



## Changing the Minimum Standard for Housing

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## Knowledge Exchange Seminar Series (KESS)

### Changing the Minimum Standard for Housing

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### Introduction

There are social inequality issues relating to low/limited income households being less able to afford a better standard of housing. While there is a 'Fitness Standard' (the minimum standard for housing in Northern Ireland), this is recognised as outdated and offers inadequate protection. In England, the 'fitness standard' was replaced by the Housing Health and Safety Rating System (HHSRS) in 2006. This HHSRS considers hazards in and around the home, including excess cold and inherent safety hazards which are not considered by the 'fitness standard'. Currently in Northern Ireland, excess cold would relate to Fuel Poverty with rates in Northern Ireland at 42%, compared with England 15%, and Scotland 25% (2011). Overall the full cost to society of poor housing is £82 million per year. It is estimated that, if all hazards were reduced to a more acceptable level the NHS alone could save £33 million per year. This briefing paper looks at the Social Housing Allocations Research and Proposals (2013) and the recommendations made in the Building Sound Foundations (A Strategy for the Private Rented Sector, Department of Social Development, 2010) to ascertain the extent to which the 'fitness standard' issue has been addressed in Northern Ireland and to look at recommendations for future policy.

### The Importance of the Private Rented Sector

The Private Rented Sector (PRS) in Northern Ireland has undergone a large transformation in its size but also in relation to its increasingly important role within the housing sector.

The Northern Ireland Housing Executive's research unit undertake regular surveys on the housing stock in NI (the Northern Ireland House Condition Surveys (NIHCS)) and gives detailed information on the size and condition of each type of housing sector. The last Survey was completed in 2011. The NIHCS can track the growth of the sector showing that the sector grew by 117% within 10 years from 7.6% of the housing stock in 2001 to 16.5% in 2011.

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Year	Properties in the PRS as a percentage of housing stock
2001	7.6%
2006	11.5%
2009	16.8%
2011	16.5%

Table 1: numbers of properties in the Private Rented Sector as a percentage of the housing stock in NI (taken from Northern Ireland House Condition Surveys 2001-2011)

The NIHCS (2011) comments that if vacant properties whose previous tenure was private rented, are included, the figure rises to 19%

This compares in 2011 with 14.6% of social housing properties (11.3% NIHE and 3.3% Housing Associations). The private rented sector is now a larger sector than social housing.

Key findings from the NIHCS (2011) include:

- 16.5% of housing stock is in the PRS with 18% of households now live in the PRS.
- The household type with the highest proportion renting privately was households with children (22%)
- A higher than average proportion (33%) of household reference persons who were not working lived in the PRS (37% in the Social rented Sector and 30% in owner occupied sector).
- The private rented sector continued to show an increase in lower income households from 2009. 23% of private rental households had an annual income of less than £10,000

These statistics show not only the size the PRS but indicates that the increasing role of the PRS in housing low income households that had previously been thought of as the role of the Social Rented Sector.

This increased role has been recognised on many occasions in research and reports.

- Rugg, Rhodes and Jones (2002) summarised a number of demand groups for private renting in the UK, including 'life-stage' users (young people renting a property before entering owner occupation), short-term emergency users (such as households experiencing relationship breakdown), older renters (that have been in living in privately rented housing for some time) and 'residual users', (namely households on low incomes and traditionally been housed in the Social Sector).
- Gray and McAnulty (2008) presented evidence in NI that those living in the PRS are increasingly 'residual users' and demonstrates "the increased role the private rented sector is playing in providing and managing social housing".
- Kemp (2011) showed that the PRS plays a disproportionately important role in accommodating households living in poverty. He argues that the odds of being income poor are the same for private tenants as for social housing tenants.
- The DSD's Building Sound Foundations: A strategy for the private rented sector (2010) recognised that the private rented sector has developed exponentially in recent years and seeks to ensure that it has the necessary regulatory framework to function effectively and provide good quality, well-managed properties. DSD's Building Sound Foundations (2010) also signalled the intention to "scope and address the needs of the most vulnerable individuals and families in securing and sustaining private sector tenancies".

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- The Chartered Institute of Housing (CIH), the Department for Social Development (DSD) and SmartMove NI (2011) collaboratively produced and published a paper with an aim to further the debate on the role of the private rented sector as part of the wider housing agenda in Northern Ireland, to raise awareness of the sector as a valuable housing option and explore opportunities for partnership approaches to meeting housing need through the sector.
- The Independent Commission on the Future of Housing in Northern Ireland (2010) recommended that there should be a review on the allocation of social housing in NI and it should consider how to “involve a wider range of providers including the private rented sector, co-operatives and mutuals; and more flexible tenure options so social housing can offer greater choice, address changing household circumstances and support housing aspirations”.
- The DSD’s Housing Strategy “Facing the Future” (2012) recognised that the PRS should offer a viable alternative for more households. The resulting Action Plan 2012-2017 has outcomes relating to ensuring access to decent, affordable, sustainable homes across all tenures as well as meeting housing needs (including a private rented sector access scheme).
- Research to inform a fundamental review of social housing allocations policy (Gray et al, 2013) indicate that a Housing Options Service model could be introduced in NI for housing allocation. Housing Options Services provide advice on housing and housing related issues as well as helping applicants consider other housing options, including the Private Rented Sector. The model helps individuals make positive, informed choices about their future home whilst also helping to manage expectations of their likelihood of being housed within the social rented sector

With respect to the condition of properties, the NIHCS (2011) reports

- Unfitness levels in the PRS were 7.1% (compared to 0.4% in social housing and an overall level of 4.6% for all tenures).
- Levels of disrepair were similar in both the PRS and Social Rented Sector (53%) but higher than the Owner Occupied Sector (45%), however, only 21% of privately rented dwellings had reported to have been repaired or improved in the last 5 years compared to 49% in social housing.
- 10.2% of properties in the PRS did not meet the Decent Homes Standard compared to 3.7% of social rented properties and 8.2% of Owner Occupies homes.
- 49.1% of homes in the PRS were in Fuel Poverty (compared to 39.7% in social housing sector and 40.6% in owner occupied sector)
- Private rented homes (6%) were more likely than social housing (3%) or owner occupied homes (2%) to be overcrowded.

These statistics indicate that conditions within the PRS are the least favourable of all housing sectors. This is significant as the PRS is increasingly housing low income households who may already be disadvantaged.

The Building Sound Foundations Strategy for the Private Rented Sector (2010) and The Housing Strategy for NI, Facing the Future (2012) both make reference to the need for a review of the current minimum standard for housing in NI. This is necessary in order to offer protection for occupants and reduce inequalities between housing sectors especially those low income households that traditionally were homed within the Social Rented Sector but are now increasingly residual users of the PRS. It is also important area to address if government policy is to direct housing demand and needs toward the PRS. The DSD Minister stated in 2010 in the Building Sound Foundations Strategy for the Private Rented Sector

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(2010) that the primary objective was to create the conditions in which the private rented sector contributes more fully to meeting our rapidly changing housing needs. The Minister wanted to ensure the provision of good quality well-managed accommodation supported by an appropriate regulatory framework and promote a private rented sector which is fit for purpose.

## **The Fitness Standard**

The Minimum Standard for Housing in NI is currently the 'Fitness Standard' as outlined in the Housing (NI) Order 1992. It is a 9 point physical condition standard. A dwelling is unfit for human habitation if it fails to meet one or more of the basic requirements. It is a pass or fail model and dwellings are either fit or unfit. It does not give an indication of whether a dwelling has just failed or is grossly unfit and does not provide useful information to inform housing strategies.

It has been widely acknowledged that the current statutory fitness standard is out of date (it has been now in place for 23 years without review). The concept of housing fitness was first introduced by the Ministry of Health in 1919, and the standard remains broadly similar (Stewart, 2002).

It is therefore also widely recognised that it should be replaced by a modern standard. It is no longer a comprehensive measure of the suitability of a dwelling for occupation. It fails to address the areas of thermal comfort, energy efficiency, safety and ergonomics as well as fire safety. An example of this is that it only requires a fixed heat source in the main living-room and a socket in any other living/bedroom in order to pass the 'heating' element of the standard. Another example is that it does not take into account inherently steep and dangerous staircases that can lead to injuries from falls. It does not assess the likelihood of fire and escape should a fire occur. For these reasons it is clearly no longer fit for purpose.

## **The Housing Health and Safety Rating System (HHSRS)**

The Fitness Standard was replaced 10 years ago in England and Wales in 2005 by the HHSRS. The principle of the HHSRS is that a dwelling should provide a safe and healthy living environment for both occupants and any visitors. It involves an evidence-based risk assessment of the dwelling. It measures and ranks the severity of risk by considering the effect of a deficiency, not just the presence of a defect. This risk based approach is in line with all other core work delivered by Environmental Health. 29 hazards have been identified making it a comprehensive assessment.

1 Damp and mould growth	11 Crowding and space	21 Falling on stairs etc
2 Excess cold	12 Entry by intruders	22 Falling between levels
3 Excess heat	13 Lighting	23 Electrical hazards
4 Asbestos (and MMF)	14 Noise	24 Fire
5 Biocides	15 Domestic hygiene, Pests and Refuse	25 Flames, hot surfaces etc
6 Carbon Monoxide and fuel combustion products	16 Food safety	26 Collision and entrapment
7 Lead	17 Personal hygiene, Sanitation and Drainage	27 Explosions
8 Radiation	18 Water supply	28 Position and operability of amenities etc
9 Un-combusted fuel gas	19 Falls associated with baths etc	29 Structural collapse and falling elements
10 Volatile Organic Compounds	20 Falling on level surfaces etc	

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It can also adapt to the latest research and technology making it a sustainable assessment tool. An example would be that the risk of Carbon Monoxide is now thought to be much higher than in 2005. The assessment can be adjusted to reflect this. It can also be informed by local conditions and circumstances making it flexible to achieve local desired outcomes e.g. local crime statistics can be used to adjust the score for 'Entry by Intruders'.

Issues such as carbon monoxide, asbestos, overcrowding or radon may not occur often but if the risk score happened to be assessed as high then the occupant would be protected from a very serious hazard.

While the HHSRS applies to all tenures, enforcement is normally within the Private Rented Sector. Environmental Health Officers have powers in England and Wales to serve Notices on landlords when a Category 1 Hazard is identified using HHSRS. A Category 1 hazards are the most severe presenting an unacceptable risk to health and safety.

The HHSRS has been operational now for 10 years and there are now legal precedents set through tribunal decisions and these have been mainly favourable for protection of tenants. These decisions also make it clearer for Environmental Health Departments and landlords on what the requirements are.

The HHSRS has proved successful and indeed the USA has adopted the system, the 'Healthy Home Rating System' (The U.S. Department of Housing and Urban Development, 2012).

### **HHSRS and Fuel Poverty**

The hazard 'Excess Cold' is the most commonly found hazard under the HHSRS in the English House Condition Survey (2006) and relates to Fuel Poverty. Fuel Poverty rates in Northern Ireland in 2011 were reported at 42%, compared with England 15%, and Scotland 25% (NIHE, 2011). The significantly higher rate of Fuel Poverty in NI emphasises the need for action in this area. The tenure with the highest proportion in fuel poverty was the private rented sector. Households in fuel poverty have been shown to correlate to properties that are older, lack adequate cavity wall and loft insulation as well as relating to the type of fuel. All these factors will be considered in an assessment under HHSRS. Progress is being made in reducing Fuel Poverty in NI as a result of significant investment in new energy efficiency measures implemented by the Warm Homes and Affordable Warmth Schemes in private homes (owner occupied and PRS). The introduction of the HHSRS will further assist this progress by ensuring landlords within the PRS are taking action on unacceptable excess cold hazards.

### **HHSRS and Home Accidents**

One of the major changes with the HHSRS is the introduction of the protection against accidents hazards. Accidents in the home account for a substantial number of hospital admissions. Statistics from NINIS show that hospital admissions due to accidents in 2009/10; 23% of these accidents occurred in the home (compared to 11% of accidents from road traffic collisions). Figure 1 below shows the 2009/10 NINIS statistics for accidents in the home broken down into age groups showing a disproportionate number of accidents in the 0-4year and 65+ age groups.

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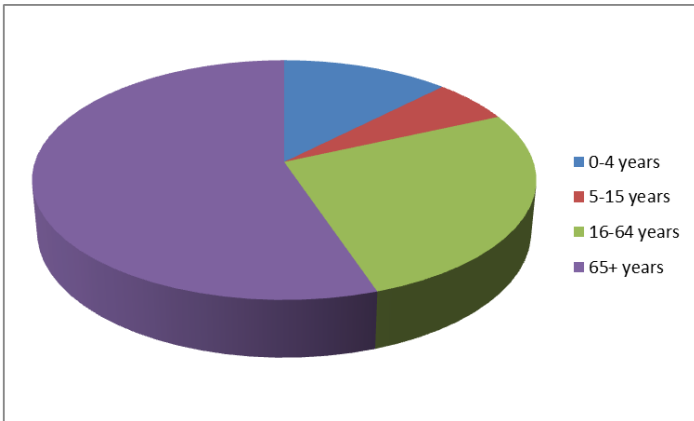


Figure 1: Accidents in the home broken down by age groups 2009/10 (numbers obtained from NINIS)

These are examples of hazards that are unaddressed by the current Fitness Standard but could be addressed if the comprehensive HHSRS was introduced to NI. The English House Condition Survey (EHCS) 2006 show that ‘falls’ rank 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> of all Category 1 hazards found showing the significance of accidents from falls alone.

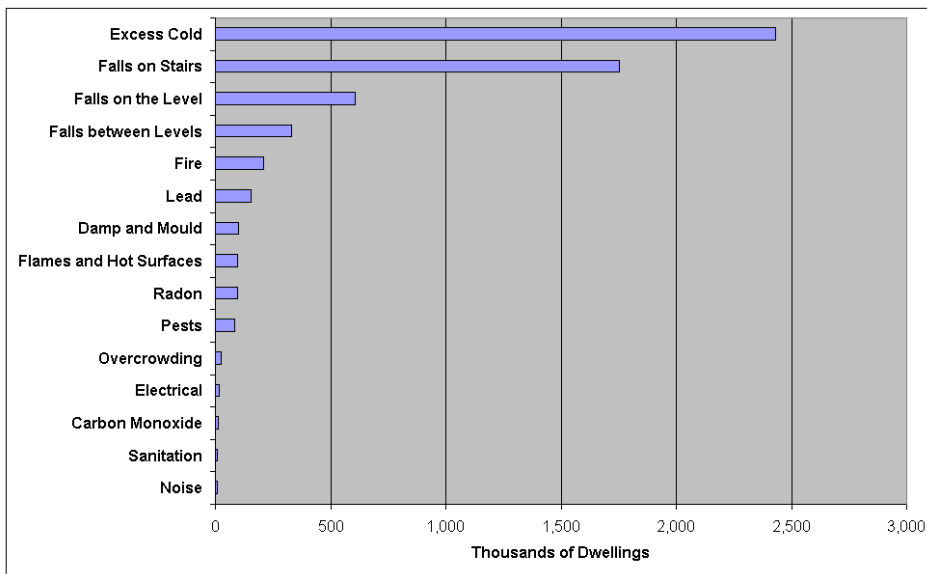


Figure 2: The frequency of HHSRS Category 1 hazards (EHCS 2006):

The introduction of HHSRS will help identify ‘Falls’ hazards and ensure that the most serious hazards caused by housing deficiencies are removed within the PRS therefore assisting the implementation and delivery of the Home Accident Prevention Strategy for NI 2015-2025 that was launched by DHSSPS in March 2015. The Home Accident Prevention Strategy 2015-2015 reports that

*“Falls account for 71% of all fatal accidents to those aged 65 and over. Recurrent falls are associated with increased mortality, increased rates of hospitalisation, and higher rates of institutionalisation. Studies have shown that one third of people aged over 65 in the general population have one fall per year, with 40–60% of these falls causing injury. 50% of people who have suffered a hip fracture can no longer live independently. Fear of falling again reduces quality of life and wellbeing. Even if a fall does not result in serious injury the loss of confidence can lead to an individual restricting*

*their activity and indeed this can lead to further falls. Based on costs from 2009/10, the South Eastern HSC trust Falls and Osteoporosis Strategy estimated that for every hip fracture avoided, approximately 10,170 could be saved. This is a conservative estimate. The full direct costs to health and social care that are associated with an accidental injury can include, in addition to the cost of immediate treatment, the cost of medium-term care and rehabilitation and, in cases of life changing injuries, the cost of long-term care and support. Costs are incurred in other public services; there are costs to society from loss of economic activity, and there are also the financial costs that may be borne by someone who is unable to work.”*

### **The Cost of Poor Housing**

BRE have carried out and published research on the cost of poor housing (BRE, 2010). The HHSRS was seen as a useful tool by BRE to be able to cost the effects of poor housing to society. In the UK, they have calculated that the cost to the NHS of treating ill health resulting from poor housing to be £2.4billion per year). This compares to the estimated cost to the NHS of treating smoking related issues of £400million per year

The BRE did further research on the cost of poor housing in NI (BRE, 2012) and calculated that the full cost to society of living in poor housing in NI is estimated to be some £82million per year. In addition £33million per year is estimated to be saved in the first year of treatment costs to the NHS if hazards were reduced to a more acceptable level.

Figure 3 below is taken from BRE Information Paper IP 16/10 (BRE, 2010) indicates hazards may not necessarily be expensive to remedy; around 25% of all Category 1 Hazards can be made acceptable for a cost of less than £600. The average cost for making category 1 hazards acceptable is £3,710. Their impact they have, however, can be substantial.

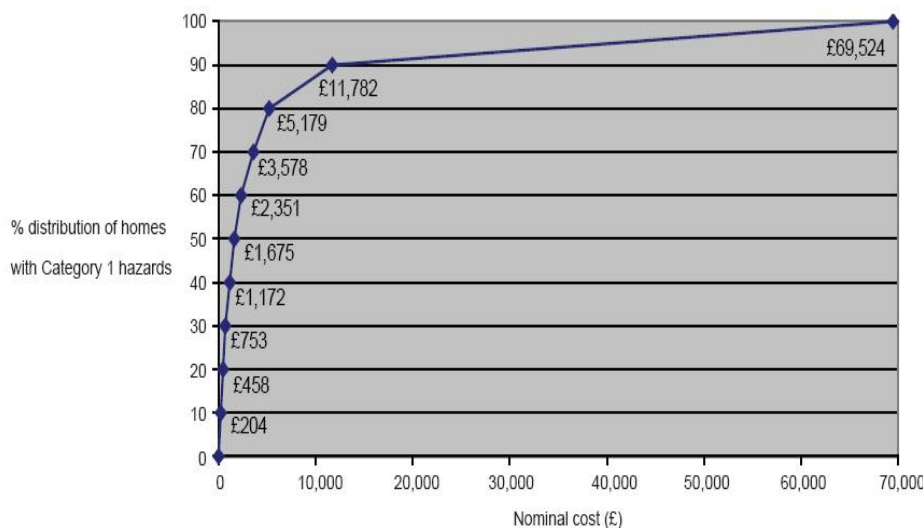


Figure 3: Distribution of costs for remedial action under HHSRS Category 1 hazards (BRE, 2010)

### **HHSRS and wider uses and the public health context**

A good example of a wider use of HHSRS is Liverpool Healthy Homes Programme which won the MJ Achievement Awards 2011 and was a European Award Winner for Energy Poverty 2011. It is also referenced in the UCL Institute of Health Equity. Liverpool Healthy Homes Programme is tackling health inequalities through reaching out into priority



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communities, engaging with residents and improving housing conditions and access to health and wellbeing related organisations.

Identified priority areas for intervention with the use of a “health homes index” created from 14 data sets including (among others): Income deprivation, Health deprivation and disability, Living environment, PRS percentage, Category 1 hazards using HHSRS as identified in EHCS, Emergency hospital admissions, Hospital admissions for falls.

Advocates call at each home and speak face to face with residents. They look at many aspects including: Housing conditions, Access to GP’s and dentists, Benefits, Employment advice, Support mechanisms for parents with young children, Support mechanisms for elderly, Exercise and fitness, Drug support and Healthy eating.

Direct referrals are made to a range of partner agencies including Environmental Health that have powers under to ensure landlords carry out work to reduce Category 1 Hazards.

Progress and Findings of the project include:

- By August 2012 – 24,000 assessments
- 19,000 referrals to different partners
- 3,800 HHSRS inspections
- 2,700 Category 1 Hazards identified and removed
- Estimated savings to NHS £439,495 per year (based on housing improvements made in year 1 of programme)
- If these savings are sustained this would equate to £4.4million over 10 years
- Wider benefits to society estimated £11million over 10 years
- Programme delivery should deliver 5 times the number of house inspections undertaken in year 1 so savings of the Healthy Homes Programme could be £55 million over 10 years.
- £4million in investment by PRS landlords as a result of enforcement work that was deemed necessary
- On the basis that there are approximately 3 employees for every £100,000 spent on construction, at least 30 construction jobs were thought to be created.

## **Support for the HHSRS**

There is already support for the introduction of the HHSRS in NI including:

- The Chartered Institute of Housing (CIH) “The adoption of the Housing, Health and Safety Rating System as a replacement to fitness standards by local councils would enhance fitness standards and the health and social well-being of tenants, right across the private sector” (CIH, 2009)
- The Chartered Institute of Environmental Health (CIEH).
- The Chief Environmental Health Officers Group (CEHOG)
- The Housing Rights Service. The Housing Rights Service have produced a Policy Briefing (2014) supporting the HHSRS. “The current review being undertaken by the Department for Social Development (DSD) offers a unique opportunity to improve the current Northern fitness standard with the Housing Health and Safety Rating System (HHSRS), which operates in other parts of the UK. The HHSRS is much better suited not only to address unfit and disrepair issues in properties but also has a direct link to enhancing the well-being of its occupants”.
- The Independent Commission on the Future for Housing in NI, 2010
- NILGA. Reference was made to the HHSRS in their response to ‘Facing the Future Housing Strategy’ consultation 2012.

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## **DSD Review**

The DSD have a team that have been reviewing the Minimum Standard for Housing for NI and a report is expected shortly for consultation. They have been very thorough and have had conversations with key stakeholders.

## **Recommendations for any future minimum standard for Housing in NI**

- There should be an evidence base to any new system.
- Any system should be able to incorporate meaningful measurement of progress.
- Any system should be able to incorporate meaningful measurement of the cost to society of poor housing.
- Any system should be sustainable and allow change in circumstances
- There should be a system to be able to making comparison of the condition of housing stock with other areas of the UK
- It would be beneficial to introduce a system that has been proven to work
- There should be potential for wider scope and use.
- There should be support for a new system

The HHSRS meets these requirements

## **Conclusion**

There is recognition of the growth of the PRS and the increased role it will have in meeting housing needs in NI. The Housing Strategy for NI and its Action Plan identifies the review of the minimum housing standard needs to be completed and implemented. The DSD has appointed a team within the Department to carry out this review and their report is due imminently. This is the opportunity to ensure a robust system is introduced to replace the ineffective current Fitness Standard. The HHSRS is currently used in England and Wales and is an evidenced based risk assessment system that has been operational for now 10 years. This allows NI to draw from best practice and allow direct comparison of housing standards between regions. It will give comprehensive protection to households living in poor housing especially those living in the growing PRS. It will provide equity for those vulnerable households that are no longer able to obtain already stretched social housing. The HHSRS has wider uses and connects with other government strategies such as Home Safety, Fuel Poverty, Reducing Inequalities and Public Health Protection. It already has support from some key stakeholders. Reviews of such an important matter do not come often. The standard has not been reviewed was last reviewed 23 years ago so any system needs to be sustainable. This is a rare opportunity and it is therefore important to be able to make an informed choice that is going to benefit the housing sector and society as well as give protection to the people living in it especially those most vulnerable in society.

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