



# Covid-19 and wellbeing inequalities: HOUSING

A briefing from the What Works Centre for Wellbeing

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## INTRODUCTION

There are **long-standing inequalities** within the housing system: the type and quality of housing, affordability and access to amenities vary across different communities and groups.

These inequalities have a **direct impact** on the drivers of wellbeing, such as physical and mental health, our perceptions of the community around us and our social relationships. They also can directly impact on our overall wellbeing. The onset of the pandemic meant that existing inequalities in conditions at home were exacerbated by lockdown because more time was spent there, but also because they have affected how different people were able to respond to the lockdown, such as whether they could work from home.



### What is Covid:WIRED?

A wellbeing framework, drawing on the [ONS National Wellbeing dashboard](#), was designed by the What Works Centre for Wellbeing in partnership with Centre for Thriving Places to understand the multifaceted impacts of the Covid-19 pandemic on different individuals and groups in the UK. Qualitative and quantitative evidence published between March 2020 and May 2021 has been used to populate this framework, identifying the wellbeing inequalities within the UK and where they have been exacerbated or diminished. This summary provides some insights from the data in [Covid:WIRED](#) – our Covid-19 inequalities evidence dashboard.





## Housing inequalities before the pandemic

There are long-standing inequalities in housing in the UK that existed before Covid-19 which affected the capacity of different groups to respond to lockdown and changed patterns of work and leisure.

These include:

- **Housing quality:** [Before and during the pandemic](#), housing affordability and tenure both determined exposure to poor-quality housing. A literature review by the King's Fund in 2020 found that the greatest number of non-decent houses in England are owner-occupied (the majority of the population lives in owner-occupied housing). But the proportion of those living in poor-condition housing is higher in the private rented sector. Most housing is poorly designed for an ageing population and whilst [almost half](#) of all non-decent homes are lived in by someone over the age of 55, research by the Resolution Foundation found that [young people](#) are particularly likely to live in smaller homes and in worse conditions. One-in-five children in low-income households spend their time in an overcrowded home, while close to 10% are growing up in damp conditions. This rate increases for BAME groups: one-quarter of under-16s live in an objectively poor-quality environment.
- **Overcrowding:** Survey data from across Great Britain found that [BME households](#) are, on average, larger than White British households. It also found that BME groups are...of 5+ people, and more likely than White British people to live in households with fewer rooms than occupants.
- **Access to gardens:** Ordnance Survey data shows that [1 in 8 households have no garden](#). When combined with survey data from Natural England, analysis shows that access falls disproportionately for different groups: the proportion of households with no garden is higher among ethnic minorities, with black people in England nearly four times as likely as white people to have no outdoor space at home. Manual workers, casual workers and the unemployed are almost three times as likely as those in managerial, administrative or professional occupations to be without a garden (20% compared with 7%). [Older people](#) are among those most likely to have access to a garden. Just 8% of over 65s lack any kind of private outdoor space.
- **Access to public parks** is [less unequal](#) than to gardens, with people from minority ethnic groups almost as likely as White people to say their local green spaces are "within easy walking distance". This may have alleviated [inequalities](#) in access to private green space, but only at those points in the lockdown where visiting public parks was allowed.
- **Older adults** are more likely to have more indoor and outdoor space but also [more likely to live in poor conditions](#), unsuitable to their needs, and/or [lack digital access](#).



Photo: David Teet, Centre for Aging Better

## Why these inequalities were relevant during the pandemic

Since March 23rd 2020, people have spent more time at home and therefore their immediate surroundings had a greater impact on shaping their quality of life. **Housing conditions had a [stronger independent effect on wellbeing](#) in the first lockdown than before the pandemic**; the wellbeing gap between renters and owners has widened over the lockdown period (controlled for income and relationship status). In addition, the composition of households affected the risk of infection from Covid-19: a [panel study](#) found the risk was determined by the number of social contacts individuals make, which increased with the number of people in the household.

During the first lockdown, many households [experienced multiple types of vulnerabilities simultaneously](#), particularly working-age households. For example, economic vulnerabilities are more likely in working age households but will depend on the employment status of members and sectoral effects, whereas those who are retired are more likely to face health challenges and digital exclusion.

**Physical health** inequalities associated with housing have been exacerbated in the pandemic as poor housing and overcrowding have been linked to increased transmission of the virus. Poor housing conditions and housing composition, which are disproportionately experienced by those from ethnic minority groups, are linked with [greater likelihood of catching/passing on Covid](#).

A [literature review](#) found that lockdowns have exacerbated health inequalities because they have required people to spend more time and carry out more activities at home. 31% of British adults reported physical or mental health problems because of poor housing conditions in lockdown. A lack of space and privacy was

cited by several participants in a [study](#) in England and Wales as a barrier to staying active.

In terms of those benefiting from their surroundings, a [cohort study of older people](#) in Scotland in May/June 2020 found that spending time in the garden was associated with greater self-reported health. This is the group that is most likely to have access to gardens.

**Younger people** have been more likely to endure lockdown in homes with less space, more damp, fewer gardens and/or in derelict or congested neighbourhoods than older people. One cross-sectional study of community organisations and young people in England and Wales found that home conditions during the first lockdown were often challenging for those living in low income households. In particular, young people felt trapped in overcrowded housing, with limited private space, and reduced access to normal support structures. Young people struggled with long periods indoors. Therefore the experience of existing inequalities in conditions at home were exacerbated by lockdown because more time was spent there.

## Other relevant changes during the pandemic

A [literature review](#) found that, as a result of lockdown and restricted services, delays to the installation of home adaptations and more time spent in homes with physical hazards, such as inadequate lighting, uneven surfaces and structural deficiencies, increases the risk of negative health and wellbeing outcomes. These risks are heightened for **older people and people with pre-existing health conditions**, as they are more likely to be shielding and to live in unsuitable homes.

## Changes in inequalities during the pandemic

The economic impacts of Covid-19 have exacerbated housing insecurity for many, despite temporary policy interventions, and wellbeing among renters is particularly affected. Renters appear to have experienced lower wellbeing in the pandemic than owners, although [all tenures are negatively affected](#) by financial insecurity due to the pandemic.

### Other inequalities based on housing status have also emerged:

- By late 2020 [rental arrears](#) had not returned to pre-pandemic levels, unlike mortgage arrears, remaining higher and the temporary safety from eviction in the first lockdown was [insufficient to quell the psychological stress](#) of insecure housing.
- [Private renters and those with a mortgage were more likely to say that their household income had decreased](#), compared with those who own their house outright or live in socially rented accommodation.
- More households [reported](#) having savings compared to before the pandemic: this was particularly the case for mortgage holders and private renters. However, this refers to the numbers of people saving; overall the amount of money people have in savings has decreased, particularly for outright owners and private renters.
- Overcrowding has [increased](#), particularly in the private rented sector from 7% to 15% of households.
- There are also [concerns](#) that the increases in the number of households in temporary accommodation before the pandemic will continue due to increasing affordability issues.

## Policy and practice response: focus on homelessness

Although there were [increases in demand for services](#) for homeless people, and a continuing flow of new rough sleepers throughout the pandemic, there was increased access to emergency support at the start of the pandemic. [New ways to support people](#) facing multiple disadvantages were quickly implemented across the country, including emergency accommodation for homeless people and more autonomy and flexibility for workers. A [House of Commons Library Research Briefing](#) found that in April 2020, over 90% of England's known rough sleepers had been offered accommodation. Evidence [gathered through the first lockdown](#) from support services found that the movement of homeless people into emergency accommodation with support brought short term benefits, for example facilitating self-isolation and providing clinical support and treatment for substance use issues, and a foundation for recovery. Providers reported that it enabled support to be offered to many people who had previously been hard to reach, helping them to move on from rough sleeping. Evidence gathered from [English local authorities](#) found that policies such as furlough and benefit increases helped to prevent or minimise homelessness.

A [review](#) of the approaches to homelessness that were adopted early in the pandemic found they brought many benefits and were more successful than previous UK approaches in terms of [supporting the wellbeing of homeless and vulnerably-housed people](#) and reducing the spread of Covid-19. The review also found that in the first lockdown, there were fewer people becoming homeless due to the end of tenancies, institutional discharge and those as a result of relationship breakdown and domestic violence remained static.

The evictions moratorium is credited with stemming the flow of those facing homelessness, however this ceased at the end of May 2021. Despite the positive results of the Everyone In campaign, authorities reported that forms of homelessness that had been hidden [surfaced](#) during the pandemic, such as those who were "sofa-surfing or living in all sorts of situations that were unsuitable, overcrowded".

The experiences of people who face multiple disadvantages over the longer course of the pandemic was less positive. At the start of the pandemic, evidence from the [Homelessness Monitor](#) found gaps in the homelessness response in different areas/circumstances and lack of support/health services suggests the potential for significant harm to people who are already experiencing vast inequalities. By the winter of 2020/21, homeless people [reported](#) anxiety and uncertainty over the future of their emergency accommodation and difficulty accessing health services and the technology to book Covid tests. In addition, economic and other impacts of the pandemic and associated restrictions may have [contributed](#) to an ongoing trend of people becoming homeless and/or seeking temporary accommodation.

In addition, the impact of the wellbeing of staff working within the homelessness sector was negative: evidence collected from [frontline homelessness support staff](#) during the pandemic showed they experienced fear of contracting the virus at work, a lack of PPE at the start of the pandemic, and lack of the usual support for vicarious trauma.



Photo: Christina Wocintechak, Unplash

## Why do these findings matter for wellbeing?

The onset of the pandemic brought additional challenges to those facing housing inequalities: the need for space to quarantine safely from others, spend long periods of time inside, rest, work and exercise was not met by all forms of accommodation.

**The effect was particularly acute for those on low incomes, from ethnic minorities and the young, including where those groups intersect.** Housing conditions therefore not only had a direct impact on wellbeing but also drivers such as health and employment.

Beyond the initial lockdown, longer term inequalities are prevailing: those with less income and capital (in the form of housing) are coming out of the pandemic in a less stable economic position. Renters are particularly vulnerable to increased debts and reduced savings. The policy responses that were successful in preventing homelessness and evictions in 2020 have tailed off or stopped which will directly impact on many people's housing security and, as detailed above, changes to support or ambiguity over future support affects people's wellbeing.

What the emerging evidence has shown is the immediate and direct impacts of our housing on our ability to respond to the pandemic, but also the way in which **longer-term inequalities leave some groups even more vulnerable as we start to move out of the pandemic**, with its associated challenges and support systems. Monitoring both the tangible effects of housing on the drivers of wellbeing as well as its effects on subjective wellbeing will help to craft and evaluate policy and practice responses.



Hilary Burkitt, Head of Research at Shelter, reflects on the findings from the review

Hilary is head of research at the housing and homelessness charity Shelter, and leads a wide-ranging programme of research to support Shelter's campaigning, gathering insight into audiences, and evaluating the impact of the organisation's services. Hilary has worked in social and market research for nearly 20 years. She developed a passion for housing and welfare issues while working for a large housing association where she conducted the first research into the bedroom tax.

Through the lockdowns that have punctuated the Covid-19 pandemic we have been urged to 'stay home'. The increased time we have spent within our own four walls has underscored the importance of home. For the fortunate it has been a welcome reconnection and reminder of the value of their wellbeing. However, for too many of us it has highlighted the immense challenges we face when we don't have stability, security and safety. The pandemic has exposed the inequality that lies at the heart of our housing system.

In many respects, the last year has merely emphasised and exacerbated well known connections between our homes, health and wellbeing. For example, we have long known that the education of children living in overcrowded homes can suffer because they do not have quiet space to study. Months of home schooling has magnified this problem to an extent we could never have imagined.

This review highlights some of the ways that our homes, or the lack of a home, impact our physical and mental wellbeing. The costs of poor physical conditions on our health is widely documented, while our [research](#) at Shelter has also highlighted wider issues, for example how stress caused by insecurity or unaffordability can have a detrimental effect on wellbeing: the majority of people experiencing housing problems say that it had a negative impact on their mental health.

For many people, the pandemic has exacerbated existing issues with their housing, or created new ones. At Shelter we have witnessed people struggling with rent arrears when they suddenly lost their jobs. We have seen people illegally evicted from their homes because they were working in the NHS and their landlords

feared they would bring the virus home. The evidence highlighted in this review gathered during the course of the pandemic shows some of the variety of ways in which wellbeing has been suffered as a consequence of housing circumstances.

This review helpfully emphasises something we have seen in our own research at Shelter – that the housing emergency is not experienced equally. Our recent [research](#) showed that race, disability, sexuality and socio-economic status were also associated with greater risk of experiencing housing problems. This inequality has only been exacerbated by the pandemic.

During the pandemic, a pressing concern has been the need to understand how the virus is spread and what contributes to poor outcomes. In both respects, housing is potentially an important factor. Before the pandemic, we had evidence that housing conditions contributed to some respiratory illnesses, and were the factor in the transmission of some diseases. However, as a novel virus, much work has been needed to establish how Covid-19 is transmitted and what contributes to the severity of the illness. There has been a welcome research focus on trying to establish how housing may be contributing to the pandemic, and there is increasing evidence that poor housing, particularly overcrowding, is linked to the risk of infection.

From being implored to 'stay home', the current mantra is that we 'must learn to live with the virus'. However, as we adapt to living with Covid-19, we must not forget what we have learned – a safe home is everything and we urgently need to tackle the root causes of housing inequality.

COVID: WIRED



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### About this briefing

This briefing was prepared by Rosie Maguire, Centre for Thriving Places, using the Covid:WIRED dashboard.

Covid:WIRED is a partnership project between the What Works Centre for Wellbeing and Centre for Thriving Places and was developed by: Deborah Hardoon, Ingrid Abreu-Scherer, Rosie Maguire, Saamah Abdallah, Sam Wren-Lewis, Liz Zeidler, Lisa Muller, Melissa Cairns, Joanne Smithson and Nancy Hey.