

Health Impact Assessment of the proposed Wales Agent and Landlord Licensing Scheme



Llywodraeth Cymru
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1. Key Findings

The private rented sector in Wales – homes and tenants

- Key Finding 1 The share of dwellings which are privately rented now forms 14 per cent of dwellings. This has increased dramatically over the past decade, and the sector grew at the rate of 1 per cent each year between 2008 and 2012 to 191,000 in that year.
- Key Finding 2 The self-reported health of adults who are private renters is poorer than in other tenures. They experience poorer mental health and wellbeing, are more likely to suffer from life-limiting health problems or disabilities and to smoke and they report visiting the dentist or optician less often than adults in other tenures. Private renting adults in the 45-64 age group experienced these poorer health factors at a rate higher than other age groups.
- Key Finding 3 Children in the private rented sector are more likely to suffer mental health problems than in other sectors.
- Key Finding 4 Average household income is lower in the private rented sector than in other sectors. Welfare reforms and legal aid reforms are likely to affect the incomes of private renters more than people in other tenures and and/or lead to more acute cases of rent arrears.
- Key Finding 5 The rate of hazards presenting health and safety risks to occupiers in the private rented sector was higher than in any other sector when measured in 2008, and the cost of remedying these hazards was £2,500 per dwelling, more than in any other sector of tenure. The levels of general disrepair in the private rented sector are also higher and more costly to fix than in other sectors.
- Key Finding 6 Dwellings in the private rented sector are less likely to be fitted with a smoke alarm and casualty rates as a result of fire are higher in this sector than in other sectors. Carbon monoxide poisoning is 50 per cent more likely in this sector than others.
- Key Finding 7 The health problems caused by housing hazards has been estimated to cost the NHS in Wales £67m per year.

The impact of housing conditions upon tenants' health and wellbeing

- Key Finding 8 In spite of the difficulty in directly attributing housing conditions to health problems, there is a growing body of robust evidence

which demonstrates that poor indoor air quality, lead, dampness, infestation, extreme temperatures, overcrowding, poor lighting and asbestos impact upon physical health. People's feelings about their physical surroundings can impact upon not just mental health and wellbeing, but also physical disease.

- Key Finding 9 The evidence for the impact upon mental health and wellbeing, of poor physical housing conditions, insecure tenancies and poor relationships with landlords is growing. Psychological distress amongst children and mental health problems in women are amongst the conditions where links have been demonstrated most clearly. Long term illness and mental illness outcomes have been shown to be better amongst people with permanent homes. Evictions have been demonstrated to increase the risk of mental health problems.
- Key Finding 10 There are indications that poor quality housing impacts upon tenants' social relationships, which may lead to problems for their mental health and wellbeing. Lack of respect by landlords for tenants' privacy can lead to feelings of distress.
- Key Finding 11 There is potential for health impacts of poor housing compounded by social and economic disadvantage, such that the negative health impacts of housing conditions are felt more severely by individuals whose opportunities for good health are already compromised by other types of disadvantage.
- Key Finding 12 Vulnerable groups are less likely to take action or seek assistance with housing problems, due to low awareness of the effect of poor conditions, low awareness of their rights and/or fear of jeopardising their tenancies.

The effectiveness of landlord schemes

- Key Finding 13 There is little evaluative evidence as to whether landlord licensing schemes are effective in improving physical and social housing conditions for tenants. Studies of a variety of different registration, licensing and accreditation schemes do exist, but are different in nature, as they lack the training and professionalising elements which characterise the WALLS scheme. Nevertheless, these studies have found that physical conditions of dwellings involved have improved to a limited extent. The impact of these schemes upon landlord behaviour was found to have been positive in some studies, but not in others.
- Key Finding 14 Because improvements in physical housing conditions for less vulnerable groups, for whom conditions are already more

favourable were more improved than they were for those in more vulnerable groups in poorer conditions, there is potential for such schemes to have the effect of actually widening the gap between conditions for the least and most vulnerable.

Key Finding 15 Where the schemes that have been the subject of study have involved the creation of information and statistics about landlords and properties, these have been found to be extremely useful for resolving local issues and for strategic planning.

The predicted impacts of the proposed Wales Agent and Landlord Licensing Scheme

Key Finding 16 The respondents in this study, identified the potential positive health and wellbeing impacts of the proposed Wales Agent and Landlord Licensing scheme as:

- (i) Improved safety, health and comfort of privately rented homes.
- (ii) Improvements in the way that landlords treat their tenants.
- (iii) Potentially improvements to the neighbourhood environment, with economic benefits to the building trade.
- (iv) Increasing awareness of rights and responsibilities amongst landlords and tenants, leading to less conflict, fewer disputes, less stress and less frustration for people in both groups.
- (v) Providing an additional source of information which would lead to better strategic planning by housing authorities and targeted support and monitoring of landlords. This ultimately might lead to general housing improvements.
- (vi) There was no consensus as to whether conditions would improve for the most vulnerable groups. Increased awareness of the needs of vulnerable tenants, some felt, might lead to better treatment by landlords, though most thought that 'rogue' landlords, who let properties to some of the most vulnerable tenants, would avoid licensing.
- (vii) There was also no consensus as to whether the scheme would lead to an increase or decrease in the availability of good quality, affordable private sector accommodation in general, and in particular for people receiving benefits or seeking permanent accommodation.

Key factors for maximising positive impacts and mitigating negative impacts upon health and wellbeing

Key Finding 17 A number of things were considered important to the successful implementation of the scheme, and to maximising its potential to benefit health and wellbeing.

- (i) Raising awareness of the scheme and the requirement for all private sector landlords to register and become accredited. The web presence for the scheme should be carefully planned and tested, and the needs of people without access to the internet should be considered.
- (ii) Tenants' use of the website to check landlord information will provide an opportunity to educate them about their responsibilities as well as their rights as tenants. This opportunity should be fully exploited.
- (iii) Resources for enforcement of the scheme should be effectively deployed.
- (iv) The scheme should be promoted and enforced amongst all private landlords and their properties. The comprehensive information about landlords and properties that the scheme will provide, should be used to target enforcement action appropriately, so that there is a positive impact upon vulnerable tenants and properties in the worst condition.
- (v) The scheme should be monitored and evaluated, and the views and experiences of landlords and tenants should be gathered as part of this process.

2. Recommendations for developing the legislation and implementing the policy

Recommendation 1 The scheme should be effectively publicised and marketed at a national level in order to ensure that landlords with all sizes of portfolio, and tenants from all protected groups and vulnerable groups are aware of it.

Recommendation 2 The information available to landlords should educate them about the characteristics of vulnerable tenant groups and the impacts of poor housing conditions upon their health and wellbeing. It should also signpost landlords towards sources of advice and funding available for property improvement. It should advise them of the rights and responsibilities of both landlord and tenant. The expertise of vulnerable tenants' support agencies should be harnessed in landlord training and advice.

Recommendation 3 Information available to tenants should appraise them of the rights and responsibilities of both parties. It should also inform them of the impact of poor housing conditions upon their own health and wellbeing, and sources of support available to them to exercise their rights and ensure that their landlord complies with the scheme.

Recommendation 4 Web-based resources should be designed in such a way as they are accessible to people in all groups. They should exploit the opportunity to signpost tenants and landlords to information and resources to improve their understanding of their rights and entitlements.

Recommendation 5 Action should be taken early in the implementation of the scheme to ensure the effective deployment of resource for enforcement. There is a risk that partial enforcement may cause landlords to see the scheme as optional.

Recommendation 6 Efforts to promote and enforce the scheme should ensure that its benefits are experienced equally amongst vulnerable and less vulnerable groups.

Recommendation 7 Consideration should be given to robust evaluation of the health impacts of the scheme, in addition to post-implementation review of the new legislation. If evaluation is planned in the early stages of the scheme's implementation, this would allow its impacts to be monitored over the longer term and the identification of an appropriate source of counterfactual data to enable the true net impacts of the scheme to be understood.

3. Introduction

Background

- 3.1. This report presents details of a Health Impact Assessment of proposals to legislate for a compulsory registration and accreditation scheme for private sector landlords. The Welsh Government White Paper, Homes for Wales: a White paper for Better Lives and Communities was published in May 2012¹. Amongst its many commitments for policy and legislative changes to address housing issues, the White paper proposed legislation to establish a mandatory registration and licensing scheme for private sector landlords, letting and management agents in the private rented housing sector.
- 3.1. This health impact assessment project forms part of the impact assessment work for the proposed legislation.

Structure of this report

- 3.2. The remainder of this chapter (Chapter 3) provides brief information about the proposals for a Wales Agent and Landlord Licensing Scheme (more detailed information on the scheme is available at...²), and explains what is meant by a health impact assessment (HIA) and the role of HIA within Welsh Government policy making. The work of the Wales Health Impact Assessment Support Unit is explained here. This introductory chapter concludes by setting out the methodology to the study.
- 3.3. Chapter 4 provides a brief profile of the private rented sector in Wales, looking first at the size of the sector, the health and wellbeing of private sector tenants compared with people in other tenures.
- 3.4. Chapter 5 presents the findings of the literature view and primary data gathering exercises in this study in relation to the impacts of housing conditions upon the physical and mental health and wellbeing of tenants and landlords.
- 3.5. Chapter 6 looks at the evidence from other studies as to the effectiveness of landlord registration, licensing and accreditation schemes, and their impact upon housing conditions.
- 3.6. Chapter 7 explores the predicted impacts of the WALLS scheme, principally from the evidence gathered through the steering group, workshop and focus groups.
- 3.7. Chapter 8 details the conditions that were identified during the study, that would need to be met if the scheme is to be successful.

¹[http://wales.gov.uk/consultations/housingcommunity/housewhitepaper/?lang=en&status=close](http://wales.gov.uk/consultations/housingcommunity/housewhitepaper/?lang=en&status=closed)

²<http://wales.gov.uk/consultations/housingcommunity/proposalprivaterentsector/?lang=en>

The Wales Agent and Landlord Licensing Scheme

- 3.8. The Wales Agent and Landlord Licensing Scheme (WALLS) scheme has been developed in the light of conclusive evidence, which shows that the private rented sector is the largest growing housing option for people in Wales, yet it contains some of the worst housing stock in Wales, including some of the most energy inefficient properties³ and an unacceptable level of hazards to health and safety⁴.
- 3.9. In brief, the proposed scheme involves the following elements:
- (i) Establishing a mandatory registration and licensing scheme
 - (ii) Requiring private landlords and agents of private rented sector properties to register and become licensed through accreditation with the local authority. Accreditation involves training through an approved course
 - (iii) Accreditation will commit landlords to a code of conduct, which includes standards for dealings with tenants, the condition of property and the speed of repair
 - (iv) Requiring local authorities to take enforcement action under the scheme, which involves removing a landlords' licence or prosecuting them for failure to adhere to the scheme
 - (v) The scheme is based on the current, voluntary, Landlords Accreditation Wales scheme.
 - (vi) Establishing a comprehensive database of landlords and management agencies for prospective tenants to look up properties or landlords to see whether they are registered/licensed.
- 3.10. After an initial period the scheme will become self-financing from fees charged to landlords and letting agents.
- 3.11. The proposals were made the subject of a detailed consultation exercise, which closed in August 2012.

Health Impact Assessment and its role in policy in Welsh Government

- 3.12. HIA is a systematic, objective and yet flexible and practical way of assessing both the potential positive and negative impacts of a proposal upon health and well-being and suggests ways in which opportunities for health gain can be maximized and risks to health minimised. HIA looks at health in its broadest sense. It highlights the uneven way in which health

³ <http://wales.gov.uk/topics/statistics/headlines/housing2010/1011262/?lang=en>

⁴ <http://wales.gov.uk/topics/statistics/headlines/housing2010/101217/?lang=en>

impacts may be distributed across a population and seeks to address existing health inequalities and inequities as well as avoid the creation of new ones. As a tool to support decision making, it can inform decision makers and communities of the potential health and well-being impacts and consequences of a proposal or policy. HIA is not in itself the means of making a decision on whether a policy, proposal or programme should proceed. It is a way of harnessing a wide range of evidence and assessing its relevance and application to a particular local, regional or national context.

- 3.13. Welsh Government has taken a keen strategic policy interest and international lead in HIA, and is committed to developing its use as a key part of strategies to improve health and reduce inequalities. This stems from a need to improve the health of a population where the data still demonstrate high and unacceptable levels of poor health and health.
- 3.14. Welsh Government is a partner in Equity Action - a programme funded by the European Union⁵ which focuses on developing capability across government departments in European Member States on:
 - 3.15. Developing knowledge for action on health inequalities;
 - 3.16. Supporting the engagement of Member States, regions and other stakeholders in action to tackle the socio-economic health inequalities;
 - 3.17. Sharing learning between Member States & other actors; and
 - 3.18. Supporting the development of effective action to tackle socio-economic health inequalities at a EU policy level.
- 3.19. One project within the programme is aimed at promoting a health equity focus in policy making through identifying and using tools to analyse and influence policy making processes, such as Health Impact Assessment. Welsh Government is one of the 20 different partner organisations, across 18 European Member States participating in this project.

The Wales Health Impact Assessment Support Unit

- 3.20. WHIASU⁶ is based in the Cardiff Institute of Society, Health and Wellbeing (CISHeWB) which is part of Cardiff University's School of Social Sciences and is funded by the Welsh Government.
- 3.21. The key roles of WHIASU are:
- 3.22. To support the development and effective use of health impact assessment in Wales through building partnerships and collaborations

⁵More information about the Equity Action Programme, the Health Equity tools and the case study projects under way in the partner organisations, is available on the *European Portal for Action on Health Inequalities* at http://www.health-inequalities.eu/HEALTHY/EN/projects/equity_action/wp4/

⁶ For more information, please see the WHIASU website at <http://www.wales.nhs.uk/sites3/home.cfm?orgid=522>

with key statutory, voluntary, community and private organisations in Wales.

- 3.23. To provide direct information and advice to those who are in the process of conducting HIAs.
- 3.24. To contribute to the provision of new research, and provide access to existing evidence, that will inform and improve judgements about the potential impacts of policies, programmes and projects.
- 3.25. For this project WHIASU has provided valuable advice on the health impact assessment process and conducted the focus group element of the study. In addition, WHIASU supported the development of methods, facilitated meetings and reviewed drafts of the report. Their support has been greatly appreciated.

Methodology to this study

- 3.26. Within the limited staff resources and budget available to carry out the Assessment in relation to the WALLS scheme, a mixed methods approach was designed, which would bring together evidence from a wide range of sources.

The methodology for the project comprised:

- 3.27. A screening exercise, undertaken in June 2012 by Welsh Government Policy officials to decide whether the proposals were likely to have an impact upon health, and whether there was potential for the conclusions of an assessment to be taken into account in the development of the policy. This exercise involved a discussion about the groups of people who might potentially be affected by the proposals, and the possible positive and negative health impacts. It was concluded that the likely health impacts of the policy were of enough significance, it was agreed that there was good potential of a health impact assessment to offer suggestions for improvements to the policy, and that the health impact assessment should proceed. The screening exercise also involved nomination of experts to form the Health Impact Assessment Steering Group. The experts chosen were in a position to advise upon the potential impact upon tenants and landlords affected by the proposals from a range of perspectives - tenants, local authorities, statisticians and academics.

3.28. The Steering Group comprised the following members, although not all were present at meetings:

Sara James	WG – Research – Project Manager
Julia Lester	Wales Health Impact Assessment Support Unit (WHIASU)
Chloe Chadderton/ Eva Elliott	WHIASU
Alyn Williams	WG - Housing
Lee Cecil	National Landlords Federation
Steve Clarke	Tenantiad Cymru
Judith David	WG - Statistics
Rhiannon Caunt	WG - Statistics
Bob Smith	Cardiff University
Wouter Poortinga	Cardiff University
Bethan Jones	All Wales Chief Housing Officer's Panel (AWCHOP)
Douglas Haig	Residential Landlords Association

3.29. Two meetings of the Steering Group took place, one in November 2012 to carry out a scoping exercise for the study, and one in May 2013 to consider the findings of the research exercises that took place.

3.30. The scoping exercise was facilitated by Julia Lester and Chloe Chadderton of the Welsh Health Impact Assessment Support Unit. During the scoping exercise, members of the Steering Group identified a number of organisations that might be invited to attend the discussion workshop. The organisations identified are listed in the details of the workshop, in appendix 4.

3.31. The workshop took place in January 2013, and was again facilitated by Julia Lester from WHIASU. The purpose of the workshop was to discuss with participants the possible health impacts of the proposals on the basis of their expertise, and to identify possible further sources of information and evidence that could be explored in the literature review for the study.

- 3.32. A number of data exploration and data analysis exercises were carried out::
- (i) Data on the size of the private rented sector in Wales and Scotland were accessed from the Welsh and Scottish Government websites,
 - (ii) An analysis of data from the 2011 Welsh Health Survey was carried out, in order to provide details of the health of adults who are privately renting in comparison to other tenures. Details of this exercise and its findings are set out in appendix 1.
- 3.33. A literature review was undertaken, to identify evidence for the health and wellbeing impacts of poor housing conditions, and the findings of studies into the impact of landlord registration, licensing and accreditation schemes in the UK.
- 3.34. The Wales Health Impact Assessment Support Unit were commissioned to undertake a number of focus groups amongst tenants in different vulnerable groups, and landlords. Details of the methods employed for the focus groups, and the findings of the focus groups element of the work are presented in a report in appendix 2.
- 3.35. The different stages of the study were divided into three phases, a screening phase, a scoping phase, an appraisal phase and a reporting phase.

4. The private rented sector in Wales

The growth and importance of the private rented sector

- 4.1. The private rented sector is the fastest growing housing sector in Wales. Welsh Government estimates at 31st March 2012 (April 2013)⁷ show that between 2001 and 2012, the proportion of dwellings which are privately rented increased from 7 per cent to 14 per cent, and more than doubled from 90,000 to 191,000. Between 2008 and 2012 this increase accelerated, and the sector grew by an average of 1 per cent in each of those years. Whilst owner-occupied dwellings continue to be in the majority (accounting for 70 per cent of all dwelling stock at March 2012) the rate of owner occupation declined by 4 per cent between 2008 and 2012, and the actual number of owner occupied dwellings reduced by nearly 26,000 over this time. Social rented dwellings grew in number by more than 4,000 between 2008 and 2012, though this growth was not sufficient to increase their proportion amongst all dwellings over the period, as the rate of social housing actually fell by 1 per cent from 17 per cent to 16 per cent. The disproportionate growth of the private rented sector has been attributed mainly to an increase in supply, generated by the availability of affordable mortgage terms to prospective landlords following the introduction of the buy to let mortgage in 1998, and an increase in demand due to the strength of the economy (up until 2008) and to the difficulty for first time buyers in accessing the mortgages they need to buy their own homes (since 2008)⁸.

The health and wellbeing of PRS tenants compared with other sectors

- 4.2. Responses to the 2011 Welsh Health Survey⁹ revealed that adults who were privately renting generally reported poorer health than those in other tenures. In particular, private renters were more likely to report currently being treated for a mental condition (16 per cent) than those in other tenures (11 per cent). Private renters also had a lower 'mental component mean score' than people in other tenures, indicating that they experienced poorer mental health and wellbeing.
- 4.3. When asked to report whether their day to day activities were limited by a health problem or disability, 39 per cent of private renters said that this was the case, compared with 33 per cent of people in other tenures. Private renters were also more likely to choose categories 'fair' or 'poor', the lowest categories to select, when rating their health, than people in other tenures, where a larger proportion selected the other available

⁷ Welsh Government Dwelling Stock Estimates <http://wales.gov.uk/docs/statistics/2013/130425-dwelling-stock-estimates-2011-12-en.pdf>

⁸ Andrew, M. (2006) 'Housing tenure choices by the young', *Housing Finance Online*, Vol. 7. London: CML

⁹ A detailed analysis of Welsh Health Survey data in relation to people who are privately renting appears at Appendix 1. More information about the Welsh Health Survey is available from <http://wales.gov.uk/topics/statistics/theme/health/health-survey/?lang=en>.

categories of 'excellent', 'very good' or 'good'.

- 4.4. Adults who were privately renting were more likely to report smoking (36 per cent) than the rest of Wales (21 per cent), although there was little difference between the two groups for other lifestyle variables, such as alcohol consumption or physical activity.
- 4.5. In terms of the use of health services such as GPs, hospitals and pharmacies, there was little difference between people who were privately renting and those in other sectors. However private renters were considerably less likely to report visiting a dentist (54 per cent) than those in other tenure types (72 per cent), and were also less likely to report visiting an optician (42 per cent and 50 per cent respectively).
- 4.6. Understanding the health profile of people who are both private renters, by their membership of equalities characteristic groups¹⁰, can reveal how different groups amongst private renters might experience better or worse health than people in the same group in other tenures. With the exception of the characteristic of age, however, there is very little data available for analysis. When looking at age bands, the gap between people in the private rented sector and other sectors was more marked in the 45-64 age group than in older or younger age groups. For example, adults aged 45-64 were almost twice as likely to report currently being treated for a mental condition (24 per cent) than adults of the same age in other tenures (13 per cent), they were also more likely to report currently being treated for arthritis or a respiratory condition and more likely to report having fair or poor health (33 per cent).
- 4.7. There is strong evidence that mental health problems are much more prevalent in children in rented accommodation (private and social) than in the owner occupied sector. The Great Britain survey of mental disorders in children in 2004 (ONS)¹¹ identified that children in private rented accommodation were twice as likely to suffer from mental health problems as in owner occupied. (7 per cent of children in owner occupied homes, and 14 per cent in privately rented homes, suffered from mental disorders).

Household finances in the private rented sector

- 4.8. With regard to financial wellbeing, figures from the Family Expenditure Survey (2011)¹², show that average household income in the private rented sector, at £603 per week, is just below three-quarters of the level in the owner occupied sector (£838/week). Nevertheless, it is still well above average income in the social rented sector, (£337/week). Notably though, households which are privately renting and claiming housing

¹⁰ The Welsh Government Strategic Equalities plan identifies nine characteristics, which should not result in disadvantage for people. See the equalities pages at <http://wales.gov.uk/topics/equality/equalityactatwork/?lang=en> for more details.

¹¹ <http://www.esds.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf>

¹² ONS, available at: <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/family-spending-2012-edition/index.html>

benefit due to low income, have recently seen their income fall following cuts to benefit arising from UK housing benefit reform. The principal elements within the programme of housing benefit changes introduced in 2011, involved reducing benefits for more than 48,000¹³ private rented sector claimants in Wales (A report published by Welsh Government in February 2013¹⁴ estimates that this will to have an effect of reducing benefit by an average of £9 per week per claimant), and restricting the maximum benefit for people aged under 35 to a shared-room rate (estimated to affect 3,000 people and to reduce each person's benefit by an average of £24 per week).

- 4.9. The Welsh Government reports estimates the impact of further welfare benefit reforms which are being introduced between April 2013 and 2015, which will affect PRS tenants. These include more changes to Housing Benefit. Local Housing Allowance rates, which determine the amount of Housing Benefit paid to claimants, will in future be based on the Consumer Price Index (CPI) rather than by actual rents, leading to an average weekly loss estimated at £6 per person¹⁵.
- 4.10. The report also notes that that reforms to disability living allowance (DLA) are predicted to lead to more than 42,000 claimants in Wales losing their entitlement by 2018. Whilst it is not clear whether the rate of DLA claimants is higher in the private rented sector than in other sectors, the finding from the Welsh Health Survey (above) that people with a limiting health problem or disability are more common amongst private renters than in other sectors may lead to a higher proportion of losses of this benefit in the PRS than in other tenures.
- 4.11. It has been suggested that reforms to the welfare benefits system have the potential to increase the numbers of people seeking housing in the private rented sector. For example, it is felt that the 'bedroom tax', will result in some social housing tenants being evicted from their homes¹⁶. The 'bedroom tax' refers to a benefit reform which came into effect in April 2013, whereby housing benefit is reduced for social housing tenants in homes with 'spare' bedrooms¹⁷. The bedroom tax is estimated to affect around 40,000 households in Wales, who might lose an average of £12 per week¹⁸.

“Potential impacts [of welfare reform] on housing services relate to housing affordability, rent arrears, evictions and homelessness

¹³ See <http://www.dwp.gov.uk/local-authority-staff/housing-benefit/claims-processing/local-housing-allowance/impact-of-changes.shtml> for an estimate made by the UK government of the number of privately renting tenants whose housing benefit was predicted to reduce.

¹⁴ Welsh Government (2013) (<http://wales.gov.uk/docs/dcells/report/130218wr-stage2-analysis-en.pdf>).

¹⁵ Welsh Government (2013) op. cit.

¹⁶ Inkson (2012). "The Bedroom Tax Project: Final report" available at <http://www.wlga.gov.uk/welfare-reform-the-bedroom-tax-project/>

¹⁷ The National Housing Federation leaflet "What you need to know about changes to housing benefit", available at <http://www.housing.org.uk/publications/browse/housing-benefit-changes>, explains the 'bedroom tax' in detail.

¹⁸ Welsh Government (2013) (<http://wales.gov.uk/docs/dcells/report/130218wr-stage2-analysis-en.pdf>).

due to benefit cuts, direct and monthly payments, and sanctions, which may create budgeting problems... There is also a risk of a reduction in properties let to HB claimants in the private rented sector, and there may be a particular shortage of suitable properties for those affected by the extension to the Shared Accommodation Rate and the under-occupancy rules. Families may be forced to cheaper (and already deprived) localities... This may give rise to overcrowding and residence in poorer-quality housing.”

Welsh Government, 2013 (op. cit. p. 8-9)

- 4.12. The Legal Aid, Sentencing and Punishment of Offenders Act 2012, came into force in December 2012. This act restricts the circumstances in which legal aid is available to tenants to access advice with a view to preventing their eviction due to rent arrears. In representations to the Commons at the readings of the bill¹⁹ Shelter (England) identified that this was likely to lead to cases of arrears becoming more acute before they could be addressed.
- 4.13. In addition to the impacts of welfare reform and legal aid reform, tenants in the private rented sector have been identified as being disproportionately affected by fuel poverty. A household is fuel poor if it cannot afford to keep adequately warm at a reasonable cost. Data from the Living in Wales Survey²⁰ (mentioned in detail below) showed that fuel poverty across all housing tenures was 26 per cent in 2008, the most recent survey date. The rate was highest in the private rented sector, at 36 per cent, and lowest in social rented dwellings managed by housing associations. Paragraph 5.8 considers the health impacts of cold temperatures.

Living Conditions in Private Rented Housing

- 4.14. The most up-to-date national picture of living conditions in homes in Wales is provided by the 2008 Living in Wales Property Survey²¹. The surveyors assessing homes in the survey used the housing health and safety rating system (HHSRS)²², which was introduced in the Housing Act 2004 to England and Wales. It is a means of identifying defects of different types in dwellings, and the potential effects of these defects on the health and safety of the dwelling's users. It involves a scoring procedure which entails judgements by an inspector as to the likelihood

¹⁹

http://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/briefing_legal_aid_sentencing_and_punishment_of_offenders_bill_2nd_reading

²⁰ <http://wales.gov.uk/topics/statistics/headlines/housing2010/1011261/?lang=en>

²¹ <http://wales.gov.uk/about/aboutresearch/social/ocsropage/living-wales/?lang=en> and <http://wales.gov.uk/docs/statistics/2010/101217sdr2242010en.pdf>

²² More information on the HHSRS is here:

<https://www.gov.uk/government/publications/housing-health-and-safety-rating-system-guidance-for-landlords-and-property-related-professionals>.

of a potentially harmful event and personal harms that might result, and the application of hazard weightings. Scores above a certain level are classed as Category 1 hazards, and local authorities have a duty to take action where a category 1 hazard is identified. The Living in Wales property survey estimated that around 29 per cent of homes in Wales had at least one Category 1 hazard. The most common hazards identified were falling on stairs (13 per cent of dwellings) and excess cold (11 per cent). The rate of Category 1 hazards in the private rented sector was higher than in any other sector, at 40 per cent and the average estimated cost of remedying these hazards was also highest in that sector, at £2,500 per dwelling affected. The lowest rate of category 1 hazards was found within Housing Association (social rented) dwellings, at only 12.5 per cent of dwellings, at an average remedy cost of £300 per dwelling.

- 4.15. In study commissioned by Shelter Cymru and published in 2011, The Building Research Establishment used the Housing Health and Safety Rating System data (above), together with estimates of the risks of, and the medical and care costs of NHS treatments. They used these methods to arrive at estimates of the cost of poor housing in Wales²³. The findings of this study were that the total costs to the NHS of dealing with health impacts of hazards were just over £65m per year. The study also estimated that NHS costs make up only 40% of the total costs to society of hazards in homes.
- 4.16. As well as assessing hazards in dwellings, the Living in Wales survey work involved the use of data collected to estimate a more general factor, that is 'repair costs'²⁴, or the cost of works required to remedy defects in the fabric of each building. Again, it was in the private rented sector that most dwellings required repair (78 per cent)²⁵, with costs averaging just under £2,000 in that sector. Amongst housing association dwellings, repairs were required in only 62 per cent of dwellings – the lowest group, and where repairs were required in housing association dwellings, the average cost was only £720.
- 4.17. As well as higher rates of hazards and higher costs of rectifying these, and of general repairs, studies have shown that homes in the private rented sector have been found to be more likely than other sectors to have no smoke alarms. Research by Firebreak Wales²⁶ confirms the findings of the Living in Wales survey that more than 10 per cent of rented sector dwellings have no smoke alarm – nearly twice the rate within the owner-occupied sector (6 per cent). Similarly, a study for the Office of the Deputy Prime Minister in 2005²⁷ found that casualty rates as a result of fire were higher in rented homes than other sectors.

²³ <http://www.brebookshop.com/details.jsp?id=326669>

²⁴ <http://wales.gov.uk/docs/statistics/2010/101217sdr2232010en.pdf>

²⁵ 78 per cent of local authority social rented sector dwellings also required repair.

²⁶ http://www.firebrake.org/uploads/attachments/fire_safety_report_eng.pdf

²⁷ <http://www.local.communities.gov.uk/finance/0607/ffwg0503/ffwg-05-13.pdf>

4.18. A UK report by the Gas Safety Trust in 2011²⁸ presented statistics showing that carbon monoxide poisoning was 50 per cent more likely in privately rented homes than in owner-occupied or social rented homes.

²⁸ <http://www.gas-safety-trust.org.uk/gas-safety-resources-and-press/reports/didr-2011/>

5. Impacts of housing conditions upon the health and wellbeing of tenants

Cause and effect issues

- 5.1. Many social policy makers in the UK have for the past two centuries regarded good quality housing as instrumental in supporting the health and wellbeing of the population, and housing schemes have been the focus of investment on a large scale, particularly throughout the mid 20th Century, to address problems of overcrowding and poor sanitation which encourage the spread of infection. The relationship is widely accepted. There is a large body of studies which indicate a connection and the experience of environmental health and housing workers strongly supports causal links. However, when attempting to draw associations between housing conditions and the health of residents, or the effect of housing improvement upon health, whilst there is a strong body of grey literature, there is a lack of quantitative and robust studies. The difficulty in drawing associations between housing conditions and health and wellbeing is principally due to the multitude of factors not directly related to housing that affect people's health and wellbeing, such as their diet and lifestyle, heredity and health history. Separating the influence of housing conditions from these factors is problematic. The studies that do exist tend to be focused on the social rented sector, principally due to the greater potential for policy to influence and financially support improvements within that sector than within the private rented or owner occupied sectors.
- 5.2. The next two sections look at the evidence available as to the associations that exist between housing and health, and the health impacts of housing improvements.

The health impact of poor housing – physical health

- 5.3. In a guide to health impact assessment for housing improvements, published in 2013 by the Scottish Health and Inequalities Impact Assessment Network²⁹ Macdonald and Thompson provide a useful summary of the best available evidence of association between specific housing characteristics and specific health outcomes. They identify the following key elements of housing condition that have been found to be related to health:

Indoor air quality

- 5.4. Poor ventilation can lead to levels of air pollutions which are detrimental, particularly to the elderly and asthmatics.

Lead

- 5.5. Lead exposure in children leads to physical, mental and intellectual

²⁹ http://www.scotphn.net/pdf/2013_02_26_HIA_of_Housing_Improvements_Guide1.pdf

problems. Lead exposure among children may stem from lead-based paint, which is found mainly in older, poorer housing.

Dampness

- 5.6. A damp indoor environment encourages the growth of allergens and microbes, most commonly the faecal pellets of house dust mites, and mould. Living in a damp house with visible mould is linked to an increased risk of respiratory symptoms.

Infestation

- 5.7. The most common sources of infestation that pose a health hazard inside the home are lice, bedbugs, fleas, cockroaches, mites, rats and mice. Infestation can be prevented through careful food and waste storage and good hygiene, which reduce the home's attractiveness to pests.

Temperature

- 5.8. The elderly and very young are particularly at risk from both low and high indoor temperatures. There is a substantial body of evidence linking low indoor temperatures with cardio-vascular disease, respiratory and rheumatic diseases, hypothermia. Excess winter deaths may be prevented by providing affordable domestic heating.

Overcrowding

- 5.9. Robust evidence of detriment to health from overcrowding is limited, as overcrowding is often accompanied by other types of housing problems and socio-economic disadvantage. It is therefore difficult to establish the independent effect of overcrowding. However, there is some evidence that overcrowded housing is linked to overall child and adult mortality and infections such as tuberculosis, and possibly to domestic accidents and mental health problems among women.

Light

- 5.10. There may be links between poor indoor lighting and increased risk of depression and home accident and injury.

Asbestos

- 5.11. There is a substantial body of evidence that asbestos dust, created by damage to asbestos, leads to serious lung conditions.

The health impact of poor housing – mental health

- 5.12. Several studies have identified a link between poor housing conditions, and mental health problems, although studies of mental health impacts are noted to be generally qualitative and small scale and the number that are recognised as robust is very small.

- 5.13. Macmillan and Barlow at Warwick University³⁰ summarised evidence of the impact of the urban environment upon the social, emotional and psychological health of children in 2008, and noted findings from a study in the United States that overall housing quality is linked with psychosocial problems, and a slightly earlier (2004) review of evidence by the UK government³¹ cites studies, again from the United States, that found greater symptoms of psychological distress amongst children living in lower quality housing. These findings are broadly supported by studies from the UK^{32,33}, although the latter studies are more than 20 years old.
- 5.14. Overcrowding, in particular, has been linked with mental health problems. The Macmillan and Barlow review cites studies reporting lower motivation in task performance, poorer behavioural adjustment and higher levels of psychological distress social withdrawal in children. The Marmot Review³⁴ and a 2006 study by Shelter³⁵ cite work which suggests that people who experienced overcrowded housing throughout their childhood were at higher risk of being depressed as young adults than their peers, though again, this work is old. This review also notes that the evidence of a link between overcrowding and mental health problems amongst women is quite strong.
- 5.15. The Shelter study³⁵ includes case study evidence that a young person in poor quality housing cannot have friends to visit, impacting on his social development.
- 5.16. Research by Evans (2006)³⁶ found that poor quality housing directly affects children's self esteem, particularly where they interact with peers who live in better quality homes.
- 5.17. Reflecting on the significant level of health inequalities in Scotland and on the role of the physical environment, Scotland's Chief Medical Officer emphasized the importance of the psychosocial dimension when he observed that "how people feel about their physical surroundings, can impact on not just mental health and wellbeing, but also physical

³⁰

http://www2.warwick.ac.uk/fac/med/study/cpd/current/pgle/modules/md941/1010/documents/child_mental_health_and_urban_environments_draft_schrader_barlow_2008_final_version.doc

³¹ <http://dera.ioe.ac.uk/5073/>

³² Blackman, T., Evason, E., Melaugh, M. (1989) 'Housing and health: a case study of two areas in west Belfast', *Journal of Social Policy*, 18, 1-26.

³³ Hunt, S.M. (1990) 'Emotional distress and bad housing', *Health & Hygiene*, 11, 72-79.

³⁴ In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The final report, 'Fair Society Healthy Lives', was published in February 2010.

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

³⁵ http://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/chance_of_a_lifetime_-_the_impact_of_bad_housing_on_childrens_lives

³⁶ Evans G (2006) Child Development and the Physical Environment *Annual Review of Psychology* 57: 432-451.

disease”³⁷.

- 5.18. In the workshop and focus groups to this study, participants noted that tenants’ privacy was sometimes not respected by landlords, who might enter the home when they were not there or would call in without prior arrangement, and this led to distress, especially where there might be other factors making the tenant feel anxious. It was suggested that this behaviour may be due to lack of awareness of tenants rights, or to poor landlord attitude.

Studies of the impact of housing improvements upon health

- 5.19. Carmarthenshire Council is working with Cardiff and Swansea Universities on a number of health impact studies to identify the relationship between housing improvements and health, and between housing improvements and the costs to local health services and to quantify the strength of these relationships. The council began a comprehensive improvement programme amongst its rented properties in 2005, focusing on upgrading windows and doors, modernising kitchens and bathrooms, installing insulation and installing fuel-efficient central heating. The Feeling fine Healthier Homes – Health Impact Study began in 2009 and involves surveys amongst tenants. The first surveys were carried out in 2009 and 2011³⁸ and revealed that in homes that had been fully upgraded, GP, outpatient and accident & emergency visits decreased markedly, although use of inpatient health services had not changed. A second project being run by this partnership, which has been awarded funding from the National Institute for Health Research, will look in detail at the impact upon health of the Carmarthenshire improvements, by anonymously linking details of residents with GP records and prescriptions and emergency department attendances relating to respiratory health, mental health and home injury. The study will compare health outcomes for residents whose homes are being improved within the Carmarthenshire scheme, with residents within a similar social housing cohort where homes are not being improved (above routine maintenance) and residents in other housing sectors within Carmarthenshire. The study is due to report in 2016. A further study, again funded by the National Institute for Health Research, is under way to examine the impact upon health of improving the energy efficiency of socially rented, privately rented and owner occupied homes in low-income neighbourhoods³⁹.

Impact upon health of insecure tenure and landlord-tenant conflict

- 5.20. As well as the impact of physical conditions upon health and wellbeing of

³⁷ Scottish Government (2007). Health in Scotland 2006: annual report of the Chief Medical Officer. Edinburgh, Scottish

Government (<http://www.scotland.gov.uk/Resource/Doc/203463/0054202.pdf>)

³⁸ A summary of progress in Feeling Fine Healthier Homes – Health Impact study is available at: <http://www.carmarthenshire.gov.uk/english/housing/pages/healthimpact.aspx>

³⁹ See: http://www.phr.nihr.ac.uk/funded_projects/11_3020_05.asp

tenants, which have been shown to be worse in private rented housing than in other sectors, private sector tenants may also be exposed to health risks stemming from insecurity, lack of permanency and disputes with landlords.

- 5.21. The Marmot review identified that there is a link between insecure tenure and mental health problems and the Thomson review mentioned above²⁹ notes studies in which permanent housing is linked to improved health outcomes amongst people with long term illness, mental illness and HIV. A study by Pevalin (2008)⁴⁰ involving analysis of data from the British Household Panel Survey to explore the impact of housing repossessions and evictions upon mental illness, identified that the risk of mental illness was increased in the period leading up to an eviction.

Compounding effects of disadvantage upon the health impact of poor housing

- 5.22. There is potential for the health impacts identified above to be compounded by social and economic disadvantage, such that the negative health impacts of housing conditions are felt more severely by individuals whose opportunities for good health are already compromised by other types of disadvantage. A World Health Organisation study into environmental inequalities in Europe (2012)⁴¹ identified ways in which socio-demographic inequalities can influence both exposure to, and health outcomes from, environmental risks.

- 5.23. The study notes that:

- (i) There is a relationship between socio-economic factors and poor housing, as disadvantaged groups may live in less favourable environmental conditions than non-disadvantaged groups.
- (ii) Factors which are related to socio-economic inequality, such as health behaviour, compound exposure to these environmental conditions.
- (iii) Socio-economic and other factors increase the impact of exposure.

- 5.24. As an example, a person who lives in a home with a poorly maintained heating system may have potential for increased exposure to carbon monoxide. The person may also have had limited education and possess less knowledge or understanding of the hazard of carbon monoxide, yet may be an older person who spends more time in the home environment and, in a struggle to keep warm on a limited income, may deliberately limit ventilation to save on fuel costs. To further compound the risk, the

⁴⁰ <http://jech.bmj.com/content/63/11/949.full?sid=0a0d1567-ecde-4fd4-9932-52d2e1eeb2f4>.

Pevalin also found that evicted tenants mental health was normal in the period following eviction, whereas homeowners whose homes had been repossessed were more likely to suffer mental health problems both before and after repossession.

⁴¹ www.euro.who.int/__data/assets/pdf_file/0010/157969/e96194.pdf

older person may exhibit particular vulnerability to the health impacts of carbon monoxide due to individual health factors, such as pre-existing illness or impaired cardio-respiratory function. Finally, the above factors may align with further factors such as reduced access to or use of health services, which may affect the effectiveness of medical treatment. By contrast, a young student may be exposed to a home heating system presenting the same carbon monoxide poisoning hazard, but may have a better understanding of the health risks, have better general health, spend more time away from the house and be comfortable using the heating system less⁴².

5.25. As well as affecting the exposure to, and impact of health risks in the home, socio economic factors have also been found to affect the likelihood of tenants taking action or seeking assistance with housing problems. A review of evidence of the links between housing and poverty⁴³ published by the Joseph Rowntree Foundation, notes that sources of legal data have been used in studies to provide insight into the link between poverty and housing deprivation. The review identifies that people eligible for legal aid are more likely to have housing problems, which include disrepair, unsafe living conditions and problems with landlords over deposits or tenancy agreements and being threatened with eviction and harassment. However, these studies have found that those in poverty are less likely to seek assistance and more likely to take no action about housing problems even when they are eligible for legal aid.

5.26. A number of other studies identify low awareness and expectations as factors preventing tenants exercising their rights. A study was conducted in England to evaluate mandatory licensing of houses in multiple occupation⁴⁴. This study, which was conducted by the Building Research Establishment between 2005 and 2009 on behalf of the Department for Communities and Local Government, found that tenants in homes:

- (i) *“at the bottom end of the sector... may have low expectations about the property, and may be aware of issues such as maintenance and cleaning but do not have a comprehensive knowledge of fire safety, amenity and space standards”*

(Ibid., P. 89)

5.27. A 2007 report by the Citizen’s Advice Bureau in England entitled “The Tenant’s dilemma, Warning: your home is at risk if you dare complain”⁴⁵, cites results from the 2000 Survey of English Housing that 21 per cent of

⁴² For a discussion about the effects of long-term exposure to carbon monoxide, see <https://www.headway.org.uk/symptoms-and-treatment-of-carbon-monoxide-poisoning.aspx>

⁴³ <http://www.jrf.org.uk/publications/housing-and-poverty-links>

⁴⁴ <http://webarchive.nationalarchives.gov.uk/20120919132719/www.communities.gov.uk/publications/housing/hmoimpactevaluation>

⁴⁵ www.citizensadvice.org.uk/tenants_dilema_-_document.pdf

private sector tenants were dissatisfied with the way their landlords carried out repairs and maintenance of their property. Yet only one quarter of those tenants said they had “tried to enforce their right”. When those who had not taken action were asked why not, 21 per cent said they did not want to cause trouble with their landlord, and a further 5 per cent felt their tenancy would be ended if they tried to get repairs carried out. One third of respondents replied that they ‘didn’t think it was worth the effort. The report notes that in their own (2007) survey, the Citizen’s advice Bureau found that environmental health officers and tenancy relations officers, thought tenants were put off using the help they offered because of fears of jeopardising their tenancy.

- 5.28. Participants in focus groups and the workshop felt that some migrant and ethnic minority groups, particularly refugees and asylum seekers were already at a particular disadvantage when accessing good quality rented homes. It was noted that people in these groups found exercising their rights as tenants problematic, due either to insufficient language skills, knowledge of their rights, or due to fear that their uncertain status as citizens meant that they shouldn’t draw attention to themselves.

6. The effectiveness of licensing schemes to improve physical and social conditions for tenants

- 6.1. Whilst there has been much debate in the UK over the past two decades about the introduction of a mandatory licensing scheme for private sector landlords, there is little evaluative evidence as to whether such schemes are effective in improving physical and social housing conditions for tenants.
- 6.2. Mandatory licensing of houses in multiple occupation (HMOs) has been in place for some time, and studies with experimental designs have been completed which explore the impact of change in conditions for tenants. The findings of such studies should not be regarded as directly generalisable to the WALLS scheme, as HMO licensing schemes are based on individual dwellings, and involve the inspection of these dwellings before a licence can be issued. A landlord licensing scheme, such as the WALLS scheme is different to this, and is more akin to a training and information scheme, intended to impact positively on the behaviour of landlords. Under WALLS, a landlord registers on the scheme, becomes licenced through training and retains this licence through re-registering at the required timescales and through not being found to breach the code of conduct. Dwellings subject to HMO licensing are therefore more likely to be directly inspected than dwellings managed by licensed landlords under a scheme such as WALLS. However, the extent to which such studies reveal impacts on the condition of private rented sector homes can suggest the potential for the WALLS scheme to effect a change in conditions.
- 6.3. The BRE/DCLG study noted above⁴⁴ was based on case studies of twelve local authorities, and examined the difference in the physical conditions and quality of management of homes both in areas had mandatory licensing had been in place for some time, and where it was introduced after the commencement of the study. The research found that local authority inspectors had noticed improvements to fire safety after licensing had come into force. About half also reported improvements to the physical condition of properties, the quality of management and the quality of accommodation. Just less than half reported an improvement to the relationship between local authorities and landlords. However, the study found that where licensing made a difference to the physical condition of dwellings, it was amongst the more expensive homes. Physical conditions had not changed in homes where the most vulnerable people were housed – the study also found that licensing didn't improve the landlords' approach to management, in terms of dealing with repairs or seeking consent to visit.
- 6.4. A Health Impact Assessment study of the Leeds Landlord Accreditation Scheme⁴⁶, carried out in 2007 looked at the impact of landlord

⁴⁶ <http://www.apho.org.uk/resource/item.aspx?RID=48961>

accreditation upon a small number of properties subject to HMO licenses. The study found that properties of landlords who were not accredited were in worse condition. Damp and mould growth, excess cold, noise, conditions likely to increase risk of falls and fire safety were all worse in the properties of non-members. Where their landlords were members, tenants were more likely to report:

- the presence of smoke alarms and central heating
- more satisfaction with their housing
- that their homes were in a good state of repair and that responses to requests for repairs were faster and more satisfactory
- Safe dwellings.

6.5. The study also found that tenants tended not to be aware of the scheme or whether their landlord was a member.

6.6. The Leeds study also noted that the licensing scheme actually had the effect of creating greater inequalities. As improvements in housing conditions for less vulnerable groups, for whom conditions were already favourable were more likely to improve than they were for those in more vulnerable groups in poorer conditions, the scheme had actually had the effect of widening the gap between conditions for the least and most vulnerable.

6.7. A landlord registration scheme was introduced in Scotland in 2009. The Scottish scheme has some similarities with the WALLS scheme as it is based on landlords passing a 'fit and proper person' test, and is aimed at improving both landlord behaviour and property conditions in the private rented sector. However, the scheme differs from the proposed WALLS scheme in that:

- (i) Local authorities must each create their own system for registration and enforcement (whereas in Wales, the proposal is for the scheme to be administered centrally)
- (ii) There is no requirement under the scheme for training or for landlords to be subsequently licensed, only that they register. In Wales, failure to become licensed will result in a fine.

6.8. An evaluation study of the Scottish scheme was published in 2011⁴⁷, found that the scheme had resulted in:

- (i) Identification of 175,000 private sector landlords in Scotland. On the basis that there were 290,000 privately rented dwellings in Scotland in March 2011, the average rate of dwellings per landlord was 1.66 dwellings rented by each landlord. However, there were some

⁴⁷ <http://www.scotland.gov.uk/Publications/2011/07/13091422/1>

landlords that had not registered.

- (ii) Success in raising awareness amongst landlords of their obligations, and in improving the image of the sector.
- (iii) Some indication of success in improving property management (though less than half of local authorities felt this) and in improving property conditions (though only just over one third of local authorities felt that property conditions in the sector had been improved).
- (iv) The creation of a useful source of information, of particular value to local authorities in resolving environmental health issues and neighbourhood health and wellbeing problems such as anti-social behaviour issues and burst pipes
- (v) The creation of useful statistics about private sector landlords
- (vi) No success in removing the 'worst' landlords from the sector.

6.9. A landlord who took part in one of the focus groups for this study, who was also a member of Landlord Accreditation Wales, noted how he had not been aware of the needs of vulnerable tenants before he had been informed through that scheme.

7. Predicted impacts of the WALLS scheme.

- 7.1. There is one research study which has sought to gauge the possible potential impacts of the WALLS scheme (see paragraph 7.2), the limited information from which is set out below. The predicted impacts outlined in this section derive mainly from the comments made during steering group, workshop and focus group sessions within this study.
- 7.2. A research study⁴⁸ exploring the views and of landlords in relation to the Landlord Accreditation Wales Scheme (see paragraph 3.9(v) for more details about this scheme), identified that both landlords who are, and who are not in favour of registration and licensing, were doubtful over the likely effectiveness of the WALLS scheme, and considered that good landlords would comply and rogue landlords would attempt to avoid registration.
- 7.3. A number of opinions were expressed by participants in the steering group, workshop and focus group exercises in this study as to the potential benefits and dis-benefits of the scheme in general and to health and wellbeing in particular. As predictions, these opinions could only be speculative, and in some cases, there were opposing views as to whether certain impacts would result.

Potential impact upon health and wellbeing of tenants

- 7.4. It was generally felt by participants in all three exercises that the scheme had strong potential to raise awareness amongst landlords and agents of their responsibilities, and that this could have the effect of improving the physical condition of private rented homes, in terms of both safety, health and comfort and in improving landlords' treatment of tenants. However, in all exercises, a minority of participants felt that improvements in these factors would not necessarily follow, as it was very dependent on the manner within which the scheme was implemented and enforced whether these benefits would be realised. A minority of participants in all exercises felt that the scheme would be less successful amongst landlords who were letting sub-standard properties in a sub-standard way, and as such would not fully address the problem of 'rogue' landlords.
- 7.5. Workshop participants who felt that the scheme could be successful in raising awareness amongst landlords and tenants thought that this would have a general effect of improving 'citizen power' for both groups, which would lead to an improvement in health and wellbeing through a reduction in stress and frustration.
- 7.6. In sessions with the steering group and workshop, participants suggested that disputes may sometimes arise between landlords and

⁴⁸ The Landlord Accreditation Wales Scheme: The Views and Experiences of Landlords and Agents Dr Gary A. Jones, Senior Lecturer, The University of Winchester

tenants due to a lack of understanding on the part of landlords as to their own and tenants' rights. It was felt that the proposed scheme would ensure that landlords would gain a better knowledge of the rights and entitlements that apply both to landlords and tenants, as gaining a licence would not be possible unless they attended a course (or had a suitably qualified agent in place), and they would be made aware of sources of information.

Potential wider impacts

- 7.7. Steering group participants felt that the increased awareness of landlords about their management responsibilities may ultimately help them to address anti-social behaviour, such as substance misuse and rubbish dumping, which would impact upon the wellbeing within the neighbourhood as well as the health and wellbeing of tenants themselves, although it was acknowledged that landlords had limited powers to tackle these issues, which would in themselves be enhanced by the scheme.
- 7.8. Workshop participants noted that the scheme had the potential to address inequalities, through helping landlords of vulnerable people to better understand their rights and needs, and making information available to them to enable them to make informed choices.
- 7.9. One steering group member felt that the scheme would stimulate property improvement work, which would have a wider positive effect on wellbeing through generating growth for the building trade.

Potential impacts upon the availability of private rented accommodation

- 7.10. There was a great deal of discussion in all three exercises about the convenience and cost implications of the scheme upon landlords and the effect this would have upon the availability of dwellings.
- 7.11. Participants in all three exercises felt that some landlords would find the scheme itself, and the costs of compliance with the code of conduct onerous and costly. Some felt that in order to avoid licensing, landlords might leave their properties empty rather than rent them, sell the properties they were renting out in Wales and buy properties to rent in England, or might stop renting to people who appear on a Council list, such as the housing or council tax benefit list, so that they could avoid being identified and applying to the scheme, and would prefer to let to tenants who are short term and less demanding, such as students. Participants in all exercises also predicted that the increased costs to landlords of licensing would be passed directly to tenant in rent increases. Those who felt that some landlords would avoid licensing or would increase rents, thought these responses would result in a reduction in the amount of affordable, good condition accommodation available for vulnerable people, with consequences for their health and wellbeing.

- 7.12. A number of counter arguments against the above points were also posed. It was suggested by one workshop participant who felt that better awareness amongst landlords of tenants' needs and rights could lead to a reduction in the number of evictions, and in the amount of conflict and landlord-tenant relationship breakdown, ultimately leading to less stress for landlords and less interruptions to rental income.
- 7.13. The availability of guidance for landlords, and the role of the scheme in promoting it to them, was suggested by one workshop participant to have the potential to attract **more** landlords to rent properties, if they could see that a properly structured process with training, advice and information were available. A steering group member also noted that an increased sense of pride and personal ambition might be felt by landlords who feel that they are part of a well regarded sector.
- 7.14. One workshop participant noted that even if the scheme did result in a reduction in the volume of private rented stock, these properties would then become available for owner-occupancy, perhaps even in large enough numbers to have the effect of making homes for sale more competitively priced, and there would be no net reduction in the housing stock.

Other potential impacts

- 7.15. Some concern was expressed in focus groups about the implications for tenants if their landlord was found to be in breach of the code of conduct in relation to his or her other properties, as they were concerned that their own tenancies might be affected.
- 7.16. Steering group and workshop participants noted that the outcome of the database could be to allow local Authorities and Welsh Government to gain a better understanding of the private rented sector, which could lead to benefits within the sector itself, through improved targeting of groups of landlords with information to help them provide a better service, such as advice about grants schemes, guidance, perhaps in minority languages where the language skills of landlords were known.
- 7.17. It was also felt that the data had the potential to help local authorities in the development of local housing strategies, to encourage the development of homes to meet local needs.

8. Conditions for the success of the scheme in maximising health and wellbeing benefits.

- 8.1. Participants in the Steering group, workshop and focus group exercises all suggested ways in which the health and wellbeing benefits of the scheme might be maximised. Generally, they felt that that the more successful the implementation of the scheme, the greater the general impact upon the health and wellbeing of tenants.

Communicating the information effectively to people

- 8.2. Workshop participants felt that effective marketing of the scheme would be crucial to its positive impact. They suggested that the web presence for the scheme should be carefully planned and tested, such that:
- (i) The digitally excluded – people without access to the internet – would not be at a disadvantage in accessing the benefits of the scheme. Consideration should be given to making the information available formats or locations that would allow access to the scheme.
 - (ii) People who have specific language needs can access the scheme.
 - (iii) Prospective tenants looking for information about their landlord can find it easily.
 - (iv) The inclusion of facilities for landlords and for their local authorities to check whether they are up to date with their (re-) registration, accreditation and continued professional development should be considered. Automated information feeds to landlords and local authorities to appraise them of this information, could be generated from the system.
- 8.3. Workshop participants also suggested that support agencies with understanding of the needs of tenants' needs, and specifically those who are vulnerable, should be involved in training and accreditation of landlords, and landlords and agents might develop links with tenants' support workers and advocates.
- 8.4. A steering group member and some focus group participants noted that in order to improve conditions in the private rented sector, tenants as well as landlords need to be educated about their rights and responsibilities. Focus group participants felt that the web presence for the scheme should provide access to information for tenants about their rights and responsibilities.
- 8.5. A workshop participant felt there was a danger that some organisations, perhaps letting agencies or consultants, would try to mislead landlords into thinking that the licensing process is more onerous than it is, and that they need to procure an additional management service to help them

become licensed. The participant felt that the scheme publicity should make it clear that this additional management service would not be required.

- 8.6. In a related point, focus group participants were concerned that details of the 'fit and proper person' test need to be made very clear. They worried that a lack of language skills or being a member of a migrant group might be an obstacle to passing the test.

Ensuring that the code of conduct for landlords is clear and comprehensive

- 8.7. Focus group participants expressed the view that the definition of terms such as 'emergency repair' could be made clearer. They were also concerned that the code of conduct should include undertakings to protect wellbeing and prevent abuse for both parties.

Enforcing the scheme where landlords don't comply

- 8.8. In one of the focus groups, it was suggested that some landlords may attempt to use only some of their properties as the 'face' of their licence, and attempt to hide other properties that they didn't want the authorities to attribute to them. It was felt that when implemented, the scheme should include a means of identifying these properties and ensuring they are listed.
- 8.9. It was amongst dwellings in the worst condition that improvements were felt to be most difficult to effect. Due to vulnerable groups being likely to be concentrated in those dwellings, it was suggested that promotion and enforcement of the scheme should be targeted towards tenants within the most vulnerable groups, such as migrants, refugees and asylum seekers.

Providing sufficient resources to enable the scheme to be properly implemented and enforced.

- 8.10. Workshop participants felt that sufficient resources should be made available to allow the scheme to be fully enforced. They noted that if the scheme is not fully resourced, it will not be fully enforced and whilst it might be a legal requirement for landlords, it might gain the reputation that it is optional. Focus groups participants were also concerned that some landlords may find that the risk of being fined, and the amount of the fine, were low enough to make it more worth their while to continue poor practices. This effect would be mitigated by an appropriate level of fine and comprehensive enforcement.

Making arrangements for the scheme to be fully monitored and evaluated.

- 8.11. Workshop participants felt that this work should include gathering the view and experiences of tenants and landlords. It was felt that evaluation planned in the early stages of the scheme's implementation, would allow its impacts to be monitored over the longer term and the identification of

an appropriate source of counterfactual data to ensure the true net impacts of the scheme to be understood. The health and wellbeing of tenants could be assessed using self-rating or through the linking of health records, such as noted in the Carmarthenshire Feeling fine Healthier Homes – Health Impact Study (see³⁸).

Appendix 1 - Analysis of the health of adults who are private renting compared to the rest of Wales, 2011

This paper uses data from the 2011 Welsh Health Survey to analyse the health of adults aged 16 and over who are private renting, compared to those in other tenure types. The data is age standardised to account for any differences in the age profile of both groups.

General health and illnesses

- In 2011, adults who were private renting generally reported poorer health than those in other tenure types.
- In particular, private renters were more likely to report currently being treated for a mental condition (16 per cent) than the rest of Wales (11 per cent). Private renters also had a lower SF-36 mental component mean score (47.7) than the rest of Wales (50.1), indicating poorer mental health and wellbeing among private renters.
- Private renters were also more likely to report that their day to day activities were limited by a health problem or disability (39 per cent) than those in other tenures (33 per cent), and they were also more likely to report having fair or poor health (26 per cent) than the rest of Wales (20 per cent).

Health related lifestyle

- Adults who were private renting were more likely to report smoking (36 per cent) than the rest of Wales (21 per cent).
- However there was little difference between the two groups for the other lifestyle variables.

Health service use

- Generally there was little difference between the two groups in terms of health service use, however private renters were considerably less likely to report visiting a dentist (54 per cent) than those in other tenure types (72 per cent).
- Private renters were also less likely to report visiting an optician than the rest of Wales (42 per cent and 50 per cent respectively).

Table 1

Analysis by broad age

- Table 2 provides an analysis of general health, lifestyle and service use by tenure and broad age.
- Note that the sample sizes are small for private renters by broad age (especially for ages 65+, therefore any apparent differences for this age group are unlikely to be significant).
- In general it can be seen that poorer health is more apparent in the 45-64 age group than in the other age groups, as there is little significant difference for the younger and older age groups. Adults aged 45-64 were almost twice as likely to report currently being treated for a mental condition (24 per cent) than adults of the same age in other tenures (13 per cent).
- Adults in this age group were also more likely to report currently being treated for arthritis or a respiratory condition than adults of the same age in other tenures,

and were also more likely to report having fair or poor health (33 per cent) than adults aged 45-64 in the rest of Wales (23 per cent).

Table 2

Socio-demographic factors

- Analysis by socio-demographic factors shows that private renters were less likely than those in other tenures to be living in the least deprived areas of Wales, and were also less likely to be found in households headed by someone in a managerial or professional occupation.

Table 3

Annex: Tables

Table 1: General health, lifestyle and service use of adults who are private renting compared to the rest of Wales, age standardised, 2011

	<i>Per cent</i>	
	<u>Private Renting</u>	<u>Other</u>
Key illnesses or health status		
High blood pressure (a)	18	20
Any heart condition (a)	10	8
Any respiratory condition (a)	16	14
Any mental condition (a)	16	11
Arthritis (a)	15	12
Diabetes (a)	8	6
Any illness (a)	51	49
Limited a lot by illness or disability (b)	21	16
Limited at all by illness or disability (b)	39	33
Fair or poor health	26	20
SF-36 Physical component summary score (mean) (c)	47.2	49.1
SF-36 Mental component summary score (mean) (c)	47.7	50.1
Health-related lifestyle		
Smoker	36	21
Maximum daily alcohol consumption: above guidelines	42	44
Maximum daily alcohol consumption: binge	29	27
Eaten 5+ fruit or veg the previous day	31	33
Physically active on 5+ days a week (d)	28	29
BMI Overweight or obese	59	57
BMI Obese	25	22
Health Service Use (e)		
Talked to GP in last 2 weeks	18	17
Attended casualty department	17	16
Attended outpatient department	31	32
In hospital as inpatient	11	9
Pharmacist	68	69
Dentist	54	72
Optician	42	50
Hospital for accident, injury or poisoning (last 3 months)	4	4
<i>Unweighted sample size</i>	<i>1,660</i>	<i>14,299</i>

(a) Currently treated.

(b) Day to day activities limited due to a health problem or disability lasting (or expected to last) at least 12 months.

(c) Higher scores indicate better health or wellbeing.

(d) Did at least 30 minutes of at least moderate intensity physical activity on 5 or more days the previous week.

(e) Service use refers to the past 12 months, except where stated otherwise.

Table 2: General health, lifestyle and service use of adults who are private renting compared to the rest of Wales, by broad age, observed, 2011

	<i>Per cent</i>					
	Age 16-44		Age 45-64		Age 65+	
	Private renting	Other	Private renting	Other	Private renting	Other
Key illnesses or health status						
High blood pressure (a)	1	3	23	23	43	53
Any heart condition (a)	2	1	9	7	29	28
Any respiratory condition (a)	9	10	20	13	23	23
Any mental condition (a)	11	9	24	13	14	10
Arthritis (a)	1	2	20	14	33	31
Diabetes (a)	2	2	8	7	20	16
Any illness (a)	29	28	57	55	79	82
limited a lot by illness or disability (b)	6	5	24	17	45	36
limited at all by illness or disability (b)	17	14	47	38	66	66
Fair or poor health	11	8	33	23	43	40
SF-36 Physical component summary score (mean) (c)	53.6	54.1	45.6	47.6	36.4	39.5
SF-36 Mental component summary score (mean) (c)	48.2	50.0	46.0	49.7	49.6	50.8
Health-related lifestyle						
Smoker	36	25	45	22	21	11
Maximum daily alcohol consumption: above guidelines	44	48	51	51	26	24
Maximum daily alcohol consumption: binge	34	33	36	30	11	9
Eaten 5+ fruit or veg the previous day	31	30	30	36	30	35
Physically active on 5+ days a week (d)	32	36	30	30	15	17
BMI Overweight or obese	46	50	69	67	65	59
BMI Obese	19	19	29	27	28	20
Health Service Use (e)						
Talked to GP in last 2 weeks	14	13	18	18	27	23
Attended casualty department	20	17	17	13	16	17
Attended outpatient department	20	24	33	36	49	46
In hospital as inpatient	10	7	8	9	18	15
Pharmacist	60	61	74	72	77	81
Dentist	59	73	53	76	47	63
Optician	33	37	47	55	59	68
Hospital for accident, injury or poisoning (last 3 months)	6	5	3	3	3	4
<i>Unweighted sample size</i>	1,162	5,172	351	5,175	147	3,952

(a) Currently treated.

(b) Day to day activities limited due to a health problem or disability lasting (or expected to last) at least 12 months.

(c) Higher scores indicate better health or wellbeing.

(d) Did at least 30 minutes of at least moderate intensity physical activity on 5 or more days the previous week.

(e) Service use refers to the past 12 months, except where stated otherwise.

Table 3: Adults who are private renting compared to rest of Wales, by socio-demographic factors, age standardised, 2011

	<i>Per cent</i>	
	Private Renting	Other
2011 WIMD quintile		
1 (least deprived)	16	21
2	21	20
3	22	20
4	22	20
5 (most deprived)	19	19
Socio-economic classification of household reference person (NS-SEC)		
Managerial and professional occupations	26	36
Intermediate occupations	24	20
Routine and manual occupations	44	42
Never worked and long-term unemployed	5	2

Appendix 2 – Steering Group scoping exercise - outcomes

Suggested stakeholders for participatory workshop

Firebreak Wales	Gas Safe/Corgi Trust
Home Accident Prevention	Building Research Establishment
Shelter Cymru	Citizens Advice Bureau
Fuel Poverty Alliance	Home Builders Federation
Welsh Consumer Council/Consumer Focus	Students Unions
Care and Repair	Age Cymru
Tai Pawb	Chartered Institute of Housing Cymru
Health Protection Team, Public Health Wales	Tenant Participation Advisory Service
National Energy Alliance	Warm Wales
Community Housing Cymru	Communities First
Welsh Local Government Association	All Wales Chief Housing Officer Panel
Trading Standards	Police

Potential impacts upon the social determinants of health and wellbeing - lifestyles

Positive	Negative
Diet: Improved kitchen facilities may lead to better food preparation, leading to a reduction in incidences of food poisoning, and an overall reduction in kitchen based accidents.	
Landlords could be required to take more responsibility for anti-social behaviour of tenants (e.g. linked to alcohol and drugs issues, dumping of rubbish) – there is the potential for this to be written into the code of conduct for the scheme.	<<< This may be difficult to put into practice (as landlords are not enforcers).
Improvement of quality and standards of housing may lead to increased sense of pride and personal ambition.	
Educating individuals about their rights/position/ what to expect can lead to increased sense of power. Tenants and landlords will also be made aware of what their obligations are.	
Code of conduct presents opportunities to introduce benefits over time.	
	<i>Vulnerable groups: Elderly people, children, people with learning disabilities.</i>

Potential impacts upon the social determinants of health and wellbeing - Social and Community Influences

Positive	Negative
Good management can lead to less antisocial behaviour and impacts on neighbourhoods, therefore improving neighbourhoods.	Landlords passing on costs of the scheme to tenants. This could be both in terms of the cost of registrations, but also in terms of the costs of bringing properties up to standard.
Consumer protection/access to remedies – Support for tenants	Potential for shrinkage of private rented sector if landlords decide not to register and stop letting properties, or cannot afford to make the necessary improvements to their properties. This could put increased pressure on the social housing system.
Registration scheme can provide the opportunity to collect information and clarification around household roles and	Issues around provision of temporary accommodation while sub standard properties are either brought up to standard or people

responsibilities.	are rehoused.
Provision of information to landlords (e.g. about schemes, grants etc). At risk groups can be specifically targeted.	NB: Theoretical risks may not be as severe when implemented as implementation of the scheme will be phased.
Engagement with community to identify issues.	
	<i>Vulnerable groups: refugees, illegal workers, drug and alcohol users, housing benefit fraudsters, those with mental health issues, criminal fraternity.</i>

Potential impacts upon the social determinants of health and wellbeing -Living and Environmental Conditions

Positive	Negative
Improvements to property will lead to decreased risk from fires (particularly gas and electricity) and an overall reduction in all hazards (damp, mould, asbestos, trips and falls).	Assumption that quality of property will improve - Expectations need to be managed.
More information and advice about grants and other schemes will be made available.	Actual level of enforcement action is unknown.
Voluntary accreditation scheme has already led to positive changes and improvements to housing.	Scheme has the potential to increase rather than decrease the numbers of empty homes.
The scheme website will enable landlords to have front end access, and LAs will be able to view landlord's complete portfolios online.	Potential for costs of improvements to be passed on to tenants.
Knowing where landlords are operating will lead to an increase in evictions and decrease in anti social behaviour.	
More information will be known about households of multiple occupation.	
Equality and access – thematic organisation of private rented sector. Improving access to lettable properties.	
Data collected as part of the scheme can provide information for future surveys, research etc.	

Potential impacts upon the social determinants of health and wellbeing - Economic Conditions

Positive	Negative
Potential boost to building trade with properties needing to be brought up to standard.	Possible retreat from housing provision from certain vulnerable groups.
Improvements can lead to reduction in fuel poverty through increased energy efficiency	Reduction in affordable housing if landlords pull out of the market.
Possibility for mergers of landlords – economies of scale.	Additional cost to landlords for registering on to the scheme and making improvement.
Rent levels may be more realistic.	
Better housing will lead to improvement in health status, and subsequent increase in economic responsibility.	

Potential impacts upon the social determinants of health and wellbeing - Access and Quality of Services

Positive	Negative
Access to advice, information and education for landlords and tenants.	
More education needed in schools about housing	
Will allow landlords instant access to	

accredited information.	
Information collected as part of the scheme can feed into the preparation of housing assessments by local authorities.	
Tenants will be able to be signposted to landlords.	
<p>Scheme will be able to gather information about landlords, including ethnicity. This will facilitate building an accurate landlord profile for Wales.</p> <ul style="list-style-type: none"> - Also facilitates the provision of training in native languages. 	

Potential impacts upon the social determinants of health and wellbeing - Macro-economic, Environmental and Sustainability Factors

Positive	Negative
Target better grant schemes and education programmes to different cohorts, and linked to thematic policies.	

Additional points:

Data: Landlords need to be informed upfront about what their data can be used for. Data also needs to be stored and transferred securely.

Appendix 3 – Workshop - outcomes

Potential impacts upon the social determinants of health and wellbeing - lifestyles

Positive	Negative
The scheme has the potential to raise awareness amongst landlords of the possibility of risky and anti-social behaviour of tenants and the best ways to manage this. This might lead to improved signposting and support on the part of landlords to help address risky and anti-social tenant behaviour. Smoking was highlighted as a relevant risky behaviour. <i>Though it was noted that landlords cannot be responsible for, and have limited impact in, changing tenants' behaviour.</i>	
Neighbours will be able to contact landlords when wishing to report tenants' behaviour issues – this will assist landlords in management.	
Vulnerable groups: tenants who are migrants and victims of hate –crime are more likely to suffer the negative impact of poor landlord practice and will potentially stand to benefit the most from the policy. older people and single parents – being groups most likely to suffer house fires, may benefit from better knowledge amongst landlords	

Potential impacts upon the social determinants of health and wellbeing - Social and Community Influences

Positive	Negative
The information that will be available for tenants and the training and advice for landlords has the potential to improve 'citizen power' for both groups, and relieve frustration and stress associated with disempowerment.	There is potential for rogue agencies to exploit landlords, through presenting incorrect information about the scheme and its potential costs, and misleading landlords into using them, when they could manage the properties by themselves.
Better training for landlords in dealing with tenant disputes has the potential to prevent eviction, conflict and landlord-tenant relationship breakdown and lead to less unwanted home moves and more settled communities, which is good for wellbeing.	
There is potential for landlords to feel pressured by peers and tenants to register, as to do so will command respect from them. – This was seen as having potential positive and negative impacts	
<i>Vulnerable groups: people who are digitally excluded may miss out from the benefits of citizen power that the policy will deliver, as they won't be able to access information from the database so easily.</i>	

Potential impacts upon the social determinants of health and wellbeing -Living and Environmental Conditions

Positive	Negative
The scheme has the potential to improve home safety for tenants and reduce health risks associated with poor quality housing.	A proportion of landlords will be vulnerable and/or belong to vulnerable groups and find the new rules stressful.
Air and water quality, noise, indoor environment,	

attractiveness of area, smell/odour, waste disposal will all potentially improved by the policy, although there is a danger of expecting too much from the scheme.	
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Potential impacts upon the social determinants of health and wellbeing - Economic Conditions

Positive	Negative
Tenants may benefit financially – if landlords are encouraged to provide clarity about charges, this will help tenants to budget.	There is likely to be an increase in landlord’s costs due to the costs of scheme registration and the costs of improving standards. The increased costs to landlords might be passed on to tenants and rents may become less affordable.
Transparency of charges might help make it a fairer system as tenants would have a greater understanding of what charges were reasonable or unreasonable?	
If landlords spend money on property improvements, this may result in a boost to the building trade.	
There MAY be a boost to landlord income through the benefits of more settled tenancies and continuous rent which results from better tenancy agreements and less conflict with tenants.	
The value of property assets held by landlords may increase due to the remedial works encouraged by the scheme.	It is likely that the cost increases felt by landlords will be passed onto tenants resulting in rents becoming less affordable.
If landlords improve the energy efficiency of property, this has the potential to result in a reduction in tenants’ fuel bills.	
<i>Vulnerable groups: People on low incomes and people who are losing income due to economic conditions/welfare reform will feel increased costs more keenly.</i>	

Potential impacts upon the social determinants of health and wellbeing - Access and Quality of Services

Positive	Negative
Availability of tools to target rogue landlords will lead to increase in quality of rented accommodation. Vulnerable groups that are especially concentrated in poorer rented housing will benefit.	Some rogue landlords will be driven away from regulation, and may refuse to house tenants receiving other services for fear of being recorded.

The database has the potential to allow local authorities and government to understand the private rented sector better, and to target groups of landlords with information that will help them provide a better service.	
There is potential for more landlords being attracted to rent properties if they see that there is a properly structured process with training, advice and information.	There may be a reduction in the amount of rented property available - landlords may leave their homes empty rather than register and let them. (It was felt that a reduction in the amount of rented property may result in an increase in the amount of owner occupied property available for sale, as landlords prefer to sell rather than let under the scheme, so there would not be any net loss to housing stock).
Better training for landlords may improve their capability to signpost vulnerable tenants to services that can support them.	

Potential impacts upon the social determinants of health and wellbeing - Macro-economic, Environmental and Sustainability Factors

Positive	Negative
The database has the potential to allow local authorities and government to understand the private rented sector better, and to target groups of landlords with information that will help them provide a better service.	
Landlords may make energy efficiency improvements which will lead to better SAP ratings for dwellings.	
This policy has the potential to integrate well with other government policies, such as tenancy reform.	

Suggestions for improvements to policy, to maximise health benefits and minimise negative impacts:

The scheme should be effectively publicised and positively marketed.

The existing voluntary scheme provides a good model for a successful marketing campaign. Stakeholders using it would support the new policy.

The web presence for the scheme needs to be carefully thought through – e.g. providing information for tenants which can be accessed from the screens they use to check whether a landlord is registered.

The database has the potential to be used to remind landlords about when they need to update their certification etc. This may be seen as a benefit and attract landlords to the scheme, and these opportunities should be exploited.

The value of the database would increase if it were possible for local authorities to check whether landlords are keeping up with their continuous professional development.

The needs of digitally excluded groups and migrants without good English will need to be considered when publicising the scheme to both landlords and tenants.

Landlord training needs to be comprehensive and fully accredited.

Digitally excluded groups may not be able to benefit from the policy as fully as other groups, unless steps are taken to allow them access to the database without access to the internet.

Health Impact Assessment of the Welsh Agent and Landlord Licensing (WALLS) Scheme



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Health Impact Assessment of the Welsh Agent and Landlord Licensing (WALLS) Scheme

If your home's unappealing and you can't afford to make it look nice, and you can't bring people into your front parlour like we used to in the valleys like my grandmothers did, then you're basically in a cold damp house you can't afford to live in. Your self-esteem goes down, and you don't even invite your friends around. So you become socially excluded because you can't afford to put the kettle on, you can't afford to show people the state you live in. So mentally you go down...You start to become solitary. You start not to answer the door...you don't want people to know you're elects gone off or anything

Tenant living on a low income,
Living in privately rented accommodation

Introduction

This brief report is drawn from interviews with the aim of understanding the potential health impact of the WALLS scheme on the health and well being of particular vulnerable groups who stand to benefit, or could be disadvantaged by, the proposed WALLs scheme.

What is presented here is simply a report of the data and should be read and interpreted alongside the parallel literature of what is known about the links between relevant housing changes and health. The data may confirm or illuminate existing research or may add additional insights which could be followed up through additional researches of the social sciences and epidemiological literature.

Methods

Initially it was felt that the views of tenants and residents should be sampled on a geographical basis (South, North and West Wales), conducting interviews with representatives from both groups in each area. However, building on the screening and scoping stages of the HIA and through discussion between WHIASU and the HIA co-ordinator from Welsh Government it was decided that the focus should be on specific vulnerable groups who may stand to gain or harmed by the proposed scheme. These groups were older people, people on low income, families, people from minority ethnic groups⁴⁹ (including migrant workers and refugee and asylum seekers) and people with disabilities. Students were also identified as a group who potentially stand to benefit but the focus group was cancelled by the students at the last minute due to exam and other assessment pressures.

⁴⁹ It is recognised that this group encompasses a wide range of population groups who are dissimilar in many respect and have there own history, culture and sense of identity. However in terms of the focus groups in this HIA it was felt that there would be a shared experience of disadvantage in terms of fair and equitable housing provision.

Lack of time and resources made it difficult to reorganise this group but it is recommended that the interests of students are highlighted in the implementation of the WALLS scheme with the relevant student unions and letting agencies in Wales.

A pragmatic approach was taken to hold the interviews in Cardiff as there was a tight timetable of around 3 weeks to agree the contract between Welsh Government and WHIASU (through Cardiff University School of Social Sciences), submit the proposal to the School of Social Sciences Research Ethics Committee (SREC), develop research tools, information leaflets and consent forms, and organise the focus groups themselves (rooms, hospitality, identify respondents).

The decision to include landlords was made because it was agreed that the profile of this group of people is diverse and that many landlords find themselves in this role for reasons other than wanting to build a business. For instance they may have inherited a property or moved out of the area and decided to rent rather than selling. Speaking to landlords also provided an opportunity to assess how the scheme might be received by those who would be expected to comply with the licensing scheme and code of practice. No tenant with disabilities was interviewed but in addition to an interview with a representative of a senior officer working for an organisation that had an overview of the experiences that people with disabilities face a number of respondents spoke about children or other relatives who were disabled.

Welsh Government offered their offices in Cathays Park in Cardiff for the focus groups themselves and an employee from the Housing Directorate was available to meet and greet the respondents. Food and drink was provided and each respondent was offered £10 as a token of gratitude for their time and contribution. Travel expenses were also offered but only taken up by one person. The focus group with refugees and asylum seekers was held in a drop-in and support centre for this group. This is because near the time of the focus group with BME groups no-one had contacted WHIASU and the session was cancelled. It was felt that this group, in particular, may have felt reluctant contact WHIASU and to travel alone to a government building and that it would be more appropriate to offer a focus group in a setting where people already knew and trusted each other as well as being familiar with the building.

Tenants were recruited from housing related third sector agencies representing the vulnerable groups highlighted above and landlords were recruited through landlord representative groups. For ethical reasons these agencies did not pass on names directly. Using information leaflets (see Appendix 1 for an example) the agencies actively encouraged potential respondents that were in the target groups. It was then up to the individuals to contact WHIASU. On hindsight, apart from the landlords' group, this was not ideal. As with the refugee and asylum seekers group, and for the reasons given above, it would have been better to work with the relevant agencies to speak to existing groups. However this would have involved negotiation with the relevant agencies at an early stage in the HIA process.

Table 1: numbers of people interviewed

Population group	Interview type	No. of people in interview	Codes used in report
Older people	Individual interview	1	O
Low income	Group interview	3	LI
Families/BME ⁵⁰	Group interview	5	BME
Refugee/Asylum	Group interview	10	RA
Disability	Individual interview (organisation)	1	D
Landlords	Group interview	9	L

Interviews were conducted by an experienced researcher (a PhD student) in the School of Social Sciences from 25th February – 1st March 2013. The number of interviews in each group is reported in Table 1 above. Please note that the categories hide the complexity of the people who actually attended as some people belonged to a number of categories. Most tenants who were interviewed were in the lower income category. Although only one person attended the older people's interview session older people were represented in other groups too. Although the BME focus group was cancelled all the people who attended the family group were from BME communities.

The researcher provided background information on the WALLS scheme to participants and explained the purposes of the focus group interview and its relationship to the overall HIA. All respondents signed a consent form and were assured that their names would not appear in the report (see Appendix 2). Interviews were recorded using a digital device and against a topic guide which explored respondents current experiences of rented accommodation, their views on how the scheme could impact on their health and well being (through the wider determinants of health) and views on how potential harms could be addressed and benefits enhanced (see Appendix 3). The schedules were adapted as necessary for the landlord group and individual interview.

It was not possible to fully transcribe the interviews but the researchers identified the main points raised and transcribed illustrative quotes. Analysis on health impact has been undertaken using a social ecological framework and the wider social and economic determinants of health. This provides an opportunity to assess how impact on health may be understood as working indirectly, for instance through the lack of respect for privacy, whether people see this as a health impact or not.

⁵⁰ There is wide debate on the appropriate terms to use when referring to the diversity of ethnic groups. For the sake of this report we have favoured Black and Minority Ethnic groups (BME). For a brief discussion see <http://www.ecu.ac.uk/your-questions/should-i-use-bme-bame-or-neither>

It is important to emphasise that the views and experiences presented here will be from a self-selected sample. In other words people in the tenant groups were more likely to participate if they had had negative experiences of landlords and landlords were more likely to participate if they had reservations about the scheme. However, this does not in any way invalidate the data. On the contrary it more clearly articulates and tests the potential strengths and weaknesses of the scheme. In particular it highlights how the scheme may be experienced by those who currently experience the most disadvantage and have the least power and influence to determine the condition of the homes they live in.

The report is in two parts. The first summarises the main questions, concerns, hopes that the participants had about the impact of the scheme. The second is a table of potential impacts, from the perspective of the interviewees, against the key determinants of health.

Section One: Reflections on the WALLS scheme: strengths, limitations and unintended consequences

Strengths of the Scheme

For tenants the proposed legislation was welcomed. It was felt that, counter to existing legislation with regard to private rented accommodation, it was more *tenant focused*. If implemented well it could offer welcome protection from potential abuse of tenants' rights:

If there is a licensing scheme that has teeth and that landlord is going to be faced with punitive action, they may actually do the work that's required and abide by the housing act or they're going to lose their licence. So that could be, should be a positive, but it's got to have those teeth...The agent has to be responsible, their accreditation has to be at risk, so the agent is then going to be a bit more careful about taking on landlords, which they're going to have problems with. I can't see where the teeth are.

LI

Respondents reported existing problems with their housing, such as insanitary conditions, over-crowding, disrepair, damp which they claimed their landlords had failed to address. In addition, the lack of respect for privacy, with landlords turning up unexpectedly at premises, or arranging for work to be conducted without contacting the tenants, was cited as upsetting and as demonstrating scant regard for privacy.

Got up late, rushed out, so the place was not, what I would call, inviting for anybody to visit. And while I was out at work I got a call from him to say he's at the house repairing the boiler. Well actually that's not acceptable at all. 'Well yes, I've got the materials'. 'Yes I understand that it needs repairing, but really speaking, you really need to contact me to find out when is really convenient for you to enter the property....I would have liked to have made the place look much more habitable than for you to have come in and see it looking a mess.' So I was really angry and annoyed about that because I felt it was invading my privacy

O

One respondent on low income reported that their partner 'lived in fear' of the landlord entering the property. This may be particularly important for some people with mental health problems where unexpected visits can be particularly distressing (D). If tenancy agreements include an agreement about when landlords can visit then this would address an important well-being issue.

If the WALLS scheme ensures that the property is well maintained then this could also have important role in preventing ill health (i.e. in addressing cold and damp) but also, as the quote headlining this report suggests, in acknowledging that individual dignity is respected when a tenant feels that they can invite people into their homes without shame. A decent home was seen as facilitating both self esteem and social connections. If legislation works in ensuring fair rent and decent living conditions

then, it was felt that it could have an important impact on reducing fear, worry, stress and depression (LI) (RA). Furthermore if the legislation enables tenants to challenge landlords if they are in breach of the code of practice then this might also address a fear (particularly raised by the refugee and asylum seeker group) that a complaint jeopardises their tenancy or that their bond would not be returned. Respondents in this group claimed to be 'scared' to make complaints about their housing conditions with one worrying that if he did not keep quiet he would 'have to live on the street'.

Could be less stressful I guess. Because always like if you rent a house you always feel this kind of stress. Fear that you will be kicked out if you don't pay the rent, going to be kicked out...this fear of being of being unsafe.

RA

It was the cascade of living with poor housing conditions that tenants tried to describe. If the legislation is implemented properly it was felt that this would have a knock-on effect on physical health, personal well-being and social participation.

This affects other conditions as well. Like working. This guy said he was late for college because there is no heat. He is very tired. Affected his life

RA

Limitations of the Scheme

Although tenants clearly felt that the scheme had the potential to address some limitations of the current situation for private tenants with benefits for overall health and well-being, most of the discussions concerned the possible negative impacts. Potential limitations of the scheme are reported in two sections. The first highlights the potential unintentional negative impacts of the scheme due to lack of monitoring, disparities in the way it is implemented and high costs and demands leading some landlords preferring to operate under the radar or withdrawing their properties from the rental market completely. The second highlights possible gaps, as well as potential opportunities, in the proposed legislation.

Unintended consequences?

A major concern was in the scheme's implementation and the extent to which landlords and letting agencies would be aware of their responsibilities, whether tenants would be aware of their rights and whether the code of practice would actually be enforced.

Knowledge of rights

With regard to tenant awareness numerous examples were given where it was felt that landlords had breached tenants' rights and the tenant was not aware of it. Respondents questioned whether tenants would be any more aware of their rights. For instance the use of bonds was highlighted and the possible use of these to cover rent rather than being kept in a third party deposit (O, LI). It was also suggested that

particular groups of people may have greater problems in accessing information on, and understanding their rights. Non-British tenants, including overseas students (LI), may have difficulties in understanding some of the language related to tenancy rights. One participant in the Refugee and Asylum seeker group did not understand what an inventory check was when he arrived in the UK. In addition it was felt that people with disabilities would need to know their specific rights with regard to, for instance, adaptations.

Tenants wanted information and suggestions included a copy of the code of practice and their associated rights covered by the scheme. This could be enclosed in the lease. Rental agencies could have a role in supporting this and making tenants aware of their rights. Standard contracts could be developed which clarify everyone's obligations (LI). Some suggested that landlords need to present themselves in a way similar to having a driving licence or passport (BME) (RA). It was also suggested that the registration number should be clearly displayed and that in letting agencies there should be certificate on walls (RA). It was also suggested that some initial social marketing could be funded to raise awareness (RA).

However the problems of language were also highlighted. It is one thing to have a set of words that spells out people's rights and obligations, it is another to ensure that it is understood. This applies not only to people who do not have English as their first language but to people with particular disabilities as well. For instance people with learning disabilities or some mental health problems might find such documents difficult to understand or not grasp what the implications may be for them. It was suggested that letting agencies could be better linked up with the relevant agencies, health workers, and support workers to communicate the rights of tenants with regard to their users (D). This could be extended to international tenants too. In general it was stated, by one respondent, that health and housing needs to be better joined up (D).

Finally, it was felt that many landlords themselves may be unaware of what the legislation entails or will be disinterested. In other words, only good landlords, who are aware of and understand the requirements of the scheme, are likely to comply (LI, L).

Monitoring and Regulation

There was concern that the scheme would not be properly monitored and that adherence to the code of practice would not be checked. Questions were asked as to how the code of practice would be checked in practice? They asked: who is going to enforce it, how is it going to be enforced and will there be consequences for non-compliance?

It's one thing saying £5000 fines and £20000 fines, but if nobody is chasing it, if nobody is responsible for policing it, then it's never going to happen

LI

If there is a licensing scheme that has teeth and that landlord is going to be faced with punitive action, they may actually do the work that's required and abide by the Housing Act or they're going to lose their licence. So that could be, should be a positive, but it's got to have that teeth... The agent has to be responsible, their accreditation has to be at risk, so the agent is then going to be a bit more careful about taking on landlords, which they're going to have problems with.

LI

It was felt that regular inspections should be made, perhaps a using spot-checks or 'mystery shopper' techniques. In terms of ensuring compliance with housing quality regulations better links with environmental health were suggested (D). In relation to the section above, it was pointed out that people on low income are least able to hold poor landlords to account so that in addition to regulatory processes of monitoring and inspection, a clear process for tenants to hold landlords to account to comply with the code of practice needs to be put in place. In addition it was suggested that evidence should be supplied to demonstrate compliance and that, in the case of Letting Agencies, this should include equity monitoring (D). This would also have the benefit of ensuring that vulnerable groups would not be systematically disadvantaged in terms of accessing good quality, affordable rented accommodation.

More specific issues were raised with regard to how often properties would be inspected and the period of time required before licensing renewal. Not surprisingly tenants tended to favour a shorter period of time (annually) whilst landlords wanted more time (every 5 years). The concern raised on the part of tenants was in how properties could deteriorate over a short period of time:

I think I'd want the licensing scheme renewed every year and they'd have to earn that renewal with the property they're letting out. I don't think, two years is too long a time, 'cos places deteriorate very rapidly and things happen.

O

However for landlords frequent renewal was seen, together with onerous fines, as negatively impacting on their own stresses and strains (though these concerns may be not be relevant to letting agencies). As reported above it is important to highlight that landlords are not a homogeneous group with many letting single houses as a small investment or for convenience (for instance as an alternative to selling in a stagnant housing market). Smaller landlords were concerned about the fairness of fines and how *they* can be protected (L). It was argued that existing accreditation is already costly with landlords paying a significant amount to become accredited, along with CB checks, licensing, trading standards etc. (L). With already onerous and excessive forms and practices to complete some landlords may find these new developments are too much for their own well being:

With all the legislation and fines that are out there at the moment. I'm double checking triple checking every time I do a contract. You know it's all you think. Sleepless nights. Did I miss something there?

Landlords and letting agency representatives were also concerned about the capacity needed to implement and monitor the scheme. In their focus group one landlord maintained that the scheme has been unsuccessful in Scotland, claiming it cost £18m and took back just £22,000 in fines. They asked, what evidence is there that it will be different in Wales (L)? The question was asked as to who the regulating body will be and who will implement the scheme on behalf of Local Authority (L). Questions were also raised about the capacity of the Local Authority itself, should they be the regulating body, and it was felt, by some, that the councils are already unnecessarily officious (L). Landlords and letting agency representatives stated that, from their experience, existing regulations are already failing to be implemented.

When we meet with Cardiff (Landlord Association)...we go to their meetings right. They've got three or four people. They've got a small department right? And they said categorically to us that it's impossible for them to control or monitor this scheme because of the numbers involved. It would mean that they would have to increase resources very substantially. That's going to be higher costs. Higher charges back to the landlord. More bureaucracy. (L)

In addition there were questions about consistency and the interpretation of the scheme in different Local Authority areas. They questioned how overall consistency in interpretation would be managed and regulated (L). The question of consistency was also raised from an equity perspective (though not from landlords) and how regulations would be enforced across different socio-economic areas *within* Local Authorities (D). There was a concern that small areas cheaper rents (e.g. Ely in Cardiff) may have 'cheaper values' and poorer quality housing. The question was raised as to whether, even with the legislation, there will be differential expectations of what tenants can expect or if there would be the same quality of property across the whole rented sector (D). In addition it was felt that poor properties within 'more desirable' areas would be priced above their worth as a result of standardisation (RA). It was felt that what constitutes the idea of a 'fair rent' should fall within the remit of the scheme.

Creation of a two-tier rented sector

Across all groups was a concern about the unintended consequences of the scheme and the creation of a two-tier system: for those who live in homes managed by landlords who comply with the system and those who live in properties managed by landlords that fail to comply. In the latter group this may be due to poor monitoring and inspection (i.e. landlords who are licensed but fail to comply with requirements or best practice guidelines), and as a consequence of landlords not registering and continuing to let properties in an unregulated black market. Whilst there were questions about the penalties for landlords who do not register (D), others feared that the scheme were drive 'bad' landlords 'underground' with negative consequences, including on health and well being, for the most vulnerable population groups. On respondent speculated that some landlords could use one property as the 'face' of

their rentals and then have a set of unlisted properties (0). In addition small but 'good' landlords may also be driven out of the market if the strains arising from demonstrating compliance and excessive fees mean they prefer to withdraw their properties. This may mean that some 'good' properties, with conscientious landlords, will cease to be available.

One mechanism, which may force the most financially vulnerable tenants to rent from unlicensed properties, is the potential increase in rents. In other words the expenses associated with landlord registration will be passed onto the tenant. This, coupled with changes in housing benefit, could act as an increased disincentive to let properties to people on benefits – a group of people who, it was felt, was already disadvantaged in the rented housing sector.

What people will actually do if the housing benefit...? I don't know what if it is £470 £475, let's say it's £475, they'll deliberately price a property at £500 because they know you can't pay the top up with your benefits and if you have a top up to be paid out of your benefits, the bond board won't give you a bond because they don't think you can pay £25 per fortnight...So basically they can exclude people, without socially excluding, just by putting extra on it. So there's social exclusion going on through housing benefit levels. And obviously the Tory Government are cutting housing benefit. (LI)

Individuals and families on lower incomes are more likely to be long term renters and it was felt the scheme may act as a disincentive for some landlords to let to this group. However it was felt that this is because short-term renters, such as students, are less likely to make demands

They're not there all year, but they can sign them up for all year contracts, and only have them occupying for at most two thirds of the year. Um, but they can get rid of them easier. And because the students are using student loans and their parents, to pay for it, they get more money out of a student, than they can out of someone who wants a property on a more longer term. (LI)

The tenants groups often used the word 'fear' in relation to being forced into an unregulated private rented sector that may emerge through the very regulations that are meant to protect them. This 'protection' was seen as crucial to the maintenance of health and well being. This is not just because a well maintained property is more likely to provide the physical conditions more likely to be conducive to good health but ensuring fair rent and decent living conditions also has an impact on reducing concerns about, and the ability to plan for, their future (LI) (RA). A fair rent and good housing conditions also needs to be viewed in the wider context of poverty. This issue was sometimes raised in the context of heating. Inefficient heating systems (or properties that are expensive to heat) may mean that exposure to damp and cold is more likely for those on low income. The cheapest properties tend to have poorer

insulation and heating systems which are more expensive to run. This is, perhaps, a hidden impact, where compliance with minimal levels of protection, disguises the ways in which some groups of people will behave in the face of low income and rising costs (LI, D).

Gaps and opportunities

Interviews identified potential gaps in the proposed scheme as well as opportunities for enhancing the scheme for maximum benefit in terms of the well being of tenants. The following sections also make a number of recommendations for provisions that may serve to minimise ill health and maximise health and well being.

Adaptations and special needs

There were specific concerns about properties that require adjustment for disability and chronic health problems (LI) (D). It was also felt that that the landlords who are willing to allow for adaptations are generally in a worse state of repair and that the grant system is seen as a opportunity to up-grade (D). Whilst this could be seen as an unintended positive consequence, this may also highlight the limits of some landlords' concerns for their disabled tenants. Problems at the lower end of the market tend to be magnified for people with disabilities because of the complexities that arise (D).

In general it was felt that landlords need a better understanding of the needs of their disabled tenants, the availability of adaptations, accessing grants and how their obligations inform tenancy agreements. It was felt that there is currently a lack of knowledge about the adaptation process. Letting agencies know very little about disability and whether their properties are accessible. Sometimes this is very basic information such as whether a house has steps leading to the front door. There can also be problems towards the end of a tenancy agreement as time is needed in order to find appropriate new accommodation (D).

A number of respondents themselves had friends or relatives, including some of their children, who had special needs. It was felt that there needs to be a better classification of rental properties so that tenants are clearer about their appropriateness for certain individuals e.g. elderly or disabled. It was also felt that certain types of property should not be rented out to vulnerable individuals and that this should be clear in the advertising of properties (RA)

Landlords need to know, or be able to seek advice about, the needs of people with particular disabilities or chronic health problems, including mental health (D) and the scheme provides an opportunity for training in understanding the rights and needs of tenants with special needs as well as providing better links between letting agencies and the relevant health and social care agencies. Landlords/letting agencies should show that they are engaged with support services to ensure that they understand the needs of their disabled tenants. Landlords should have disability awareness training

(D). Currently there is nothing on equality and diversity in the code of practice and, it was stated, nothing on legal obligations with regard to adaptations. In particular, the scheme needs to be compliant with the Equality Act. Welsh Government should seek legal advice to ensure it is up to date with current legislation (D).

Clarity with regard to obligations to maintain property

It was felt that clarity is needed as to what is defined as damage or an emergency fixture as tenants and landlords may have very different ideas of what this means (LI). Landlords thought it was unrealistic to have some repairs done within specified time frames (L) and there may be a need for a better understanding of, but also some flexibility around, repair periods (BME). For disabled tenants a repair may be an emergency if, for instance, it impacts on mobility (D). Another issue, with regard to the condition of properties, is the time of year when adherence to the code may be assessed. A number of individuals interviewed rented properties in the summer where there were no apparent problems. However it was in the winter these problems were evident (RA).

Code of practice and well-being

It was felt that the code of practice is primarily geared to protecting material goods but there is little emphasis on protecting well-being or the abuse of wellbeing. It was felt that this needs to be a two-way agreement as there may be a need to protect well-being of landlords (BME). This was particularly in relation to intrusion into privacy. As raised above, the code of practice needs to include an agreement about when landlords can visit as it is an intrusion into their private space (LI). This may be particularly important for some people with mental health problems where unexpected visits can be particularly distressing (D). This is something that could be written into the tenancy agreement.

Communication

In relation to language and communication problems tenancy agreements need to be in a form that everyone can understand. There is currently no obligation to ensure that the tenant fully understands what they are signing. (BME) (LI) (D). This also applies to people with mental health problems, learning difficulties and hearing impairments (D). Landlords and letting agents need to be involved with advocates and support workers to ensure good understanding and communication. For instance, and where relevant, it may be that letters should be sent to the support worker in the first instance (D)

Co-production

One respondent (D) felt that the development of the scheme provides an ideal opportunity for Welsh Government to set in motion more co-productive

processes. Tenant representatives would be involved in development and design of the scheme and in the accreditation process. However, given some concerns about the impact on smaller landlords it may also be important to test the development process with landlords, both to protect the well-being of this group of landlords as well as ensuring that the unintended consequences of landlord drift (from the rented market altogether or into the unregulated black market) is minimised.

Section Two: Perceived health and well being impacts of WALLS scheme if implemented successfully

The following is a summary table of potential impacts of the scheme in relation to the social determinants of health based on the socio-ecological model. These need to be seen alongside the review of evidence. Some of the impacts reported below are additional to the ones highlighted in the narrative above. These explicitly address impacts relating to health and well being whereas the above section reflects on the mechanisms of the legislation which may suggest ways in which the WALLS scheme can be adjusted to improve health and well being outcomes. Many of the impacts below presuppose successful implementation, whilst the section above highlights the mechanisms which may lead to unintended negative consequences for health and well being.

Recommendations need to identify ways of mitigating the potential negative impacts and identify mechanisms for best ensuring the positive impact on health and well-being. Particular attention needs to be given to the most vulnerable populations based on the principle of proportionate universalism (Marmot 2010)⁵¹. Recommendations need to reflect both sections.

Note that these are based on focus group participants' views and experiences and are, as such, speculative. Judgement using existing evidence and other expert advice needs to assess the degree to which these are likely as well as assessing the degree of harm or improvement to health these are likely to have.

⁵¹ 'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism'. Marmot M (2010) *Fair Society, Healthy Lives The Marmot Review*, p15 <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Individual Lifestyle and Experience

Positive	Negative
<p>May address existing problems with landlords not respecting privacy of participants:</p> <ul style="list-style-type: none"> • Currently angry over invasion of privacy (O) • Could address anxiety about landlords letting themselves into property (LI) • Could reassure people who have mental health problems (D) 	<p>Stress for landlords:</p> <ul style="list-style-type: none"> • Burdensome and stressful for landlords. Constantly checking and rechecking whether they are abiding by the law. 'Sleepless nights' due to fear and worry (L).
<p>May improve social lives of tenants:</p> <ul style="list-style-type: none"> • When properties are poor quality tenants reluctant to have friends/family around to socialise (O) (LI) • May address feelings of social 'shame' and exclusion 	
<p>May address current feelings of insecurity</p> <ul style="list-style-type: none"> • One participant niece was renting but rent was extortionate. Landlord had tried to evict them without reason, made her feel insecure and 'in limbo'. Concerned as son had settled in school and made friends (BME). • Also participants spoke about the importance of being close to childhood area or family. • Fear about being kicked out of property without warning or if a complaint is made against the landlord. Very stressful feeling unsafe (RA) <p>May address existing poor housing impacts on education and employment</p> <ul style="list-style-type: none"> • Poor conditions means unable to sleep properly. Difficulty in feeling rested for work or education (RA) 	
<p>May improve positive mental health and self esteem:</p> <ul style="list-style-type: none"> • When house in poor condition tenants don't want visitors. Feel 	

increasingly isolated, socially excluded and lower self-esteem. Social stigma about living in run-down home (LI)	
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Living and Environmental Conditions

Positive	Negative
<p>May address existing problems with the condition of properties:</p> <ul style="list-style-type: none"> Unclean, unsafe, lack of health and safety (O)(BME) (RA)(D) 	<p>May have no impact on property as tenants to afraid to complain</p> <ul style="list-style-type: none"> Catch 22 – afraid to complain in case it detrimentally affects accommodation (O)
<p>Time for repairs to be undertaken may be reduced:</p> <ul style="list-style-type: none"> Participants experienced numerous problems with failure of landlord to make necessary repairs (LI)(RA) 	<p>Necessary speed of repairs may cause ‘do it yourself repairs’</p> <ul style="list-style-type: none"> Fast, cheap and substandard repairs (‘do it yourself’) may mean existing problems with properties will continue (O)
	<p>No clear implications for improving other types of rental relationships</p> <ul style="list-style-type: none"> Participants renting from friends. Positive because they know landlord but concern it diminishes their rights as a tenant (LI) Properties from informal routes e.g. Gumtree (LI)
	<p>Difficulty in tenants claiming their rights</p> <ul style="list-style-type: none"> Some tenants (LI) with chaotic lives may be focused on finding work, dealing with stress and fear of becoming homeless etc. that they do not feel in a position to fight for their rights.
	<p>No difference as worst property council housing</p> <ul style="list-style-type: none"> Some tenants have experienced council properties that are in a worse condition than what they have experiences in the private rented market (BME) Landlords think the free market regulates the quality of private properties but not council houses, making the latter properties worse (L)

Social and Community

Positive	Negative
<p>Neighbourhoods may be better maintained</p> <ul style="list-style-type: none"> • If properties are well maintained then this will have a wider impact on the quality of the neighbourhood environment (O) 	<p>May increase evictions and homelessness</p> <ul style="list-style-type: none"> • Tenants have more rights, but are afraid to complain as fear of making a 'noise' will lead to eviction and even homelessness (O)(RA)
<p>May/May not impact upon ghettoisation of private landlords</p> <ul style="list-style-type: none"> • Private landlords ghettoise in one area which leads to deteriorated areas with social problems (LI). Legislation could reverse this. 	<p>Failure to accommodate cultural diversity, leading to social and cultural inequalities in the rental market:</p> <ul style="list-style-type: none"> • Some individuals who aren't able to express themselves or make demands because of language barrier or tenuous position in the country. Some groups may struggle to make demands within the scheme (O) <p>Take advantage of 'foreigners', asylum, refugee and poor people</p> <ul style="list-style-type: none"> • Feel they are given the worst properties as least likely to complain because of insecure position in country. May create inequality access of to good housing (RA)
<p>Legislation makes landlords more aware of legislation, particularly protecting the needs of vulnerable tenants</p> <ul style="list-style-type: none"> • One landlord was not aware of needs of vulnerable tenants etc before they went through the accreditation process (L) • Better equality training and links to other support agency could improve housing for vulnerable tenants (D) 	

Economic

Positive	Negative
<p>Addresses economic costs of living with poor housing conditions</p> <ul style="list-style-type: none"> • Damp housing, poor windows, low energy efficiency rating means more money has to be spent on energy. Either places financial burden on tenant, or they cannot afford heating, which is then detrimental to their health. 	<p>Interferes with landlord autonomy</p> <ul style="list-style-type: none"> • Landlords want their autonomy respected. Feel they know best how to operate their properties (L)
	<p>Increase rental prices as cost of scheme passed on to tenants</p> <ul style="list-style-type: none"> • Fear private landlords will recuperate costs by increasing rents (LI) • Landlords agree that rents will be driven up (L). New scheme is essentially a 'wage decrease' for landlords • Inspection process will be costly. This will eventually end up being paid for by tenants (RA)
	<p>Landlords may pass properties to letting agencies</p> <ul style="list-style-type: none"> • If landlords are stressed, or see scheme as too burdensome they may pass the property to letting agency. Suggests need for more regulation of letting agents. Also risk of agency fees being passed on in higher rents (BME)
	<p>If rents are to increase, how will those on housing benefits fit into the scheme?</p> <ul style="list-style-type: none"> • May not be able to afford these properties. Automatic social exclusion if rents increase (LI). Social equality implications here.

Access and Quality of Services

Positive	Negative
<p>Create equality in the rental market</p> <ul style="list-style-type: none"> Quality of poor rental properties will have to increase so they are same as good quality properties (LI) 	<p>Black-market. Some rental properties will exist outside of scheme?</p> <ul style="list-style-type: none"> Rent from friends (LI) Tenants with chaotic lives unable to secure guarantor (unlike students) and so have to rely on informal arrangements. (LI) If number of properties decline, individuals on housing benefit, with chaotic lives etc. may lose out to more desirable tenants e.g. students. Will need to use these black market properties (LI)
<p>May improve access to health and social care services</p> <ul style="list-style-type: none"> Provides an opportunity for letting agencies to improve access to health and social care support through improved links with relevant statutory and voluntary agencies (D) 	<p>May be shift in the rental market towards short term rentals predominately to students.</p> <ul style="list-style-type: none"> Belief students will be less concerned about the code of practice as very temporary rental. May encourage landlords to gear rental properties towards this group with little fear of having to account for poor renting practices (LI)
	<p>Will be a constricted rental market</p> <ul style="list-style-type: none"> Landlords say they will leave the rental market as not worth the stress (L) (BME). Already paying 'crippling fines' and can't afford any more. Some landlords on the border will sell properties and buy them in the England? Similar cross border activity as seen with prescriptions etc (L)

Macro-economic, Environmental and Sustainability Factors

Positive	Negative
	<p>Change to benefit systems</p> <ul style="list-style-type: none"> • Local Housing Allowance cuts so restricts housing for tenants. Universal credits and giving rents to vulnerable people instead of landlord discourages the private rental market. Legislation will exacerbate these problems (L) • Does not address broader problems of benefit reform, universal cuts etc. Also issue of giving money to tenants to pay landlord. Will meet other priorities? How will the implications for housing in the context of welfare reform be addressed (BME)?
	<p>Scheme apparently did not work in Scotland</p> <ul style="list-style-type: none"> • Costs more than it raised in Scotland. Taking money from more important social policy priorities? (L)

1.2 Appendix 1: Sample Information leaflet

Wales Health Impact
Assessment Support Unit
Uned Gymorth Aseu
Effaith ar Iechyd Cymru

How will the Welsh Agent and Landlord Licensing Scheme (WALLS) affect you?

This leaflet explains how you can participate in our research

Welsh Agent and Landlord Licensing Scheme

The proposed Welsh Agent and Landlord Licensing Scheme (WALLS) will make it mandatory for **every** landlord, letting and management agent in the private rented sector in Wales to become licensed and accredited. The scheme involves: 1) the granting of a provisional registration following successful completion of a 'fit and proper person' test and payment of a modest registration fee. 2) Registrants will be expected to become accredited within two years of registration. Accreditation will secure full registration status, i.e. a licence to operate as a private landlord in Wales. Accredited landlords and agents will then be expected to adhere to a **Code of Practice** with penalties if they do not comply.



Code of Practice

The Code of Practice states that landlords must comply with certain codes of conduct in dealing with tenants, ensuring and maintaining the condition of the property, and the speed of property repair.



The Health Impact Assessment

A Health Impact Assessment (HIA) is being undertaken by the Welsh Government to assess the health impacts of the legislation. Health is defined as mental physical and social wellbeing. HIAs aim to inform and influence decision making to ensure that health and well being is considered in proposals such as this one.

Research

Focus groups will form of part of the current health impact assessment. You are invited to attend a focus group to discuss your experiences of private renting and your views on the potential impact of the legislation. Focus groups will last approx 2 hours and take in the Welsh Government Building, Cathays Park, Cardiff at 2pm, Feb 25th. Participants will be offered £10 as a token of appreciation. All information gathered will remain confidential and all names will be anonymised. Participants may withdraw from the research at any time and data will be erased. Please contact Eva Elliott or Rhiannon Evans if you are interested in participating and would like full details.

Contact:

Dr Eva Elliot:

ElliottE@cf.ac.uk

(0)29 208 79138

Rhiannon Evans:

EvansRE8@cf.ac.uk

(0)29 208 79161

APPENDIX 2: SAMPLE CONSENT FORM



Welsh Agent and Landlord Licensing Scheme (WALLS) Health Impact Assessment *What am I consenting to?*

✓ Confidentiality

All data collected during focus groups will remain confidential. Data will be stored using password protection. The data will only be available to the research team. Excerpts of the data may appear in future reports and publications.

✓ Anonymity

All of the names of participants will be removed and changed before the publication of this research.

✓ Voluntary Consent

Participation in is voluntary. You may withdraw from the research at any point without explanation. If you choose to withdraw, any data that we have collected from you will be erased on request.

	Contact:	
Dr Eva Elliot:	ElliotE@cf.ac.uk	(0)29 208 79138
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1.4 APPENDIX 3: SAMPLE INTERVIEW SCHEDULE



Wales Health Impact
Assessment Support Unit
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Welsh Agent and Landlord Licensing Scheme (WALLS) Health Impact Assessment Interview Schedule

Checklist

- ✓ **Information Sheets**
- ✓ **Consent Forms**
- ✓ **Voice Recorders**
- ✓ **Token of Appreciation (£10)**

Section One

Firstly we are going to discuss your experiences of the private rented sector:

1. Can you me about your use of the private rented sector:
 - a. Private landlord
 - b. Letting agents
 - c. Management agents

2. Can we talk through your experiences, both positive and negative, of the private rented sector:
 - a. Initial process of finding the property, paying a bond, signing a lease etc.
 - b. The condition of the property
 - c. Contacts and interactions with the agent or landlord during your time at the property e.g. cultural sensitivity, responsiveness etc.
 - d. If there was any problems with the property. What was the problem? How was it resolved?
 - e. Leaving the property, having the bond returned, resolving any outstanding issues.

3. Are there any other positive experiences of using the private rented sector you would like to discuss?

4. Are there any other negative experiences of using the private rented sector you would like to discuss?

5. Can we draw out the experience between different type of provisions within the rented sector:
 - a. Private landlord
 - b. Letting agents
 - c. Management agents

Section Two

(In case Section One does not generate enough relevant data)

Now we are going to talk about the potential impact of the scheme on health. Remember health includes physical health, mental health, and more positive notions such as emotional and social wellbeing:

1. Personal health
2. Family

3. Community and society

Section Three

1. What are your thoughts on the Welsh agent and landlord licensing scheme?
2. What, if any, are its strengths? How can we maximize these strengths?
3. What if any, are its limitations? How can we address these limitations?
4. The Welsh Agent and Landlord Licensing Scheme will ensure that those in the private sector must adhere to a code of practice. What do you think this code of practice should include? Eg. Bonds, repairs, condition of property.

