 1.2.1 **Components of adequate housing from a health perspective**



Definitions:
Affordability: Housing costs, including transport, energy use, maintenance, are affordable and do not affect other essential spending
Quality: Home is of decent standard, free of health risks (hazards, mould, poor ventilation, pollution, etc.); includes necessary utilities
Security: Reasonable confidence that households can stay in the home long-term, free of interference
Suitability: Home meets household needs, including necessary adaptations. Access to essential services in/from the home

Source: Authors' analysis.

While adequate housing can protect or improve our health, inadequate housing can have significant detrimental effects on both mental and physical health. A well-established evidence base now links inadequate housing to increased risk of diagnoses for both physical conditions, such as cardiovascular and respiratory diseases, and mental health conditions, including depression and anxiety, as well as other risks such as injury. Beyond this, housing has been linked with broader life-course processes, for example what is known as 'epigenetic ageing', a measure of a person's biological age and how it compares with their actual (chronological) age.[1]

The impacts of housing on health extend well beyond its direct effects, as the housing we occupy protects our health and provides other benefits via the essential services (e.g. schools and hospitals) and resources (e.g. employment, food) it gives access to, as well as the relationships it creates and reinforces. Housing, and particularly its affordability, must therefore be taken seriously by policymakers at all levels who are concerned with health and wellbeing.

The UK faces a deepening housing crisis. Often framed around concerns about access to ownership, in practice the crisis affects all tenures. As the accessibility of owner-occupation has declined, many people excluded from ownership have also faced limited access to a smaller social rented sector. As a result, the private rented sector (PRS) has doubled in size since the early 2000s, leaving more households exposed to insecurity and poor affordability. However, those that have been able to enter homeownership face longer and more expensive mortgages, challenges that undermine many of its perceived benefits. High housing costs, increased reliance on precarious tenancies, and variable housing quality have left many households without healthy living conditions.

There is a corresponding crisis in health, with statistics showing increased economic inactivity due to poor health, a slowing, and in some places even a reversal, of long-run gains in life-expectancy,[2] and a gradual decrease in the number of 'healthy life years' experienced across England and Wales.[3] In understanding the drivers of health inequality, recent work by Michael Marmot and the Institute of Health Equity identifies housing as one of the most potent drivers of the 'health gap' between rich and poor.[4] Patrick Butler reported in *The Guardian* on a national 'stress crisis', with nearly five million people experiencing overlapping insecurities related to housing, health and their financial circumstances – showing how housing is inextricably linked to other aspects of life.[5]

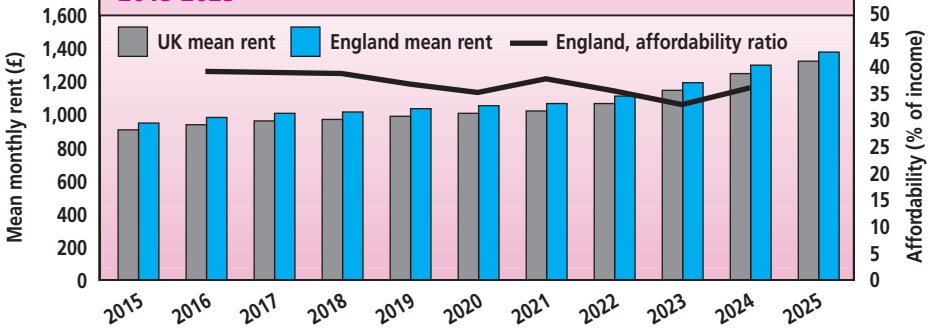
Housing affordability and its consequences for health

Housing affordability is associated with health in several ways, both directly and indirectly, in market-based systems such as the UK. Building on Marmot's notion of social determinants as the 'causes of the causes' of health, affordability can be seen as an *apex determinant of health* within the housing system.[6] Affordability determines other important aspects of housing: it powerfully determines whether people can access housing that is stable, of adequate quality, is safe and uncrowded, and is well-located to allow access to work, services, and social networks. When housing is unaffordable, households are forced into trade-offs, accepting poorer quality, insecurity, overcrowding or displacement, are subject to greater risks and, ultimately, to poorer health. In this sense, affordability operates as a *cause of housing causes*, determining whether people are exposed to the housing conditions that are harmful to health.

An important reason for this is that rent and mortgage costs are typically inflexible, and the consequences of missing payments are often serious. Households therefore prioritise these costs above others, sometimes cutting their other spending, including food, energy use and other essentials. This can lead to poor diets, living conditions that are too cold (or possibly too warm), and even forgoing healthcare, all with potentially severe effects on health. The stress of struggling to meet housing costs also has consequences for health, with housing arrears found to have a similar impact on self-reported health as does unemployment. Attempts to minimise direct housing costs can increase other housing-related costs, such as higher energy bills in poor-quality homes or higher travel expenses where households live further from work or education. This reflects the significant constraints people face in trying to afford the housing they need.

Furthermore, housing affordability in the UK has been static or worsening. ONS statistics show that housing-cost-to-income ratios have jumped from five times average income in 2002 to 7.5 times average income in 2024, while mean mortgage payments in England have jumped from £182 to £242 in just five years. These increases have resulted not just in higher repayments, but also longer average mortgage-repayment periods – which have increased from 24 years in 1990 to 29 years in 2024.

Figure 1.2.2 **Private rents and affordability, UK and England, 2015-2025**



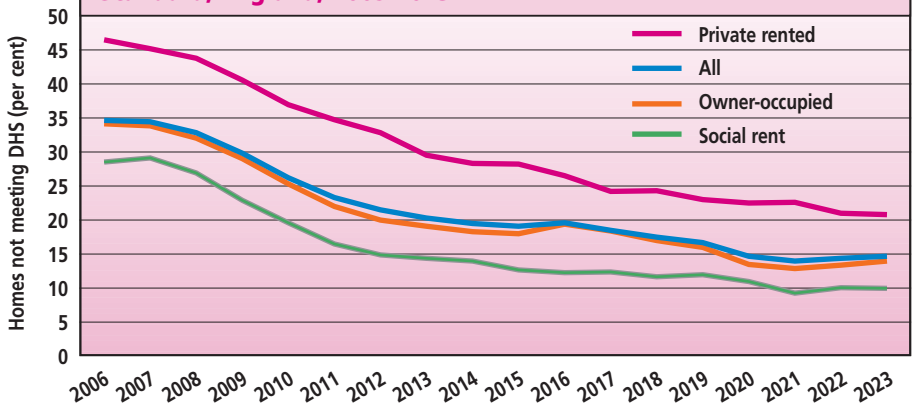
Source: ONS Private rent and house prices, UK; Private rental affordability, England, Wales and Northern Ireland.
Note: ONS data exclude rents paid via universal credit/housing benefit. The affordability ratio is the percentage of median gross income for private renters spent on an average home.

In recent years, people priced out of owner-occupation have increasingly resorted to the PRS, which now accommodates 19 percent of households in Great Britain, up from just ten per cent in 2001. Private rents have increased sharply since the end of Covid lockdowns (Figure 1.2.2). Indeed, rents have consistently been above 30 per cent of average incomes, a common affordability threshold, since ONS measurements began, suggesting that poor affordability, with its risks to their health, is a 'norm' for private renters (see the discussion of affordability in Commentary Chapter 3).

The quality of the housing stock and its health impacts

Poor housing conditions, including damp, mould, inadequate indoor temperatures and safety hazards are direct and well-documented contributors to physical and mental ill-health. The Covid-19 pandemic exposed these vulnerabilities further, as housing became the primary place of work, schooling, and care, as well as one of the primary sites for transmitting infection. While housing quality has improved over the longer term, progress has slowed. The *Review's* Compendium Table 23 shows that around one in seven homes fails to meet the Decent Homes Standard (DHS), and the private rented sector has the highest proportion of non-decent homes – with over one in five PRS homes failing the DHS (see Figure 1.2.3).

Figure 1.2.3 **Percentage of homes not meeting the Decent Homes Standard, England, 2005-2023**



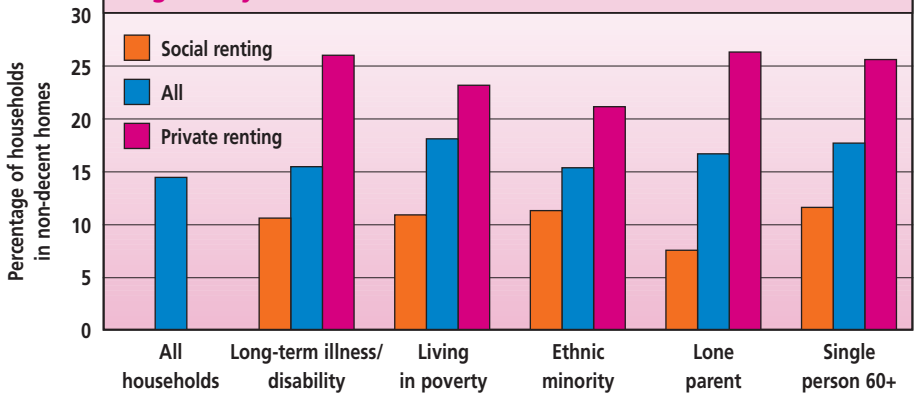
Source: UKHR Compendium Table 23 and earlier editions.

This reflects both lower levels of regulation for private rented homes and the 'split incentive' – where the costs of improvements (landlord) and benefits of improvement (tenant, although landlords also potentially benefit from improved property values) are felt to fall on different parties, reducing the likelihood of landlords taking action unless forced to do so.

In the PRS, poor-quality homes are disproportionately occupied by low-income and marginalised households. Over 25 per cent of households that include at least one person with a long-term illness or disability, living in the PRS, are in non-decent homes, compared to 15.5 per cent overall or just under 11 per cent in social rent housing (see Figure 1.2.4, data for England).

Social housing performs best on this 'decency' measure, and the tenure can provide high-quality, affordable housing that breaks the link between income and poverty. But the recent period of austerity and erosion of regulation (now reversed with new regulatory responsibilities focussed on customer needs), has resulted in high-profile cases of poor conditions and inadequate maintenance, sometimes with devastating consequences.

Figure 1.2.4 **Proportion of households in non-decent homes in England by various characteristics, 2023**



Source: English Housing Survey 2023.
Note: 'Living in poverty' is a household with income below 60% of the equivalised median household income (before housing costs are deducted).

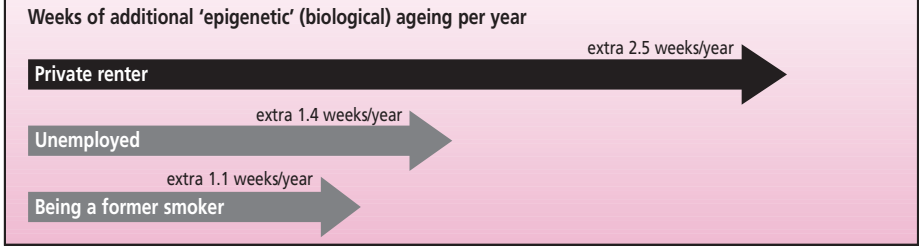
Substandard housing is linked to a wide range of illnesses including respiratory disease, cardiovascular illness, mental-health problems and increased mortality.[7] Cold and damp homes exacerbate asthma and bronchitis, while inadequate insulation and poor ventilation increase the risk of mould-related respiratory conditions. Hazards and disrepair expose people to risks of trips and falls. Poor conditions also create stigma and shame, affecting people's ability to socialise, as well as being associated with sleep disruption and lower life-satisfaction.

Recent work by the BRE has quantified the costs to the NHS of poor-quality housing. They estimate that in England alone poor housing conditions cost the NHS £1.4 billion every year, with more than half of this cost (£0.86 billion) caused by cold homes.[8] These costs relate to the treatment for one year after exposure, and do not include mental-health costs or wider impacts on education, employment or other public services. Once these are included, the costs of poor housing are even greater, with the savings from mitigating cold homes in England alone estimated to be over £15 billion.

Housing security and health

A growing body of evidence links insecure housing with anxiety, depression, and psychological distress, while emerging research also connects housing stress with cognitive functioning. The cognitive load of housing insecurity – constant anxiety over eviction, bills, or repairs – is a growing area of concern for mental health services. Research from similar contexts also indicates that housing insecurity, characterised by forced moves, reduces housing options and is associated with people living in poorer quality, less suitable homes.[9] Research in China showed that housing-related financial stress reduces household disposable income.[10] While the NHS generally minimises the risks of healthcare expenditure in the UK, prescription costs (where applicable) and chain of care costs (such as lost income, travel costs) remain a concern, particularly for people on lower incomes. Work in the Netherlands highlights the protective role of tenure security in mental health.[11] In the UK, similar mechanisms are at work: insecure housing – whether due to rising costs, insecure tenure, or the cost-of-living crisis – contributes to chronic stress and poorer mental health. Housing instability associated with private renting in much of the UK may be associated with faster epigenetic ageing – biological changes associated with accelerated health decline (see Figure 1.2.5).

Figure 1.2.5 **Impacts of tenure and other factors on 'epigenetic' (or biological) ageing**



Source: Clair, A., et al (2024) 'Are housing circumstances associated with faster epigenetic ageing?', in Journal of Epidemiology and Community Health, 78(1), pp. 40–46.

Homelessness remains one of the most visible expressions of housing-related health inequality, and the most extreme consequence of housing insecurity. People without stable housing face life expectancies up to 30 years shorter than the general population.[12] Mental illness, substance use, and chronic disease are highly prevalent, but health services remain fragmented. The *Everyone In* initiative during the pandemic demonstrated the effectiveness of integrated housing, health, and social care responses. These lessons have yet to be institutionalised.

Worryingly, homelessness has been increasing across the UK, as has the use of temporary accommodation (see Commentary Chapter 5). There were over 130,000 households in temporary accommodation (TA) in the first half of 2025, nearly double the number a decade before. This surge reflects the decreased availability of social housing alongside the increase in housing insecurity that has accompanied the rise of private renting (39 per cent of those owed homelessness prevention duty were homeless due to the end of an assured shorthold tenancy). TA, including B&Bs and hostels, may be long-term and involve moves between temporary homes, and is particularly unsuitable for those households with children (169,050 children are in TA in England). The consequences of this will include disruptions to schooling and interruptions to health services, delayed development, and, in the most severe cases, death. The Westminster government's 2025 homelessness strategy, promising to address this issue, notes that between 2019 and 2024, 74 children died in circumstances where living in TA potentially contributed to their death.

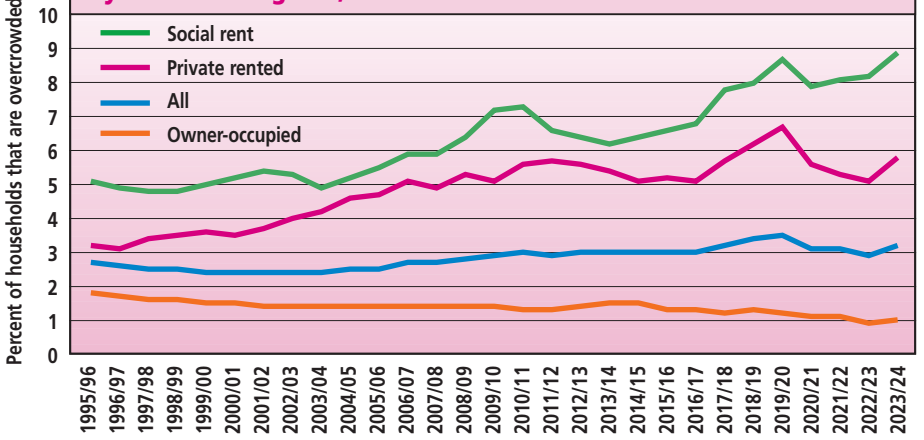
Housing suitability and health

A home is a universal need, but the nature of home can vary significantly. Size and space needs will vary according to household size and composition, as well as cultural needs and preferences. Adaptations for safety and accessibility will be necessary for some households but not others, while the nature of these adaptations will vary. Access to schools and childcare are important for households with children.

Being able to access a suitable home is becoming ever more challenging, in large part due to affordability but also reflecting reluctance on the part of policymakers to regulate housing comprehensively, for example to ensure accessibility standards. Recent evidence suggests that disabled people in the UK are increasingly forced to live in unsuitable homes, with significant impacts on their health. For example, poor accessibility in homes causes injuries that lead to 5,000 hours of additional primary care appointments for disabled people every year.[13] Access to suitable homes has been constrained in the context of increased reliance on the PRS to provide homes for more people for longer periods of time. In the most recent English Private Landlord Survey (EPLS), nearly half (46.9 per cent) of landlords reported being unwilling to rent to someone who needed property adaptations. The short length of PRS tenancies and existence of no-fault evictions (soon to change in England, and changed in Scotland in 2017) mean that requesting adaptations can be seen as risky or even pointless for private tenants. Where tenants had asked for adaptations, the majority (58.8 per cent) of EPLS landlord respondents reported that these adaptations were not completed. Across Britain, one in three disabled people living in the PRS live in unsuitable homes, compared to one in five in the social rented sector and one in seven owner-occupiers.[14]

Overcrowding is associated with health problems, as well as privacy and educational issues. This issue was particularly prevalent during the Covid-19 pandemic, where areas with greater levels of overcrowding experienced greater spread of the illness.[15] Overcrowding has been increasing for both social and private renters in England in recent years (see Figure 1.2.6), reflecting changes in government support. For example, private renters who receive support towards their housing costs have seen this shrink because of inadequate local housing

Figure 1.2.6 **Percentage of households living in overcrowded homes by tenure in England, 1995/96-2023/24**



Source: UKHR Compendium Table 34 and previous editions.

allowance rates (see Commentary Chapter 6). There is evidence that this has caused significant increases in overcrowding.[16] Some social renters in receipt of government support have also been penalised via the 'bedroom tax': ostensibly aimed at reducing overcrowding by freeing up larger properties, in practice it caused hardship and mental health issues, while having little effect on overcrowding.[17]

Housing and health: uneven impacts

Some groups and households are particularly affected by health-related housing challenges. Older, energy-inefficient properties are concentrated in deprived areas, leaving low-income and ethnic minority households disproportionately exposed to poor conditions. Migrant and refugee populations experience some of the worst housing conditions: overcrowding, insecure tenancies, and exposure to unsafe environments as key factors leading to elevated rates of depression and anxiety.[18] Policies that place asylum seekers in temporary and unsuitable accommodation, sometimes expected to move at very short notice, have been criticised by authors in the *British Medical Journal* as threats to intergenerational health.[19] 'Hostile environment' policies have been applied to housing via 'right to rent' checks, and as a result many landlords are reluctant to let to people who are not British citizens:

only a fifth of landlords in the EPLS were willing to rent to people who did not hold a UK passport. Where migrant and racially marginalised people are able to access more permanent housing, they are more likely to live in poor quality homes and face discrimination (discussed in Contemporary Issues Chapter 2 in the *Review's* 2024 edition). This was, of course, evident in the shocking case of Awaab Ishak, whose death from respiratory illness at just two-years old was caused by mould in a housing association flat which was reported multiple times, but dismissed as caused by 'lifestyle practices'.

The very young and very old are at greater risk of health impacts due to the increased amount of time spent in the home, as well as the home's importance for developing children. Exposures in childhood can have lifelong health effects and lead to cumulative disadvantage, including increased risk of chronic illness and accelerated biological ageing. Insecure housing can affect children's health and wellbeing both directly and indirectly via disruption to schooling and social development, as well as affecting relationships with health services. Exposure to environmental toxins, damp, or chronic stress during early childhood may alter genetic expression, influencing long-term susceptibility to disease. These findings reinforce the idea that housing is a key component of early-life health interventions. Addressing housing disadvantages among children is therefore central to tackling intergenerational health inequalities.

For older adults, housing and health are inseparable. Very high and very low indoor temperatures exacerbate existing conditions such as arthritis and respiratory disease. Falls and injuries are more common in homes without adaptations, as well as in cold homes. Research on mobility and social health among older Canadians provides lessons for the UK: mobility, social connection, and access to services are vital in maintaining independence and wellbeing in later life.[20] UK policies promoting ageing in place must therefore be matched by investment in adaptations, accessible design and energy efficiency. Policies should also think to the future: the current housing market, with lower levels of ownership, older average age of entry into owner-occupation, and longer mortgages, has important implications for housing older populations going forward, especially in the context of an ageing UK population.

Environmental sustainability and health

The role of housing in protecting us from the elements is often understood in the UK primarily in terms of protection from cold, with cold homes associated with poorer cardiovascular, respiratory, and mental health. Despite this, housing in the UK does this less successfully than many of its colder neighbours, with the UK recording higher excess winter mortality rates than countries such as Sweden and Finland, with housing heavily implicated – excess winter deaths are three times higher in the coldest homes.[21]

Protection from heat, as well as reduction in the contribution of residential buildings to problematic emissions, is going to be of increasing importance as climate conditions worsen. Reflecting this, sustainable housing is now framed as both an environmental and health imperative. In the 2025 edition of the *Review*, Matthew Scott argued that sustainable design – encompassing energy efficiency, green infrastructure, and inclusive design – can improve wellbeing, reduce energy poverty and build climate resilience (see Contemporary Issues Chapter 4 in the 2025 edition).

The policy landscape

Policy attention to housing and health has waxed and waned over the decades. Previously, public health and housing policy were closely aligned: the Ministry of Health was responsible for 'housing and environmental health' under the Ministry of Health Act from 1919 until postwar concern for housing resulted in the formation of a dedicated Ministry of Housing in 1951. Over that time, the provision of homes via council housing was a key responsibility of government and a response to the chronic housing conditions found in Britain until the 1960s. However, neoliberal restructuring since the 1980s shifted the emphasis to market provision, fragmenting responsibilities across government departments, and residualising social housing from universal provision to a safety net, as the *Review* has documented.

Devolution of housing responsibilities means that there has been scope for considerable divergence in policy across the nations of the UK. Scotland, for example, has invested significantly in social housing and introduced new,

open-ended tenancies in the PRS. Scotland and Wales have also advanced more integrated approaches to housing, health and sustainability – for instance, the *Housing to 2040* (Scotland) strategy and *Decarbonisation of Homes* (Wales) programmes explicitly link housing improvement to public health outcomes. The Well-being of Future Generations (Wales) Act 2015 frames poor quality housing as a *preventable* health risk and sets the goal of prevention across policy domains.

Recent developments suggest a tentative move in similar directions for England. The Health and Social Care Committee (2024) urged government to update and extend the Decent Homes Standard to the private rented sector, and to embed health outcomes in housing design and regulation. The Housing Ombudsman further called for a re-establishment of institutional links between housing and health policy, arguing that fragmentation across Whitehall departments undermines accountability. The recent passing of the Renters' Rights Act will end most, but not all, no-fault evictions in England from May 2026 as well as introducing periodic tenancies and extending the Decent Homes Standard to PRS homes. However, the impact of these policies will be limited in the absence of strong, proactive enforcement, and in the absence of controls on rent increases. Without reasonable constraints on rents, no-fault evictions seem likely to continue, but in the form of unaffordable rent increases rather than a (now defunct) section 21 notice.

Despite this progress, structural challenges remain. The UK's housing system continues to prioritise ownership and greater supply over ensuring adequate housing for all. Health outcomes are seldom used as metrics of housing success. Public Health England's integration into the UK Health Security Agency has narrowed the institutional space for cross-sectoral policy. Many local authorities, under fiscal pressure, struggle to enforce housing standards or invest in prevention. There are encouraging signs of a shift in approach to greater state provision of housing, although with continuing resource constraints meaning that this will still fall short of overall requirements.

Social housing has historically played a protective role in supporting public health and minimising the impact of low incomes (as evidenced in Figure 1.2.4). However, decades of underinvestment and the legacy of the right to buy have eroded stock levels, leaving many who would have historically lived in the social sector to find housing in the more expensive, less secure, and (on average) poorer quality private rented sector, also resulting in greater government spending on housing benefit. As noted by Mark Stephens in the 2024 edition of the *Review*, the current approach to housing support is 'simultaneously expensive and inadequate' (Contemporary Issues Chapter 4). We are now in the ironic situation where some low-income people in England are turned away from social rent housing because they cannot meet affordability requirements (see Commentary Chapter 5 in this edition). Our safety net can no longer be relied on to catch everyone most in need, and at present there is little indication of housing policy addressing this issue.

The affordability issue reflects not just housing costs, although reductions in social housing do reduce the availability of lower-cost homes, but incomes too. The role of broader social security functions is also key. Cuts to support for low-income households, notably the reduction in, and subsequent freezing of, the local housing allowance (LHA), alongside the benefit cap, bedroom tax, and two-child limit have caused significant financial hardship, particularly to large families and disabled people. While the recent announcement that the two-child limit will be removed is very welcome, more help to ensure that people can access adequate housing at an affordable price is needed. The LHA is currently 14 per cent lower than 30th percentile rents (the level of rent they were supposed to cover), and this gap is projected to reach 25 per cent by 2029/30. This current gap equates to an average of over £100 per month between actual rents for a two-bedroom home and financial support, with some people experiencing a much larger shortfall (see fuller discussion in Commentary Chapter 6). Without action on these issues, policies aiming to halve long-term homelessness and end the use of B&Bs for temporary accommodation are likely to fail.

Data, research, and evidence gaps

The evidence base connecting housing and health has grown substantially in recent years, yet important gaps persist. National surveys (e.g. the English Housing Survey and the Health Survey for England) provide cross-sectional insights but

often lack granularity at local level and uniformity across the UK. The imperative for policy to be based on evidence of the influence and effects of housing means that there is also a pressing need for quality longitudinal data linking housing trajectories to health outcomes across the life course. Researchers are increasingly calling for an integrated 'Housing and Health Observatory' to support policy evaluation, drawing inspiration from Australia's and Canada's national data infrastructures. Such an initiative could better inform local public health strategies, allow policy impacts to be monitored, improve targeting of retrofit funds, and enable cost-benefit analysis of the effects of housing interventions on NHS budgets.

Future Outlook

Looking ahead, the housing and health agenda in the UK will be shaped by four intersecting pressures:

- *Economic stress and affordability:* rent inflation and rising mortgage costs will deepen health inequalities unless mitigated by social housing investment and stronger regulation.
- *Climate adaptation:* The need to retrofit the UK's ageing stock to meet net-zero targets represents a challenge to balance the move towards renewable energy with the need to target unhealthy heat, as well as cold, temperatures in homes.
- *Demographic change:* Ageing populations, migration and shifting household structures require adaptive, inclusive, and accessible housing.
- *Emerging technologies:* including smart sensors, digital twins, and health-linked building monitoring, offer opportunities to identify and address risks in real time. However, these must be implemented ethically, ensuring that data-driven governance strengthens rather than undermines tenants' rights.

The overlapping nature of housing and health, both in terms of how one affects the other but also in terms of the interactions between different aspects of housing, means that it is essential to take a holistic approach to tackling housing problems. Simplistic solutions that emphasise supply or technological solutions will provide incomplete solutions and potentially even negative outcomes, both in terms of housing and health.

Conclusion

The UK's housing system sits at the heart of the nation's health and wellbeing. Recent evidence points to a dual challenge: improving housing affordability, quality, security and suitability while embedding health considerations into every stage of housing policy. Decent, affordable, and sustainable homes are not merely a social good, they are a public health necessity and economically prudent – the costs of ignoring the health impacts of inadequate housing vastly outweigh the costs of remediation.[22]

Re-establishing the institutional connection between housing and health, as part of a broader decommodification of housing, should be a national priority. Cross-sectoral collaboration, evidence-led policy, and investment in social housing are essential to achieving both health equity and economic resilience. Recent moves to improve security and conditions in the private rented sector are a good start, but as the reluctance of landlords to rent to people who need adaptations and the increased risk of living in a non-decent home demonstrate, the private sector alone will not produce all of the housing that the UK needs. More direct public investment is needed, with encouraging signs that its importance is now recognised. As the *UK Housing Review* has consistently emphasised, housing is more than shelter: it is the foundation for a healthy society.

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