



The impact of insecure housing on COVID-19 transmission

Medact Submission to the Housing, Communities and Local Government Committee Inquiry into the Impact of COVID-19 (Coronavirus) on homelessness and the private rented sector

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Executive Summary

This submission evidences the impact of the private rental sector and homelessness on disease risk and transmission of COVID-19. We bring attention to the structure of the housing sector in the UK and how this relates to risk communication and transmission of COVID-19. We also conduct an epidemiological analysis that assesses the effects of housing insecurity and deprivation on COVID-19 cases. Furthermore we draw out the effects of underlying housing insecurity, overcrowding and access impacts on BAME communities. We are concerned about the increased risk and transmission of COVID-19 from insecure housing. We are also concerned about the exacerbation of underlying public health inequities as a result of the coronavirus crisis and the negative effects on mental and general health of people in the UK.

Key findings

- Housing insecurity in the UK is highly prevalent and impacts people in the private rental sector (PRS), rough sleepers, and those experiencing homelessness.
- Housing insecurity poses a serious risk to the transmission of COVID-19 and wider public health.
- Increase in neighbourhood deprivation is linked to an increase in the number of COVID-19 cases. For every unit increase in housing unaffordability (measured as ratio of house prices to average earnings in an area) we expect an extra 3 COVID-19 cases.
- BAME households have lower access to quality housing, are more likely to live in overcrowded houses and are more likely to face homelessness.
- Housing is a key determinant of a person's experience of the COVID-19 pandemic. Housing impacts risk communication measures, and transmission of the disease. In combination, poor housing and the lockdown measures have a very significant impact on mental and physical health.

Recommendations

- Ensure the underlying inequity in access to housing is not exacerbated by the impact of lockdown measures.
- Act to reduce the risk faced by people due to overcrowding, homelessness, and economic insecurity.
- Consider implementing an immediate rent freeze to reduce the risk of insecurity faced by renters.
- Ensure private rental contracts are automatically rolled over to avoid sudden homelessness in an unstable private rental market.
- Work with Local Authorities to make immediate improvements to conditions in social housing.
- Suspend Right to Rent checks to ensure all people living in the UK do not have to fear eviction.
- Provide financial support for homelessness, domestic violence, mental health, and older people focussed charities & organisations to aid in the COVID response.
- Consider and follow recommendations made by Generation Rent on this matter.

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About Medact

Medact is a membership organisation made up of health professionals committed to advocating for a safer, fairer better world. Our expertise lies in investigating and analysing evidence of the social and environmental factors which adversely affect health.

This submission was prepared by Medact member Daniel J Carter.

The exacerbation of housing insecurity from changes in income

Housing insecurity in the UK is highly prevalent and impacts people in the private rental sector (PRS), rough sleepers, and those experiencing homelessness. Shelter found that a quarter of renting parents faced unstabled housing and have moved three times or more in the past year and significant proportions of poor children are found in the PRS through primary and into their secondary school years¹. More than one in five children now live in privately rented homes: the PRS has replaced social renting as the typical home for those who are young and poor².

Insecure housing can be made worse by shocks to income or employment, like those that followed from the 2008 financial crisis, cuts to public sector spending under austerity measures post-2011, and now the arrival of COVID-19 and subsequent lockdown measures. There have been 1.5 million new people claiming Universal Credit since the start of the COVID-19 pandemic³.

Those in the private rental sector spend on average nearly a third of their income on housing, compared to 5% of income for those who own their homes outright, as shown in Figure 1⁴. Social protection programmes do not often cover those in the PRS: only 13% of lower-income people in the PRS had their costs met by housing benefit⁵. It is not surprising then, that in the absence of real support to renters, that almost half of rents are going unpaid⁶.

FIGURE 7: Employed renters are more likely to work in jobs bearing the greatest economic and health risks in this crisis than home owners

Proportion of workers aged 16-69 in each coronavirus job group and housing cost to income ratio, by housing tenure: UK, 2019

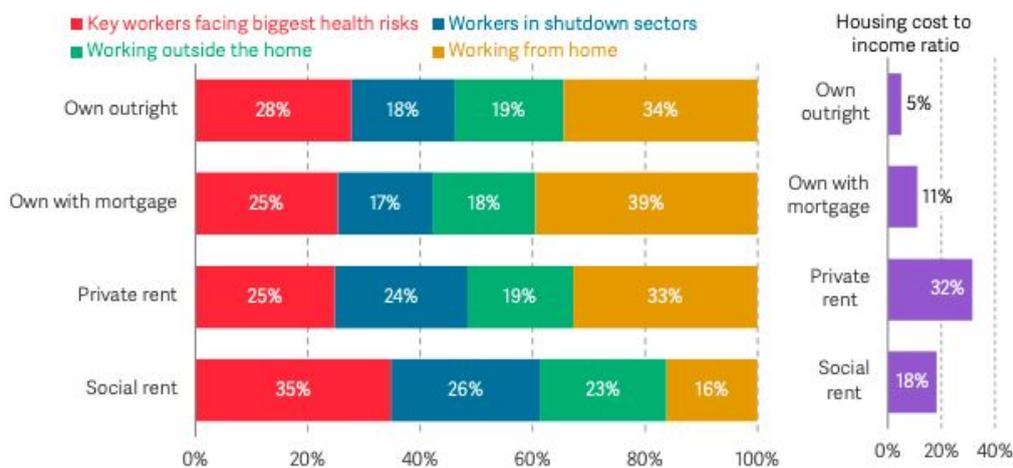


Figure 1. Key workers who are most exposed to COVID-19 risk are more likely to be renters, with a large proportion of income going towards rent⁴.

Epidemiological analysis of housing and COVID-19

There is a clear relationship in England at the local authority level between social deprivation, housing, and COVID-19. As shown in Figure A, data from Public Health England demonstrate that there is a concentration of COVID-19 incidence in areas where social deprivation is highest, and in places where housing affordability is lowest. London is a stark example where these factors converge.

The English Index of Deprivation includes measures of income, employment, education, health, housing, crime, and environment. As shown in Figure B, there is a clear increase in COVID-19 as deprivation score increases. While these analyses are not causal, and do not take into account other factors such as population density, they show a clear association between deprivation, including housing insecurity, and COVID-19 infection.

Unpacking these relationships will be important to understanding how housing interacts with the health and health equity impacts of COVID-19.

Please refer to Appendix.

Structural determinants of housing in relation to COVID-19 transmission

Housing is not equitably distributed in the UK. Systemic racism in housing allocation stretching back to the 1960s, through waves of migration into poor quality housing in the private rental sector in the 70s and 80s, to continued economic disadvantage for BAME people, have left a stark legacy. The impact of inequitable housing access has been especially strong on BAME households, who have often had to wait longer to get a flat from social housing programmes, and ended up in poorer quality homes. BAME households are still more likely to live in overcrowded, older homes with insufficient fuel, and are substantially less likely to own their own homes. BAME households account for 1 in 3 homeless acceptances by local authorities⁷.

Housing underlies many aspects of the COVID-19 pandemic. The inequitable distribution of housing impacts everything from how risk is communicated to individuals, to their risk of COVID-19 infection, to their general health. In turn, these factors impact the risk of COVID-19 related disease. Mitigation measures like specific housing programmes, unemployment benefit, or other forms of social assistance might lessen the negative effect of poor housing on COVID-19 related risk.

The schematic below shows how housing inequity impacts on all aspects of COVID-19. We outline some of the specific ways this inequity results in poor health outcomes.

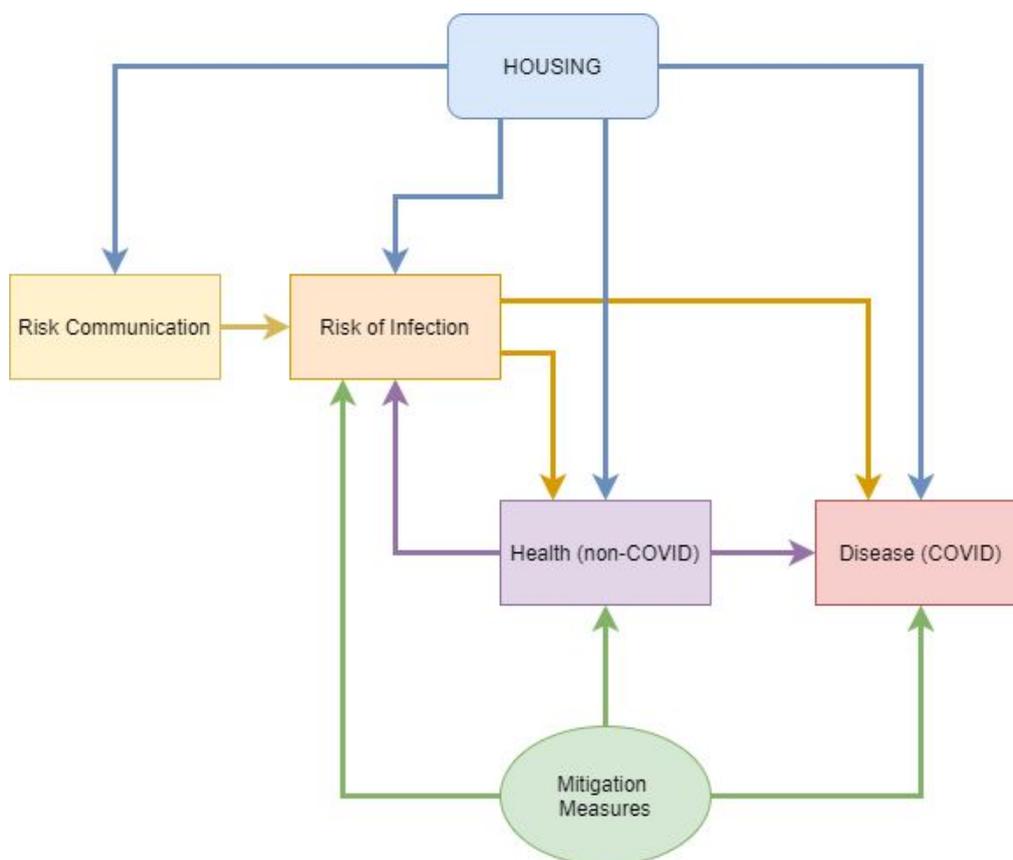


Figure 2. Schematic for understanding how the inequitable distribution of housing impacts all stages of COVID-19 outbreak. Mitigation measures refer to a suite of potential policies that might directly counteract this inequitable impact and therefore minimise both COVID and non-COVID health impacts.

We outline below how housing impacts each compartment of the schematic:

Risk Communication

Understanding the risk of COVID-19 and how it spreads is fundamental to individual and household practices that minimise the spread of disease and support general health, but housing situation can impede risk communication measures.

- ❖ The most vulnerable people may not have internet at home and may not easily access government messaging.
- ❖ Language barriers in communication of COVID-19 risk and in understanding of what support is available may become more acute as people are separated from their communities.

Risk of Infection

The risk of infection is tied strongly to social distancing and other similar measures. A recent quantitative study has demonstrated that those who are renting are less likely to be able to follow social distancing measures. Individuals may continue to work jobs that increase their risk of infection in order to cover their housing costs.

- ❖ 58% of renters report their employment has been affected by COVID-19 and the pandemic response⁸. Especially in the private rental sector, individuals with insecure jobs are likely to have insecure housing and may be at increased risk of eviction post-pandemic.
- ❖ Living in crowded housing increases transmission of COVID-19. BAME households are more likely to live in crowded homes in the UK, increasing the COVID-19 equity gap^{9 10}.
- ❖ People who are homeless and those in prisons or other institutions are also more likely to live in crowded conditions. They may lack access to handwashing and other basic hygiene measures shown to reduce the risk of infection.
- ❖ A third of those in unsuitable housing report that the pandemic has left them more stressed, depressed, or anxious⁸. Worse mental health is known to impact immune function, a determinant of infection.

Health (non-COVID)

There are substantial health impacts from the COVID response. People's overall health and wellbeing in turn impacts their risk of infection.

- ❖ The pandemic response means people may be stuck in unsafe housing. This may be because of problems that could harm physical health, like mold or broken white goods, or because their home is not safe from domestic abuse or intimate partner violence.
- ❖ Poor housing⁸ is associated with worse general mental and physical health and sustained isolation means those in poor housing may experience chronic stress, lack access to green space, and get less exercise¹¹.

Disease (COVID)

Insecure housing can even impact the disease severity and mortality rate.

- ❖ For many people, housing is a greater need than their perceived need for COVID-19 care. People may not seek COVID-19 care if they fear eviction or unemployment. This is especially true for migrants or other individuals who may face discrimination in the housing sector.
- ❖ People who are homeless and those in insecure housing are more likely to have underlying conditions that increase risk of severe disease ¹². A recent American study showed a COVID-19 diagnosis rate 25x higher in people who are homeless in Boston ¹³.

Mitigation strategies to reduce the risk and transmission of COVID-19

The government has begun to implement a number of measures to reduce transmission of COVID-19, and in turn to mitigate the fallout from COVID-19 response. Many of these measures are a good start, but ultimately fail to address the needs of renters and those who are homeless.

Benefits tied to employment — such as Universal Credit, the government furlough scheme, and the scheme to assist the self-employed — are not truly universal. These benefits do not cover people who are undocumented or otherwise less able to access formal systems of social assistance, and the value of government benefits is too low to cover rent for those in the private rental sector who have lost work. The process of accessing Universal Credit has been plagued with difficulties — the system has been overwhelmed by demand and there is evidence of disproportionate impacts on people from BAME backgrounds ¹⁴.

While the government has unfrozen the value of the local authority housing subsidy available for those on Universal Credit, the amount available remains at only 30% of average market rental cost, compared to 50% when the policy was first introduced. Nearly half of renters (43%) remain unaware of this change to housing subsidy ⁸.

While the government has implemented a three month suspension on court-ordered evictions, many individuals remain at immediate risk of losing their home as arrears continue to build up. Many are not covered by the conditions of the suspension, such as property guardians and those in informal rental agreements. Renters will remain liable to pay their rent immediately at the end of the pandemic while landlords experience relief in the form of a mortgage freeze, increasing the UK's growing divide between those who own their homes and those who cannot.

A key solution may be an immediate rent freeze alongside support for small-scale landlords. This would assist many of the negative housing impacts on health outlined above. There is precedent for such a solution within the EU: Greece and Spain have lowered rents, and in Spain, the government has committed to providing a rent subsidy tailored according to the size of the landlord ¹⁵. Two-thirds of UK adults would support a rent freeze and three-quarters would support rent controls including rent freezes ^{8 16}.

An immediate rent freeze would decrease the insecurity faced by renters and impact all areas of the chain of COVID-19 infection. Some other measures that will reduce the risk of infection or risk of disease amongst the most vulnerable include:

- ❖ Considering universal one-time payments not tied to employment status to achieve a greater coverage of financial support
- ❖ Rehousing those facing homelessness, with support from both government and charitable organisations in this transition, including a long-term plan for post-pandemic housing for people who are homeless (see Case Studies - page 10)
- ❖ Releasing prisoners and those in other institutions where possible

Measure that will have an impact on overall mental & physical health as a result of improved housing during the lockdown period include:

- ❖ Providing a state guarantee that energy providers cannot cut off service for non-payment. More than four in five UK adults would support this policy, which has been instituted in a number of EU countries ^{8,15}.
- ❖ Ensuring that private rental contracts are automatically rolled over to avoid sudden homelessness in an unstable private rental market
- ❖ Working with Local Authorities to make necessary and immediate improvements to conditions in social housing
 - Operationalizing the Fitness for Human Habitation bill for Local Authorities so they have the ability to homes are safe and healthy.
- ❖ Suspending Right to Rent checks to ensure all people living in the UK do not have to fear eviction
- ❖ Giving financial support for homelessness, domestic violence, mental health, and older people focussed charities & organisations to aid in the COVID response.

The state of our health is tied to the state of our housing. The COVID-19 pandemic underscores the deep inequities in housing present in the UK. In spite of this, clear solutions lie ahead that can positively impact not just the spread and burden of the pandemic, but also impact our health and wellbeing for years to come.

Case Studies

Dr Laura-Jane Smith, Respiratory Consultant, Kings College Hospital, London

“Looking after the vast number of patients arriving at hospital with COVID-19 has been physically and emotionally exhausting. But amongst the sadness there has been hope. We have seen what can be achieved with adequate funding for health and social care. I have a patient who has spent more time in hospital than out for over 2 years. He has complex physical and mental health problems and has previously struggled with addiction. During each hospital admission we work with him to restore his health with dramatic results. But the point of hospital discharge has always been a time of great risk. He was low down on the priority list for permanent rehousing and was offered temporary accommodation. He felt these placements were unsafe for him, would lead to addiction relapse and would not be a place he could reconnect with his family from whom he was estranged. We had nothing else to offer and knew we were failing him. He returned to the streets, and was inevitably readmitted with worse problems.”

As part of the Mayor of London’s response to protecting the health of all Londoners during the COVID-19 pandemic he has been given housing in a hotel. This has provided this man with safe, independent housing, away from the risk of addiction relapse. He is thriving, has reconnected with his family and is rebuilding his support network and his life. I worry about what will happen to this man and to many others who currently have safe housing after COVID. The government has recognised the link between individual and public health and housing, something healthcare workers know well and see every day. This is just one person whose story demonstrates that healthcare is more than medicine. I have seen that we have the money to help people turn their lives around, and that a small investment has huge value to individuals and our society as a whole.”

Respondent to Generation Rent's Covid-19 Renter Survey April 2020

"I don't feel like I am in a stable position, I live in a very small apartment in a shared apartment block in an overcrowded area & don't have a garden area, so would feel very vulnerable & cooped up, I have had to shield my Daughter, as she is high risk."

"There are three adults and one child living in our one bedroom flat. We cannot Social distance at home whatsoever there is no room. We are looking for a three bed home but now can not afford to move as my partner lost his job during lockdown. We rent our property from an aged lady who uses our rent money to pay her bills so to ask for lower rent from her would put her in a more vulnerable position and we are not doing that to her at this time when things are hard enough."

"I pay more than half my monthly wages for a bedroom with no window for natural light. The walls are very thin and we can all hear each other. Five of us share one toilet and bathroom. It was a relief when the local park was re-opened."

"Well it appears to affect those with zero hour contract jobs and who are renting in a severe way both financially and with keeping safe and healthy. Our landlord asked us to leave out of the blue so we had no choice but move during the pandemic, which was risky and more expensive. In fact, just after the move I got very sick with Covid-19. Just after the schools closed, zero hour contract so I lost my job."

"I feel that those without gardens / much space have just been ignored. I live on a busy road with my front door being straight on the road. My home never gets any sun due to not being south facing and I have realised it is making my mental health feel worse, plus we cannot move until the lockdown is over."

"There are potential difficulties over shared communal spaces - hallway, front door, stairwell, bin areas, garden gate etc. The neighbours' son is 25 & not cooperative nor reliably responsible. I personally therefore disinfect the communal areas. It makes a lot of work for me (I am in the most vulnerable group)."

"I'm currently living in temporary accommodation (I am not on a tenancy agreement of any sort) but have to pay full rent and bills. I am basically homeless. There is so much uncertainty and stress, it keeps me up at night. This month I have received a letter from my GP to shield for 12 weeks as I'm in the vulnerable group and high risk to catching Covid-19 more than others. I won't be able to work or leave the flat at all. I can only open the window. I'm struggling and I know I'm not the only one"

Appendix: Deprivation indexes and COVID-19 impacts

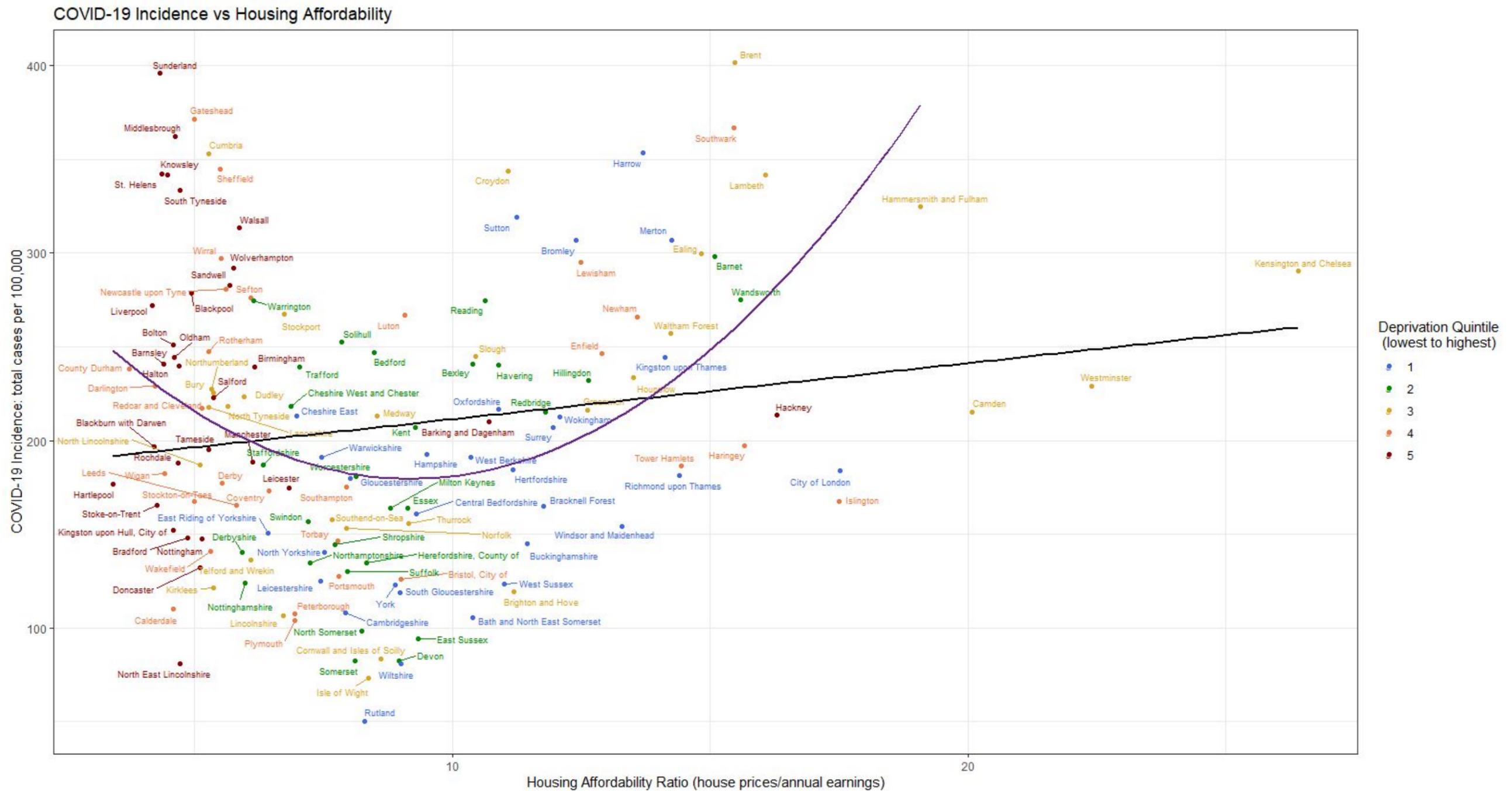


Figure A. This graph shows upper level local authorities, the housing affordability ratio, the COVID-19 incidence rate, and the social deprivation quintile. The COVID-19 incidence rate was calculated by taking the number of cases as of April 27th in England and the population of the area in 2018. The housing affordability ratio is a 2016 measure comparing the median house price in the area to the median wage in the area. A housing affordability ratio of 10 therefore means that the median house price is 10 times more than the median wage. The deprivation quintile was calculated using the 2019 Index of Multiple Deprivation, a composite measure including income, employment, education, health, housing, crime, and environment. Each upper tier local authority had a calculated score using data from all of these domains and the score has no absolute meaning: the higher the score, the greater the deprivation across all domains. We split the upper tier authorities into 5 groups, depending on their comparative rank to one another. 1 (blue) represents the quintile with the least deprived areas quintile while 5 (red) represents the most deprived. We present two trends: on average, for each 1 unit increase in housing affordability ratio, we expect an extra 3 COVID-19 cases.

COVID-19 Incidence vs Deprivation Score

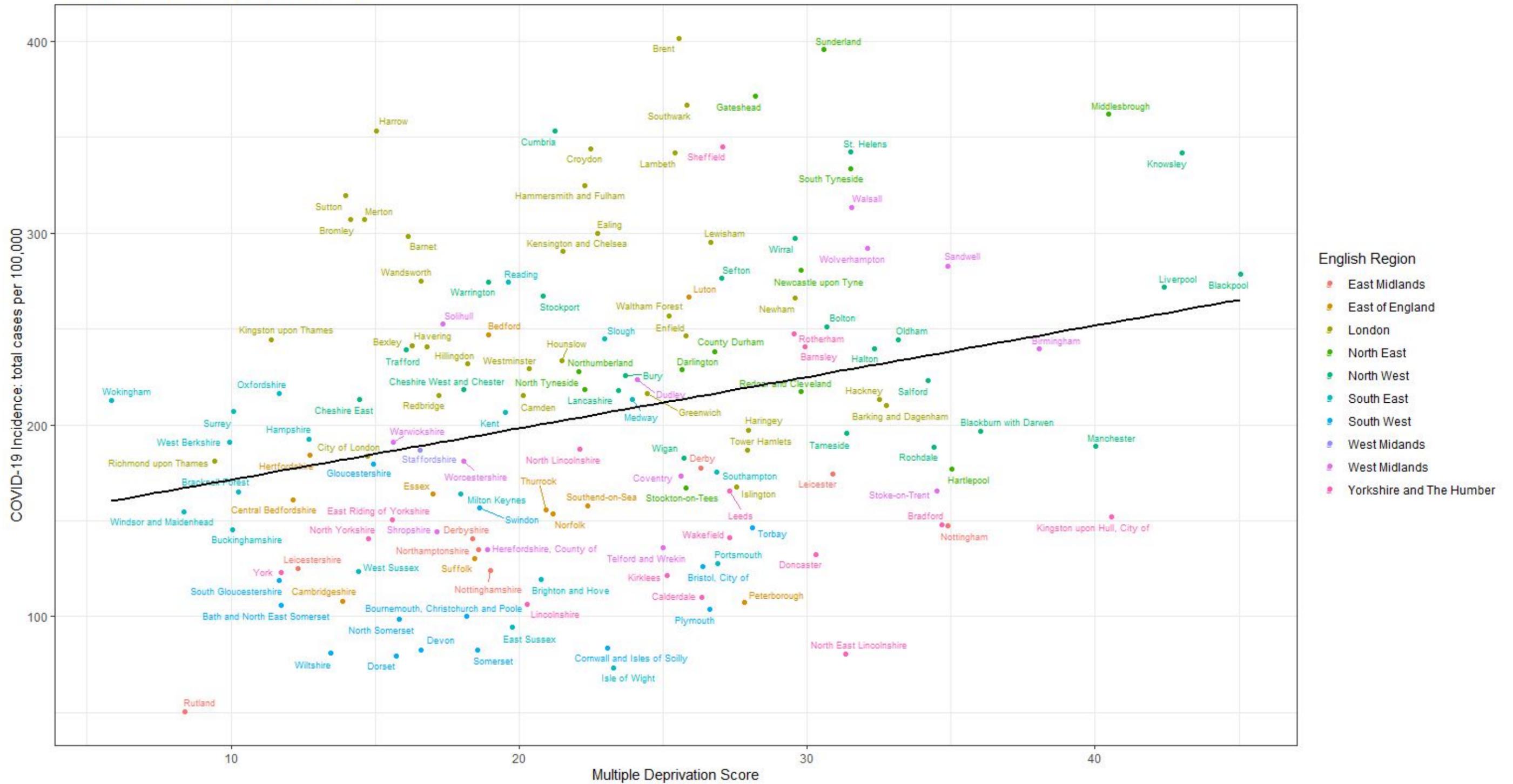


Figure B. Each upper tier local authority had a calculated multiple deprivation score as explained above: the higher the score, the greater the deprivation across all relevant domains. We overlaid the region on top of this graph to demonstrate how each region fares in terms of their deprivation. In many regions, such as the West Midlands, there is a clear gradient between deprivation and incidence of COVID-19.

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