HOUSING

What’s the issue?

“The relationship between poor housing and ill health is a complicated one which involves many different factors. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease as well as to anxiety and depression. Problems such as damp, mould, excess cold and structural defects which increase the risk of an accident also present hazards to health” [29].

What’s our situation?

From the 2011 Census [15, 16], there were 236 communal establishments such as children’s homes, mental health units, care homes and nursing homes where 3,658 residents lived. There were 112,596 households across Hull (most in Drypool (8,687; 7.7%) and least in Pickering (3,383; 3.0%)). Accommodation type varied dramatically across the wards. Overall, 7.1% of houses or bungalows were detached, 26.9% were semi-detached, 49.2% were terraces, 0.1% were households in a caravan or other mobile or temporary structure and the remaining households were flats, maisonettes or apartments in purpose built blocks (12.6%), in converted or shared houses (3.0%) or in a commercial building (1.2%). Almost half of households were owned outright (19.9%) or with a mortgage or loan (29.7%), with 0.4% shared ownership (part owned and part rented), 28.1% of households were socially rented (mainly from the Council; 21.2%), 20.4% were privately rented and 1.5% lived rent free. The majority of households had gas central heating (83.8%), but 3.9% had no central heating (but this was as high as 7.5% in Southcoates West ward), 6.9% had electric central heating which included storage heaters (and was as high as 26.3% in Myton ward), and 5.3% of households had oil, solid fuel, other or more than one type of heating.

On average, there were 2.28 Hull residents per household, and this was least in St Andrew’s ward (1.41) and most in Orchard Park and Greenwood ward (4.09) [15, 16]. Four percent of households needed one additional bedroom and a further 0.5% needed two or more bedrooms (based on the ages and relationship of household members to one another). King’s Park had the lowest overcrowding with 1.7% households requiring at least another bedroom and St Andrew’s ward (7.3%) and Newland (10.9%) had the highest levels of overcrowding with the latter probably influenced by students sharing rooms to save costs. Overall, 25.9% of households had two or more extra bedrooms, 29.4% had one extra and 30.2% had the minimum number (no excess) of bedrooms.

Just over one-third of households were one person households (35.3%) and in one-third of these lived a person aged 65+ years (11.6%) [15, 16]. The majority were one family households (57.6%) with 5.9% all aged 65+ years, 26.3% married (10.3% no children, 10.9% dependent children and 5.1% non-dependent children), 12.5% cohabiting couples (5.7% no children, 6.1% dependent children and 0.7% non-dependent children), and 12.9% lone parent families (9.1% dependent children and 3.8% non-dependent children). The remaining 7.1% of households were other types such as those with all full-time students.

For more detailed information, see the JSNA Toolkit: Housing, Environment and Social Care report.

What are the strategic needs?

There is a need to improve the quality and energy efficient status in homes across the city, promote the availability of affordable homes, ensure there is stability in the housing market so people are not forced to move frequently, and reduce overcrowding. Where appropriate, ensure provision of specialist and adapted housing that is fit for purpose.

The Neighbourhood and Housing Strategy [30] provides a framework for achieving the vision of housing which meets the needs and ambitions of current and future residents of the city. Whilst a key part of the Housing and Neighbourhood Renewal Strategy is to support the delivery of new and
improved housing, there is always the need to prevent people becoming homeless and provide support and advice to meet individual needs. The five themes of the strategy are: (i) housing need; (ii) access to housing; (iii) housing quality; (iv) neighbourhood quality; and (v) neighbourhood renewal and growth.

Hull’s Tenancy Strategy [31] provides guidance to registered providers of social housing. It sets out what registered providers of social housing in its district should consider in preparing policies which relate to the kinds of tenancies they grant, the circumstances in which they will grant a tenancy of a particular kind, where they grant tenancies for a fixed term, the lengths or the term, and the circumstances in which they will grant a further tenancy when an existing tenancy is coming to an end.

Hull City Council also has a strategy for people who need care (older people and people with mental health, learning or physical disabilities) live a more independent life through extra care housing which provides self contained housing with support and care and onsite social care services [32].

References

29. Chartered Institute of Environmental Health, The health impact of poor housing. 2015, Chartered Institute of Environmental Health: London.