

WEST LOTHIAN COUNCIL LDP2 EVIDENCE REPORT BACKGROUND PAPER

Housing and Health Background Paper (January 2025)

The purpose of this paper is to provide evidence for West Lothian Council on the impact on housing and health outcomes to help inform the evidence review as part of Local Development Plan 2 (LDP2).

The contents of this background paper are as follows;

- 1. Background Information
- 2. Homelessness
- 3. Accessibility
- 4. Affordability
- 5. Stability
- 6. Fuel poverty / cold homes
- 7. Dampness / condition
- 8. Understanding the West Lothian picture

# 1.0 Background Information

NHS Lothian PHHP Directorate is committed to tackling the underlying causes and structural determinants of health including housing and the conditions within which people live. Housing and the conditions within which people live are included within the Public Health Priorities for Scotland, namely *Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities*.

The Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid. The five levels of the hierarchy are physiological, safety, love/belonging, esteem, and self-actualization. Lower-level basic needs like shelter, food, water, sleep and safety must be met first before higher needs can be fulfilled.

In Coming Home<sup>1</sup>, the Church of England identified five key components of a well-functioning housing system - sustainable, safe, stable, sociable and satisfying with the view that it should be;

'a good home is a place that enables us to live in harmony with the natural environment, it is a place where we feel safe, it enables us to put down roots and belong to a community, it is a place we enjoy living in and which is a delight to come home to.'

Another key determinant of health is poverty, which is closely related to housing in terms of affordability. In West Lothian, child poverty has risen to 24%<sup>2</sup>, therefore almost a quarter of West Lothian children are living in relative poverty. Poverty is often a reason why families cannot sustain their tenancies.

The United Nations Convention on the Right of the Child (UNCRC) will be coming into force in Scotland on 16<sup>th</sup> July 2024 <sup>3</sup>. This act is a human rights approach to ensure children's needs are met and contains 45 legally binding articles to protect children. Article 27 refers to an adequate standard of living for children and young people:

**Article 27** (adequate standard of living) Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this.

<sup>&</sup>lt;sup>1</sup> Tackling the Housing Crisis together; an Executive Summary; Church of England, February 2021

<sup>&</sup>lt;sup>2</sup> Poverty and Income Inequality in Scotland 2020-2023. <a href="https://data.gov.scot/poverty/#Relative\_poverty12">https://data.gov.scot/poverty/#Relative\_poverty12</a>. Accessed 11<sup>th</sup> June 2024)

<sup>&</sup>lt;sup>3</sup> <u>Background and introduction to the UNCRC Act - UNCRC (Incorporation) (Scotland) Act 2024 - part 2: statutory guidance - gov.scot (www.gov.scot)</u>

The Scottish Government published Housing to 2040 in March 2021 which sets out a vision for housing in Scotland and a route map to get there by 2040. The route map aims to deliver the Scottish Government's ambition for 'everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be'.<sup>4</sup>

The World Health Organisation has highlighted poor housing conditions as one of the mechanisms through which social and environmental inequality translates into health inequality, which further affects quality of life and wellbeing. The right to an adequate standard of housing is therefore inextricably linked to the right to the highest attainable standard of health.<sup>5</sup>

Housing and the conditions within which people live have a significant impact upon health and wellbeing, and there is a long-established and recognised relationship between poor housing and poor health. It is widely acknowledged that bad housing and overcrowding in housing can lead to physical health problems such as asthma, respiratory illnesses and heart disease. Housing also has a huge influence on mental health and wellbeing; the stress and anxiety caused by bad housing, along with the uncertainty and instability within the housing market, can lead to mental health problems. Research commissioned by Shelter in 2017 found that one in 20 adults had visited a GP in the previous year with a mental health issue related to their housing. GPs reported that housing issues were both a primary cause, as well as an exacerbating factor in their patients' mental health problems. Research, again conducted by Shelter in 2006 also found that the effects of bad housing and homelessness can stay with a child for a lifetime; children living in crowded homes are more likely be stressed, anxious and depressed, have poorer physical health, and attain less well at school. Whereas a warm and dry house can improve general health outcomes, and specifically reduce respiratory conditions. 10

It is clear then that there is a reciprocal relationship between housing and health, and according to the Health Foundation we can't afford to tackle physical and mental health issues without thinking about or addressing housing issues and vice versa. <sup>11</sup>

Research conducted by the Building Research Establishment (BRE) also estimated that the cost of poor housing to the NHS was £1.4bn – this represents the first year treatment costs to the NHS of leaving people in the poorest 15% of the housing stock in England. The hazards of excess cold and falls are those which have the most impact on health. The research acknowledges that there will be health and care issues which linger long after the immediate NHS treatments costs and that there will be other losses to society of leaving people in poor housing, such as the impact on educational attainment and economic performance. Whilst these are the subject of ongoing research, earlier estimates suggest that this would add at least two-and-a- half times the first year treatment costs and the total cost of poor housing on health could perhaps be similar to that of smoking or alcohol. With limited budgets available, local authorities and other agencies would reap the greatest health benefits by focusing on the most cost effective improvements to the poorest housing occupied by the most vulnerable people. However, it is clear that the continued raising of housing standards in both the existing and new housing stock will also accrue health benefits, which the NHS and society as a whole will benefit from.<sup>12</sup>

<sup>&</sup>lt;sup>4</sup> Housing to 2040 - gov.scot (www.gov.scot)

<sup>&</sup>lt;sup>5</sup> Healthy housing for Scotland (publichealthscotland.scot)

<sup>&</sup>lt;sup>6</sup> The full cost of poor housing (FB 81) DOWNLOAD : BREbookshop.com

<sup>&</sup>lt;sup>7</sup> https://www.health.org.uk/how-does-housing-influence-our-health

<sup>&</sup>lt;sup>8</sup> Five practical ways for housing services to address health needs - The Health Foundation

<sup>&</sup>lt;sup>9</sup> Chance of a lifetime - the impact of bad housing on children's lives - Shelter England

<sup>&</sup>lt;sup>10</sup> Housing | The Health Foundation

<sup>&</sup>lt;sup>11</sup> Five practical ways for housing services to address health needs - The Health Foundation

<sup>&</sup>lt;sup>12</sup> 87741 Cost of Poor Housing Briefing Paper.indd (bregroup.com)

The Scottish Housing Regulator is responsible for monitoring the performance of social landlords <sup>13</sup> and places a critical importance on tenant and resident safety as part of the work of social landlords in Scotland. <sup>14</sup> The Scottish Housing Quality Standard, developed by the Scottish Government in 2004, is the main way that housing quality in Scotland is measured whilst the Scottish Social Housing Charter, which came into force in April 2012, sets out the standards and outcomes that all social landlords should be aiming to achieve for their customers. <sup>15</sup> The Tolerable Standard is a basic level of repair a landlords property must meet to make it fit for a person to live in. <sup>16</sup>

# 2.0 Housing – Homelessness

Being homeless is clearly bad for your health. Public Health Scotland reported<sup>17</sup> that physical and/or mental ill-health can be both a cause and a consequence of homelessness. Many homeless people have co-occurring mental ill-health and substance use needs and have experienced significant trauma in their lives. People who sleep rough have catastrophically poor health outcomes, are more likely to experience health conditions associated with old age in mid-life, and to die before they are 50.

#### **Definition**

The legal definition of homelessness in Scotland when a person: 18

- has no accommodation in the United Kingdom or elsewhere, which s/he is entitled to occupy together with other members of her/his household;
- has accommodation, but it is not reasonable to continue to occupy it;
- has accommodation, but cannot secure entry to it;
- has accommodation, but occupation of it will probably lead to abuse or threats of abuse from someone who lives there;
- has accommodation, but occupation of it will probably lead to abuse or threats of abuse from someone who previously resided with the applicant in that accommodation or elsewhere;
- has accommodation, but it is moveable (such as a caravan or houseboat) and there is nowhere to place it and live in it;
- has accommodation, but this is overcrowded and may endanger the health of the occupants.

In addition, a person is threatened with homelessness if s/he is likely to become homeless within two months.

If an applicant falls within any of these groups, the local authority will have some form of duty towards them, ranging from offering advice and assistance to a full housing duty. The extent of the duty will depend on whether or not they are intentionally homeless, or if the conditions for referral to another local authority are satisfied. (Prior to 31 December 2012 local authorities could also take into account whether the applicant was in priority need.)

#### **Temporary Accommodation**

<sup>13</sup> Improving housing standards - Social housing - gov.scot (www.gov.scot)

<sup>&</sup>lt;sup>14</sup> putting-safety-first.pdf (cih.org)

<sup>&</sup>lt;sup>15</sup> Improving housing standards - Social housing - gov.scot (www.gov.scot)

<sup>&</sup>lt;sup>16</sup> Tolerable Standard - mygov.scot

<sup>&</sup>lt;sup>17</sup> Why the housing crisis is also a public health emergency - Our blog - Public Health Scotland

<sup>&</sup>lt;sup>18</sup> Shelter Legal Scotland - The legal definition of homelessness - Shelter Scotland

If someone is homeless or likely to become homeless soon, the local authority must help by offering somewhere temporary to stay. This is often called temporary accommodation or emergency accommodation.<sup>19</sup>

Temporary accommodation can include:

- private flat
- bedsit or studio apartment
- room in supported housing
- housing association or council flat
- room in a women's domestic abuse shelter
- hostel, bed and breakfast, or hotel, but only as a last resort and for a maximum of 7 days.

Living in temporary accommodation can be especially damaging for young children<sup>20</sup>. Data on children living in temporary accommodation is not routinely published by local authorities but was published and analysed recently as part of a UK wide Freedom of Information request and available on a dashboard.

#### **Equalities**

This below infographics from Healthcare Improvement Scotland summarises the equality considerations around housing and homelessness.<sup>21</sup>

<sup>&</sup>lt;sup>19</sup> <u>Getting temporary accommodation from the council - Shelter Scotland</u>

<sup>&</sup>lt;sup>20</sup> Inside Housing - Insight - How many toddlers and babies are living in temporary accommodation in the UK?

<sup>&</sup>lt;sup>21</sup> Housing, Homelessness and Healthcare | ihub - Homelessness and health



# Equalities considerations for housing, homelessness, health and care

This resource sets out a baseline of key housing and homelessness inequalities in Scotland, and where they intersect with inequalities in health and care. We hope this will support you to work in an integrated way with a key focus on inequalities.

#### Age: Children and Young People

The condition and stability of a childhood home affects lifelong health. It also impacts how much people use health and social care services throughout their life.



#### Age: Older People

As people age, their lifestyles and needs change. Health-related home adaptations help older people to live in their own home for as long as possible.

#### Disability



Disabled people have a right to suitable and accessible housing, close to their community.

1.5% of social housing is accessible for wheelchairs

3.6% of Scottish households include a wheelchair user

# Marriage or Civil Partnership

35% of Scottish homeless applications were caused by domestic abuse in 2021/22

People going through domestic abuse from a homeless. Health and care staff are well placed signpost them to temporary accommodation.



#### Socio-Economic Status





Inadequate heating

improvements and energy efficiency are high for island



Fuel poverty affects 1 in 4 people in Scotland

#### **Care Experience**



Many children and young people with care experience went through abuse, neglect or loss in the lead-up to entering care.

This has long term effects for mental health and wellbeing, and is linked to housing instability and homelessness in adulthood.

Access the full resource here

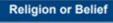


his.housing@nhs.scot



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People's specific beliefs can directly impact their attitude towards health and care, and how they want to receive it.

When care happens in the home, there is more room to adapt to a person's cultural, religious or spiritual needs than in an acute setting.

# **Sexual Orientation**

#### **Gender Reassignment**



Many LGBTQ+ people are homeless as a result of family breakdown and discrimination. They are especially at risk of both mental and physical health issues.

LGBTQ+ 24% of young homeless people people are: 3.2% of the general population



Ethnic minority terminal cancer patients are much less likely to die in their

own home.

Race

Racism and exclusion are major parts of health, housing and social inequalities.

services are linked to better mental health for minority ethic communities.



Sex



There are more men than women in statutory homelessness data. Women are less likely to seek out support as their situation may be driven by fear or abuse, or because homeless services do not respond to their needs.

58% of homeless applicants are male 48% of the Scottish population are male

99.7% of midwives saw homeless pregnant women over a 6-month period in 2019.

#### **Pregnancy and Maternity**

Pregnancy and early maternity puts a person at risk of poor health or unstable housing.

Without a stable address or an affordable home, networks and the care they and their child need.



Access the full resource here



his.housing@nhs.scot

### 3.0 Accessibility

Poor accessibility to housing puts disabled people and elderly people at risk of injury, stress and isolation. It is estimated that over 31,000 disabled people are experiencing unmet housing need. The provision of 'specialist' housing (including accessible housing) as a share of all housing varies between local authorities from less than 10% in some areas to over 20% in others. The need for specialist and adapted housing will increase as our population ages and people are living independently or are looked after for longer at home.<sup>22</sup>

#### Housing and an ageing population

Looking at the demographic trends for West Lothian it is clear that we are undergoing significant changes. With an aging population, and a growing number of older individuals requiring housing and mobility assistance it is evident that our current systems are not equipped to meet the needs of the future. It is imperative that we adapt and innovate to ensure that our future arrangements are capable of accommodating evolving demands.

The policies put forward will need to be proactive in helping to create housing options across all tenures that cater to diverse demographics, so that we can ensure that our communities are well-equipped to meet the evolving needs of our society. We also need to consider what is available within the private market and what mechanisms should be put in place to ensure the development of suitable private accommodation (bungalows, wheelchair accessible, retirement living etc.) to meet local need over the next 10+ years. The older population holds considerable purchasing power that can influence the housing sector positively, provided that suitable products are offered to meet their needs.

#### 4.0 Housing – Affordability

Affordability of housing relates to the financial pressure caused by housing payments – both for housing itself and for utilities and maintenance. The effects of poor housing affordability are both direct (causing stress and anxiety, for example) and indirect – particularly through reducing the disposable income that people have available to spend on other things which may promote good health (such as quality food and exercise). Affordability problems can also contribute to overcrowding, as households seek to share the fixed costs of accommodation across more individuals. Research, conducted by Shelter in 2006 found that children living in crowded homes are more likely be stressed, anxious and depressed, have poorer physical health, and attain less well at school. Affordability problems can also contribute to overcrowding, as households seek to share the fixed costs of accommodation across more individuals.

Housing affordability is a key driver of poverty and inequality in Scotland. In 2020, 20% of households were living in poverty after housing costs. Increasing the supply of affordable housing is key to addressing housing need and tackling child poverty.<sup>25</sup>

The Scottish Planning Policy defines affordable housing as 'housing of a reasonable quality that is affordable to people on modest incomes. Affordable housing may be provided in the form of social rented accommodation, mid-market rented accommodation, shared ownership housing, shared

22

<sup>&</sup>lt;sup>22</sup> Healthy housing for Scotland (publichealthscotland.scot)

<sup>&</sup>lt;sup>23</sup> Better housing is crucial for our health and the COVID-19 recovery - The Health Foundation

<sup>&</sup>lt;sup>24</sup> Chance of a lifetime - the impact of bad housing on children's lives - Shelter England

<sup>&</sup>lt;sup>25</sup> Healthy housing for Scotland (publichealthscotland.scot)

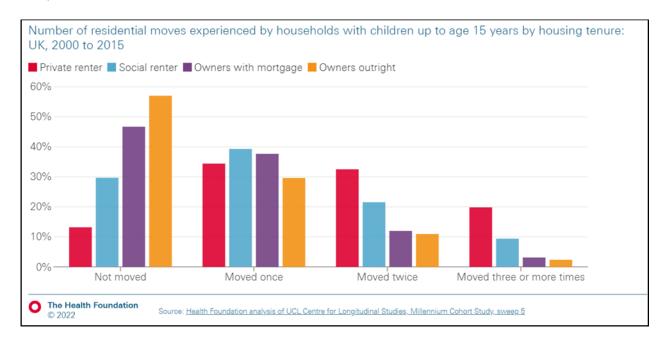
equity housing, housing sold at a discount (including plots for self-build), and low cost housing without subsidy.'26

Rising social and private rents, growing demand for affordable housing and the impact of welfare reform continue to contribute to 'housing-cost-induced poverty' (i.e. poverty after housing costs), meaning more households live in relative and absolute poverty in Scotland every year.<sup>27</sup>

# 5.0 Stability and Security

The stability and security of housing relates to the extent in which people have control over how long they live in their homes and how secure they feel. Owner occupiers can typically stay in their home as long as they keep up with payments (if they have any), whereas private renters typically have short tenancy agreements and can be evicted through factors beyond their control at short notice. Housing instability can act as a stressor harming health, while frequent moves can undermine engagement with health, other local services and weaken relationships in the local community.<sup>28</sup>

The Health Foundation state that households with children in the private rented sector are more likely to have moved home multiple times and that there is an association between moving more frequently and poor self-rated health. <sup>29</sup>



#### 6.0 Cold Homes & Fuel Poverty

Cold homes as a result of fuel poverty is one component of affordability. Conceptually, fuel poverty has three components: the price of fuel, the quality of housing and poverty. Fuel costs in the UK are 30% higher than the European Union average. The UK housing stock is among the least energy

<sup>&</sup>lt;sup>26</sup> Government S. Scottish Planning Policy. Edinburgh: Scottish Government; 2014.

<sup>&</sup>lt;sup>27</sup> Healthy housing for Scotland (publichealthscotland.scot)

<sup>&</sup>lt;sup>28</sup> Better housing is crucial for our health and the COVID-19 recovery - The Health Foundation

<sup>&</sup>lt;sup>29</sup> Better housing is crucial for our health and the COVID-19 recovery - The Health Foundation

efficient in Europe. It is estimated that 9.6 million households in the UK, 34%, are at risk of living in a cold home, on a low income and unable to pay anything to help insulate their home.<sup>30</sup>

The 2024 report by the Institute of Health Equity reported that cold homes and fuel poverty have a large negative impact on health and other social outcomes:<sup>31</sup>

- Cold homes increase blood pressure, which can increase the risk of a heart attack.
- Cold air restricts the airways, suppresses immune response and exacerbates damp and mould, which in turn increase the risk of developing winter infections, and respiratory problems.
- Arthritis, grip strength and sickle cell anaemia can all be made worse by living in cold conditions and a reduction in dexterity leads to an increased risk of falls in the home.
- Children's lung function and brain development can be negatively impacted by living in a cold home, resulting in impaired cognitive development.
- 28 per cent of young people are likely to be at risk of multiple mental health symptoms due to living in a cold home, compared to four per cent of children living in adequate warmth.
- Data on winter mortality suggests that those who are living with Dementia and Alzheimer's disease have a high risk of mortality in the winter. This may be because they forget to put heating on or wear appropriate clothing.
- Poverty and accompanying stress levels are associated with an increased risk of disease and a shorter life span.
- Households in arrears with housing payments must be another priority group, as they are highly likely to be living in cold homes.
- Those eligible for universal credit should be next 90 per cent of households on Universal Credit last year were going without basic essentials and will struggle to heat their homes adequately.
- People of colour are more likely to be living in damp housing and be in fuel poverty and so
  action to address damp and incomes is needed for this group.

Healthcare Improvement Scotland report that fuel poverty is when more than 10% of a household's income, after housing costs, are used to pay for energy bills, and that it affects 1 in 4 people in Scotland. The PHS report on Equalities Considerations for Housing, Homelessness, Health and Care state that data collected by Citizens Advice Bureau in 2021 showed that older people, children and young people, single people not in a marriage or civil partnership and people with health conditions were more likely to seek advice on fuel poverty and energy costs. <sup>32</sup> In addition, 48.3% of people living in poverty in the UK live with a family or household member that has a disability and, adding to this, people with disabilities or ongoing health issues often have higher costs and their money does not go as far to meet their basic needs.

## 7.0 Housing – Quality and Condition

The quality and condition of housing refers to the physical characteristics of homes, such as damp.<sup>33</sup> A very current and pertinent issue regarding housing is damp and mould. Occupants of damp or mouldy buildings, both houses and public buildings, are at increased risk of respiratory symptoms, respiratory infections and exacerbation of asthma. Some evidence suggests increased risks of allergic rhinitis and

<sup>&</sup>lt;sup>30</sup> Left out in the cold full report v3.pdf (friendsoftheearth.uk)

<sup>&</sup>lt;sup>31</sup> Left out in the cold full report v3.pdf (friendsoftheearth.uk)

<sup>&</sup>lt;sup>32</sup> Equalities considerations for housing, homelessness, health and care (ihub.scot)

<sup>33</sup> Better housing is crucial for our health and the COVID-19 recovery - The Health Foundation

asthma.<sup>34</sup> If damp and mould are left untreated for long periods, health problems can be serious or, in extreme cases, fatal.<sup>35</sup>

The below table summarises the links between housing conditions and health conditions.<sup>36</sup>

Housing conditions →	Risk factors →	Health conditions
Thermal efficiency	Damp, mould, cold,	Cardio-
<ul> <li>Weatherproofing</li> </ul>	humidity	respiratory disease
<ul> <li>Heating affordability</li> </ul>	<ul> <li>Fuel poverty</li> </ul>	<ul> <li>Digestive health</li> </ul>
<ul> <li>Ventilation</li> </ul>	Dust mites and	<ul> <li>Allergies and</li> </ul>
• Space	infestations	skin conditions
<ul> <li>Food storage,</li> </ul>	<ul> <li>Cleanliness</li> </ul>	<ul> <li>Headaches,</li> </ul>
preparation and	<ul> <li>Overcrowding</li> </ul>	migraine
cooking facilities	Concerns about	<ul> <li>Stress, anxiety</li> </ul>
Quality of work and	crime and	<ul> <li>Depression and</li> </ul>
floor surfaces	antisocial	mental ill-health
Soft furnishings	behaviour	
External appearance		
<ul> <li>Neighbourhood</li> </ul>		
environment		
1	i l	

As part of the UK Government's response to the Coroner's report into the tragic and avoidable death of Awaab Ishak, they have published <u>guidance on damp and mould in the home</u>. This guidance delivers on the UK Government's commitment in response to the <u>Coroner's 'Prevention of future deaths' report following the death of 2-year-old Awaab Ishak</u> from a severe respiratory condition due to prolonged exposure to mould in his home.<sup>37</sup> In Scotland, social landlords must ensure that the properties they let meet the Scottish Housing Quality Standard (SHQS); one aspect of which is that homes must be substantially free from rising and penetrating damp.<sup>38</sup>

#### What is Damp and Mould

The root cause of damp or mould in properties can vary and in some complex cases there may be multiple causes. For example, penetrating damp can result from issues with the building leading to water ingress such as leaking pipes, cracks which allow rain in and blocked guttering. Rising damp can also arise from defects in the foundation. Both penetrating and rising damp are already included as criteria within the Tolerable Standard.<sup>39</sup>

#### **Impact of Damp and Mould**

The type and causes of dampness in the home are varied, however whatever the cause of dampness in homes the impact may be harmful to residents – as already noted, living in damp and mouldy housing can lead to poor health. 40

<sup>36</sup> 2017 06 27-FINAL-SHIIAN-50-000-New-Homes-HIA-Report-ES.pdf (scotphn.net)

<sup>&</sup>lt;sup>34</sup> WHO guidelines for indoor air quality: dampness and mould

<sup>35</sup> putting-safety-first.pdf (cih.org)

<sup>&</sup>lt;sup>37</sup> UK Government publish new guidance on damp and mould for rented housing providers - REHIS

<sup>&</sup>lt;sup>38</sup> <u>Dampness in Scottish social housing – SPICe Spotlight | Solas air SPICe (spice-spotlight.scot)</u>

<sup>39</sup> putting-safety-first.pdf (cih.org)

<sup>40</sup> Dampness in Scottish social housing – SPICe Spotlight | Solas air SPICe (spice-spotlight.scot)

Whilst there is no specific recent guidance on health issues associated with damp and mould in housing, the World Health Organisation (WHO) issued the 'WHO Guidelines for Indoor Air Quality: Dampness and Mould' in 2009.<sup>41</sup>

The purpose of the report was to ensure that problems of indoor air quality were recognised as important risk factors for human health in both low-income and middle- and high-income countries. The guidance also stated that indoor air is also important because populations spend a substantial fraction of time within buildings. Microbial pollution involves hundreds of species of bacteria and fungithat grow indoors when sufficient moisture is available.

As mentioned above exposure to microbial contaminants is clinically associated with respiratory symptoms, allergies, asthma and immunological reactions.

The presence of many biological agents in the indoor environment is due to dampness and inadequate ventilation. Excess moisture on almost all indoor materials leads to growth of microbes, such as mould, fungi and bacteria, which subsequently emit spores, cells, fragments and volatile organic compounds into indoor air. Moreover, dampness initiates chemical or biological degradation of materials, which also pollutes indoor air.

Dampness has therefore been suggested to be a strong, consistent indicator of risk of asthma and respiratory symptoms (e.g. cough and wheeze). The health risks of biological contaminants of indoor air could thus be addressed by considering dampness as the risk indicator.

There is clinical evidence that exposure to mould and other dampness-related microbial agents increases the risks of rare conditions, such as hypersensitivity pneumonitis, allergic alveolitis, chronic rhinosinusitis and allergic fungal sinusitis.

#### Who is Affected by Damp and Mould?

Young children, older and disabled people, and people with lung conditions, compromised immune systems and certain other health problems are at increased risk of illnesses resulting from damp and mould. 42

According to the NHS, if you have damp and mould in your home you're more likely to have respiratory problems, respiratory infections, allergies or asthma. Damp and mould can also affect the immune system.<sup>43</sup>

They suggest that the key groups that would be more sensitive to damp and mould include:

- babies and children
- older people
- those with existing skin problems, such as atopic eczema
- those with respiratory problems, such as allergies and asthma
- those with a weakened immune system, such as those having chemotherapy

Regardless of the source, mould spores can pose a danger to health, particularly to children, older people and people with existing skin and respiratory conditions or a weaker immune system. It can cause respiratory problems, trigger asthma attacks and allergies, and make it more likely that people will suffer from infections and have an impact on mental wellbeing.<sup>44</sup>

<sup>&</sup>lt;sup>41</sup> WHO guidelines for indoor air quality: dampness and mould

<sup>42</sup> putting-safety-first.pdf (cih.org)

<sup>&</sup>lt;sup>43</sup> Understanding and addressing the health risks of damp and mould in the home - GOV.UK (www.gov.uk)

<sup>44</sup> putting-safety-first.pdf (cih.org)

#### Scale of the Problem

The Scottish House Condition Survey 2019 reported that levels of damp and condensation were similar to those seen in 2018: around 91% of all dwellings in 2019 were free from any form of condensation or damp. This rate has been stable in recent years but represents an overall improvement from 86% in 2012.<sup>45</sup>

Dwellings which failed the tolerable standard in 2019 most commonly did so because they were:

 not free from rising/ penetrating damp (13,000 or 33% of BTS dwellings - Dwellings Below Tolerable Standard).

A <u>report</u> on dampness, ventilation and air quality in West Lothian Council Housing was reported to the Housing Services Policy Development and Scrutiny Panel in January 2023.

The report recommended that the panel noted and considered the following;

- 1. The Scottish Housing Quality Standards (SHQS) includes a number of criteria in relation to dampness and ventilation;
- 2. The council has a proactive approach in responding to tenant enquiries or requests for inspections regarding dampness or condensation;
- 3. The council has an ongoing stock condition survey programme, and initial findings do not indicate a systemic issue with dampness within any particular type of house,
- 4. Notes the key findings from the Coroner's report into the death of Awaab Ishak and; The future housing capital investment programme will include air quality and ventilation measures along with other energy efficiency measures.

# Public Health Response - what can be done?

#### Damp & Mould

The aim of all responses to damp and mould issues must be to tackle the root cause of the problem. It is not appropriate to blame tenants for damp and mould, citing 'lifestyle issues' as the reason behind problems with condensation. Responding to damp and mould primarily or initially as a lifestyle problem is inappropriate and ineffective. Taking this approach creates a negative impression with tenants who may feel blamed and stigmatised, and potentially less inclined to report further instances of the problem, creating more areas of 'silence' and long-term deterioration of the property. 46

While condensation is linked to daily activities - such as bathing, cooking and drying clothes - which produce moisture, tenants should be able to complete these activities without being blamed for damp and mould developing. As the Housing Ombudsman in England has noted, homes should be fit for modern living. 47

Previous research has shown the risk of condensation in Scottish homes is partly due to poor weather, which limits opportunity for exterior drying of clothing, while ventilation provision is often insufficient to cope with "lengthy moisture injections in living spaces." 48

The WHO guidelines for indoor air quality on dampness and mould suggest: 49

<sup>&</sup>lt;sup>45</sup> 6 Housing Conditions - Scottish house condition survey: 2019 key findings - gov.scot (www.gov.scot)

<sup>46</sup> putting-safety-first.pdf (cih.org)

<sup>&</sup>lt;sup>47</sup> putting-safety-first.pdf (cih.org)

<sup>48</sup> putting-safety-first.pdf (cih.org)

<sup>&</sup>lt;sup>49</sup> WHO guidelines for indoor air quality: dampness and mould

- Persistent dampness and microbial growth on interior surfaces and in building structures should be avoided or minimized, as they may lead to adverse health effects.
- Indicators of dampness and microbial growth include the presence of condensation on surfaces or
  in structures, visible mould, perceived mouldy odour and a history of water damage, leakage or
  penetration. Thorough inspection and, if necessary, appropriate measurements can be used to
  confirm indoor moisture and microbial growth.
- As the relations between dampness, microbial exposure and health effects cannot be quantified
  precisely, no quantitative health-based guideline values or thresholds can be recommended for
  acceptable levels of contamination with microorganisms. Instead, it is recommended that
  dampness and mould-related problems be prevented. When they occur, they should be
  remediated because they increase the risk of hazardous exposure to microbes and chemicals.
- Dampness and mould may be particularly prevalent in poorly maintained housing for low-income people. Remediation of the conditions that lead to adverse exposure should be given priority to prevent an additional contribution to poor health in populations who are already living with an increased burden of disease.

### 8.0 Understanding the West Lothian Picture

This section is about understanding what data tells us in West Lothian to help identify appropriate actions to improve the situation.

# 1. <u>Number of council houses owned by West Lothian Council and number let out to the public/ Number of empty council houses</u>

The following table shows the number of properties owned by WLC as of the end of Q1 2024 including a breakdown of their occupancy status. Also included are the figures for properties owned by social or private landlords which WLC are currently responsible for managing.

Q1 Figures (31/03/2024)	Occupied	Void	Total	Occupancy
Owned by WLC	13813	512	14325	96.4%
On Loan from other Social or Private				
Landlords	161	31	192	83.9%
Total	13974	543	14517	96.3%

As of 17<sup>th</sup> July 2024, we currently have 286 empty mainstream properties which we are currently working to get ready for let. In addition, there are 58 empty council temporary tenancy properties at the moment as well which we are working to get re-let.

#### 2. <u>Data on reasons behind tenancy break down</u>

In 2023/24 there were 1172 homeless applications made to West Lothian Council the following is a breakdown of the reasons for application.

Reason for Homelessness	Number of clients
Asked to leave	487
Dispute within household – non-violent	221
Dispute within household – violent/abusive	122
Other reason for leaving accommodation	104
Other reason for loss of accommodation	59

Other action by landlord	57
Overcrowding	46
Termination of Tenancy/ Mortgage Arrears	23
Discharge from prison/hospital/care	19
Harassment	17
Fleeing Non-Domestic Violence	10
Forced Division and Sale of Marital Home	7
Total	1172

In Q1 2024 (from 01.04.24 to 30.06.2024) there were 292 homeless applications made to West Lothian Council the following is a breakdown of the reasons for application.

Reason for Homelessness	Number of clients
Asked to leave	118
Dispute within household – non-violent	50
Dispute within household –	32
violent/abusive	
Other reason for leaving accommodation	28
Other action by landlord	17
Other reason for loss of accommodation	14
Overcrowding	8
Termination of Tenancy/ Mortgage Arrears	7
Harassment	7
Fleeing Non-Domestic Violence	5
Discharge from prison/hospital/care	4
Forced Division and Sale of Marital Home	1
Loss of Service / Tied Accommodation	1
Total	292

# 3. Policy for when empty Council properties become available

The Council's operates a points-based system for allocating empty Council properties to tenants based on housing need. Reasonable preference is given to applicants who are in the following groups:

- Homeless persons and people threatened with homelessness with unmet housing needs;
- People living in unsatisfactory housing conditions with unmet housing needs; and
- Tenants of houses which are held by a social landlord and are considered to be under-occupied.

More information about this can be found within the Council's Housing Allocations Policy here: <a href="https://www.westlothian.gov.uk/media/968/Housing-Allocation-Policy/pdf/Allocations-Policy Mar2021.pdf">https://www.westlothian.gov.uk/media/968/Housing-Allocation-Policy/pdf/Allocations-Policy Mar2021.pdf</a>

# 4. <u>Number of households/ individuals in temporary accommodation each night, and how many CYP does this include.</u>

At present the average number of people in B&B (emergency accommodation) is 170, the average length of stay is 114 days. We currently have 6 families and it is always a priority to move them to suitable temporary accommodation.

5. <u>Number of households/individuals in unsuitable accommodation</u> (damp/mould/overcrowding/unsuitable for disability or elderly etc).

A report generated for current applications on our Open Housing System shows that at the moment 8773 applicants have selected all of the following reasons for applying for housing:

- Disrepair
- Overcrowding
- Property Does not meet physical needs
- Property affecting Mental Health
- Under occupation

Applicants can select as many reasons as they'd like when applying for housing, therefore this data may not be the most reliable.

A <u>report</u> on dampness, ventilation and air quality in West Lothian Council Housing was reported to the Housing Services Policy Development and Scrutiny Panel in January 2023.

The report recommended that the panel noted and considered the following;

- 1. The Scottish Housing Quality Standards (SHQS) includes a number of criteria in relation to dampness and ventilation;
- 2. The council has a proactive approach in responding to tenant enquiries or requests for inspections regarding dampness or condensation;
- 3. The council has an ongoing stock condition survey programme, and initial findings do not indicate a systemic issue with dampness within any particular type of house,
- 4. Notes the key findings from the Coroner's report into the death of Awaab Ishak and; The future housing capital investment programme will include air quality and ventilation measures along with other energy efficiency measures.

#### 6. Current support for these households

It depends on what definition of support is being used and what the support need of the person actually is as this will then determine what services are available.

In terms of support for Council tenants living in unsuitable accommodation, the following support is offered:

- Dampness/Mould There are a lot of FAQs on this topic and processes put in place to support tenants when required. More details can be found here:
  - https://www.westlothian.gov.uk/condensation\_and
  - https://www.westlothian.gov.uk/article/44303/Dampness-in-Homes
  - The links provide information on how to prevent dampness and mould as well as details of how to report an issue with condensation and mould for possible repair/support from the Building Services Team.
- Older Persons There are other options such as Sheltered Housing/Assisted Living etc so
  that would follow similar housing options approach. People who down size can qualify for
  financial assistance if they give up a larger home and move to a smaller mainstream or
  sheltered housing.
- People with disabilities There is a process for assessing need for adaptations within a home where the person is living in a council tenancy. For some minor adaptations there is self-

service approach which is managed by OT services. Larger adaptations such as wet floor /ramps etc is led by assessment by OT and requests come to Housing Strategy & Development (Housing Investment) so that the appropriate approval route is followed in particular as there is a budget for such work that sits in the HRA.

#### 7. Current support for homeless population

For people who are homeless and have a support need that relates to sustaining their tenancy the Council offer a housing support service. This is part of our statutory requirements and will provide tenancy related support to assist the homeless applicant to transition into and sustain permanent housing. WLC also offer a Housing First service which is a more intensive support service for households who are homeless and have a much higher degree of needs that require more intensive levels of support. Where the person has a specific need that relates to their addiction issues, mental health or disability we would refer them on to other statutory support services in the council.

#### 8. <u>Data on average house price in West Lothian compared to the Scottish average.</u>

The tables below show a comparison of the average price of properties in West Lothian and Scotland from April 2023 to April 2024- for all property types, detached houses, semi-detached houses, terraced houses and flats/maisonettes. The % increase in price between 2023 and 2024 is also indicated. It is noted that, apart from terraced houses and flats/maisonettes, the average property price in West Lothian exceeds that of Scotland. Percentage increase of average property prices have also generally been larger in West Lothian when compared to Scotland with the exception of terraced houses. All of this data and data from previous years can be found here: <a href="UK House Price">UK House Price</a> Index (data.gov.uk)

Average Price Comparison (All Property Types)			
Date West Lothian Scotla			
Apr-23	£199,753	£182,070	
Apr-24	£211,900	£190,345	
% Change from 2023 to 2024	6.08%	4.54%	

Average Price Comparison (Detached Houses)			
Date	West Lothian	Scotland	
Apr-23	£350,320	£318,646	
Apr-24	£379,250	£332,679	
% Change from 2023 to 2024	8.26%	4.40%	

Average Price Comparison (Semi-Detached Houses)			
	West		
Date	Lothian	Scotland	
Apr-23	£196,207	£193,570	
Apr-24	£209,496	£204,729	
% Change from 2023 to 2024	6.77%	5.76%	

Average Price Comparison (Terraced Houses)			
Date	West Lothian	Scotland	
Apr-23	£151,283	£153,309	
Apr-24	£158,703	£161,597	
% Change from 2023 to 2024	4.90%	5.41%	

Average Price Comparison (Flats and Maisonettes)			
Date	West Lothian	Scotland	
Apr-23	£115,475	£127,592	
Apr-24	£119,930	£132,239	
% Change from 2023 to 2024	3.86%	3.64%	

#### 9. Data on private rented sector, rental per month compared to the Scottish average.

The tables below show an average monthly price comparison for private rented sector properties in West Lothian and Scotland in 2022 and 2023. The data covers 1-bedroom, 2-bedroom, 3-bedroom, 4-bedroom and 1-bedroom in shared properties. It is noted that the figures for rooms in 1-bedroom shared properties represent "rent only" and exclude any payments for shared services. The % increase in price between 2023 and 2024 is also indicated. It is noted that, apart from terraced houses and flats/maisonettes, the average property price in West Lothian exceeds that of Scotland. Percentage increase of average property prices have also generally been larger in West Lothian when compared to Scotland with the exception of terraced houses. All of this data and data from previous years can be found here: UK House Price Index (data.gov.uk)

Private Let Average Monthly Price Comparison (One Bedroom)		
Date	West Lothian	Scotland
2022	£539	£580
2023	£559	£648
% Change 2022 to 2023	3.84%	11.73%

Private Let Average Monthly Price Comparison (Two Bedroom)		
Date	West Lothian	Scotland
2022	£673	£736
2023	£688	£841
% Change	2.34%	14.25%

Private Let Average Monthly Price Comparison (Three Bedroom)		
Date	West Lothian	Scotland
2022	£876	£906
2023	£899	£1,026
% Change	2.69%	13.32%

Private Let Average Monthly Price Comparison (Four Bedroom)		
Date	West Lothian	Scotland
2022	£1,258	£1,460
2023	£1,294	£1,656
% Change	2.81%	13.42%

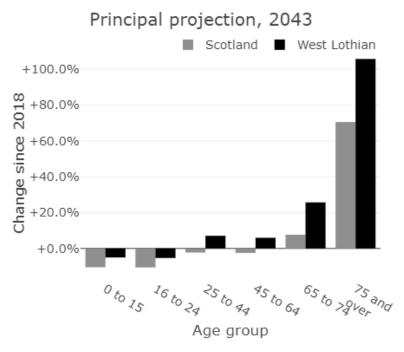
Private Let Average Monthly Price Comparison (1 Bedroom Shared)		
Date	West Lothian	Scotland
2022	£387	£426
2023	£480	£490

% Change	24.12%	15.07%

# 10. <u>Projected pressures and the impact in relation to ageing population and asylum and refugee</u> arrivals over the coming years.

Between 2018 and 2028, the population of West Lothian is projected to increase by 5.9% from 182,140 to 192,812. During this same period the percentage of individuals in the 75 and over age group is projected to increase by 39.4%, with the second largest increase being the 65 to 74 age group at 19.2% (Source: West Lothian Council Area Profile (nrscotland.gov.uk)). It is therefore reasonable to assume that there will be housing pressures related to the increase in aging population as more people may require specialist housing.

This chart from National Registers of Scotland (Source: <u>Subnational population projections of Scotland - National Records of Scotland (shinyapps.io)</u>)shows the percentage change in age groups from 2018 to 2043. It is projected that West Lothian will see a 105.8% increase in people aged 75+ and a 25.7% in people aged 65-74; This is compared to a 70.6% and 7.6% increase respectively for these age groups in Scotland as a whole.



At the moment this pressure is already being seen in existing housing waitlists. HNDA3 for South East Scotland Local Authorities, 2021, indicated that, across South East Scotland, West Lothian had the highest number of households requiring older persons' housing, 2,694 (Source: SES+HNDA3+Final+Report.pdf (squarespace.com)). Due to the aging population, it is anticipated that this figure will continue to rise unless significant changes are made to the support available to provide additional housing units for older persons. Addressing the shortage of specialist housing is an action being considered through the development of an updated developer contribution policy for affordable housing in the next Local Development Plan. The current target in West Lothian is 10% wheelchair assessible housing. We hope that this will become a requirement written into policy through the next LDP, with potential changes to the wording to allow for other types of specialist housing where required. In terms of current plans, the SHIP 2025-2030 plans to build 2,500 homes with 136 (5%) wheelchair homes and 201 (8%) homes that could be suitable for older people.

In terms of asylum and refugee arrivals, it is difficult to predict what the future pressures from this group will be. For asylum seekers/refugees we have had 126 homeless applications from 1/1/21 to 30/6/24.

For Ukraine schemes, we currently have approx. 280 people in West Lothian (that we are aware of) residing in Welcome Accommodation, hosting placements, Council properties, RSL, private lets and homeless accommodation. This is approx. 140 households.

For the Afghan Scheme, WLC have pledged to accept 60 individuals over a 5-year period, to date have accepted 23 individuals. Properties for Afghan families have to be obtained from Registered Social Landlords or Private sector Landlord which has hindered progress due to lack of housing and impact of Ukraine scheme.

In terms of asylum seekers, there are currently 84 asylum seekers in the Cairn Hotel with a capacity of 127. People seeking asylum may be granted refugee status, granted some other form of protection and leave to remain therefore would have recourse to public funds and the right to apply for Housing. At this point, the number of people who will receive a positive decision and will want to remain in West Lothian are unknown. Traditionally asylum seekers would gravitate towards larger cities such as Glasgow, however with the housing crisis in Glasgow other Scottish authorities with hotels for asylum seekers are reporting more homeless presentations in their areas. Mears has planned for 401 bed spaces to be procured for dispersal accommodation in 2024/25 but none procured to date. If Mears were to meet their procurement targets, it could have a knock-on effect on housing availability for other groups.

#### **Further Reading & Resources**

- New research sheds light on the health costs of housing converted from commercial buildings: <u>Can people live in commercial spaces? (ucl.ac.uk)</u> Disused commercial office blocks and retail units have been adapted, creating around 100,000 dwellings, with roughly 9,000 created last year. Now, a <u>transdisciplinary study</u> has assembled evidence that living in these spaces is bad for your health and the effects might be worse for people who are already vulnerable.
- ➤ Equalities Considerations for Housing, Homelessness, Health and Care <a href="https://ihub.scot/media/10095/20230321-equalities-considerations-for-housing-homelessness-health-and-care-v10.pdf">https://ihub.scot/media/10095/20230321-equalities-considerations-for-housing-homelessness-health-and-care-v10.pdf</a>
- Fuel poverty, cold homes and health inequalities.
  <a href="https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf">https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf</a>
- Healthy housing for Scotland A briefing paper setting out the fundamental link between housing and public health Healthy housing for Scotland (publichealthscotland.scot)
- Housing | Joseph Rowntree Foundation (jrf.org.uk)
- ➤ Housing | The Health Foundation
- A framing toolkit: How to talk about homes | Joseph Rowntree Foundation (jrf.org.uk)
- Lothian homelessness briefing paper by Crisis

## > Additional West Lothian Council Information:

# Looking after your home/adaptations;

- Condensation West Lothian Council
- <u>Dampness in Homes West Lothian Council</u>
- Equipment and Adaptations West Lothian Council

#### Housing Options;

- Housing Options and Homelessness West Lothian Council
- Sheltered, Supported and Housing Associations West Lothian Council
- Mutual Exchange West Lothian Council
- Relocation Grant West Lothian Council

## Tenancy Management;

- Intranet Overcrowding West Lothian Council
- Intranet Assignation of Tenancy West Lothian Council

## General Info;

- Housing FAQ West Lothian Council
- Tenant's Handbook West Lothian Council

# Appendix 1: Definitions relating to dampness

# Definitions:50

Dampness	Any visible, measurable or perceived outcome of excess moisture that causes
	problems in buildings, such as mould, leaks or material degradation, mould odour or
	directly measured excess moisture (in terms of relative humidity or moisture
	content) or microbial growth.
Excess	Moisture state variable that is higher than a design criterion, usually represented as
moisture	moisture content or relative humidity in building material or the air. Design criteria
	can be simple indicators (e.g. no condensation or relative humidity value) or more
	complicated representations that take into account continuous fluctuation of
	moisture (i.e. mould growth index)
Moisture	(1) water vapour;
	(2) water in a medium, such as soil or insulation, but not bulk water or flowing water
Mould	All species of microscopic fungi that grow in the form of multicellular filaments,
	called hyphae. In contrast, microscopic fungi that grow as single cells are called
	yeasts, a connected network of tubular branching hyphae has multiple, genetically
	identical nuclei and is considered a single organism, referred to as a colony
	(Madigan, Martinko, 2005).
Ventilation	Process of supplying or removing air by natural or mechanical means to or from any
	space; the air may or may not have been conditioned

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<sup>&</sup>lt;sup>50</sup> WHO guidelines for indoor air quality: dampness and mould

#### Appendix 2: Synthesis of Evidence on Health Effects Reported by WHO

The epidemiological evidence is not sufficient to conclude causal relationships between indoor dampness or mould and any specific human health effect, although the findings of one strong epidemiological intervention study, in conjunction with the other available studies, suggest that dampness or mould exacerbates asthma in children.

There is sufficient epidemiological evidence of associations between dampness or mould and asthma development, asthma exacerbation, current asthma, respiratory infections (except otitis media), upper respiratory tract symptoms, cough, wheeze and dyspnoea. There is sufficient clinical evidence of associations between mould and other dampness-associated microbiological agents and hypersensitivity pneumonitis, allergic alveolitis and mould infections in susceptible individuals, and humidifier fever and inhalation fevers. This is the only conclusion that is based primarily on clinical evidence and also the only conclusion that refers explicitly to microbial agents, as opposed to dampness-related factors. Limited or suggestive epidemiological evidence of an association between indoor dampness or mould and allergic rhinitis and bronchitis is available.

There is no recognised 'safe' degree of infestation but the more extensive the growth the more likely there are to be associated health problems. Most houses do suffer from a degree of mould growth around window fittings and in bathrooms where the ventilation may be poor and this rarely causes any issues. However, when there is visible growth on ceilings or walls clearly there is a more serious problem with damp.