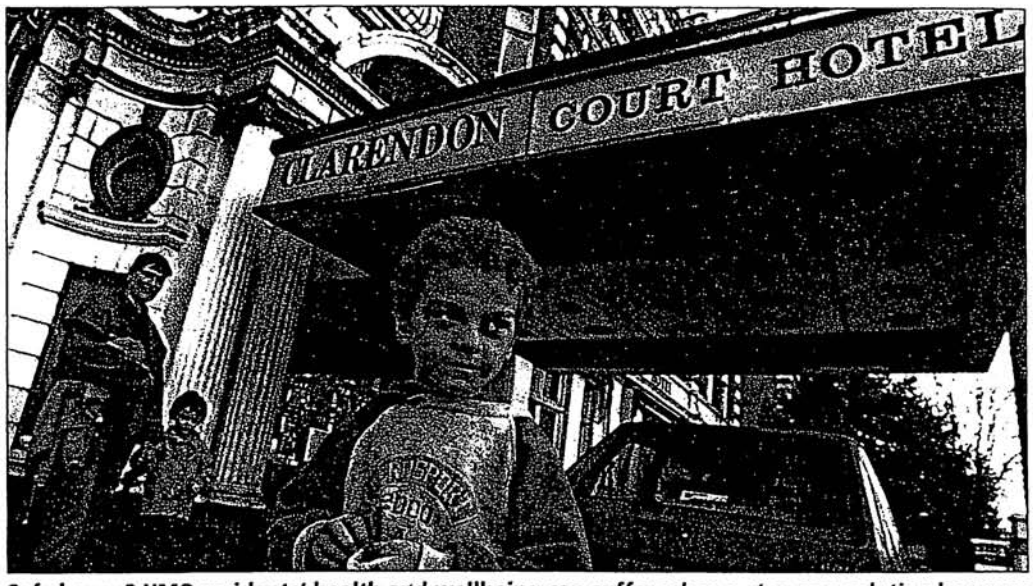
Health problems in Houses in Multiple Occupation

It is widely known that death rates for the homeless and those in temporary hostels are well above the national average.

***Mary Shaw, Danny Dorling** and **Nic Brimblecombe** highlight the alarming health in equalities faced by those in HMOs.*



Safe haven? HMO residents' health and wellbeing can suffer when a stop-gap solution becomes an ongoing situation

It has long been known that poverty and housing are related to health outcomes and life chances. Owner occupiers tend to enjoy the best health, while those in local authority housing have the worst health. In between these two categories lies the tenure category 'privately rented'. This category, widely used in housing studies, includes a wide variety of different situations. It includes people who are paying high rents for well-kept properties in prime locations. However, it also incorporates those who are living in Houses in Multiple Occupation, or HMOs, where facilities such as bathrooms and kitchens are shared by tenants. These people often live in only one room.

Recent research in Brighton has highlighted the diversity of this tenure category. Brighton has one of the highest rates of HMOs in the country. These are large and usually old buildings, often splendid examples of Regency architecture, now converted into bedsits. Not only do those living in this tenure often have to share facilities, but the standard of the accommodation is often very poor. Bathrooms are often in poor condition, cold and damp. There is often limited access to the kitchens, which may be poorly equipped and unhygienic. Many of these buildings are overcrowded and fail to have an adequate fire escape.

Whereas the council has an obligation to maintain its properties to a certain standard and it is in the interests of owner occupiers to maintain their property, when there is a great demand for private rented accommodation there is no incentive for private landlords to keep properties at a decent level of maintenance. A recent council survey of privately rented housing in Brighton found 32 per cent of properties in this tenure category were unfit for human habitation and a further 28 per cent were below reasonable repair standards.

Although these buildings are often in poor condition, they are not necessarily cheap to rent. While many properties may be deemed below reasonable standards of repair or even unfit for human habitation, the average rent for such accommodation currently stands at £50–£55 a week. Housing benefit, however, only pays about £42.50. This means that individuals must make up the shortfall from their benefits. With the Job Seekers Allowance for those aged 18–24 currently standing at £38.90 a week this does not leave much to live on.

However, these buildings containing HMOs stand side by side with those that have been converted into 'luxury' or 'executive' flats. If we take the private rented category as one category when considering the relationship of housing and health, then we are putting together people with very different lives, lifestyles and health issues. In reference to people in HMOs we are often talking about those who are vulnerably housed; they do not have permanent accommodation but are temporarily living in bedsits, bed and breakfast hotels (B&Bs) or hostels.

Mary Shaw, Danny Dorling and Nic Brimblecombe are researchers at Bristol University.

These people are more likely than the general population to suffer form a range of health and social problems. For example, Bines (1994), in her study of The Health of Single Homeless People (published by the Centre for Housing Policy, York) found that people living in hostels and B&Bs were twice as likely to have chronic chest conditions or problems breathing than the general population. They were also twice as likely to have digestive problems and frequent headaches and eight times as likely to have mental health problems.

These groups are more likely to be drug or alcohol-dependent. Many have spent their early lives in care, or are ex-prisoners, and have nowhere else to go. This is also a relatively young population; one study has estimated that approximately half of those living in bed and breakfast accommodation are below the age of 30. In many ways then, this is a vulnerable group with more than its fair share of problems but few sources of support to draw upon. Living in poor quality accommodation both creates and compounds these difficulties.

Our research, conducted at Bristol University, has shown that people who sleep rough have death rates of up to 40 times that of the general population, whereas hostel users have death rates up to 10 times greater. We have also been able to estimate death rates for an HMO (bed and breakfast/bedsit) population in Brighton using small area mortality data. With help from people with local housing knowledge we identified nine areas where addresses were predominantly bed and breakfast hotels or HMOs. The size and sex structure of this group is 630 men, 297 women. As those living in this tenure category are known to be relatively young, the age structure is estimated and based on that of a Brighton hostel. From this data we have calculated death rates which can be compared to those of the general population.

Considering all ages 16–64, those men and women living in HMOs have death rates approximately five times higher than the general population. However, it is likely that these areas contain a few people who are not living in this type of accommodation, they may be owner occupiers and earning a decent living. As people who are better off have better life chances this may have the effect of reducing the death rates. It is likely that the true rates for bed and breakfast occupiers, if they could be calculated, would be even higher. Thus this group have lower death rates than those sleeping rough on the streets or in hostels for the homeless, but they nonetheless face very real risks to their health – there are deadly consequences to living in poverty.

Tackling inequalities

Despite recent government initiatives to address problems of social exclusion and to increase the incomes of some of the poorest in society, there are worrying developments which give cause for concern. Given that there is a projected rapid rise in the number of households, particularly single person households, yet already a shortage of adequate housing exists, it is probable that demand will become even greater and the cost of renting will rise. Despite growth in the number of homes provided by housing associations the demand for social housing continues to outstrip supply.

This problem could be tackled in a number of ways and at a number of levels. Attention needs to be paid to housing when considering inequalities in health; it is of concern that the recent Green Paper (*Our Healthier Nation*, DoH 1998) while focusing on the issue of widening inequalities in health, pays very little attention to the problem of housing. Specifically, the level of housing benefit needs to reflect the actual cost of rent charged by private landlords; rents in this sector need to be regulated. Environmental health officers could be given more powers to inspect property in the private rented sector and to enforce improvements in standards. But most fundamentally, to tackle the deadly outcomes of health inequalities, the issue of inequalities in income and wealth in British society need to be addressed. ●

> ‘People living in hostels and B&Bs were eight times more likely to have mental health problems.’

	Deaths[1]		Deaths per year		Number at risk		Death rate per 1000		General population death rates[2]		Ratio	
AGE	M	F	M	F	M	F	M	F	M	F	Male	Female
16 - 29	8	-[3]	0.7	-[3]	340	160	-[3]	1.3	1.1	0.3	**1.9**	-[3]
30 - 44	21	6	1.8	0.5	202	95	8.9	5.3	2.3	0.9	**3.9**	**5.9**
45 - 64	54	13	4.5	1.1	88	42	51.1	26.2	7.6	4.7	**6.7**	**5.6**

1. ONS Mortality data for 1981-1992
2. ONS Mortality Statistics, General: England and Wales, 1997
3. Number of deaths (2) too small to calculate a death rate.