Authority Evidence

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

HOUSING NEEDS

SUMMARY OF THE STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE
ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

1. Derby City Council ("**the Council**") has made the Derby City Council ("**Castleward**") Compulsory Purchase Order 2020 ("**the Order**") (CD 1.1), pursuant to powers available to it in section 17 of the Housing Act 1985 (CD 5.1) and section 13 of the Local Government (Miscellaneous Provisions) Act 1976 (CD 5.2). In order to justify the making of an Order under section 17, it is necessary for the Council to demonstrate that the Order will secure either a quantitative or qualitative increase in housing.

2. This proof is a summary of my main evidence, the purpose of which is to demonstrate the need for both a quantitative increase and a qualitative improvement in housing in the City, and to explain the contribution of the "**Scheme**" to meeting that need, in support of the exercise of the Council's powers.

National need for housing

3. The Order is made in the context of a nationwide need for a significant increase in the supply of new homes. The undersupply of new homes can be seen in long term economic and social trends, including the rising ratio of house prices to incomes, and the reduced numbers of younger adults who own their own home.[1] My full evidence refers to a number of studies and reports that paint a vivid picture of the effect of this undersupply of homes, particularly on younger people.

4. Successive governments have made it a policy objective to increase the supply of new homes, and current Government policy is to achieve a level of 300,000 net additional dwellings per year by the end of this Parliament (2024).[2] This would represent a 23% increase on current levels of delivery (244,000 in 2019/20).[3] The "**NPPF**" (CD 3.9) makes clear that local authorities must take a leading role in meeting their assessed levels of housing need, including removing barriers to development and assembling land for new homes where necessary.

Local need for housing

5. Extensive work has been undertaken to inform the housing requirements in the Derby City Local Plan Part 1 ("**DCLP1**") (CD 3.2), which are referred to in the Statement of Reasons. The evidence established a need for 16,388 new dwellings in Derby over the plan period, albeit the city has capacity for only 11,000 of these, and hence this is the overall minimum requirement. All the

[1] Refer to appendices ACQ/1C/3 and ACQ/1C/4.

[2] Refer to appendix ACQ/1C/5.

[3] Refer to appendix ACQ/1C/8.

factors feeding into the housing requirements were subjected to sensitivity testing, and were tested for robustness in the Examination in Public.

6. There is currently a shortfall of delivery against the identified housing requirements, and annual delivery will need to increase to 761 per year for the remaining years of the Local Plan period.[4] Given the limited availability of developable land in Derby, it is difficult to see how this could be achieved without major Local Plan allocations such as Castleward (which DCLP1 envisages delivering a minimum of 800 units) progressing to delivery.

Local need for market housing

7. Derby has seen similar trends in home ownership and affordability to the rest of the country, with rising ratios of house prices to earnings since the start of this century.[5] Over the past decade, the level of owner-occupation in Derby has fallen, and the private rented sector (PRS) has grown considerably. A greater number of people have to rent for longer as they are unable to buy.[6] There are a number of issues if the PRS is a household's only realistic choice for housing, to do with the condition of properties, conduct of a minority of landlords, security of tenure, and inability to benefit from equity accruing in their home. These are explored in detail in the full evidence.

Local need for affordable housing

8. There is a significant need for more affordable housing in Derby. In 2019/20, the Council accepted a "main homelessness duty" to rehouse 461 homeless households and, as at November 2020, 6,755 households were on the Council's Housing Register (this number would include any homeless households). Only 433 affordable homes became available to let in 2019/20, so it is clear that the level of affordable stock in Derby is not sufficient to meet local needs. Although the Council and its partners have an active development programme, the rate of losses through the Right-to-Buy is outstripping new homes developed. Over the last five years, 653 new affordable homes were completed or acquired, but 842 council homes were sold over the same period. Thus the size of the affordable stock in Derby is declining steadily over time.[7]

Need for qualitative improvements to the housing stock in Derby

9. The Council published a Housing Stock Condition Report in 2019, which modelled the likely characteristics of every dwelling in the city. It showed that private sector homes in the inner-city

[4] Refer to the evidence of Mr Pheasant.

[5] Refer to appendix ACQ/1C/1.

[6] Refer to my main proof.

[7] All unreferenced figures in this paragraph from Derby City Council internal monitoring.

wards surrounding the Castleward area (Arboretum, Alvaston and Normanton) are more likely to be terraced properties of pre-1918 construction. The stock condition report also showed that 21% of private sector homes across Derby are likely to be failing the Decent Homes Standard, and the failure rates are highest in those inner-City wards close to Castleward.[8] There is extensive evidence linking poor housing conditions to worse physical and mental health, more accidents in the home, and worse educational outcomes for children, and this is reviewed briefly in the main proof.[9]

Contribution to meeting the need for additional market and affordable housing

10. The Scheme to be enabled by the Order will deliver a minimum of 512 new homes, of which up to 30% will be affordable homes. The reserved matters application recently approved for the next phase of the "**CUV**" includes 33% affordable homes, which demonstrates it is possible to deliver these viably at the CUV.

Contribution to meeting the need for better quality housing

11. The Council has a very active programme of delivering improvements to the existing private housing stock, through its Healthy Housing Hub and close partnership working with health and social care colleagues. It also works with landlords to improve the quality and management of the private rented sector.[10] However, programmes of urban renewal and new build, such as Castleward, are also very important to improving the city's housing offer.

12. New homes that meet or exceed modern Building Regulations standards provide more options for people looking to move from a lower quality home in Derby to one where they can enjoy a healthier lifestyle. Future phases delivered under the outline consent for the CUV benefit from a Design Code. This was informed by Building for Life criteria and received positive feedback at planning stage. The **"Outline Planning Permission"** (CD 2.1) also includes a condition that BREEAM Communities Standard be achieved, and that all homes achieve a minimum Level 3 of the Code for Sustainable Homes. This gives confidence that new homes on the site will be of an objectively measured high quality standard and provide an excellent living environment.

[8] Refer to appendix ACQ/1C/10.

[9] Refer to my main proof, and to appendices ACQ/1C/13, ACQ/1C/14 and ACQ/1C/15.

[10] Refer to the Council's Housing Strategy (CD 3.5)

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020
HOUSING NEED PROOF

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE
ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

HOUSING NEED PROOF

1. INTRODUCTION

1.1. Derby City Council ('the Council') has made the Derby City Council (Castleward) Compulsory Purchase Order 2020 ('the Order'), pursuant to powers available to it in section 17 of the Housing Act 1985 and section 13 of the Local Government (Miscellaneous Provisions) Act 1976.

1.2. In order to justify the making of an Order under section 17, it is necessary for the Council to demonstrate that the Order will secure either a quantitative or qualitative increase in housing.

1.3. The purpose of this proof is to demonstrate both the need for a quantitative increase and a qualitative improvement in housing in the City, and to explain the contribution of the Scheme underlying the Order to meeting that need, in support of the exercise of the Council's powers.

1.4. Details of the Scheme are set out in the evidence of Mr Gilman for the Council, and are not repeated here.

2. QUALIFICATIONS AND EXPERIENCE

2.1. I am employed by Derby City Council as a Housing Regeneration Manager. I hold a Masters Degree in Housing Policy and Practice and I am a Chartered Member of the Chartered Institute of Housing.

2.2. I have been employed in the role of Housing Regeneration Manager since August 2019. The role involves both directly managing projects to deliver new homes for the Council, and working with public and private sector entities such as landowners, developers and potential investors, to increase the supply of housing within Derby and meet local needs.

2.3. In previous roles as a Housing Strategy and Development Officer for Gedling Borough Council (2009 – 2014) and Rushcliffe Borough Council (2010 – 2014), I have been responsible for collating and developing the evidence base on housing need and housing conditions in each of those boroughs.

2.4. My involvement with the Order has included attendance at project team meetings and supplying information on housing need and local housing conditions to inform the Statement of Reasons.

3. SCOPE AND STRUCTURE OF THIS EVIDENCE

3.1. In this proof, section 4 will set out and cover the need for an increase in the supply of housing, first on a national level (4.1 – 4.10) and then in Derby (4.11 – 4.15), with a particular focus on the social and economic effects of the longstanding undersupply of new homes. The need to support a local increase in homeownership is presented, along with the alternative of the continued reliance on the private rented housing sector (4.16 – 4.18). Evidence is presented to show the need for an increase in the level of affordable housing in Derby (4.19 – 4.24). Finally, section 4 presents evidence on the quality of the existing housing stock in the relevant inner-city area of Derby, and reviews the effects of living in poor housing conditions, including on physical and mental health, safety and educational outcomes.

3.2. Section 5 will set out how the Scheme proposed for the Order Land will address the need for a quantitative increase in housing (5.1 – 5.3) and how it will improve the quality of the housing offer in inner-city Derby, offering more options for people to live in high quality and efficient homes (5.4 – 5.10).

3.3. Section 6 will respond to the objection to the Order submitted on behalf of Liversage Street (Derby) Limited and John Street (Derby) Limited, so far as it relates to matters within my experience and expertise.

4. HOUSING NEED

National need

4.1. The Order is made in the context of a nationwide need for a significant increase in the supply of new homes, to meet the needs of a growing population and changing patterns of living (for instance, more single person households). The undersupply of new homes to meet demand can be seen in long term economic and social trends, including the rising ratio of house prices to incomes (from 5.1 in 2002 to 7.7 in 2019[1]), and the reduced numbers of younger adults who own their own home.[2]

4.2. A 2016 report by Civitas, *The Housing Question*, reviewed trends in supply and demand, and the historic context going back to the late 19th century. Its opening sentence is that:

"Housebuilding has been failing to keep pace with population growth and household formation for many years."

The report goes on to state that:

"The problems that have accumulated are manifold – home ownership is falling, social housing waiting lists are growing, overcrowding and homelessness are increasing, to name a few – but the bottom line is that housing has become increasingly expensive for everybody. Too much money has been chasing too few homes, and affordability has worsened dramatically as a consequence."[3]

4.3. In their 2016 report *Building More Homes*, the House of Lords Economic Affairs Committee noted the dramatic increase in real (i.e. inflation-adjusted) house prices, which roughly doubled between 1970 and 2000, and then doubled again in just ten years to 2010. Growth in prices greatly outstripped the growth in real incomes over the period, resulting in the rising affordability ratios noted above. The report's first and foremost conclusion was to call for a significant increase in the level of ambition for housebuilding:

"To address the housing crisis at least 300,000 new homes are needed annually for the foreseeable future. One million homes by 2020 [the Government's target at the time] *will not be enough."*

[1] Ratio of median house price to median gross annual earnings, Office for National Statistics (ACQ/1C/1)

[2] *Milestones: Journeying into Adulthood*, Office for National Statistics, 2019 (ACQ/1C/2)

[3] *The Housing Question*, Daniel Bentley for Civitas, 2016 (ACQ/1C/3)

4.4. The Government noted the Committee's report in the 2017 White Paper *Fixing Our Broken Housing Market*, which was strongly focussed on increasing the supply of new homes. The White Paper stated:

"The housing market in this country is broken, and the cause is very simple: for too long, we haven't built enough homes. […] *The consensus is that we need from 225,000 to 275,000 or more homes per year to keep up with population growth and start to tackle years of under-supply.* […] *As recently as the 1990s, a first-time buyer couple on a low-to-middle income saving five per cent of their wages each month would have enough for an average-sized deposit after just three years. Today it would take them 24 years.* […] *Without help from the "Bank of Mum and Dad", many young people will struggle to get on the housing ladder. As demand for homes outstrips supply, they're faced with ever-increasing rents – the average couple in the private rented sector now send roughly half their salary to their landlord each month making it nigh on impossible to save for a deposit".*[4]

4.5. Later in 2017, at the Autumn Budget, the Government expressed its aim to meet the levels of delivery recommended in the Lords' report of the previous year.

"Government action has already increased housing supply to 217,000 in 2016-17. The Budget goes further and announces a comprehensive package which will raise housing supply by the end of this Parliament to its highest level since 1970s, on track to reach 300,000 per year […]"[5]

4.6. To help to achieve this aim, the National Planning Policy Framework (NPPF) was revised in 2018 and again in 2019 (CD3.9). It makes clear at paragraph 59 that:

"To support the government's objective of significantly boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed"[6]

The NPPF also specifically states at paragraph 119 that local authorities must take a leading role in meeting their assessed levels of housing need, including removing barriers to development and assembling land for new homes where necessary.[7] The relevance of the NPPF is covered in more detail in the evidence of Mr Pheasant at paragraphs 4.3 to 4.14.

[4] *Fixing the Broken Housing Market*, Department for Communities and Local Government, 2017 (ACQ/1C/4)

[5] Autumn Budget 2017, section 1.4 (ACQ/1C/5)

[6] National Planning Policy Framework, paragraph 59 (CD 3.9)

[7] National Planning Policy Framework, paragraph 119 (CD 3.9)

4.7. The new Government elected in December 2019 has proposed far more radical and extensive changes to the planning system in the Planning White Paper, published in August 2020. One of the objectives of this is to support a significant increase in housebuilding. The White Paper states:

"The result of long-term and persisting undersupply is that housing is becoming increasingly expensive, including relative to our European neighbours. In Italy, Germany and the Netherlands, you can get twice as much housing space for your money compared to the UK. We need to address the inequalities this has entrenched."[8]

4.8. A research briefing by the House of Commons Library, *Tackling the Under-Supply of Housing in England,*[9] published in March 2020, provides a helpful overview of the evidence of the national need for more homes. It explains that this is not based solely on projections of the number of new households that will require housing, but also includes the "backlog" of households living in overcrowded or unsuitable conditions, the affordability of existing housing, and regional variations in the level of need.

4.9. The briefing considers the statistics on annual net increase in the number of dwellings. While annual supply has increased from a low point of around 125,000 in 2012-13 to around 244,000 in 2019-20, it would need to increase by around another 23% by the mid-2020s to meet the government's target (300,000).[10]

4.10. In summary, although different actors use different figures, the national need for a significant increase in the supply of new homes is well-established, widely accepted, and supported by robust evidence.

Local need

4.11. Extensive work has been undertaken to inform the housing requirements in the Derby City Local Plan Part 1 (DCLP1), which are referred to in the Statement of Reasons. The evidence established a need for 16,388 new dwellings in Derby over the plan period of 2011 to 2028, albeit the City has capacity for only 11,000 of these, and hence this latter figure is the overall minimum requirement for the City set out in Policy CP6 of the DCLP1, with the remainder to be accommodated in

[8] *Planning for the Future*, Ministry of Housing, Communities and Local Government, 2020 (ACQ/1C/6)

[9] *Tackling the Under-Supply of Housing in England*, House of Commons Library, 2020 (ACQ/1C/7)

[10] MHCLG Live Tables on Housing Supply: net additional dwellings (ACQ/1C/8)

neighbouring districts. Further detail on housing delivery policy within the DCLP1 can be found in the evidence of Mr Pheasant at paragraphs 4.28 to 4.31.

4.12. This figure reflects the natural growth of the population, in-migration, and changing patterns of household size (for instance, a greater number of single person households, reflecting trends in cohabitation and marriage). All these factors were subjected to extensive sensitivity testing, and were then tested for robustness in the Examination in Public of the DCLP1.

4.13. Nine years into the seventeen year plan period, actual delivery of homes remains somewhat behind the required year-on-year trajectory, which emphasises the need for the Council to take an active part in ensuring that allocated sites do come forward. As at 31 March 2020, a net increase of 4,909 new homes had been delivered (an average of 545 per year). Although the pace of delivery has increased since the early years of the plan period, it will need to increase further to an average of 761 per year for the remaining eight years in order for the 11,000 dwelling policy requirement to be met. Further detail on the delivery of homes over the DCLP1 period can be found in the evidence of Mr Pheasant at paragraphs 4.67 to 4.70.

4.14. The Castleward Urban Village ('CUV') is planned to account for 800 of the 11,000 new homes in Derby over the plan period, and is one of the largest regeneration allocations in the City. At a strategic level, therefore, it is vital that further phases of the allocation come forward.

4.15. Not to achieve the overall target would imply: a continued worsening of the price:income ratios; increased overcrowding; young people unable to move on from the family home; longer commuting times and more traffic; and lower delivery of affordable housing for those in the most acute need.

Local need for market housing

4.16. Derby has seen similar trends in home ownership and affordability to the rest of the country, with rising ratios of house prices to earnings since the start of the century, both at the median and the lower quartile of prices (which better reflects the first time buyer market). The ratio of median house price to median gross annual income in Derby rose from 3.13 in 2002 to 5.42 in 2019. When considering the parts of the market more accessible to first-time buyers, the ratio of lower quartile

house price to lower quartile gross annual income in Derby rose from 3.09 in 2002 to 5.59 in 2019.[11]

4.17. The increasing financial challenges of home ownership are reflected in changing tenure patterns in Derby over the past decade, which has seen a decline in home ownership and significant growth in the private rented sector ('PRS'). A greater number of people have to rent for longer as they are unable to buy, and this is partly a consequence of the undersupply of new homes.

	2011 Census[12]	**2019 estimates**[13]
Owner occupation	62.9%	57.1%
Rent from private landlord	16.3%	22.4%
Rent from social landlord	18.8%	20.5%
Other tenure	2.0%	Not calculated

The wards closest to the CUV are also those where the PRS makes up the highest estimated share of the housing market: Arboretum (41.3%), Abbey (39.9%) and Normanton (32.9%).

4.18. Although there are many good landlords in Derby offering high quality homes, a large and growing private rented sector does not offer a stable platform for the City to achieve its ambitions, particularly to be "*A city of health and happiness*".[14]

4.18.1. First, not all properties in the PRS are of high quality. Analysis for the Derby Housing Stock Condition Report shows them to be more likely than owner-occupied property to fail the Decent Homes Standard, or to contain hazards under the Housing Health and Safety Rating System.[15]

4.18.2. Second, not all landlords are good landlords. The Council's Housing Standards Teams deals with numerous complaints from PRS tenants every year (over 300 in each of the

[11] Ratio of median house price to median gross annual earnings, Office for National Statistics (ACQ/1C/1)

[12] Local Area Report through www.nomisweb.co.uk (ACQ/1C/9)

[13] The Private Sector Housing Report 2019 used a number of data sources, such as properties in the Tenancy Deposit Scheme and Housing Benefit claims, to assign each property a most likely tenure. (ACQ/1C/10)

[14] Derby City Council, Council Plan 2019 – 2023 (CD 3.3)

[15] Derby Housing Stock Condition Report – 24.2% of PRS homes likely to fail, compared to 20.3% of owner-occupied ones. 15% of PRS homes likely to have Category 1 hazards, compared to 14% of owner-occupied. (ACQ/1C/10)

past three years)[16], and has successfully prosecuted landlords who have disregarded (or been unaware of) their legal obligations.

4.18.3. Third, a PRS home may not provide the sense of long-term security that allows residents to put down roots and feel that they are part of a community and can give their time to contribute to it. Although the Government has committed to improving renters' security by abolishing "no fault evictions", it is unclear when the necessary Renters Reform Bill will be published or progressed through Parliament, and also unclear how the proposed new regime will operate in practice for tenants.

4.18.4. Fourth, PRS tenants are paying rent to their landlord, rather than acquiring equity in their home as they would be through mortgage payments. Homeowning equity provides a base for long term financial security. Mortgage costs are relatively predictable over the medium-term, unlike PRS rents which can and often are increased annually to whatever rate the market will bear. This means that as homeowners' gross income rises, so their proportion of income that is disposable also tends to rise more than PRS tenants', which is of considerable benefit to the City economy as a whole. So in addition to delivery of the assessed numbers, there are good social and economic reasons for increasing the supply of homes available for Derby residents to purchase.

<u>Local need for affordable housing</u>

4.19. Policy CP7 (Affordable and Specialist Housing) of the DCLP1 states that,

"*the Council will require the provision of a maximum of 30% affordable housing on residential developments on sites of 15 or more dwellings*",

but also that,

"The Council realises that the delivery of affordable homes by developers is a cost burden to them and does not wish to unduly constrain the delivery of new housing generally. The approach adopted will therefore be to seek to secure as much affordable housing as is reasonably viable taking into account development costs and other infrastructure requirements."

4.20. The Homelessness Reduction Act 2017 made significant changes to the Council's duties in its capacity as the Local Housing Authority. In the 2019/20 year, 456 cases were resolved under the

[16] Case numbers supplied by Derby City Council Housing Standards Team.

"prevention duty",[17] 1110 cases were resolved under the "relief duty",[18] and a "main homeless duty" [19] was accepted in a further 461 cases.[20] These are the cases which represent the most severe and urgent need for affordable housing.

4.21. As at 30 November 2020, 6,755 households were on the Council's Housing Register in need of affordable housing, because their current accommodation did not meet their needs. Of these, 3,397 were single people or couples with no children, and the remaining 3,358 had children.[21]

4.22. Households on the Housing Register are assessed in terms of their need for rehousing. One household can have more than one need, which makes statistical breakdowns challenging, but we can say that the three most common needs for rehousing are: living in overcrowded housing (3145 households); medical or welfare need to move (1937 households); and living in otherwise unsatisfactory conditions (1043 households).[22]

4.23. Over the last three years, Council-owned properties have become available for letting at an average rate of 608 per year. The annual total of new lettings has declined every year since 2013/14, with only 433 properties let in 2019/20.[23] As new households apply to join the Housing Register on a regular basis, it can be seen that the level of affordable stock in Derby is not sufficient to meet need, indeed, the level of supply in 2019/20 was less than the number of main homeless duty acceptances in that year, let alone any other housing needs.

---

[17] The prevention duty applies when a local authority is satisfied that an applicant is threatened with homelessness and eligible for assistance (s.195(1) Housing Act 1996 as substituted by s.4(2) Homelessness Reduction Act 2017).

[18] The relief duty applies when a local authority is satisfied that an applicant is homeless and eligible for assistance. It requires the authority to 'take reasonable steps to help the applicant to secure that suitable accommodation becomes available for the applicant's occupation' for at least six months. (s.189B Housing Act 1996 as inserted by s.5(2) Homelessness Reduction Act 2017).

[19] Where the relief duty has ended, the local authority is subject to an ongoing duty to secure that accommodation is available to an applicant who is: eligible for assistance; in priority need; and unintentionally homeless. (s.193 Housing Act 1996)

[20] All homelessness figures from Derby Homes Performance Management Year End Report for 2019/20 to Operational Board (ACQ/1C/11). Derby Homes discharges the homelessness function on behalf of Derby City Council.

[21] Figures supplied by Derby Homes Allocations Team

[22] Details of what would be included in each of these categories can be found in the Council's Allocation Policy 2020-25 (ACQ 1C.12)

[23] Covid-19 restrictions will have had a slight impact on this figure, but they were only introduced in the last two weeks of the year.

4.24. Over the last five years, a total of 653 new affordable homes have been built or acquired in Derby, but in the same period 842 council homes have been sold under the Right to Buy. The rate of losses is therefore outstripping the rate of new additions. This shows the importance of strategic interventions on the part of the Council to increase the delivery of affordable homes, such as its active role in promoting and enabling development of the CUV.

The need for qualitative improvements in the local housing stock

4.25. The most recent Derby Housing Stock Condition Report was published in 2019. It draws on an address level database constructed from a number of other datasets, which allows analysts to model the likely characteristics of every individual dwelling in the City. The report shows that properties in the area surrounding the CUV are more likely to be of pre-1918 construction, more likely to be terraced houses, and more likely to be in the private rented sector.

4.26. The English Housing Survey is a continuous nationwide survey that has been running since 2008. It involves a physical inspection of each property and a household interview. By creating the address level database referred to above, we have been able to extrapolate from the English Housing Survey's findings to estimate the likelihood of each individual property in the City failing the Decent Homes Standard, or suffering from a hazard as defined by the Housing Health and Safety Rating System.

4.27. 18,700 private sector homes in Derby (21% of the total) are projected to be failing the Decent Homes Standard. This is in line with the national average, although higher than the East Midlands regional average. The failure rates are highest in the wards closest to the CUV (Normanton 32%, Arboretum 26%, Alvaston 23%). It can be seen that significant numbers of the existing homes in this area of the City do not meet the standards required to provide safe and healthy living accommodation.

4.28. There is extensive evidence linking poor housing conditions to worse physical and mental health,[24] more accidents in the home, and worse educational outcomes for children. These are reviewed very briefly below, as evidence for the need to provide more good-quality homes in Derby that meet modern standards of comfort and efficiency. This section draws heavily on a review carried out in 2011 as a follow-up to the Marmot Review, *Fair Society, Healthy Lives* (2010).

[24] *Housing improvements for health and associated socio-economic outcomes*, Hilary Thomson *et al*, Cochrane Library 2013 (ACQ/1C/13)

4.28.1. Excess winter deaths – colder outside temperatures and cold homes are believed to be the main factor in the annual increase of respiratory and cardiovascular disease, which account for most of the "excess deaths" each winter. Extensive research has found clear relationships between the thermal performance of dwellings and the number of winter deaths.[25]

4.28.2. Respiratory disease – The Marmot Review paper provides a clear summary of how cold air affects the function of the respiratory tract, and how damp and mould are clearly implicated in respiratory disease. It suggests that much of this disease could be prevented if people lived in warmer homes that were free from damp and mould.[26]

4.28.3. Cardiovascular disease – low indoors temperatures can lead to raised blood pressure, and a thickening of the blood that raises the risk of coronary thrombosis, heart attack and stroke. One controlled study showed that significant improvements can be made to circulatory health through improvements to the efficiency of homes.[27]

4.28.4. Accidents in the home – clearly, the worse the physical condition of a home, the more potential there is for accidents. One study found that nearly half of all accidents affecting children in the home could be associated with features of the home itself (for instance, uneven floors and stairs, or faulty electrical wiring).[28]

4.28.5. Mental health – there is a significant association between overcrowded living conditions and poor mental health in children[29], and one study found a clear link between mental health symptoms and the lack of affordable warmth[30] An evaluation of one home improvement programme found strong links between cold homes and anxiety and depression.[31]

[25] *The Health Impacts of Cold Homes and Fuel Poverty*, Marmot Review Team (2011) (ACQ/1C/14)

[26] Marmot Review Team (2011) (ACQ/1C/14)

[27] Marmot Review Team (2011) (ACQ/1C/14)

[28] *Chance of a Lifetime*, Shelter (2006) (ACQ/1C/15)

[29] Shelter (2006) (ACQ/1C/15)

[30] Marmot Review Team (2011) (ACQ/1C/14)

[31] Marmot Review Team (2011) (ACQ/1C/14)

4.28.6. Educational outcomes – poor health (both physical and mental) caused by poor quality housing has knock-on effects on children's performance at school and thus their future prospects for education and employment. Children in overcrowded homes miss more school due to medical reasons, and overcrowded homes often lack any suitable space to study. Children may also lack suitable space to play in overcrowded homes, which can affect their neurological and emotional development.[32]

Summary of housing need

4.29. There is a national need to significantly increase the delivery of new homes, from current levels of around 240,000 per year to 300,000 per year, in order to address long term negative trends on home ownership and housing costs.

4.30. Derby's Local Plan (DCLP1) (CD3.2) contains well-evidenced policy on the need for new homes locally, with a minimum requirement to deliver 11,000 new homes over the course of the plan. Under-delivery in the early years of the plan period means that there is a shortfall. Derby has seen the same effects as nationally, with a fall in home ownership and rise in the private rented sector, which is generally negative for residents and for the City economy.

4.31. The Council requires an increase in the delivery of affordable housing in particular, in order to meet its duties regarding both homelessness and the allocation of social housing. Over the long term, the number of affordable homes in Derby has been falling, as sales under the Right-to-Buy have outstripped new supply.

4.32. The characteristics of the existing housing in the inner-city area surrounding the CUV mean that it is more likely to be of older construction, of poorer quality, and in the private rented sector. Homes in these areas are the most likely in Derby to be failing the Decent Homes Standard.

4.33. There is extensive evidence showing the links between poor housing conditions and ill health and worse outcomes for children. New homes are necessary to improve the City's overall housing offer, and to give more options to live in healthy and safe conditions.

[32] Shelter (2006) (ACQ/1C/15)

5. CONTRIBUTION OF THE SCHEME TO MEETING HOUSING NEED

Contribution to meeting the need for additional market and affordable housing

5.1. The Scheme to be enabled by the Order will deliver a minimum of 512 new homes towards the overall Local Plan requirement of 11,000. This is a significant figure, with the CUV overall being one of the largest housing allocations in the City as noted previously. To put this further into context, annual delivery of new homes in Derby has been between 650 and 800 for the past four years, and the annual rate required now to meet the Local Plan requirement is 761 (although it is recognised that the Scheme would be built out over multiple years).

5.2. In accordance with Policy CP7 of the DCLP1, up to 30% of the new homes will be affordable homes (subject to viability). If 512 are built, this would equate to 154 affordable homes, but this number should be seen as indicative. It may be fewer, if future phases are not able to viably support this level of affordable homes, but it may be higher if higher densities are adopted and the overall minimum of 512 is exceeded.

5.3. The reserved matters application for phase 3 of the CUV by Compendium Living was granted consent in October 2020, and includes 33% provision of affordable housing (27 of 82 dwellings). This indicates the ongoing ability to provide affordable housing at Castleward to achieve a balanced community that meets the needs of the wider City.

Contribution to meeting the need for better quality housing

5.4. New homes that meet or exceed modern Building Regulations standards provide more options for people looking to move from a lower quality home in Derby to one where they can enjoy a healthier lifestyle. It also raises the quality of the City's "housing offer" to attract people looking to move to Derby, e.g. for work reasons. At present, Derby is not capturing the full economic benefit of having major and high-paying employers such as Rolls Royce and Bombardier based in the city. Many workers in higher salary roles commute from outside the City,[33] and it is likely that the relatively poor quality of the housing offer and the neighbourhoods close to these employment sites is a factor in this.

5.5. Delivery of further phases of the CUV will continue the transformation envisaged in the Local Plan Part 1, replacing industrial uses with well-designed modern homes, introducing greenery and a

[33] Derby Economic Growth Strategy 2018 - 2022 (CD 3.4)

high quality public realm, and increasing the levels of pedestrian activity between the railway station area and the City Centre. All this will create an attractive place to live and improve perceptions of the City.

5.6. The Outline Planning Permission (CD2.1) under which future phases of the CUV are to be developed includes condition no. 34, requiring all phases delivered under the consent beyond phase 1 to achieve the BREEAM Communities standard. The achievement of the standard is an independent certification of the quality of the development, and demonstrates that it will offer something different to the housing currently available in inner Derby. It reflects that appropriate thought has been given to the quality of the development both as a place to live, and in order to limit its impact on the environment. The BREEAM website in fact lists the CUV as a case study for this standard, stating that:

"The development enhances links to surrounding green space and providing a strong connection between the city centre and public transport connections."[34]

5.7. Condition 34 of the outline planning consent also requires all homes delivered under it achieve Level 3 of the Code for Sustainable Homes. This covers not just energy use, but a range of further factors to ensure that the home is practical, of low impact in its environment, and sustainable in the sense that it will meet the needs of its residents well into the future. These include daylighting, sound insulation, storage of waste, private space, drying space and cycle storage, among other matters. Although the Code was withdrawn for new developments in 2015, developments can still be assessed against it. Achievement of Level 3 is evidence that the new homes to be provided are likely to be of better quality in many aspects than the existing housing stock in this area of Derby.

5.8. The planning officer's report on the outline application for the CUV[35] was complimentary about the quality of design for the proposed new homes. It stated:

"The master plan proposals and Phase 1, which follow from it, are of a good quality design"

and noted that,

"The applicant has identified six "Character Areas" within the master plan proposals as part of a Design Code for the whole scheme. The aspirations for each area take reference from the local character and materials in the existing townscape context. The key characteristics identified, have

[34] https://www.breeam.com/case-studies/communities/castleward-derby-uk/ (ACQ/1C/16)

[35] Report to Derby City Council's Planning Control Committee, 23 August 2012 (CD 2.1)

shaped the indicative design and layout of the scheme, in particular the design of Phase 1. This should result in a locally distinctive and coherent layout and urban forms across the site."

5.9. The Design Code for the CUV was informed by the Building for Life criteria, which seek to raise the standard for urban design and living environment for residential development. The criteria cover issues such as: accessibility; mix of housing; legibility and local distinctiveness; pedestrian friendliness of streets and spaces and parking; design and energy efficiency of buildings. This gives confidence that the further phases of the CUV, to be delivered on the Order Land, will be attractive to residents and significantly improve the quality of homes on offer in this area of Derby.

5.10. It is recognised in the Council's Housing Strategy that the provision of new homes in itself does not address the poor condition of the existing stock, and the Council invests significant resources in private sector renewal activities.[36] This includes the Healthy Housing Hub, which can supply practical and financial assistance to vulnerable residents, focussing on people needing to come home from hospital, or at risk of having to go into residential care. There is also a focus on improving housing standards in the private rented sector, through the work of the Decent & Safe Homes (DASH) team. To draw all this together, the Council is currently consulting on an updated Private Housing Renewal Policy. Therefore, physical renewal of the type proposed within the Scheme should be seen as just one part of an integrated approach to raise the standards of housing and neighbourhoods in Derby.

[36] Derby City Council Housing Strategy 2020 – 2029 (CD 3.5)

6. OUTSTANDING OBJECTIONS

6.1. An objection to the Order has been submitted on behalf of Liversage Street (Derby) Limited and John Street (Derby) Limited. I have been asked to address the first ground of that objection, which is the contention that the Acquiring Authority has failed to demonstrate that confirmation of the Order would deliver a quantitative and/or qualitative housing gain in respect of the land controlled by the objectors.

6.2. As explained under the second ground of the objection, the objectors are promoting a residential development on this land. They have submitted planning applications for a scheme which would deliver a total of 258 new homes (note that these are full applications, and not within the existing outline consent for the CUV). It is reasonable to expect that these applications will be determined in the near future.

6.3. The Council does not contend that the Order is necessary to secure an increase on the number of new homes proposed by the objectors, or that it could deliver homes on that land faster than the objectors could. Rather, the Council has shown in its Statement of Reasons and Statement of Case that the Order will secure a quantitative increase in the amount of housing on the Order Land as a whole, where no dwelling houses currently exist.

6.4. The CUV is a long term development, which will transform this area of Derby over a course of years. It is normal for major developments of this scale to be divided into phases, with reserved matters applications being submitted to confirm the detail of each phase, potentially years after the outline consent is granted.

6.5. The objectors' state that "*Without the detail of the development proposed to be provided on the First Land and Second Land in the event the Order is confirmed, the Acquiring Authority has no reasonable basis to assert that the development would provide a quantitative and / or qualitative housing gain*."

6.6. This statement is not accepted. It is entirely reasonable for the Council to assert this, given that the land in question contains no dwelling houses at present, and given the factors covered in the Statement of Reasons and the Council's evidence as a whole, namely, that outline planning consent is in place; that the conditions placed on that permission require the delivery of a certain standard of development; that funding has been secured; that the Council is committed by its grant agreement with Homes England to progress development of the CUV including the provision

of a minimum of 512 homes; and that all relevant barriers to delivery of the Scheme are being addressed. It is not reasonable to suggest, as the objectors' position implies, that detailed designs and full planning consent must be in place for every parcel within the Order Land in order to state with confidence that a quantitative or qualitative housing gain will be secured.

7. CONCLUSIONS

7.1. This proof supports the Council's case for the use of compulsory purchase powers to acquire land at Castleward. Section 17 of the Housing Act 1985 requires the Acquiring Authority to demonstrate either a quantitative increase or a qualitative improvement in housing. This proof demonstrates clearly that that test has been satisfied. Further, the proof sets this in the context of the very significant need for additional homes, both nationally and locally, and of an inner-city area in need of investment to modernise and improve the quality of its housing offer.

7.2. The proof sets out how the proposed Scheme will respond to local need, and will deliver both a quantitative increase and a qualitative improvement in housing.

7.3. Finally, the proof responds to the objection to the Order submitted on behalf of Liversage Street (Derby) Limited and John Street (Derby) Limited, and shows that the objection that the Council has not demonstrated a quantitative and/or qualitative housing gain is unfounded.

8. DECLARATION AND STATEMENT OF TRUTH

I confirm that the facts stated within my evidence are true.

Michael Gillie

Housing Regeneration Manager

Derby City Council

4 January 2021

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 1

PRICE EARNINGS RATIO

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

Contents

Office for National Statistics, House Price to Residence-Based Earnings Ratio

Original available at https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/ratioofhousepricetoresidencebasedearningslowerquartileandmedian

Table 5c

Ratio of median house price to median gross annual (where available) residence-based earnings by local authority district, England and Wales, 2002 to 2019

			2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Region code	**Region name**	**Local authority name**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
E12000004	East Midlands	Derby	3.13	3.82	4.80	5.05	5.27	6.08	5.12	4.52	4.73	4.57	4.51	4.72	4.88	4.83	5.04	5.10	4.85	5.42

Source: Office for National Statistics

Notes:

1. House price data are taken from ONS House Price Statistics for Small Areas for the year ending September.
2. Earnings data are taken from the Annual Survey of Hours and Earnings. These figures are estimates of gross residence-based individual full-time annual earnings where available.
3. Data for annual earnings are not available for some areas. For these areas the ratio of house prices to earnings has been calculated using annualised weekly earnings. These are recorded in ***bold grey italics***.
   Annualised weekly earnings are not produced on an identical basis to annual earnings and are therefore not directly comparable.
4. These affordability ratio statistics are revised annually, to reflect revisions to the house price statistics and earnings data.
   The earnings data used in the housing affordability calculations comes from the Annual Survey of Hours and Earnings. The data for the latest year is released as provisional, and then revised with the following annual release.
   Earnings data is collected as at April of each year with the results published in October. Therefore, new information can still be received subsequently, and this is inputted into the revised data.
   In addition, house price statistics are also subject to revision, as there can be a lag in the registration of property transactions.
5. If a geography change is made, the entire time series reflects the new structure, avoiding geographical breaks in the time series

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 2

JOURNEYING INTO ADULTHOOD EXTRACT

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

ACQ 1c/2

Extract from Journeying into Adulthood, Office for National Statistics, 2019

Available at
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/milestonesjourneyingintoadulthood/2019-02-18#ownhome

Age 34: Owning your own home

The age at which people own their own home is continuing to rise: it is not until the age of 34 that more than 50% of people live in a home they own (based on the age of household reference persons, individuals within a household who act as a reference person for all individuals in the household). In 1997, the youngest age at which more than 50% of people were homeowners was 26.

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 3

THE HOUSING QUESTION DANIEL BENTLEY FOR CIVITAS (2016)

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

Summary

Housebuilding has been failing to keep pace with population growth and household formation for many years. Various reviews have been conducted and numerous initiatives proposed by successive governments in an attempt to increase supply. Despite a modest increase in output over the past few years, however, it remains well below what is felt to be required; the shortfall for England currently stands at more than 100,000 per annum.[1] The argument advanced in this paper is that poor levels of housebuilding are the result of an over-reliance on private-sector output; that private housebuilders have never been able to deliver all of the country's housing needs; that housing shortages have only ever been overcome when private output has been supplemented by substantial public-sector agency and investment; and that there is scant prospect of the current housing shortage being overcome without a similar approach. The paper proposes placing a new statutory obligation on local authorities to acquire sufficient land to top up private-sector housebuilding to the required levels, funded by central government borrowing; new homes could be sold mostly into owner-occupation and the proceeds of sales reinvested into more housebuilding, in perpetuity. It also proposes a new contract between planning authorities and developers in which permission to build residential property is time-limited and granted on a use-it-or-lose-it basis; failure to build out sites within agreed timescales would result in the forfeiture of the land at half its residential use value.

Introduction

Something has been going wrong in the British housing market for some time now. The problems that have accumulated are manifold – home ownership is falling, social housing waiting lists are growing, overcrowding and homelessness are increasing, to name a few – but the bottom line is that housing has become increasingly expensive for everybody. Too much money has been chasing too few homes, and affordability has worsened dramatically as a consequence.

What is needed is a major step change in approach that will provide a substantial increase in supply, a significant fall in demand, or – preferably – both of those things. Successive governments in recent years have failed to tackle these issues but it is important to remember that we have overcome this challenge before. A century ago, overcrowding and high housing costs had been endemic for many decades. Over the course of the 20th century, however, a series of major public-sector housing initiatives substantially overcame what had been known as 'the housing question'. Between 1921 and 1939, publicly-funded housebuilding averaged about 70,000 a year; between 1948 and 1979, it did not drop below 100,000 a year. Costs were kept in check and home ownership came within reach of the large majority of households.

Since the 1970s, state investment in bricks and mortar has been steadily wound down and the business of housebuilding left almost entirely to the private sector. Council housebuilding has been running at just 2,000-3,000 homes per annum in recent years; housing associations make an important contribution but even they only build in the region of 30,000 per annum.[2] The result has been to expose housing provision to the same dynamics it was subject to prior to the First World War: volatility in prices, volatility in output, increasing scarcity and, finally, rising housing costs and all of its attendant social problems. While conditions today do not bear comparison with those of a century ago, the root cause of the problem is almost identical: the unprofitability to private developers of building sufficient numbers of homes. What principally separates today's housing model from its Victorian counterpart is the provision of housing benefit as a much-needed safety net in a system that is failing to serve all of the population. The cost of this safety net has spiralled since the 1980s, however, and there will be little to prevent it spiralling still further in the years ahead unless we tackle the imbalance between supply and demand. The shift in the 1970s and 1980s from capital spending to revenue spending – from bricks to benefits – is looking increasingly poor value for money.

It is widely acknowledged that England needs in the region of 250,000 new homes a year to keep pace with the rate of household formation; if we are to start tackling the backlog that has been mounting over many years then we will need to build a lot more homes than that. In the decades after the Second World War, such output levels would have seemed unremarkable: annual housebuilding in England was above 250,000 for most of the 1950s and then above 300,000 for most of the 1960s. Today such numbers seem fantastical: since 2008 annual output has barely been above 100,000 and even before the financial crisis struck it had not been above 200,000 since the 1980s, and then only briefly.[3] Over the last couple of years, housebuilding output has picked up a little, with 2015 witnessing 142,890 completions, and 143,560 starts, in England.[4] But these figures still fall a long way short of what is needed. This paper contains two central points to concentrate the minds of policymakers as they grapple with the housing question that has resurfaced for the 21st century.

The first is that the supply of housing has only ever been sufficient when private sector output was topped up by public investment: such was the case in the 1920s and 1930s, and then in the 1950s and 1960s. In both periods, shortages were substantially overcome and the cost of housing in proportion to earnings levelled out or even fell. Central to both periods were major council housebuilding programmes that essentially built those homes the private sector would not. Historically, there has always been a proportion of the population at the lowest end of the income scale for whom building homes is not profitable; either the state builds these homes or they are not built. In addition, housebuilding by the private sector has always been driven in cycles by wider economic conditions, not in strict correspondence with the actual need for housing.

The second is that the interests involved in private housebuilding (encompassing not just developers but landowners too) lack any incentive to guarantee the supply of sufficient homes. Private-sector housebuilders cannot, having puchased land based on projected future values, build so many homes that housing costs fall; to turn a profit on any given project, homes can be released into the local market only as quickly as they can be sold at or above current prices. When prices fall, builders stop building until prices recover. These patterns have been documented in recent decades but they were observable too in the pre-war period, the last time there was a market-centred approach to building. Private-sector housebuilding is essential, but it is not enough on its own.

There are other issues to address in housing other than the need for public investment. The planning system and the rules protecting the green belt in particular are frequently cited as complicating factors; there is no doubt that we

need to bring forward more land for development. But that would be no silver bullet: there are already large numbers of unbuilt planning permissions in place, and the backlog has been growing. A central objective in tackling the housing situation must be to get these planning permissions built at much faster rates. This means overcoming the incentives that currently exist to build out sites slowly. Another major factor that has impacted on housing is the vast expansion in the availability of credit in recent decades, which has increased purchasing power enormously. This has had significant consequences for house prices which may still need addressing even when – or if – housing supply is substantially increased.

Nevertheless, there is no solution to the housing crisis that does not involve a large increase in the rate of housebuilding. The evidence suggests we cannot afford to leave this challenge to the market any more.

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 4

FIXING THE BROKEN HOUSING MARKET, DCLG (2017)

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

Our housing market is broken

The housing market in this country is broken, and the cause is very simple: for too long, we haven't built enough homes.

Since the 1970s, there have been on average 160,000 new homes each year in England.[1] The consensus is that we need from 225,000 to 275,000 or more homes per year to keep up with population growth and start to tackle years of under-supply.[2]

This isn't because there's no space, or because the country is "full". Only around 11 per cent of land in England has been built on.[3]

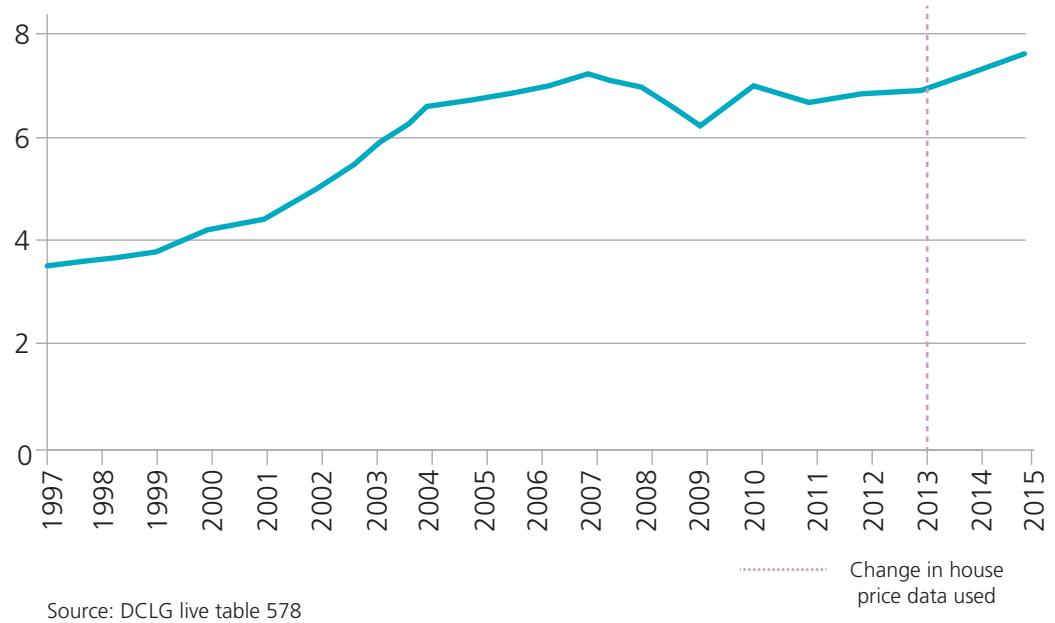
The problem is threefold: not enough local authorities planning for the homes they need; house building that is simply too slow; and a construction industry that is too reliant on a small number of big players.

The laws of supply and demand mean the result is simple. Since 1998, the ratio of average house prices to average earnings has more than doubled.[4] And that means the most basic of human needs – a safe, secure home to call your own – isn't just a distant dream for millions of people. It's a dream that's moving further and further away.

In 21st century Britain it's no longer unusual for houses to "earn" more than the people living in them. In 2015, the average home in the South East of England increased in value by £29,000,[5] while the average annual pay in the region was just £24,542.[6] The average London home made its owner more than £22 an hour during the working week in 2015[7] – considerably more than the average Londoner's hourly rate. That's good news if you own a property in the capital, but it's a big barrier to entry if you don't.

1 DCLG Live Table 104.
2 For example: Barker (2004), "Review of Housing Supply - Delivering Stability: Securing our Future Housing Needs" Final Report; House of Lords Select Committee on Economic Affairs (2016), "Building more homes", July 2016; KPMG and Shelter (2015) "Building the Homes We Need".
3 DCLG Local authority green belt statistics for England: 2015 to 2016, page 2, available at https://www.gov.uk/government/statistics/local-authority-green-belt-statistics-for-england-2015-to-2016
4 DCLG Live Table 577.
5 ONS House Price Statistics for Small Areas, Table 1a.
6 ONS Annual Survey of Hours and Earnings 2016, table 3.7a, median annual gross pay, all employee jobs.
7 ONS House Price Statistics for Small Areas, Table 1a.

Figure 1: Ratio of median house price to median earnings, England



Source: DCLG live table 578

The Council of Mortgage Lenders predicts that by 2020 only a quarter of 30-year-olds will own their own home. In contrast, more than half the generation currently approaching retirement were homeowners by their 30th birthday.[8] This is not because young people are not trying hard enough, it's because it is much harder for them to get a foot on the property ladder than their parents and grandparents.

As recently as the 1990s, a first-time buyer couple on a low-to-middle income saving five per cent of their wages each month would have enough for an average-sized deposit after just three years. Today it would take them 24 years.[9] It's no surprise that home ownership among 25- to 34-year-olds has fallen from 59 per cent just over a decade ago to just 37 per cent today[10].

Without help from the "Bank of Mum and Dad", many young people will struggle to get on the housing ladder. As demand for homes outstrips supply, they're faced with ever-increasing rents – the average couple in the private rented sector now send roughly half their salary to their landlord each month[11] making it nigh on impossible to save for a deposit.

In areas where the housing shortage is most acute, high demand and low supply is creating opportunities for exploitation and abuse: unreasonable letting agents' fees, unfair terms in leases, landlords letting out dangerous, overcrowded properties. In short, it's becoming harder to rent a safe, secure property. And more and more people can't find a place to rent at all: the loss of a private sector tenancy is now the most common cause of homelessness.[12]

8 Council of Mortgage Lenders (2015) The challenge facing first-time buyers.
9 Resolution Foundation (2015) – Dealing with the housing aspiration gap.
10 English Housing Survey 2014/15.
11 English Housing Survey 2014/15.
12 DCLG Live Table 774.

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 5

EXTRACT FROM AUTUMN BUDGET 2017

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

ACQ 1c/5

Extract from the Autumn Budget statement 2017

Available at https://www.gov.uk/government/publications/autumn-budget-2017-documents/autumn-budget-2017

1.4 Building the homes our country needs

The government is determined to fix the dysfunctional housing market, and restore the dream of home ownership for a new generation. The only sustainable way to make housing more affordable over the long term is to build more homes in the right places. Government action has already increased housing supply to 217,000 in 2016-17. The Budget goes further and announces a comprehensive package which will raise housing supply by the end of this Parliament to its highest level since 1970s, on track to reach 300,000 per year, through:

- making available £15.3 billion of new financial support for housing over the next five years, bringing total support for housing to at least £44 billion over this period
- introducing planning reforms that will ensure more land is available for housing, and that maximises the potential in cities and towns for new homes while protecting the Green Belt

The Budget also announces further support for those struggling to get on the housing ladder now. The government will permanently exempt first time buyers from stamp duty for properties up to £300,000, with purchasers benefiting on homes up to £500,000.

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 6

PLANNING FOR THE FUTURE, MINISTRY OF HOUSING, COMMUNITIES AND LOCAL GOVERNMENT (2020)

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

- It simply does not lead to enough homes being built, especially in those places where the need for new homes is the highest. Adopted Local Plans, where they are in place, provide for 187,000 homes per year across England – not just significantly below our ambition for 300,000 new homes annually, but also lower than the number of homes delivered last year (over 241,000).[7] The result of long-term and persisting undersupply is that housing is becoming increasingly expensive, including relative to our European neighbours. In Italy, Germany and the Netherlands, you can get twice as much housing space for your money compared to the UK.[8] We need to address the inequalities this has entrenched.

A poor planning process results in poor outcomes. Land use planning and development control are forms of regulation, and like any regulation should be predictable and accessible, and strike a fair balance between consumers, producers and wider society. But too often the planning system is unpredictable, too difficult to engage with or understand, and favours the biggest players in the market who are best able to negotiate and navigate through the process.

The Government has made significant progress in recent years in increasing house building, with construction rates at a 30-year high in 2019. But these fundamental issues in the system remain, and we are still lagging behind many of our European neighbours. And as the Building Better, Building Beautiful Commission found in its interim report last year, too often what we do build is low quality and considered ugly by local residents.[9]

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 7

TACKLING THE UNDER-SUPPLY OF HOUSING IN ENGLAND, HOUSE OF COMMONS LIBRARY (2020)

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

1. How much new housing does England need?

Summary

- Household growth is one factor affecting overall housing need. The number of new households in England is projected to grow by 159,000 per year, based on current trends.
- The backlog of existing need for suitable, affordable accommodation is often cited as another pressure on housing need, as is demand for more space by households that can afford it.
- There has been a range of research into the amount of new housing needed, with estimates as high as 340,000 new homes per year.
- The government's target is to supply 300,000 new homes per year by the mid-2020s
- There is geographic variation in household growth and housing need, with more need in London and the south of England.

1.1 Defining housing need

There is no strict definition of **housing need**, but it can be understood as the amount of housing required for all households to live in accommodation that meets a certain normative standard.

Projected growth in the number of households is often used as a proxy for housing need, but this measure doesn't give the whole picture. Projections don't attempt to accurately forecast future changes, and there is also an existing **backlog of need** – for example, households living in unsuitable or overcrowded accommodation. [1]

Housing need is different from **housing demand**, the amount of housing space that households will choose to buy, given their preferences and ability to pay.[2] Many households take up more housing space than they 'need', if they can afford to – for example, by living in a house with a spare bedroom or buying a second home. Dame Kate Barker's evidence to the Treasury Select Committee's inquiry into housing policy emphasised the role of income growth in driving housing demand:

> Indeed, house prices respond a lot to income growth because—this point is made in the review but not brought out enough—when people get richer they want more space. If you simply work on household projections then you will not supply as much space as people would like, given their incomes, and the result of that is that people with money do get the space they want. People without money do not get the space.[3]

The Government has said that it aims to be supplying 300,000 new homes per year by the mid-2020s, and to supply 1 million new homes by the end of the current parliament.[4]

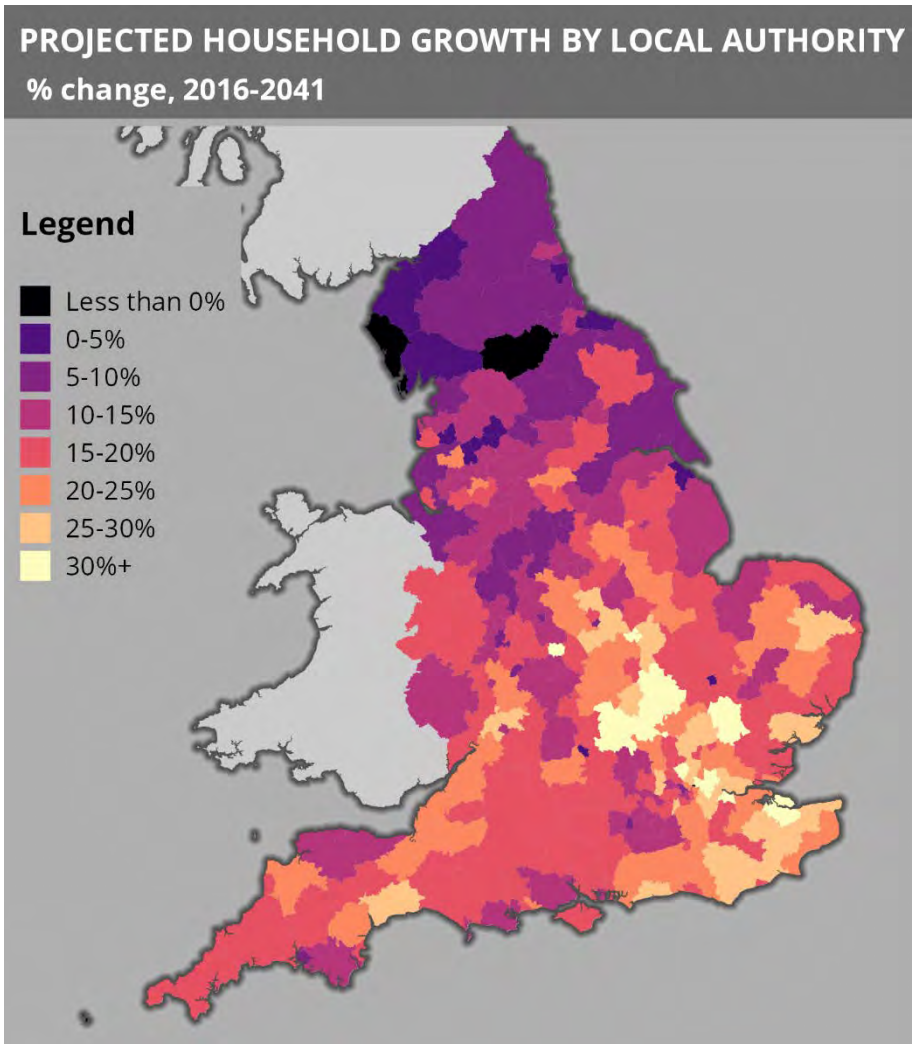
1 DCLG, November 2010. Estimating housing need.
2 Ibid.
3 HC 861, 7 December 2016, Q2
4 Conservative and Unionist Party Manifesto 2019, p31

1.2 Household projections for England

Projections of the number of households that will form in future are often used as a baseline for talking about housing need.

The Office for National Statistics (ONS) is responsible for producing projections of the number of households in England. According to projections released in September 2018, the number of households in England is projected to rise from 22.9 million in 2016 to 26.9 million in 2041 – an average increase of around 159,000 households per year. [5]

These figures do not attempt to model the effect of future changes – for example, they don't try to account for the impact on migration of Britain leaving the EU. The projections make assumptions, based upon past trends, about how much the population will grow and the size of households that people will live in.



Source: ONS, Household projections for England: 2016-based

[5] ONS, Household projections in England: 2016-based, 18 September 2018

Household projections are not uniform across England. The map on the previous page shows projected change for each local authority as a percentage change from its 2016 population. Growth is projected to be higher in London, the South East and parts of the Midlands and lower in the North. The number of households is projected to fall in three Northern local authorities (Barrow-in-Furness, Copeland and Richmondshire).

Change from previous projections

Before the September 2018 release, household projections were published by MHCLG. The previous set of projections published by MHCLG were higher, putting the average increase in households at 210,000 per year.[6] A number of methodological changes caused this difference.[7] Two key changes were:

- New, lower population projections were used. The 2016-based population projections assume lower numbers of births and less net international migration, as well as slower improvements in life expectancy, than the previous set.[8]
- The ONS made different assumptions about the rate of new household formation. The latest projections are informed by more recent, short-term trends in the average household size. The former projections were informed by trends from 1971-2011, during which time the average household size declined. For several reasons relating to data quality, the new projections only look at trends from 2001-11. The average household size was relatively stable during that period, so the new projections assume less new household formation than the previous set.

A number of factors have been suggested for the lower-than-expected growth in households between 2001 and 2011, including families choosing remain in one household where they otherwise might not have done so (e.g. young adults continuing to live with their parents). The recession has been suggested as a cause for this, as has the constrained supply of suitable, affordable housing during this period.[9] Additionally, levels of immigration were higher between 2001 and 2011 than previously; research suggests that recent migrants tend to live in larger household groups than long-term UK residents. [10]

Projections and planning guidance

Guidance for local planning authorities' assessment of housing need is partly based upon the 2014-based projections, rather than the more recent 2016-based version. The Government has set out a standard method for assessing housing need which uses the projections as a baseline, before adjusting for affordability and other factors.

The Commons Library Insight article Housing targets: Can we predict future need? explains changes in the projections and their effects on local targets.

6 MHCLG, 2014-based household projections in England, 2014 to 2039
7 See ONS, Methodology used to produce household projections for England: 2016-based, 20 September 2018
8 ONS, National population projections: 2016-based statistical bulletin, 26 October 2017
9 E.g. by A.E. Holmans in Housing need and effective demand in England (2014) and New estimates of housing demand and need in England, 2011 to 2031.
10 A.E. Holmans in Housing need and effective demand in England (2014)

The Government launched a consultation on the method in October 2018, in which it stated that the lower household projections did not affect its target of building 300,000 homes per year. The consultation document argued that new household formation is constrained by housing supply, and that this is part of the reason for the fall in projections; that there has been historic under-delivery of housing which needs remedying; and that low supply has led to declining affordability.[11]

The Government's response to the consultation in February 2019 stated that the standard method would continue to use the 2014-based projections to "provide stability and certainty to the planning system in the short-term". The Government committed to reviewing the formula behind the standard method over the next 18 months. Section 4.1 has more detail on housing supply targets for local planning authorities. [12]

1.3 What affects housing need beyond household growth?

Affordability of existing housing

One of the stated reasons for the Government's target of supplying 300,000 homes per year is that this will directly reduce affordability pressures. When giving evidence to the Housing, Communities and Local Government Select Committee on 12 March 2018, the former Housing Minister, Dominic Raab, said:

> First, the 300,000 target by the mid-2020s is the point at which we think that the affordability of homes will come down for the nurse, the teacher, and those on low and middle incomes, and particularly for those trying to get on the housing ladder for the first time.[13]

However, commentators have questioned the extent to which an increase in housing supply can directly improve affordability. The 2017 UK Housing Review Briefing Paper (September 2017) summarises some of the existing evidence in this area:

> Indeed, as the evidence to the Redfern Review from Oxford Economics reminds us, [increased supply] is unlikely to bring house prices down except in the very long term and with sustained high output of new homes relative to household growth. Even boosting (UK) housing supply to 310,000 homes per annum in their model only brings a five per cent fall in the baseline forecast of house prices. Oxford Economics says this has 'important implications for a policy debate that has focused heavily on supply as both the cause of the problem of high house prices and its solution.'[14]

---

11 MHCLG, Technical consultation on updates to national planning policy and guidance, 26 October 2018, p8

12 MHCLG, Government response to the technical consultation on updates to national planning policy and guidance, 1 February 2019, p6

13 Oral Evidence: MHCLG Housing Priorities, HC 830 Q3, 12 March 2018

14 2017 UK Housing Review Briefing Paper, Steve Wilcox, John Perry and Peter Williams, September 2017

More recent research has called for increased supply of *affordable* housing to meet affordability needs. Research commissioned by the National Housing Federation (NHF) and Crisis from Professor Glen Bramley at Heriot-Watt University identified a need for 340,000 homes each year in England to 2031, including a need for 145,000 affordable homes – comprising 90,000 homes for social rent, 30,000 for intermediate rent, and 25,000 for shared ownership. [15]

The backlog of existing need

Professor Bramley's figures attempted to account for an existing backlog of housing need, as well as future household growth. The report (published in 2018) estimated that there were 4.75 million households in housing need across Great Britain (and 4 million in England). This figure included estimates of the number of 'concealed' households (i.e. adults who would prefer to live separately from their current households), and households that are overcrowded or living in unsuitable or unaffordable accommodation. The proposed housing need figures were intended to address this backlog over a 15-year timeframe. [16]

The report also made use of an alternative methodology that attempted to address a "circularity problem" with official household projections (discussed in section 1.2 above). The official projections are based on past trends in household formation, which are themselves constrained by the availability of suitable housing. The report argued that using official projections to calculate housing need therefore "risks reinforcing the effects of historic undersupply". [17]

Geographic variation in need

The NHF/Crisis report also addressed the geographic variation in housing need, summarised in an article for the 2018 UK Housing Review:

> While size (population) of a country/region is a factor, the increase should be skewed towards regions where the pressures are greatest, currently the South and London. The exact optimal balance between 'within-London', 'near-to-London' and the 'Greater South East' is an issue for careful consideration. In this exercise we constrain London to a reasonable estimate of its capacity to build additional housing each year, and thereby accept that a higher number will have to be in the South of England. [18]

Other commentators have also drawn attention to geographic variation. A research report by the consultancy Residential Analysts (2018) used a range of indicators of housing demand at local authority level to explore trends across the country. The report measured lack of supply using indicators including affordability, overcrowding and population growth, and concluded that "while the lack of supply is frequently assumed to

15 Bramley, G. for Crisis, Housing supply requirements across Great Britain: for low-income households and homeless people, December 2018, p10
16 Ibid., pp8-9
17 Ibid., p14
18 2018 UK Housing Review Briefing Paper, October 2018, Mark Stephens, John Perry, Steve Wilcox, Peter Williams and Gillian Young, p7

be a national issue, it is very much a London and South East problem with some other localised hotspots". [19] Other indicators were used to assess areas of lower demand:

> To identify where weak demand is most severe we have created a ranking based on three sub-categories. These are: weak demographic demand where the population is ageing and people are leaving, weak housing market demand where house price and sales activity are weak, and weak economic demand where job opportunities are poor and incomes are low with limited growth.
>
> The local authorities most affected by weak demand are typically found in Wales, the north of England, south west Scotland, and Northern Ireland. The underlying causes for these high rankings vary. […]
>
> New supply is not a panacea for these markets. Indeed, it may even accelerate decline if the more affluent residents leave existing urban areas for new build estates. [20]

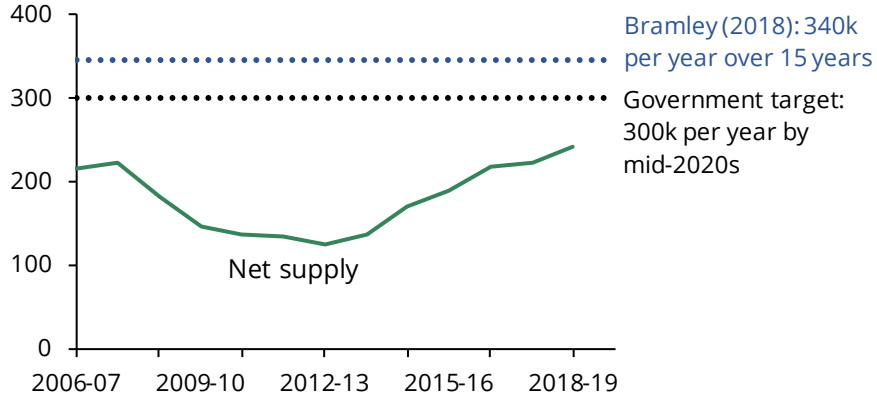
1.4 Is new supply meeting housing need?

The key measure of housing supply in England is MHCLG's net housing supply series. This measures the total increase in the number of homes in each financial year, factoring in gains from conversions and change-of-use as well as new build.

The chart below shows net supply in each year since 2006-07. Net supply has been increasing in recent years, from a low point of around 125,000 in 2012-13 to around 241,000 in 2018-19. **Annual net supply would need to increase by around another 24% by the mid-2020s to meet the government's target, and by another 43% to reach the 340,000 per year called for by Crisis and the NHF.**

HOW CLOSE IS CURRENT HOUSING SUPPLY TO ESTIMATED FUTURE NEED?

Net additions per year (thousands of dwellings), England



Sources: MHCLG, Live Table 120; ONS, Household projections for England: 2016-based; estimated need referenced in this section.

[19] Residential Analysts, A housing crisis? More like a series of local crises needing local solutions, October 2018, pp5-6

[20] Ibid., p13

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 8

MHCLG LIVE TABLES ON HOUSING SUPPLY NET ADDITIONAL DWELLINGS

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

Ministry of Housing, Communities & Local Government

Statistical release

Housing

Housing supply; net additional dwellings, England: 2019-20

In this release:

- Annual housing supply in England amounted to 243,770 net additional dwellings in 2019-20, up 1 per cent on 2018-19.

- The 243,770 net additions in 2019-20 resulted from 220,600 new build homes, 26,930 gains from change of use between non-domestic and residential, 4,340 from conversions between houses and flats and 930 other gains (caravans, house boats etc.), offset by 9,020 demolitions.

- 12,348 of the net additions from change of use were through 'permitted development rights' (full planning permission not required). These comprised 10,589 additional dwellings from former offices, 734 from agricultural buildings, 146 from storage buildings, 47 from light industrial buildings and 832 from other non-domestic buildings.

.

Release date: 26 November 2020

Date of next release: November 2021

Contact: Neil Higgins housing.statistics@communities.gov.uk

Media enquiries: 0303 444 1209 NewsDesk@communities.gov.uk

Table of contents

Introduction

This Statistical Release presents National Statistics on net additional dwellings in England up to 2019-20. The figures show the net change in dwelling stock in England between 1st April and 31st March the following year.

The 'net additional dwelling' figures are based on local authority estimates of gains and losses of dwellings during each year and are calculated using the most comprehensive list of sources available. This includes council tax base, building control, site visits and any other management information available to the authority.

'Net additional dwellings' is the primary and most comprehensive measure of housing supply. The Department also publishes quarterly 'housing supply; indicators of new supply' statistics. These cover building control reported estimates of new build dwellings and estimates of housing supply using other, additional sources and should be regarded as a leading indicator of overall housing supply.

Information on affordable housing is not collected as part of the net additional dwelling statistics. Separate statistics on affordable housing are published by the department. Full details are available in the 'Related Statistics' section of this release.

An interactive dashboard to illustrate results and historical trends from this release can be found via a link on the statistics release web page:

https://www.gov.uk/government/statistics/housing-supply-net-additional-dwellings-england-2019-to-2020

Changes to this release

MHCLG published a consultation on 30 January 2020, on proposed changes to the revisions policy to further improve the net additional dwellings statistics. The consultation is available at the following link:

https://www.gov.uk/government/consultations/housing-supply-net-additional-dwellings-statistics-proposed-changes-to-revisions-policy

In response, MHCLG is proceeding with the proposals outlined in the consultation:

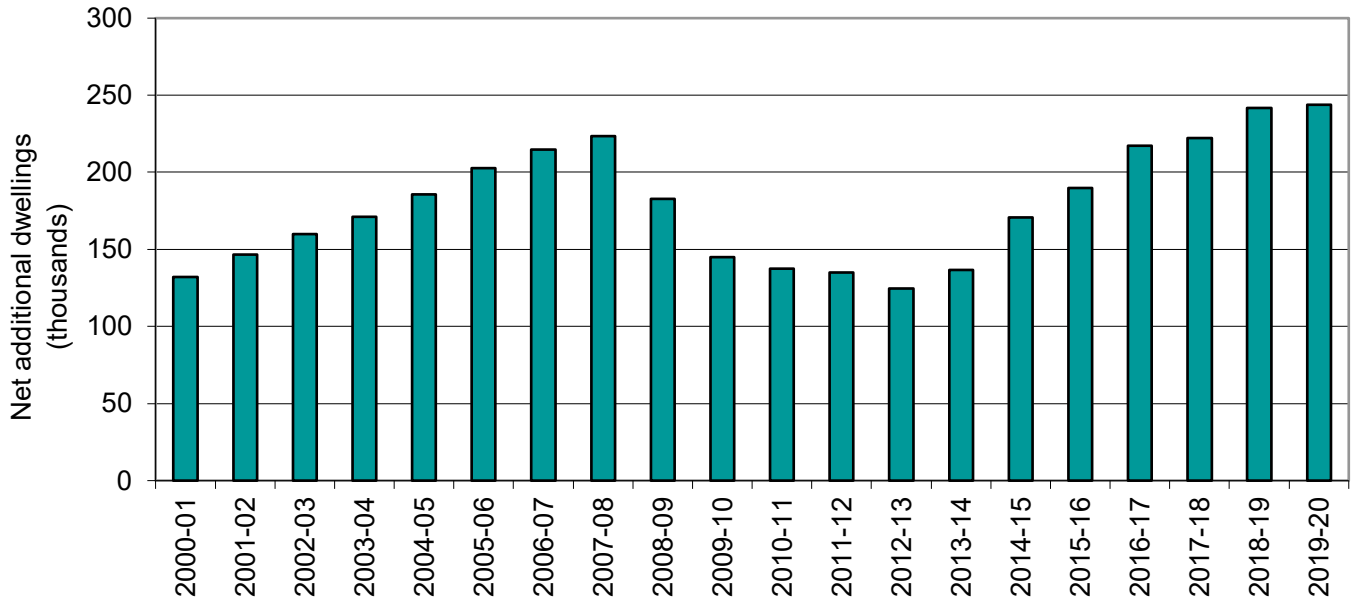
- MHCLG will continue to publish the Housing supply; net additional dwellings statistics annually in the current format in the same page as previous years: https://www.gov.uk/government/collections/net-supply-of-housing;

- We are now allowing annual revisions, to the data for previous years, beginning in this publication of the statistics for 2019-20. In collecting the data for this publication, we have allowed local authorities to revise data for the previous two years' published figures. The local authority revisions resulted in an overall increase of 91 net additional dwellings in 2017-18 and 539 net additional dwellings in 2018-19. In future years, the revisions period will cover the previous years' figures only.

National trends in net additional dwellings

The trends in net additional dwellings are shown in Figure 1 and Table 1.

Figure 1: Trends in housing supply; net additional dwellings, England: 2000-01 to 2019-20



Net additional dwellings reached a recent peak of 223,530 in 2007-08 and then decreased to 124,720 in 2012-13 with the economic downturn. Since then, net additions have increased to 243,770 in 2019-20, up 1 per cent on the previous year. This level is 9 per cent above the 2007-08 peak and 95 per cent above the trough in 2012-13.

The 243,770 net additional dwellings in 2019-20 represents an increase of 1% on the previous dwelling stock estimate of 24.5 million dwellings in England as at 31 March 2019.

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 9

TENURE DATA

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

KS402EW - Tenure

Source ONS Crown Copyright Reserved [from Nomis on 11 December 2020]
Population All households
Units Households

date	2011	
geography	Derby BUA	
measures	value	percent
Tenure		
All households	111,132	100.0
Owned	69,952	62.9
Owned outright	33,776	30.4
Owned with a mortgage or loan	36,176	32.6
Shared ownership (part owned and part rented)	909	0.8
Social rented	20,858	18.8
Rented from council (Local Authority)	12,642	11.4
Other	8,216	7.4
Private rented	18,125	16.3
Private landlord or letting agency	16,791	15.1
Other	1,334	1.2
Living rent free	1,288	1.2

Metadata

This table provides information that classifies households by tenure, for England and Wales as at census day, 27 March 2011.

In order to protect against disclosure of personal information from the 2011 Census, there has been swapping of records in the Census database between different geographic areas, and so some counts will be affected. In the main, the greatest effects will be at the lowest geographies, since the record swapping is targeted towards those households with unusual characteristics in small areas.

More details on the ONS Census disclosure control strategy may be found on the http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-prospectus/new-developments-for-2011-census-results/statistical-disclosure-control/index.html[Statistical Disclosure Control] page on the ONS web site.

Tenure provides information about whether a household rents or owns the accommodation that it occupies and, if rented, combines this with information about the type of landlord who owns or manages the accommodation.

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 10

THE PRIVATE SECTOR HOUSING REPORT 2019

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

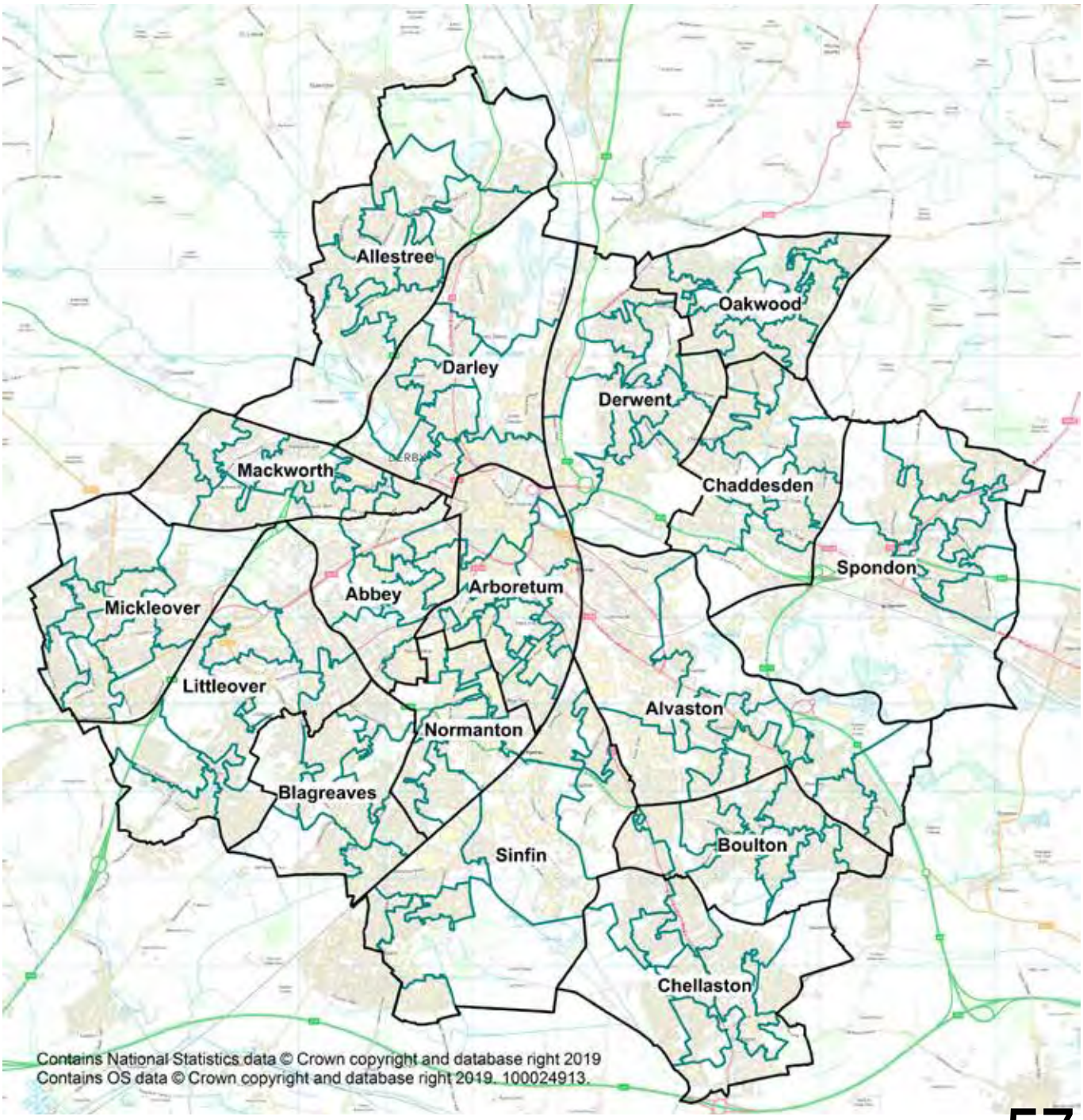
The Local Housing Picture

Types of Homes in Derby

What does the local picture of homes in Derby look like?

Derby City is made up of 17 electoral wards which are further broken down into 151 Lower Super Output Areas (LSOA) each of which contain approximately 500 – 1,000 households

Derby City Wards and LSOAs



There are a total of 110,261[16] properties in Derby as of February 2019. The majority of these 97.9% are currently occupied, and the remaining 2.1% of properties are vacant. Of the 2,269 vacant dwellings, 49.1% have been vacant for less than 6 months, 1,245 dwellings have been vacant for over 6 months and have been identified as long-term empty.

Derby is comprised primarily of houses and bungalows (82.4%) with the remainder made up of flats and apartments (15.6%) and other property types (1.0%). Derby has fewer flats and apartments than the England average whilst having a greater proportion of both semi-detached and detached properties[17].

The distribution of property types throughout the city varies from ward to ward. As might be expected, flats and apartments tend to be located centrally in the city with the greatest proportions located in the wards of Arboretum (45.7%), Abbey (32.3%) and Darley (35.8%).

Areas with the greatest proportions of detached dwellings are the wards towards the outer edge of the city; Allestree (58.5%), Oakwood (45.7%), Mickleover (37.4%), Littleover (48.7%) and Chellaston (42.3%).

Semi-detached properties are located throughout the city, with the highest concentrations in the wards of Boulton (61.0%), Sinfin (47.6%), Mackworth (44.1%), Spondon (49.4%) and Chaddesden (53.6%).

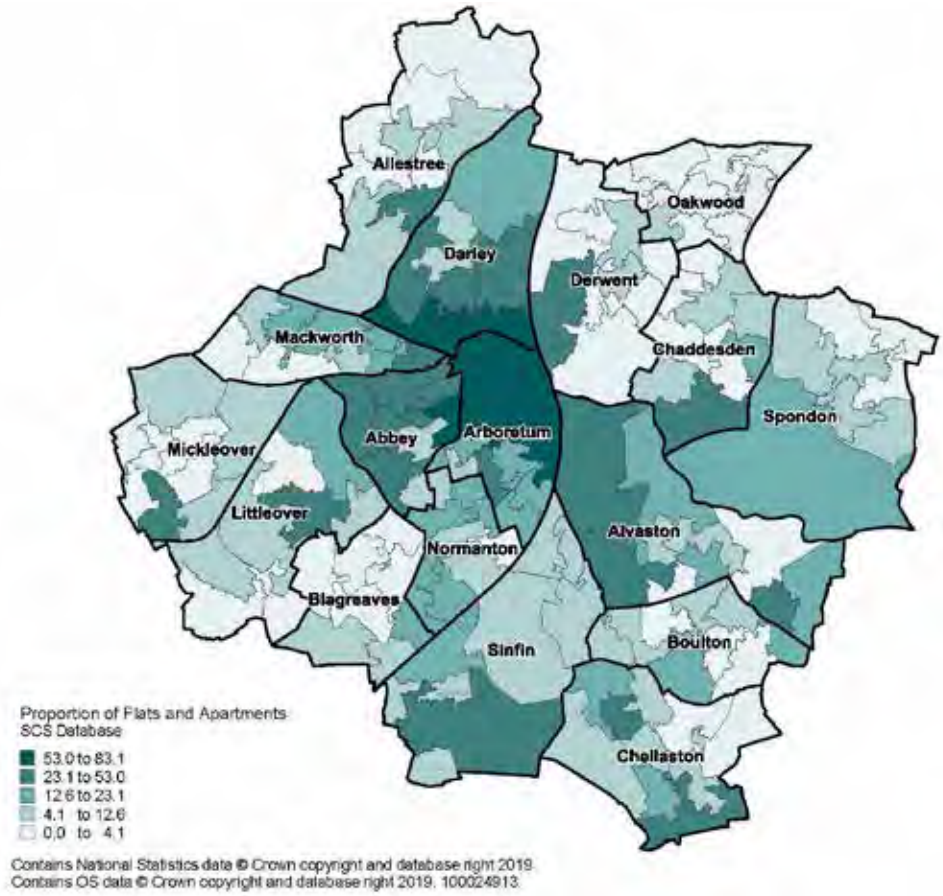
Wards surrounding the city centre, Normanton (52.3%), Abbey (40.4%) and Arboretum (44.0%) a have the largest concentrations of terraced homes.

Proportion of Homes by Type and Ward

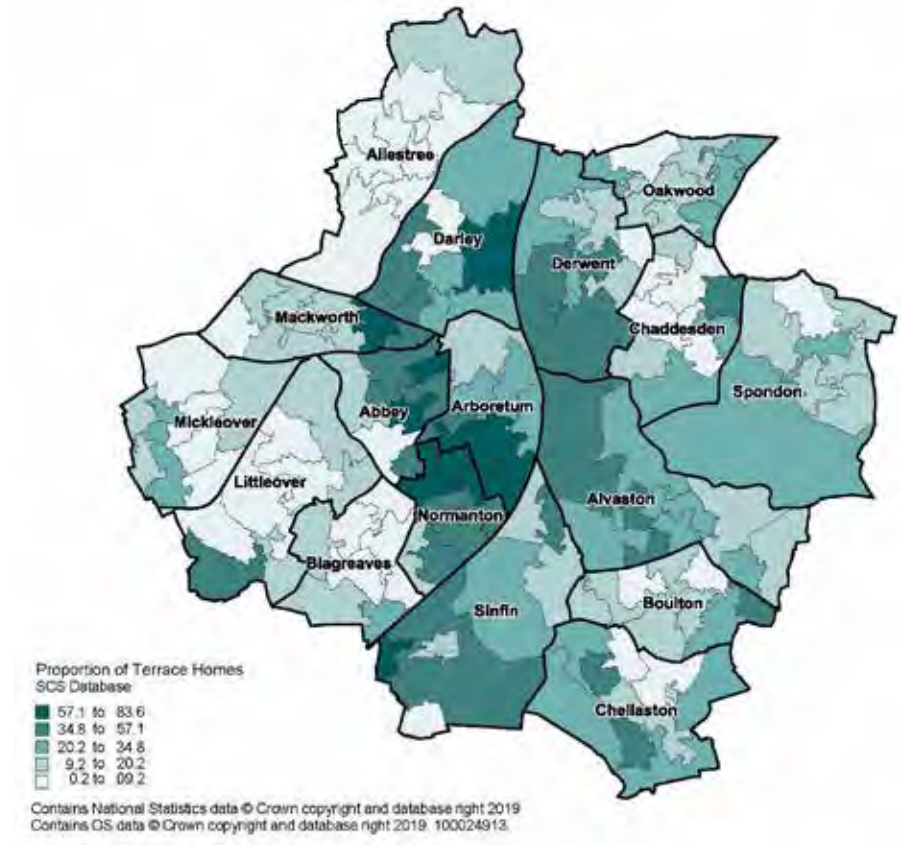
Ward	Flat	Terraced	Semi - Detached	Detached	Other	Total
Abbey	32.3%	40.4%	16.7%	8.1%	2.5%	7,121
Allestree	6.4%	4.3%	30.7%	58.5%	0.1%	6,257
Alvaston	17.9%	31.6%	36.7%	10.1%	3.6%	7,981
Arboretum	45.7%	44.0%	6.2%	2.2%	1.8%	8,437
Blagreaves	4.2%	9.6%	53.4%	32.7%	0.1%	5,246
Boulton	7.2%	19.6%	61.0%	12.0%	0.2%	6,038
Chaddesden	8.8%	16.7%	53.6%	20.7%	0.2%	5,827
Chellaston	11.9%	21.8%	22.9%	42.3%	1.1%	6,679
Darley	35.8%	34.4%	13.6%	14.0%	2.2%	7,066
Derwent	9.0%	29.2%	54.5%	7.1%	0.2%	6,197
Littleover	10.7%	11.0%	29.3%	48.7%	0.3%	5,607
Mackworth	14.6%	31.9%	44.1%	8.9%	0.5%	6,896
Mickleover	6.7%	13.3%	42.4%	37.4%	0.2%	6,579
Normanton	12.7%	52.3%	30.0%	3.5%	1.5%	6,687
Oakwood	1.7%	17.0%	35.5%	45.7%	0.1%	5,755
Sinfin	11.1%	31.9%	47.6%	9.1%	0.2%	6,088
Spondon	8.0%	15.4%	49.4%	26.6%	0.5%	5,800
Total	15.6%	26.1%	35.7%	21.7%	1.0%	110,261

Source : 2019 Derby stock condition property level database

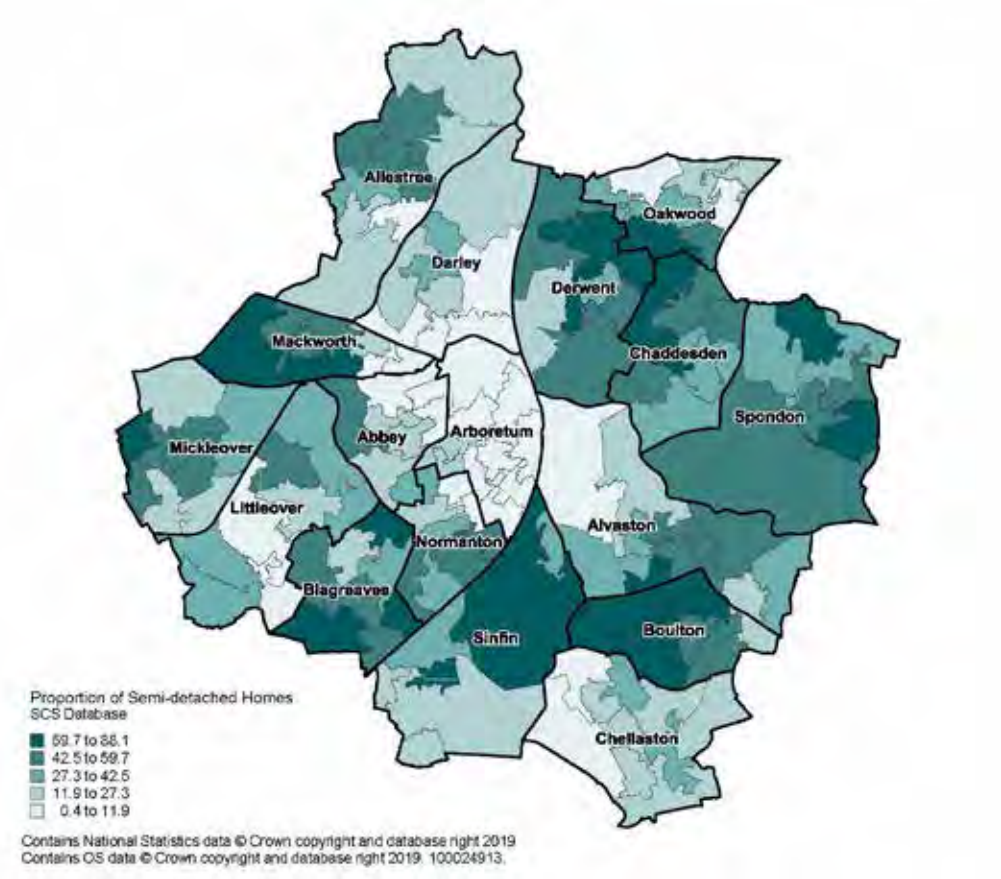
Proportion of Flats and Apartments



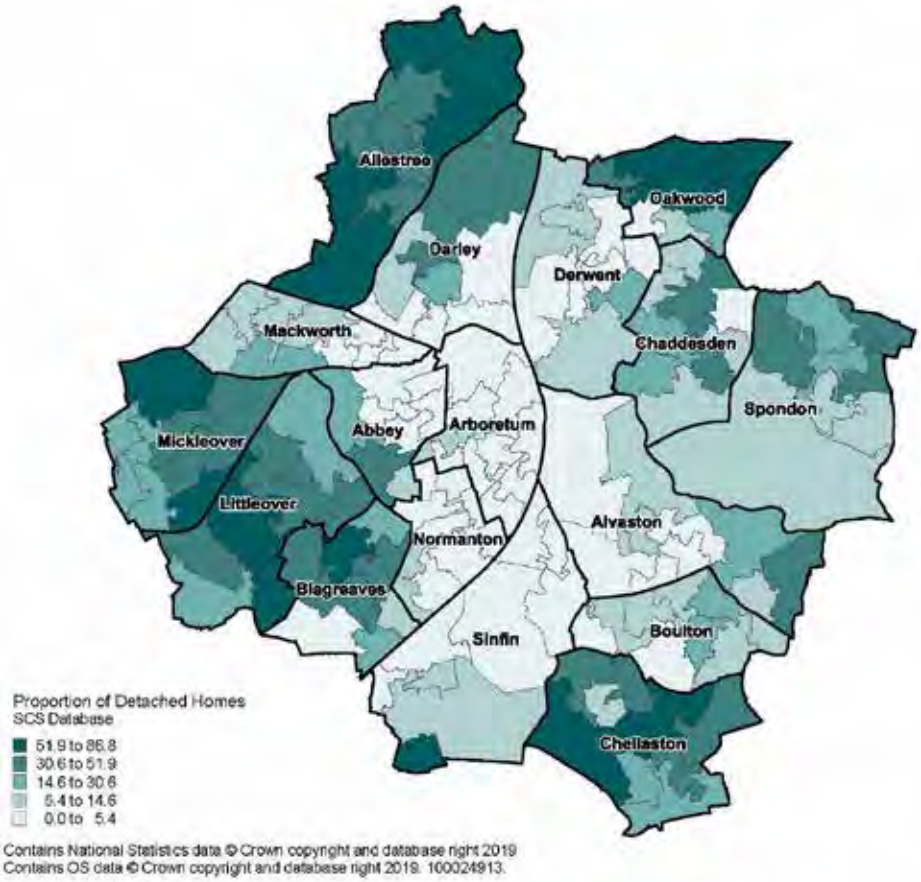
Proportion of Terraced Homes



Proportion of Semi-detached Homes



Proportion of Detached Homes



Build Period of Homes in Derby

The build period of a property is a key determinant of its likelihood to be decent. Nationally older properties are more likely to be non-decent than newer homes.

Data surrounding the build period of properties from different datasets, including, Land Registry, EPC, and Experian has been triangulated to produce a probable build period for each address. This allows detailed analysis surrounding the age of propertied to be carried out.

As might be expected, there is a relationship between the age of homes in Derby and their proximity to the city centre. Older homes built pre-1918 are concentrated in the more central wards of Arboretum (48.6%) Normanton (48.1%) and Abbey (36.9%).

The wards surrounding the city centre contain the greatest proportions of post-war properties built between 1945 and 1980 including Mickleover (65.0%) Allestree (64.5%), and Spondon (59.5%).

Newer homes, built since 1981 can be found towards the outer edge of the city in the wards of Oakwood (79.3%), Chellaston (56.2%) and Littleover (45.9%).

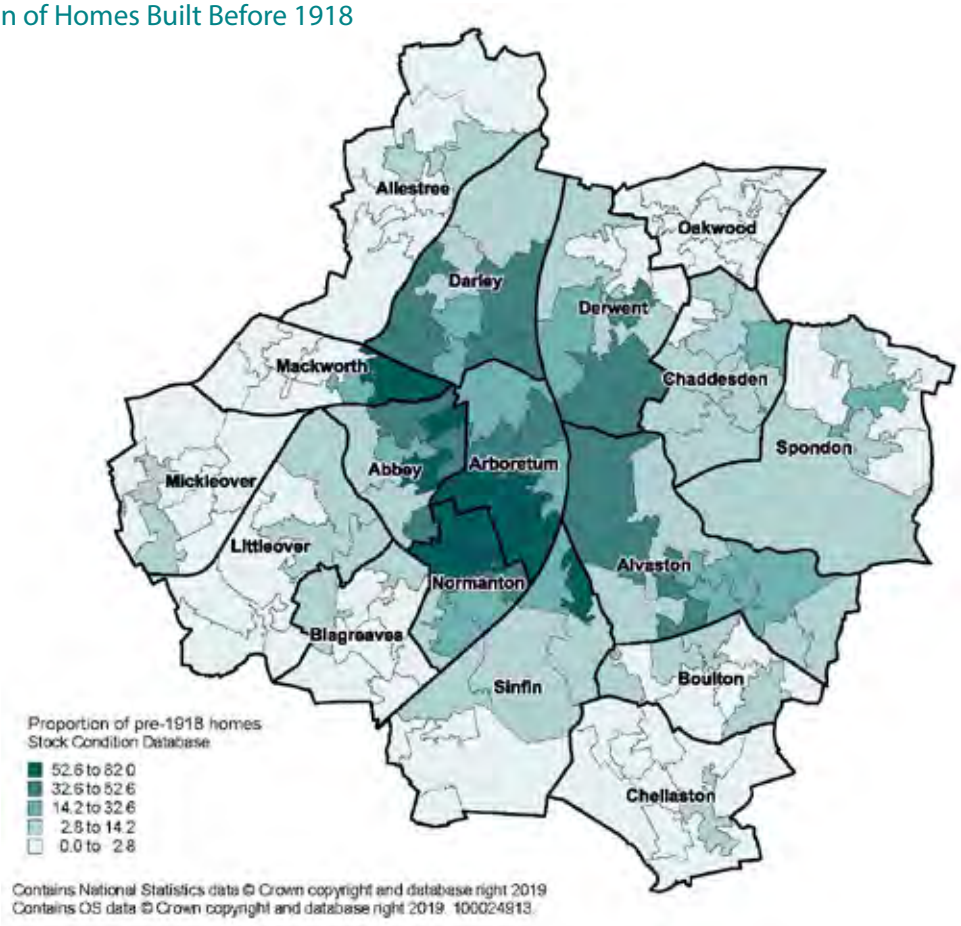
Darley, Abbey and Arboretum wards have a relatively high concentration of newer properties. Considering their central location these homes are likely to be purpose built and converted flats and apartments

Proportion of Homes by Age and Ward

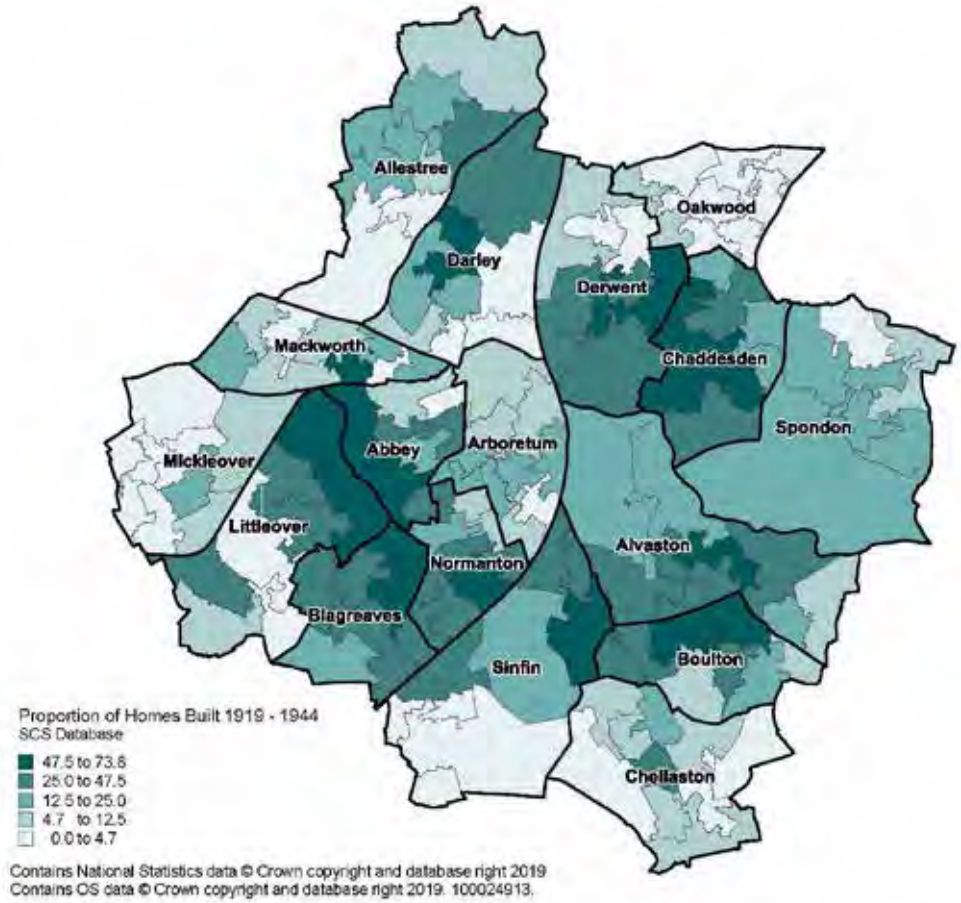
Ward	Pre 1918	1919 - 1944	1945 - 1980	1981 - 2002	Post 2002	Unknown	Total
Abbey	36.9%	24.2%	7.8%	11.8%	16.3%	3.0%	7,121
Allestree	1.6%	14.2%	64.5%	10.1%	9.2%	0.4%	6,257
Alvaston	19.3%	29.4%	20.9%	15.9%	13.5%	1.0%	7,981
Arboretum	48.6%	10.6%	8.9%	10.2%	16.2%	5.5%	8,437
Blagreaves	2.2%	36.0%	40.5%	19.2%	1.9%	0.2%	5,246
Boulton	3.0%	34.9%	49.1%	10.5%	2.1%	0.5%	6,038
Chaddes-den	5.9%	40.7%	44.3%	5.1%	3.6%	0.5%	5,827
Chellaston	0.6%	9.2%	33.4%	37.5%	18.7%	0.5%	6,679
Darley	31.9%	16.7%	18.2%	13.2%	16.3%	3.7%	7,066
Derwent	15.3%	31.2%	42.1%	6.9%	4.3%	0.2%	6,197
Littleover	4.2%	28.1%	21.3%	34.9%	11.0%	0.5%	5,607
Mackworth	23.7%	14.0%	45.8%	3.8%	11.9%	0.9%	6,896
Mickleover	1.0%	5.0%	65.0%	15.4%	13.2%	0.5%	6,579
Normanton	48.1%	29.2%	11.2%	4.5%	5.1%	1.8%	6,687
Oakwood	0.1%	3.9%	16.3%	77.3%	2.0%	0.3%	5,755
Sinfin	13.3%	21.9%	43.5%	16.5%	3.9%	0.9%	6,088
Spondon	4.7%	14.7%	59.5%	11.2%	9.3%	0.6%	5,800
Total	**16.8%**	**21.0%**	**33.8%**	**17.3%**	**9.8%**	**1.4%**	**110,261**

Source : 2019 Derby stock condition property level database

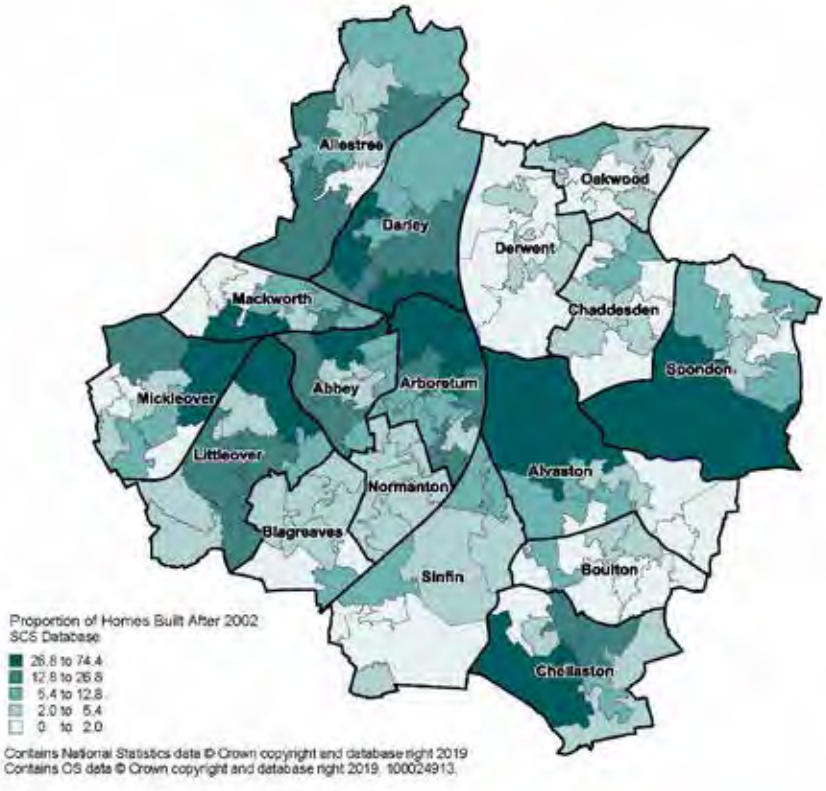
Proportion of Homes Built Before 1918



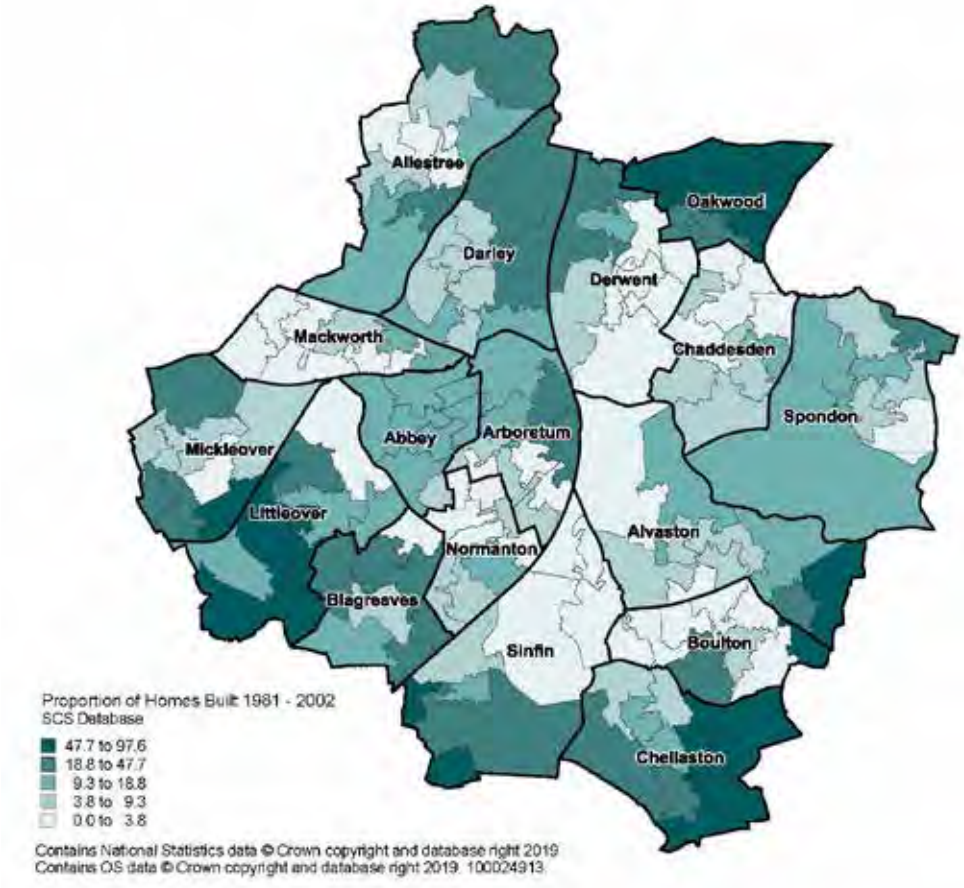
Proportion of Homes Built Between 1919 and 1944



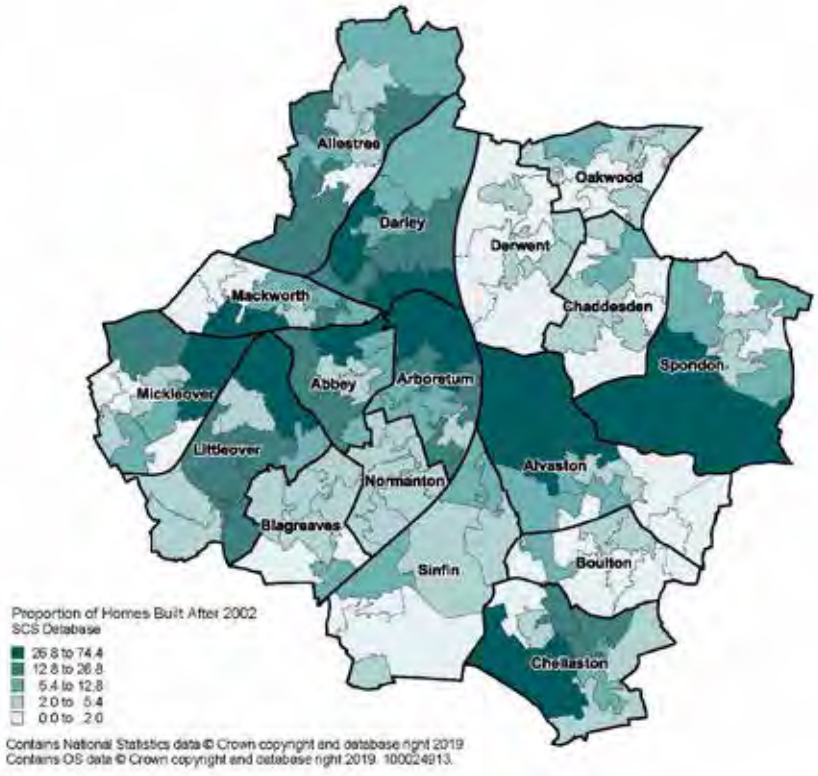
Proportion of Homes Built Between 1945 and1980



Proportion of Homes Built Between 1981 and 2002



Proportion of Homes Built After 2002



The pattern of home building seen in Derby is reflective of the national picture. Homes built before 1918 can be found throughout the centre of most towns and cities in England. The well off middle classes lived in villas, designed as status symbols with separate quarters for servants. For lower classes with only a modest income, less prestigious terraced homes were constructed, taking the form of the well known two-up two-down, often built in rows back to back. These homes were built without electricity and in some cases lacked sanitation. These homes still remain today, however the addition of modern facilities make them affordable 'starter homes' and popular buy to let properties.

The 'between the wars' period 1919 - 1939 saw housing take on a growing political significance, with a large scale council house building programme. During this period, local authorities across England built over one million homes for rent. For working families the affordability of mortgages lead to an increase in home ownership. Homes built during this period were generally cottage style suburban semi-detached homes. Land was cheap, allowing housing to be built at lower densities with gardens and tree lined avenues.

Following the end of World War 2 there was a national housing shortage. Prefabrication was adopted on a massive scale as a way of supplying new urgently needed homes. The introduction of the 1949 Housing Act enabled local authorities to provide housing for professionals and manual workers. The introduction of the Town and Country Planning Act in 1947 was a response to the uncontrolled expansion of the suburbs. The act established the planning principals that still apply today.

The 1980's saw improved average incomes for most people and economic success lead to rapid house price inflation. In 1990, the inflation bubble burst leaving many in negative equity. The Right to Buy scheme introduced in the 1980 Housing Act led to 1.9 million council homes being sold between 1980 and 1990. This period saw a rapid improvement in the safety of homes with the introduction of the NHBC (National House Building Council) Standards in 1992.

By the turn of the century affordable homes and the need to ensure that homes met strict sustainability guidelines became a central political challenge. The Decent Homes Standard was introduced to ensure that homes were safe and decent to live in.

Tenure of Homes in Derby

The tenure of a property plays a key role in the analysis of it's propensity to be non-decent. Data was obtained from the Tenancy Deposit Scheme providers which provides address details of every property against which a tenancy deposit has been secured. This was analysed in conjunction with data from Housing Benefits where a tenant had made a claim for housing benefit and with known social rented properties. The combination of this analysis allowed for a final probable tenure to be calculated.

Overall, 57.1% of homes in Derby are owner occupied, 22.4% are privately rented and 20.5% of homes are social rented.

The proportions of owner occupation, private rent and social rent vary across the city from ward to ward. The wards around the perimeter of the city have the greatest proportions of owner occupation. Allestree ward has the highest level of owner occupation (84.5%) followed by Mickleover (80.6%).

The proportion of private rented homes similarly varies across the city. The highest levels of private rented homes are seen across the more central wards of Arboretum (41.3%), Abbey (39.9%) and Normanton (32.9%).

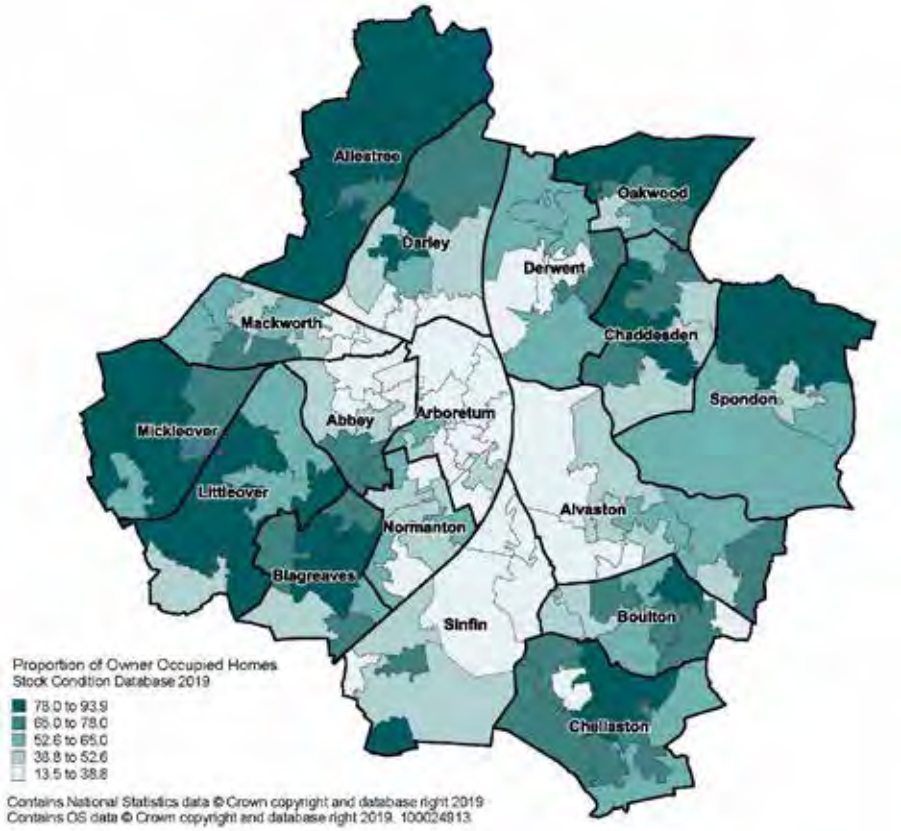
It should be noted that a property can change from owner occupation to private rent and vice versa relatively easily. Therefore, the tenure breakdown figures contained in this report should be used as an estimate of the tenure split as of February 2019 rather than absolute figures.

Tenure of Homes in Derby

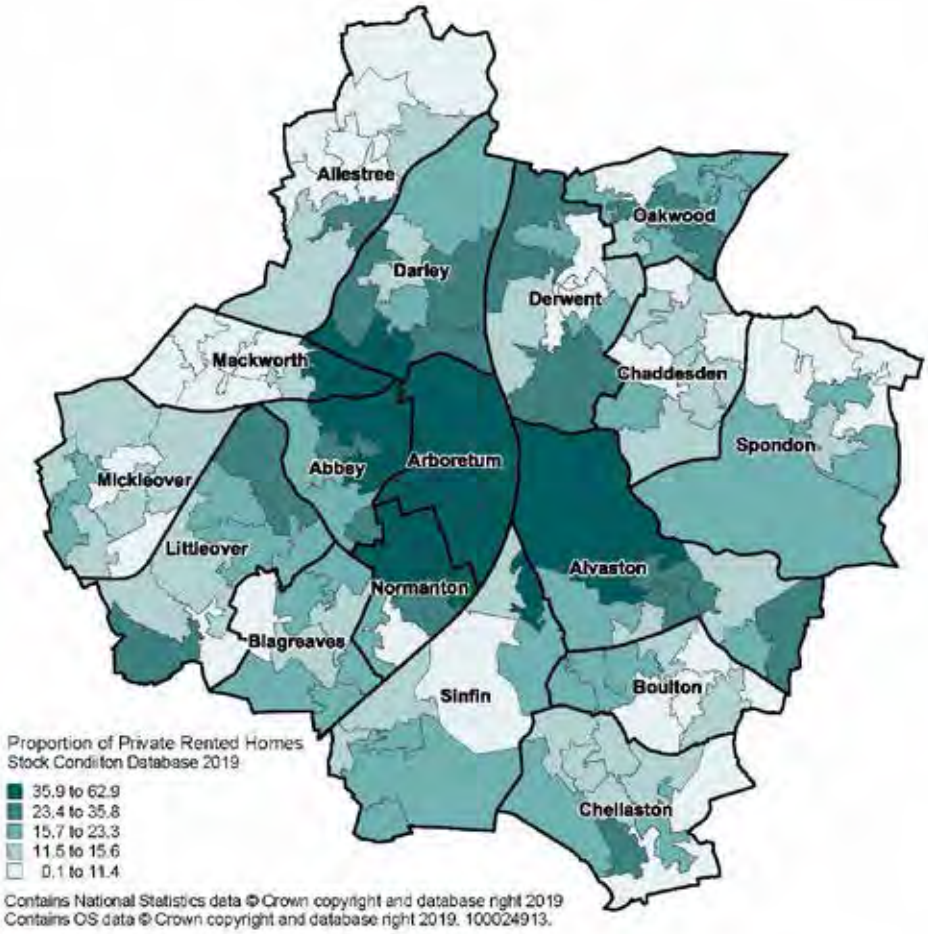
Ward	Owner Occupied	Private Rent	Social	Total
Allestree	84.5%	11.6%	3.9%	6,257
Mickleover	80.6%	13.5%	5.9%	6,579
Spondon	72.7%	13.8%	13.4%	5,800
Oakwood	72.7%	19.0%	8.3%	5,755
Littleover	72.4%	16.8%	10.8%	5,607
Blagreaves	71.1%	15.6%	13.4%	5,246
Chaddesden	67.9%	12.9%	19.2%	5,827
Chellaston	67.2%	14.4%	18.5%	6,679
Boulton	60.2%	13.7%	26.0%	6,038
Derwent	50.0%	17.1%	32.9%	6,197
Mackworth	48.8%	26.0%	25.2%	6,896
Alvaston	46.0%	28.7%	25.3%	7,981
Darley	45.1%	30.3%	24.6%	7,066
Normanton	44.7%	32.9%	22.4%	6,687
Sinfin	42.8%	18.5%	38.7%	6,088
Abbey	37.0%	39.9%	23.1%	7,121
Arboretum	29.8%	41.3%	28.9%	8,437
Grand Total	**57.1%**	**22.4%**	**20.5%**	**110,261**

Source : 2019 Derby stock condition property level database

Proportion of Owner Occupied Homes



Proportion of Private Rented Homes



Type and Age of Homes in Derby.

There are variations in the property types and ages between the tenure groups across the city.

Owner occupied properties tend to be biased towards semi-detached (41.8%) and detached (34.0%) homes. Only 3.7% of owner occupiers in Derby live in a flat or apartment, this contrasts with 25.7% of private renters who live in flats and apartments in the city.

Private rented homes are biased towards terraced (39.6%) and semi-detached (23.6%) homes. Fewer than 1 in 10 private rented homes are detached.

Private rented homes are often much older than owner occupied homes. 28.6% of private rented homes were built before 1918 compared to just 11.9% of owner occupied homes built before 1918.

The largest proportion of owner occupied homes were constructed between 1954 - 1980 (36.8%) and 1981 - 2002 (18.7%).

These findings for Derby mirror the national patterns of tenure and property type identified by the English Housing Survey 2016 - 17[18], in which privately rented properties are predominantly older terraced homes and flats contrasting with owner occupied properties which tend to be newer semi-detached and detached homes.

42.8% of all private rented properties in the city were constructed before 1944 compared to just 35.0% of owner occupied homes. Interestingly, 18.2% of private rented properties were built post 2002, compared to just 8.3% of owner occupied dwellings.

Owner occupied homes tend to be newer semi-detached and detached homes whereas private rented homes tend to be older terraced homes, flats and apartments

Age and Type of Home by Tenure

	Owner Occupied		Private Rented		Social Rented	
	Number	%	Number	%	Number	%
Property Type						
Flat	2,350	3.7%	6,358	25.7%	8,480	37.6%
Terrace	12,463	19.8%	9,806	39.6%	6,473	28.7%
Semi-detached	26,334	41.8%	5,846	23.6%	7,144	31.6%
Detached	21,387	34.0%	2,204	8.9%	316	1.4%
Other	395	0.6%	537	2.2%	168	0.7%
Property Age						
Pre 1918	7,511	11.9%	7,080	28.6%	3,899	17.3%
1919 - 1944	14,551	23.1%	3,517	14.2%	5,110	22.6%
1945 - 1980	23,157	36.8%	4,691	19.0%	9,378	41.5%
1981 - 2002	11,783	18.7%	4,286	17.3%	2,969	13.1%
Post 2002	5,245	8.3%	4,502	18.2%	1,080	4.8%
Unknown	682	1.1%	675	2.7%	145	0.6%
Total	62,929		24,751		22,581	

Source : 2019 Derby stock condition property level database

The National Picture

What is happening to private sector housing nationally?

Decline in the proportion of non-decent private sector homes from 34.4% in 2008 to 20.1% in 2017

Since the English Housing Survey (EHS) came into being in 2008 the proportion of dwellings failing to meet the decent homes standard has steadily decreased across all tenures. In 2008, 34.4% of private sector homes failed to meet the decent homes standard, but this has since reduced to 20.1% of private sector homes in 2017[18].

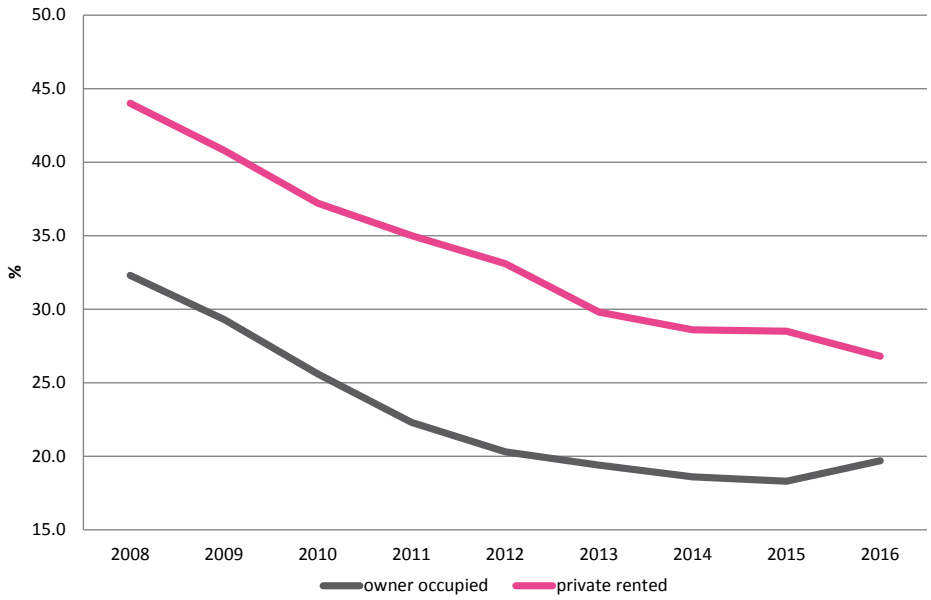
This steady decline has been seen in both owner occupied and private rented homes. Overall, proportions of owner occupied homes failing to meet the decent homes standard has decreased from a high of 32.3% in 2008 to 19.7% in 2016.

Private rented properties have followed a similar trend with the proportions not meeting the decent homes standard decreasing from 44.0% in 2008 to 26.8% in 2016. Despite this decrease, nationally 1 in 5 households in the private sector are living in a non-decent home.

Further analysis into the decrease in the proportion of dwellings failing the decent home standard reveals that the largest decline is in the proportion of dwellings failing the decent homes standard for thermal comfort, which has declined amongst all private sector properties from 13.7% in 2008 to a low of 6.2% in 2015. This decrease could, in part, be due to both the Green Deal and Energy Company Obligation (ECO) schemes which were established to encourage home owners and landlords to improve the energy efficiency of their properties by installing double glazing, energy efficient boilers and improved insulation.

1 in 5 households in the private sector nationally are living in a non-decent home.

The Proportion of Non Decent Private Sector Homes Nationally



Decent Homes

How many private sector homes do not meet the decent homes standard?

1 in 5 families living in the private sector in Derby are living in a home that does not meet the decent homes standard.

The Decent Homes Standard is the current standard for social housing which was updated in 2006 to reflect the Housing Health and Safety Rating System (HHSRS)[19] and states that for a dwelling to be considered decent it must

- be free from any hazard that poses a serious risk to health and safety
- be in a reasonable state of repair
- have reasonably modern facilities
- provide a reasonable degree of thermal comfort.

The English Housing Survey 2015-2017 has been analysed looking at the propensity of each type of property to be decent taking into account individual property characteristics (age, type and tenure) together with the IMD quintile for each property. This analysis produced a propensity score for each individual address, identifying the likelihood of the home to be non-decent. The analysis looks at each of the 4 criteria under which a home can fail to meet the Decent Homes Standard. An overall decency score has also been calculated using the English Housing Survey variable overall standard (26 hazard) model.

In Derby the number of private sector homes not meeting the Decent Homes Standard is estimated to be approximately 18,700 (21.4% of all private sector homes). This is in line with the national figure of 21.6% and the figure for the East Midlands (19.4%).

The 2007 Derby Housing Stock Condition Survey identified approximately 27,200 homes (33.5%) as non-decent. This was in line with the national proportion of non-decent homes in 2007. However there has been a sharp decline nationally in the proportion of homes not meeting the Decent Homes Standard over the previous decade. The rate of non decency nationally now stands at 21.6% for private sector homes.

The distribution of non-decent homes throughout the city, as might be expected is not uniform, instead being more concentrated in the wards of Normanton (32.0%), Abbey (26.0%) Arboretum (25.7%) Darley (25.5%) and Sinfin (25.4%).

The most likely reason for a homes in Derby to fail the Decent Homes Standard is for possessing a HHSRS Category 1 Hazard (14.3%).
Compared to national and regional figures Derby has a greater proportion of private sector homes failing the Decent Homes criteria modern facilities, disrepair and HHSRS Category 1 hazards than both the East Midlands and England as a whole.

Derby has slightly fewer homes failing the Decent Homes Standard thermal comfort than England but a greater proportion than the East Midlands.

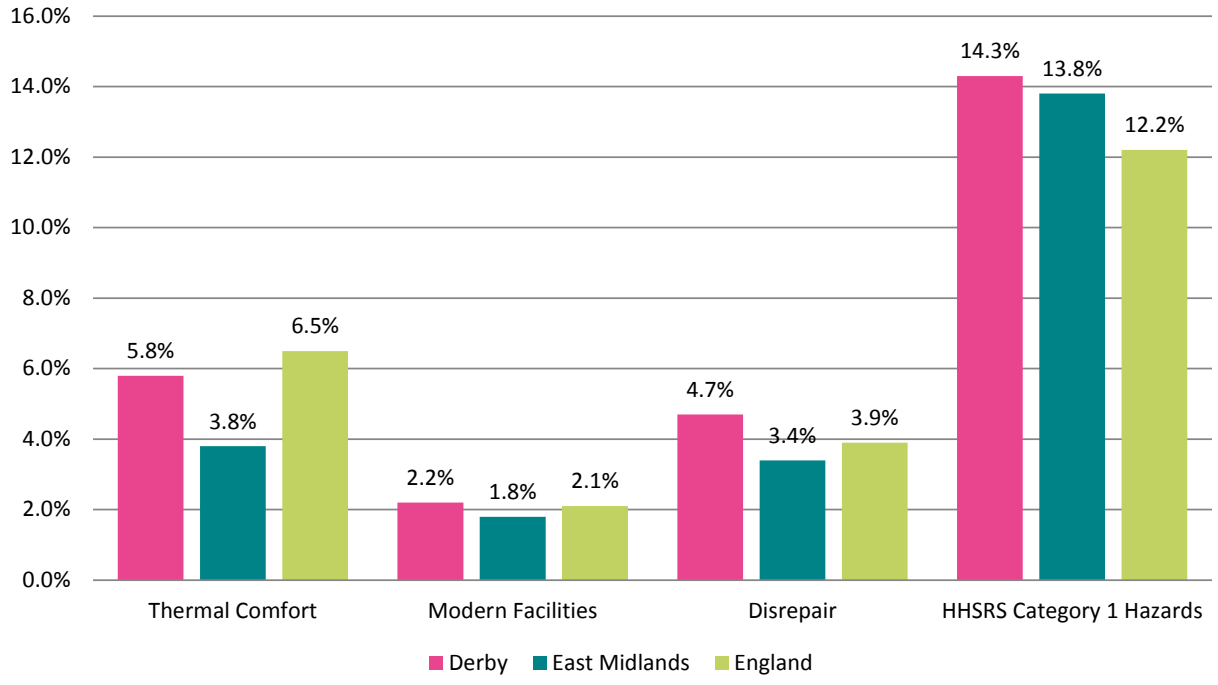
18,700 (1 in 5) private sector homes in Derby do not meet the Decent Home Standard.

Proportion of Non-Decent Homes

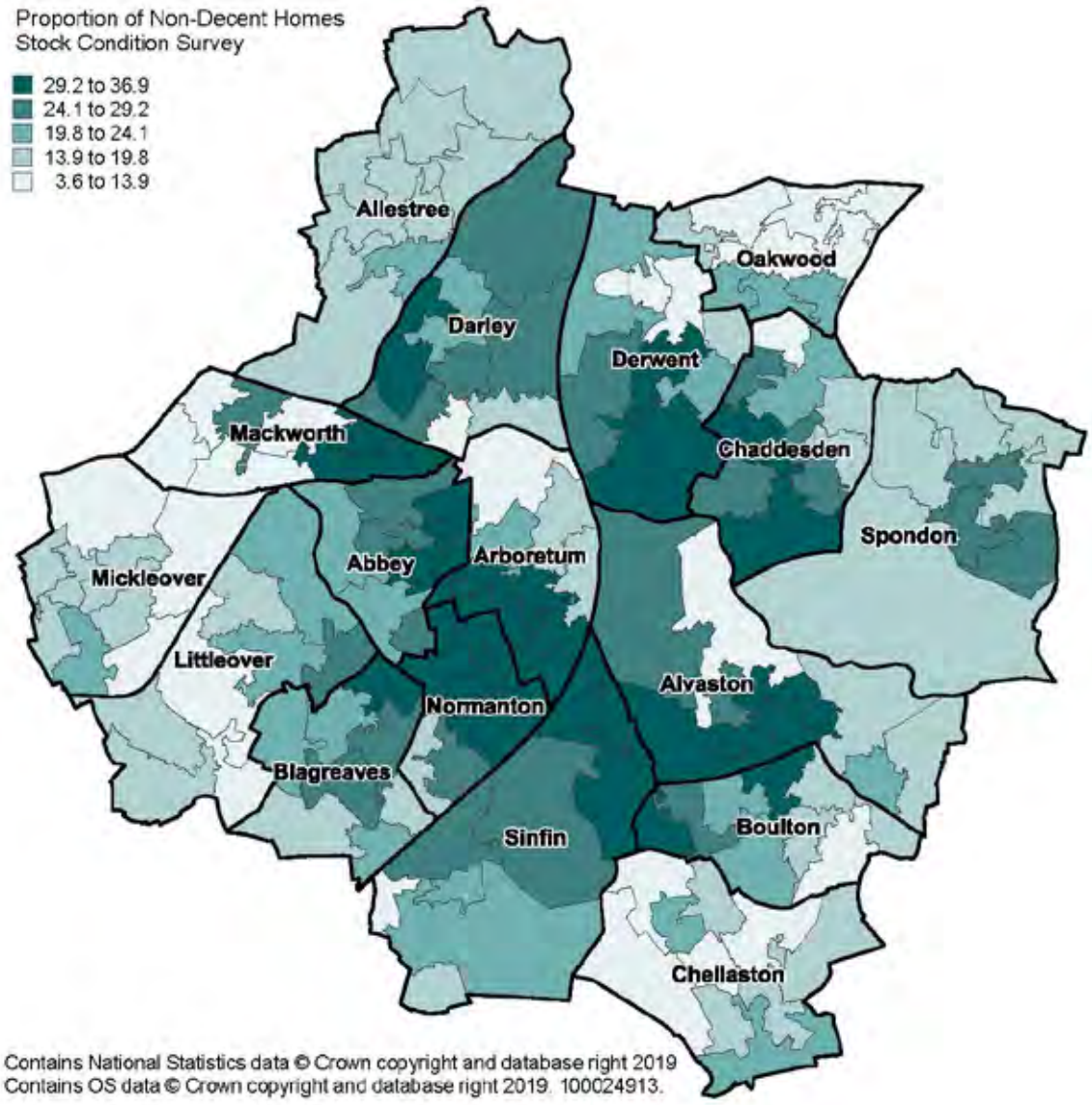
Ward	Total Private sector dwellings	Total non-decent dwellings	Proportion of non-decent dwellings
Normanton	5,190	1,660	32.0%
Arboretum	6,000	1,542	25.7%
Abbey	5,477	1,426	26.0%
Alvaston	5,959	1,381	23.2%
Darley	5,330	1,359	25.5%
Chaddesden	4,711	1,156	24.5%
Mackworth	5,160	1,109	21.5%
Blagreaves	4,544	1,035	22.8%
Allestree	6,014	1,013	16.8%
Spondon	5,022	991	19.7%
Boulton	4,466	959	21.5%
Sinfin	3,732	949	25.4%
Mickleover	6,191	925	14.9%
Derwent	4,161	890	21.4%
Littleover	5,001	837	16.7%
Chellaston	5,446	794	14.6%
Oakwood	5,276	700	13.3%
Total Derby	**87,680**	**18,726**	**21.4%**
East Midlands	**-**	**-**	**19.4%**
England	**19 million**	**3.9 million**	**21.6%**

Source : 2019 Derby stock condition property level database and EHS 2016

Proportion of Homes failing Each of the Decent Homes Criteria



Proportion of Non-Decent Private Sector Homes



Tenure of Non-Decent Homes

The tenure breakdown of non-decent homes within the city shows that there are more private rented homes that are failing to meet the decent homes standard (24.2%) compared to the proportion of owner occupied homes (20.3%).

This pattern of non-decent homes mirrors the national picture where levels of non-decency are greater in the private rented sector (26.8%) than owner occupied (19.7%)[20].

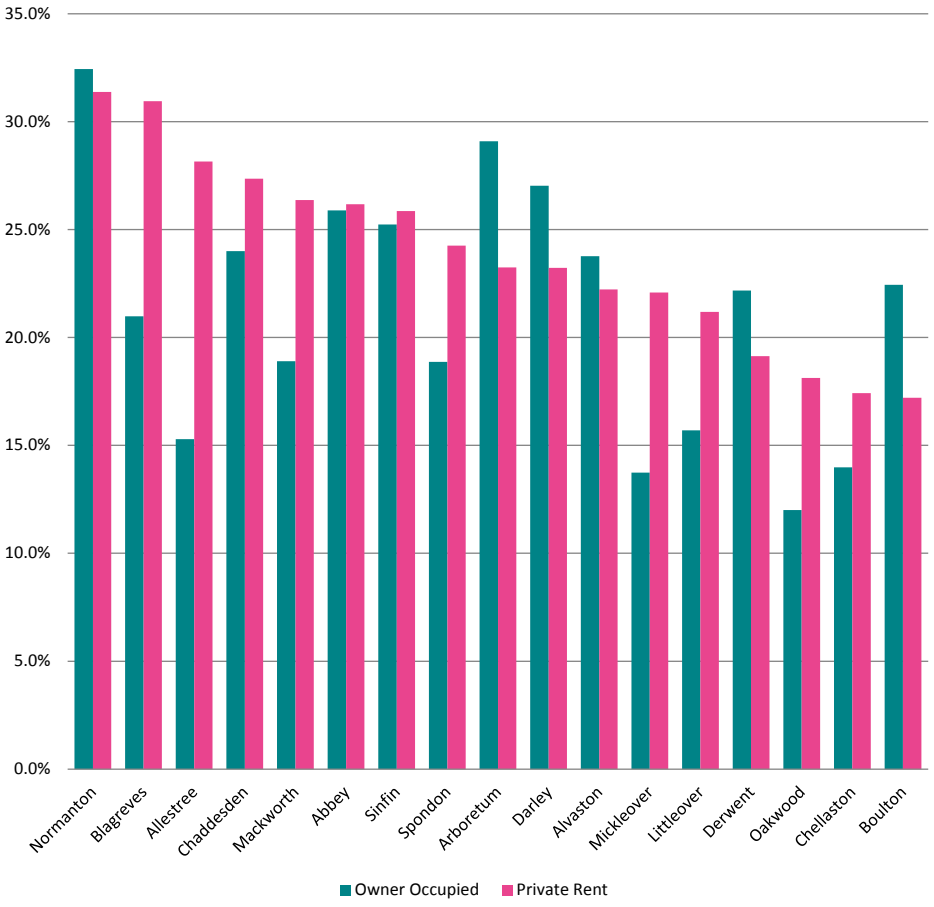
There are some similarities between the geographical distribution of decent and non decent homes in the both the owner occupied and private rented sectors. Normanton has the greatest proportion of non-decent homes in both the owner occupied (32.4%) and private rented (31.4%) sectors.

The wards of Abbey and Arboretum are the areas of the city with the greatest percentage of non-decent owner occupied homes where as Blagreaves and Allestree have the greatest percentage of non-decent private rented properties.

As might be expected, a greater proportion of older properties do not meet the Decent Homes Standard. 30.8% of homes built pre 1918 in Derby are non decent, 31.1% of homes built between 1919 and 1945 are classed as non decent compared to 11.6% of homes built between 1981 and 2002 and 1.8% of homes built since 2002.

24.2% of homes in the private rented sector fail the Decent Homes Standard.

Tenure of Non-Decent Private Sector Homes

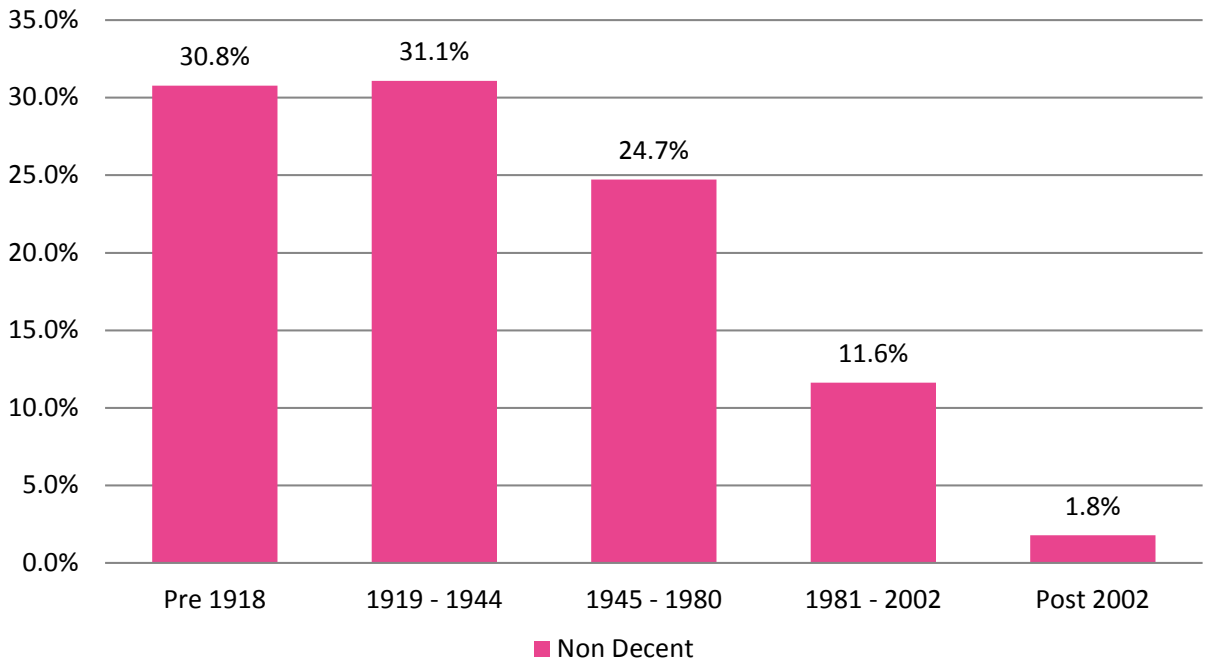


Proportion of Non-Decent Homes by Tenure and Ward

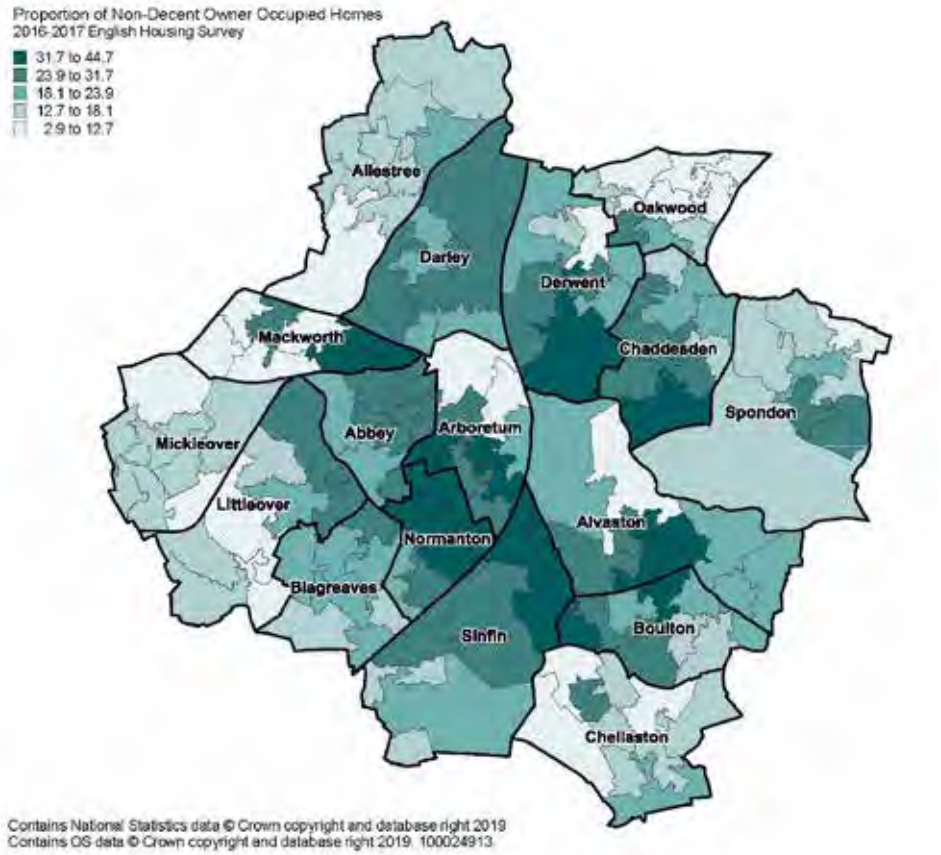
Ward	Owner Occupied		Private Rented		Total Non-Decent	
	Count	%	Count	%	Count	%
Normanton	970	32.4%	690	31.4%	1,660	32.0%
Abbey	683	25.9%	743	26.2%	1,426	26.0%
Arboretum	732	29.1%	810	23.2%	1,542	25.7%
Darley	861	27.0%	498	23.2%	1,359	25.5%
Sinfin	657	25.2%	292	25.9%	949	25.4%
Chaddesden	950	24.0%	206	27.4%	1,156	24.5%
Alvaston	873	23.8%	508	22.2%	1,381	23.2%
Blagreves	782	21.0%	253	31.0%	1,035	22.8%
Mackworth	636	18.9%	474	26.4%	1,109	21.5%
Boulton	816	22.4%	143	17.2%	959	21.5%
Derwent	687	22.2%	203	19.1%	890	21.4%
Spondon	796	18.9%	195	24.3%	991	19.7%
Allestree	808	15.3%	204	28.2%	1,013	16.8%
Littleover	637	15.7%	200	21.2%	837	16.7%
Mickleover	728	13.7%	197	22.1%	925	14.9%
Chellaston	627	14.0%	167	17.4%	794	14.6%
Oakwood	503	12.0%	198	18.1%	700	13.3%
Total	**12,747**	**20.3%**	**5,979**	**24.2%**	**18,726**	**21.4%**

Source : 2019 Derby stock condition property level database

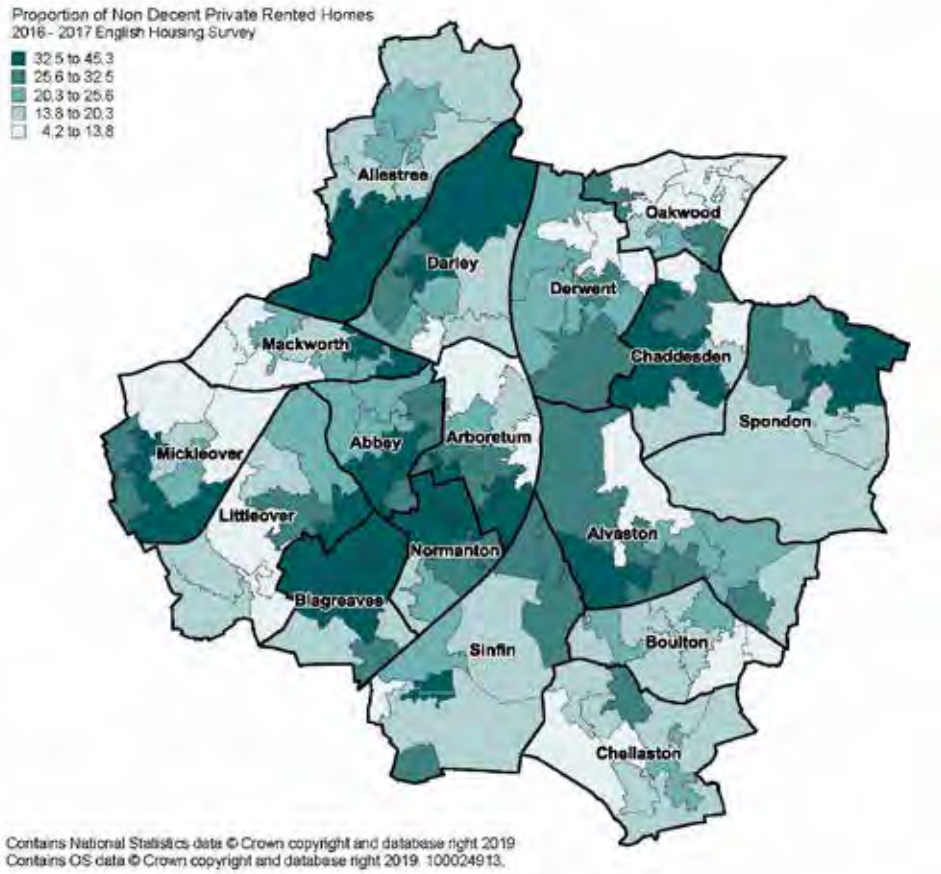
Proportion of Non-Decent Homes by Age of Home



Proportion of Non-Decent Owner Occupied Homes



Proportion of Non-Decent Private Rented Homes



THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 11

DERBY HOMES PM REPORT 2019-20 - RELEVANT EXTRACTS

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

Latest Performance Report

Reporting -> Derby Homes

31-Mar-2020

Derby City Council

Description	Good is	CLT Scorecard	Previous Year End Outturn	Previous Period Year to Date	Year To Date	Quarterly Target	Quarterly Target Status	Year End Forecast	Year End Target	Forecast Status	DoT Status	Commentary/Actions	Department	Frequency	Accountable Officer
DH EH PM02 Percentage of rent lost through dwellings becoming vacant	Low		0.7%	1.0%	1.0%	0.8%	Red	1.0%	0.8%	Red		Alongside the increased time to re-let active voids at present, a positive acquisition programme within the Council to obtain much needed additional social housing will be impacting on the rent loss measures at present. This is due to works needed post-completion to bring the properties up to an acceptable standard to let, and the associated rent loss whilst this work is completed. There are also a number of empty properties requiring more major works which are being progressed which will again impact the rent loss figures.	Derby Homes	Monthly	Maria Murphy
DH EH PM03 Amount of rent lost through dwelling becoming vacant	Low		£417,879	£529,978	£576,747	£450,000	Red	£566,548	£450,000	Red		This is the monetary value of DH EH PM02	Derby Homes	Monthly	Jim Joyce
Housing and Advice															
DH H&A PM01 Number of active homefinder applicants	High		2,738.0	4,345.0	4,330.0		No Target			No Target	N/A	As at 31/03/2020 there were 7651 applicants on the housing register (emergency and housing need bands), 4330 of these have placed a bid in the last 12 months (this includes autobids for 272 applicants)	Derby Homes	Monthly	Sue Andrews
DH H&A PM02 Number of homeless approaches - those where an HRA application is activated on RARS (Council Delivery Plan)	Low		2,326.0	1,909.0	2,531.0		No Target	2,531.0		No Target		There has been a 6% increase in the number of approaches compared to the last quarter. The annual figure is also an 8% increase on last year's. However, it would indicate that the number of approaches is levelling off since the introduction of the new legislation in April 2018.	Derby Homes	Quarterly	Clare Mehrbani
DH H&A PM03 Total number of cases resolved under 'prevention duty'	High		389.0	317.0	456.0		No Target	456.0		No Target		This is a 73% increase on the number of households being successfully assisted at the prevention stage of homelessness compared to the last quarter's unusually low figure. It is also a 14% increase on last year's figure and reflects the homelessness team's success in dealing with households before they become homeless and ensuring positive recording of this.	Derby Homes	Quarterly	Clare Mehrbani

Latest Performance Report

Reporting -> Derby Homes

31-Mar-2020

Derby City Council

Description	Good is	CLT Scorecard	Previous Year End Outturn	Previous Period Year to Date	Year To Date	Quarterly Target	Quarterly Target Status	Year End Forecast	Year End Target	Forecast Status	DoT Status	Commentary/Actions	Department	Frequency	Accountable Officer
DH H&A PM04 Total number of cases resolved under 'relief duty'	High		817.0	900.0	1,110.0		No Target	1,110.0		No Target		This month has seen a 67% reduction in the number of successfully relieved homelessness cases but this is because more cases have been successfully prevented from reaching the stage of actual homelessness. There has been an annual increase of 35% in the number of relief cases. The prevention and relief figures can be viewed together and, if done so, annually there has been a 29% increase in this positive action for homeless households as opposed to only and 8% increase in the number of approaches for assistance.	Derby Homes	Quarterly	Matt Palmer
DH H&A PM05 Total number of full homeless duty acceptances	Low		266.0	356.0	461.0		No Target	461.0		No Target		There has been a 21% decrease this quarter in the number of households for whom a main housing duty has been accepted and reflects the increase in the number of households successfully resolved at prevention and relief stage. There has been a 73% on the last annual figure but comparisons with the first year of the new legislation are difficult. This is due to the inevitably very low figures for this indicator in the first few quarters of last year with the introduction of the new prevention and relief duties delaying the progression to the main housing duty for households.	Derby Homes	Quarterly	Matt Palmer
DH H&A PM06a Number of new households placed in bed and breakfast in a month - singles (Council Delivery Plan)	Low			3.0	35.0		No Target	35.0		No Target	N/A	This figure has fluctuated greatly over the year but has averaged at just under 9 placements a month. However, there has been a 390% increase on that average this month due to the COVID-19 pandemic and associated measures. The government identified particularly vulnerable groups which led to several people being moved out of shared emergency accommodation to more self contained B&B placements. The city's Nightshelter provision closed on 25 March earlier than planned and government instructions stated no one should be out rough sleeping. Safe Space clients were moved to the hotel provision which was acquired as part of the city's COVID-19 strategy. Other rough sleepers have subsequently been placed including those who would normally be ineligible for public funded provision such as housing.	Derby Homes	Monthly	Matt Palmer

Latest Performance Report
Reporting -> Derby Homes
31-Mar-2020

Derby City Council

Description	Good is	CLT Scorecard	Previous Year End Outturn	Previous Period Year to Date	Year To Date	Quarterly Target	Quarterly Target Status	Year End Forecast	Year End Target	Forecast Status	DoT Status	Commentary/Actions	Department	Frequency	Accountable Officer
DH H&A PM06b Number of new households placed in bed and breakfast in a month - families (Council Delivery Plan)	Low		21.0	6.0	13.0		No Target	13.0		No Target		Twice as many families were placed in B&B this month compared to last month's exceptionally low figure of 6. However it is lower than the average monthly figure this financial year of 16. It included one person who was pregnant, considered very vulnerable to COVID-19 and had to be moved from emergency shared accommodation to B&B. All Derby City Council and Derby Homes owned properties under notice or vacant were withdrawn from the normal allocations process during March. This was in preparation for any homeless households that would need to isolate due to having coronavirus or symptoms. One of the effects of this has been that households could not be rehoused permanently or even temporarily in non B&B accommodation.	Derby Homes	Monthly	Matt Palmer
DH H&A PM07a Number of households placed into B&B accommodation - singles (snapshot at period end)	Low			4.0	28.0	15.0	Red	28.0	15.0	Red	N/A	The number of singles placed in B&B has been under the target of 15 for every month this year but has been adversely affected by COVID-19 in March 2020. Safe Space provision was moved to a hotel and this has provided existing and other rough sleepers with housing in line with central government advice. ACTIONS: Due to the current COVID-19 regulations and advice it has been difficult to move individuals into alternative housing at this time. However, an exit strategy will be developed and with the assistance of other housing providers the numbers of singles in B&B should decrease.	Derby Homes	Monthly	Clare Mehrbani
DH H&A PM07b Number of households placed into B&B accommodation - families (snapshot at period end)	Low		16.0	7.0	12.0	15.0	Blue	12.0	15.0	Blue		The number of families in B&B is within the target. There was a general 'flow through' of households into alternative temporary and permanent housing at the beginning of the month but this was halted with the COVID-19 measures. All Derby City and Derby Homes owned vacant properties have been held for homeless households who need to isolate and therefore there has been very limited move on for the second half of the month.	Derby Homes	Monthly	Clare Mehrbani

Latest Performance Report

Reporting -> Derby Homes

31-Mar-2020

Derby City Council

Description	Good is	CLT Scorecard	Previous Year End Outturn	Previous Period Year to Date	Year To Date	Quarterly Target	Quarterly Target Status	Year End Forecast	Year End Target	Forecast Status	DoT Status	Commentary/Actions	Department	Frequency	Accountable Officer
DH H&A PM09 Number of new households placed in temporary accommodation other than bed & breakfast in a month (Council Delivery Plan)	Low		11.0	19.0	9.0		No Target	9.0		No Target		There was a 50% reduction in placements this month compared to last month. This has been as a consequence of COVID-19 measures imposed mid March where the government advice to social landlords was to avoid moving households. All Derby Homes and Derby City Council properties were held to be used for temporary housing to accommodate those who were homeless and needed to isolate. This meant there was little or no movement into permanent housing.	Derby Homes	Monthly	Matt Palmer
DH H&A PM10 Number of households living in Temporary Accommodation other than bed & breakfast (snapshot at period end)	Low		55.0	60.0	63.0	50.0	Red	63.0	50.0	Red		This figure was the highest for this year as a result of households not moving on during the last week of March and an increased stock of temporary accommodation coming on line to assist with Derby City Council's COVID-19 planning.	Derby Homes	Monthly	Matt Palmer
DH H&A PM12 Number of new positive private sector placements from April 2018 (accommodation with a reasonable prospect of being available for 6 months or more)	High		138.0	128.0	160.0	160.0	Annual Collection	160.0	160.0	Green		PRS caseworkers achieved an annual target of 160 despite pressures of staffing and mediation required by landlord ACTIONS: 2 x two year fixed term PRS caseworkers have been interviewed and will soon start within the team in order to increase and achieve targets of positive PRS placements in the new financial year	Derby Homes	Annual	Matt Palmer
DH H&A PM15 Number of people sleeping rough on a single night - official annual estimate	Low		26.0		14.0		Annual Collection			No Target	N/A	This year's Annual Rough Sleeper Count of 14 has reduced by half compared to last year's number of 27. This is due to the joint working with the new Safe Space team, the Rest Team, the Housing Option Centre, Drugs & Alcohol teams and Housing Providers.	Derby Homes	Annual	Matt Palmer
DH H&A PM16 Estimated number of people sleeping rough on a single night - monthly count (Council Delivery Plan)	Low			16.0	17.0		No Target			No Target	N/A	March's street count was scheduled for 26th however lockdown restrictions prevented this from going ahead. The figure of 17 is based on intelligence gathered at the time to aid the mobilisation of the Holiday Inn Express covid response which opened the following day. We believe this to be a maximum figure. Early morning outreach undertaken on 24th March found only 8 individuals. The true figure is likely to be somewhere between the two.	Derby Homes	Monthly	Matt Palmer
Asset Management															
DH AM PM01 Percentage of non-decent council homes	Low		0.0%	0.0%	0.0%	0.0%	Annual Collection	0.0%	0.0%	Green	N/A	All properties at the end of year are meeting Decent Homes standards	Derby Homes	Annual	Shaun Bennett

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 12

DERBY HOMEFINDER ALLOCATIONS POLICY 2020-RELEVANT EXTRACTS

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

11.3 **Derby City Additional Reasonable Preferences groups:**

- Category one hazard under the statutory Housing, Health and Safety Rating System
- People who need to move on welfare grounds
- At serious risk of harm
- Under occupying bed spaces
- Social Housing tenant and no longer need the adaptations in their home
- Moving out of specialist supported housing
- Community contribution
- Corporate initiative
- Foster Carers and Adopters
- Care Leaver

11.4 Within Additional Reasonable preference groups, the Council can decide to award further additional priority to certain groups, resulting in placement within the Corporate Needs or Priority Need bands.

12. Derby City Housing Need Bands – in more detail

12.1 We will place applicants in one of three bands. These are:

- Corporate Needs Band
- Priority Needs Band
- General Needs Band

12.2 We expect all properties to be allocated to those with an identified housing need. In the unlikely event that we are not able to allocate to applicants with a housing need, they will be advertised on an Open to All basis.

12.3 **Corporate Needs Band-** This band reflects the key corporate priorities of the City council.

The following groups of people will be placed within the Corporate Need Band:

- **Care Leavers** - Those young people aged between 17 and 25 who are or have been looked after by the local authority.
- **Move on from Specialist Supported Housing** - Those who are living in approved specialist supported accommodation and have been assessed as ready for independent living
- **Severe Medical –** Those whose current housing situation is having a significant detrimental impact on their medical condition**.** Examples may include:

  a) Those who are currently in Hospital or residential rehabilitation centre and who cannot be discharged as their current property is no longer suitable

b) To prevent admission into hospital or other care facility

c) Those who require property adaptations where it is not feasible or cost effective to carry these out to the current property

d) Those who are housebound due to current accommodation

- **Significantly Under Occupying –** Those who are living in a property and have 2 or more bedrooms that are not occupied and are willing to move to a smaller property
- **Releasing Larger Properties –** Those who are living in a property with four or more bedrooms and have one or more bedrooms that are not occupied and are willing to move to a smaller property
- **Severely Overcrowded** - Those who are living in a property and are lacking 2 or more bedrooms.
- **Foster Carers/Adopters** - This would include foster carers, those approved to adopt, or those being assessed as likely to be approved for fostering or adopting, who need to move to a larger home in order to accommodate a looked after child or a child who are/were looked after by the local authority Derby City Council.
- **The applicant is a tenant of a Derby Homefinder landlord and no longer need the adaptations made to their home** - For example, the person who the adaptations were for no longer lives at the property

12.4 **Priority Needs Band**

The following groups of people will be placed within the Priority Needs Band:

- **People who are Homeless or Threatened with Homelessness** - As defined by the Homeless Reduction Act 2017
- **People living in overcrowded housing** - Those who are living in a property and are lacking 1 bedroom.
- **Who need to move on medical or welfare grounds** - Those whose current housing is having a detrimental impact on their condition examples of a need to move on medical grounds may include

  a) Those who need to move to give or receive care

  b) Those who need an adapted property and/or extra facilities, bedroom or bathroom and those needs would not be better served by adapting their current accommodation

  c) Those who need ground floor accommodation (on medical grounds)

- **Where it is unreasonable to remain in current accommodation, due to exceptional financial hardship** -

a) Those who are subject to the under occupancy charge and cannot afford the shortfall in rent.

b) Those who cannot cover the cost of rent and other essential bills following a financial assessment

- **HM Armed Forces –**

a) The applicant has served or is a bereaved spouse or civil partner of someone who has served in the armed forces in the last 5 years and they need re-housing

b) Members of the Armed Forces and former Service personnel, where the application is made within five years of discharge.

c) Bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner.

d) Serving or former members of the Reserve Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service

- **In Urgent Need of Housing** - People living in a property that Derby City Council has assessed as a Category One Hazard under the Housing, Health and Safety Rating System

- **People living in unsatisfactory housing conditions or insanitary conditions** -

a) Poor internal/external arrangement – includes where the only bathroom is accessed through a bedroom

b) Lacking a bathroom/kitchen – could be awarded to those who are living in non-residential buildings (sheds/garages etc) or those in B+B for example

c) Lacking inside WC – where only WC is accessed externally

d) Lacking Hot/Cold Water, Lacking Gas/Electric or Inadequate Heating – Derby City Council has assessed that the applicant is lacking cold or hot water supplies, electricity, gas, or adequate heating and these services cannot be supplied or reinstated

e) Sharing Facilities - Sharing a living room, kitchen, bathroom/WC with people who are not family and not moving with the applicant.

- **The applicant, or a member of their household, are at serious risk of harm in their present home -** this may include victims of domestic violence, serious racial harassment, serious anti-social behaviour or harassment, violence from outside the home and victim of serious crime

- **Homeless Applicants in Priority Band –** Final Offer

- If, within one month of being owed a main duty under the Homeless Reduction Act 2017 and have not been successful in obtaining accommodation, the Council will make one final offer of suitable housing.
- This may not be social housing and may be in the private sector. We will always try to take account of the preference of the applicant for an area and type of property but, due to high housing demand and a lack of supply, this may not always be possible.
- We will make any final offer in writing, and state that it is a final offer, and that it discharges our homeless duty.
- If an applicant feels that a final offer property is not suitable, they may ask for a suitability review of the offer. Suitability reviews can be requested whether or not the applicant accepts the final offer.
- If an applicant refuses a final offer of housing and the Council concludes it was reasonable, the Councils main housing duty will end, and the application will be reassessed and moved to an alternate band.

12.6 **General Needs Band**

The following groups of people will be placed within the General Needs Band:

- **Under occupying by one bed space –** The applicant lives in Derby and is a tenant of a Derby Homefinder landlord or of a private landlord and have one bedroom that is not use and want to move to a smaller property
- **Community Contribution** - This need will only be awarded if the applicant is eligible for another need under this policy
    a) The applicant is employed and have been for the last 6 months
    b) The applicant is a volunteer and have been for the last 6 months (continuously) for a charity or a not for profit organisation
    c) The applicant gives unpaid care and support to a vulnerable person who lives in the community
- **The applicant needs to move to take up or remain in employment, education or training opportunity –** Statutory Right to Move for social tenants who need to move to take up a job or live closer to work
- **Homeless and duty ended –** Those who have refused a suitable offer of accommodation from within the **Priority Band** and will not be awarded any further additional housing needs due to this

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 13

HOUSING IMPROVEMENTS FOR HEALTH AND ASSOCIATED SOCIO-ECONOMIC OUTCOMES, HILARY THOMSON ET AL, COCHRANE LIBRARY 2013

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

Cochrane Library

Cochrane Database of Systematic Reviews

Housing improvements for health and associated socio-economic outcomes (Review)

Thomson H, Thomas S, Sellstrom E, Petticrew M

Thomson H, Thomas S, Sellstrom E, Petticrew M.
Housing improvements for health and associated socio-economic outcomes.
Cochrane Database of Systematic Reviews 2013, Issue 2. Art. No.: CD008657.
DOI: 10.1002/14651858.CD008657.pub2.

www.cochranelibrary.com

[Intervention Review]

Housing improvements for health and associated socio-economic outcomes

Hilary Thomson[1], Sian Thomas[1], Eva Sellstrom[2], Mark Petticrew[3]

[1]Social and Public Health Sciences Unit, Medical Research Council, Glasgow, UK. [2]Department of Health Sciences, Mid Sweden University, Östersund, Sweden. [3]Department of Social & Environmental Health Research, Faculty of Public Health & Policy, London School of Hygiene and Tropical Medicine, London, UK

Contact address: Hilary Thomson, Social and Public Health Sciences Unit, Medical Research Council, 4 Lilybank Gardens, Glasgow, G12 8RZ, UK. hilary@sphsu.mrc.ac.uk.

Editorial group: Cochrane Public Health Group.
Publication status and date: Edited (no change to conclusions), published in Issue 3, 2013.

Citation: Thomson H, Thomas S, Sellstrom E, Petticrew M. Housing improvements for health and associated socio-economic outcomes. *Cochrane Database of Systematic Reviews* 2013, Issue 2. Art. No.: CD008657. DOI: 10.1002/14651858.CD008657.pub2.

ABSTRACT

Background

The well established links between poor housing and poor health indicate that housing improvement may be an important mechanism through which public investment can lead to health improvement. Intervention studies which have assessed the health impacts of housing improvements are an important data resource to test assumptions about the potential for health improvement. Evaluations may not detect long term health impacts due to limited follow-up periods. Impacts on socio-economic determinants of health may be a valuable proxy indication of the potential for longer term health impacts.

Objectives

To assess the health and social impacts on residents following improvements to the physical fabric of housing.

Search methods

Twenty seven academic and grey literature bibliographic databases were searched for housing intervention studies from 1887 to July 2012 (ASSIA; Avery Index; CAB Abstracts; The Campbell Library; CINAHL; *The Cochrane Library*; COPAC; DH-DATA: Health Admin; EMBASE; Geobase; Global Health; IBSS; ICONDA; MEDLINE; MEDLINE In-Process & Other Non-Indexed Citations; NTIS; PAIS; PLANEX; PsycINFO; RIBA; SCIE; Sociological Abstracts; Social Science Citations Index; Science Citations Index expanded; SIGLE; SPECTR). Twelve Scandinavian grey literature and policy databases (Libris; SveMed+; Libris uppsök; DIVA; Artikelsök; NORART; DEFF; AKF; DSI; SBI; Statens Institut for Folkesundhed; Social.dk) and 23 relevant websites were searched. In addition, a request to topic experts was issued for details of relevant studies. Searches were not restricted by language or publication status.

Selection criteria

Studies which assessed change in any health outcome following housing improvement were included. This included experimental studies and uncontrolled studies. Cross-sectional studies were excluded as correlations are not able to shed light on changes in outcomes. Studies reporting only socio-economic outcomes or indirect measures of health, such as health service use, were excluded. All housing improvements which involved a physical improvement to the fabric of the house were included. Excluded interventions were improvements to mobile homes; modifications for mobility or medical reasons; air quality; lead removal; radon exposure reduction; allergen reduction or removal; and furniture or equipment. Where an improvement included one of these in addition to an included intervention the study was included in the review. Studies were not excluded on the basis of date, location, or language.

Data collection and analysis

Studies were independently screened and critically appraised by two review authors. Study quality was assessed using the risk of bias tool and the Hamilton tool to accommodate non-experimental and uncontrolled studies. Health and socio-economic impact data were extracted by one review author and checked by a second review author. Studies were grouped according to broad intervention categories, date, and context before synthesis. Where possible, standardized effect estimates were calculated and statistically pooled. Where meta-analysis was not appropriate the data were tabulated and synthesized narratively following a cross-study examination of reported impacts and study characteristics. Qualitative data were summarized using a logic model to map reported impacts and links to health impacts; quantitative data were incorporated into the model.

Main results

Thirty-nine studies which reported quantitative or qualitative data, or both, were included in the review. Thirty-three quantitative studies were identified. This included five randomised controlled trials (RCTs) and 10 non-experimental studies of warmth improvements, 12 non-experimental studies of rehousing or retrofitting, three non-experimental studies of provision of basic improvements in low or mIddle Income countries (LMIC), and three non-experimental historical studies of rehousing from slums. Fourteen quantitative studies (42.4%) were assessed to be poor quality and were not included in the synthesis. Twelve studies reporting qualitative data were identified. These were studies of warmth improvements (n = 7) and rehousing (n = 5). Three qualitative studies were excluded from the synthesis due to lack of clarity of methods. Six of the included qualitative studies also reported quantitative data which was included in the review.

Very little quantitative synthesis was possible as the data were not amenable to meta-analysis. This was largely due to extreme heterogeneity both methodologically as well as because of variations in the intervention, samples, context, and outcome; these variations remained even following grouping of interventions and outcomes. In addition, few studies reported data that were amenable to calculation of standardized effect sizes. The data were synthesised narratively.

Data from studies of warmth and energy efficiency interventions suggested that improvements in general health, respiratory health, and mental health are possible. Studies which targeted those with inadequate warmth and existing chronic respiratory disease were most likely to report health improvement. Impacts following housing-led neighbourhood renewal were less clear; these interventions targeted areas rather than individual households in most need. Two poorer quality LMIC studies reported unclear or small health improvements. One better quality study of rehousing from slums (pre-1960) reported some improvement in mental health. There were few reports of adverse health impacts following housing improvement. A small number of studies gathered data on social and socio-economic impacts associated with housing improvement. Warmth improvements were associated with increased usable space, increased privacy, and improved social relationships; absences from work or school due to illness were also reduced.

Very few studies reported differential impacts relevant to equity issues, and what data were reported were not amenable to synthesis.

Authors' conclusions

Housing investment which improves thermal comfort in the home can lead to health improvements, especially where the improvements are targeted at those with inadequate warmth and those with chronic respiratory disease. The health impacts of programmes which deliver improvements across areas and do not target according to levels of individual need were less clear, but reported impacts at an area level may conceal health improvements for those with the greatest potential to benefit. Best available evidence indicates that housing which is an appropriate size for the householders and is affordable to heat is linked to improved health and may promote improved social relationships within and beyond the household. In addition, there is some suggestion that provision of adequate, affordable warmth may reduce absences from school or work.

While many of the interventions were targeted at low income groups, a near absence of reporting differential impacts prevented analysis of the potential for housing improvement to impact on social and economic inequalities.

PLAIN LANGUAGE SUMMARY

Housing improvement as an investment to improve health

Poor housing is associated with poor health. This suggests that improving housing conditions might lead to improved health for residents. This review searched widely for studies from anywhere in the world which had investigated whether or not investment to improve housing conditions is linked with improvement in health. A huge amount of research on housing and health has been published but very few studies have investigated if improved housing conditions impact on residents' health. Neighbourhood renewal programmes often include housing improvements but a key aim of these programmes is to improve the area by attracting new residents, often those who are better off. In these programmes, improvements in health statistics may simply reflect a change in the population living in an area and the original population may not have benefited from the improved living conditions. This review only looked at studies where changes in health for the original population were being investigated rather than changes for the area.

We identified 39 studies which assessed changes in health following housing improvement. The studies covered a wide range of housing improvements. The housing improvements in high income countries, and conducted in the past 30 years, included refurbishment, rehousing, relocation, installation of central heating and insulation. Studies from the developing world included provision of latrines. Older

studies (pre-1965) examined changes in health following rehousing from slums. Overall, it would appear that improvements to housing conditions can lead to improvements in health. Improved health is most likely when the housing improvements are targeted at those with poor health and inadequate housing conditions, in particular inadequate warmth. Area based housing improvement programmes, for example programmes of housing-led neighbourhood renewal, which improve housing regardless of individual need may not lead to clear improvements in housing conditions for all the houses in a neighbourhood. This may explain why health improvements following these programmes are not always obvious.

Improvements in warmth and affordable warmth may be an important reason for improved health. Improved health may also lead to reduced absences from school or work. Improvements in energy efficiency and provision of affordable warmth may allow householders to heat more rooms in the house and increase the amount of usable space in the home. Greater usable living space may lead to more use of the home, allow increased levels of privacy, and help with relationships within the home. An overview of the best available research evidence suggests that housing which promotes good health needs to be an appropriate size to meet household needs, and be affordable to maintain a comfortable indoor temperature.

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 14

THE HEALTH IMPACTS OF COLD HOMES AND FUEL POVERTY, MARMOT REVIEW TEAM (2011)

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021

5
Direct health impacts of living in a cold home

The direct health impacts of living in a cold home can be divided into higher risk of mortality and increased morbidity rates. There is a longstanding body of evidence describing the relationship between higher mortality rates in winter and cold temperatures (27) as well as higher morbidity rates (28). Fuel poverty itself is also detrimental to health, especially mental health, through the financial stress that it causes to households.

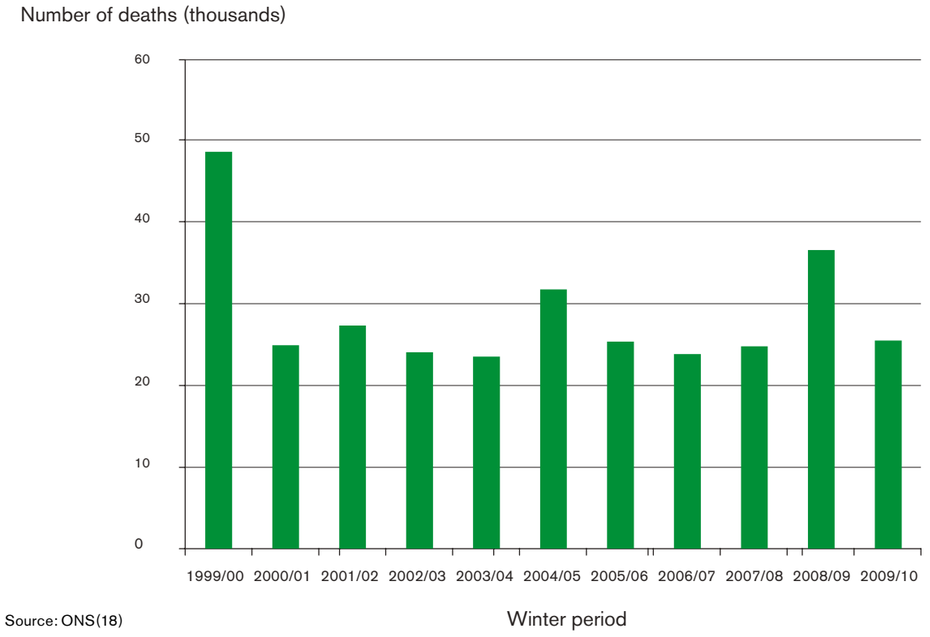
> We could prevent many of the yearly excess winter deaths – 35,000 in 2008/09 – through warmer housing...
> [Public Health White Paper, 2010]

5.1 Mortality: Excess Winter Deaths

The graph below shows the levels of excess winter mortality over the past ten years. In 2009/2010 there were an estimated 25,400 excess winter deaths. Although this represents a 30% decrease from the previous year due to low levels of influenza (21), the level remains persistently high when compared to other European countries (see Table 5)

The Office for National Statistics calculates excess winter deaths as the difference between the number of deaths in December – March and the average of deaths in the preceding August – November and the following April – July. If a two month period is taken instead of the four months, the peak of excess winter deaths is consistently more than 40% higher than the summer trough (23). Each centigrade degree reduction below 18°C in temperature in the UK corresponds with an extra 3500 deaths (29).

Figure 2 Excess winter deaths 1999–2010



Source: ONS(18)

There are many factors which play a part in excess winter deaths: increases in deaths from respiratory and circulatory diseases cause most of the excess winter mortality, influenza is a contributing factor rather than a main cause of death (18). Cold weather, and in particular cold homes, is believed to be a main factor in causing the winter increase of respiratory and circulatory diseases (30).

It has been noted by researchers that EWDs do not usually relate to socio-economic deprivation (32–35). This is because socio-economic deprivation indices do not include an energy efficiency variable and although deprivation and fuel poverty are related, they are not the same – the lack of a significant relationship between deprivation and excess winter mortality suggests that in the UK those who are deprived often live in social housing, which is, on average, more energy efficient.

Wilkinson and associates (23) analysed 80,331 deaths from cardiovascular disease in England, between 1986–96, linked by postcode of residence to data from the 1991 English House Condition Survey. Deaths from cardiovascular disease were 22.9% higher in winter months than the average for the rest of the year. There was a statistically significant excess winter mortality seen with the age of the property (28.8% in properties built before 1850 compared to 15% in properties built after 1980) and with poor thermal efficiency ratings, where a gradient can be seen with SAP rating.

Further, there was a strong association between excess winter deaths and lower indoor temperatures, with residents of the 25% coldest homes having around 20% greater risk than those in the warmest. 'The findings provide strong, although not conclusive, evidence that winter mortality and cold-related mortality are linked to sub-optimal home heating' (23).

> "Diseases of the circulation – including heart attack and stroke – account for around 40% of excess winter deaths. Around one third of excess winter deaths are due to respiratory illness…" [Chief Medical Officer Report, 2009]

Circulatory diseases are believed to cause around 40% of excess winter deaths, while respiratory diseases are responsible for about a third (31). Deaths directly attributed to influenza or hypothermia represent a small proportion of excess winter mortality (32). While there is a clear link between marked winter mortality peaks and the incidence of influenza, cold housing still plays a role in the development of health complications from influenza, and there is still excess winter mortality in years when influenza incidence is at a low level. For example, in Scotland in 2000/2001 there were an estimated 1500 to 3000 EWDs while flu rates were lower than 150 per 100,000 (32).

The elderly are subject to the greatest increase in deaths in winter, with 20,200 more deaths in the UK among those aged over 75 years during the winter of 2005/06 compared with levels in the non-winter months. Older people are more likely to be vulnerable to cold weather, partly because they are more likely to have existing medical conditions. Further, their temperature control is weaker because of less subcutaneous fat, making them vulnerable to hypothermia (29). In older people, a 1°C lowering of living room temperature is associated with a rise of 1.3mmHg blood pressure, due to cold extremities and lowered core body temperature (33). Older people are more likely to be fuel poor, as they are likely to spend longer in their homes than other people and therefore require their houses to be heated for longer periods (34).

Other groups are also vulnerable, including children and people with long term illness (30). In addition, many of the most vulnerable members of society spend longer in the home than most, and therefore require the heating on all day, and not just in the morning and evening (31).

Table 4 Excess winter deaths by age of property (23)

Property age (n=80,331)	Winter deaths	% excess in winter	Risk (95% confidence interval) relative to baseline group	P-value for trend*
Pre 1850	701	28.2	1.0	0.001
1850–99	5,469	25.6	0.98 (0.88–1.09)	0.001
1900–18	3,063	24.1	0.97 (0.87–1.08)	0.001
1919–44	6,978	26.0	0.98 (0.89–1.09)	0.001
1945–64	6,709	23.9	0.97 (0.87–1.07)	0.001
1965–80	6,612	17.1	0.91 (0.82–1.01)	0.001
Post 1980	935	15.0	0.90 (0.79–1.02)	0.001

* The p-values test for a trend of increasing or decreasing risk across ordered groups (for example, increasing age). However, in the case of region, there is no logical order and the p-value tests whether the winter excess varies between regions.

The number of excess winter deaths attributable to cold housing

Excess winter deaths occur in both cold and warm housing. However, there is a greater risk of death in colder housing than in the warmest housing. The authors of this report have estimated that 21.5% of all EWDs can be attributed to the coldest quarter of housing, due to it being cold, over and above the amount of deaths which would have occurred had these houses had the same winter excess as the warmest housing. This means that EWDs in the coldest quarter of housing are almost three times as high as in the warmest quarter.

This estimate was based on existing estimates of the risk of excess winter deaths due to living in cold housing, as calculated by Wilkinson in 2001. More recent estimates are not available as there are no comprehensive sets of measured indoor temperatures since the English House Condition Survey stopped collecting such data in 1996.

Wilkinson estimated that, in winter, death rates in the 25% of coldest homes rose to 1.5 times the summer minimum for all types of housing. The corresponding risk ratio for the 25% of warmest homes was 1.3. His estimate was based on mortality rates for the period 1986–1996 in England and Wales and a household sample of 3337.

We used these risk ratios to calculate estimates of excess winter deaths in cold housing and of numbers expected if rates for warm housing applied. The difference between these estimates is the number attributable to the house being cold rather than other factors (e.g. flu epidemics, air pollution, cold outside temperature, etc.). This value was than divided by the average EWDs for the period 1986–1996 in order to calculate the proportion of EWD attributable to cold housing in this period (21.5%). The details of the calculations and key assumptions used to develop the model and calculate the estimate are given in the appendix.

International comparisons

Healy carried out an analysis of excess winter deaths, describing variations in excess mortality in southern, western and northern European countries (35). Table 5 below shows the different levels of excess mortality rates: it is clear that these do not necessarily match different climatic conditions – meaning that often higher rates are found in countries with less severe, milder winter climates ("the paradox of excess winter mortality"), such as Greece, the UK, Spain, Ireland and Portugal. These findings highlight that colder countries, which have had higher building standards than the UK for many years, have much lower rates of excess winter deaths.

For this study levels of fuel poverty were calculated using a set of indicators which included housing conditions, affordability of home heating and energy efficiency levels based on a consensual approach[5] (35). It is suggested by this study that the paradox of excess winter mortality being highest in warmer countries could be explained by the fact that countries with milder climates often have the worst domestic thermal efficiency. Table 6 below shows the countries' differences in thermal efficiency variables and how they relate to the coefficient of seasonal variation[6]: the study shows that cross-country levels of cavity wall insulation, double glazing, and floor insulation are all significant at the 5% level in the model.

The study also analyses the impact of different lifestyle factors on excess winter mortality, in particular smoking and obesity. Interestingly, it shows that there is no relationship between these factors and excess winter mortality despite the fact that these factors are strongly associated with higher non-seasonal mortality rates. The study concludes that variations in mortality rates are due to differences in indoor temperatures, healthcare spending and socio-economic circumstances.

Other studies have supported Healy in associating excess winter deaths with internal temperatures,

Table 5 Coefficient of seasonal variation in mortality (CSVM)[4] in EU–14 (mean, 1988–97) (35)

	CSVM	95% CI
Finland	0.10	0.07 to 0.13
Germany	0.11	0.09 to 0.13
Netherlands	0.11	0.09 to 0.13
Denmark	0.12	0.10 to 0.14
Luxembourg	0.12	0.08 to 0.16
Belgium	0.13	0.09 to 0.17
France	0.13	0.11 to 0.15
Austria	0.14	0.12 to 0.16
Italy	0.16	0.14 to 0.18
Greece	0.18	0.15 to 0.21
UK	0.18	0.16 to 0.20
Spain	0.21	0.19 to 0.23
Ireland	0.21	0.18 to 0.24
Portugal	0.28	0.25 to 0.31
Mean	*0.16*	*0.14 to 0.18*

demonstrating a strong association between excess winter mortality and levels of domestic heating (33) or protection from low outdoor temperatures (36).

Summary

— Countries which have more energy efficient housing have lower EWDs.

— There is a relationship between EWDs and low SAP rating/low indoor temperature.

— EWDs are almost three times higher in the coldest quarter of housing than in the warmest.

— 21.5% of all EWDs are attributable to the coldest quarter of housing, because of it being colder than other housing.

— Around 40% of EWDs are attributable to cardio-vascular diseases.

— Around 33% of EWDs are attributable to respiratory diseases.

5.2 Morbidity: Health Conditions

The main health conditions associated with cold housing are circulatory diseases, respiratory problems and mental ill-health. Other conditions influenced or exacerbated by cold housing include the common flu and cold, as well as arthritis and rheumatisms. The level to which such conditions rise during the winter months and their relationship with cold housing is harder to measure than for mortality, which is systematically recorded. The literature on excess winter morbidity is reviewed below.

Low indoor temperatures have been shown to be associated with poor health (41), excess winter mortality (37), as well as a variety of social and economic problems for residents (38). Trends such as the ageing population, rising unemployment, and an increase in numbers of people working from home will make the need for a warm home even more crucial (39). There are recommendations from the World Health Organization (WHO) to keep indoor temperatures above 18 degrees, but there are also some critical thresholds around acceptable temperatures in relation to health (40). For instance, the longer an individual is exposed to cold temperatures, the greater risk of harm to health (41). The impact is exacerbated for vulnerable individuals and the colder the temperature the greater the risk of harm:

— Temperatures that are lower than 16 degrees appear to impair respiratory functions.
— Temperatures below 12 degrees place strain on the cardiovascular system.
— Temperatures below 6 degrees place people at risk of hypothermia.

Liddell (42) has reviewed the main large scale studies of the health impacts of fuel poverty carried out over the past 10 years. These were the Warm Front Evaluation, the Scottish Central Heating Programme (CHP), the New Zealand Housing, Insulation and Health Study (HIHS), and Housing, Heating and Health Study (HHHS), a NATCEN longitudinal study of housing conditions and their association with English children's well-being, and the US Children's Sentinel Nutritional Assessment Programme (C-SNAP).

Liddell concludes that, despite the risks to physical health from cold homes, improvements to energy efficiency and the reduction of fuel poverty achieved by some of the programmes had a modest measurable impact in improving the physical health of adults. However, the potential for measuring such effects is hampered by methodological limitations in the evaluations, including the sample sizes of the studies. Measuring the health impact of improvements in energy efficiency and reduced fuel poverty is particularly difficult for adults who may have long term health conditions related to cold housing which are the result of lengthy exposure to cold houses. The impacts are easier to measure in children, who are more readily susceptible to changes, and for the elderly who are at higher risk of mortality or developing life-threatening conditions. The main findings across the studies are summarised in the points below, while some of the detail is discussed further in this report:

— Significant effects on the physical health of the **young** were evident, especially in terms of **infants**' weight gain, hospital admission rates, and caregiver-rated developmental status, as well as self-reported reduction in the severity and frequency of **children**'s asthmatic symptoms.
— Mental health impacts emerged as extremely strong amongst both **adults and adolescents**.
— After improvements have been made to homes, health improvements for **adults** were measurable, although modest, and mostly related to perceptions of physical well-being and self-assessed general health.
— Large-scale studies suggest that impacts of cold temperatures as a function of poor housing on mortality and morbidity are almost certain across the whole population.

Table 6 Coefficient of seasonal variation in mortality and domestic thermal efficiency in EU–13 (35)

	CSVM	Cavity wall insulation (% houses)	Roof insulation (% houses)	Floor insulation (% houses)	Double glazing (% house)
Finland	0.10	100	100	100	100
Germany	0.11	24	42	15	88
Netherlands	0.11	47	53	27	78
Sweden	0.12	100	100	100	100
Norway	0.12	85	77	88	98
Denmark	0.12	65	76	63	91
Belgium	0.13	42	43	12	62
France	0.13	68	71	24	52
Austria	0.14	26	37	11	53
Greece	0.18	12	16	6	8
UK	0.18	25	90	4	61
Ireland	0.21	42	72	22	33
Portugal	0.28	6	6	2	3

Circulatory diseases

Much of excess winter mortality can be attributed to cold temperatures, and a significant proportion can be attributed to cold housing. Excess winter deaths that are attributable to circulatory diseases are estimated to be between 40% (43) and 50% (44). Cold affects circulatory health because temperatures below 12 degrees celsius result in raised blood pressure (Collins et al., 1985, cited in (44)) caused by the narrowing of blood vessels, which also leads to an increase in thickness of the blood as fluid is lost from the circulation. This, with raised fibrinogen levels due to respiratory infections in winter, is associated with increased deaths from coronary thrombosis in cold weather. Increases in blood pressure, along with increased blood viscosity, increases the risk of strokes and heart attacks (31).

Barnett et al. (45) studied people aged 35–64 in 21 countries who had had a coronary event between 1980–95 and found a small overall increase in the number of heart attacks in cold periods (26.3% events were in 25% of periods). More significantly, fatal events (compared with non-fatal events) were more common in cold than warmer periods. The researchers also found that women were 1.07 times more likely to suffer a coronary event in a cold period than men.

It has been suggested that exposure to cold temperatures only brings forward those events that would have happened within the next couple of weeks (the mortality displacement hypothesis). However, in a Barnett and associates (45) study of cold weather and coronary events, there was no increased odds (above the population average) of experiencing a coronary event during a cold period for people who had previously had heart attacks. This suggests that the cold temperature mechanism affects both high and low risk groups equally.

Although the relationship between cold temperatures and circulatory diseases is evident, there is little research on the relationship with cold housing. One study, which monitored cardio-vascular health in the elderly population (aged 75 and over) monthly for one year, found that there was no relationship between indoor temperature and excess circulatory ill-health (46). However, there are shortcomings to this research, such as the fact that measures were taken only once a month during a mild winter, and the population in the warm housing was in residential or sheltered accommodation, which means that they might have been more vulnerable to ill-health in the first place.

More recently, research using case control study has shown significant improvements in circulatory health through improvements in the thermal efficiency of housing (47). In this study the blood pressure of individuals subject to interventions fell significant and there were improvements to their general health including self-reported reduction in the use of medication and hospital admissions, while no changes were recorded for the control subjects whose housing had not been upgraded.

During the summer months, heat waves can be detrimental to people's health, and cause additional avoidable deaths. During the heat wave of August 2003, when temperatures were much hotter than usual, it is estimated that there were 2139 excess deaths in England and Wales (48), mostly through circulatory diseases**.** This was particularly significant for those over 75 years of age, and those living in the London region (48), showing that vulnerability to excess heat was found among the elderly population, which is also the most vulnerable to cold temperatures**.** However, urban areas were at higher risk of excess heat. Although many energy efficiency improvements are likely to protect from extreme outdoor temperatures, hot or cold, the problem of summer excess deaths should be taken into consideration when carrying out home energy efficiency improvements, particularly when considering materials used and the adequacy of ventilation.

Despite evidence of unusually hot summers causing excess summer deaths in the UK, these excess summer death rates are relatively low in comparison to excess winter deaths. Excess summer mortality sometimes receives considerable media attention as it did during the heat wave of August 2003. Excess summer mortality occurs to a lesser, though still notable, extent in England and Wales. Circulatory morbidity and mortality are higher in the winter than even the warmest of UK summers. The increase in the number of heart attacks during the winter months and an analysis of excess non-fatal heart attacks and strokes in relationship to cold housing is an obvious avenue of research to explore the causes of increased cardio-vascular morbidity during the winter months.

Respiratory problems

Cold air affects the normal protective function of the respiratory tract, with increased bronchoconstriction, mucus production and reduced mucus clearance. The relationship between respiratory problems and cold temperatures is evident in the seasonal level of contact between sufferers and the healthcare services. Increased contact for adults during the winter months has been related to fuel poverty (49), and increased contact and symptoms for children has been strongly associated with cold housing (42).

Hajat, Kovats & Lacowycz (50) found that GP consultations for respiratory tract infections can increase by up to 19% for every one degree drop in mean temperature below five degrees celsius. Hospital admissions for respiratory conditions and ischaemic heart disease (reduced blood supply to the heart) also increase substantially during winter months (51).

Afza & Bridgman (52) support this in their paper which looks at the contribution of respiratory disease to the burden of excess winter (November-February) hospital admissions in the North Staffordshire district, 1995–2000. They found that respiratory disease related emergency admissions increased twofold in the winter months. Cold, damp houses also promote mould growth, which lowers resistance to respiratory infections, thus increasing the risk of respiratory morbidity during winter (31).

A study by Gilchrist (53) focused on measuring morbidity in relation to fuel poverty: costing emergency respiratory admissions followed by the probability of dying following admission. The paper could not conclude whether there was a relationship between mortality and fuel poverty, but it showed that morbidity counts rise with increasing fuel poverty risk, with a notably large effect in December, over and above the underlying effect of winter itself. Effects were particularly relevant for age and gender, with higher counts for older people and lower counts for women.

A time series analysis of short-term effects of temperature on daily GP consultations made by people over 65 for lower (LRTI) and upper respiratory tract infections (URTI) was conducted over a ten year period (1992–2001) in 16 urban UK locations (54). This showed an association between low temperatures and an increase in LRTI consultations in all 16 locations. A slightly weaker relationship was observed in the case of URTI consultations.

Importantly, a large scale study which looked at residents aged over 65 in the London Borough of Newham, calculated 'excess winter morbidity' (EWM) based on emergency hospital episodes for all respiratory diagnosis codes, and ranked this against a Fuel Poverty Index (FPI) which included factors of energy efficient housing, low income, householder age and under-occupation. The FPI was shown to be a predictor of EWM, indicating supporting evidence of a relationship between energy-efficient housing and winter respiratory disease among older people (28).

> "I'm all right, but I worry about my husband because he's got bronchitis. In the summer, he can do the dishes in the kitchen. But in the winter, he can't because it's too cold in there because of the draught coming in from the roof." (Susan, retired couple) [Harrington et al, 2005]

Barnes, Butt & Tomaszewski (19) used the Families & Children Survey to estimate that 13% of children spent at least a year living in inadequately heated accommodation between 2001–05. Damp is more likely to occur in cold, poorly insulated homes, and this often results in mould which may trigger an allergic response such as asthma. Children living in damp, mouldy homes are between 1.5 and 3 times more prone to coughing and wheezing – symptoms of asthma and other respiratory conditions – than children in dry homes (55) (Peel et al 1998, cited in (19)). Children persistently living in accommodation with inadequate heating and poor conditions were more than twice as likely to suffer from chest and breathing problems, such as asthma and bronchitis (19).

A child who develops asthma this way is likely to have it for many years and possibly life, and this is particularly concerning given 2009 estimates that 1.1 million children in the UK are affected by asthma (39). Brambleby and associates (56) estimated the cost of asthma is at least £847 millions per annum, just under 1% of the national NHS budget in 2008 (39).

Adequate heating systems have been shown to improve asthma symptoms and home energy improvements have reduced the number of sick days off school by 80% in children with asthma or recurrent respiratory infections (57).

The Warm Front Programme showed that a majority of participants suffering from respiratory problems reported improvements in breathing, however a small but significant proportion felt that the new heating systems aggravated their chest conditions (58). Bone and associates (59) also highlight a number of concerns surrounding home energy-efficiency measures and their negative impacts on health. Insufficient ventilation in increasingly airtight houses may lead to increased levels of indoor pollutants such as radon, carbon monoxide, nitrogen dioxide, and formaldehyde, and the higher relative humidity might promote growth of mould and dust mites, which are implicated in the development and worsening of asthma.

Risk of overheating in heatwave conditions, increasing the risk of illness and death from conditions, most commonly cardio-vascular and respiratory disease, is a further concern. These impacts, however, are not a result of home energy-efficiency measures per se, but rather inappropriate choice and maintenance of ventilation systems and design and refurbishment of buildings, and these are the issues that should be addressed. These findings around worsening of respiratory health in a minority of cases receiving increased air-tightness in the home reiterate the importance of ensuring adequate and high-quality refurbishments of the existing stock.

Mental health

A study carried out by Shelter in 2006 suggested that children in bad housing conditions, including cold homes, are more likely to have mental health problems, such as anxiety and depression, to contract meningitis, have respiratory problems, experience long-term ill health and disability, experience slow physical growth and have delayed cognitive development (60). These adverse outcomes reflect both the direct impact of the housing and the associated material deprivation.

> *Interviewer*: If you are cold in your house, what effect does that have on your life in general?
> *Respondent*: It makes you feel depressed, very much so. (Edwin, single middle aged) [Harrington et al, 2005]

The Warm Front and the Scottish CHP evaluation assessed mental health impacts on adults and both found that effects were prominent in the mental health domain, in particular for borderline anxiety and depression. In the short and medium term, receiving a Warm Front package is associated with significantly better mental health. The study showed that as average bedroom temperature rose, the chances of occupants avoiding depression increased. Residents with bedroom temperatures at 21°C are 50% less likely to suffer depression and anxiety than those with temperatures of 15°C (61).

Even greater impacts were found in the New Zealand HIHS study. This could perhaps be accounted for by the fact that all households were at clinical risk in the New Zealand study. "It is possible that the joint effects of fuel poverty and ill health (especially if one is perceived to exacerbate the other) generate a significantly greater toll on mental health than might be evident in a more diverse range of healthier households." (42)

The NATCEN study found that lack of affordable warmth was associated with multiple mental health risk for young people, meaning that they manifested four or more negative mental health symptoms: 28% were classified as having such risk, compared to 4% of young people who had always lived in warm homes (19). A significant proportion of children living in cold homes felt unhappy in their family – 10% as opposed to 2% of the group living in warm homes. Complementary studies point to the fact that young people living in cold homes try to find respite and privacy in other venues outside home, where they are more exposed to mental health risks (62,63).

Other conditions

Medical conditions exacerbated and/or complicated by exposure to cold and which show winter associations include diabetes complications, certain types of ulcer exacerbations, osteoarthritis knee pain severity and hip fracture (29). Chronic conditions may also lower body metabolism which means the body generates less heat, while stroke, Parkinson's disease and dementia restrict activity, slowing body heat generation and conservation (29). Cold housing may also delay recovery following discharge from hospital (64).

As part of the Warm Front health impact evaluation, Gilbertson and associates (58) conducted semi-structured interviews with 49 households which received home energy improvements under the scheme from five urban areas. Almost all reported improved and more controllable warmth. Two thirds of participants reported improved comfort, while those with limited mobility all acknowledged the warmer home environment as beneficial. 20% reported less minor illness during the winter. The Warm Front health impact evaluation also found improvements to mental health and emotional security. 24.5% reported feeling more relaxed and content, 55.1% reported feeling better, and 26.5% reported better mood and temperature (58).

> *Interviewer*: How important is being warm for you?
> *Respondent*: Very, because I can't stand the cold very much because I get pains in my legs from the cold. (Claire, young mother, living with husband and children) [Harrington 2005]

The Warm Front health impact evaluation found that 24.5% of respondents reported easing of chronic conditions such as arthritis (30).

A survey-based evaluation of a programme to tackle fuel poverty by installing energy efficiency measures in homes in a rural community in Northern Ireland demonstrated that energy efficiency intervention can lead to improvements in

health and well-being, increased levels of comfort in the home and a reduction in the use of health services. Key findings include a reduction in the occurrence of condensation, a reduction in the numbers of people reporting arthritis/ rheumatism, a reduction in the use of health services, an increase in temperature satisfaction for those who had a new heating system installed, and for those who did not, there was an increase in benefit uptake (70).

Interviewer: Do you think being warm is connected to your health?
Respondent: Yes, because you can catch more colds [if colder]. (Betty, retired couple) [Harrington 2005]

Cold conditions can also increase the risk of minor illnesses. The common cold replicates faster in a cold nose whereas the immune system becomes more sluggish in colder temperatures, meaning a common cold is more likely to develop. This can have more severe consequences for patients with existing conditions, as it may lead to a chest infection in patients with chronic obstructive pulmonary disease (COPD) (44).

Summary

- There is a strong relationship between cold temperatures, cardio-vascular and respiratory diseases, which has been associated with fuel poverty and cold housing.
- Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems than children living in warm homes.
- Mental health is negatively affected by fuel poverty and cold housing for any age group.
- More than 1 in 4 adolescents living in cold housing are at risk of multiple mental health problems.
- Cold housing increases the level of minor illnesses such as colds and flu and exacerbates existing conditions such as arthritis and rheumatisms.

6
Indirect health impacts of living in a cold home

Evans (65) carried out a study of wider housing quality and children's health and well-being. Housing quality was based on an observer-rated standardised index[7] which included indoor temperature, as well as other variables (structural quality, privacy, hazards, cleanliness/clutter, and children's resources). The study found that independently of household income, children residing in poorer quality housing have more psychological symptoms and less task persistence than their counterparts living in better quality housing. There were no gender differences. The research showed not only that housing quality is associated with psychological health in children, but that it may also affect certain aspects of children's motivation. The motivational data suggests that chronic exposure to poor housing conditions may lead to greater helplessness[8].

Significant improvements in health-related quality of life were found in a randomised controlled trial of home insulation, which concluded that targeting home improvements at low-income households significantly improved social functioning and both physical and emotional well-being (including respiratory symptoms) ((41) cited in (66)).

The level of energy efficiency affects people with low incomes more severely because it affects life chances and how they spend disposable income on other basic items such as food and clothing (14). Poor families will face the choice to "heat or eat": either less money can be spent on basics such as a sufficient, healthy diet (with obvious health impacts such as obesity or malnutrition), or less can be spent on heating their homes to a reasonable temperature.

Warmer homes could bring potential physical health benefits from improvements in cooking and nutrition. Interviews with participating households as part of the Warm Front health impact evaluation found that 10% of householders felt more and better quality food could be purchased because of cost savings, and 20% reported improved cooking since previously cold kitchens were now comfortable to work in (58).

Bhattacharya and associates (67) looked at the impact of cold weather periods on family budgets and nutritional outcomes in poor American families. Their results suggested that these families tended to decrease spending on food by a similar amount to the extra spent on fuel during cold spells, and both children and adults reduced their caloric intake by about 200 calories in winter months. Rich families, on the other hand, increased spending on food, demonstrating that deprived families are more likely to suffer from some of the indirect impacts of cold weather.

Cold, damp homes increase the risk of arthritic symptoms. This impacts on strength and dexterity, which both decrease as temperatures drop, increasing the risk of non-intentional injuries. A cold house increases the risk of falls in the elderly (31). Domestic accidents, including fatalities, are more common in cold homes in winter. This can result in periods of prolonged immobility, making it even more difficult to keep warm (44).

Social isolation among older people is exacerbated by living in a cold home. Costly fuel bills prevent them from going out, they fear returning, already feeling cold, to a cold home, or they are reluctant to invite friends into a cold house (44). Older people who are unable to keep their homes warm, who have a health condition exacerbated by the cold or have sustained injuries due to the cold, may need increased care or need to go into residential care, increasing the financial burden on the country (44).

Interviewer: If you're cold in your own home, what effect has that on your life in general?
Respondent: Terrible. Sometimes we go to bed at 7 o'clock, and all our regular visitors know it's pointless coming after that time because they know where we are. We find it easier to go upstairs to sit underneath the blankets to keep warm. (Evelyn, middle aged couple) [Harrington 2005]

Some respondents to a survey carried out after the Warm Front programme tended to think of cold indoors as exacerbating health problems rather than causing them. This may illustrate lay beliefs rather than the absence of causality, but it also shows a clear perception on the part of the respondents that cold housing had an impact on their well-being. In particular, respondents identified positive effects of warmer homes on social relationships and mental health (68).

6.1 Social benefits of improved housing

The main benefits arising from improving the thermal efficiency of the existing housing stock are the beneficial effects on the health of residents and the reduced carbon emissions from heating needs. However, there are other benefits to warmer homes and to investing in thermal efficiency.

A study found that an increased duration of living in inadequately heated accommodation is significantly associated with having multiple negative outcomes across the range of the Every Child Matters outcomes framework[9]. For example, 67% of children who persistently lived in inadequately heated accommodation had not had a holiday in the past year compared to 50% who lived in inadequately heated accommodation on a short term basis, they were more likely to feel safe and less likely to fail to attend school (19).

Further, an increased duration of living in inadequately heated accommodation is significantly associated with having no quiet place at home to do homework (19). This may be because the family can afford to only part heat their home and heating is focused on the most used (and therefore noisiest) rooms. This can affect a child's educational attainment and therefore work opportunities in later life (31). Educational and work factors are particularly important determinants of long-term health (66): cold housing, its impact on family life and early years can heavily weight on other spheres of life, which affect long-term health outcomes.

The investment in energy efficiency measures can also help with neighbourhood renewal by creating more local jobs and improving local economies (10). Area based approaches such as the Community Energy Savings Programme currently being trialled throughout the UK could help to deliver this. Such investment can bring vitality to the green economy, work opportunities in the building industry and opportunities for up skilling the building workforce (14).

Summary

- Cold housing negatively affects children's educational attainment, emotional well-being and resilience.
- Fuel poverty negatively affects dietary opportunities and choices.
- Cold housing negatively affects dexterity and increases the risk of accidents and injuries in the home.
- Investing in the energy efficiency of housing can help stimulate the labour market and economy, as well as creating opportunities for skilling up the construction workforce.

7 Conclusions

Cold housing and fuel poverty not only have direct and immediate impacts on health, but also indirect impacts and a wider effect on well-being and life opportunities, as well as on climate change. The evidence reviewed in this paper shows the dramatic impact that cold housing has on the population in terms of cardio-vascular and respiratory morbidity and on the elderly in terms of winter mortality. It also highlights the stark effect that fuel poverty has on mental health across many different groups, while also having an impact on children and young people's well-being and opportunities.

Addressing energy inefficient housing and bringing all homes up to a minimum standard of thermal efficiency would have the strongest positive impact on the poorest households, even though households from a variety of socio-economic backgrounds are likely to be residents of such properties.

A medium scenario model for fuel price increases developed in 2008 predicted fuel poverty in England to jump to four million by 2016 if improvements to the energy performance of the housing stock, and growth in the incomes of low-income households, were maintained at only current rates (69). Fuel poverty has now already risen to this level because the fuel price increase was much higher than the model predicted: the current energy efficiency of the existing housing stock is unable to mitigate such high increases. However, it is unlikely that anyone living in a dwelling built to current and near-future standards will be at any risk of being in fuel poverty (70). The Government should aim to make improving energy efficiency standards a priority: any step forward in achieving certain minimum standards in the existing housing stock will reduce the risk of fuel poverty for current and future households and bring associated health benefits.

The Energy Savings Trust estimate that the overall total cost of improving to an E band all F and G homes would be £12.5 billion. Other estimates for upgrading all fuel poor homes to a SAP 81 range from £21 to £28 for England or £49 to £64 billion for the whole of the UK (71). If all homes in England were brought up to an EPC E band, 9.4Mt CO2 would be saved, just under 2% of the UK's net CO2 emissions[10]. Major energy efficiency retrofit programmes that would bring homes to a SAP of 81 have been estimated to reduce fuel bills of the fuel poor by half, thus removing 83% of fuel poor households from fuel poverty, as well as reducing CO2 emissions related to domestic energy requirements by over 50% (22).

> "The annual cost to the NHS of treating winter-related disease due to cold private housing is £859 million. This does not include additional spending by social services, or economic losses through missed work. The total costs to the NHS and the country are unknown. A recent study showed that investing £1 in keeping homes warm saved the NHS 42 pence in health costs..."
> [Chief Medical Officer Report, 2009]

NHS costs are associated mainly with morbidity rather than mortality, and the Department of Health in 2009 estimated that for every cold-related death there are eight non-fatal hospital admissions (39). In the coldest months of the year, NHS expenditure was reported as rising by 2% in 1998 (Hansard 1998, cited in (39)) , and Brenda Boardman estimated that the annual cost to the NHS of cold-related ill-health is almost certainly in excess of £1 billion (39).

An investment in upgrading all homes in England would be recouped though savings in energy consumption and NHS costs; additional savings would be gained through mitigating climate change, while achieving large scale environmental and social benefits through the number of lives saved and improved health and quality of life for all households affected by cold housing and fuel poverty.

Improving the energy efficiency of the existing stock is the only long-term sustainable way of ensuring a number of multiple gains: environmental gains, health gains, the mitigation of climate change and social gains through a reduction in health and environmental inequalities. It is also a good lever to stimulate the economy and the labour market in relation to the green economy, as well as providing opportunities for the up-skilling of the workforce in building construction and related sectors.

Government policy documents and reports, including the Chief Medical Officer report of 2009 and the recent Public Health White Paper, recognise the tangible impact of cold housing and fuel poverty on people's health and well-being. However, there is a clear contradiction between the Government's recognition of the link between health and cold housing, its statements of support for the reduction of fuel poverty and CO_2 emissions and its lack of identifiable commitment to support this agenda through regulation, target setting, guidelines, or funding. The recent cuts to Warm Front with its clearly reported

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

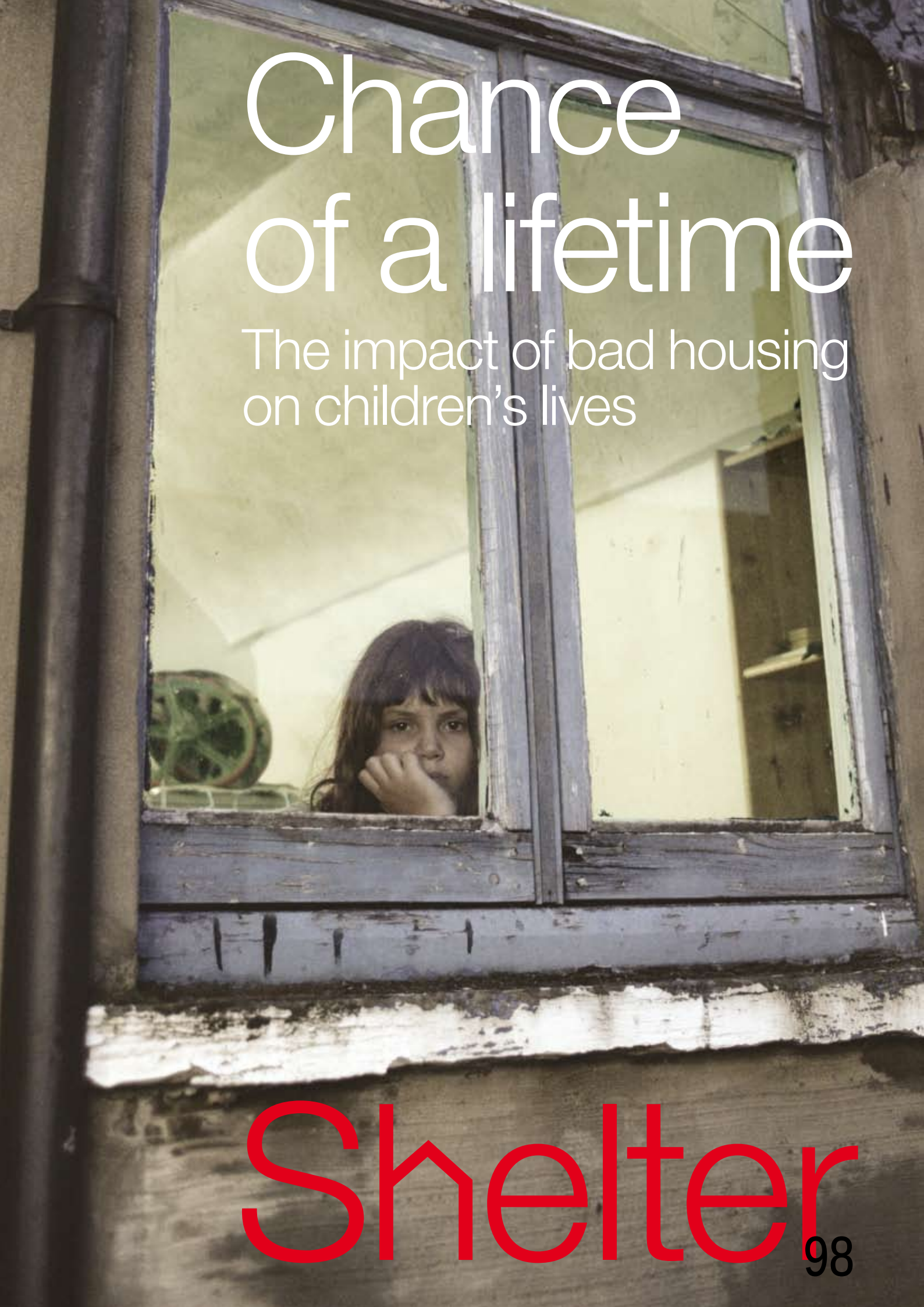
APPENDIX 15

SHELTER CHANCE OF A LIFETIME

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021



Chance of a lifetime

The impact of bad housing on children's lives

Shelter

98

More than one million children in England live in bad housing.

ISBN 1 903595 64 9

£12.50

Researched and written by Lisa Harker.
Summary and recommendations by Shelter.

Cover photo by Graham Fink.
To protect the identity of Shelter clients, models have been used in photographs and names have been changed.

Photo: Claudia Janke

Supported by

CALOUSTE
GULBENKIAN
FOUNDATION

Photo: Graham Fink

Poor housing conditions increase the risk of severe ill-health or disability by up to 25 per cent during childhood and early adulthood.

Contents

‘It’s horrible. It’s got black stuff on the walls and bathroom and when my Mum paints it, it all goes black again.’

Ben, 8, lives in an overcrowded flat with a severe damp and mould problem.

Photo: Graham Fink

Author's foreword

Childhood is the most precious time of life, a time of rapid development when experiences shape the adults we become. A child's healthy growth and development are dependent on many factors, including the immediate environment in which they live. Research has demonstrated that children's life chances (the factors that affect their current and future well-being) are affected by the standard of their housing.

This 'housing effect' is especially pronounced in relation to health. Children living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections, and have mental health problems. Housing that is in poor condition or overcrowded also threatens children's safety. The impact on children's development is both immediate and long term; growing up in poor or overcrowded housing has been found to have a lasting impact on a child's health and well-being throughout their life.

Growing up in bad housing also has a long-term impact on children's life chances because of the effect it has on a child's learning and education. Homeless children[1] are particularly disadvantaged because of the disruption to their schooling caused by homelessness. Living in poor or overcrowded housing conditions also affects a child's ability to learn, which can have a lasting impact on a child's chances of succeeding in life. Furthermore, the roots of later problems – such as offending and behaviour problems in adulthood – may be traceable to behavioural problems that emerge when children are growing up in poor housing conditions.

Despite the impact of housing on children's life chances and the costs involved, both personal and to wider society, public policy has paid surprisingly little attention to the issue. The Government's Every Child Matters programme[2] aims to help every child, whatever their background or circumstances, access the support they need to be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic well-being.

Research demonstrates the impact that growing up in bad housing has on each of these aspects of a child's life. Improvements to housing would have a significant and long-term influence on children's life chances. It is vital that the Government takes action to address the problem of bad housing for families to ensure that all children have the opportunity to flourish in a safe, secure and healthy environment.

Lisa Harker

Lisa Harker is a policy consultant specialising in issues related to children's development, poverty and social exclusion. In June 2006 she was appointed as an independent advisor on child poverty to the Department for Work and Pensions.

Summary

Shelter has worked with child poverty expert Lisa Harker to expose the truth about the 'housing effect' on children's lives. A comprehensive review of the evidence, the first to be undertaken, has revealed the devastating impact of bad housing on children's life chances.

So, what does bad housing mean for our children?

- Up to 25 per cent higher risk of severe ill-health and disability during childhood and early adulthood
- Increased risk of meningitis, asthma, and slow growth, which is linked to coronary heart disease
- A greater chance of suffering mental health problems and problems with behaviour
- Lower educational attainment, greater likelihood of unemployment, and poverty

The Government has pledged to end child poverty by 2020. Its Every Child Matters programme promises to improve life outcomes for children in areas such as health, safety, enjoyment, achievement and economic well-being. Despite the ambitious nature of these commitments, public policy has paid little attention to the impact of bad housing on children's lives.

More than one million children suffer in bad housing in England today. Hundreds of thousands of children are living in homes that are too small to allow them space to sleep comfortably, to enjoy normal standards of hygiene and privacy, or even room to do their homework. Tens of thousands of children are being forced to live for years under the shadow of eviction, being moved from one temporary home to another, often without a permanent home for months or even years. Hundreds of thousands are trapped in homes that are dilapidated, damp or dangerous.

Without steps to address this housing crisis, poverty and unequal life chances will persist for many children for years to come. The findings of this research show just how urgently the Government needs to put an end to bad housing for children.

The housing effect…

…on physical health

Experience of multiple housing problems increases children's risk of ill-health and disability by up to 25 per cent during childhood and early adulthood.

Bad housing is linked to debilitating and even fatal, illnesses and accidents.

- Children in overcrowded housing are up to 10 times more likely to contract meningitis than children in general. Meningitis can be life threatening. Long-term effects of the disease include deafness, blindness and behavioural problems.
- There is a direct link between childhood tuberculosis (TB) and overcrowding. TB can lead to serious medical problems and is sometimes fatal.
- Children living in overcrowded and unfit conditions are more likely to experience respiratory problems such as coughing and asthmatic wheezing. For many children this means losing sleep, restricted physical activity, and missing school.
- Overcrowded conditions have been linked to slow growth in childhood, which is associated with an increased risk of coronary heart disease in later life.
- Almost half of all childhood accidents are associated with physical conditions in the home. Families living in properties that are in poor physical condition are more likely to experience a domestic fire.

…on mental health

Homeless children are three to four times more likely to have mental health problems than other children. Mental health issues such as anxiety and depression have also been linked to overcrowded and unfit housing.

…on education

Bad housing affects children's ability to learn at school and study at home.

- Homeless children are two to three times more likely to be absent from school than other children due to the disruption caused by moving into and between temporary accommodation.
- Children in unfit and overcrowded homes miss school more frequently due to illnesses and infections.
- Overcrowding is linked to delayed cognitive development, and homelessness to delayed development in communication skills.
- Homeless children are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity, factors that compromise academic achievement and relationships with peers and teachers.

It is unsurprising that homeless children have lower levels of academic achievement that cannot be explained by differences in their levels of ability.

…on opportunities in adulthood

The lower educational attainment and health problems associated with bad housing in childhood impact on opportunities in adulthood.

- Long-term health problems and low educational attainment increase the likelihood of unemployment or working in low-paid jobs.
- Opportunities for leisure and recreation are undermined by low income and health problems.
- The behavioural problems associated with bad housing in childhood can manifest themselves in later offending behaviour. In one study, nearly half of young people who had offended had experienced homelessness.

The Government must make a commitment to end bad housing for the next generation of children.

Poor housing during childhood has huge financial and social costs across many areas including health, education and the economy. This report shows the destructive 'housing effect' that denies more than one million children in England the fair start in life that the Government aspires to give them. Tackling poor conditions, homelessness and overcrowding will help children to thrive, and go a long way towards meeting the Government's commitment to end child poverty by 2020.

Shelter's recommendations

- The 2007 Comprehensive Spending Review must allocate the resources to build an additional 20,000 affordable social rented homes each year, above and beyond existing plans. This is to address urgent housing need and to meet the target to halve the numbers of people living in temporary accommodation by 2010.
- The Government must end overcrowding for families with children in the rented sector by 2020. As a first step it must introduce a modernised statutory definition of overcrowding that reflects today's understanding of children's need for space and privacy.
- The Government must ensure sufficient investment to meet the decent homes target in both the social and private sectors.
- The Every Child Matters Outcomes should be revised to reflect the direct impact that housing has on all aspects of children's life chances.

Introduction

The major influences on a child's life – family income, effective parenting, and a safe and secure environment – are all directly or indirectly influenced by a family's housing conditions. Despite this, housing has never been a significant feature of the Government's policy on children.

The Government wants all children to flourish. It has committed to ending child poverty by 2020 and the Every Child Matters programme aims to help every child, whatever their background or circumstances, to have the support they need to achieve five key outcomes (see below).

Every Child Matters outcomes

Be healthy – be physically, mentally and emotionally healthy

Stay safe – be safe from accidental injury and death

Enjoy and achieve – attend and enjoy school and enjoy recreational activities

Make a positive contribution – be law abiding and develop positive relationships

Achieve economic well-being – be ready for employment in adulthood, live in decent homes and sustainable communities, and live in homes that do not have a low income

Source: Department for Education and Skills, 2005.

Together these outcomes define the circumstances under which children thrive. They are also critical to children's life chances – a broad term used to capture a range of factors critical to an individual's current and future well-being.

Shelter believes that life chances in the following specific areas are crucial:

- health and emotional well-being
- safety and security
- educational attainment
- childhood and adult aspirations
- income and occupation.

These areas relate closely to the Every Child Matters outcomes examined in this report.

The current programme of legislative, structural and organisational changes being put into practice under the Every Child Matters programme will shape children's life chances for years to come. There is now a once-in-a-generation opportunity to improve the support available to children and young people.

Children spend the vast majority of their time in the home and yet the direct impact on them of their surroundings is often overlooked in policy and research. One reason for this is the difficulty in isolating the impact of housing. The relationship between a child's housing situation and their well-being can often be explained by the characteristics and experience of the people living there, rather than the dwelling itself.[3] Children living in substandard housing also frequently experience other problems such as family turmoil[4] or a poor diet,[5] which affect their physical and emotional development. In some cases poor housing is at the root of problems facing children and their families; in others it exacerbates difficulties the household is already facing.

Yet studies have isolated a clear 'housing effect' in relation to important aspects of children's well-being and future life chances. This is unsurprising given that parents often report such a link.[6] Research has shown that the impact of poor housing on children is both immediate and long term. Its influence can stretch well into adulthood and potentially into the next generation.[7]

This report is based on a review of over 100 studies examining the relationship between housing and children's development. The review looked at evidence of a 'housing effect' in relation to each of the Every Child Matters outcomes.

The review was particularly concerned with identifying studies that showed a causal link between bad housing and negative outcomes. It focused on studies using objective measures of negative outcomes, such as the incidence of illness and lower exam results. Where the wider body of evidence is used (eg surveys of people in bad housing and feedback from interviews with people in bad housing), this has been made explicit. Paying close attention to the quality of the methodology used, the review has identified robust evidence of a 'housing effect' on children's life chances.

What is bad housing?[8]

Bad housing covers a wide range of issues, including homelessness, overcrowding, insecurity, housing that is in poor physical condition, and living in deprived neighbourhoods. The analysis in this report focuses on three key elements of bad housing that are defined below.

Homelessness This refers to families who have been found to be homeless by a local authority and placed in temporary accommodation.

Overcrowding Shelter uses the 'bedroom standard' measure of overcrowding. For example, overcrowded conditions would include situations where different-sex children aged 10 or over have to share a bedroom; where parents have to share a bedroom with a child or children; where there are more than two children in a bedroom; and where rooms such as kitchens and living rooms are used as bedrooms.

Poor conditions or unfitness The Government describes a decent home as one that is wind and weather tight, warm, and has modern facilities. Unfit or poor conditions are where housing is in need of substantial repairs; is structurally unsafe; is damp, cold, or infested; or is lacking in modern facilities.

Photo: Claudia Janke

Being healthy

Being healthy

How does bad housing affect children's health?

- Poor housing conditions have a long-term impact on health, increasing the risk of severe ill-health or disability by up to 25 per cent during childhood and early adulthood.
- Homeless children are three to four times more likely to have mental health problems, even one year after being rehoused.
- Children living in overcrowded housing are up to 10 times more likely to contract meningitis, and as many as one in three people who grow up in overcrowded housing have respiratory problems in adulthood.
- Children living in damp, mouldy homes are between one and a half and three times more prone to coughing and wheezing – symptoms of asthma and other respiratory conditions – than children living in dry homes.
- There may also be a link between increased mortality and overcrowding.

Of the five outcomes, the strongest body of evidence relates to the impact of poor housing conditions and homelessness on children's health.[9] Living in substandard housing can have a profound impact on a child's physical and mental development, with implications for both their immediate and future life chances. The various ways that specific aspects of housing affect children's health are complicated and our knowledge about them is incomplete.[10] Nevertheless, researchers have been able to demonstrate that housing – in isolation of other factors – directly affects children's healthy development.

The impact of poor housing conditions

Growing up in poor housing conditions[11] has an undeniable impact on children's health. The evidence is particularly strong on the effect of cold, damp and mould. Cold temperatures lower resistance to respiratory infections; damp conditions are favourable to bacteria and viruses; and mould and fungi produce allergens that can lead to asthma and other respiratory problems.

Damp and mould impact more strongly on children than adults.[12] Reviews of the evidence in the UK and other countries have concluded that children living in damp, mouldy homes are between one and a half and three times more prone to coughing and wheezing – symptoms of asthma and other respiratory conditions – than children in dry homes.[13] Such symptoms can lead to sleep loss, restrictions on children's daily activities, and absence from school, all of which have long-term implications for a child's personal development.

European studies confirm the review findings. The studies, which involved children of all ages, have shown that asthma symptoms are more common among children living in mouldy and damp homes.[14] These studies relied on parents to record their housing conditions and children's health. Concerns have been expressed about the reliability of such data,[15] but studies using objective measures of housing conditions still

provide clear evidence of a link between damp and mould and respiratory problems in children. A study undertaken in Nottingham, for example, found that children aged nine to 11 living in damp houses were 32 per cent more likely to be at risk of a wheezing illness such as asthma, and 97 per cent more likely to experience frequent respiratory problems at night.[16]

"I would just like it if the house was warm enough… just so our health is not at risk. But this house is very damp and cold. It's damaging our life and my babies' lives.'

Karen and her three children live in a two-bedroom council house with a severe cold and damp problem.

Studies have shown that the higher the level of dampness or mould present in the home, the greater the likelihood of recurrent wheezing.[17] One study undertaken in Sweden found that children living in homes where there were three or more signs of dampness were nearly three times more likely to experience recurrent wheezing compared to those living in dry housing.[18] Conversely, reducing the level of dampness can benefit children's respiratory health, although the evidence on successful interventions is mixed. A study undertaken on a Glasgow housing estate found that installing central heating into homes prevented further deterioration in health, but did not improve it.[19] This suggests that the long-term impact on children's health of living in poor housing conditions is not easily reversed by improving those conditions.

Several studies have suggested a link between dampness and mould and other health problems in children, such as diarrhoea, headaches and fever.[20] The explanation for this is unclear, besides the fact that damp housing conditions encourage bacteria and viruses.

Living in cold, damp housing may well have an impact on children's mental health too, increasing children's chances of experiencing stress, anxiety and depression. It is hard to isolate a causal link though, because children living in poor housing conditions have often experienced considerable adversity besides substandard housing.[21] Nevertheless there is some evidence to suggest that improving housing conditions can lead to measurable mental health gains.[22] Rehousing may also have a positive impact on mental health, but this has not been proven unequivocally.[23]

A link has been demonstrated between unfit and overcrowded housing and psychological distress in eight- to 11-year-olds.[24] Living in such conditions children may have difficulty coping, feel angry, anxious or depressed, or have difficulty sleeping.

The impact of homelessness

Homelessness[25] has a significant impact on children's health, as well as on the quality of the health care they receive. Homeless children are more likely to be in poor health than non-homeless children. Homeless children have four times as many respiratory infections, five times as many stomach and diarrhoeal infections, twice as many emergency hospitalisations, six times as many speech and stammering problems, and four times the rate of asthma compared to non-homeless children, according to one US charity.[26] However, the extent to which these findings can be attributed directly to homelessness rather than related risk factors is unclear.

The impact of homelessness on children begins at birth. Children born to mothers who have been in bed and breakfast accommodation for some time are more likely to be of low birth weight. They are also more likely to miss out on their

immunisations,[27] which can have serious implications on their future health. On top of this, living in bed and breakfast accommodation puts children at greater risk of infection, especially gastroenteritis, skin disorders and chest infections, and accidents. Accidents are discussed in more detail later in the report.

Homelessness also affects children's access to health care. Homeless children are less likely to receive appropriate care: fewer homeless children are registered with a GP[28] and, partly as a consequence of this, they are more likely to be admitted to hospital, regardless of the severity of their condition.[29] Attending hospital in situations where GP treatment would be more appropriate may increase a child's exposure to infections, cause them unnecessary distress, and reduce the continuity of medical care they receive, as well as incurring higher health services costs.

Mental health problems are more prevalent among homeless children. Research has found that children who have been in temporary accommodation for more than a year are over three times more likely to demonstrate mental health problems such as anxiety and depression than non-homeless children.[30] Two-thirds of respondents to a Shelter survey said their children had problems at school, and nearly half described their children as 'often unhappy or depressed'.[31]

The prevalence of mental health problems among homeless children may in part be related to other related risk factors – such as an increased likelihood of having a history of abuse, having lived in care, or being on the at-risk register[32] – which may in turn be exacerbated by homelessness. A review of studies undertaken in the US into the emotional well-being of homeless children concluded that, while there does seem to be a deleterious impact of homelessness on children's mental health, more research is needed to understand the mechanisms involved.[33] Children's mental ill-health may be attributable to multiple risk factors.[34]

There is evidence to suggest that the impact of homelessness on children's emotional well-being may be long lasting. A longitudinal study undertaken in Birmingham found that two-fifths of the homeless children studied were still suffering mental health and development problems one year after being rehoused.[35] Their language skills continued to lag behind that which would be expected for their age and they were three times more likely to suffer mental health problems than children from a similar socio-economic background who had not experienced homelessness.

It was unclear to what extent homelessness could account for the children's long-term difficulties; the study found that even after being rehoused these children remained vulnerable to family breakdown, domestic violence, maternal mental health disorders, learning and development difficulties, and loss of peer relationships. Nevertheless it is possible that the experience of homelessness has a lasting impact on children's emotional well-being. The long-term impact of housing on children's health is examined in more detail on page 17.

The impact of overcrowding

Living in overcrowded[36] accommodation or housing with shared facilities puts children at greater risk of infectious disease, so it is unsurprising that research demonstrates the link between overcrowded conditions and children's ill-health.[37]

Several studies have linked respiratory problems in children to overcrowded housing conditions.[38] Poor respiratory health in children living in overcrowded homes may be caused by an increased incidence of infectious disease, but such children are also more likely to be exposed to tobacco smoke because they are living in a confined space. A large cohort study undertaken in Avon found that six-month-old infants were 26 per cent more likely to have symptoms of wheezing if they were living in overcrowded housing conditions.[39] Studies have also found a direct link between childhood

tuberculosis infection and overcrowding.[40] Tuberculosis can lead to serious health complications, including problems with the lungs and kidneys, and even death.

Living in overcrowded housing increases the risk of children contracting viral or bacterial infections, putting them at higher risk of life-threatening diseases such as meningitis. A study in Australia found the risk of a child under eight contracting bacterial meningitis was 10 times greater in overcrowded housing, even when other contributing factors such as age, ethnicity and socio-economic status were taken into account.[41]

Over 900,000 children in England live in overcrowded conditions.

Source: Survey of English Housing 2000-03, combined data.

Two UK studies, which focused on children under the age of five, have also found a link between overcrowded housing conditions and heightened risk of contracting meningitis. One of these undertaken in the Bristol and Western Health Authority found a six-fold increase in the risk of contracting meningococcal (bacterial) meningitis in overcrowded conditions.[42] The other, in the North East Thames region, found that contraction rates were 74 per cent higher for meningococcal meningitis and approximately twice as high for pneumococcal (a different kind of bacterial) meningitis in the electoral wards with the highest proportion of overcrowded homes.[43] Bacterial meningitis can be life-threatening, and even when treatment is effective, it can have serious long-term effects such as loss of hearing or sight, and behavioural problems.

Several studies have identified a relationship between overcrowding and slow growth in childhood. One study using data from the National Child Development Study found that children in overcrowded households were more likely to experience slow growth (measured as being in the lowest fifth of the height distribution).[44]

There are a number of possible reasons for the relationship between growing up in overcrowded accommodation and slow growth. Overcrowding could be an indicator of poverty and poor housing conditions, both of which affect children's development. It could also reflect the fact that children in overcrowded housing experience increased rates of intestine and respiratory infection.[45] Frequent sleep disturbance, common among children in overcrowded housing, may also be a factor: growth hormone is released during deep sleep and its secretion falls if sleep is disrupted.[46]

Shelter has highlighted the issue of 'buggy babies' – infants who are left in their prams, either because the surrounding conditions are so bad or because of overcrowding. These babies develop deformed skulls because they spend most of their time in a lying position in the pram, causing the soft bone in the skull to become misshapen before it sets permanently.[47]

Living in overcrowded housing has implications for mental as well as physical health. The number of studies in this area is limited, but there is evidence of a significant association between overcrowded housing and poor psychological health in children,[48] including very young children.[49]

There may also be a direct link between overcrowding and child mortality, although the evidence is limited.[50] A study of stillbirths and deaths within the first week of life was undertaken in the early 1980s in Scotland. Although the study did not control for possible confounding factors such as differences in family income, there was a significant correlation between the incidence of stillbirths and deaths and overcrowded housing conditions and housing tenure.[51]

The long-term impact

The evidence on the long-term impact of poor housing on children's health is mixed and can be hard to interpret. There is, however, evidence of a direct link between housing conditions in childhood and later health problems, or even death, in some population cohort studies. These studies gather information about a group of research subjects over a long period of time to enable researchers to examine the long-term effects of problems such as poverty and bad housing.

One such study – the Boyd Orr Cohort, which studied individuals growing up in pre-World War II Britain – found a significant association between poor housing conditions in childhood and an increased risk of mortality from coronary heart disease, for example.[52] However, another study concluded that nutrition during childhood, rather than living conditions and infection, was more likely to affect the risk of later coronary heart disease.[53]

Research using the National Child Development Study found that, after controlling for a range of other factors, experience of multiple housing deprivation increased the risk of severe ill-health or disability – having a physical disability or long-standing illness – during childhood and early adulthood by an average of 25 per cent.[54]

Overcrowded housing conditions during childhood certainly appear to have a long-term impact on health. Growing up in overcrowded conditions has been linked to respiratory problems in adulthood.[55] One in four people who had lived in overcrowded housing at the age of seven suffered from a respiratory disease at the age of 23.[56] By the age of 33 the risk of respiratory disease among those who had experienced overcrowding throughout childhood had increased to one in three.[57]

There is a strong relationship between the level of overcrowding experienced in childhood and helicobacter pylori infection, which is a major cause of stomach cancer and other debilitating illnesses of the digestive system (chronic gastritis and peptic ulcer disease) in adults. Those living in very overcrowded conditions during childhood have been found to be twice as likely to have the infection when they reach 65 to 75 years of age.[58] The helicobacter pylori infection can be a life-long infection if acquired in childhood and left untreated. The infection is usually transmitted in close living conditions.

Both short-term, severe housing deprivation and sustained experience of poor housing can have a long-term impact on health.

The link between growing up in overcrowded housing conditions and slow growth in infancy was mentioned earlier in this report. Slow growth has been found to be associated with an increased risk of heart disease in adults, thus has a significant impact on long-term health.[59]

The length of time spent in overcrowded conditions also appears to impact on adult mental health. People who had lived in overcrowded housing throughout their childhood were found to be at higher risk of being depressed at the age of 23 than other 23-year-olds.[60]

Research suggests that both short-term, severe housing deprivation and sustained experience of poor housing can have a long-term impact on health.[61] Adverse housing conditions experienced in the first years of life are most likely to result in long-term health problems. Early childhood is a critical period where housing conditions have a profound and sustained impact on an individual's life chances.

Tanya's story

Tanya, aged 16, lives in a two-bedroom council house with her mother and two baby sisters. The house is damp and extremely cold because the heating does not work and cold air gets in through holes in the walls.

'It's impossible for a house to be this cold… The heating just stays the same; it just doesn't do anything. In my mum's room there are holes near the window, you can feel the air coming in.'

The cold is having a severe impact on the family's health. 'Everyone in this house… always wakes up with a headache, and a blocked nose… Before it was just me and my mum, but now we've got two babies. And the oldest one, Denise, every month she gets a cold… It's not good for a child of that age.' Denise also suffers from regular chest infections and asthma.

Tanya is worried about the long-term impact living in the house will have on her health. Her ill-health has also meant she has missed a lot of school: 'If you look at my record at school, each month I missed a week.' On top of that it is difficult for her to study at home because of the cold.

The family's doctor has written three letters to the council declaring the home unsuitable for children, as have a health visitor and the family's solicitor, but as yet they have had no response.

Photo: Nick David

‘I don’t want to get pneumonia by the time I’m 20, I just want to be healthy. Now I can’t stand a bit of cold outside, I feel chest pain. Sometimes I can’t even breathe.’

Photo: Nick David

Staying safe

Staying safe

How does bad housing affect children's safety?

- Almost half of all accidents involving children are related to physical conditions in and around the home.
- Children in deprived areas are three times more likely to be hit by a car.
- Families living in a property that is in a poor physical condition are more likely to experience a domestic fire and less likely to own a smoke alarm.

Housing has a significant impact on children's safety. An unsafe environment increases the likelihood of accidents and injury, which could have implications for a child's future, both physical and psychological.

Every year almost 900,000 children under the age of 15 attend hospital, and around one hundred die, as a result of accidents in the home.[62] Nearly half of all accidents involving children have been found to be associated with architectural features in and around the home.[63]

Almost 900,000 children under 15 attend hospital every year because of accidents in the home.

Housing in poor condition is more likely to contain hazards that could create an unsafe environment for a child. For example, uneven floors or stairs could cause a child to trip and fall, or faulty electrical wiring could cause a house fire. Families living in properties that are in poor physical condition are more likely to experience a domestic fire but less likely to own a smoke alarm.[64]

The wider environment around the home also has a profound impact on children's safety. Children living in deprived areas, where the incidence of poor housing is often highest, are three more times likely to be hit by a car.[65] Furthermore, children's perceived level of safety in their home or local community may also have an impact on their emotional well-being.[66]

Photo: Nick David

Enjoying and achieving

Enjoying and achieving

How does bad housing affect children's learning?

- Homeless children have lower levels of academic achievement that cannot be explained by differences in their levels of ability.
- Homeless children are two to three times more likely to be absent from school. Higher levels of absence from school and increased mobility between schools seem to explain the lower levels of academic achievement.
- Poor housing conditions have a damaging impact on children's learning. Children living in overcrowded or damp accommodation are more likely to miss school.

Learning and schooling are important elements of a child's development and strong determining factors of a child's life chances. Play and recreation also play a crucial role. Homelessness, poor housing conditions and overcrowding all have significant negative impacts on these areas of childhood development.[67]

Homelessness has a particularly adverse effect on educational progress because of the problems of access to schools, attendance, and the isolation that children can feel because of their traumatic circumstances. The evidence suggests that the academic under-achievement of homeless children can be related to their housing status, as opposed to other factors. A study of homeless children aged six to 11 years in New York found that there were no differences between homeless and housed students in terms of their intelligence, but there was a statistically significant difference in their academic achievement, even when controlling for age, sex, race, social class and family status.[68]

Homeless children are two to three times more likely to be absent from school,[69] which may explain their lower academic achievement. However, the number of days missed from school is not always sufficient to explain the under-achievement.[70] School mobility also appears to be a contributing factor.[71] Children in temporary housing are often forced to move school frequently, causing them to lose out on the stable influence of attending a single school, as well as to miss valuable class time. A survey undertaken by Shelter found that homeless children in temporary accommodation missed an average of 55 school days (equivalent to quarter of the school year) due to the disruption of moves into and between temporary accommodation.[72]

One study found that children who had been homeless still had delayed development in their communication abilities one year after being rehoused.

The impact of homelessness and poor housing conditions on children's learning persists even when conditions improve. One study undertaken in Cornwall, for example, found that children who had been homeless still had delayed development in their communication abilities one year after being rehoused.[73]

Overcrowding and poor housing conditions also have a damaging impact on children's learning. Analysis of the National Child Development Study has found that children in overcrowded homes miss more school for medical reasons than other children.[74] Furthermore, overcrowded homes often lack a suitable place for children to study.

The impact that poor housing conditions have on parenting may provide an explanation for the effect of housing conditions on children's learning. One study found that parents in overcrowded homes were less responsive and spoke in less sophisticated ways to their children compared with parents in uncrowded homes, even when socio-economic status was taken into account.[75] This may be explainable by the higher levels of stress and depression among parents living in overcrowded conditions.[76] This finding may also account for the link that has been found between residential crowding and delayed cognitive development. A French study found that children growing up in a home with at least two children per bedroom are both held back in their education and drop out of school earlier much more often than other children.[77] The study found that 60 per cent of adolescents in overcrowded housing were held back a grade in primary or middle school, which is more than 20 per cent higher than adolescents in uncrowded housing. Such a difference could only partially be explained by discrepancies in family income.

'There are some mean girls. They tease me sometimes. They say you haven't got a home and names and that.'

Lucy, 10, has been living in temporary accommodation with her mother for over a year.

Cold, damp housing also affects children's learning because of its impact on health, which in turn impacts on school attendance among other things. A study undertaken in Cornwall found that the installation of central heating into damp, unheated bedrooms of children aged nine to 11 helped to alleviate respiratory problems and increase school attendance.[78] Children lost 9.3 days per 100 school days because of asthma before the intervention and 2.1 days afterwards.

'When my friend comes round he says [my home] stinks and when I go to school this boy says my clothes stink... but Mummy washes them.'

Ben, 8, lives with his mother and two brothers in an overcrowded ground floor council flat with a severe damp and mould problem.

The high levels of lead still found in some older, less expensive housing may also have an impact on children's attainment. Even at low levels, lead affects neurological and intellectual development in children.[79] Blood lead and tooth lead measures during the first few years of life show a weak, but very significant, inverse association with child IQ at ages five upwards.[80]

Poor housing conditions also affect children's recreational opportunities. A study undertaken by Shelter of 505 families living in overcrowded conditions found that four-fifths of families felt that there was not enough room in their homes for their children to play. Children living in temporary accommodation often face limited space to play and some studies suggest that this can lead to depression or aggressive behaviour.[81]

Photo: Dan Atkin

Ben's story

Eight-year-old Ben lives with his mother and two brothers in an overcrowded ground floor flat. Shortly after the family moved in, a severe damp and mould problem developed. An environmental health inspector has declared the property unfit for human habitation on two separate occasions.

'It's the smell that's almost the worst thing. It's so bad when you come into the flat' describes Ben's mother, Sandra.

The damp and mould is having a severe impact on the children's health, which is affecting their education because they are missing school so often due to illness. 'My oldest little boy [Ben] is having difficulties at school. And he's had so much time off, so when you have lots of time off it makes things much worse.'

The children's mental health is also being affected. Ben is being teased at school because his clothes smell of damp, which is affecting his self-confidence. 'It's not right… to be told that you smell. Kids are so cruel. [Ben] was teased for it. He's seeing the child psychologist now because he has low self-esteem.' The condition of the house makes it difficult for him to have friends round to play, which is impacting on his social development.

Ben's five-year-old brother Adam hates the house so much that he refuses to come home after school. 'The other day he just lay on the floor in the playground until 4pm. I couldn't lift him up. He just didn't want to go home. With kids it comes out in different ways, doesn't it… they change. If they were in a place where they were happy it would be better for their development. All kids want is to feel normal.'

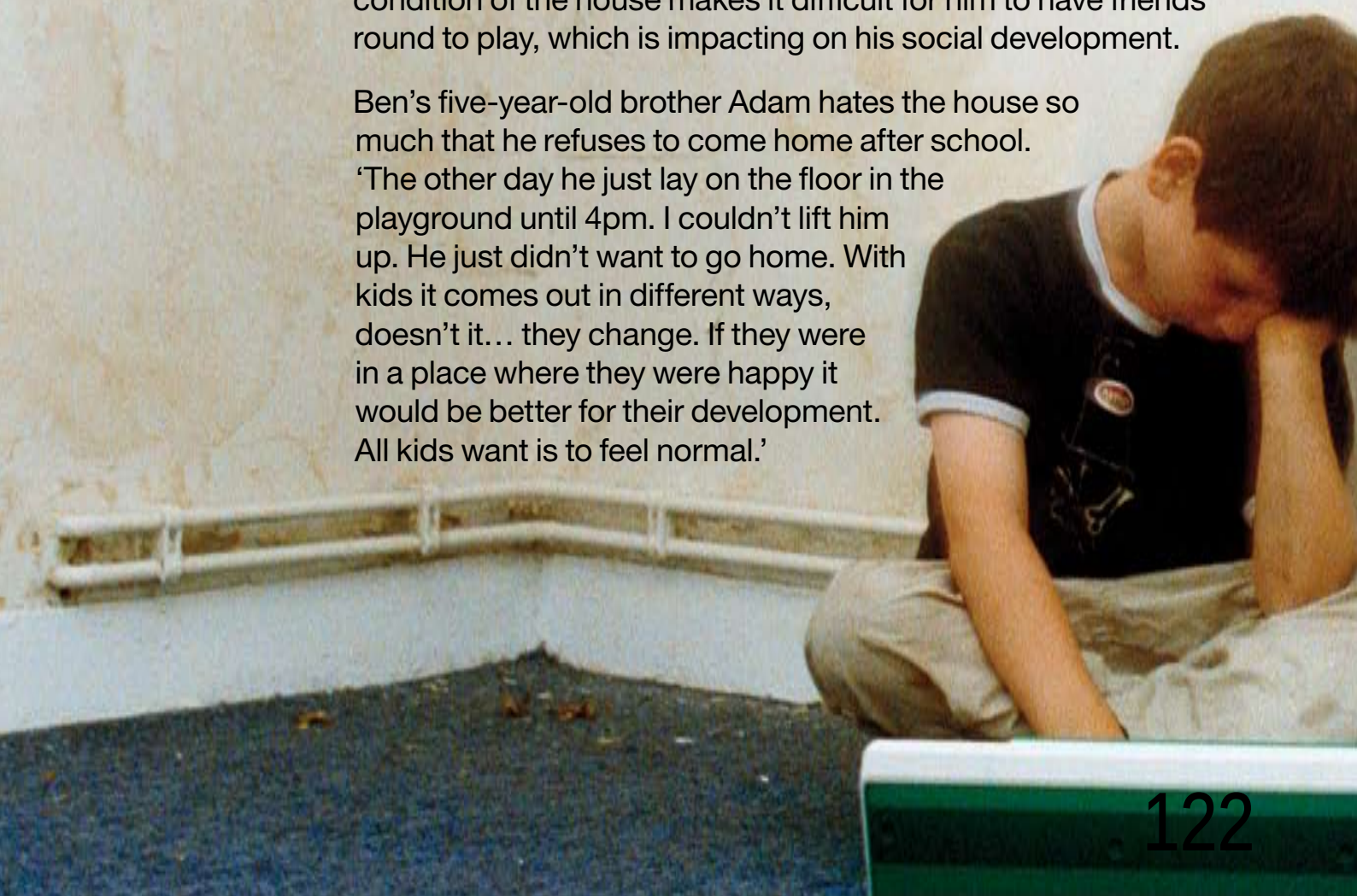


Photo: Nick David

Making a positive contribution

Making a positive contribution

How does bad housing affect children's chances to make a positive contribution in life?

- Homeless children are more likely to show signs of behavioural problems such as aggression, hyperactivity and impulsivity.
- Poor housing conditions and overcrowding may also contribute to the emergence of problem behaviour.
- Behavioural difficulties in childhood, which may be attributable to or exacerbated by bad housing, can manifest themselves in offending behaviour later in life. Nearly half of male remand young offenders and 42 per cent of female sentenced young offenders have experienced homelessness.

This outcome relates to children's ability to develop positive behaviour, build secure relationships, and acquire the self-confidence to deal with significant life changes.

Homelessness[82] and poor housing conditions have a proven negative impact on a child's behaviour during childhood and into adulthood, potentially leading to antisocial behaviour and offending, both of which will have a severe implications for life chances.

Evidence shows that problem behaviour is more prevalent among children living in poor housing, although the link between housing and such behaviour remains unclear. Homeless children aged six and over have been found to be more likely to show signs of aggression, hyperactivity and impulsivity, according to a study in the US.[83] Likewise, a study of homeless children living in an outer-London borough found them to be four and a half times more likely to have a behavioural problem than other children of their age.[84] Behavioural problems can result in disruption to education including exclusion, as well as difficulty in developing and maintaining positive relationships.

Such difficulties in childhood may manifest themselves later in offending behaviour. Some overlap between the experience of homelessness and youth offending is clear: nearly half (46 per cent) of male remand young offenders and 42 per cent of female sentenced young offenders have experienced homelessness.[85] Yet the impact that housing problems have on patterns of offending behaviour in isolation from other risk factors is still poorly understood.

It has been suggested, for example, that high levels of aggression in children who have experienced homelessness may be linked to heightened levels of violence experienced by their parents.[86] Domestic violence increases the risk of family homelessness, but also increases levels of aggression in children. On the other hand, the fact that children living in high-rise accommodation demonstrate problem behaviours has been attributed, among other things, to restricted play opportunities and safety concerns, which are direct consequences of poor housing.[87] It is clear that the various factors that give rise to behavioural difficulties in children who experience poor housing conditions require further exploration.

Forty-six per cent of male remand young offenders have experienced homelessness.

Photo: Nick David

Economic well-being

Economic well-being

How does bad housing impact on children's economic well-being?

- The high costs of temporary accommodation can make it difficult to make working worthwhile financially, trapping homeless families in unemployment, which is strongly associated with poverty and reduced life chances.
- Living in bad housing as a child results in a higher risk of low educational achievement. This in turn has long-term implications for economic well-being in adulthood because of the increased the likelihood of unemployment or working in insecure or low-paid jobs.
- Bad housing in childhood is linked to long-term health problems, which can affect employment opportunities later in life.

Housing circumstances often have a direct impact on family income, which in turn significantly affects children's life chances.

Living in temporary accommodation increases the risk of the household experiencing unemployment and poverty. Most homeless[88] families who live in temporary accommodation rely on benefits. Because Housing Benefit tapers as income rises, money earned through work results in relatively small increases in real income. The high costs of temporary accommodation, combined with the costs associated with working, can make it difficult to make working worthwhile financially.[89] Living in workless households is strongly associated with poverty and reduced life chances for children.

Bad housing also has critical implications for children's future economic well-being. The higher risk of poor health and educational under-achievement among those who grow up in poor housing conditions may affect their economic prospects and increase the risk of unemployment or working in low-paid jobs.

In particular, low educational achievement increases the risk of adult exclusion. Adults with low basic skills are five times as likely to be unemployed as those with average skills.[90] Children's early development also has an impact. For example, research has identified a relationship between slow growth in childhood, which has been linked to overcrowded housing conditions, and unemployment in early adulthood. This suggests that some features of the childhood environment may influence both early growth rate and labour market success.[91]

'I do feel like I've let [my daughter] down in a lot of ways. All her possessions are in storage. When we first moved here, she was in tears a lot of the time. I went to her school and told her teachers what was happening. Her behaviour wasn't normal.'

Nicky and her 10-year-old daughter have been living in temporary accommodation for 15 months.

Conclusion and recommendations

Growing up in poor housing has a profound and long-term impact on children's life chances, with the associated societal costs across a whole range of policy areas including health, education and the economy. This report presents strong evidence of a clear 'housing effect' on five key areas of children's life chances.[92] Despite this, public policy has paid surprisingly little attention to the impact of bad housing on children's life chances.

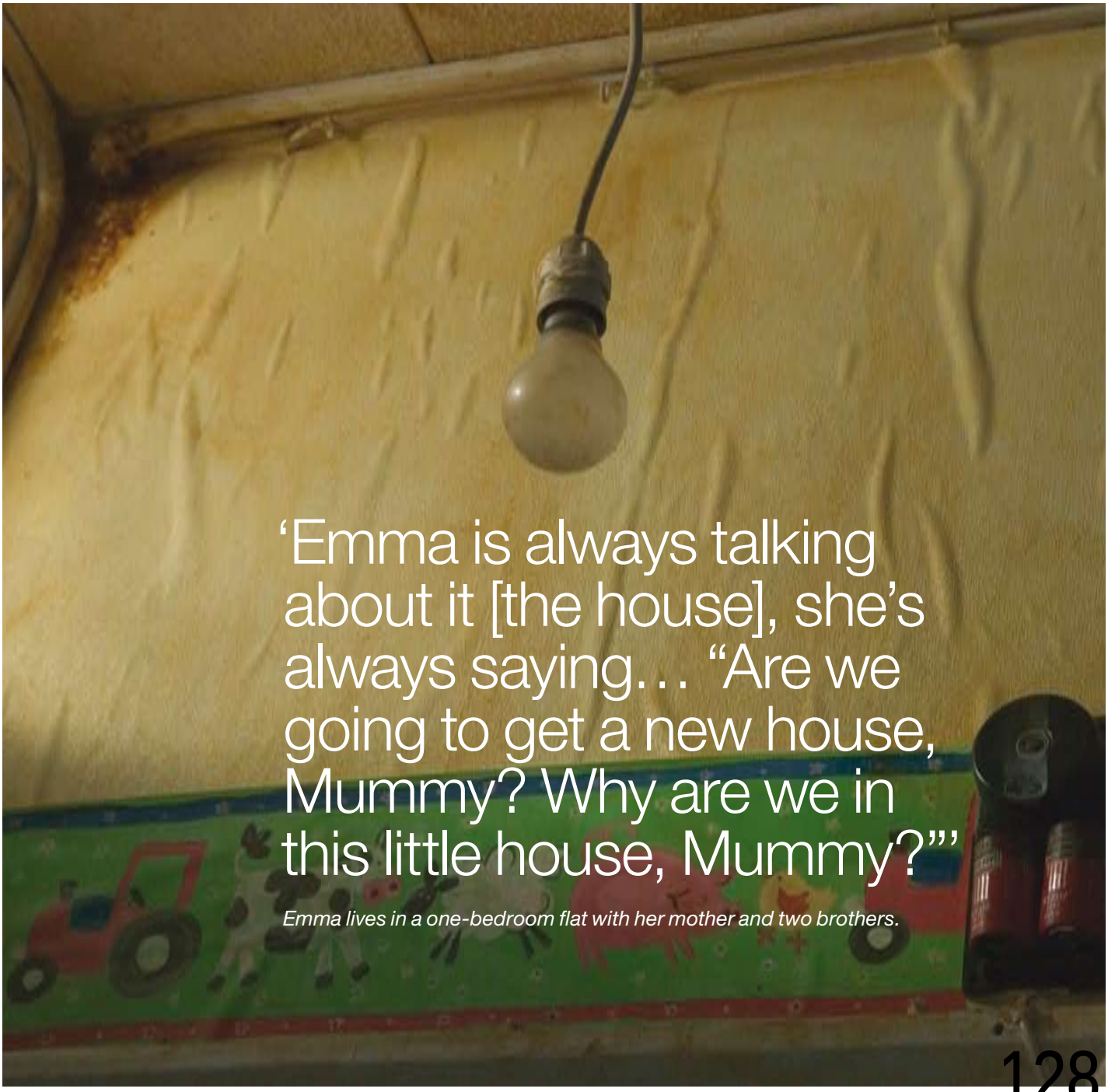
The Government's Every Child Matters programme offers a unique opportunity to improve and shape children's services for the better, but it is vital that housing is integrated at the heart of this agenda. The impact of poor housing on children's life chances is both immediate and long term, and can no longer be ignored. Tackling unfit and poor housing conditions, homelessness and overcrowding will help children to thrive and will contribute towards the Government's target of ending child poverty by 2020.

Shelter's recommendations

- An additional 20,000 affordable social rented homes must be built each year, above and beyond existing plans. This is a minimum requirement to meet urgent newly arising need, and to ensure the Government meets its target to halve the numbers in temporary accommodation by 2010. The 2007 Comprehensive Spending Review must allocate the investment required to build the decent homes that our children need.
- The Government must introduce a modernised statutory definition of overcrowding, based on the bedroom standard, which reflects today's understanding of children's need for space and privacy. This is the only way to establish a true picture of the overcrowding problem, and will help to make assessments of housing need more accurate.
- The Government must set a target to end overcrowding for families with children in the rented sector by 2020, and set out a strategy to meet this target. This should include increased provision of affordable, family-sized social rented homes.
- One in four homes across the social and private sectors are not of decent standard. Good progress has been made with the decent homes standard in the social rented sector. However, continued resources and commitment are needed to ensure that the decent homes target for the social rented sector and vulnerable groups in the private sector is met. The decent homes standard is very much a minimum standard, so the Government must continue to review and improve conditions after the target is met.
- The housing affordability crisis must be tackled head on so that parents can afford to provide decent housing for their children. This means encouraging increased supply of market housing to help stabilise prices and enabling a more balanced and equitable housing market through taxation reform. It also means doing more to help those on low incomes meet their housing costs.
- The Government must provide secure and increased funding for housing advice and tenancy sustainment services. These play a vital role in preventing families with children from becoming homeless and enabling them to access their housing rights.
- The research in this report demonstrates that there is a clear housing effect on children's life chances, but there are still many gaps in our knowledge and understanding of the impacts of bad housing. The Government must commission more research into the exported costs of bad housing (see page 32 for details).

- The Government's Every Child Matters Outcomes Framework should be revised to reflect the direct impact that housing has on all aspects of children's life chances, and the Government should consider whether revised Public Service Agreement (PSA) targets should be introduced to reflect this.
- Key agencies including Primary Care Trusts, local education authorities, Sure Start children's centres and Connexions branches should have an officer with designated responsibility to provide support for homeless children. These roles should have a particular emphasis on prevention work around health and education.
- To improve life outcomes for homeless children, the Government should encourage closer working relationships between key children's services and housing services. This would faciliate better information sharing and prevent gaps in service provision from arising.

Photo: Graham Fink



'Emma is always talking about it [the house], she's always saying… "Are we going to get a new house, Mummy? Why are we in this little house, Mummy?"'

Emma lives in a one-bedroom flat with her mother and two brothers.

The need for more research

A review of academic literature has drawn together strong evidence of the direct impact of bad housing – poor housing conditions, homelessness, and overcrowding – on children's life chances. However, given the clear link, the volume of high quality research in this area is surprisingly limited and there is an urgent need for more comprehensive research in this area.

Areas where the need for further research is particularly pressing are the psychological, social or behavioural effects of poor physical environments; the impact of poor housing on particularly vulnerable groups; and the impact of interventions set up to address housing problems.[93]

More robust, up-to-date evidence of the 'housing effect' on children's life chances would contribute to the already compelling case for addressing poor conditions, overcrowding and homelessness for children and families.

Photo: Jan Erik Posth

References

1 For a definition of 'homelessness' as used in this report, see What is bad housing? on page 11.

2 For more information on the Government's Every Child Matters: Change for Children programme visit www.everychildmatters.gov.uk

3 Mullins P, Western J and Broadbent B, *The links between housing and nine key socio-cultural factors: a review of the evidence positioning paper,* Australian Housing and Urban Research Institute, 2001.

4 Evans GW and English K, The environment of poverty, multiple stressor exposure, psychophysical stress, and socioemotional adjustment, *Child Development*, 73 (4), 1238-1248, 2002.

5 Stitt S, Griffiths G and Grant D, Homeless and hungry: the evidence from Liverpool, *Nutrition and Health,* 9(4):275-87, 1994.

6 Reacroft J, *Do my kids have to live like this forever?*, Barnardos, 2005; *Full house? How overcrowded housing affects families*, Shelter, 2005; *Where's home? Children and Homelessness in Bristol*, Shelter, 1999.

7 Rashleigh B, Keeping it in the family, *Roof*, September/October 2005; Marsh A , Gordon D, Pantazis C and Heslop P, *Home Sweet Home? The impact of poor housing on health*, Policy Press, 1999.

8 The definitions listed reflect Shelter's use of these terms. These may differ slightly to the definitions used by some of the studies referred to in this report. US studies referred to studied homeless children in shelters.

9 For a definition of 'homelessness' and 'poor conditions' as used in this report, see What is bad housing? on page 11.

10 Fuller-Thomson E, Hulchanski JD and Hwang S, The housing/health relationship: what do we know?, *Reviews on Environmental Health*, 15, 109-133, 2000.

11 For a definition of 'poor housing conditions' as used in this report, see What is bad housing? on page 11.

12 British Medical Association, *Housing and health: building for the future*, British Medical Association, 2003.

13 Strachan D, Damp housing, mould allergy and childhood asthma, *Proceedings of the Royal College of Physicians in Edinburgh*, 21:140-6, 1991; Peat JK, Dickerson J and Li J, Effects of damp and mould in the home on respiratory health: a review of the literature, *Allergy*, 53, 2, 120-128, 1998.

14 Bornehag CG, Sundell J, Hagerhed-Engman L, Sigsggard T, Janson S, Aberg N and the DBH Study Group, Dampness at home and its association with airway, nose and skin symptoms among 10,851 pre-school children in Sweden: a cross-sectional study, *Indoor Air*, 15 (S 10), 48-55, 2005; Andriessen JW, Brunekreef B and Roemer W, Home dampness and respiratory health status in European children, *Clinical and Experimental Allergy*, 28, 10, 1191-1200, 1998; Koskinen O, Husman T, Meklin T and Nevalainen A, Adverse health effects in children associated with moisture and mould observations in houses, *International Journal of Environmental Health Research*, 9, (2), 143-156, 1999.

15 Dales RE, Miller D, McMullen E, Indoor air quality and health: validity and determinants of reported home dampness and moulds, *International Journal of Epidemiology*, 26, 1, 120-5, 1997.

16 Venn AJ, Cooper M, Antoniak M, Laughlin C, Britton J and Lewis SA, Effects of volatile organic compounds, damp, and other environmental exposures in the home or wheezing illness in children, *Thorax*, 58, 11, 955-960, 2003.

17 Williamson IJ, Martin CJ and McGill G, Monic RD and Fennerty AG, Damp housing and asthma: a case control study, *Thorax*, 52, 229-34, 199[illegible]

18 Emenius G, Svartengren M, Korsgaard J, Nordvall L, Perschagen G and Wickman M, Indoor exposures and recurrent wheezing in infants – a longitudinal study in the BAMSE cohort, *Acta Paediatrica*, 93, (7) 899-905, 2004.

19 Hopton JL and Hunt SM, The health effects of improvements to housing: a longitudinal study, *Housing Studies*, 11, 2, 271-286, 1996.

20 Wilkinson, D, *Poor housing and ill health: a summary of the research evidence*, Scottish Office Central Research Unit, Edinburgh, 1999; Baker M, McNicholas A, Garrett N, Jones N, Stewart J, Koberstein V and Lennon D, Inequality in infant mortality, causes and consequences in England in the 1990s, *Journal of Epidemiology and Community Health*, 52, 451-458, 1998.

21 Vostanis P, Grattan E, Cumella S, and Winchester C, Psychosocial functioning of homeless children, *Journal of the American Academy of Child and Adolescent Psychiatry*, 36 (7), 881-889, 1997.

22 Thomson H, Petticrew M and Morrison D, *Housing improvement and health gain: a summary and systematic review*, MRC Social and Public Health Sciences Unit, 2002.

23 Chaudhuri N, Interventions to improve children's health by improving the housing environment, *Reviews on Environmental Health*, 19, 3-4, 197-222, 2004.

24 Evans GW, Saltzman H and Cooperman JL, Housing quality and children's socioemotional health, *Environmental and Behaviour*, 33 (3), 389-399, 2001.

25 For a definition of 'homelessness' as used in this report, see What is bad housing? on page 11.

26 http://www.cotsonline.org/homeless_kids.html

27 Royal College of Physicians, *Homelessness and ill health: report of a working party of the Royal College of Physicians*, 1994.

28 Amery J, Tomkins A and Victor C, The prevalence of behavioural problems amongst homeless primary school children in an outer London borough, *Public Health*, 109, 421-424, 1995.

29 Lissauer T, Richman S, Tempia M, Jenkins S and Taylor B, Influence of homelessness on acute admissions to hospital, *Archives of Disease in Childhood*, 69, 423-429, 1993.

30 British Medical Association, *Housing and health: building for the future*, British Medical Association, 2003.

31 Mitchell F, Neuburger J, Radebe D, Raye A, *Living in limbo: survey of homeless households living in temporary accommodation*, Shelter, 2004.

32 Vostanis P, Grattan E, Cumella S and Winchester C, Psychosocial functioning of homeless children, *Journal of the American Academy of Child and Adolescent Psychiatry*, 36 (7), 881-889, 1997.

33 Holden EW, Horton LA and Danseco ER, The mental health of homeless children, *Clinical Psychology: Science and Practice 2*, 2, Summer 1995, 165-178, 1995.

34 Masten AS, Miliotis D, Graham-Berman SA, Ramirez ML and Neeman J, Children in homeless families: risks to mental health and development, *Journal of Consulting and Clinical Psychology*, 61, 335-343, 1993.

35 Vostanis P, Grattan E and Cumella S, Mental health problems of homeless children and families: a longitudinal study, *British Medical Journal*, 316, 899-902, 1998.

36 For a definition of 'overcrowding', see What is bad housing? on page 11.

37 ODPM, *The impact of overcrowding on health and education: a review of the evidence and literature*, 2004.

38 ODPM, *The impact of overcrowding on health and education: a review of the evidence and literature*, 2004.

39 Baker M, McNicholas A, Garrett N, Jones N, Stewart J, Koberstein V and Lennon D, Inequality in infant mortality, causes and consequences in England in the 1990s, *Journal of Epidemiology and Community Health*, 52, 451-458, 1998.

40 ODPM, *The impact of overcrowding on health and education: a review of the evidence and literature*, 2004.

41 Baker M, McNicholas A, Garrett N, Jones N, Stewart J, Koberstein V and Lennon D, Household crowding a major factor for epidemic meningococcal disease in Auckland children, *Paediatric Infectious Disease Journal*, 19 (10) 983-990, 2000.

42 Stanwell-Smith RE, Stuart JM, Hughes AO, Robinson P, Griffin MB and Cartwright K, Smoking, the environment and meningocaccal disease, a case control study, *Epidemiological Infection*, 112 (2), 315-328, 1994.

43 Rees Jones I, Urwin G, Feldman RA and Banatvala N, Social deprivation and bacterial meningitis in North East Thames region, three year study using small area statistics, *British Medical Journal*, 314, 794-795, 1997.

44 Montgomery S, Bartley MJ and Wilkinson RG, The association of slow growth in childhood with family conflict, *NCDS User Support Group Working Paper 48*, 1996.

45 Eriksson JG, Forsen T, Tuomilehto J, Winter PD, Osmond C and Barker DJP, Catch-up growth in childhood and death from coronary heart disease: longitudinal study, *British Medical Journal*, 318, 427-431, 1999.

46 Montgomery S, Bartley MJ and Wilkinson RG, The association of slow growth in childhood with family conflict, *NCDS User Support Group Working Paper 48*, 1996.

47 Minton A and Jones S, *Generation squalor: Shelter's national investigation into the housing crisis*, Shelter, 2005.

48 Evans GW, Saegert S and Harrris R, Residential density and psychological health among children in low income families, *Environment and Behaviour*, 33, 2, 165-180, 2001.

49 Chaudhuri N, Interventions to improve children's health by improving the housing environment, *Reviews on Environmental Health*, 19, 3-4, 197-222, 2004.

50 ODPM, *The impact of overcrowding on health and education: a review of the evidence and literature*, 2004.

51 Williams FLR and Lloyd OLI, Mortality at early stages in Scottish communities 1959-1983: geographical distributions and associations with selected socio-economic indices, *Public Health 104*, 227-237, 1990.

52 Dedman DJ, Gunnell D, Davey Smith G and Frankel S, Childhood housing conditions and later mortality in the Boyd Orr Cohort, *Journal of Epidemiology and Community Health*, 55, 1, 10-15, 2001.

53 Eriksson JG, Forsen T, Tuomilehto J, Winter PD, Osmond C and Barker DJP, Catch-up growth in childhood and death from coronary heart disease: longitudinal study, *British Medical Journal*, 318, 427-431, 1999.

54 Marsh A , Gordon D, Pantazis C and Heslop P, *Home Sweet Home? The impact of poor housing on health*, Policy Press, 1999.

55 Brittan N, Davies JMC and Colley JRT, Early respiratory experience and subsequent cough and peak expiratory flow rate in 36-year-old men and women, *British Medical Journal*, 294, 1317-20, 1987.

56 Marsh A , Gordon D, Pantazis C and Heslop P, *Home Sweet Home? The impact of poor housing on health*, Policy Press, 1999.

57 Marsh A , Gordon D, Pantazis C and Heslop P, *Home Sweet Home? The impact of poor housing on health*, Policy Press, 1999.

58 Fall CHD, Goggin PM, Hawtin P, Fine D and Duggleby S, Growth in infancy, infant feeding, childhood living conditions and helicobacter pylori infection at age 70, *Archives of Disease in Childhood*, 77, 310-314, 1997.

59 Montgomery S, Bartley MJ and Wilkinson RG, The association of slow growth in childhood with family conflict, *NCDS User Support Group Working Paper 48*, 1996.

60 Ghodsian M and Fogelman K, A longitudinal study of housing circumstances in childhood and early adulthood London, *NCDS User Support Group Working Paper 29*, 1988.

61 Marsh A , Gordon D, Pantazis C and Heslop P, *Home Sweet Home? The impact of poor housing on health*, Policy Press, 1999.

62 Child Accident Prevention Trust, *Home accidents factsheet*, based on 2001/02 data, 2004.

63 Department of Trade and Industry, Home and leisure accident research, 1991, 12th annual report, 1988 data, Consumer Safety Unit, Department of Trade and Industry, quoted in Acheson D, *Independent Inquiry into Inequalities in Health*, 1998.

64 Ford G, *Fires in the home: findings from the British Crime Survey 2002/3*, ODPM, 2004.

65 Grayling T, Hallam K, Graham D, Anderson R and Glaister S, *Streets Ahead: Safe and liveable streets for children*, IPPR, 2002.

66 Blackman T, Harvey J, Lawrence M and Simon A, Neighbourhood renewal and health: evidence from a local case study, *Health and Place*, 7 (2) 93-103, 2001.

67 For a definition of these terms as used in this report, see What is bad housing? on page 11.

68 Rubin DH, Erickson CJ, Agustin MS, Cleary SD, Allen JK and Cohen P, Cognitive and academic functioning of homeless children compared with housed children, *Paediatrics*, 97 (3) 289-294, 1996.

69 Vostanis P, Grattan E, Cumella S and Winchester C, Psychosocial functioning of homeless children, J*ournal of the American Academy of Child and Adolescent Psychiatry*, 36 (7), 881-889, 1997; Vostanis P and Cumella S, *Homeless children: problems and needs*, 1999.

70 Rubin DH, Erickson CJ, Agustin MS, Cleary SD, Allen JK and Cohen P, Cognitive and academic functioning of homeless children compared with housed children, *Paediatrics*, 97 (3) 289-294, 1996.

71 Buckner JC, Bassuk EL and Weinreb LF, Predictors of academic achievement among homeless and low-income housed children, *Journal of School Psychology*, 39 (1), 45-69, 2001; Rubin DH, Erickson CJ, Agustin MS, Cleary SD, Allen JK and Cohen P, Cognitive and academic functioning of homeless children compared with housed children, *Paediatrics*, 97 (3) 289-294, 1996.

72 Mitchell F, Neuburger J, Radebe D and Raye A, *Living in limbo: survey of homeless households living in temporary accommodation*, Shelter, 2004.

73 Vostanis P, Grattan E and Cumella S, Mental health problems of homeless children and families: a longitudinal study, *British Medical Journal*, 316, 899-902, 1998.

74 Essen J, Fogelman K and Head J, Children's housing and their health and physical development, *Child: care, health and development*, 4, 357-369, 1978.

75 Evans GW, Maxwell L and Hart B, Parental language and verbal responsiveness to children in overcrowded homes, *Developmental Psychology*, 35, 1020-1023, 1999.

76 ODPM, *The impact of overcrowding on health and education: a review of the evidence and literature*, 2004.

77 Goux D and Maurin E, *The effect of overcrowded housing on children's performance at school*, INSEE, Paris, 2003.

78 Somerville M, Mackenzie I, Owen P and Miles D, Housing and health: does installing heating in their homes improve the health of children with asthma? *Public Health*, 114 (6), 434-439, 2000.

79 Needleman H and Gastonis C, Low level lead exposure and the IQ of children, *Journal of the American Medical Association*, 263 (5), 673-8, 1990.

80 Pocock SJ, Smith M and Baghurst P, Environmental lead and children's intelligence: a systematic review of the epidemiological evidence, *British Medical Journal*, 309, 6369, 1189-1197, 1994.

81 Evans GW, Wells NM and Moch A, Housing and mental health: a review of the evidence and a methodological and conceptual critique, *Journal of Social Issues*, 59, 3, 475-500, 2003.

82 For a definition of 'homelessness' as used in this report, see What is bad housing? on page 11.

83 Buckner JC, Bassuk EL, Weinreb LF and Brooks MG, Homelessness and its relation to mental health and behaviour of low income school-age children, *Developmental Psychology*, 35 (1), 246-257, 1999.

84 Amery J, Tomkins A and Victor C, The prevalence of behavioural problems amongst homeless primary school children in an outer London borough, *Public Health 109*, 421-424, 1995.

85 Lader D, Singleton N and Meltzer H, *Psychiatric morbidity among young offenders in England and Wales*, Office for National Statistics, London, 2000.

86 Anooshaian LJ, Violence and aggression in the lives of homeless children, *Journal of Family Violence*, 20, 6, 373-387, 2005.

87 Evans GW, Wells NM and Moch A, Housing and mental health: a review of the evidence and a methodological and conceptual critique, *Journal of Social Issues*, 59, 3, 475-500, 2003.

88 For a definition of 'homelessness' as used in this report, see What is bad housing? on page 11.

89 Mitchell F, Neuburger J, Radebe D and Raye A, *Living in limbo: survey of homeless households living in temporary accommodation*, Shelter, 2004.

90 Sparkes J, *Schools, Education and Social Exclusion*, CASE paper 29, London School of Economics, 1999.

91 Montgomery S, Bartley MJ and Wilkinson RG, The association of slow growth in childhood with family conflict, *NCDS User Support Group Working Paper 48*, 1996.

92 For details of the five 'outcomes' studied in this report, see the Introduction on page 10.

93 Breysse P, Farr N, Galke W, Lanphear B, Morley R and Bergofsky L, The relationship between housing and health: children at risk, *Environmental Health Perspectives*, 112 (15), 1583-1588, 2004; Thomson H, Petticrew M and Morrison D, *Housing improvement and health gain: a summary and systematic review*, MRC Social and Public Health Sciences Unit, 2002; Thomson H, Petticrew M, Morrison D, Health effects of housing improvement: systematic review of intervention studies, *British Medical Journal*, 323 (7306), 187-190, 2001.

Shelter is calling on the Government to end bad housing for the next generation of children.

Photo: Claudia Janke

Registered charity number 263710
RH177 September 2006

Bad housing wrecks lives

We are the fourth richest country in the world, and yet millions of people in Britain wake up every day in housing that is run-down, overcrowded, or dangerous. Many others have lost their home altogether. Bad housing robs us of security, health, and a fair chance in life.

Shelter believes everyone should have a home.

We help 170,000 people a year fight for their rights, get back on their feet, and find and keep a home. We also tackle the root causes of bad housing by campaigning for new laws, policies, and solutions.

Our website gets more than 100,000 visits a month; visit www.shelter.org.uk to join our campaign, find housing advice, or make a donation.

We need your help to continue our work.
Please support us.

88 Old Street
London
EC1V 9HU

Scotiabank House
6 South Charlotte Street
Edinburgh EH2 4AW

Telephone 0845 458 4590 or visit www.shelter.org.uk

ISBN 1 903595 64 9

£12.50

Shelter

THE DERBY CITY COUNCIL (CASTLEWARD) COMPULSORY PURCHASE ORDER 2020

APPENDIX 16

CASE STUDY EXTRACT FROM BREEFAM WEBSITE

STATEMENT OF EVIDENCE OF MR. MICHAEL GILLIE

ON BEHALF OF DERBY CITY COUNCIL

PUBLIC INQUIRY 26 – 29 January 2021