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Housing and health inequalities: why is housing on the periphery of health and welfare policy?

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Poor-quality housing is a major but under-recognised driver of health inequalities in the UK. This perspective article explores how housing conditions are shaped by tenure, regional disparity, ageing populations, and decades of political and economic decision-making. Drawing on contemporary policy developments and examples from towns such as Blackpool, we argue that housing should be treated as health infrastructure, not a market commodity. We examine the health consequences of poor housing, including respiratory and cardiovascular disease, mental illness, and premature ageing, and highlight interventions to address housing issues such as regeneration, Housing First, and selective licensing. As pressures on the NHS and local authorities mount, addressing housing as a root cause of ill health is both a moral and pragmatic imperative. Until we treat housing policy as health policy, we will continue to treat the symptoms while ignoring the cause.

KEYWORDS

health inequalities, health outcomes, health policy, housing, political and economic decision-making, poor housing

1 Introduction

Housing is a key social determinant of health, influencing physical well-being, mental health, and financial security. Poor conditions, such as damp, overcrowding, and cold, are linked to respiratory diseases, cardiovascular conditions and mental health (1). These have substantial implications for both local authorities, with responsibility for housing and social care, and health services. It is hard to quantify the economic cost of poor housing to the NHS, but it has been estimated at £2.5 billion per year, as a result of hospital admissions, delayed discharges, and readmissions (2). Housing has long been described as the “wobbly pillar” of the welfare state (3, 4). Although recent strategies such as the 10 Year Health Plan for England have begun to acknowledge the links between housing and health, these connections remain underdeveloped in policy (5).

We argue that historical housing policies have significantly contributed to poor health and inequalities, and that housing must be treated as a core component of health and welfare policy. We examine housing’s impact on health through issues of tenure, regional disparity, and ageing, situating these within broader political and economic trends that have prioritized housing as a financial asset over a public good. Finally, we

explore and critique recent policy responses and draw on insights from Blackpool, a town facing acute housing challenges.

2 The health consequences of housing

2.1 Physical health

Poor housing has a direct impact on physical health and is associated with chronic disease and infections; for example, damp, mould, and poor ventilation contribute to asthma, COPD, and respiratory infections (6). Similarly, there is a clear association between damp, mould, excess cold and heat and cardiovascular disease, which is also affected by stress and greater exposure to environmental toxins in poor housing (7). Children growing up in damp homes are more likely to develop childhood respiratory illnesses, such as bronchiolitis, viral wheeze, and asthma (8). Overcrowding and poor ventilation also increases the spread of viral and bacterial infections, including influenza, tuberculosis, and COVID-19 (9–11).

2.2 Mental health

Unstable, overcrowded, or unsafe housing is linked to stress, anxiety, and depression (12). Housing insecurity leads to persistent anxiety, affecting sleep and overall well-being (13). Those at risk of eviction, facing unmanageable rent increases, or living in temporary accommodation often experience chronic psychological distress. Studies show that housing insecurity early in life is associated with higher rates of anxiety and lower academic performance (14) and higher risk of mental illness in adulthood (15), affecting long-term personal economic and health outcomes.

2.3 Homelessness and health

Homelessness highlights the most extreme impacts of housing on health. Health outcomes for homeless people are the poorest in society due to exposure to the elements, poor nutrition, limited access to healthcare services, addiction and substance misuse, and high rates of mental health conditions, including suicide (16). In the UK, people experiencing homelessness have a life expectancy around 30 years lower than the general population (47 vs. 79.5 years for men; 43 vs. 83.1 years for women) (17). The number of people at risk of homelessness in the UK has risen in recent years, indicating increases in households both with children and without (18).

3 Key housing challenges impacting health

3.1 Tenure, regulation, and the private rented sector

Housing quality and security in the UK vary by tenure, with profound health implications. Private renters face the greatest

risks, with one in five living in substandard homes prone to cold, damp, and structural issues (19). Homeowners benefit from greater stability and control. In the private rental sector, profit-driven landlords, weak oversight, and limited tenant rights foster neglect and discourage complaints due to eviction fears. The decline of social housing has deepened inequality, forcing low-income households into poor-quality, often costly, rentals. With home ownership increasingly unattainable for younger and lower-income groups, many face prolonged renting and chronic housing insecurity (20).

Rent control and deregulation have shaped the UK private rental market for more than a century. While early controls curbed profiteering and later protected tenants, policy since the late 1980s has moved firmly towards deregulation (21). This has expanded the sector but normalised instability, poor conditions, and rising rents, all key contributors to health inequalities (3, 21, 22).

Recent reforms to address these problems, such as the Renters' Rights Bill encompassing minimum energy and safety standards and proposed bans on "no-fault" evictions, acknowledge the public health role of housing (19). Yet enforcement remains weak, and meaningful reform has been repeatedly delayed. The result is a system that still prioritises private profit over public wellbeing, leaving taxpayers to bear the health and welfare costs. Treating housing as health infrastructure demands stronger regulation and investment (13, 19, 23).

3.2 Regional disparities

Locality within the UK also strongly influences their likelihood of experiencing poor housing. In London and the South East, housing costs are high, which can lead to significant issues with workforce recruitment and retention in key sectors such as healthcare, education and hospitality (24, 25). However, investment in infrastructure and housing stock in the South East has led to more properties meeting modern safety and energy efficiency standards.

In post-industrial regions such as the North West, a greater proportion of homes fail to meet the Decent Homes Standard (26). Here, decades of economic decline, and underinvestment in ageing housing stock have resulted in higher levels of substandard housing. Much of the housing was built during the industrial boom of the 19th and early 20th centuries, with many properties never fully modernised. There is a relationship between properties built before 1919 and the likelihood of being non-decent (19, 20). The health divide caused by poor housing is particularly severe in the North-West, where residents are more likely to experience the health issues highlighted earlier.

In this region deprivation and poor housing conditions are interlinked, creating a reinforcing cycle of disadvantage where low-income limits access to quality housing, pushing buyers into deprived areas with often poor standards (27). As highlighted in the Chief Medical Officer's annual report 2021, coastal areas experience particular housing challenges (28). Here, much of the housing stock is a result of their tourism legacies, with an overabundance of guest houses. In recent decades, large numbers of these have been converted into poor quality flats or houses of multiple occupation (HMOs). Consequently, some

coastal towns, such as Blackpool, Morecambe and Hastings experience in-migration of a transient, vulnerable younger population in receipt of housing benefits attracted by affordable housing. This entrenches health inequalities in extremely deprived areas and has implications for health and social care service provision.

3.3 Ageing

Poor-quality housing accelerates biological ageing and worsens physical and mental health (29), making it a key concern for older adults. Many older people live in inaccessible or unsuitable homes that hinder independence (30). Yet the UK lacks sufficient specialist housing—such as sheltered and extra care schemes—particularly in low-income regions, due to a sector that often prioritises profit over older people's needs (31, 32). A further paradox is that, due to this lack of specialist housing, many older people who bought their homes before the rapid surge in house prices now occupy larger homes that are increasingly unsuitable for their circumstances, whilst low-income families struggle to access quality family homes (33).

Unsuitable housing poses major health risks for older adults. Falls remain the leading cause of accidental injury and death among older people (34), costing around £2 billion annually in England. Likewise, poor insulation, inefficient heating, and fuel poverty, affecting 16% of older households, drive cold-related illnesses and contribute to one of Europe's highest rates of excess winter deaths (35). Of these, an estimated one in five are linked to cold homes (35).

The challenges associated with ageing and housing are particularly acute in areas where there is a large elderly population. This is particularly apparent in coastal towns such as Blackpool, which has a substantial retired population. This places additional pressure on local health and social care services, particularly when considered alongside the previously-described population of younger people experiencing complex disadvantage (36).

4 Political and economic context of housing inequality

The UK's housing landscape reflects decades of political and economic choices that have shaped access to safe, secure homes. After World War II, the government built over 5 million social homes, providing affordable housing for working-class families (37). From the 1980s, however, the political landscape changed dramatically and policies shifted towards privatisation, treating housing as a private asset rather than a public good. The 1980 "Right to Buy" scheme marked a turning point and fundamentally reshaped the UK's housing system (20, 37).

The Right to Buy policy expanded homeownership by allowing council tenants to purchase their homes at heavily discounted prices. Many people who purchased their publicly-owned property experienced improvements in health and wellbeing and reductions in chronic health conditions (38). While beneficial for those families, it drastically reduced social

housing stock, with local authorities limited in their ability to reinvest the revenue into new housing (20). This created a severe shortage of affordable homes, pushing low-income households into the costly and unstable private rental sector.

This was compounded by many former council homes being bought by private landlords and rented out at significantly higher market rates, driving up housing costs and straining low-income renters. As social housing declined, the private rental market expanded, with state-funded housing benefits increasingly spent on private rentals. This erosion of secure housing has led to increased insecurity and worsened health through poor living environments and stress-related illness (20).

In addition, not all long-term owner occupiers reaped wealth and investment benefits through the Right to Buy scheme. Those ageing on lower incomes have reported limited resources to repair, maintain or adapt their home (39). Similarly, purchasing in a location that later undergoes gentrification has been problematic for some. Owner-occupiers in dilapidated estates have endured flooding and infestation while leaseholders were able to rehouse much more quickly (40). These examples highlight the intersecting challenges in owning a home for people who experience inequalities, such as debt, poor health, and a lack of social mobility.

4.1 The financialisation of housing

As state-led housing declined, the UK saw rising financialisation of housing, treating homes as commodities rather than a basic human right (41). One in five homes are now landlord-owned, with investment firms, speculative investors, and buy-to-let landlords driving up housing prices (42). Many properties are left vacant or rented at inflated rates (including short term holiday lets), making affordable housing increasingly inaccessible for low-income households (43, 44).

The rise of buy-to-let investment has particularly affected those in the private rental sector, where rents have increased faster than wages, leaving many households struggling to cover basic living costs (45). Unlike homeowners, private renters lack stability and security, often facing short-term tenancy agreements, sudden rent hikes, and eviction risks (46). Unsurprisingly, growing proportions of those in the private rented sector live in poverty (47). In areas such as Blackpool where there are high rates of benefit dependency, and the associated low rents, there is little financial incentive to improve the condition of properties. In such instances, landlords can let their properties in very poor condition to tenants in receipt of housing benefits, and housing market failure occurs (48).

The cumulative effect of these issues has deepened health inequalities. Homeowners, particularly those who purchased several years ago before prices surged, enjoy greater wealth and stability. In contrast, social housing tenants and private renters face higher costs, poorer conditions, and less security. As housing wealth concentrates, so do health advantages, with secure homes linked to better health, and substandard housing tied to illness, premature ageing, and lower life expectancy.

5 Discussion: policy responses and research gap

5.1 Policy responses

Housing is a strategic priority of the current UK Government who, in 2025, committed to sustained investment in social and affordable housing, and the development of a long-term housing strategy (49). Consequently, there are several current policy developments that aim to address the UK's housing challenges.

5.1.1 Regeneration

Regeneration is an umbrella term that can refer to upgrading insulation, improving heating efficiency, and modernising older housing stock. At a smaller scale, government grants are made available for improvements to individual properties. Recent examples include the Home Upgrade Grant and the Warm Local Homes Grant. For example, in Lancashire this funding is administered to communities by local authorities via the Cosy Homes in Lancashire scheme. Here, eligible residents can access funding for upgrades such as insulation, window upgrades and boiler servicing/replacement (50). Although effective at micro-level, a key criticism to date has been the exclusion of landlords, who will be encompassed within the scheme moving forwards.

Where there is concentrated poor housing and associated deprivation, large-scale regeneration projects replace poor quality housing with modern homes. As part of the government's "Levelling Up" agenda, Blackpool has received £90 million of regeneration investment from Homes England to overhaul the housing market in central Blackpool and address the housing market failure that has occurred (51). Whilst large-scale regeneration is needed in areas like Blackpool, concerns persist about whether it benefits local communities or worsens inequality through gentrification, with more affluent people moving into newly-built homes. Leccis highlights Bankside, Central London, where new housing was unaffordable even for local high earners, yet international investors profited—an example of "super-gentrification" (8, 52). Though Central London may differ from other areas, fears remain that regeneration can fuel housing financialisation and deepen inequalities.

5.1.2 Homelessness and "housing first"

Housing First is a policy intervention funded through a combination of government grants and non-governmental sources. It prioritises stable housing provision to homeless individuals before requiring their participation in relevant mental health, addiction, or employment services. Housing First policies are particularly suited to those with comorbidities and complex needs (53). The policy recognises that stable housing is the foundation for wellbeing and contrasts with traditional homelessness interventions that require people to prove they are "housing ready" before receiving permanent accommodation. There is evidence that this approach reduces hospital admissions and reduces homelessness (54, 55), though there is also concern that it may overlook structural causes by framing homelessness as an individual issue (55).

5.1.3 Selective licensing

Selective licensing is a discretionary scheme, whereby local authorities can apply to designate an area within which all privately rented properties must be licensed (56). Failure to comply can have various consequences, including penalties, interim management orders (where the local housing authority takes control of the premises), and rent repayment orders (where rent must be repaid to the tenant or the local authority). In 2024, the UK Government approved the introduction of selective licensing in inner Blackpool, with all landlords in the designated area required to adhere to several licence conditions. Although shown to lead to gains in housing standards and the associated mental health of tenants, there are concerns around the financial burden it places on landlords, which may be passed on to tenants through rent increases, or result in market exit (57).

5.1.4 Social landlords and landlords of choice

Whilst home ownership remains out of reach for much of the population, high demand for good-quality private rental properties continues. In some areas, when private landlords exit the market, social landlords and "landlords of choice" are increasingly expanding their stock. In Blackpool, alongside Blackpool Coastal Housing that manages the Council's social housing on its behalf, My Blackpool Home aims to acquire and improve homes in the inner Blackpool area to build a large portfolio of high-quality rental properties in Blackpool (58). Although social landlords are generally perceived to offer lower rents and more secure tenancies, continued oversight and scrutiny is essential as there have been recent, high-profile examples of councils failing to meet housing standards (59).

5.2 Research gap

As discussed, housing is a well-established social determinant of health and, in areas such as Blackpool, is often cited as a key driver of health inequalities. Some health impacts and mechanisms by which housing impacts health, such as respiratory illness and the effect of excess cold and damp and mould growth, are clearly documented and well-understood. However, the pathways behind other associations remain much more obscure, such as how the socio-economic impacts of housing improvements may lead to health-promoting behaviours. As alluded to, there is also the potential for harm and unintended consequences associated with housing policy. Regeneration can result in gentrification, displacement of the pre-existing population, and destabilisation of community organisations. Similarly, interventions aimed at private landlords can result in them exiting the rental market, reducing the pool of rental properties and driving-up rents.

With housing positioned as a strategic priority of successive governments, there is a clear need for research evidence to further elucidate how housing impacts health and identify the cultural and psychological characteristics associated to housing. This will support the design and evaluation of future and ongoing implementation of housing policies. Alongside stimulating economic growth, improving health must be a key

objective of housing policy, and an outcome that is measured as part of supporting research. Housing interventions, and associated research, should be community-led to ensure benefit to the local population.

6 Conclusion

Poor housing policies have actively driven poor health and widened health inequalities. Poor housing is a central driver of illness, inequality, and premature mortality in the UK. From damp and cold homes that exacerbate respiratory and cardiovascular disease, to insecure tenancies that erode mental health and wellbeing, the impact is both immediate and long-term. These effects are not distributed evenly but are concentrated among those already facing disadvantage, amplifying and entrenching social and health inequalities. Historical factors such as housing policy and decline of legacy industries in areas such as coastal towns have shaped the UK's current housing market.

Tackling the health consequences of poor housing requires structural change. This includes better regulation of the private rental sector, reinvestment in social housing, and a shift away from policies that treat homes as financial assets rather than as a public good. Housing is a priority of the UK Government and significant policy interventions are planned or underway. Currently much consultation and evaluation is carried out by stakeholders involved in delivering housing interventions, and there is a clear need for robust research to objectively understand the health impacts.

As pressures on statutory services mount, addressing housing as a root cause of ill health is both a moral and pragmatic imperative. Until we treat housing policy as health policy, we will continue to treat the symptoms while ignoring the cause.

Data availability statement

The original contributions presented in the study are included in the article/Supplementary Material, further inquiries can be directed to the corresponding author.

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