

# Building healthier foundations

How to improve access to  
healthy housing for all



Supported by the Health Foundation



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# Executive Summary

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The housing crisis in the UK is not just an economic one. It is a **public health crisis**, that is denying too many people the vital foundations of a healthy life. We can see that the impacts of this crisis do not fall evenly. They follow existing social inequalities, because access to housing remains largely shaped by economic factors, such as someone's income and wealth, or where they live. This means that **solving the housing crisis is a vital step to turn around worsening health inequalities.**

We see the impacts of this crisis across all tenures, harming our clients' mental and physical health in three distinct ways. First, through **unaffordable costs** that push people into negative budgets and reduce spending on essentials. Second, through **poor housing conditions**, where exposure to disrepair, damp, mould, and excessive cold directly harms physical and mental health. Finally, through **dislocation**, where extreme housing crises and sudden relocations sever links to vital services, and break up networks of family and community.

The government have prioritised housing this parliament. This report highlights some **key risks** to their ambitions. **Inadequate housing cost support** for people in the private rented sector is intensifying the impact of high housing costs and pushing people into homelessness. The wider **fiscal pressure on local government** is threatening their crucial role in implementing and enforcing new legislation. Too much pressure to deal with problems in the here and now risks draining resources from their ability to enact longer term preventive measures.

Resolving the housing crisis will not happen over night. But following the commitments below will put the country on a trajectory to where a healthy home could be within everyone's grasp.

- **Short-term:** Uplift Local Housing Allowance to reflect reality.
- **Medium-term:** Effective implementation of the Renters' Rights Act, Awaab's Law, the expanded Decent Homes Standard and higher minimum energy efficiency standards, closely monitoring local authority capacity.
- **Long-term:** Empower councils to build genuinely affordable homes for social rent as a sustainable solution to the housing crisis.

# Introduction

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Adequate and affordable housing is foundational to good health.<sup>1</sup> Unfortunately, in the UK, too many people are denied access to this basic right, and their health is suffering as a result. The impact of this housing crisis has not fallen evenly across the UK, and the greatest harms have fallen on those least able to bear them. Those at the bottom of the income scale, those who are disabled or already suffering from long-term health conditions are all more likely to be impacted by the negative health impacts of inadequate housing.

This work is part of a wider project, funded by the Health Foundation, to shed light on the scale and causes of these health inequalities through Citizens Advice data. In the UK as a whole, there is currently an 18 year difference in the healthy life expectancy between people living in the most and least deprived neighbourhoods<sup>2</sup>. This gap in health outcomes has a complex set of causes, entwining individual behaviours and large scale social trends. But the effect in aggregate is of stark disparities in health outcomes that map closely onto economic and social inequalities.

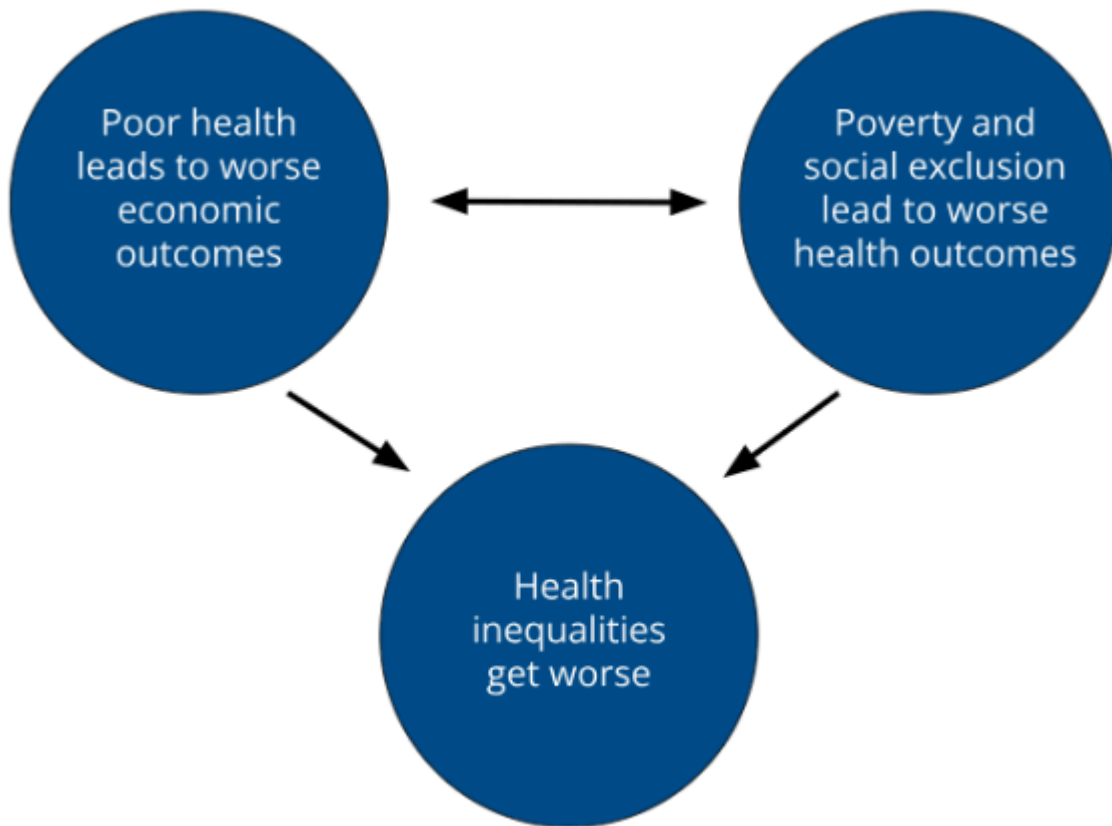
Our work gives us insight into the complex issue of health inequality from two perspectives. We can see the additional problems and challenges that disabled people and people with long-term health conditions face as a result of bad policy or inadequate provision of services. We also see people everyday who are being impacted by problems that are known determinants of future health outcomes. Whilst their health may not yet be an issue, they are experiencing challenges that evidence shows will lead them to experience worse health across the course of their life - these are the 'social determinants of health'.<sup>3</sup> These two processes reinforce each other, creating a vicious circle of poor health and worsening economic outcomes that entrench the problem of health inequality.

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<sup>1</sup> Health Foundation (2026) *Evidence Hub: Housing*. Available at: <https://www.health.org.uk/evidence-hub/housing>

<sup>2</sup> Health Foundation (2025) *Interpreting the latest life expectancy data*. Available at: <https://www.health.org.uk/reports-and-analysis/analysis/interpreting-the-latest-life-expectancy-data>

<sup>3</sup> Health Foundation (2018) *What makes us healthy? An introduction to the social determinants of health*. Available at: <https://www.health.org.uk/sites/default/files/What-makes-us-healthy-quick-guide.pdf>



In the UK, the Marmot review (funded by the Health Foundation), which reported in 2010<sup>4</sup> and was revisited in 2020<sup>5</sup>, provided a thorough overview of the social causes of health inequality and the policy direction that could help to close the widening gap. It highlighted the importance of housing, and the ways in which the inaccessibility of decent and affordable housing has harmed people’s health. Since then, the evidence of the link between health and housing has only become stronger.

## The Three Pathways of Harm

To understand how the housing crisis drives health inequality, this report analyses the data through three critical pathways. The first is cost: escalating

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<sup>4</sup> Strategic Review of Health Inequalities in England post-2010 (2010), *Fair Society, Healthy Lives*. Available at <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmotr-eview/>

<sup>5</sup> Marmot et. al.(2020), *Marmot Review 10 Years On*. Available at <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

rents and an inaccessible housing ladder place severe financial strain on households, directly impacting mental wellbeing and depleting resources for other health essentials like nutrition. The second is condition: the UK possesses some of the oldest housing stock in Europe, and a lack of targeted investment exposes residents to severe physical health risks, including damp, mould, and cold. Finally, a home's location determines access to statutory services and grounds individuals in community support networks, both of which are vital building blocks of health.

## **Analysis by Tenure**

Because tenure dictates an individual's housing cost, location, flexibility, and legal recourse, the core of this report is structured around three specific housing sectors. Private tenants often face the highest proportionate costs and the greatest risk of non-decent standards, driven by short-term tenures and regulatory enforcement gaps. Social tenants, while theoretically enjoying greater security, are frequently trapped in aging, inadequate homes with limited ability to relocate due to severe stock shortages and chronic underinvestment. Meanwhile, households at imminent risk of homelessness placed in temporary accommodation face profound physical and psychological trauma due to the poor quality and fundamental insecurity of statutory emergency housing.

*(Note: This report methodologically excludes owner-occupiers. While mortgagors face distinct financial pressures, outright owners and mortgagors generally possess a level of asset wealth and property control that insulates them from the most acute structural health hazards outlined in this research.)*

## **The Importance of Place**

Housing markets are highly localised. The cost of housing is closely tied to wider economic factors, meaning that rents can vary hugely across the country. Supply shortages in thriving towns and cities drive up rents, while an aging housing stock and lack of investment increases the risk of disrepair in rural or coastal areas. Councils hold extensive responsibility for housing policy, often owning housing stock outright, or managing it through arm's-length organisations. They enforce regulations and inspect conditions in the private and social rented sector, and have a statutory duty to protect people from homelessness. For this

reason, political choices and practical capacity can substantially shape the experience of households in a given area.

Consequently, local authorities remain the critical delivery mechanism for housing policy. To reflect this, the report integrates in-depth focus groups with our local advisers, presenting four regional case studies to illustrate how national housing failures manifest differently across urban, rural, and coastal contexts.

## **Policy for healthier housing**

The government has made housing a priority for this parliament, advancing the Renters' Rights Act, the National Plan to End Homelessness, and the Social and Affordable Homes Programme (SAHP). These will make a significant impact in improving the lives of people on low incomes, particularly renters. But these longer term reforms must be paired with immediate intervention to stop people experiencing harms in the here and now.

The story of Tomiwa\* that we share on p. 53 shows how significant the impact of inadequate housing can be on people's health. It is to make sure that more families don't experience these impacts that we are calling on the government to do more to improve the provision of housing for everyone in this country.

In the short term, addressing the financial shortfall driving homelessness requires restoring housing cost support for private renters. In the medium term, the success of new regulatory standards depend on the capacity of local authorities to enforce them. Crucial local services, such as environmental health and housing enforcement, must be shielded from the competing statutory pressures of social care to prevent de facto cuts. Ultimately, resolving the crisis in the long term requires building more homes. However, the delivery of new homes through the SAHP must be strategically evaluated to meet specific demographic and clinical needs, rather than relying solely on commercial viability.



## Weston-super-Mare in focus

Weston-super-Mare faces some unique housing challenges, but also many others that would be familiar across many other parts of the country. As a small coastal town, commutable to Bristol, it has experienced significant rent inflation in recent years.

This increase in rents, combined with a low rate of social housing provision, has meant the area has faced a growing problem with homelessness. There is little temporary accommodation, meaning that the council frequently has to send households threatened with homelessness out of the area.

As a seaside town, Weston has a housing sector with a high proportion of houses of multiple occupancy (HMOs), largely in the form of former hotels and B&Bs that have been converted into private rented accommodation. Advisers we spoke to told us about landlords who were failing to maintain homes. They described rogue landlords who continued to rent out unfit properties. The local authority, North Somerset Council, has failed to bring in selective landlord licensing, despite campaigns from housing organisations in the area for it to do so.

Coastal towns like Weston frequently experience elevated rates of substance dependency. There exists a cycle of disadvantage, where a high concentration of cheap, unregulated HMOs and supported accommodation can attract individuals managing existing health and addiction issues from across the country. This creates a concentration of severe vulnerability within the poorest quality housing stock, increasing the health risks for those residents while simultaneously overwhelming local clinical and support services. This can hinder individual recovery and leaves residents trapped in a state of precariousness, regardless of the housing standards themselves.

*"Some of our private landlords went with the whole, 'Let's do it as a dry house because you can charge more and it's shared housing and we'll tell them they haven't got tenancies, they've got licences, and we'll just kick them out if they relapse.' But, it meant there were a lot of properties that were off the normal market, all because of how it was and the drug problem has never really gone, even though most of those dry houses have closed down or aren't running any more. We still get quite a lot of people coming in from externally and part of it is because we are a seaside town." - North Somerset Citizens Advice adviser.*

# Inequality, Health & Housing

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The UK housing system is currently characterised by a severe structural imbalance. While property owners have, in general, benefited from sustained asset appreciation, rising interest rates have made mortgage payments difficult for many. Renters face compounding financial pressures driven by escalating private rents and a severe shortage of social housing. Because housing is a fundamental determinant of health and wellbeing, systemic failures in its allocation and pricing generate profound public health consequences.

## Housing and Inequality

A functioning housing market requires a balance of different tenure types to meet diverse demographic needs. In the UK, this has historically meant a mix of homeownership, private rental and social housing. The current trajectory of the market is throwing these sectors out of balance, cutting off homeownership for many, and removing the safety net provided by social housing. This has deepened economic segregation.

High rental costs actively inhibit the ability to save for deposits, which coupled with a lack of social housing supply can trap lower-income households in the private rented sector. Consequently, housing access is increasingly dictated by intergenerational wealth transfers<sup>6</sup>, locking those without existing wealth out of the security and financial stability of homeownership.

At its heart, the housing crisis reflects a shortage of homes where they are needed. Following long-term macroeconomic shifts, economic growth has heavily concentrated in specific urban centers. The housing market, constrained by historic undersupply and the burden of maintaining some of the oldest

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<sup>6</sup> Johnson, P. (2023). How important is the Bank of Mum and Dad? [Explainer] Institute for Fiscal Studies. Available at: <https://ifs.org.uk/articles/how-important-bank-mum-and-dad> (accessed: 26 January 2026).

housing stock in Europe<sup>7</sup>, has failed to adapt to these shifting patterns of demand.

Where demand outstrips supply, market rents are forced upward, presenting a dual crisis of cost and unavailability. As housing costs consume an increasing proportion of household income, some people can be priced out of the market entirely, leading directly to the acute stress and health disruptions associated with statutory homelessness.

Historically, social housing acted as a vital structural buffer, providing a reservoir of stable, affordable accommodation insulated from market pressures. However, the severe contraction of social housing stock relative to demand has fundamentally altered the sector's demographic profile.

Because the dwindling supply of social housing is allocated on a strictly needs-first basis, the sector has experienced significant 'residualisation'.<sup>8</sup> The tenant base is now heavily concentrated with individuals experiencing higher-than-average rates of unemployment, disability, and chronic ill health. While prioritizing the most vulnerable is a necessary policy mechanism, this concentration places compounding pressure on social landlords, who must manage diminished resources while supporting a tenant base with increasingly complex clinical and social needs.

## Housing and Health

Safe, warm and affordable housing is a cornerstone for good health.<sup>9</sup> The Building Research Establishment estimates that poor-quality housing costs the NHS £1.4 billion annually.<sup>10</sup> However, this figure only captures direct clinical treatment, masking the broader socioeconomic costs borne by individuals lacking adequate accommodation. Research from the World Health Organization demonstrates that housing deprivation and fuel poverty contribute to more than

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<sup>7</sup>BRE Trust (2020) *The Housing Stock of The United Kingdom*, p. 31. Available at: [https://files.bregroup.com/bretrust/The-Housing-Stock-of-the-United-Kingdom\\_Report\\_BRE-Trust.pdf](https://files.bregroup.com/bretrust/The-Housing-Stock-of-the-United-Kingdom_Report_BRE-Trust.pdf)

<sup>8</sup> Marmot Review 10 Years On (2010) p. 79

<sup>9</sup> Health Equals (2010) *The Building Blocks of Health*. Available at: <https://healthequals.org.uk/building-blocks-of-health/>

<sup>10</sup> Building Research Establishment (2021) *The cost of poor housing in England*. Available at: <https://bregroup.com/news/bre-report-finds-poor-housing-is-costing-nhs-1.4bn-a-year>

20% of inequalities in self-rated health across Europe, driving proportionate disparities in mental health and overall life satisfaction.<sup>11</sup>

To provide a framework for the subsequent chapters, this report categorises the health impacts of the housing crisis into three primary dimensions: economic cost, physical condition, and where it's located.

**Economic Strain: The Cost of Housing** High housing costs directly deplete effective household income, reducing the money available for health-sustaining essentials such as adequate nutrition and energy. As housing consumes an increasing proportion of their budget, lower-income households are frequently forced into material deprivation and food insecurity.<sup>12</sup>

Furthermore, unsustainable housing costs are a primary driver of problem debt, specifically rent arrears. The stress of managing stretched finances and the persistent threat of eviction generate a well-documented feedback loop: financial distress exacerbates mental<sup>13</sup> and physical ill-health<sup>14</sup> (affecting cardiovascular, gastrointestinal, and immune systems<sup>15</sup>), which in turn degrades earning capacity and deepens debt. While cost pressures exist across all tenures, they are most acute for private renters, and are explored further in Chapter 2.

**Environmental Hazards: Housing Conditions** The physical fabric of a home dictates its occupants' exposure to environmental health risks.<sup>16</sup> The Housing Health and Safety Rating System (HHSRS) currently identifies 29 potential hazards, including damp, mould, excessive cold, and overcrowding.

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<sup>11</sup> WHO Europe (2019) *Healthy, prosperous lives for all: the European Health Equity Status Report*. Available at: <https://www.who.int/europe/publications/i/item/9789289054256>

<sup>12</sup> IFS (2023) *Housing costs and income inequality in the UK*. Available at: <https://ifs.org.uk/publications/housing-costs-and-income-inequality-uk>

<sup>13</sup> Money & Mental Health Foundation (2025) *Money & Mental Health: The Facts*. Available at: <https://www.moneyandmentalhealth.org/money-and-mental-health-facts/>

<sup>14</sup> Sturgeon et. al (2016) *The psychosocial context of financial stress: Implications for inflammation and psychological health*. *Psychosom Med*. 2016 Feb-Mar;78(2): p. 134–143. doi: 10.1097/PSY.0000000000000276

<sup>15</sup> Yaribeygi et. al (2017) *The impact of stress on body function: A review* Jul 21;16:1057–1072. doi: 10.17179/excli2017-480

<sup>16</sup> Marmot Review Team (2011) *The Health Impacts of Cold Homes and Fuel Poverty*. Available at: <https://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf>

Exposure to these hazards is highly correlated with income. The English Housing Survey shows that renters in the lowest income quintile are three times more likely (18%) to live in a home with a Category 1 health hazard than those in the highest income quintile (6%).<sup>17</sup> A similar pattern is observed across all housing tenures, demonstrating that economic inequality directly dictates exposure to physical harm.

**Geographic Dislocation: Access and Networks** Beyond its physical structure, housing provides the geographic anchor for essential community support networks. When individuals are forced into unstable housing or abruptly displaced by a housing crisis, the severance of these networks can lead to significant mental and physical health impacts.<sup>18</sup>

Geographic dislocation fundamentally disrupts access to statutory services, requiring relocated households to navigate new healthcare providers, schools, and social care systems. This disruption is particularly dangerous for specific demographics:

- **Disabled people and people with long term health conditions:** Research from the Equality and Human Rights Commission emphasises that proximity to existing support networks is a critical factor in housing choice for disabled people. Furthermore, this group requires specialised or adapted housing (e.g., ground-floor access), narrowing their viable options in a constrained market.<sup>19</sup>
- **Rural Communities:** The centralisation of support services and patchy transport infrastructure mean that rural households facing a housing crisis often must choose between retaining their local support network or moving miles away to secure affordable accommodation.

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<sup>17</sup> MHCLG (2024) English Housing Survey 2022 to 2023: housing quality and condition. Available at:

<https://www.gov.uk/government/statistics/english-housing-survey-2022-to-2023-housing-quality-and-condition/english-housing-survey-2022-to-2023-housing-quality-and-condition>

<sup>18</sup> Rolfe et. al. (2020) *Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework*. BMC Public Health, 20:1.

<https://doi.org/10.1186/s12889-020-09224-0>

<sup>19</sup> Equality and Human Rights Commission (2018) *The housing experiences of disabled people in Britain*. Available at:

<https://www.equalityhumanrights.com/sites/default/files/research-report-114-housing-and-disabled-people-experiences-in-britain.pdf>

Because the private market alone will not provide a sufficient diversity of adapted, affordable housing in high-need locations, local authorities and social housing providers play a very important role. Ensuring a robust supply of social housing is one of the key mechanisms to guaranteeing that all populations can access the services and communities central to a healthy life.

## **Housing and Children**

The impact of housing on health can be particularly pronounced for families with children. This is already a group who is experiencing the sharp end of the cost of living crisis, particularly those in single parent households.<sup>20</sup> Families need larger houses to ensure that everyone has adequate space, but this pushes up costs. It can also mean higher energy bills, as families may have fewer ways to cut back on usage.<sup>21</sup> As such, families on low incomes are more likely to face overcrowded or poor quality housing conditions, as they are forced to find lower cost housing to ensure they have a roof over their head.

This can have significant, long lasting consequences for the health of children. They are more vulnerable to the negative health impacts of damp and mould, excessive cold, or other hazards. They may also experience significant disruption to crucial stages of development, such as having to move school repeatedly, being unable to socialise, or lacking privacy. These can have long term consequences on their mental health and future prospects, locking in health inequalities for the next generation.

Insight from advisers who have worked with children with serious health conditions highlighted the barriers that the housing system posed in allowing them to recover. This includes things like difficulty in accessing adapted housing, or being unable to move out from homes riddled with damp and mould. Without better support, of the kind documented throughout this report, children from

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<sup>20</sup> Citizens Advice (2024) *The National Red Index: how to turn the tide on falling living standards*.

Available at:

<https://www.citizensadvice.org.uk/policy/publications/the-national-red-index-how-to-turn-the-tide-on-falling-living-standards/>

<sup>21</sup> Citizens Advice (2025) *The warmth gap: an energy crisis that is leaving families with young children behind*. Available at:

<https://wearecitizensadvice.org.uk/the-warmth-gap-an-energy-crisis-that-is-leaving-families-with-young-children-behind-1fd2b8aede5a>

low income families who fall ill are likely to experience worse health outcomes, the impact of which will stay with them for the rest of their lives.<sup>22</sup>

In their child poverty strategy<sup>23</sup>, the government has focused on protecting children from the worst impacts of inadequate temporary accommodation, and provided a welcome boost to income for many by removing the two-child limit from universal credit. But for these benefits to be felt by all, much will rely on being able to tackle the persistent systemic failures of the housing market that continue to cause widespread harm.

## Causal Linkages

The three primary pathways through which housing impacts health, cost, condition, and location are highly interrelated. Severe housing unaffordability traps individuals in hazardous properties or forces displacement away from vital support networks. Conversely, living in a poorly insulated, damp home drives up energy consumption, compounding existing financial strain. Furthermore, statutory placements in temporary accommodation frequently necessitate out-of-area relocation, simultaneously exposing households to severed care networks, higher localised living costs, and inadequate physical conditions.

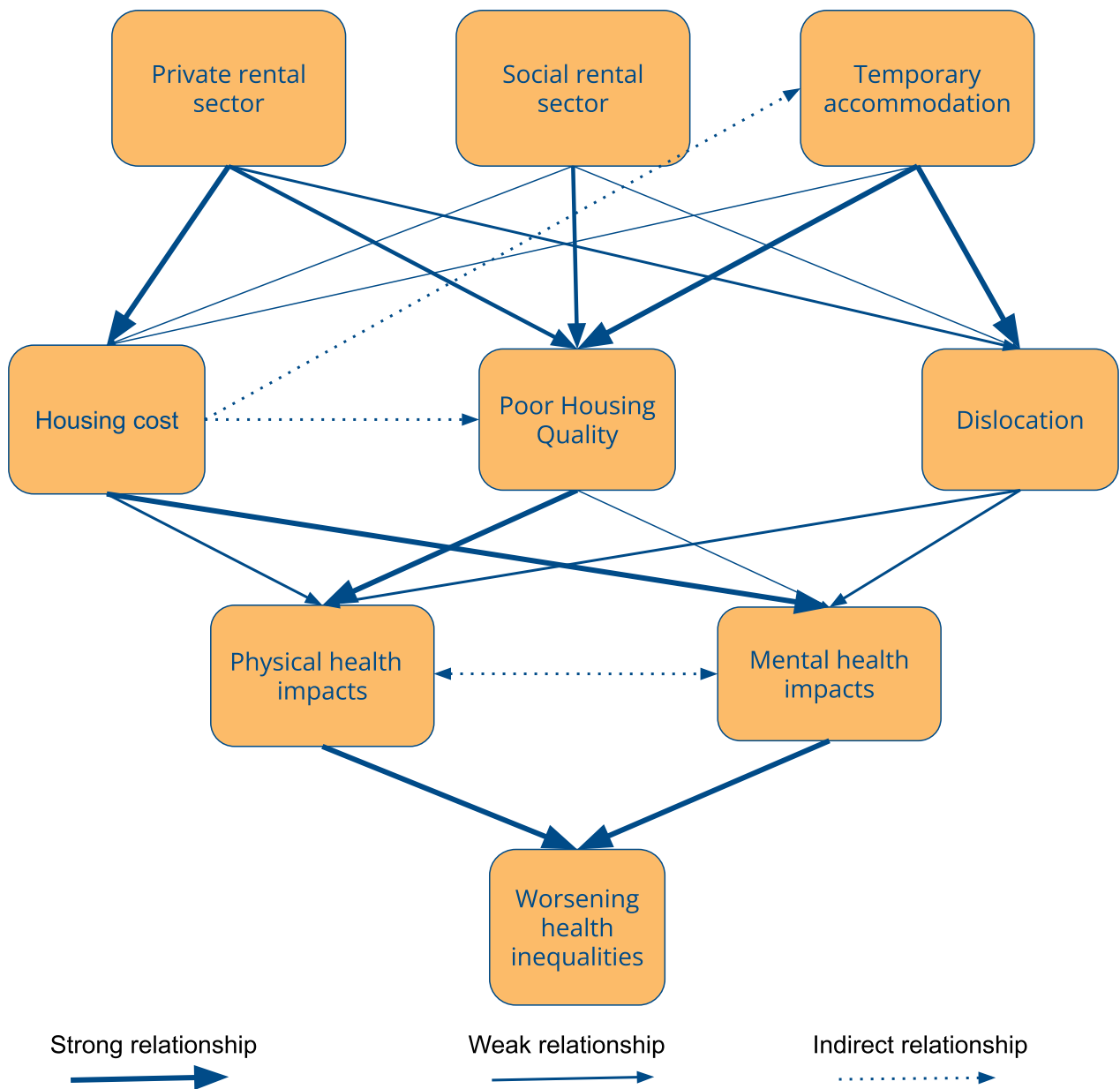
In each scenario, low-income households are forced into impossible trade-offs: either remaining in an affordable property that damages their physical health, or securing habitable housing that guarantees severe financial deficit and problem debt.

The diagram below illustrates this systemic complexity. While not exhaustive, it maps how these discrete housing failures compound across different tenure types. It demonstrates that the households we support frequently experience multiple intersecting harms, creating structural feedback loops that exacerbate the overall impact on their physical and mental wellbeing.

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<sup>22</sup>Marmot Review Team (2011) *The Health Impacts of Cold Homes and Fuel Poverty*. Available at: <https://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf>

<sup>23</sup> DWP (2025) *Child Poverty Strategy*. Available at: <https://www.gov.uk/government/collections/child-poverty-strategy>



## Conclusion

This chapter establishes the fundamental mechanisms linking housing, health, and inequality. Because access to secure housing remains strictly gated by economic capacity, the widening of associated health disparities is unavoidable without structural intervention. Mitigating these impacts requires a calibrated mix of housing tenures that guarantees safe, sustainable accommodation regardless of economic status.

As the subsequent chapters demonstrate, the current UK housing sector fails to meet this baseline. The private rented sector is defined by geographic scarcity

and prohibitive costs. Simultaneously, the social housing sector has suffered from long-term underinvestment, stripping away the necessary safety net for households priced out of the private market. Consequently, a growing number of households are being pushed into statutory homelessness, triggering the severe, compounding health consequences associated with the lack of a stable home.

## Camden in focus

This area experiences some of the highest rents anywhere in the country. As of January 2026, average rents in Camden were the 5th most expensive of all local authorities in England.<sup>24</sup> Whilst rent inflation has been lower than in other parts of the country over recent years (see Chart 3), the already extremely high level of rents mean that a deep and sustained affordability crisis has been in progress for several years

This affordability crisis has meant that the gap between rents and the housing cost support available is substantial. For many of the LHA categories, the 30th percentile of rents is above the capped maximum LHA rates, meaning that the support provided is even less adequate than elsewhere in the country.

It means that anyone on a low income finds it extremely difficult to rent privately in the borough. *“The local housing allowance is ridiculous. You couldn't get a rabbit hutch in the private rented sector”* - Camden Citizens Advice adviser

A consequence of this is that the borough has struggled with very high levels of homelessness. Last year, the council reported up to 400 approaches for assistance with homelessness every month, up 40% on the year before.<sup>25</sup>

The advisers we spoke to reported the difficulty in securing support for clients at risk of homelessness, due to the pressure that this demand placed on local homelessness services. They also reported that many people they helped ended up being located out of area, and described helping people with severe health conditions who were located in temporary accommodation miles away from their GPs. The impact of these relocations are discussed further on p. 66.

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<sup>24</sup> ONS (2026) Price Index of Private Rents, UK: monthly price statistics. Available at: <https://www.ons.gov.uk/economy/inflationandpriceindices/datasets/priceindexofprivaterentsuk/monthlypricestatistics>

<sup>25</sup> London Borough of Camden (2025) *Risk Deep-Dive – Increasing Homelessness*. Available at: <https://camden.moderngov.co.uk/mgConvert2PDF.aspx?ID=124683>

# Private Rented Sector

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People on low incomes who rent privately have faced some of the worst impacts of the housing crisis.<sup>26</sup> Rents have risen faster than other costs, and the lack of legal protections that characterises many renters' experience can be costly and destabilising. Renting can have its advantages, and it offers flexibility that can be very valuable for people at different points of their lives. Over the long-term in the current UK housing market, where a home-owner would have built up a valuable asset, renters are left with nothing to show for years of financial outlay.

In other Northern European countries, renting can be a more sustainable long term option. In Germany, one study found that the average length of a tenancy was 11 years, compared to only 2.5 years in the UK.<sup>27</sup> This reflects a system with more legal protections for tenants, greater obligations for landlords, and lower, less volatile prices.

The evidence presented in this chapter demonstrates the impact that these high costs have had on the health of renters we've helped. It also shows how the poor condition of many rental properties, particularly at the cheaper end of the market, expose their residents to health risks. And, as discussed further in Chapter 5, those in private rented accommodation remain at the greatest risk of falling into homelessness, with all the negative health implications that can result.

A major change to the landscape for renters is in prospect as the longer awaited Renters Rights Act is put into practice (see box out). This includes protections against a number of issues that we have long argued have been harmful to renters, such as Section 21 evictions. It will also introduce increased protections for clients in relation to poor quality homes, with more responsibilities on landlords to address hazards to health, and updated energy efficiency standards to meet.

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<sup>26</sup> Crisis (2022) *Falling short: Housing benefit and the rising cost of renting in England*. Available at: <https://www.crisis.org.uk/media/aateh4z1/falling-short-housing-benefit-and-the-rising-cost-of-renting-in-england-august-2022-zoopla-and-crisis-pdf.pdf>

<sup>27</sup> IPPR (2017) *Lessons from Germany: Tenant power in the rental market*. Available at: <https://www.ippr.org/articles/lessons-from-germany-tenant-power-in-the-rental-market>

## Overview of the Renter's Rights Act

The **Renters' Rights Act 2025** is a landmark piece of legislation that overhauls the private rented sector in England. Its primary aim is to provide tenants with greater security and quality of housing, largely by rebalancing the legal relationship between landlords and tenants.

The key provisions include:

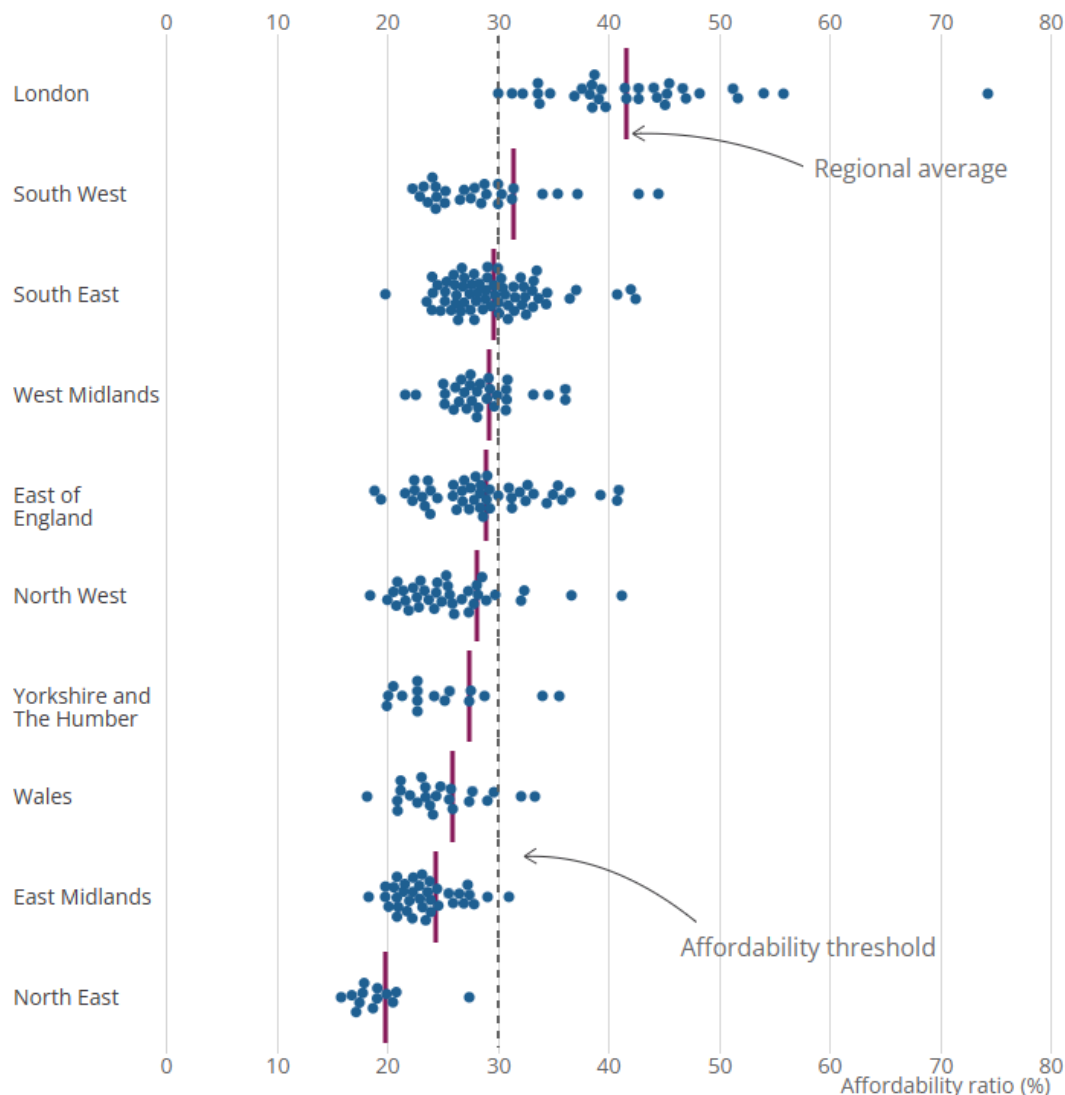
- **Abolition of "No-Fault" Evictions:** The Act removes **Section 21**, meaning landlords can no longer evict tenants without a specific legal reason. All evictions must now be processed through reformed **Section 8** grounds (e.g., rent arrears, antisocial behavior, or the landlord wishing to sell or move in).
- **End of Fixed-Term Tenancies:** All assured shorthold tenancies (ASTs) are being replaced by **periodic (rolling) tenancies**. Tenants can end a tenancy at any time with two months' notice, while landlords must cite a valid ground to regain possession.
- **Rental Reform & Standards:** The Act bans "**rental bidding**" (where landlords or agents accept offers above the advertised price, or demand multiple months worth of rent upfront) and limits rent increases to once per year. It also extends the **Decent Homes Standard** and **Awaab's Law** to the private sector, legally requiring landlords to fix hazards like damp and mould within strict timeframes.
- **New Rights & Protections:** Landlords are prohibited from having blanket bans on tenants with children or those receiving benefits.

Whilst these new protections are important, their benefits won't be fully appreciated by renters on low incomes without addressing the inadequate level of housing cost support. For too many people in the private rented sector, the help they need to meet their housing costs simply isn't there. This leaves them stretching their budget to cover the costs of essentials, facing greater risk of arrears and eviction, and sometimes pushing them into homelessness.

## Soaring rents, struggling households

The impact of the housing crisis on renters has not been spread evenly around the country. Pressures on housing markets can vary significantly by region, and type of geography. Chart 1 below shows the 'affordability ratio' for different regions (rows) and local authorities (blue dots) across England and Wales. This shows the cost of rent relative to average incomes, with 30% being defined as the level at which they become 'unaffordable'. It highlights the significant variation between places, both across the country and within regions. The greatest pressures are faced in London and the South, with the pattern repeated on a local scale, with cities in their respective regions often being less affordable than the surrounding areas.

Chart 1 - Rent Affordability by Region, Private Rented Sector<sup>28</sup>

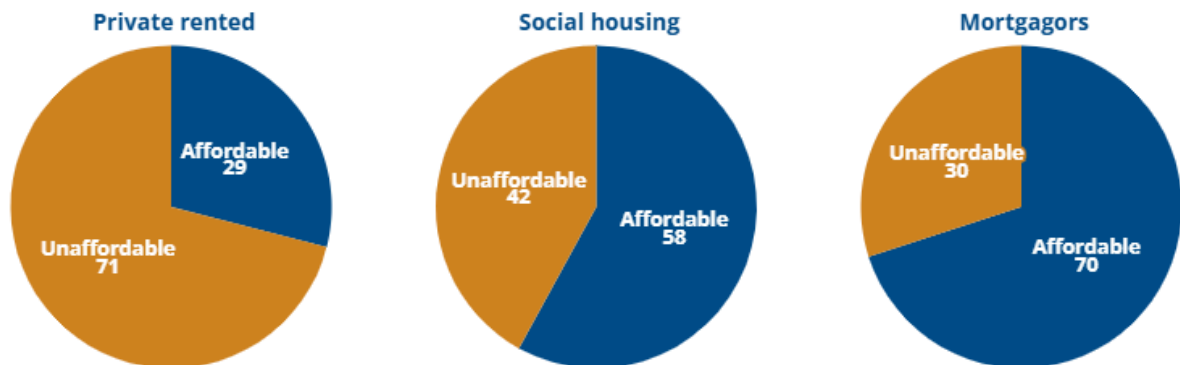


This is not to say that low-income renters necessarily have it easier in the more 'affordable' regions, as the inadequacy of the current system of housing cost support ensures that many people still fail to get the support they need (see p. 29). Data from the English Housing Survey shows that the households most exposed to housing cost stress are those in the private rented sector. Among households in the lowest 2 income quintiles, 71% of private renters were above this affordability ratio, meaning that they spent more than 30% of their income

<sup>28</sup> Taken from: ONS (2024) *Private rental affordability, England, Wales and Northern Ireland: 2024*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/privaterentalaffordabilityengland/2024>

covering their housing costs. This compared with 33% of mortgagors and 42% of social renters.

Chart 2 - Housing affordability by tenure<sup>29</sup>



Parts of the country have experienced significant rent inflation since the end of the COVID-19 pandemic. Even where rent inflation has been lower, the baseline is an extremely high rent-to-income ratio, that has been persistently high for several decades.

Where rents have risen sharply in recent years,<sup>30</sup> each increase pushes more and more people into financial difficulty. Over the longer term, earnings have broadly increased to keep pace with rents, meaning that (on average) households in full time work have been keeping pace with rental costs - albeit at high levels.<sup>31</sup> But some areas have experienced substantially sharper inflation in rents during this time, meaning that significant detriment can be concealed within this wider picture (see Chart 3).

This is particularly harmful because, as will be discussed later in this chapter, the formal mechanism of housing cost support for people in the private rented

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<sup>29</sup> Data taken from MHCLG (2025) *English Housing Survey 2023 to 2024: experiences of the 'housing crisis'*. Available at: <https://www.gov.uk/government/statistics/english-housing-survey-2023-to-2024-experiences-of-the-housing-crisis/english-housing-survey-2023-to-2024-experiences-of-the-housing-crisis>

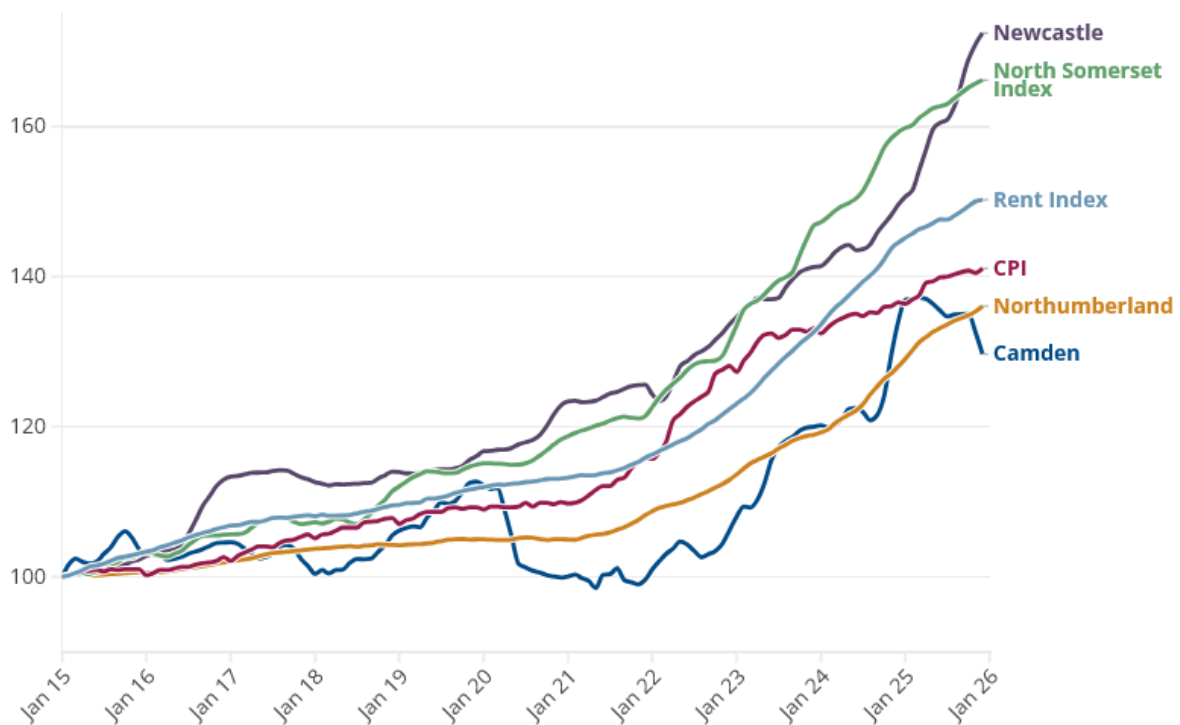
<sup>30</sup> ONS (2024) *Private rental affordability, England, Wales and Northern Ireland: 2024* <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/privaterentalaffordabilityengland/2024>

<sup>31</sup> Joseph Rowntree Foundation (2026) *Under Pressure: The affordability challenges facing private renters*. Available at: <https://www.jrf.org.uk/housing/under-pressure-the-affordability-challenges-facing-private-renters>

sector has been frozen for much of this period. This has meant that low-income renters have been particularly exposed to these higher costs, with rapid rent increases leading to a widening gap in support.

Chart 3 below shows the rent inflation rates for the different areas explored as case-studies in this report. This shows how the experience of rents can vary steeply across the country, and the need for policy to reflect the different dynamics of local housing markets. These can vary significantly within a given region - the high rate of rent inflation in Newcastle sees it significantly outpacing neighbouring areas in a region that is otherwise more affordable (see Chart 1).

Chart 3 - Inflation indices



Whilst the Renter's Rights Act introduces a more formal process for increasing rents, and limits it to one increase a year, there are few additional protections for limiting the rates by which rents can go up. If the demand for housing outstrips supply, landlords will still be able to justify steep rent increases. For people already struggling, rising rents typically mean either finding money from elsewhere in the budget to cover the increased costs, or falling into arrears. In either case the impact on someone's health is likely to be negative.

## Rent and negative budgets

When people come to us for help with debt, our advisers conduct a full budget assessment using the Standard Financial Statement framework. This gives us a picture of someone's financial sustainability and their capacity to manage debt. By tracking this data every time we undertake a debt assessment, we have developed a data set that provides a unique insight into the trends in incomes and costs that are shaping living standards in this country. The following sections analyse this data to gain insight into the impact of housing cost on households budgets.

One consequence of the current cost of living crisis has been the increase in the number of people that we see who are in negative budgets. This means that, after a debt adviser has gone through someone's income and expenditure to try and reduce outgoings to a sustainable level, there is still not enough money coming in to cover all the costs.

For the people in the PRS who came to us for help with debt during 2025, whether or not their rent was affordable was a clear indicator of their likelihood to be in a negative budget. For those with affordable rent<sup>32</sup>, only 32% were in a negative budget. For those whose rent was above the affordability ratio, 53% were in a negative budget. This means more than half of the people in this position are unable to cover their essential costs even after our help to plan out their budget.

As this section will show, when someone is in a negative budget, there are only two likely outcomes - either falling into debt, or cutting spending on essentials below the level of adequacy. Both of which take their toll on health, and serve to deepen the health inequalities between those able to access affordable housing and those who can't.

### Rent and debt

Problem debt takes a toll on people's health (see p. 11). In 2025, the people we helped with debt in the private rented sector had an average stock of debt of £9,039, compared with £7,876 for people in the social rented sector. Although, on average, the private renters we saw had a higher income, this still reflected a

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<sup>32</sup> Defined as less than 30% of household income.

higher ratio of debt to income (4.79 times monthly income for private renters, vs 4.5 times monthly income for social renters).

The relationship between rent and debt is complicated by the role of income. People with relatively higher incomes will be able to afford higher rents, and are able to manage a higher stock of debt before it becomes a problem. For this reason, it is rent affordability that matters. The ratio of rents to incomes provides clearer insight into when housing costs are likely to become a problem for a household's budget.

Using the data on rental affordability per local authority shown in Chart 1, it's possible to compare the experience of the clients we helped with debt against the average for their area. This sheds light on the role that rent affordability is playing in driving people into debt. In the financial year 2023/24 (the last year for which affordability data by local authority is available), our debt clients in the private rented sector were spending, on average, 13% more of their income on rent than the average for the area. This shows that, for the people we see, high housing costs are playing a role in driving people into problem debt.

This relationship is being driven by two distinct variables - income and rent. To understand the role housing costs play in driving people into debt in a way that worsens health inequalities, it is important to focus on how they interact with both income and rent levels. For people on low incomes, high housing costs unavoidably means less to spend on other essentials. And when households' budgets are already stretched, high rents can be the factor that tips people into crisis.

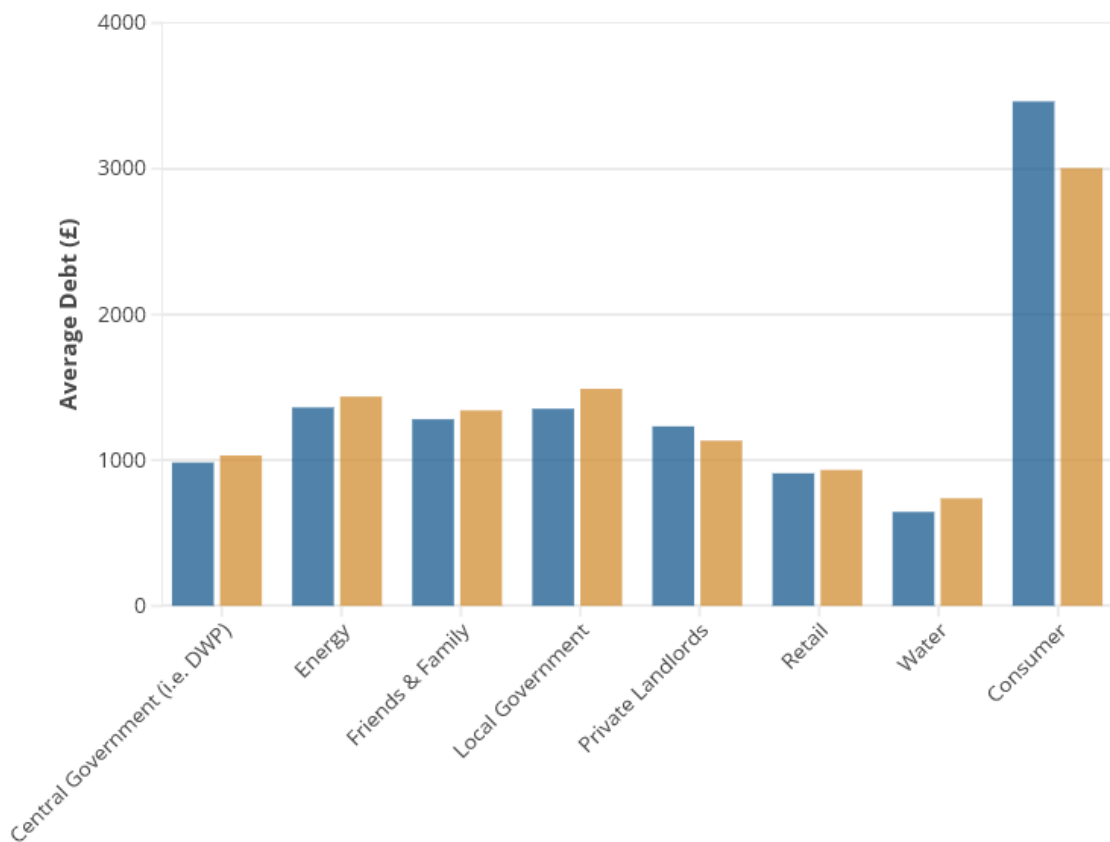
Looking at the debt clients we helped in 2025, the group on relatively low incomes<sup>33</sup> whose rent was unaffordable (defined as 30% or more of total income) were more likely to have fallen behind on bills or essentials, and more likely to have borrowed money from friends and families to make ends meet. They were also, on average, in less debt to their landlords. Whilst this may seem counterintuitive, this reflects both an income effect (lower incomes can mean cheaper rents still mean a larger overall proportion), and the fact that people will prioritise rent debts over other spending, as the consequence of falling behind can be so drastic.

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<sup>33</sup> Defined as household income of under £2,000 a month, approximately equivalent to one person working full time at the National Living Wage.

The group whose rent was affordable, by contrast, were more likely to have come to us about problems with consumer debt. Whilst problem debt can be distressing however it has come about, these trends show how high housing costs can lead to people falling behind on essential bills. These priority debts have more severe consequences for non-payment and reflect people struggling to keep their head above water.

Chart 4 - Low Income Renters Debt Profile by Affordability



This shows that for some of the low income renters that we help with debt, unaffordable housing is a factor in them falling behind with essential costs.

### **Rent and spending**

The other way in which high housing costs impact people's health is through their ability to spend money on other things. Reflecting this, it has long been common practice to study things like inequality, or the impact of income on someone's health, by taking the value *after housing costs*, rather than gross or net. Housing is such a foundational need that there exists no realistic option to

forgo it as an expense, and its price is much more likely to be driven by market forces over which an individual has little control.<sup>34</sup>

An adviser we spoke to described how the additional costs people face in the private rented sector place an additional drain on their incomes that risks undermining wider policy efforts to push up living standards.



We've got people who can't get into social housing because it's [a] years long wait, but can't afford the private rented sector or they do go into private rented and they just can't afford anything else. There's been a lot of work done around the living wage, this idea of having a wage you can live on with dignity. That's really good work and there's a lot being done with that, but now we're just having those wages taken away with rent. So, we're back to square one.



- Citizens Advice adviser (Newcastle)

When housing costs become unaffordable, the money to cover the shortfall has to come from somewhere. For our debt clients in the private rented sector, we can track exactly where that money is coming from: it is being taken from their ability to spend on the essentials that keep them healthy.

Our analysis of debt clients seen since 2024 reveals that unaffordable rent (using government benchmark of 30% of total household income) forces significant cutbacks on groceries, heating, and health-related spending. However, the burden of these cutbacks is not shared equally.

Looking at the budget plans of the people who come to us for help with debt, we can see the difference that high rent costs play in their wider spending patterns. For the ease of analysis, the data was split into two groups - those with 'affordable' rent (spending less than 30% of income on housing), and those whose rent was 'unaffordable'.

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<sup>34</sup> At the individual level, it's the case that for some people there may be ways to economise by relocating, downsizing or otherwise looking for cheaper rent. But this can come with other costs, i.e. commuting for work. And in areas where there are too few properties available for rent in the first place, the value of shopping around can be limited.

Examining the difference in spending patterns between these two groups sheds light on what has to go by the wayside when someone's housing costs are taking up a higher proportion of their budget.

This analysis was split into two further groups - those who receive disability benefits, and those who don't. This sheds light on the different impacts felt by those who are already managing health conditions and receive an additional income to reflect this, and those who aren't currently accessing such support.

Table 1 - Average monthly spending reductions when rent is unaffordable<sup>35</sup>

Spending category	Non-disability benefit	Disability benefit
Health	-£3.35 ( <b>16%</b> reduction)	-£37.18 ( <b>28%</b> reduction)
Groceries	-£31.75 ( <b>7%</b> reduction)	-£32.98 ( <b>8%</b> reduction)
Utilities	-£10.26 ( <b>6%</b> reduction)	-£15.03 ( <b>8%</b> reduction)

For clients not claiming disability benefits, unaffordable rent primarily has the largest absolute impact on their food budget, resulting in a £33.65 monthly drop in grocery spending. This means being able to buy less food, or having to buy lower quality, less healthy food and ingredients.

For those in receipt of disability benefits, the impact is different. These individuals naturally face higher baseline health costs.<sup>36</sup> Disability benefits are specifically designed to bridge this gap. Yet, our data shows that high rent costs act as a barrier to people using this money for explicitly health-related costs.

From our data, we can see that disabled clients who face rent poverty spend significantly less on health, with the 28% fall in spending being the largest across all categories. Rather than supporting mobility, care, or symptom management, many are forced to spend disability benefit income to cover private rent

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<sup>35</sup> Methodology Note: To ensure accuracy, this analysis uses a multiple linear regression model that accounts for both total overall income and the proportion of income spent on rent, isolating the specific impact of rent unaffordability on spending habits.

<sup>36</sup> The definition of health costs in the Standard Financial Statement is broad, but reflects anything that is spent directly on the households health needs. This could include costs like prescriptions or medication or specific medical equipment, but also transport to appointments, live in care or home adaptations.

shortfalls. The housing crisis is directly undermining the health and social care safety net, leaving vulnerable clients with colder homes, poorer diets, and unmanaged health conditions. To understand exactly why private renters are facing such severe shortfalls in the first place, we must examine the mechanism explicitly designed to prevent this: the Local Housing Allowance.

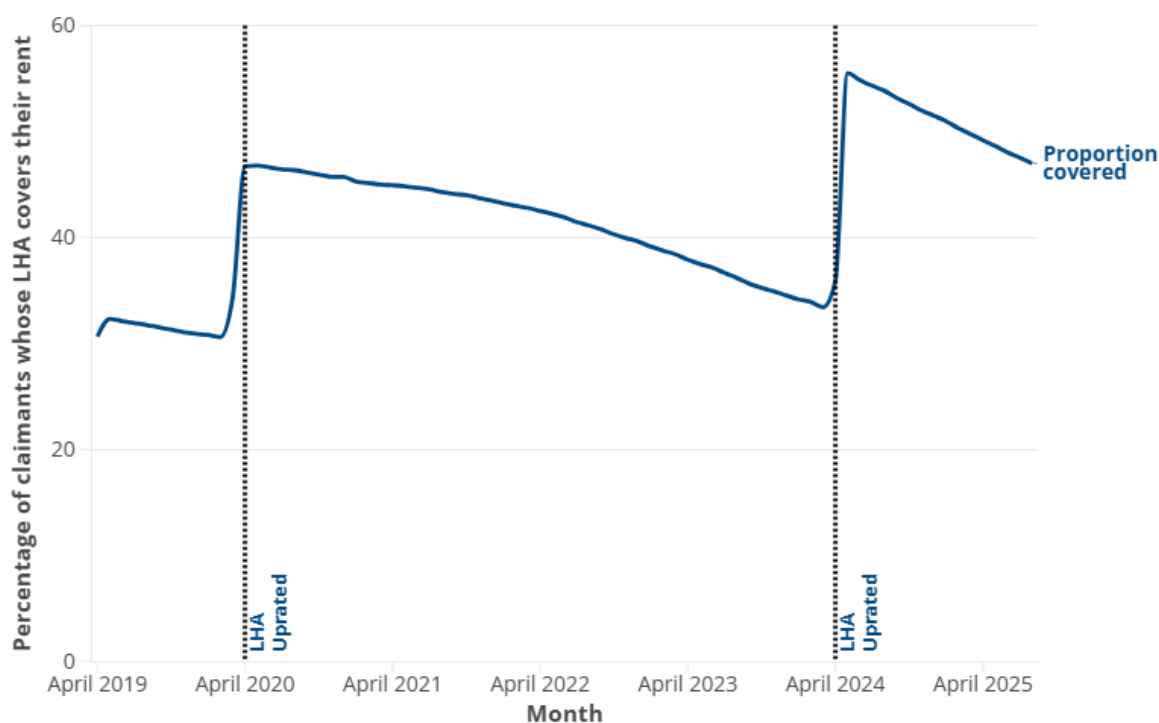
## **Local Housing Allowance**

If general benefits are being swallowed by rent, the mechanism explicitly designed to prevent this, the Local Housing Allowance (LHA), must be failing.

LHA sets the maximum housing support a low-income household is eligible for, capped at the 30th percentile of local market rents. Working as designed, LHA should ensure a base level of adequacy, preventing renters from having to choose between a home and their health. But the system has lost its crucial link to the reality of the housing market.

The central flaw is the long, arbitrary periods where LHA rates are frozen. While rent prices soar, the support provided stays stagnant. Even with ad-hoc upratings (like those in 2020 and 2024), these temporary interventions are letting renters down. As DWP data shows, the number of people whose rent is fully covered falls steadily in the years following every one-off adjustment.

Chart 5. LHA adequacy over time



We have highlighted persistent problems with the system which mean that too many people face a gap between the rent they are expected to pay and the support they are given to cover those costs.<sup>37</sup>

As we showed in our briefing last year,<sup>38</sup> this gap in support provided by LHA and the costs that renters face is driving people into crisis. The low level of housing cost support frequently means that people have to find money from elsewhere in their budget to cover rent shortfalls.

When we look specifically at private renters claiming Universal Credit, the consequences of rent poverty are severe.

<sup>37</sup> Citizens Advice (2023) *The impact of freezing Local Housing Allowance*. Available at: <https://www.citizensadvice.org.uk/policy/publications/the-impact-of-freezing-the-local-housing-allowance/>

<sup>38</sup> Citizens Advice (2025) *Falling Behind: The government is failing private renters by freezing LHA*. Available at: <https://www.citizensadvice.org.uk/policy/publications/falling-behind-the-government-is-failing-private-renters-by-freezing-local/>

Table 2 - Average monthly spending reductions when rent is unaffordable - UC clients only<sup>39</sup>

Spending category	UC / Non-disability	UC & Disability benefit
Health	No fall	-£32.60 ( <b>25%</b> reduction)
Groceries	-£57.72 ( <b>12%</b> reduction)	-£41.15 ( <b>9%</b> reduction)
Utilities	-£19.38 ( <b>10%</b> reduction)	-£16.68 ( <b>9%</b> reduction)

For people without disability benefits the impact of rent unaffordability has a pronounced impact on their ability to cover the cost of essentials, driving a 12% drop in grocery spending and a 10% drop in utility spending - in each case, 4 percentage points more than for the sample as a whole. There is no discernable impact on their health spending - but this is because overall spending on this category is very low in the first place.

For those claiming disability benefits, the pattern we saw earlier continues: while their grocery budgets take less of a hit, the need to cover the shortfall on their rent means that their health spending is 24% lower. As well as meaning people have less money to live on, this constant deficit burdens families with the chronic stress of making ends meet.

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<sup>39</sup> Methodology Note: To ensure accuracy, this analysis uses a multiple linear regression model that accounts for both total overall income and the proportion of income spent on rent, isolating the specific impact of rent unaffordability on spending habits.

### **Maisie's Story**

Maisie is a full time carer for her partner and dependent child. The family relies on Universal Credit for their income, and her partner is also eligible for PIP. Due to the level of their LHA, they face an almost £400 monthly shortfall on their rent, meaning that the parts of their income that are meant to go towards other costs are instead used to cover this gap. The family are getting further and further in debt, which is taking a toll on Maisie's mental health. This is leaving them struggling to afford food, heating and electricity, and the family are building up debt to their energy supplier. They're unable to find a cheaper property to rent as nothing else in the area is affordable on current LHA rates.

Maisie's inability to move highlights another systemic failure: LHA inadequacy traps people geographically. Research from Crisis<sup>40</sup> found that only 3% of all properties advertised to the market were affordable under local LHA rates. This puts an insurmountable barrier in front of people who desperately need to move for health-related reasons, such as accessibility or proximity to care networks.

### **Helen's Story**

Helen has health issues that mean she is unable to work. She wanted to move to a different area to be closer to a friend who she relied on for support. She relies on LHA to meet her current housing costs and discovered that, because of this, her plans to move to a new area were simply not possible. Despite finding a property to rent in the new area that was cheaper than her current house, the difference in LHA rates mean that she would face an almost £300 shortfall on her rent. As a result, she risks remaining isolated and faces having to continue to manage her health condition on her own.

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<sup>40</sup> Crisis (2025) *"Now I have my flat, my health is much more stable": How affordable private rents can help tackle health inequalities and homelessness*. Available at: <https://healthequals.org.uk/wp-content/uploads/2025/03/FINAL-Crisis-HE-Policy-Report-Now-I-have-my-flat-my-health-is-much-more-stable-April-2025.pdf>

For young, single people, LHA rates carry a unique set of health risks. Most single people under 35 are restricted to the Shared Accommodation Rate (SAR), which only covers the cost of a single room in a shared house. For many, particularly those managing complex health needs, shared living is actively detrimental. Our report from 2024 highlighted the substantial problems with this part of the system, particularly for young people who struggle with mental health conditions.<sup>41</sup>



One other thing I'll flag... is how very difficult it is for a lot of people to be put into shared accommodation until they're 35, especially people with mental health difficulties. I have had a large number of cases of people with severe, evidenced mental health difficulties who are asked to share accommodation, which is arguably not good for them or the people they have to share accommodation with.



- Citizens Advice adviser (Camden)

Ultimately, as LHA rates fall further behind the market, low-income renters are forced to look at ever-cheaper properties. For the people we help, this means the inadequacy of the benefit system is directly pushing them into unsuitable, poor-quality housing that presents a substantial, physical risk to their health.

## Housing quality in the Private Rented Sector

The private rented sector (PRS) consistently records the highest rates of inadequate housing conditions. According to the English Housing Survey, the PRS contains the greatest proportion of homes with damp, mould, and other health hazards. Current estimates suggest that up to 1 in 5 homes in the PRS fail to meet the Decent Homes Standard, with almost 40% of these failing due to a direct risk to health.<sup>42</sup>

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<sup>41</sup> Citizens Advice (2024) *An Unfair Share: Local housing allowance is failing young people*. Available at: <https://www.citizensadvice.org.uk/policy/publications/an-unfair-share-local-housing-allowance-is-failing-young-people/>

<sup>42</sup> MHCLG (2025) *English Housing Survey 2023 to 2024: drivers and impacts of housing quality*. Available at: <https://www.gov.uk/government/statistics/english-housing-survey-2023-to-2024-drivers-and-impacts-of-housing-quality/>

These issues aren't evenly distributed, but instead are concentrated at the lower cost end of the market. Consequently, people on low incomes or those reliant on housing cost support are disproportionately exposed to the risks of poor-quality housing.

When Local Housing Allowance (LHA) rates fall behind median market rents, tenants are forced to look at the cheapest available properties to make ends meet. For the people we help, this often translates directly into unsuitable housing. Where properties *are* affordable under current LHA rates, the quality is often poor, as landlords at the bottom of the market minimise their overheads by neglecting repairs.



With a tenant in this situation, you get the sense the rent is typically pitched at what the Local Housing Allowance is. It's just that the level is so low that the landlords just don't bother with any kind of maintenance or upkeep.



- Citizens Advice adviser (Newcastle)

### **Alan's story**

Alan lives in private rented accommodation, and relies on LHA to cover his housing costs. Despite the accommodation being much cheaper than most alternatives, he still faces a £50 monthly shortfall on his rent. Yet living somewhere that is even close to being affordable under LHA has meant Alan has had to put up with damp and mould, a potentially hazardous gas boiler that he is scared to use, and still struggles to pay for food and bills. The landlord has done little to improve the state of the house, and Alan has had to pay for repairs out of his own pocket on occasion, further pushing him into financial difficulties.

Living with chronic disrepair directly affects health outcomes, particularly for families with children (see p. 16). However, the structure of the PRS creates barriers to resolving these issues. As highlighted in our recent report on energy

efficiency,<sup>43</sup> the incentives for tenants and landlords are frequently misaligned. For example, a tenant bears the cost of poor insulation through high heating bills, but the landlord sees no direct financial return from investing in energy efficiency upgrades. Tenants often have little control over the quality or timing of repair work, making the PRS one of the most challenging sectors for upgrading the nation's housing stock.

Tenants can also be disincentivised from requesting repairs or improvements to their homes, worried about the impact on rents or even their ability to stay in the property. Our *Window of Opportunity*<sup>44</sup> report spoke to a number of renters who expressed their concerns about how the insecurity they felt was a barrier getting improvements made on their home. Whilst the Renter's Rights Act abolishes Section 21 retaliatory evictions, renters may still worry about the impact of pushing landlords for improvements, either on costs or their ability to remain in their home.

Addressing severe housing problems relies on local authority housing teams inspecting homes and enforcing compliance. However, the capacity of local government to regulate local housing markets is constrained. The long-term effects of funding reductions, combined with the growing statutory cost of social care, have eroded the resources available for environmental health and housing enforcement.

### **Hannah's story**

Hannah lives in a flat with her two young children. She complained to her landlord about damp, mould and disrepair issues, but he did nothing to address them. She called the environmental health department at her local authority, who provided her landlord with a list of necessary repairs. The landlord failed to fully enact all the repairs, and to Hannah's knowledge the environmental health team did not return to assess the adequacy of the repairs. Hannah and her family have continued to live in poor housing conditions, with damp and mould impacting her children's health, which has

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<sup>43</sup> Citizens Advice (2025) *Window of Opportunity: Delivering warmer homes to private renters*. Available at:

<https://www.citizensadvice.org.uk/policy/publications/window-of-opportunity-delivering-warmer-homes-to-private-renters/>

<sup>44</sup> Ibid.

included hospitalisation. Hannah's mental health is being severely impacted, but she fears being moved into temporary accommodation away from her support network.

While the introduction of stricter property standards is a necessary step, their effectiveness depends entirely on local enforcement. Enforcing standards requires personnel on the ground to inspect homes and hold non-compliant landlords accountable. Tenants can be deterred from enforcing their own rights due to the time investment required to navigate these systems and the complexity of formal complaint routes. For those who face other barriers to enforcing their own rights, such as those with English as a second language, these can be even more of a challenge.

Without adequate oversight and resource capacity, there is a distinct risk that a shadow market of non-compliant properties will expand. Unless standards are universally enforced, and tenants receive sufficient LHA to access median-priced housing, the lowest-income households will remain trapped in hazardous homes, perpetuating the health inequalities driven by housing costs.

## **Policy recommendations**

One of the key issues still facing low-income renters is affordability. As highlighted throughout this report, the growing gap between the Local Housing Allowance (LHA) and actual market rents is directly driving people into poverty and putting their health at severe risk. The consequences of this gap are reflected in the fact that as of late 2025, a record-breaking 134,760 households, including nearly 176,000 children, are now trapped in temporary accommodation. Therefore, the single most important step needed to improve health outcomes and prevent homelessness in the private rented sector is repairing this baseline level of financial support.

While affordability remains the primary driver of crisis, we welcome the progress being made on non-cost issues. The Renters' Rights Act (RRA) introduces vital protections against some of the most common forms of unfair treatment we see at Citizens Advice. However, with the Act now becoming law, focus must urgently turn to its effective implementation.

In the medium term, the success of the Act will depend entirely on the capacity of local authorities to enforce it. The RRA places significant additional duties on councils to monitor landlords and penalise breaches. Yet housing and environmental health services are not ring-fenced. Without adequate resources, there is a distinct risk that wider pressures on local government budgets will severely constrain their ability to conduct proactive inspections or translate this legislation into meaningful protection for tenants.

To ensure that low-income renters are protected from the most damaging health impacts of inadequate housing, we are calling on the government to urgently implement the following:

- **Commit to annual LHA uprating:** The Local Housing Allowance must be annually updated to the 30th percentile of local market rents, to prevent the recurring affordability gaps.
- **Reform LHA data collection:** Address the systemic lags in how rental data is collected for setting LHA rates, ensuring that the support provided accurately reflects existing market conditions, particularly during periods of high rent inflation.
- **Monitor the rollout of the Renters' Rights Act:** Proactively track the market impact of the RRA to ensure vulnerable renters are protected from any short-term disruption or unintended consequences during the transition period.
- **Effectively improve standards:** The updated Decent Homes Standards and new Minimum Energy Efficiency Standards need to be brought in quickly, and monitored and enforced effectively.
- **Resource local enforcement:** Assess the capacity of local councils to discharge their new regulatory responsibilities under the RRA, and provide targeted, ring-fenced funding if the burden of enforcement cannot be met within existing budgets.

## Northumberland in focus

Northumberland Citizens Advice covers a large, rural county, and the people we spoke to were able to explain the unique housing challenges that people in this area faced.

The North East of England faces some of the fastest rising rents in the whole country, although inflation in Northumberland itself has been relatively low by national standards (see Chart 3). But advisers spoke about the impact that the popularity of the area for second home owners was having on wider availability, and the fact that for people in rural areas the available housing options could be very limited.

The county has a significant concentration of social housing in towns such as Ashington and Blyth. Whilst the volume of social housing is relatively high, the county covers a large area, and it is not evenly distributed. People experiencing housing crisis can often be faced with a difficult choice to accept support a significant distance away, or remain in their communities where they may have families, jobs and a wider support network.

Research from the Institute of Health Equity has found that the county has a population that is aging at a faster rate than the national average, and that there is a backlog of appropriately adapted homes. The advisers also highlighted the outdated nature of much of some of the social housing stock. They mentioned helping people who still relied on coal-fired back boilers.

Across the county, the advisers reported that people they helped in social housing were facing issues with damp, mould and disrepair that were going unaddressed by landlords. The prevalence of these issues meant that the local office undertook research into these issues.

*"The financial impact has been quite prevalent for a lot of people, whether that's actual heating costs they're having to pay, or buying extra cleaning products, and some people just obviously aren't in a position to be able to do that. All of the surveys that we did show that they've been experiencing issues for over a year. So, it just shows that, actually, a lot of the time, nothing is being done. There's not a fix that's happening." - Northumberland Citizens Advice adviser*

# Social housing

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A key pillar for reducing the health inequalities associated with housing is the provision of homes at social rent. The health benefits of a secure and stable home were a primary motivation for early housing pioneers like Joseph Rowntree and George Peabody, whose lessons drove national policy in the post-war years. Between 1945 and 1980,<sup>45</sup> the expansion of social housing drove the highest rates of housebuilding seen over the last century (see Chart 8). This historic effort provided a substantial stock of homes that continue to offer stable, sustainable housing to people on low incomes and vulnerable groups today.

However, in recent decades, the rate of social housebuilding has sharply declined. Compounded by the Right to Buy scheme, which resulted in millions of social housing units being transferred to the private market,<sup>46</sup> the total stock has severely contracted.

Consequently, much of the remaining social housing stock is aging and increasingly unfit for purpose. For too many of the people we help, a home that should act as a bulwark against the negative health impacts of insecure housing has itself become a health hazard. For others, the health benefits of a social home remain entirely out of reach behind years-long waiting lists, as demand drastically outstrips supply across much of the country.

The landscape of social housing is complex, with housing associations and local authorities varying significantly in size, capacity, and performance. In the course of this research, we have encountered instances of poorly performing landlords, as well as local authorities operating under severe resource constraints. Conversely, we have also seen providers maximising limited resources to support their tenants effectively.

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<sup>45</sup> Shelter (2026) *The story of social housing*. Accessed 19th February 2026. Available at: [https://england.shelter.org.uk/support\\_us/campaigns/social\\_housing/story\\_of\\_social\\_housing](https://england.shelter.org.uk/support_us/campaigns/social_housing/story_of_social_housing)

<sup>46</sup> MHCLG (2025) *Social housing sales and demolitions 2023-24: Right to Buy sales*. Available at: <https://www.gov.uk/government/statistics/social-housing-sales-and-demolitions-2023-24-england/social-housing-sales-and-demolitions-2023-24-right-to-buy-sales--3>

Across the board, however, long-term cost pressures, escalating maintenance demands, and the difficulty of procuring new units have hindered the sector's ability to meet demand. Within the context of a wider housing affordability crisis, the social housing sector is failing to function as the critical safety valve it was designed to be.

Expanding the supply of social housing was a consensus issue across major parties in the last election, with manifestos pledging to increase the number of homes over the current parliament. While the government's ambitious targets are welcome, success will be determined entirely by delivery.

The introduction of the Social and Affordable Homes Programme promises a substantial boost to funding compared to the Affordable Homes Programme it replaces.<sup>4748</sup> It also has a much more specific focus on providing homes for social rent, rather than simply being 'affordable', with 60% mandated to be provided to the social sector. Changes to the rent formula<sup>49</sup>, alongside the previous government's policy to allow greater reinvestment of Right to Buy receipts<sup>50</sup>, also promise to unlock vital investment. Yet, questions remain as to whether this delivery will match the scale of ambition, and crucially, whether the homes delivered will genuinely address the needs of the lowest-income renters.

Because the experience of too many current social housing tenants is poor, this chapter explores how the existing system is harming the health of both current residents and those locked out of the sector entirely.

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<sup>47</sup>The SAHP promises £27.3 billion over 10 years, rather than the £8 billion that the AHP delivered over 5 years.

<sup>48</sup> <https://www.gov.uk/guidance/social-and-affordable-homes-programme-sahp-2026-to-2036>  
<https://www.gov.uk/government/publications/affordable-homes-programme-2021-to-2026-summary-to-end-of-march-2025/2021-to-2026-affordable-homes-programme-summary-to-end-of-march-2025>

<sup>49</sup> MHCLG (2026) *January 2026 progress update: Delivering a decade of renewal for social and affordable housing*. Available at:  
<https://www.gov.uk/government/publications/delivering-a-decade-of-renewal-for-social-and-affordable-housing/january-2026-progress-update-delivering-a-decade-of-renewal-for-social-and-affordable-housing>

<sup>50</sup> MHCLG (2025) *Retained Right to Buy receipts and their use for replacement supply: guidance*. Available at:  
<https://www.gov.uk/government/publications/retained-right-to-buy-receipts-and-their-use-for-replacement-supply-guidance/retained-right-to-buy-receipts-and-their-use-for-replacement-supply-guidance>

Ensuring that government policy mitigates these health harms requires building the right homes in the right places, while simultaneously balancing the need for new tenancies against the urgent requirement to upgrade aging, unfit stock for existing tenants. Achieving this will require proactive government oversight to ensure renewal targets are met, alongside sustained financial support to ensure local authorities and housing bodies are appropriately resourced to maintain and deliver healthy homes.

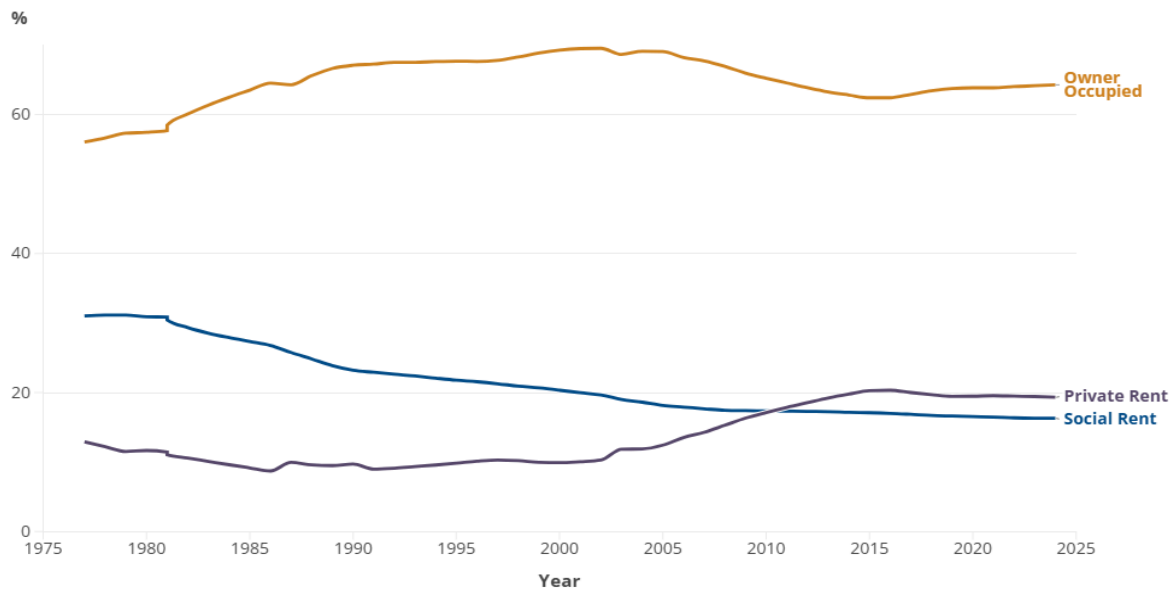
## **Availability**

The most severe health impacts associated with social housing are arguably experienced by those entirely excluded from it. The private renting crisis described in the previous chapter is taking a heavy toll largely because viable alternatives do not exist. For our advisers, helping clients with housing issues frequently involves navigating years-long waiting lists for the social tenancies that might offer them security and affordability.

Because the shrinking social housing stock is strictly prioritised for those with the greatest need, even individuals with highly valid claims face years of waiting. This often results in prolonged periods trapped in temporary accommodation. For others, it means absorbing thousands of pounds in additional private rent or enduring poor-quality accommodation simply to keep costs manageable.

The proportion of homes available for social rent has fallen steadily over recent decades, dropping from more than 30% of the entire market in 1978 to just 16% in 2024. This long-term structural shift meant that 2011 marked the first time that the number of dwellings for private rent exceeded the number available for social rent.

Chart 6 - Proportion of all homes in England by tenure type<sup>51</sup>



These trends are driven by the loss of social housing to private sale and demolition, coupled with replacement rates that fall far short of demand. There are now 1.35 million fewer households in England living in social housing than there were in 1980.<sup>52</sup> The number of households currently on the waiting list for social housing is 1.3 million.<sup>53</sup> Whilst the symmetry of these figures can't tell the full story of such a complex problem, it is nevertheless revealing. It serves as evidence that long term policy choices around the supply of housing for social rent has been one of the key drivers of the current housing crisis. The current government's attempts to reverse this are the right course. It will still be many years before the effects of this are felt.

<sup>51</sup> Data taken from Table 104: by tenure, England (historical series), Live tables on dwelling stock (including vacants). Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants>

<sup>52</sup> *ibid.*

<sup>53</sup> Shelter (2025) *The Loss of Social Housing*. Available at: [https://england.shelter.org.uk/support\\_us/campaigns/social\\_housing/loss\\_of\\_social\\_housing](https://england.shelter.org.uk/support_us/campaigns/social_housing/loss_of_social_housing)

In the interim, hundreds of thousands of people remain stuck in housing that actively damages their health; according to research by Crisis<sup>54</sup>, this is the reality for 73% of people currently on the social housing waiting list. Beyond physical health hazards, the systemic lack of agency over such a fundamental aspect of life takes a severe, compounding toll on mental wellbeing.

The supply of social housing is not just a numbers game. Where those homes are, and what kind of homes are available, are also crucially important. London and the South East, where house prices are the highest and economic opportunities the greatest, require a significant expansion of social housing to relieve pressure on the private rented sector and provide low-income households with affordable and secure tenancies.

However, social housing is a necessity in every community. In small towns and rural villages, the supply of social housing can be exceptionally low. When residents face a housing crisis in these areas, the lack of local stock often forces them to relocate away from their communities. For individuals managing existing health conditions or complex care needs, this creates an impossible choice between securing affordable housing and maintaining the informal care networks they rely on daily.



They've lived there for years. They've got that community support around them, which all helps with their health and wellbeing, to then be given that really difficult position of, 'What do I do? Do I move from this place that I've lived in all my life, or do I struggle on?'



- Citizens Advice adviser (Northumberland)

The type of homes provided is also important. There is currently a severe shortage of homes adapted for a range of disabilities. In some urban areas, a significant proportion of social housing provision consists of tower blocks. While high-density housing is a necessary component of supply, it is frequently unsuitable for individuals with mobility issues, whose independence can be entirely compromised by a broken lift. For many tenants, a deteriorating health

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<sup>54</sup> Crisis (2024) *Chronic shortage of social housing leaves families stuck in accommodation that is harmful to their health, new research reveals*. Available at: <https://www.crisis.org.uk/about-us/crisis-media-centre/chronic-shortage-of-social-housing-leaves-families-stuck-in-accommodation-that-is-harmful-to-their-health-new-research-reveals/>

condition means their current home is no longer suitable, but the sheer pressure on the system means no alternative property can be found.

### **Carol's Story**

Carol came to us because she struggled with health and mobility issues, and her house was no longer appropriate for her situation. She had an assessment that recommended a number of mobility aids, but had to refuse them as her home was not compatible. Despite this, it will likely be several years before the local authority would be able to find a house with appropriate adaptations.

This lack of appropriately adapted homes is a significant challenge not just for individuals, but for the NHS. The ability of hospitals to safely discharge patients is frequently hampered by a lack of suitable accommodation for them to return to.<sup>55</sup> At a national level, a lack of homes fit for an aging population with increasingly complex health needs will place an unsustainable, growing burden on acute healthcare and social care systems.

As the government expands the number of homes available for social or affordable rent, it is crucial that the full spectrum of tenant needs is prioritised. Because the current Social and Affordable Homes Programme is largely delivered through grant funding, the types of developments built will remain subject to market viability. Currently, there is little direct central oversight dictating exactly what types of homes are built and where. If the health benefits of this expansion are to be maximised, the government must proactively ensure that the delivery of new homes is strictly aligned with demographic and clinical need, rather than relying on market forces alone.

## **Overcrowding**

One of the most direct consequences of the social housing shortage is severe overcrowding. A chronic lack of larger homes available for social rent means that growing families are frequently unable to secure appropriately sized

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<sup>55</sup> Housing LIN (2025) *Finding a safe home after hospital: Case study research on supported housing and health partnerships*. Available at: <https://www.housinglin.org.uk/Topics/type/Finding-a-safe-home-after-hospital-Case-study-research-on-supported-housing-and-health-partnerships/>

accommodation. This results in households living in cramped conditions, a factor known to be highly detrimental to both mental and physical health.<sup>56</sup>

While overcrowding occurs across all housing tenures, it is significantly more prevalent in the social housing sector. Because families already housed are often placed lower on local authority priority lists compared to those facing absolute homelessness, no matter the conditions, they remain trapped. Health Foundation analysis of the English Housing Survey demonstrates this disparity: 8.9% of households in the social rented sector are overcrowded, compared to 5.8% in the private rented sector.<sup>57</sup>

This crisis is heavily concentrated geographically and demographically. In London, 15% of all social rented homes are overcrowded, compared to just 6% in the rest of the country.<sup>58</sup> Furthermore, overcrowding disproportionately impacts ethnic minority households. Where the household reference person is from an ethnic minority background, the household is 13 percentage points more likely to live in overcrowded conditions (19%) compared to white households (6%).<sup>59</sup>

The demographic makeup of overcrowded households means that children bear the brunt of this crisis. Beyond the immediate physical and mental health risks, a lack of personal space serves as a severe barrier to social and educational development.

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<sup>56</sup> Shelter (2005) *Full House? How Overcrowded Housing Affects Families*. Available at: [https://england.shelter.org.uk/professional\\_resources/policy\\_and\\_research/policy\\_library/full\\_house\\_how\\_overcrowded\\_housing\\_affects\\_families](https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/full_house_how_overcrowded_housing_affects_families)

<sup>57</sup> *Trends in Household Overcrowding by Tenure*. Available at: <https://www.health.org.uk/evidence-hub/housing/trends-in-household-overcrowding-by-tenure>

<sup>58</sup> MHCLG (2025) *English Housing Survey 2022 to 2023: rented sectors*. Available at: <https://www.gov.uk/government/statistics/english-housing-survey-2022-to-2023-rented-sectors/english-housing-survey-2022-to-2023-rented-sectors>

<sup>59</sup> MHCLG(2025) *English Housing Survey 2022 to 2023: rented sectors*. Available at: <https://www.gov.uk/government/statistics/english-housing-survey-2022-to-2023-rented-sectors/english-housing-survey-2022-to-2023-rented-sectors#profile-of-renters>



The other issue that I see a lot of is overcrowding. Particularly for families, the children don't have their own space, which is going to have a massive impact as they go into their adolescence and they're trying to study for exams. They're in social housing, they're on a waiting list for a bigger house which probably doesn't exist, but they can't move into private renting because of the affordability.



- Citizens Advice adviser (Newcastle)

Overcrowding is also a primary risk factor for the development of damp and mould, as increased occupant density naturally generates higher indoor moisture levels. Furthermore, crowded environments severely increase the transmission risk of respiratory illnesses. This is a critical hazard for multi-generational households, a factor that was strongly associated with increased mortality during the COVID-19 pandemic.<sup>6061</sup>

### **Maryam's story**

Maryam lives with her family in a housing association property that is far too small for the size of their family. There are five family members in a two bedroom house that is in a poor state of repair. Overcrowding is contributing to serious damp and mould and causing serious breathing issues for her children. The unsuitability of the housing means that her children are not growing up in conditions that are safe or stable. The Housing Association has been dismissive and refused to rehouse the family, or address serious health risks in a timely manner.

Resolving the overcrowding crisis requires more than simply expanding the aggregate supply of homes; it necessitates building stock that reflects the full spectrum of demographic need. This means constructing larger homes to support multi-generational and growing families, while simultaneously building more one-bedroom properties. Providing adequate smaller homes enables older

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<sup>60</sup> Barker (2020) The housing pandemic: four graphs showing the link between COVID-19 deaths and the housing crisis. Available at: <https://www.insidehousing.co.uk/insight/the-housing-pandemic-four-graphs-showing-the-link-between-covid-19-deaths-and-the-housing-crisis-66562>

<sup>61</sup>Varshney et. al. (2022) *Overcrowded housing increases risk for COVID-19 mortality: an ecological study*, BMC Res Notes, Apr 5;15:126. doi: 10.1186/s13104-022-06015-1

or single tenants who are currently under-occupying larger family homes to downsize comfortably, efficiently freeing up critical capacity within the existing social housing stock.

## Housing quality

On an aggregate level, the social rented sector is in better repair<sup>62</sup> and maintains higher average Energy Performance Certificate (EPC) ratings<sup>63</sup> than the private rented sector. Despite this baseline, a growing number of social tenants are facing severe issues with disrepair, damp, and mould. Because social tenants are more likely to have low incomes or underlying vulnerabilities, the health impacts of structural disrepair are heavily magnified. Furthermore, the acute shortage of social housing supply (discussed in the previous section) means tenants are functionally immobile, unable to move to escape hazards that their landlords fail to address.

The consequences of poor-quality social housing were demonstrated by the death of Awaab Ishak in 2020, caused by a severe respiratory condition resulting from prolonged exposure to mould in a Rochdale Boroughwide Housing property. This led directly to the introduction of Awaab's Law, which places strict, legally binding timeframes on social housing providers to address health hazards.

While Awaab's Law has only been fully enforceable since October 2025, meaning its long-term impact is yet to be realised, the problem it seeks to address is escalating. As the chart below illustrates, Citizens Advice has seen a sustained growth in clients seeking help for housing disrepair.<sup>64</sup> We see significantly more tenants regarding these issues than owner-occupiers,<sup>65</sup> and the proportion of

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<sup>62</sup> MHCLG (2025) English Housing Survey 2023 to 2024: drivers and impacts of housing quality.

Available at:

<https://www.gov.uk/government/statistics/english-housing-survey-2023-to-2024-drivers-and-impacts-of-housing-quality/>

<sup>63</sup> ONS (2024) Energy efficiency of housing in England and Wales: 2024. Available at:

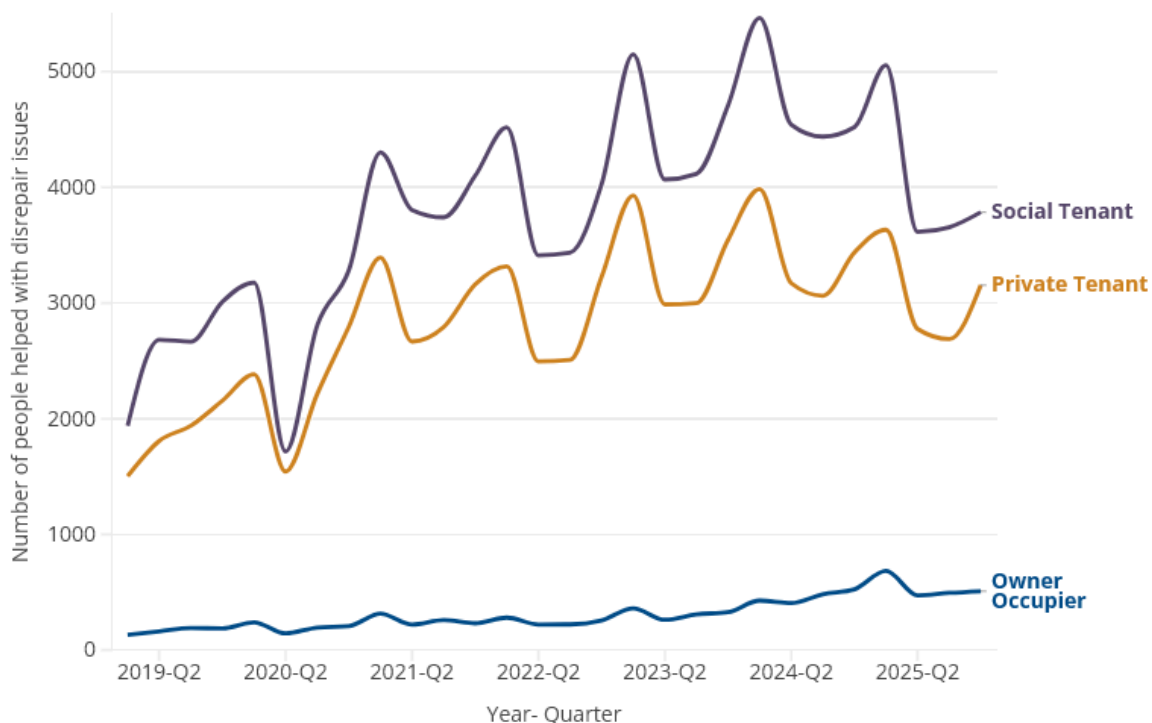
<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/energyefficiencyofhousinginenglandandwales/2024>

<sup>64</sup> Codes used include - Fitness for human habitation / Disrepair (damp & mould / non-damp & mould) / No EPC rating / EPC below E - Add Repair Maintenance (1 code) which was present in 2019

<sup>65</sup> Although EHS data shows that owner-occupiers are less likely to live in properties experiencing disrepair, the gap between tenures in the number of people we see about housing disrepair issues may also reflect that for owner-occupiers there is less likely to be a dispute between two parties that requires advice.

social tenants has increased in recent years. The data also highlights distinct seasonal spikes each winter, reflecting the immediate impact of cold weather on tenants' exposure to environmental hazards.

Chart 7 - People helped with housing disrepair by tenure



This deterioration in housing conditions is reflected in regulatory data. The Housing Ombudsman has recorded a sharp rise in severe disrepair cases, with a 43% increase in findings relating to property conditions between the 2023/24 and 2024/25 reporting years.<sup>66</sup>

This crisis is fundamentally driven by an aging social housing stock. Almost 70% of all social housing units are now more than 45 years old<sup>67</sup>, requiring increasingly frequent and intensive maintenance. As the chart below demonstrates, years of inadequate replacement building have artificially extended the lifespan of existing stock, increasing the burden of repair.

<sup>66</sup> Housing Ombudsman (2025) *Annual Complaints Review 2024-25*. Available at: <https://www.housing-ombudsman.org.uk/annual-complaint-review-reports/annual-complaints-review-2024-25/>

<sup>67</sup> MHCLG (2025) Chapter 1: Profile of households and dwellings. Available at: <https://www.gov.uk/government/statistics/chapters-for-english-housing-survey-2024-to-2025-headline-findings-on-demographics-and-household-resilience/chapter-1-profile-of-households-and-dwellings>

Simultaneously, the sector has struggled to manage inflation in the supply chain and maintenance costs,<sup>68</sup> while being statutorily limited in how much it can raise rents to cover these expenses.

Chart 8 - Age of housing stock in England by tenure type<sup>69</sup>



Until recently, tenants have had insufficient recourse when landlords have failed to act. The Housing Ombudsman and other regulatory bodies have repeatedly highlighted a systemic failure among some social landlords to treat tenants with

<sup>68</sup> Centre for Economic and Business Research (2024) *Cost inflation for housing associations A CEBR report for the National Housing Federation*. Available at: <https://www.housing.org.uk/globalassets/files/resource-files/finance/cost-of-inflation-for-housing-associations.pdf>

<sup>69</sup> Taken from MHCLG(2025) Figure 1.8: Dwelling age, by tenure, 2024, *Chapter 1: Profile of households and dwellings*. Available at: <https://www.gov.uk/government/statistics/chapters-for-english-housing-survey-2024-to-2025-headline-findings-on-demographics-and-household-resilience/chapter-1-profile-of-households-and-dwellings>

appropriate dignity.<sup>70</sup><sup>72</sup> This includes failing to acknowledge complaints, severe delays in remediation, or actively blaming the tenant for structural failures.

This culture of blame is particularly prevalent regarding damp and mould, where normal tenant behavior (such as cooking or drying clothes indoors) is frequently cited by landlords to diminish or dismiss structural inadequacies.



There's also an issue of telling people that it's their lifestyle that's causing the damp, that they need to open the windows or not dry their clothes or not heat the houses. And it's very difficult for people to hear, especially people with children, that somehow they're keeping their houses too warm. They have to open all the windows or else the damp and condensation is their fault.



- Citizens Advice adviser (Camden)

### **Marcia's Story**

Marcia lives with her family in London, in a flat operated by the council. She has had an ongoing issue with damp and mould, but despite notifying the council over a year ago, no action has been taken. More recently, her boiler and heating system broke down, leaving her family with no heating or hot water during the winter months. She found it very difficult to contact the council to access their help, and wasn't able to make any progress until she got help from a solicitor. The disrepair is causing health issues, and the inability of the council to address the problems in a timely manner is causing a high level of stress for Marcia and her family.

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<sup>70</sup> Housing Ombudsman (2023) *Special Report on London Borough of Haringey*. Available at: <https://www.housing-ombudsman.org.uk/wp-content/uploads/2023/07/Haringey-P49-report-FIN-AL.pdf>

<sup>71</sup> The Guardian (2025) *UN experts raise concerns over homes rented out by English social landlord*. Available at: <https://www.theguardian.com/society/2025/dec/02/un-experts-accuse-one-of-england-biggest-social-landlords-l-and-q-habitability-failings>

<sup>72</sup>

While the implementation of Awaab's Law means social landlords are now legally required to move quickly, adding legislative pressure without providing commensurate resources risks unintended consequences.

The wider funding pressures on local authorities must be addressed if social housing is to be safely maintained. Currently, local authority housing costs are often ring-fenced within Housing Revenue Accounts (HRAs). While this protects housing funds from being diverted to other council services, many HRAs are under immense financial stress, severely limiting their capacity to execute necessary maintenance.

The government has partially acknowledged this by allowing for 'rent convergence', permitting social rents to increase by CPI + 1% annually. However, research from the Local Government Association found that, even with this uplift, only 52% of councils are confident they will be able to repair and maintain their stock to the necessary statutory standards.<sup>73</sup> As the Chartered Institute of Housing has warned, the proposed funding formula "will not be sufficient to meet government ambitions for both supply and quality."<sup>74</sup>

## Policy recommendations

The government has established ambitious targets for increasing the supply of homes available for social rent. If enacted in full, the Social and Affordable Homes Programme (which includes specific provisions for historically neglected stock, such as rural and adapted properties) would significantly address the structural deficits outlined in this chapter. However, targets alone do not house people. Ambition must be translated into accelerated delivery to meaningfully improve public health outcomes.

Historical precedent demonstrates that national housing targets are frequently missed. Translating the current ambition into reality requires navigating

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<sup>73</sup> Local Government Association (2025) *Local Government Budget Setting 2025/26 Survey of chief finance officers*. Available at:

<https://www.local.gov.uk/sites/default/files/documents/Local%20Government%20Budget%20Setting%20Report%202025-26.pdf>

<sup>74</sup> Chartered Institute of Housing (2025) *CIH's response to the consultation on how to implement rent convergence*. Available at:

<https://www.cih.org/news/cih-s-response-to-the-consultation-on-how-to-implement-rent-convergence/>

significant macroeconomic headwinds. Potential bottlenecks in the construction industry, including persistent labour shortages, material supply chain constraints, and land availability, pose serious risks to delivery. Furthermore, wider economic factors, such as an increase in interest rates or inflation driven by energy costs, could threaten completion rates across all tenures.

While the policy focus on specialised, targeted housing is welcome, the government must provide operational detail on exactly how these complex needs will be met in practice.

Ultimately, expanding and improving the social housing stock relies on the financial sustainability of local authorities. While the broader intricacies of local government finance are beyond the scope of this report, the intersection with housing delivery is critical. Central government must ensure that local authorities and housing providers are adequately resourced to execute these new statutory duties. If systemic financial constraints threaten the delivery of new housing targets or the enforcement of higher standards, these deficits must be proactively identified and resolved.

To ensure the promised 'decade of renewal' materialises, and that the health benefits of affordable housing are made as widely available as possible, we urge the government to:

- **Maintain and enforce ambitious supply targets:** Commit to long-term, verifiable targets for building homes specifically designated for social rent, resisting pressure to dilute these goals during economic fluctuations.
- **Proactively monitor program delivery:** Closely track the rollout of the Social and Affordable Homes Programme, with a mandate for central government to intervene and invest directly if the sector fails to deliver the required mix of rural, adapted, and family-sized homes.
- **Safeguard provider sustainability:** Continuously assess the financial viability of social housing providers under the new rent agreement. The government must be prepared to allocate targeted grant funding specifically for maintenance and repairs if construction and supply chain inflation continues to outpace permitted rent increases.

# Tomiswa's Story

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*It can be hard to convey the full impact of the housing crisis through statistics and short vignettes. The following testimony has been shared by Tomiswa\*, who came to us for help through a series of housing issues.*

*The problems Tomiswa's family faced, stemming from an inability to access appropriate housing, led to serious consequences for their health. Disrepair in social housing, inappropriate temporary accommodation, and indifference from those empowered to provide support, have all taken a huge toll on Tomiswa and her loved ones.*

*\*Name has been changed*

***Please be aware, this story includes discussion of a suicide attempt***

‘Three of my kids have been staying with my mum ever since they were babies. During Covid, she had to fly back home and got stuck because there were no flights, so I stayed at her place with them. I was also pregnant at the time.

‘When I was staying with them, I began to notice some things. When my oldest would wake up, their mouth and lips would turn blue. Then they would say, “I can’t breathe well, I can’t breathe well.” I’d always call the GP because I knew this wasn’t meant to be happening.

‘Then I realised it was the housing situation that was causing it. Whenever we were outside in the fresh air, it was OK. But inside, my oldest found it so difficult to breathe. And I couldn’t take them to my place, because it’s just a room I rent.

‘The GP was really concerned. He did a very quick referral - which I appreciated - and the local hospital were made aware. They said, “When this happens again, make sure you come straight to A&E.”

'A relative of mine came to stay during Covid, to help me out when I was getting heavier as I was pregnant. They asked, "Why are you guys living in a house like this? There's a lot of mould in this house." They tried to help us by using a very strong mould remover spray and asked us to all go out for an hour or two. When we came back, we noticed my oldest child was struggling to breathe because the air was so thick with the smell of mould remover.

'When my mum came home, the house was in bad shape. The council placed a safeguarding order on the house. The landlord tried to make the place OK, but at that time we were going to the hospital a lot and my child's asthma was now classified as 'uncontrolled' asthma. The doctor asked us: "The house you live in, what's it like?"

'We told them: "There's mould everywhere. When it rains in the middle of the hallway, you're literally standing out in the rain. You have to have a bucket, the leak is so bad. My mum called the landlord and he fixed it, but every time it rains it's like it was never fixed. When it rains a lot, the house is always flooded."

'One of my other kids' skin got very bad. We were in and out of the GP with creams and everything. But what happened to my oldest child was the most tragic. They'd started secondary school - started well. But when their health started to go down they started to get bullied. They'd come home and be unable to say what they were going through at school, even though I noticed something.

'They were saying things like: "Why should I live in this house? This house is not improving my health. I feel sick every time I come home." They were really agitated and really vocal, asking: "Can't we get another house?"

'My mum was forced to go to the council about what was going on. The council told her that if she moved out, she'd make herself intentionally homeless. She had to go to court for the landlord to repair the house. There was a lot of back and forth.

'The court came to the decision that the landlord had to repair the house. They brought some agents in to check if the house was suitable for living. It wasn't, so that's when the council moved my mum and kids into temporary accommodation.

'At that time, I was still maintaining my room in another part of the city. I still had to go to my work placement and do nights, early mornings - all that stuff. My

youngest child was living with me and the older children were still staying with my mum. Whenever I finished work, if I couldn't make it back to my place I'd just stay over at my mum's. I was juggling a lot.

The council moved my mum and the children to a new flat 20 miles out of the city. At that time my oldest child was having anxiety about moving around - even on the bus. From their new flat, they were always late to school. They'd leave around 5.30am, get to school at 9.30am and often miss the first few lessons. They were really, really far away and I was very anxious.

The new flat was in a temporary accommodation block with security staff who wouldn't let me visit, even though they knew what my family had been through. It meant I didn't have access to my child. When I went to give them their medication, I wasn't allowed to go in: they told me that my name wasn't on the register and it was policy not to allow me in.

I spoke to the building manager, who said the same. Then I called the council that night, after hours. The lady I spoke to said that if it was the policy, then I didn't have a right to go in. I said, "How can you treat humans like this? I cannot come in to see my child?"

I wrote to my child's linkworker. We sent emails, I did everything. I went to the GP, and had to spend £30 for a medical report. I sent it to the council housing officer that was reviewing my mum's case. They found a new place for her and the children, but she wasn't given a choice. They said if you don't accept this, it means you make yourself intentionally homeless.

The new place was even worse. It was on the third floor. No lift, nothing. My child who had uncontrolled asthma now had to walk from the bus stop to where they live and climb the stairs. The environment was dirty and not suitable. I told the linkworker how my children came out of the door on the way to school one morning and there were junkies there with all their stuff on the floor.

My mum was also going through a lot. She has arthritis and she was being treated so she couldn't climb the stairs. It got to a stage where it got worse and she couldn't even come out. My children had to lift her up the stairs. The drain in the bath was blocked. When my children bathed in the morning, I had to scoop the water out and pour it down the toilet. I did that for more than a month. My mum complained, sent an email, contacted her MP and nothing was done.

'I told the housing officer that a flat like this was a high risk for my child. They said we should complain and we had a right to do so within 30 days. And that was it. Within the 30 days we did lodge a complaint. I had to get a medical report, file it again. I had to pay, again. Got it, sent it, filed it; nothing. That was when my oldest child's linkworker said we should seek advice from Citizens Advice.

'One day in mid-2024, paramedics called me and said, "We need you back home." When I got there, I saw my oldest child in the ambulance. They told me they'd tried to commit suicide and then gave me their suicide note. That was when I was like, "I am dealing with something much bigger than I thought." I never knew one of my children was capable of trying to commit suicide. At that point I was broken into pieces. I never knew anything could humble me to the point when you kind of bleed.

'The council then moved my mum and my older children to another flat in the same area, which is where they are all living now. You have to walk through the bathroom before you get to the kitchen. That's not hygienic. The bathroom has a leak and there is mould all through the house again.

'Again, I've been cleaning the flat with mould cleaner. Each time I clean, the mould comes back. There's condensation everywhere. And once the heating is off the flat is as cold as ice. My oldest child has started being in pain all over again and I've been suffering, too.

'I've taken lots of pictures of the mould and sent them to the council, and the council send in a person to spray. But it's still there and my child's health is deteriorating all the time. We were in hospital just last month. The fear of the doctors is that a cold flat could aggravate their symptoms even more. Whenever we step inside my child just feels sick again. I can't tell them to just stay outside.

'Sometimes, when you speak to people in the council, the way they speak to you is like you have to lick their shoes to get their help, to get their attention. Some of them talk to you like you're not human at all - like they're doing you a favour. Which is not right. Anyone could be in our situation tomorrow.

'The flat is on top of a convenience store. With the engine from the air conditioning, my child cannot study every night. I still pay for my room in

another part of the city, but I just want my child to be stable and feel supported whilst they are studying, so I have been staying there to support them.

'My mum is the closest to me. She has a way of making things look so easy, even if they're bad. I don't know how she does that. She makes it all look so effortless. I kind of love that, but the reality is things are really happening and sometimes I just cry. I never saw myself telling this kind of story in my life. But things happen. I don't ever know what's going to happen in the next minute.

'I try not to make myself feel depressed. I'm still on Universal Credit, but I'm looking for a part-time job within the NHS. I just want my oldest to finish off their studies before I look for full-time work. I'm just praying that the council find them suitable accommodation. It's a problem with the mould all around. But once my eldest's health is OK, I think things will be much more stable.'

# Homelessness & Temporary Accommodation

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The consequences of unaffordable or unavailable housing are severe. Lacking a secure home undermines the foundational stability required for physical and mental wellbeing. The experience of homelessness, or the imminent threat of it, places individuals under acute psychological stress with lasting health implications.

Temporary accommodation (TA) functions as a statutory safety net, designed to provide immediate shelter for households experiencing homelessness. However, while TA prevents rough sleeping, extended periods in statutory homelessness remain highly detrimental to health. The quality of this housing is frequently inadequate, leaving residents exposed to profound insecurity and disruption. As the national housing crisis deepens, a growing number of households are trapped in TA for extended periods that far exceed statutory intentions, significantly amplifying these adverse health impacts.

The burden of this acute housing crisis falls disproportionately on low-income households, who are caught between stagnant incomes and escalating housing costs. This crisis is heavily concentrated in regions with the most severe housing shortages, compounding the financial strain on the worst-affected local authorities and magnifying the consequences of overstretched support systems.

The government has introduced a new homelessness prevention strategy<sup>75</sup> and, through the Renters' Rights Act, abolished Section 21 'no-fault' evictions which have been a key driver of homelessness from the private rented sector. While these legislative steps, alongside wider supply targets, are necessary interventions to alleviate the structural drivers of homelessness, the immediate crisis remains severe. Housing crisis can also be extremely disruptive to people's wider lives, meaning that it can have significant knock on effects on things like

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<sup>75</sup> MHCLG (2025) *A National Plan to End Homelessness*. Available at: <https://www.gov.uk/government/publications/a-national-plan-to-end-homelessness/a-national-plan-to-end-homelessness>

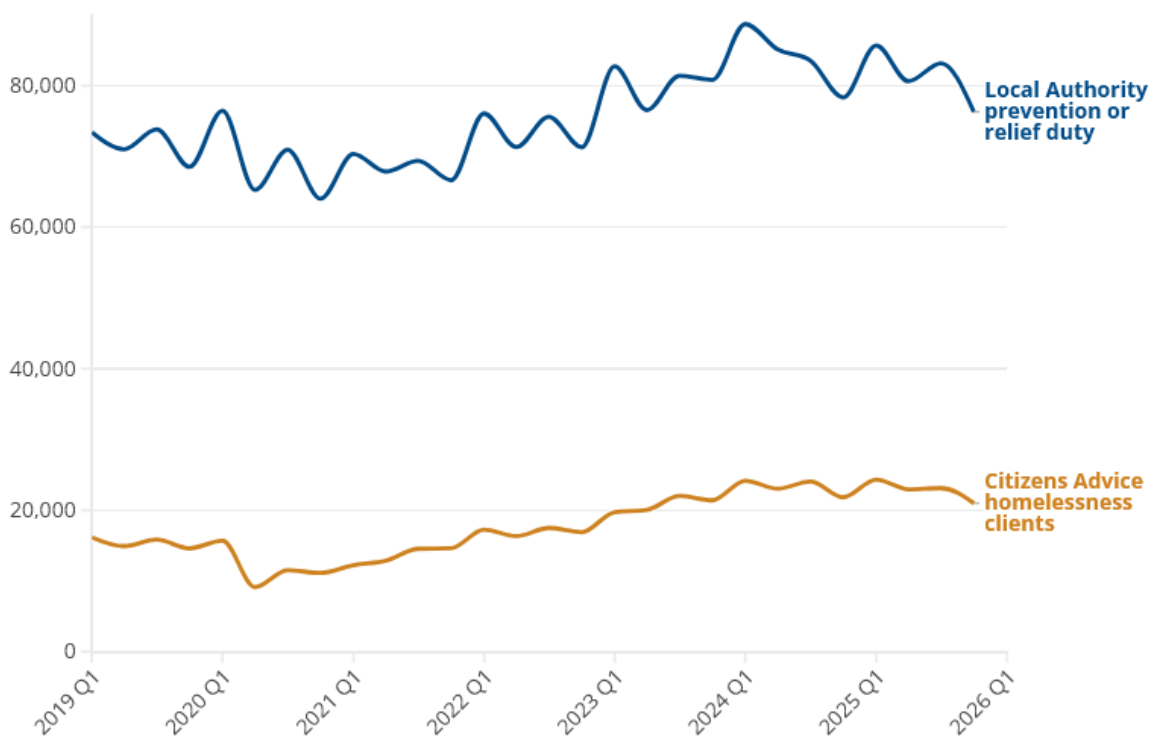
their employment opportunities or ability to engage with healthcare or education.

Reversing this trajectory requires robust, immediate housing cost support to prevent households from falling into crisis in the first place. It also necessitates adequate funding for the statutory prevention and relief duties of local authorities, many of whom are currently squeezed between escalating service demand and severe pressure on budgets. Without immediate systemic intervention, the current safety net will continue to function as a holding pattern, staving off street homelessness, but trapping vulnerable households in inadequate temporary accommodation and exposing them to the associated risks of chronic, long-term ill health..

### Housing Crisis at Citizens Advice

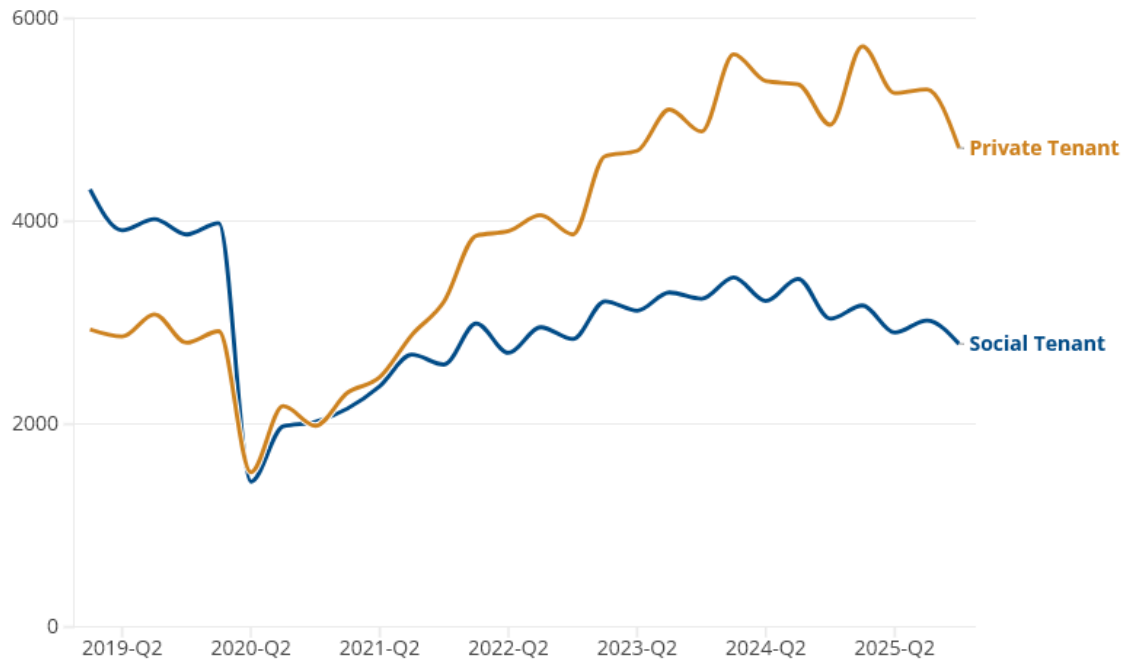
Escalating rents and chronic shortages in social housing continue to push a growing number of individuals to the brink of homelessness. National statistics reflect a steady rise in households requiring statutory prevention or relief duties, a trend directly mirrored in our own casework.

Chart 9 - Trends in homelessness



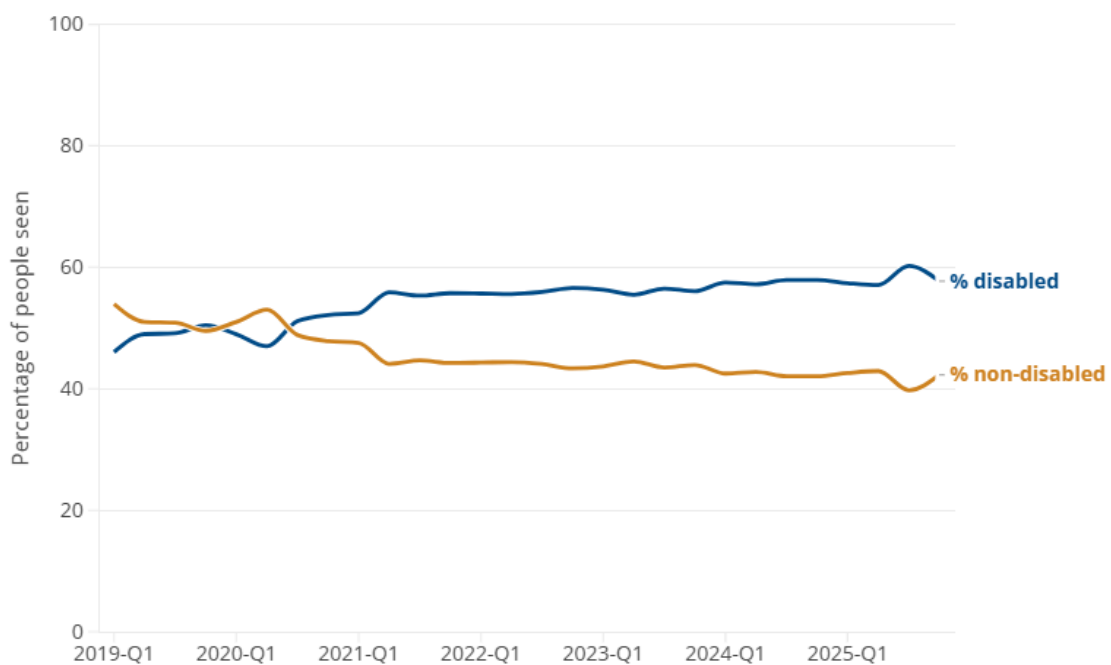
Analysis of our casework by tenure type reveals that this surge is predominantly driven by clients originating from the private rented sector.

Chart 10 - People who've sought advice on homelessness by tenure type



We have recorded a marked increase in homelessness advice sought by individuals identifying as disabled or living with a long-term health condition.

Chart 11 - People who've sought advice on homelessness by disability



While this correlates with a broader organizational increase in clients with health vulnerabilities, it underscores a critical system failure. Historically, the social housing system provided a safety net for individuals whose health made them particularly vulnerable to housing insecurity. Today, those protective pathways have become increasingly inaccessible, leaving people with existing health conditions more exposed to the risk of homelessness.

The most acute manifestation of this crisis is street homelessness. Of the approximately 75,000 clients who sought our help regarding homelessness last year, roughly 5,000 were either currently rough sleeping or at imminent risk of doing so.

This represents a group of people who will be experiencing severe and substantial harm to their health as a result.<sup>76</sup> Rough sleeping is associated with increased risks of physical and mental ill-health, as well as an increased risk of substance abuse<sup>77</sup>. Consequently, rough sleeping is associated with an average age of death approximately 30 years lower than the general population.<sup>78</sup> Preventing street homelessness is therefore a critical public health imperative.

To avoid the worst impacts of street homelessness, local authorities have a statutory duty to support households without a home. These households may be placed in various accommodations, including purpose-built temporary accommodation, short-term private rentals, or emergency hotels and B&Bs. Sometimes, a lack of available properties in one area means that they can be relocated entirely outside the council's jurisdiction.

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<sup>76</sup> It may also reflect the fact that rough sleepers may engage / be engaged by more specialist services.

<sup>77</sup> Marmot et. al.(2020), *Marmot Review 10 Years On*, p. 115. Available at <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

<sup>78</sup> Health Foundation (202) *Creating Healthy Lives*. Available at: <https://www.health.org.uk/reports-and-analysis/reports/creating-healthy-lives>

## Local Authority Statutory Homelessness Responsibilities

The **Homelessness Reduction Act (HRA) 2017** significantly expanded the legal obligations of local authorities in England, shifting the focus toward early intervention.

The three core duties include:

- **Duty to Assess and Plan:** Councils must conduct a holistic assessment of an applicant's needs and develop a Personalised Housing Plan (PHP)
- **Duty to Prevent:** Authorities must take "reasonable steps" to help anyone at risk of homelessness within 56 days to stay in their current home or find a new one.
- **Duty to Relieve:** If an applicant is already homeless, the council must help them secure accommodation for at least six months. This is the duty by which many people are placed in temporary accommodation, which can be a private rental found by the council, purpose built TA or, in an emergency, hotel or B&B accommodation.

Whilst local authorities don't have a statutory responsibility for everyone beyond the initial six month relief period, certain priority groups (families, disabled people, those at risk of domestic abuse) are eligible for emergency housing, which can last beyond the 6 month period of the relief duty.

The **National Plan to End Homelessness**, announced at the end of 2025, sets out the government's policy to address homelessness. This includes an ambition to end the use of inappropriate Hotel or B&B accommodation for families, except on the basis of short-term emergencies.

The number of people in temporary accommodation has been increasing since the end of the COVID-19 pandemic.<sup>79</sup> Crucially, this encompasses a growing number of families, depriving children of a stable developmental environment. By June 2025, there were 84,240 households with children residing in TA,

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<sup>79</sup> Health Foundation (2025) *Trends in people needing emergency temporary accommodation*.

Available at:

<https://www.health.org.uk/evidence-hub/housing/trends-in-people-needing-emergency-temporary-accommodation>

comprising 172,420 children in total. This represents a 7% year-on-year increase, and a 36% increase compared to 2019.<sup>80</sup>

Whilst this is harmful for the families affected, the growing demand for temporary accommodation is also acting as a significant drain on LA resources. Whilst the HRA emphasised the need for spending on prevention, this is at risk as resources are diverted towards providing increasingly costly TA.<sup>81</sup>

This financial drain is severely exacerbated by the central government TA subsidy, which remains frozen at 2011 Local Housing Allowance rates. Consequently, over a decade of housing cost inflation has been absorbed entirely at the local level. Because of this freeze, the proportion of TA costs met by local government funding has ballooned from just 7.1% in 2009/10 to 50.6% in 2024/25.<sup>82</sup>

## Temporary accommodation and its impact on health

For many people, temporary accommodation (TA) is a vital lifeline. However, the provision of TA is frequently of such poor quality that it presents severe, independent threats to the health of residents. The quality of the housing provided can be poor, meaning issues like damp and mould can be common. Households are also frequently forced to live in units that are too small for their needs, meaning they face the stress of overcrowding (see p. 44) and can lack space for things like exercise. As the depth of the housing crisis forces people to remain in TA for periods far exceeding its design, these negative health impacts compound.

There are also significant demographic inequalities within the TA system. Black-led households are disproportionately represented, comprising 23% of all

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<sup>80</sup> HoCL (2025) Temporary accommodation in England: Issues and government action. Available at: <https://researchbriefings.files.parliament.uk/documents/CBP-10421/CBP-10421.pdf>

<sup>81</sup> Institute for Government (2025) *Performance Tracker 2025. Homelessness*. Available at: <https://www.instituteforgovernment.org.uk/publication/performance-tracker-2025/local-services/homelessness>

<sup>82</sup> HoCL (2025) *Temporary accommodation in England: Issues and government action*. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-10421>

households in TA compared to just 4% of the national population.<sup>83</sup> Consequently, the systemic health hazards associated with TA serve as a direct driver of wider racial health inequalities.

Extended stays in TA impose severe financial costs on households already struggling with economic exclusion. As detailed in our recent research,<sup>84</sup> TA is frequently provided unfurnished or without essential white goods. For individuals in highly precarious housing situations, purchasing these items is economically unviable and presents a significant financial trap.

### **Maggie's Story**

Maggie and her partner live in emergency accommodation, and have been notified they need to move into a new residence, a hostel. The room they have been offered has a fridge, but no furniture or bed. It is also further away from the support network of family they rely on to manage their mental health issues. Accepting this offer of help will require a significant financial outlay, and with their future housing situation still uncertain this is a difficult commitment to make, that could have significant negative economic implications

In the most severe cases, particularly where people are accommodated in hotels or B&Bs, TA lacks basic facilities for cooking or cleaning. Families are left without kitchen equipment or access to washing machines.

### **Tanya's Story**

Tanya is a single mother with two children who has had to move into temporary accommodation. She relies on Universal Credit for her income, but it is reduced by repayments for an advanced payment and a budgeting loan. The temporary accommodation that her family are staying in is a hotel, with the whole family having to stay in a single room. She came to us because she

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<sup>83</sup> Shelter (2005) *Three charts that reveal the inequalities in temporary accommodation*. Available at: [https://england.shelter.org.uk/what\\_we\\_do/updates\\_insights\\_and\\_impact/inequalities\\_temporary\\_accommodation](https://england.shelter.org.uk/what_we_do/updates_insights_and_impact/inequalities_temporary_accommodation)

<sup>84</sup> Citizens Advice (2025) *The Hidden Costs of Homelessness: how the cost of living in temporary accommodation is pushing families deeper into poverty*. Available at: <https://www.citizensadvice.org.uk/policy/publications/the-hidden-costs-of-homelessness-how-the-cost-of-living-in-temporary/>

was struggling to make ends meet, as a lack of cooking facilities meant that she had to rely on takeaways to provide her family with hot food. This was more expensive and less healthy than the food she would have been able to make if she was able to stay in more appropriate accommodation.

While temporary accommodation is legally required to be free from Category 1 hazards and fit for human habitation, conditions in the sector are less stringently regulated and monitored than in permanent social housing. Consequently, stretched local authority budgets and the sheer urgency of need mean households are frequently placed in housing that poses a direct physical risk.<sup>85</sup>

### **Marvin's story**

Marvin and his family have been living in temporary accommodation for over a year. Marvin, his wife and their three children all have to live in a one bedroom bungalow that is in significant disrepair. One of Marvin's children has significant mental health issues, and the living conditions are having a severe detrimental impact on their condition. He has provided evidence from his GP and social services about the impact of their accommodation, but the local authority has been ignoring all his attempts to have his problem heard.

The government has recently consulted on extending the Decent Homes Standard to cover temporary accommodation. While this regulatory improvement is necessary, the underlying structural issue remains one of supply. Increasing the volume of good quality TA, alongside the funding available to local authorities to secure it, is vital in the near term, to reduce the systemic pressure that results in councils placing vulnerable families in hazardous homes.

## **Broken networks of support - housing crisis and dislocation**

The impact of the housing crisis is geographically uneven. In areas facing severe housing shortages, local authority interim accommodation services frequently

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<sup>85</sup> APPG for Households in Temporary Accommodation (2023) *Call for evidence findings: summary, analysis of themes and call to action*. Available at: <https://householdsintemporaryaccommodation.co.uk/wp-content/uploads/2023/01/APPG-Call-F-or-Evidence-Findings-Report.pdf>

become overwhelmed. This pressure often leads to councils procuring TA far outside their own borders, forcing households to accept placements miles away from their communities under the threat of having statutory support withdrawn.



If you're in Weston-super-Mare, you've got your support network around you, you've got your family, your kids are going to school, kids going to college, anything like that. With temporary accommodation at the minute, we are seeing that the local authority will also place in Bristol, that's upping that entire family and putting them somewhere completely different, and that [impacts your] mental health, because it's going to affect you.



- Citizens Advice Adviser

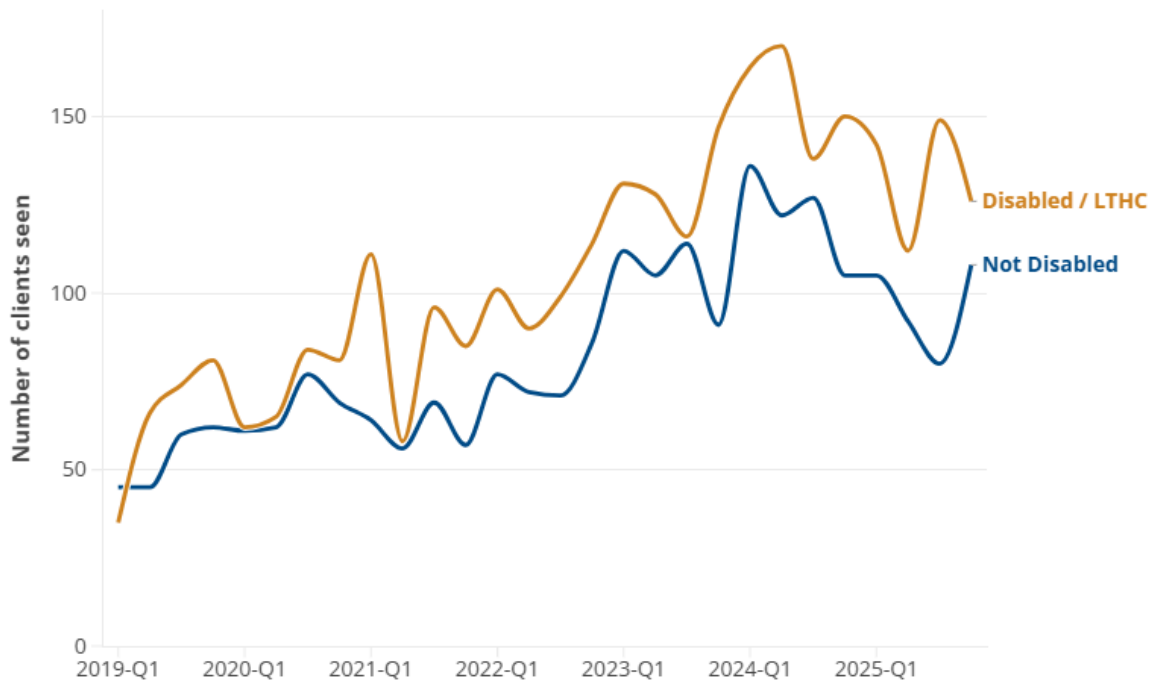
Government data indicates this is an escalating crisis. In June 2025, 42,080 families were living in TA in a different local authority area to the one they applied for, an 8% increase from June 2024.<sup>86</sup> This trend is most pronounced in regions like London, reflecting the absolute exhaustion of local housing capacity.

This trend is mirrored in our casework. The number of people seeking advice regarding out-of-area placements has risen steadily, and a significant majority of these clients are disabled or managing long-term health conditions.

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<sup>86</sup> House of Commons Library (2025) *Temporary accommodation in England: Issues and government action*, P. 37. Available at: <https://researchbriefings.files.parliament.uk/documents/CBP-10421/CBP-10421.pdf>

Chart 12 - People who've sought advice about placement outside of area by disability



For households managing complex health conditions, forced relocation is a threat to their health. The NHS is strictly organised around geographic boundaries. Moving between different Integrated Care Boards (ICBs) or hospital districts frequently results in patients losing their place on specialised waiting lists or losing access to established care providers.



There's so many sad stories about kids also who have finally, after years of assessment, or waiting for assessment, finally been given a place with CAMHS<sup>87</sup> in their borough, and then now they're going to be moved out of borough and they'll lose all of that and have to start again. And parents [are] just frantic to accept any housing conditions as long as they don't lose their place with CAMHS.



- Citizens Advice Adviser (Camden)

<sup>87</sup> Child and Adolescent Mental Health Services

Beyond clinical care, displacement shatters the informal networks of family and community support that vulnerable households can rely on for daily survival.

### **Fatima's Story**

Fatima lives in temporary accommodation with her husband and three children. The property that she was allocated by the council was a long way from her children's school, requiring an hour's travel each way. It is also a long way from her GP surgery, which she needs to attend regularly due to existing health conditions that are being made worse by the temporary accommodation, which is mouldy and infested with bed bugs. The local council has recently found them permanent accommodation, but it is hundreds of miles away and will mean her husband losing the full-time job that he has only just found after a long period of unemployment. She is also worried about the impact of moving away from her GP, and how that will disrupt the ongoing care for herself and her children.

Ultimately, the erosion of social housing provision and the growing regional disparity in housing costs are driving severe economic and geographical segregation. When households are forcibly displaced from their communities simply to secure a roof over their heads, the resultant disruption to healthcare, education, employment and social support inflicts lasting damage on public health.

## **Policy recommendations**

The single most effective policy to protect households from the health impacts of homelessness is to restore adequate housing cost support. The continued scarcity of social housing, and the failure of the benefit system to reflect market rents are pushing vulnerable people into crisis. This leaves local councils to shoulder the unsustainable burden of emergency provision.

The government's commitment to ending the routine placement of families in B&Bs and hotels is a welcome and necessary step to reduce the harms of inappropriate accommodation. However, this ambition must be backed by a tangible increase in the supply of high-quality temporary accommodation. As our case study in Newcastle demonstrates, enforcing strict targets without

expanding capacity can perversely lead to services becoming more restrictive and inaccessible. Meaningfully reducing the harms of homelessness requires a model that improves TA quality while maintaining system flexibility. Ultimately, this relies on capital investment in local authority estates, alongside more innovative, regulated use of the private rented sector.

In areas experiencing extreme housing pressure, such as central London, relocating households out-of-area may remain an unavoidable reality to provide immediate shelter. While completely eliminating out-of-area placements may be unrealistic in the short term, systemic changes must be made to mitigate the devastating disruptive impacts on affected households.

The government's new homelessness strategy opens the door for mayoral authorities and regional bodies to take a more active role in coordinating services. Formalising this regional oversight is critical, and regional mayors are well placed to coordinate homelessness strategies around their wider priorities, such as improving health outcomes or reducing child poverty. While current strategy includes basic provisions for information sharing, this must be expanded to mandate robust coordination across essential services, including schools and NHS providers, ensuring continuity of care when a household is displaced.

Furthermore, formal regional coordination must be tied to equitable funding. The current system, operating on subsidies frozen at 2011 rates, is financially breaking local government. A coordinated regional approach must ensure resources are distributed fairly, preventing councils with cheaper housing stock from being financially penalised for absorbing the complex social crises originating in more expensive neighbouring districts.

**Recommendations for Government** To stabilise the temporary accommodation system and protect the health of vulnerable households, we are calling on the government to:

- **Restore housing affordability:** Urgently uprate the Local Housing Allowance (see p. 29) to the 30th percentile of market rents to prevent private renters from falling into homelessness.
- **Expand high-quality TA capacity:** Intervene directly to fund and expand the supply of appropriate, family-sized temporary accommodation,

ensuring the pledge to end B&B use is met with actual housing stock rather than restrictive gatekeeping.

- **Establish regional oversight:** Formalise the statutory role of mayoral authorities in managing and coordinating cross-boundary homelessness prevention and relief activities.
- **Implement fair funding reallocation:** Reform the TA subsidy and reallocate central resources to adequately compensate local authorities that receive high volumes of out-of-area placements.
- **Mandate cross-service continuity:** Enforce strict data-sharing and coordination protocols between local authorities, NHS Integrated Care Boards, and education providers to guarantee the continuity of health and social support for displaced households.

## Newcastle in focus

We conducted interviews with several advisers working at Newcastle Citizens Advice. They described a city that was experiencing a pronounced housing crisis. In contrast with Camden which has long experienced unaffordable rents, the situation in Newcastle represents one of more sudden change.

The level of rent inflation in Newcastle has exceeded the national average for 15 years, and the level of rents are now 50% higher than they were 10 years ago. Adapting to the scale of this change has been difficult, and it has put local housing services under significant pressure.

Advisers that we spoke to reported a complete change in the social housing landscape. Availability had been good in recent memory, but the sector was now overwhelmed, meaning that waiting lists were running into years.

The growing level of demand has meant that the availability of homelessness prevention services has become extremely stretched. Temporary accommodation was frequently unavailable to those who needed it and despite owning stock of dedicated temporary accommodation facilities, need had substantially outstripped capacity. The council has a policy of not accommodating people in hotels or B&Bs, but in the absence of adequate supply of alternative TA, one of the consequences has been severe constraints on the capacity of the council to discharge their statutory homelessness duties.

Advisers described how changes made during the COVID-19 pandemic to close in person assessments hadn't been reversed. One adviser described how this had led to clients he helped not being able to access support. The new provisions were inaccessible to people who faced barriers such as digital exclusion or language barriers, and meant there were inequalities in who was able to access the service.

*"Really truthfully we shouldn't be what we're doing, because someone should be able to access the service, you know? We're doing a lot of work to help somebody simply access the service, rather than give advice"* - Newcastle Citizens Advice Adviser

# Improving health and housing

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The evidence presented in this report demonstrates the systemic ways the housing crisis is entrenching health inequalities. Housing is so fundamental to physical and mental wellbeing that its scarcity, unaffordability, and misallocation generate profound public health consequences. Because access to secure housing is increasingly gated by economic barriers, these health impacts fall disproportionately along existing income gradients and social fault lines.

This report has identified three intersecting causal pathways through which housing dictates health:

1. **Cost:** High housing costs directly reduce effective income, leaving households with less to spend on the essentials vital to a healthy life.
2. **Condition:** Poor housing quality exposes residents to direct physical health risks, including damp, mould, cold, and severe disrepair.
3. **Location:** A home's geography determines access to healthcare, economic opportunity, and the social support networks necessary for resilience.

Across the housing market, inequalities in exposure to these hazards are pronounced. **Private renters** face structurally high costs and insecure tenures, frequently forcing low-income households into impossible choices between affordability and habitability. This crisis is actively amplified by the government's failure to permanently link the Local Housing Allowance (LHA) to actual market rents, pushing thousands into poverty.

While the long-term solution lies in **social housing**, the lack of supply means waiting lists stretch for years. Those lucky enough to be housed often face severe overcrowding, while a lack of sector investment leaves many trapped in aging stock suffering from chronic disrepair. Consequently, a growing number of households are pushed into **temporary accommodation (TA)**. Not only are TA conditions frequently inadequate, but the geographical dislocation it causes inflicts long-term psychological and clinical damage.

While the government's current building programme promises vital investment in social and affordable housing, the sheer scale of the deficit means these numbers must be viewed only as a baseline. The current crisis will persist for years to come, necessitating robust, immediate intervention to protect public health in the interim.

## **The crucial role of local government**

Throughout this report, a recurrent theme has been the capacity of local government to monitor, regulate, and enforce housing standards. Councils are the fundamental delivery mechanism for housing policy, from conducting environmental health inspections in the private rented sector, to maintaining social stock and discharging statutory homelessness duties.

However, their capacity to fulfill these roles is in direct competition with a host of other underfunded statutory duties. Because many proactive housing obligations are non-statutory, there is a severe risk that local enforcement capacity will be hollowed out by default, as escalating statutory demands for adult social care and special educational needs (SEN) consume an ever-growing proportion of council budgets.

Simultaneously, the soaring cost of temporary accommodation (itself a statutory duty) is actively draining resources away from upstream, preventative housing services.

While fully resolving the intricacies of local government finance is beyond the scope of this report, the legacy of post-2010 austerity and current fiscal constraints pose a direct threat to the government's 'decade of renewal.' Ambitious legislative milestones like the Renters' Rights Act, Awaab's Law, and the Decent Homes Standard require robust oversight. Enforcing these standards means employing personnel to inspect homes and prosecute non-compliant landlords. Without appropriately resourced local authorities, these legislative victories will remain entirely theoretical for the renters who need them most.

## Policy recommendations

The scale of the housing crisis dictates that it cannot be reversed within a single parliament. While a substantial increase in housing supply is the only long-term corrective, immediate interventions are required to shield the most vulnerable from escalating health harms. We urge the government to adopt the following timeline of action:

### Short-Term (Immediate action)

- **Restore and mandate LHA uprating:** Immediately increase the Local Housing Allowance to reflect the 30th percentile of local market rents, and legislate that this uprating is automatically applied every financial year to prevent affordability gaps from reopening.

### Medium-Term (Within this parliament)

- **Resource and monitor the Renters' Rights Act:** Closely track the Act's impact on the price and availability of private rentals, and simultaneously assess the financial capacity of local authorities to actually implement and oversee the new legislation.
- **Accelerate regulatory expansion:** Bring forward the introduction of the Decent Homes Standard and Awaab's Law into the private rented sector, ensuring private tenants are protected from hazardous housing as quickly as possible.
- **Regulate Temporary Accommodation:** Introduce and enforce the Decent Homes Standard for all forms of temporary accommodation.
- **Mandate regional homelessness coordination:** Formalise the role of Mayoral and regional authorities in coordinating homelessness strategies. This includes preventing 'beggar-my-neighbour' out-of-area placements, ensuring the continuity of NHS and educational services, and protecting social housing list eligibility for displaced households.

### Long-Term (The 'Decade of Renewal')

- **Commit to sustained social housebuilding:** Drastically scale up the ambition of current affordable housing targets. Reversing the health impacts of the housing crisis requires sustained, generational capital

investment in social rent homes.

- **Empower local authority delivery:** Grant local authorities the funding flexibility and powers necessary to build homes directly where they are most needed, ensuring that investment targets the exact demographic and clinical needs of the local population.

# Citizens Advice helps people find a way forward.

We provide free, confidential and independent advice to help people overcome their problems. We are a voice for our clients and consumers on the issues that matter to them.

We value diversity, champion equality, and challenge discrimination and harassment.

We're here for everyone.

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