



HOUSING VISION

Oxfordshire Housing and Health Needs Assessment

Final Report

June 2025

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Oxfordshire Housing and Health Needs Assessment: Final Report

11th June 2025

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Executive Summary

This Housing and Health Needs Assessment provides a comprehensive review of how housing interacts with public health in Oxfordshire, and of the relationship between housing conditions and health. The primary purpose was to inform the selection of appropriate metrics to monitor progress of the Housing ambition in the Oxfordshire Health and Wellbeing Strategy 2025-2030. Oxfordshire recently partnered with the UCL Institute of Health Equity to become a Marmot Place and the programme focuses on the Marmot Principles to 'ensure a healthy standard of living for all'. a Marmot Place and the Healthy Std living for all is a priority ambition. The Institute of Health Equity's Evidence Review of Housing and Health Inequalities in London provides a benchmark report of the evidence for housing interventions that support health and that can contribute to reducing health inequalities ¹.

The Assessment draws on baseline data from the 2021 Census, the English Housing Survey and a wide range of official statistics and local data, applying a 10 year benchmark to ensure contemporary relevance. Limitations related to GDPR and limited record keeping across housing, health and social care agencies have affected the availability of local primary data. As a result, the Assessment recommends developing a countywide, integrated data collection approach that combines information from, for example, environmental health, housing and medical records, to inform future service planning and policy.

To ensure that all residents, especially the most vulnerable, can access a healthy and secure home environment, the report calls for a concerted, evidence-based strategy that combines improved data collection, rigorous service monitoring and coordinated interventions by local authorities, the voluntary, community and social enterprise sector. By addressing these challenges, Oxfordshire could reduce future health demands, lower public spending on health care and housing and foster a more inclusive and resilient community.

Oxfordshire's residents and households

This section highlights key demographic patterns and trends.

- Across the county, single-person households make up around a quarter of all homes, with about half of these residents aged 66 and older. Single-family households dominate, except in Oxford, which has a larger share of communal living arrangements (HMOs), including student housing.
- Most districts in Oxfordshire will see an increase in household numbers by 2043, with the county-wide growth expected at 11%. However, Oxford's projected growth is a much lower 0.4%.
- Ownership is the most common form of tenure across the county, with 65-70% of households owning their homes. The remaining households are split between social rented housing (12-14%) and private rental properties (15-20%). In contrast, Oxford has a lower homeownership rate (47%) and much higher levels of private renting (32%), which often correlates with poorer housing conditions.

¹

<https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Evidence-Review-Housing-and-Health-Inequalities-in-London.pdf>

- Currently, older residents are far more likely to own their homes outright, while younger residents - especially in Oxford - are disproportionately renters. Private renting peaks in the 25-34 age group and declines with age, while social housing tenancies follows a similar pattern.
- The typical dwelling in Oxfordshire has three bedrooms, with around 40% of homes falling into this category. Meanwhile, about 30% have four or more bedrooms, and a third have one or two bedrooms. Oxford again differs, with a higher proportion of smaller one-bedroom properties (15%) and fewer larger homes.

What do we understand about Oxfordshire's homes – and their impact on health?

The following categories relates the key characteristics of housing and the home to the risks they can pose to health and wellbeing:

- **Unhealthy and unsafe homes:** the 'bricks and mortar' approach to understanding the impact of, for example, cold, damp and disrepair. Applying the Housing, Health and Safety Rating System and due to the number affected, this is the greatest type of housing risk to the health of Oxfordshire residents.
- **Unsuitable homes:** where the home environment does not meet the needs of an occupant, for example, where households are too small or too large creating under-occupation or overcrowding; for people with disabilities and where people's health and care needs change, for example, as they get older.
- **Precarious homes:** where there are problems of affordability; a risk of homelessness or the household has become homeless/rough sleeping and where people are dependent on living in Homes in Multiple Occupation. Until we build more genuinely affordable homes, affordability is an acute problem in Oxfordshire. The greatest challenge is meeting the needs of those requiring affordable homes where affordability is related to incomes rather than the cost of housing.

Adopting a life course approach, this report examines the relationship in Oxfordshire between housing and health from early childhood (the 'start well' phase) through adulthood and into older age ('live well' and 'age well' phases). The Assessment's life course approach emphasises that interventions need to fit household circumstances, what may be appropriate for a young family may differ significantly from what a single older person requires.

Assessing the relationship between housing conditions and health

Housing is a key determinant of physical, mental and social health and the Decent Homes Standard and the Housing Health and Safety Rating System (HHSRS) provide benchmarks for evaluating housing quality. Currently applying only to the social rented sector, the Decent Homes Standard requires homes to meet statutory safety standards, be in good repair, have modern facilities and provide adequate thermal comfort. The HHSRS outlines 29 hazards that impact on health, classified under four categories:

Chart ES1: the four categories of HHSRS hazard



The health consequences of poor housing

The report draws on research ² linking inadequate and unsuitable housing to the adverse health outcomes set out below.

² <https://www.instituteofhealthequity.org/resources-reports/left-out-in-the-cold-the-hidden-impact-of-cold-homes>

Chart ES2: the adverse health outcomes arising from inadequate and unsuitable housing



Housing conditions in Oxfordshire

Using data from the English Housing Survey, local authority stock condition assessments and interviews with officers, the key findings concerning housing conditions include:

- 9-10% of homes in Oxfordshire (304,144) are classified as Non-Decent.
- Private rented homes have the worst conditions, approximately 20.4% of private rental housing in Oxford is estimated to have serious HHSRS Category 1 hazards.
- The older housing stock contributes disproportionately to poor living conditions and are more expensive to maintain. Homes built before 1919 constitute 15% of all homes across Oxfordshire and are most likely to be Non-Decent, particularly in the private rental sector. According to a 2022 Houzz study, UK homeowners reported spending an average of £2,800 yearly on home maintenance costs for houses over 100 years old. In contrast, maintenance costs averaged just £1,500 annually for homes less than 20 years old .
- The Oxford City area exhibits the highest concentration of poor housing conditions, issues such as damp, mould and fire risks are especially prevalent in private rental properties.

Oxfordshire's 'Priority Home Hazards'

Analysis of the condition of the local housing stock and interviews with practitioners identified five 'priority home hazards' affecting residents' health as follows:

1. Damp and mould growth: particularly harmful to children under 14, leading to respiratory illnesses and increased asthma risks.
2. Excess cold: affecting older adults (65+), contributing to cardiovascular and respiratory conditions, increased mortality rates, and poor mental health.
3. Fire hazards: pose significant risks to both the elderly and children, with vulnerable populations often lacking the resources to implement adequate fire safety measures.
4. Falls on level surfaces: one of the most common causes of injury, particularly for individuals aged 60 and over.
5. Overcrowding: which leads to stress, increased risk of communicable diseases and poor mental health outcomes.

The economic costs of poor housing

Poor housing conditions, notably damp, excess cold, fire risks, falls, and size mismatches, not only also exacerbate inequalities in health and well-being but generate substantial costs to the NHS, other public services and society.

- The Building Research Establishment (BRE) estimates that substandard housing costs the NHS £1.4bn annually.
- The cost of mitigating hazards, such as fixing damp issues or improving insulation, often leads to long-term savings by reducing hospital admissions and improving overall health outcomes.
- Investment in safer housing provides a return on investment through reduced healthcare costs and increased economic productivity.
- There are major implications for the need for Adult Social Care (ASC) and the need for ASC engagement in housing³.
- Falls and fall-related injuries are also one of the leading precipitating factors for entering social care and for increasing social care need. They are also the major cause of emergency hospital admissions for over 65s and often result in moves from home into residential care⁹⁷
- People whose need for accessible housing has not been met are four times more likely to be unemployed or not seeking work because of sickness or disability than those whose needs are met or who are disabled but do not need accessible housing.¹⁰
- Recent survey research by SCIE found that 28% of respondents over 65, and 54% of 45 to 64-year olds had not given any thought to their future housing and care needs.

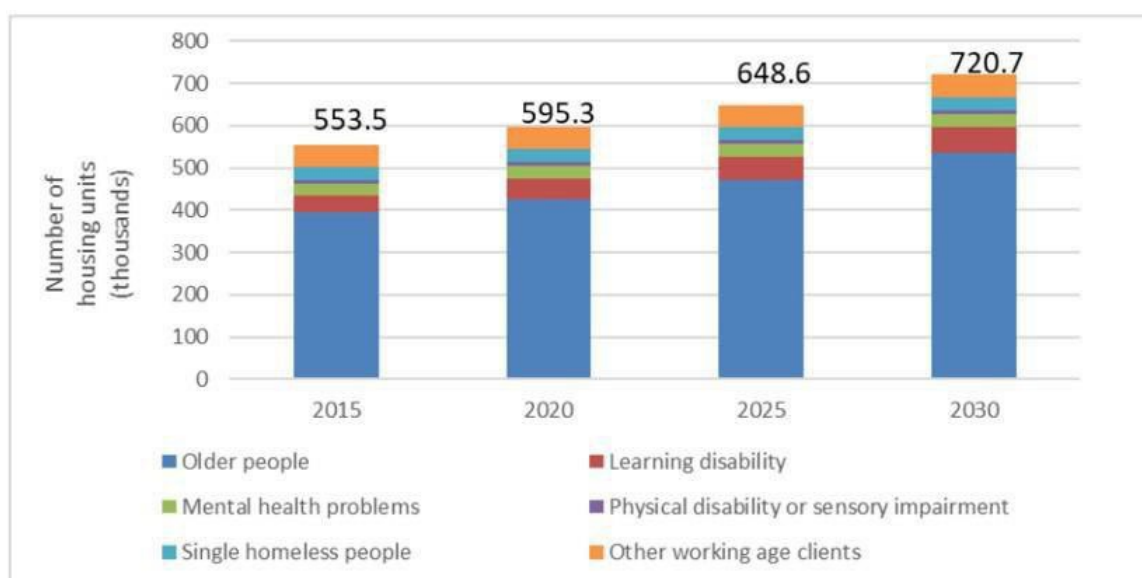
3

https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/HLIN_KSS_Report.pdf

In addition, respondents' awareness of social care services differed greatly by care setting, with 98% of over 65s aware of care homes compared with 66% aware of extra care housing, 40% of shared lives housing and 56% of supported living.

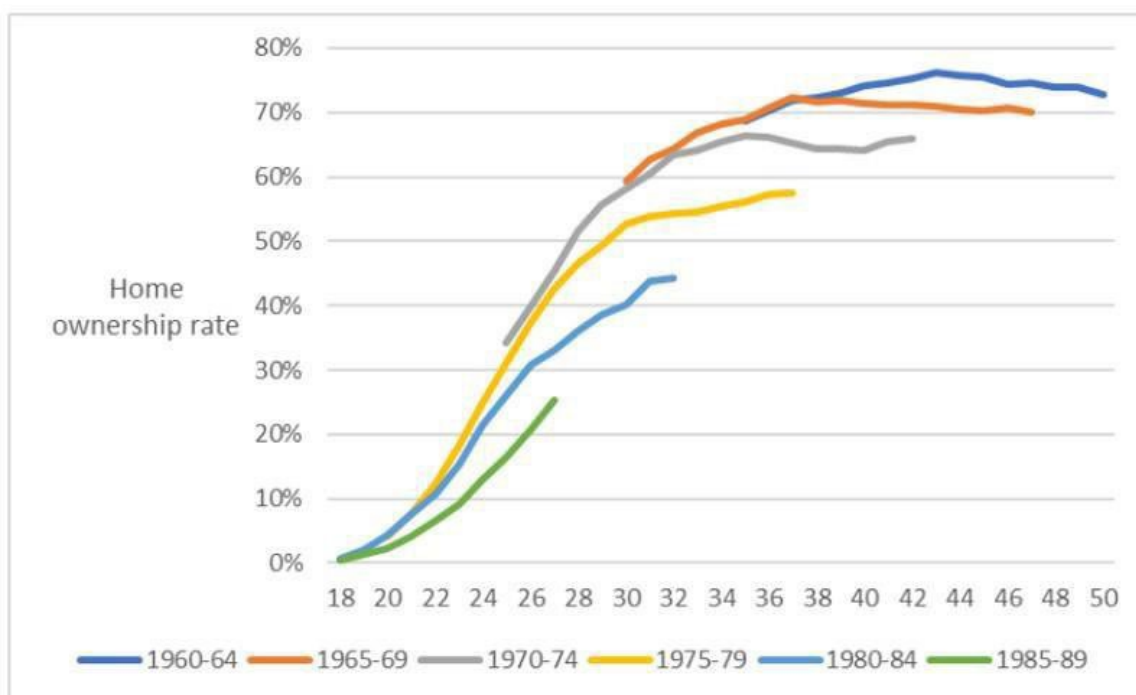
- Demand for housing-related support for both older and under 65 adult groups is increasing as the number of over 65s and adults under 65 with disabilities increases. 53% of households that required adaptations did not have all the adaptations they needed (1 million households)¹¹¹. While the majority of households that required adaptations describe their homes as suitable, there are differences in satisfaction between different groups; People aged 75 and over with a long-term limiting disability were least likely to state their accommodation was unsuitable (13%). Households with a person aged under 55 who had a long-term limiting disability were more likely (30%) to state their accommodation was unsuitable than their counterparts in other age groups (20% or less) and nearly half of the households that wanted to move somewhere more suitable contained someone with a long-term disability aged under 55¹¹². This may be due to changing and developing health issues among younger occupiers with a long-term limiting disability, whose home does not meet their new needs and is yet to be adapted.

Chart ES3: projected demand for supported housing in Great Britain 2015-2030 by user type



(Source: Wittenberg & Hu, 2017, *Projected Demand for Supported Housing in Great Britain, 2015-2030*, CPEC)

Chart ES4: home ownership rates by birth year and age



(Source: IFS, 2018, *The decline of Home Ownership among Young Adults*)

Vulnerable populations and unhealthy housing

While Oxfordshire overall fares better than some national averages, significant challenges persist among a range of vulnerable groups. A recurring theme of the Assessment is that the worst housing conditions tend to fall disproportionately upon already vulnerable groups. The report emphasises that populations such as older people, young children, individuals with disabilities and those from low income or ethnic minority backgrounds are at greater risk.

The Assessment highlights housing precarity and that frequent house moves, particularly in the private rented sector, and rising homelessness contribute to both physical and mental health problems. From interviews with various bodies, young people and especially care leavers, also face considerable challenges ranging from discrimination by landlords to limited access to stable, affordable housing, thereby reinforcing cycles of disadvantage and poor health outcomes. The report highlights the following groups are most at risk:

- Children under 5: are highly susceptible to damp, mould, and lead exposure, which can lead to developmental delays and respiratory problems.
- Older adults (60/65+): are prone to injuries from falls, respiratory infections, strokes and heart attacks, from inadequate heating and higher mortality from fire hazards.
- Low-income/insecure employment households: who are more likely to reside in substandard housing due to financial constraints.
- Ethnic minorities: who are overrepresented in overcrowded and poor quality housing.
- Disabled individuals: who face accessibility challenges and require home adaptations, which are often unavailable in older housing stock.

Interventions to secure healthier homes

The report outlines a range of interventions deployed by Oxfordshire local authorities, from enforcement action targeting non-compliant housing by Environmental Health and Housing teams and Homes in Multiple Occupation (HMO) to proactive measures such as grant and loan schemes. There is particular emphasis on enabling older and disabled residents to adapt their properties through mechanisms such as the award of Disabled Facilities Grants (DFG). Home improvement agencies provide essential repairs, energy efficiency retrofits, and small-scale adaptations to improve safety and accessibility, and programmes such as “Safe and Well” visits by Oxfordshire Fire and Rescue and ‘Better Housing, Better Health’ have been integrated into broader strategies targeting carbon reduction and fuel poverty which affects around 8% of households in Oxfordshire.

Recommendations to improve housing and health intelligence

Recommendations are made in relation to several aspects of data collection and collation, in particular:

- Understanding the relationship between property condition and residents across Oxfordshire. Environmental Health Officers in particular were extremely supportive of the need to undertake a countywide Stock Condition and Household Survey.
- Understanding the housing market in Oxfordshire countywide Strategic Housing Market Assessment could inform the circumstances and needs of priority populations, the extent to which these are being met and the housing required by type, size, tenure and location.
- Defining affordable housing, there is a need to develop a countywide working definition based on either the ‘residual income’ or preferably the ‘affordability threshold’ approaches related to a detailed understanding of incomes and housing costs, and this could be incorporated in the brief for a Strategic Housing Market Assessment.
- Service and policy monitoring and analysis of impact.
- Developing strategic links across the various mechanisms for improving health.

1. Introduction

This Housing and Health Needs Assessment has three main aims:

1. to bring together in one place data and information which informs the relationship between housing and public health in Oxfordshire;
2. to identify the risks to health and wellbeing from the home and housing circumstances, especially for vulnerable populations, and
3. to identify the types of housing that contribute to the worst health outcomes and assess the impact of poor quality housing.

Risks to health and wellbeing from housing and the home are considered under three headings:

1. Unhealthy and unsafe homes: the 'bricks and mortar' impact of, for example, cold, damp and disrepair.
2. Unsuitable homes: where the home environment does not meet the space, accessibility and inclusive design needs of a household or household member, for example, where households are too small or too large households creating under-occupation or overcrowding; for people with disabilities and where people's health and care needs change, for example, as they get older.
3. Precarious homes: where the household does not feel safe and secure, where there are frequent home moves, there is a risk of homelessness or the household has become homeless.

The Assessment adopts a life course approach to understanding the relationship between homes and health as follows:

- Start and develop well (0-16 especially 0-2 years/1,001 days)
- Live and work well (16-25/64)
- Age well (65+).

Consecutive chapters of the Assessment address the following questions:

- What do we understand about Oxfordshire's residents and households?
- What do we understand about Oxfordshire's homes - and their impact on health?
- What are Oxfordshire's 'Priority Home Hazards'?
- Who is most vulnerable to poor quality and unsuitable housing?
- Which interventions can help secure healthier homes?

Developing the evidence base

The choice of evidence consulted has been based on the simple principle that it must be recent (using data relating to the previous 10 years or less), and relevant to Oxfordshire and its constituent local authority areas.

Every effort has been made to include data which is specific to Oxfordshire and constituent local authority areas, regional or national data has only been used as a benchmark or where

there is no alternative. Most data available relates to local authority areas and data relating to neighbourhoods and communities is much more limited. Data sources are attributed throughout the Assessment.

Ideally, new primary data would have been generated locally from records of activity, for example of private sector intervention by environmental health teams. Bringing property data together with people data would enable a more holistic and accurate response to need to be developed and the appropriate interventions. However, this has been constrained for a number of reasons:

1. Under General Data Protection Regulations, (GDPR), any data collected has to be 'necessary and proportionate'⁴ to the delivery of services, and this may act as a constraint on the wider availability of data in a collated format;
2. In the case of housing agencies, limitations on record keeping, including data not recorded or not easily extractable, mean that population, household and health characteristics are not systematically available;
3. In the case of health and social care agencies, limitations on record keeping mean that population and household characteristics, housing circumstances and especially housing conditions are not available;
4. In the context of limited record keeping, data bases are not available from which reports might have been generated.
5. One of the major recommendations from this stage of the project is the need to systematise data collection relating to population, household, housing and health circumstances across relevant agencies.

The final chapter of this Assessment provides recommendations for improving intelligence informing the relationship between housing and health.

2. What do we understand about Oxfordshire's residents and households?

The aim of this section is to draw on Census and other data to provide a baseline profile of those demographic characteristics which influence people's housing needs, their requirements and experience of housing and the home.

Household structure

The key indicator of the requirement for housing is how people live as households, for example as single people, couples, family or more complex 'multiple households'. The following table sets out the overall number and structure of households at the Census date of 2021.

⁴ <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/childrens-information/childrens-code-guidance-and-resources/dpia-tools/online-retail/step-4-assess-necessity-and-proportionality/>

Table 2.1, household structure, Oxfordshire local authorities, 2021

Household type	Cherwell		Oxford		South Oxfordshire		Vale of White Horse		West Oxfordshire	
	No.	%	No.	%	No.	%	No.	%	No.	%
One-person: aged 66+	7,476	11.3	5,955	10.8	8,038	13.1	6,997	12.2	6,586	13.7
One-person: other	9,863	15.0	10,141	18.4	8,067	13.1	8,440	14.7	6,620	13.8
Single family: Married or civil partnership couple	22,894	34.7	15,223	27.6	22,675	36.9	20,993	36.5	16,938	35.3
Single family: Cohabiting couple family	8,659	13.1	5,939	10.8	7,204	11.7	6,738	11.7	5,551	11.6
Single family: Lone parent family	6,085	9.2	5,519	10.0	5,024	8.2	4,725	8.2	4,106	8.6
Single family: all aged 66+	6,046	9.2	3,121	5.7	7,035	11.4	6,411	11.1	5,711	11.9
Single family: Other single	486	0.7	715	1.3	283	0.5	243	0.4	240	0.5
Other: with dependent children	1,671	2.5	2,036	3.7	1,046	1.7	925	1.6	735	1.5
Other: Other, all full-time students & all aged 66+	2,713	4.1	6,589	11.9	2,123	3.5	2,026	3.5	1,497	3.1
All households	65,893	100.0	55,238	100.0	61,495	100.0	57,498	100.0	47,984	100.0

(Source: Table TS003, Household Composition, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- There are quite similar patterns of household structure across Oxfordshire districts:
 - Around a quarter of households consist of single people, around half of whom are aged 66+;
 - Around two thirds of households consist of single families although with a smaller proportion of older family households in Oxford;
 - There is a larger proportion of 'other' households, including full-time students, in Oxford.

- Ideally it would be possible to relate household composition to housing supply to identify matches and mismatches but, in the absence of a complete Oxfordshire stock condition and household survey, this is not possible.

Households by size of property

The size of properties by the number of bedrooms is important when understanding how well the supply of properties ‘fits’ with households’ requirement for housing. Issues of overcrowding and the under-occupation of housing are dealt with in the following chapter in relation to ‘unsuitable’ homes. The following table profiles households by size of property.

Table 2.2, households by number of bedrooms, Oxfordshire local authorities, 2021

Number of bedrooms	Cherwell		Oxford		South Oxfordshire		Vale of White Horse		West Oxfordshire	
	No.	%	No.	%	No.	%	No.	%	No.	%
1 bedroom	6,292	9.5	8,383	15.2	4,562	7.4	4,685	8.1	3,505	7.3
2 bedrooms	15,233	23.1	14,289	25.9	14,712	23.9	12,558	21.8	11,764	24.5
3 bedrooms	27,050	41.1	19,622	35.5	23,318	37.9	21,538	37.5	19,124	39.9
4+ bedrooms	17,319	26.3	12,944	23.4	18,905	30.7	18,717	32.6	13,589	28.3
Total: All households	65,894	100.0	55,238	100.0	61,497	100.0	57,498	100.0	47,982	100.0

(Source: Table RM132, Tenure by dependent children in household, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- The pattern of households by bedroom size is broadly similar between the districts, almost one third have one or two bedrooms; in the region of 40% have three bedrooms and between one quarter and one third have four or more bedrooms.
- However, the pattern is very different for Oxford where there is a much larger proportion of one bed properties (15%) and smaller proportions of larger 4+ bed properties 23%).

Projected household numbers

Office for National Statistics (ONS) projections of change in the number of households are a key indicator of the future requirement for housing. The most recent 2018-based household projections do not take account of the 2021 Census data and will need revision when this is made available later in 2025. The following table sets out projected change in the number of households across Oxfordshire to 2043.

Table 2.3, projected household change, Oxfordshire local authorities, 2024-2043

Local authority	Estimated number of households in 2024	Estimated number of households in 2043	Percentage change
Cherwell	64,014	73,417	+14.7
Oxford	52,440	52,648	+0.4
South Oxfordshire	58,994	64,365	+9.1
Vale of White Horse	60,353	71,277	+18.1
West Oxfordshire	48,579	54,044	+11.2
Oxfordshire	284,380	315,751	+11.0

(Source: 2018-based household projections for local authorities and higher administrative areas within England (principal projection) using 2019 geographies, Table 406: Household projections, local authorities and higher administrative areas within England, mid-2001 to mid-2043)

Key findings

- The number of households (and the associated need for housing) is projected to grow by 11% over the next 20 years ranging from 9% in South Oxfordshire to 18.1% in Vale of White Horse;
- However, the projection for Oxford shows a surprising low projected growth of only 0.4% in household numbers, the reasons for which need to be understood in detail.
- The critical question is the extent to which housing supply in terms of the location, affordability and size of homes can keep pace with household growth. Failure to do so will result in further competition for existing housing with consequences for

affordability; the risk of overcrowding, poor mental health and, for those in greatest need, the continued concentration in poor quality homes.

Households by ethnicity

Different ethnic groups may have different requirements for housing where there are cultural differences in, for example, multi-generational families. The following table provides a detailed profile of ethnic groups in 2021.

Table 2.4, ethnic groups, Oxfordshire local authorities, 2021

Ethnic group	Cherwell		Oxford		South Oxfordshire		Vale of White Horse		West Oxfordshire	
	No.	%	No.	%	No.	%	No.	%	No.	%
Asian or Asian British/Welsh: Bangladeshi	288	0.2	2,025	1.2	249	0.2	257	0.2	211	0.2
Asian or Asian British/Welsh: Chinese	1,411	0.9	4,479	2.8	672	0.5	1,283	0.9	404	0.4
Asian or Asian British/Welsh: Indian	2,795	1.7	6,005	3.7	1,645	1.1	1,587	1.1	498	0.4
Asian or Asian British/Welsh: Pakistani	3,153	2.0	6,619	4.1	436	0.3	650	0.5	134	0.1
Asian or Asian British/Welsh: Other	2,059	1.3	5,863	3.6	1,261	0.8	1,713	1.2	689	0.6
Black, Black British/Welsh, Caribbean/African: African	1,731	1.1	5,060	3.1	900	0.6	1,450	1.0	475	0.4
Black, Black British/Welsh, Caribbean/African: Caribbean	690	0.4	1,629	1.0	345	0.2	503	0.4	160	0.1
Black, Black British/Welsh, Caribbean/African: Other	424	0.3	846	0.5	222	0.1	362	0.3	87	0.1
Mixed/Multiple ethnic groups: White and Asian	1,438	0.9	3,197	2.0	1,289	0.9	1,266	0.9	818	0.7
Mixed/Multiple ethnic groups: White and Black African	730	0.5	1,072	0.7	396	0.3	435	0.3	294	0.3
Mixed/Multiple ethnic groups: White and Black Caribbean	1,225	0.8	1,916	1.2	791	0.5	734	0.5	478	0.4
Mixed/Multiple ethnic groups: Other	1,221	0.8	2,820	1.7	926	0.6	1,017	0.7	551	0.5
White: English, Welsh, Scottish, Northern Irish or British	125,422	77.9	86,672	53.5	127,890	85.8	115,517	83.2	101,648	89.0
White: Irish	1,245	0.8	2,351	1.5	1,313	0.9	1,146	0.8	851	0.7
White: Gypsy or Irish Traveller	178	0.1	62	0.0	106	0.1	119	0.1	187	0.2
White: Roma	354	0.2	501	0.3	138	0.1	131	0.1	105	0.1
White: Other White	14,632	9.1	24,975	15.4	9,338	6.3	9,191	6.6	5,982	5.2
Other ethnic group: Arab	376	0.2	1,449	0.9	209	0.1	350	0.3	133	0.1

Other ethnic group: Any other ethnic group	1,643	1.0	4,499	2.8	962	0.6	1,202	0.9	531	0.5
All usual residents	161,015	100.0	162,040	100.0	149,088	100.0	138,913	100.0	114,236	100.0

(Source: Table TS021, Ethnic Group, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

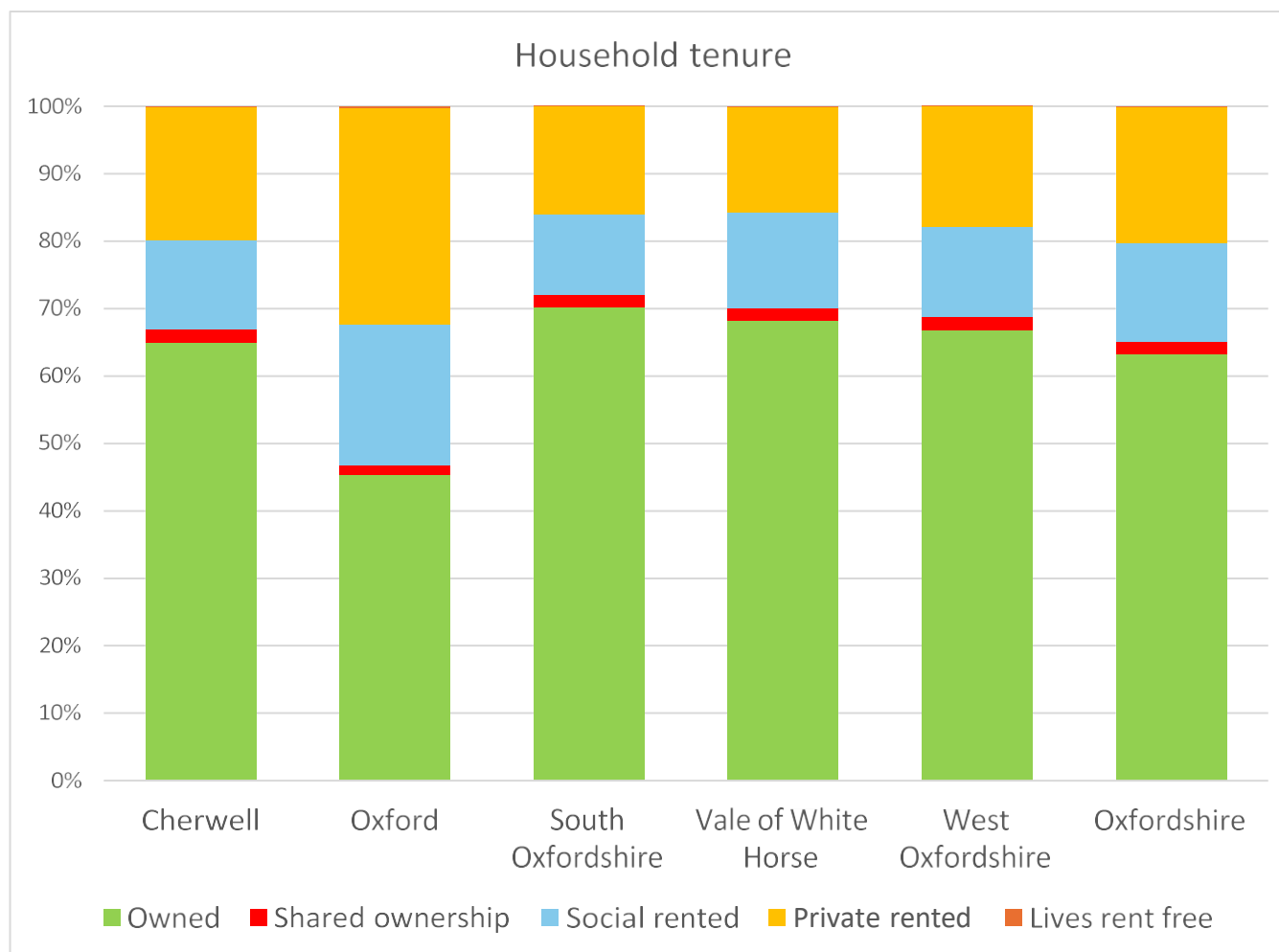
- With the exception of Oxford, ethnic groups across Oxfordshire are predominantly White with non-White populations in the region of 5-10%;
- However, the non-White population in Oxford reaches over 25%, consisting of Bangladeshi, Chinese, Indian, Pakistani, other Asian, other Caribbean/African and 'mixed/multiple' ethnic groups.
- The limitation of Census data is that it is not sufficiently fine grained to identify localised concentrations of ethnic groups such as the East Timorese community in East Oxford.
- Research examining the housing needs of ethnic minority groups in Oxfordshire would enable an assessment to be made of the suitability of housing.

Households by tenure

Tenure is strongly associated with housing quality which is in turn related to the 'healthiness' of housing, the private rented sector being the most problematic. Tenure is also associated with age which is also related to housing quality. For example, the oldest housing tends to be concentrated in the private rented and owner occupied sectors and the newest housing in the social rented sector. There has been notable change in the proportion of tenures over the past 20 years⁵. The following table and chart profile households by tenure in Oxfordshire.

⁵ <https://assets.publishing.service.gov.uk/media/61a7bc688fa8f503780c1c79/evidence-review-for-adult-social-care-reform.pdf>

Chart 2.1, households by tenure, Oxfordshire local authorities, 2021



(Source: Table TS054, Tenure, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- There is a similar tenure pattern between the Oxfordshire districts with 65-70% of households living in the owner occupied sector; 12-14% in the social rented sector and 15-20% in the private rented sector.
- However, Oxford's tenure pattern is quite different with a much lower level of home ownership (47%) and much higher levels of social renting (21%) and private renting (32%).
- In view of its association with poor housing conditions, the level of private renting is of particular significance when understanding the relationship between housing and health.
- The extent to which tenure is associated with poor quality homes is examined in the following chapter and especially in tables 3.4-3.9.

Residents by tenure and age

The overall tenure pattern is very different when considered by age as profiled in the following table.

Table 2.5, tenure by age band, all usual residents, Oxfordshire local authorities (Percentage), 2021

Age band	Local authority	Owned: Owns outright	Owned: Owns with a mortgage or loan or shared ownership	Rented: Social rented	Rented: Private rented or lives rent free
Aged 24 and under	Cherwell	9.76	48.85	19.71	21.69
	Oxford	8.88	27.03	23.47	40.62
	South Oxfordshire	11.74	53.61	17.00	17.64
	Vale of White Horse	10.51	50.47	22.15	16.87
	West Oxfordshire	10.83	48.89	20.02	20.26
Aged 25 to 34 years	Cherwell	9.30	43.24	12.60	34.86
	Oxford	7.89	17.03	14.58	60.50
	South Oxfordshire	11.39	44.78	13.85	29.97
	Vale of White Horse	10.13	44.91	15.88	29.08
	West Oxfordshire	11.19	40.91	15.51	32.39
Aged 35 to 49 years	Cherwell	9.90	54.56	11.83	23.71
	Oxford	10.83	35.74	18.04	35.39
	South Oxfordshire	10.97	58.17	10.70	20.16
	Vale of White Horse	10.22	57.52	13.15	19.12
	West Oxfordshire	10.22	53.98	12.43	23.38
Aged 50 to 64 years	Cherwell	36.87	39.64	10.68	12.80
	Oxford	30.89	29.39	23.64	16.09
	South Oxfordshire	38.85	40.51	10.32	10.32
	Vale of White Horse	39.51	39.04	11.41	10.03
	West Oxfordshire	38.31	38.88	10.48	12.33
Aged 65 years and over	Cherwell	76.06	8.29	9.91	5.74
	Oxford	65.59	7.98	20.34	6.08
	South Oxfordshire	78.27	7.90	8.59	5.25
	Vale of White Horse	78.44	7.16	9.82	4.58
	West Oxfordshire	77.08	7.10	9.70	6.12

(Source: Table RM046, General Health by Tenure by Age, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- This is a very important table for the Assessment as it demonstrates that, with the exception of Oxford, there is a dramatic variation in tenure patterns between younger and older residents which will affect their experience of housing, and especially of housing conditions.
- Outright ownership is available to at least two thirds of those aged 65 and 30-40% of those aged 50 to 64 but only to in the region of 10% of residents aged under 50.
- Owning with a mortgage declines with age such that less than 10% of those aged 65 and over are in this position and 30-40% of those aged 50-64, compared with 40-55% for younger age groups.
- With the exception of Oxford, social renting declines with age, less than 10% of those aged 65+ are in this position; slightly over 10% of those aged 35-64 but in the region of 15% for those aged 25-34 and 20% for those aged under 25.
- Private renting follows a similar pattern with in the region of only 5% of those aged 65+ in this position and 10% of those aged 50-64 rising to 25-30% of those aged 35-49, 30-35% for those aged 25-34 and in the region of 20% for those aged under 25.
- The relationship between tenure and housing precarity is examined in chapter 3 in relation to 'precarious homes'.

The incidence of disability

The suitability and availability of housing for disabled people can impact on their health and well-being in a number of ways ⁶. Many homes are not built with accessibility in mind, making it difficult for disabled individuals to navigate their living spaces. There is a limited availability of adapted housing which may result in long waiting lists for suitable social housing. A lack of inclusive design in new housing developments means disabled people are often left with fewer options. The high costs of modifications such as ramps, widened doorways, and accessible bathrooms can be prohibitive without financial support through, for example, Disabled Facilities Grant.

Health and well-being: living in unhealthy and unsuitable housing can negatively impact physical and mental health and poor accessibility can lead to social isolation and reduced independence. Unsafe housing conditions (such as inadequate heating or poor ventilation) can exacerbate existing health conditions.

The following table identifies the number of people who are disabled under the Equality Act and who experience limitations on their day to day activities.

⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandhousinguk/2019>

Table 2.6, total population who are disabled under the Equality Act 2010, day to day activities limited, Oxfordshire local authorities, 2021

Local authority	% of total population disabled	Total number disabled	Day to day activities limited a lot		Day to day activities limited a little	
			%	No.	%	No.
Cherwell	14.5	23,398	5.4	8,622	9.2	14,776
Oxford	14.5	23,491	4.9	7,912	9.6	15,579
South Oxfordshire	14.0	20,889	4.9	7,339	9.1	13,560
Vale of White Horse	14.7	20,398	5.1	7,114	9.6	13,284
West Oxfordshire	15.1	17,296	5.4	6,160	9.7	11,136
Oxfordshire	14.5	105,472	5.1	37,147	9.4	68,335

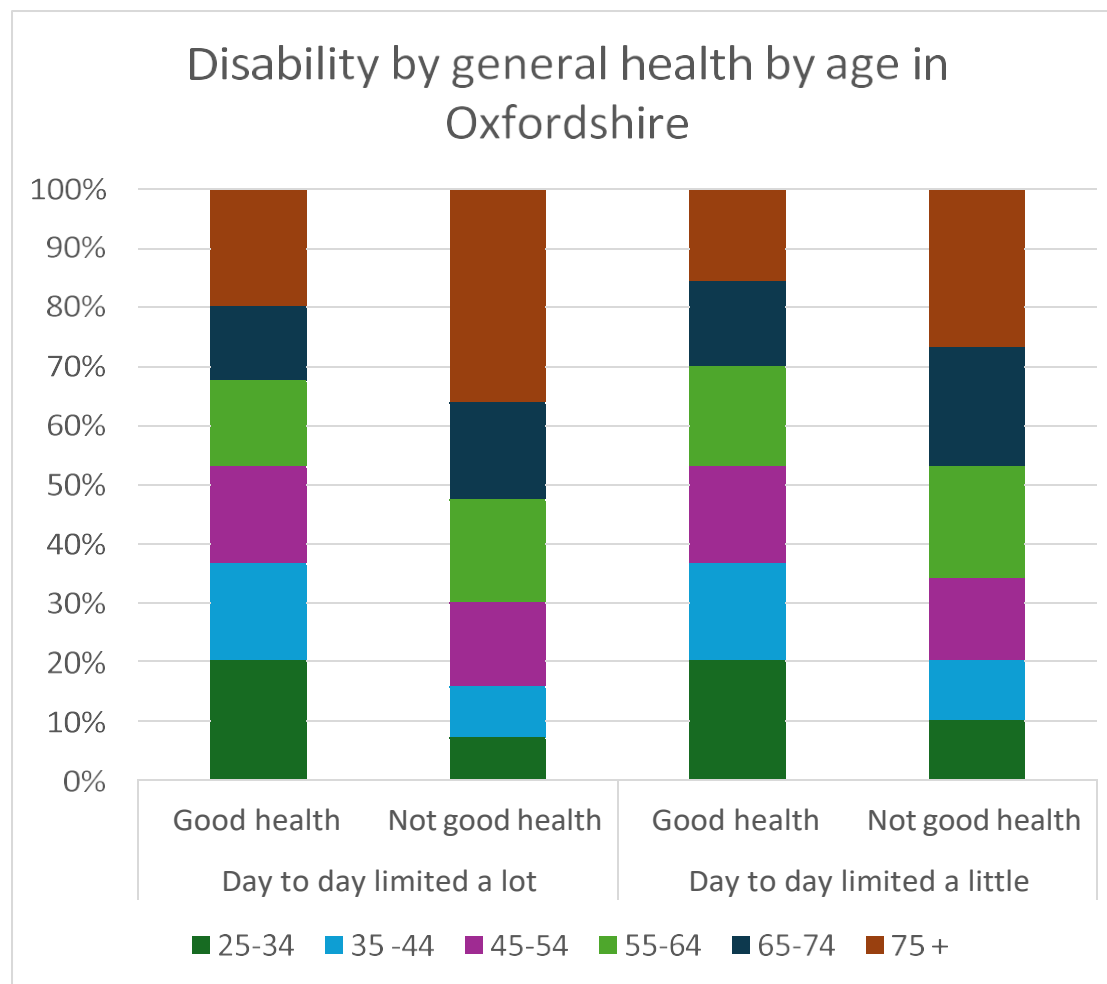
(Source: Table TS038 - Disability, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- Over 105,000 of Oxfordshire's population are disabled under the Equality Act (14.5%);
- Over 37,000 people have their daily activities limited a lot (5%) and over 68,000 people have their activities limited a little (10%);
- The question which arises is how well people with disabilities are housed in Oxfordshire, especially where day to day activities are limited. in the absence of any comprehensive countywide study of disability and housing, it is not possible to answer that question.

The following chart examines disability by health by age in Oxfordshire.

Chart 2.2: disability by general health in Oxfordshire



(Source: Table RM046, General Health by Tenure by Age, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

The health of Oxfordshire's residents

In the following chapters, the Assessment draws on research linking unhealthy, unsuitable and precarious housing to adverse health outcomes and identifies four main sets of conditions as follows:

- Cardiovascular conditions: linked to excess cold in particular. In the future excess heat due to climate change.
- Respiratory illnesses: caused by damp and mould exposure.
- Mental health issues: stress, anxiety and depression associated with overcrowding and housing insecurity.
- Injury risks: falls and fire hazards contribute to higher hospitalisation rates among the elderly.

The following table is drawn from the 2023 Joint Strategic Needs Assessment and captures the numbers of GP-registered patients affected by cardiovascular, respiratory and mental health conditions.

Chart 2.3, health conditions in Oxfordshire and England, 2020-22

Health conditions - Oxfordshire and England

- The health conditions with the greatest number of GP-registered patients in Oxfordshire were:
 - Hypertension (high blood pressure): 99,710 patients
 - Depression: 80,720 patients
 - Obesity: 54,169 patients
 - Asthma: 45,841 patients
- Two health conditions in Oxfordshire were above the England average:
 - Cancer
 - Osteoporosis

QOF 2021-22 - NHS Digital

Oxfordshire CCG	2020-21		2021-22		pp Change	England Rate
	Count	Rate	Count	Rate		
Cardiovascular group						
Atrial Fibrillation	16,025	2.06	16,671	2.1	-0.04	2.09
Coronary heart disease	17,946	2.3	18,142	2.28	0.02	3.01
Heart failure	5,995	0.77	6,459	0.81	-0.04	0.95
Hypertension	97,892	12.56	99,710	12.55	0.01	13.97
Periph. Atrial disease	3,639	0.47	3,654	0.46	0.01	0.58
Stroke and TIA	13,511	1.73	13,891	1.75	-0.02	1.81
Respiratory group						
Asthma	43,968	5.99	45,841	6.11	n/a	6.47
Chronic obstructive pulmonary disease	10,796	1.38	10,639	1.34	n/a	1.87
Lifestyle group						
Obesity	42,099	6.69	54,169	8.42	-1.73	9.72
High dependency and other long-term conditions group						
Cancer	28,461	3.65	30,235	3.8	-0.15	3.34
Chronic kidney disease	18,966	3.01	19,374	3.01	0	3.98
Diabetis mellitus	32,971	5.16	34,639	5.31	-0.15	7.26
Palliative care	2,293	0.29	2,186	0.28	0.01	0.46
Mental health and neurology group						
Dementia	5,423	0.7	5,586	0.7	0	0.72
Depression	79,244	12.59	80,720	12.54	0.05	12.65
Epilepsy	4,469	0.71	4,568	0.71	0	0.79
Learning disabilities	3,093	0.4	3,205	0.4	0	0.55
Mental health	6,561	0.84	6,779	0.85	-0.01	0.95
Muscoskeletal group						
Osteoporosis	4,153	1.5	4,532	1.6	-0.1	0.85
Rheumatoid arthritis	4,347	0.67	4,436	0.67	0	0.77
Non-diabetic hyperglycaemia						
Non-diabetic hyperglycaemia	21,243	3.38	25,004	3.89	-0.51	6.09

QOF 2021-22 - NHS Digital

3. What do we understand about Oxfordshire's homes - and their impact on health?

The Assessment considers the relationship between homes and health using the framework originally adopted by Public Health England's national 'Homes Health' programme⁷. Risks to health and wellbeing from the home and housing circumstances can be broadly categorised under three headings:

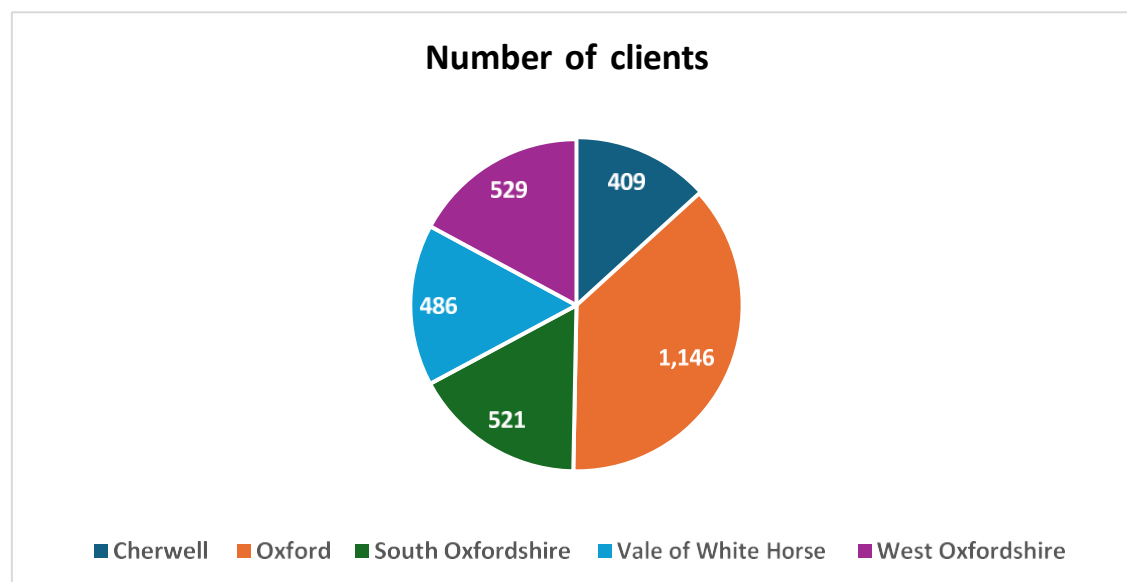
1. **Unhealthy and unsafe homes:** the 'bricks and mortar' impact of, for example, cold, damp and disrepair.
2. **Unsuitable homes:** where the home environment does not meet the space, accessibility and inclusive design needs of a household or household member, for example, where households are too small or too large households creating under-occupation or overcrowding; for people with disabilities and where people's health and care needs change, for example, as they get older.
3. **Precarious homes:** where the household does not feel safe and secure, there are frequent home moves, there is a risk of homelessness or the household has become homeless.

These factors can impact on physical and mental health and wellbeing to varying degrees but it is known that people who spend a lot of time at home are more likely to be affected particularly children; disabled people and people with other long-term conditions; older people and carers.

Data on the scale of housing problems can be difficult to determine but the Oxfordshire Citizens' Advice records the number of enquiries by local authority area and the type of housing-related issues raised. The following chart draws on data for 2024-25 to identify the number of clients raising housing issues by local authority area.

⁷ <https://www.gov.uk/government/collections/housing-for-health>

Chart 3.1, number of clients raising housing issues, Oxfordshire, 1st April 2024 to 14 March 2025



(Source: CAB Oxfordshire, 2024)

Key findings:

- Over 3,000 people raised housing issues ranging from 409 to 529 for the district authorities but reaching a much higher level of 1,146 in Oxford.

The following table lists the number and percentage of housing issues raised by type for Oxfordshire.

Table 3.1, housing issues raised, Oxfordshire, 1st April 2024 to 14 March 2025

Housing issue	Number of issues raised	% of issues raised
Actual homelessness	309	5.5
Threatened homelessness	40	0.7
Local authority homelessness service	346	6.2
Access to & provision of accommodation	609	10.9
Discrimination	17	0.3
Environment & neighbour issue	369	6.6
Housing association	636	11.4
Local authority housing	505	9.0
Private rented sector	2,020	36.2
Other housing issue	475	8.5
Other landlord	28	0.5
Owner occupied property	230	4.1
Total	5,584	100.0

(Source: CAB Oxfordshire, 2024)

Key findings:

- This breakdown is revealing in identifying those issues which were raised most frequently:

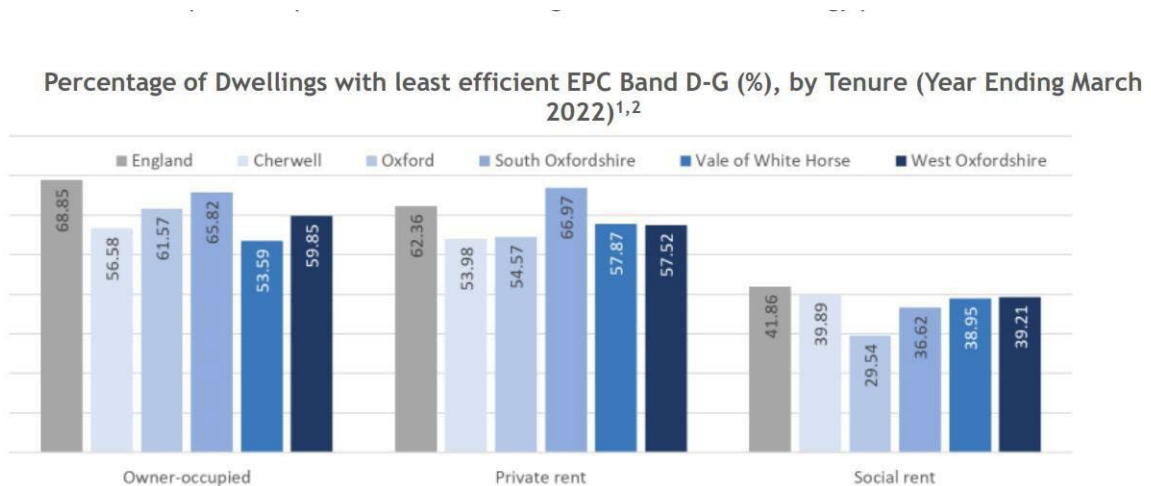
- Over one third of issues referred to the private rented sector and in particular to tenancy agreements (266); assured shorthold tenants (139); tenancy deposit returns (135); disrepair related to damp, mould or condensation (112) and other repairs and maintenance (107);
 - 12.4% related to actual, threatened or homelessness services;
 - 11.4% related to housing associations, especially complaints (85);
 - 10.9% related to access to and the provision of accommodation, especially allocations, transfers and exchanges (175) and bidding and banding (97).
- Environmental health or tenancy services data might provide a useful comparator to confirm the nature and extent of issues raised but wasn't available at the time of completion of this Assessment.

Unhealthy and unsafe homes

This section considers the incidence and impact of poor housing conditions, the main sources of data and evidence consulted are:

- the annual English Housing Survey (EHS) applying the Decent Homes Standard (DHS) and Housing, Health and Safety Rating System (HHSRS) hazards;
- local authority stock condition assessments and surveys, especially in relation to estimates of HHSRS Category 1 hazards;
- data generated by enforcement activity applied to the incidence of HHSRS Category 1 Hazards and the views of Environmental Health Officers, and
- EPC ratings which are an assessment of a property's energy efficiency. The rating is from A to G, A indicates a highly efficient property, G indicates low efficiency. EPC ratings correspond to a range of SAP (Standard Assessment Procedure) ratings from 1-100, with 100 being the best. The energy efficiency of a dwelling depends on the thermal insulation of the structure, on the fuel type, and the size and design of the means of heating and ventilation. Any disrepair or dampness to the dwelling and any disrepair to the heating system may affect their efficiency. The following chart identifies the percentage of dwellings with least efficient EPC bands D-G by tenure for the year ending March 2022.

Chart 3.2: the percentage of dwellings with least efficient EPC bands D-G by tenure for the year ending March 2022.



(Source: https://data.oxfordshire.gov.uk/wp-content/uploads/2024/12/JSNA2023_Building_blocks_of_health.pdf)

The Decent Homes Standard

Introduced in 1997, the Decent Homes Standard represented the first attempt to establish a common standard for all social sector and especially local authority housing, and to tackle the problem of vulnerable households in the private sector. The definition of a Decent Home was revised in 2006 to reflect the Housing Health and Safety Rating System (HHSRS) replacing the Housing Fitness Standard. A decent home must meet the following four criteria:

- It meets the current statutory minimum standard for housing where dwellings which fail to meet this criterion are those containing one or more hazards assessed as serious ('Category 1') under the HHSRS.
- It is in a reasonable state of repair.
- It has reasonably modern facilities and services.
- It provides a reasonable degree of thermal comfort

A review of the Decent Homes Standard and its application, not least to the private rented sector, is currently underway by the Ministry of Housing Communities and Local Government (MHCLG) ⁸.

The Housing Health and Safety Rating System

Introduced in 2004 and currently under review, the Housing Health and Safety Rating System assesses 29 home hazards and the effect they may have on the health and safety of current and future residents of properties in all tenures including council housing. In addition, and prompted by the disastrous fire that consumed Grenfell Tower in June 2017, an operating guidance addendum on the assessment of high-rise residential buildings with cladding systems was published on 29 November 2018.

The HHSRS provides a methodology for assessing home hazards and identifies the best way of dealing with them. Hazards which are a serious and immediate risk to a person's health and safety are defined as Category 1 hazards, those which are less serious or less urgent are defined as Category 2 hazards though are still important to consider. The full list of the 29 HHSRS home hazards is set out in Appendix One.

The health effect of home hazards will not be felt equally and this is recognised in the HHSRS operating guidance which defines vulnerable groups as:

'A range of people for whom the risk arising from a hazard is greater than for any other age group in the population. Where there is no vulnerable group for a specific hazard, the population is taken as a whole.'

'Vulnerability to particular hazards is restricted to age groups. It does not extend to vulnerability for other reasons.' (page 13).

The following table identifies the most vulnerable age groups associated with specific Hazard. For all other Hazards, the guidance states:

'There is no particular age group more vulnerable than others'

⁸ <https://www.gov.uk/guidance/decent-homes-standard-review>

Table 3.2, HHSRS home hazards by most vulnerable age group and life course

HHSRS Hazards	Most vulnerable age group	Life Course
Lead	0-2	Start and Develop Well
Personal Hygiene, Sanitation and drainage	0-4	
Falls between levels	0-4	
Electric Shocks	0-4	
Flames & hot surfaces	0-4	
Damp & mould	0-14	
Collision & entrapment	16+	Work Well/Age Well
Falls associated with baths etc	60+	
Falls on level surfaces	60+	
Falls on stairs	60+	
Fire	60+	
Position & operability of amenities	60+	
Radon (life time exposure) *	60-64	
Carbon monoxide	65+	Age Well
Excess cold	65+	Age Well
Excess heat	65+	

(Source: *The Housing Health & Safety Rating System (HHSRS) - The 29 Hazards - Key findings* - https://archive.welhat.gov.uk/media/4135/HHSRS-29-Hazards/pdf/HHSRS_The_29_Hazards.pdf?m=636821297983700000)

* *The presence of radon gas in homes is a particular issue in the northern area of West Oxfordshire where a radon programme identifies homes with unacceptably high levels so they can be reduced*⁹.

- The most vulnerable age groups are:
 - children aged under 5 for a range of 5 hazards;
 - children aged 14 and under for damp and mould, and
 - people aged 16+ and 60/65+ for a further 10 hazards, especially associated with falls, excess cold and excess heat.
- A comprehensive county-wide stock condition and household survey would enable the relationship between HHSRS hazards and age bands/life courses to be established including the proportion of those age groups who are likely exposed to such hazards due to the profile and condition of the stock. In interviews, Environmental Health Officers regularly confirmed the value of undertaking such a summary and we have provided the example of a 'good practice' survey undertaken by Cotswold District Council.

The definition of 'vulnerability' is one of the areas of the HHSRS due to be extended as part of a MHCLG review and this development would be of value in recognising a greater range of people who are more vulnerable to housing risks. This additionality would add to our understanding of health impacts on the most vulnerable populations in Oxfordshire,

⁹ <https://www.westoxon.gov.uk/environment/noise-pests-pollution-and-air-quality/radon/>

especially children, older people and those experiencing disabilities, the place of Disabled Facilities Grants and new build housing in meeting the needs identified.

Setting the benchmark: the condition of English housing

The annual English Housing Survey provides the most authoritative source of data concerning the state of the housing stock and provides a contextual benchmark for assessing housing conditions across Oxfordshire. The following table sets out current levels of Non-Decent Homes and HHSRS Category 1 Hazards for England by tenure. It is important to emphasise that Category 2 hazards are also relevant to understanding the impact of house conditions on health.

Table 3.3, Non-Decent Homes and Category 1 Hazards by tenure, England, 2023, number and percentage

Tenure	Non-Decent Homes		HHSRS Category 1 Hazards	
	Number	Percentage	Number	Percentage
Owner occupied	2,337,000	14.3	1,322,000	8.1
Private rented	1,031,000	21.1	496,000	10.2
Local authority	191,000	12.1	91,000	5.8
Housing association	240,000	9.3	85,000	3.3
All housing	3,799,000	15.0	1,995,000	7.9

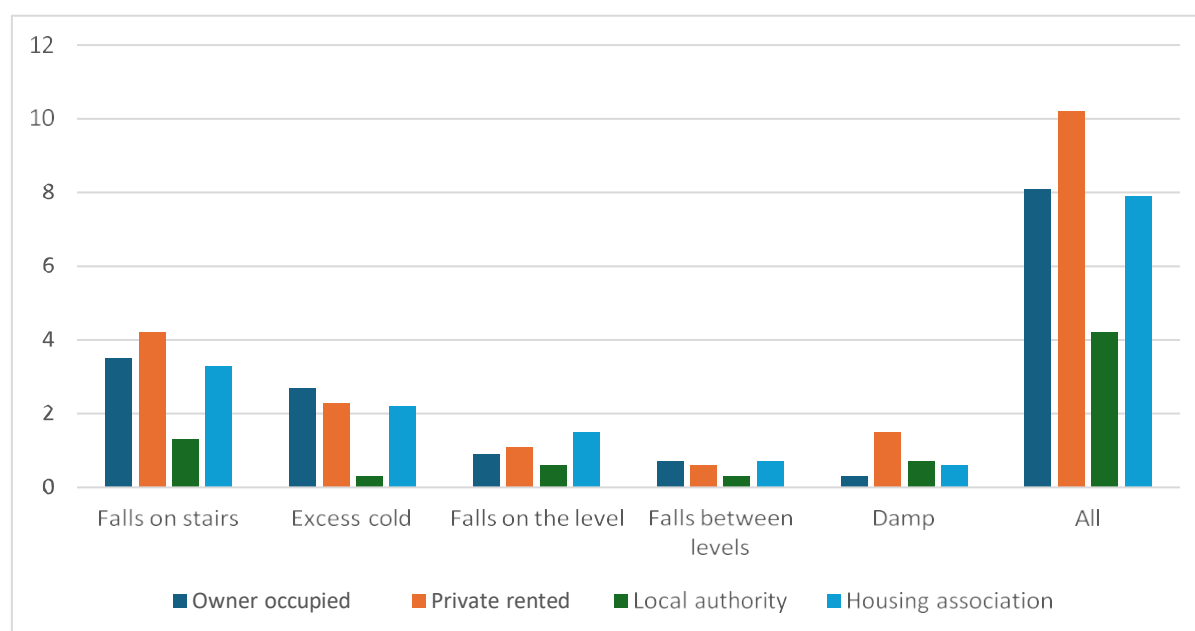
(Source: 2023-24 English Housing Survey Headline Report: Housing Quality and Energy Efficiency, Chapter 1, Annex Tables)

Key findings:

- There are an average of 15% Non-Decent Homes across England with rates of incidence highest in the private rented sector (21%) and lowest in the housing association sector (9%);
- There are Category 1 Hazards in an average of 8% homes across England with rates of incidence highest in the private rented sector (10%) and lowest in the housing association sector (3%).
- Although the percentage is lower, the actual numbers of owner occupied homes which are either Non-Decent or have a Category One Hazard is actually higher than for all other tenures.

The following table identifies the most common Hazards by tenure for England, Oxfordshire data is not available.

Chart 3.3: most common Category 1 Hazards by tenure, England, 2023, percentage



(Source: 2023-24 English Housing Survey Headline Report: Housing Quality and Energy Efficiency, Chapter 1, Annex Tables)

Key findings:

- Falls on stairs and on the level, and the incidence of damp affect the private rented sector in particular;
- Excess cold affects the owner occupied sector in particular;
- However, it must be remembered that the actual numbers of owner occupied homes affected by Category One Hazards is higher than for all other tenures.

The final chart summarises 2022 data for Non-Decent Homes by age of dwelling for England.

Chart 3.4, percentage of Non-Decent Homes by tenure and age of dwelling, England, 2022



(Source: DCLG Live Tables, Table DA3201 (SST3.2): Decent Homes – dwellings, 2022)

Key findings:

- Levels of Non-Decency are heavily concentrated in the oldest homes for all tenures reaching one third of all pre-1919 private rented homes; over one quarter of owner occupied homes and almost one quarter for social sector dwellings.

The condition of housing in Oxfordshire

In March 2024, the Official Statistics in Development series provided sub-regional estimates of housing stock condition (applying Decent Homes and HHSRS Category 1 hazards) based on modelled EHS 2020 data. The following table provides estimates of Non-Decent Homes and Category 1 Hazards for Oxfordshire councils, these are not available by tenure.

Table 3.4, Non-Decent Homes and Category 1 Hazards, Oxfordshire councils, 2023, number (per 000s of dwellings) and percentage

Tenure	Non-Decent Homes		HHSRS of Category 1 Hazards	
	Number	Percentage	Number	Percentage
Cherwell	6,019	9.0	3,310	5.0
Oxford	5,201	9.3	2,246	4.0
South Oxfordshire	6,076	9.7	3,510	5.6
Vale of White Horse	5,043	8.7	2,823	4.8
West Oxfordshire	5,195	10.7	3,277	6.7
Oxfordshire	27,534	9.6	15,166	5.3
England	3,799,000	15.0	1,995,000	7.9

(Source: English Housing Survey: local authority housing stock condition modelling, 2020)

Key findings:

- Whilst rates of Non-Decent Homes and Category 1 Hazards are below national averages, they still affect over 27,000 homes.
- The modelled proportion of Non-Decent Homes ranged from 8.7% in Vale of White horse to 10.7% in West Oxfordshire, an average of 9.6% across the county;
- Category 1 Hazards ranged from 4% in Oxford to 6.7% in West Oxfordshire, an average of 5.3% across the county.
- No data is available which relates non-Decent Homes or homes with Category 1 hazards to the populations affected, a comprehensive stock condition and household survey for Oxfordshire would inform this relationship.

The following table applies English Housing Survey estimated proportions of Non-Decent Homes and HHSRS Category 1 Hazards by tenure to the stock for Oxfordshire.

Table 3.5, Non-Decent Homes and Category 1 Hazards by tenure, Oxfordshire, 2023, number and percentage

Tenure	Non-Decent Homes		HHSRS Category 1 Hazards	
	EHS Percentage	Number	EHS Percentage	Number
Owner occupied	14.3	26,818	8.1	15,190
Private rented	21.1	8,915	10.2	4,310
Social rented	12.1	7,036	5.8	408
All housing	15.0	42,769	7.9	19,908

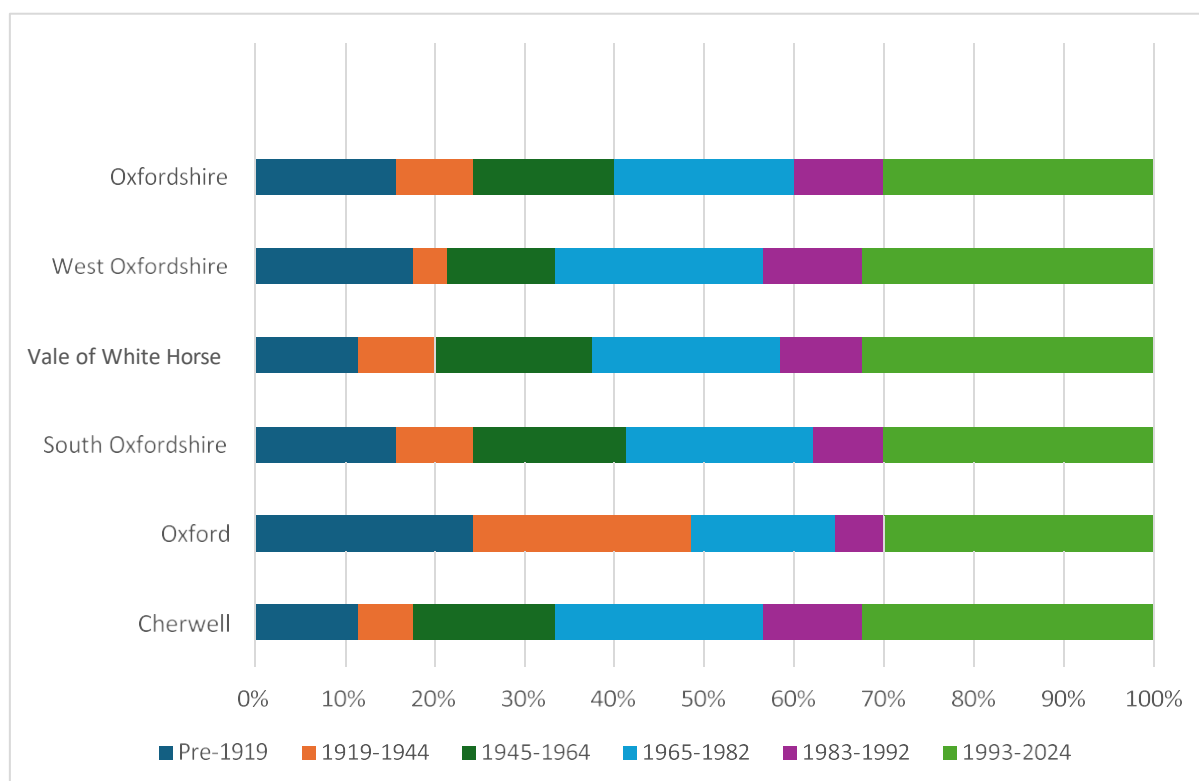
(Sources: Table TS054, Tenure, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk> and 2023-24 English Housing Survey Headline Report: Housing Quality and Energy Efficiency, Chapter 1, Annex Tables)

Key findings:

- Problems of poor housing are numerically concentrated in the owner occupied sector.
- There are almost 27,000 non-Decent Homes in the owner occupied sector; almost 9,000 in the private rented sector and over 7,000 in the social rented sector.
- There are over 15,000 homes in the owner occupied sector with a category 1 hazard; over 4,300 in the private rented sector and just over in the social rented sector.

The following chart profiles the Oxfordshire housing stock by age band as the basis for understanding the incidence of non-Decent Homes by age of dwelling.

Chart 3.5, dwelling by age band, Oxfordshire, percentages, 2024



(Source: *Statistics on the stock of domestic properties by Council Tax Band and property attributes in England and Wales*, Valuation Office Agency, 2024)

Key findings:

- Almost 15% (almost 50,000 homes) across Oxfordshire were built before 1919, almost 10% (over 30,000 homes) between 1919 and 1944 and almost 15% (almost 50,000 homes) between 1945 and 1964.

The following table applies national incidence rates for non-Decent Homes set out in Table add to provide an estimate of the number of non-Decent Homes in Oxfordshire by age band.

Table 3.6, estimate of Non-Decent Homes by age of dwelling, Oxfordshire, 2024

Dwelling age	Number of homes	Percentage rate	Implied number
Pre-1919	48,290	29.1	14,052
1919-44	30,440	16.4	4,992
1945-64	49,150	12.8	6,291
1965-80 (VOA 1965-1982)	64,460	13.6	8,791
1981-90 (VOA 1983-1992)	28,190	15.8	4,454
Post-1990 (VOA Post-1992)	96,620	1.6	1,546
All	317,150	-	40,126

(Source: *DCLG Live Tables, Table DA3201 (SST3.2): Decent Homes – dwellings, 2022 and Statistics on the stock of domestic properties by Council Tax Band and property attributes in England and Wales*, Valuation Office Agency (VOA), 2024)

Key findings:

- Applying national incidence rates for non-Decent Homes by age band to the Oxfordshire stock implies a total of over 40,000 non-Decent dwellings with the highest number in the pre-1919 stock (consisting of both 19th century urban terraces and rural pre-industrial and non-standard dwellings) and among those dwellings built between 1945 and 1980

Stock condition assessments and surveys

Supplementing the 2020 EHS and 2024 VOA modelled data, several stock condition assessments/surveys are available for Oxfordshire local authorities although these are limited in coverage, up to 10 years old and no recent assessment is available for South Oxfordshire or Vale of White Horse local authority areas. The available assessments consist of:

- BRE dwelling level housing stock modelling and data base for West Oxfordshire District Council, August 2013;
- BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cherwell District Council, March 2018;
- Oxford City Council's Private Rented Sector: Housing Stock Condition and Stressors Report, July 2020, and

Unhealthy and unsafe homes in the Oxford City area

The 2020 Oxford Private Rented Sector (PRS) Housing Stock Condition and Stressors Report identified that 6,242 private rental properties were likely to have a serious Category 1 HHSRS hazard representing 20.4% of the PRS stock, and significantly higher than the national average (14%, 2019). Concentrations of properties with serious hazards can be found in the central and southeast wards.

Over a 5 year period (2015-2019), Oxford City Council officers identified 2,723 housing hazards; (451 Category 1 and 2,272 Category 2) concentrated in the Cowley and Rose Hill and Iffley wards.

Complaints made by PRS tenants to the council about poor property conditions and inadequate property management are a direct indicator of lower quality and poorly managed PRS. Oxford received 3,360 complaints related to 2,990 unique private rented properties over a 5-year period (2015-2019) which equates to approximately 1 in 10 of all rented properties in Oxford. Littlemore, Cowley and Quarry and Risinghurst wards had the highest number of complaints.

Unhealthy and unsafe homes in the West Oxfordshire District Council area

BRE dwelling level housing stock modelling for West Oxfordshire District Council concluded from modelled Category 1 Hazards that the District's housing was slightly better than the 2009 national average overall (19% compared to 21%) and especially in relation to falls (7% compared to 12%), but was worse in relation to excess cold (11% compared to 8%) and especially in relation to the private rented sector.

Unhealthy and unsafe homes in the Cherwell District Council area

BRE dwelling level housing stock modelling for Cherwell District Council Cherwell identified a similar pattern to West Oxfordshire in that it generally performed better than the EHS England average for category 1 Hazards and especially for fall hazards (4% compared to 7%) but was significantly worse for excess cold (6% compared to 3%). The private rented stock was worse than the owner occupied stock for disrepair, but better for all hazards and excess cold which was accounted for in terms of the increased proportion of flats.

Unhealthy and unsafe homes in the Cotswold District Council area

We have also reviewed the 2023 Cotswold District Council stock condition survey as it provides a more recent source for an adjacent district with similar rural characteristics to Oxfordshire. The approach adopted also confirms the value of including a household survey in addition to a dwelling condition assessment.

9.5% of all homes in Cotswold failed the requirements of the Decent Homes Standard (compared with 14% in England) and of all homes:

- 2.3% exhibited Category 1 hazards (compared with a national average of 9.8%);
- excess cold affected 87.1% of dwellings experiencing a Category 1 hazard;
- 4.4% of homes were in disrepair;
- 0.5% were non-compliant with modern facilities; and
- 3.2% failed to provide a reasonable degree of thermal comfort.

Rates of Category 1 hazard failure were above average for:

- the private-rented sector (4.7%);
- dwellings constructed pre-1919 (5.1%);
- dwellings constructed 1919 - 1944 (6.3%); and
- semi-detached houses/bungalows (3.6%).

The survey also assessed the presence of dampness, mould and condensation and established that 1.3% of all households experienced rising dampness, 0.6% experienced penetrating dampness and 2.4% of all households experienced mould/condensation.

One of the major benefits of a stock condition household survey is that it enables an assessment of the relationship between housing conditions and household circumstances, an approach we would strongly advocate for Oxfordshire. From the Cotswold assessment it was established that:

- while households with a 'household reference person' aged over 65 years accounted for 36.7% of all households, they comprised 48.5% of all households living in non-decent homes;
- 17.3% of all households were in receipt of benefits but they comprised 24.8% of all households living in non-decent homes; and
- households on low incomes accounted for 15.1% of all households but comprised 23.0% of all households living in non-decent homes.

Where are problems most concentrated?

Three sources are available to identify 'hot spots' where problems of housing conditions are concentrated:

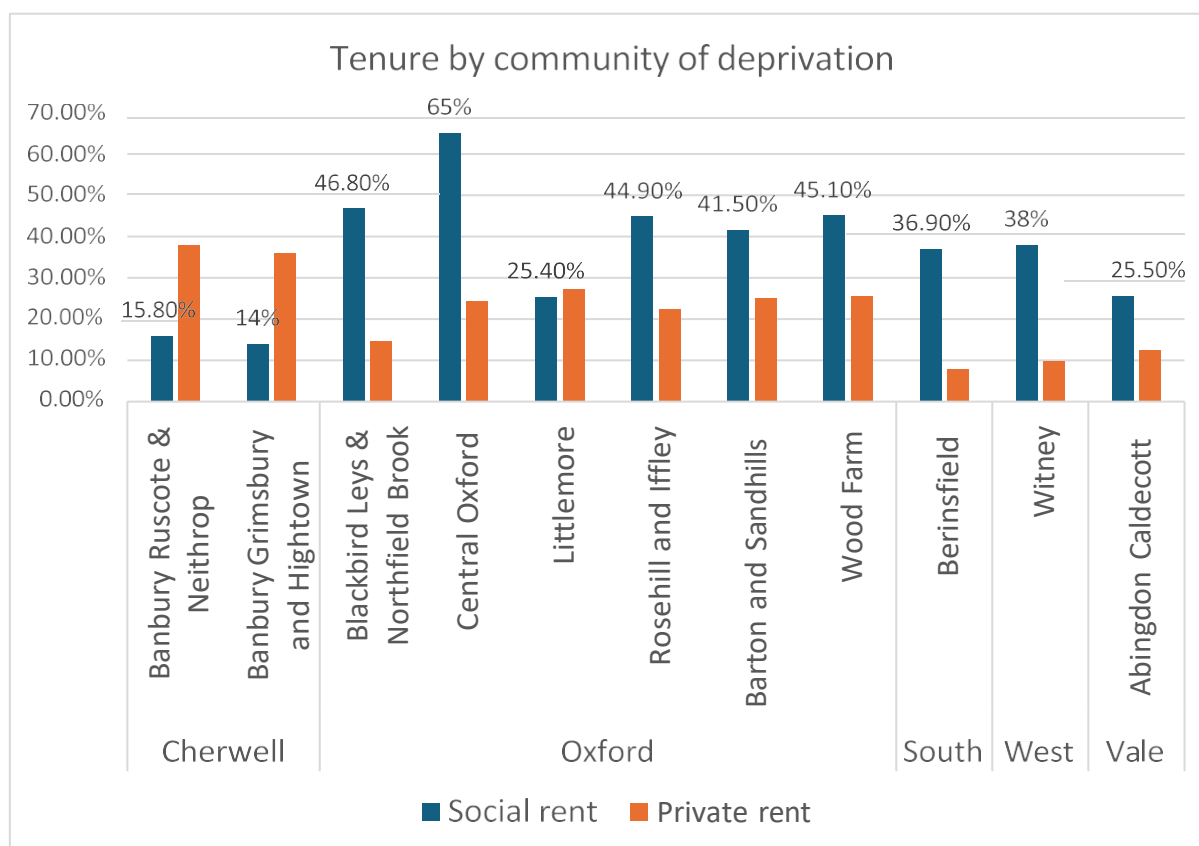
1. The 2019 Indices of Deprivation identified 10 wards which include Lower Super Output Areas (LSOAs) ranked in the 20% most deprived in England ¹⁰. These are:

- Abingdon Caldecott
- Banbury Cross and Neithrop
- Banbury Grimsbury and Hightown
- Banbury Ruscote
- Barton & Sandhills
- Blackbird Leys
- Littlemore
- Northfield Brook
- Osney & St Thomas
- Rose Hill & Iffley

The following chart identifies the proportion of social rented and private rented housing in each of these communities of deprivation and identifies the extent to which social rented housing is a key provider in most of them.

¹⁰https://data.oxfordshire.gov.uk/wp-content/uploads/2025/01/202301_Bitesize_Oxon_10_most_deprived_wards.pdf

Chart 3.6, tenure by community of deprivation, Oxfordshire



(Source: OCC Community Insight Profiles, extracted from ONS Census 2021)

Of the 7 Domains of Deprivation, scores in the top two deciles for 'Barriers to Housing and Services' were identified in LSOAs in:

- Blackbird Leys, Oxford;
- Northfield Brook, Oxford, and
- Osney and St Thomas, Oxford;
- Rose Hill and Iffley, Oxford.

2. In order to understand the needs and priorities of the most deprived communities, Oxfordshire County Council's Public Health team has been undertaking a programme of community profiles applying an asset-based community development model¹¹. The completed profiles are listed at Appendix Two. Residents noted concerns with the condition and maintenance of their homes and the impact of this on their health and wellbeing, including problems with damp and mould in:

- Central Oxford including the areas of St. Thomas, St. Ebbe's, Friars Wharf and Grandpont;
- Rose Hill, Oxford;
- Witney Central, West Oxfordshire, and

¹¹ See: <https://data.oxfordshire.gov.uk/health-and-social-care/community-insight-profiles/>

- Wood Farm, Oxford.

3. Interviews with housing and environmental officers have identified 'hot spots' where housing conditions are most concentrated as recorded in the following table:

Table 3.7, 'hot spots' locations of poor housing conditions, March 2025

Local authority	'Hot spot' locations
Cherwell	<ul style="list-style-type: none"> • Cropredy, Sibford and Wroxton • Deddington • Launton and Otmoor
Oxford	<ul style="list-style-type: none"> • Littlemore • Blackbird Leys • Northfield Brook • Rose Hill • Iffley
South Oxfordshire	Around the town centres of: <ul style="list-style-type: none"> • Berinsfield • Didcot
Vale of White Horse	Around the town centres of: <ul style="list-style-type: none"> • Abingdon • Wantage
West Oxfordshire	<ul style="list-style-type: none"> • Chipping Norton

Despite Oxfordshire being one of the most affluent areas of the country, there are poor housing conditions across the county which are especially concentrated in:

- Blackbird Leys, Oxford
- Osney and St Thomas, Oxford
- Northfield Brook, Oxford
- Rose Hill and Iffley, Oxford

Unsuitable Homes

This section considers where the home environment does not meet the space, accessibility and inclusive design needs of a household or household member, for example, where households are too small or too large households creating under-occupation or overcrowding and where there is the risk of crowding in Homes in Multiple Occupation.

Overcrowding and under-occupation

Overcrowding and under-occupation can provide indicators of unhealthy and unsuitable homes at different stages of the life cycle. Under-occupation is more likely to affect older people living in family housing from which children have moved on and may result in problems of managing and maintaining larger and often older homes.

Overcrowding is more likely to affect younger people with dependent children who need more bedrooms resulting in health problems discussed in relation to 'Crowding and space', HHSRS Hazard 11, above.

Under-occupation and overcrowding can therefore, be two sides of the same coin, where a reduction in under-occupation by older people can increase the supply of family housing for younger households.

The Occupancy Rating provides a measure of whether a household's accommodation is overcrowded or under-occupied using either rooms or bedrooms.¹²

Using the Occupancy Rating for bedrooms, the following table summarises the level of under-occupation and overcrowding for all households across the county at the time of the 2021 Census.

¹² Based on a standard formula which assesses the relationship between household members according to their ages and gender, the Rating relates the number of rooms or bedrooms in a property to the number 'required' by the members of that household. The number of rooms/bedrooms required is subtracted from the number of rooms/bedrooms in the household's accommodation to obtain the occupancy rating. An occupancy rating of -1 implies that a household has one fewer room/bedroom than required (overcrowded), whereas +1 implies that they have one more room/bedroom than the standard requirement (under-occupying).

Table 3.8, overcrowding and under-occupation (number of bedrooms), households, Oxfordshire, 2021

Occupancy Rating (bedrooms)	Cherwell		Oxford		South Oxfordshire		Vale of White Horse		West Oxfordshire		Oxfordshire	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Under occupation: rating of +2 or more	27,201	41.3	16,347	29.6	27,990	45.5	27,305	47.5	21,597	45.0	120,440	41.8
Under-occupation: rating of +1	21,054	32.0	16,680	30.2	20,217	32.9	17,527	30.5	16,133	33.6	91,611	31.8
Occupancy rating of 0	15,945	24.2	18,758	34.0	12,189	19.8	11,752	20.4	9,467	19.7	68,111	23.6
Overcrowding: rating of -1	1,477	2.2	2,673	4.8	984	1.6	837	1.5	723	1.5	6,694	2.3
Overcrowding: rating of -2 or less	217	0.3	780	1.4	115	0.2	77	0.1	59	0.1	1,248	0.4

(Source: TS052 - Occupancy rating for bedrooms, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings:

- There are high levels of under-occupation of 2 or more bedrooms exceeding 40% across all districts, with a lower level of 30% in Oxford.
- Associated with ‘downsizing’ to a home with less bedrooms, underoccupation can be a sensitive issue for older people with a strong emotional attachment to the home; a perceived loss of independence; social isolation; fear of change and financial worries ¹³.
- The number of overcrowded households lacking one or two bedrooms is low across the districts ranging from 1.6% in Vale of White Horse and West Oxfordshire to 2.5% in Cherwell but is much higher in Oxford at 6.2%.
- There is also a growing issue of hoarding which will have implications for the space available in homes.

¹³ <https://housingdigital.co.uk/moving-on-whats-the-answer-to-under-occupation-for-older-people/>

Homes in Multiple Occupation

Houses in Multiple Occupation (HMOs) can present several health-related problems including the impact of:

- **Overcrowding:** HMOs often house multiple tenants in spaces not originally designed for such use, leading to overcrowding. This can increase the risk of respiratory illnesses and mental health issues due to stress and lack of privacy.
- **Poor maintenance:** substandard living conditions, such as damp, mould, and inadequate heating are more common in HMOs. These issues can exacerbate conditions like asthma and other respiratory problems.
- **Fire safety risks:** HMOs are at higher risk of fire hazards due to shared facilities and potentially inadequate safety measures.
- **Hygiene concerns:** shared kitchens and bathrooms can lead to the spread of infections if not properly maintained.

HMOs are known to be commonly occupied by students but there are also a growing number of young professionals and migrant workers sharing houses and flats¹⁴. Data is not collected on the characteristics of residents living in this type of accommodation.

The following table uses local authority data to identify the estimated number of HMOs across Oxfordshire, the extent to which they are licensed, and levels of Category 1 Hazards in HMOs and also in the private rented sector.

Table 3.9, HMOs and inspected private rented dwellings, Oxfordshire local authorities, 2023-24

Local authority	Estimated number of HMOs	Estimated mandatory licensable HMOs	Mandatory licensed HMOs	Mandatory licensable HMOs with a Category 1 Hazard
Cherwell	2,000	250	212	2
Oxford	3,101	1,812	1,623	6
South Oxfordshire	1,442	58	52	0
Vale of White Horse	1,346	84	64	3
West Oxfordshire	145	47	15	0
Oxfordshire	8,034	2,251	1,966	11

(Source: Local Authority Housing Statistics data returns, England 2023-24)

Key findings:

- There are estimated to be over 8,000 Homes in Multiple Occupation across Oxfordshire with 2,000 in Cherwell and over 3,000 in Oxford.
- 28% are estimated to be mandatory licensable and 25% are licensed.

¹⁴ [Houses in multiple occupation and residential property licensing reform: guidance for local housing authorities - GOV.UK](#)

- The very small number of HMOs with a Category 1 Hazard (11) is considered to be an underestimate related to the staffing resources available.

Empty homes

One issue affecting the availability of suitable housing is the number of empty homes on which either Council Tax is paid or they are exempted. To be classed as 'long-term empty' a home must be liable for Council Tax and to have been unfurnished and not lived in for over 6 months. The following table identifies the numbers of empty homes across Oxfordshire in November 2024, and the number of long term empty homes in 2023.

Table 3.10, empty homes, November 2024 and long term empty homes, Oxfordshire local authorities, 2023

Local authority	Empty Paying Council Tax	Empty Exempt from Council Tax	Total	Vacancy rate	Long term empty homes (2023)
Cherwell	946	545	1,491	2.1	425
Oxford	1,596	463	2,059	3.3	451
South Oxfordshire	846	537	1,383	2.1	458
Vale of White Horse	847	517	1,364	2.1	356
West Oxfordshire	1,169	430	1,599	3.0	678
Total	5,404	2,492	7,896	2.5	2,368

(Source: MHLG data, Action on Empty Homes Database, 13.11.24)

Key findings:

- Almost 8,000 of Oxfordshire's homes (2.5%) or are defined as 'empty'.
- The rate varies from 2.1% in Cherwell, South and Vale to 3% in West Oxfordshire and 3.3% in Oxford.
- 2,368 properties were defined as 'long term empty' in 2023, 0.74% of the total stock, the highest rate was in West Oxfordshire (1.27%).
- Further research might examine the impact on supply of short term and holiday lets, residential conversions and 'beds in shed'.

Precarious homes

This section considers the situations where housing is unaffordable, where there are frequent home moves, there is a risk of homelessness or the household has become homeless.

Housing affordability

Problems of housing affordability increase a sense of precarity and impact on health in many ways:

- **Impact on physical health:** spending a large proportion of income on housing leaves less for essentials such as nutritious food and heating and healthcare, which are critical for maintaining physical health. Living in poor-quality housing, which may be more affordable, can expose residents to damp, mould, and inadequate heating, leading to respiratory and other cardiovascular issues ¹⁵.
- **Impact on mental health:** high housing costs can lead to financial stress and anxiety, particularly for low-income households. This stress can exacerbate such mental health conditions as depression and anxiety. In addition, difficulty paying rent or mortgages can create a sense of insecurity, further impacting mental well-being ¹⁶.
- **Health inequalities:** unaffordable housing disproportionately affects vulnerable groups, such as younger adults, ethnic minorities and low-income households, leading to a worsening of housing conditions through, for example, overcrowding, and exacerbating existing health inequalities ¹⁷.

There are three main approaches to determining the affordability of housing:

1. **Affordability ratios:** the conventional approach involves setting 'affordability ratios' of the relationship between incomes and property prices, for example lower quartile incomes as a ratio of lower quartile property prices or property prices as a multiple of average earnings from employment. This is the approach adopted in, for example the Oxfordshire JSNA Bitesize on 'Housing Affordability' published in December 2024 and which showed that 'house prices show five-year double-digit percentage increase across the county'¹⁸.

However, whilst such ratios are indicative of problems of affordability, they are not capable of identifying the affordability problems faced by households where deposit and interest rate levels are the key factors. There is a need to develop a working definition of affordability which enables problems of affordability to be modelled by household type and housing options available.

2. **Affordability threshold:** the second approach takes better account of household finances by setting an affordability threshold or benchmark which identifies the maximum proportion of a household's gross or net income which should be spent on housing costs, for example, housing costs (excluding Council Tax) should not exceed 25% of gross household income, equivalent to 34% of net household income. This is

¹⁵ <https://www.bmj.com/content/388/bmj.r446>

¹⁶ <https://post.parliament.uk/housing-insecurity-impacts-and-solutions/>

¹⁷ <https://www.health.org.uk/evidence-hub/housing/housing-affordability/inequalities-in-housing-affordability>

¹⁸ https://data.oxfordshire.gov.uk/wp-content/uploads/2025/01/Bitesize_housing_affordability.pdf

a straightforward approach which is considered especially appropriate for lower to middle income groups and which can take account of both deposit levels and interest rates. This analysis is lacking for Oxfordshire but would enable a benchmark indicator to be established and shared by all agencies.

3. **Residual income:** the final residual income approach calculates how much income is left over for housing after relevant living expenses have been taken into account for different household types. If there is insufficient income left for housing costs, a household has an affordability problem. This approach requires calculations to be made for a very wide variety of household types and income levels and is more appropriate for middle to higher income groups. This analysis is lacking for Oxfordshire but would highlight the gaps between net incomes and housing costs and the extent of inequality in financial access to housing.

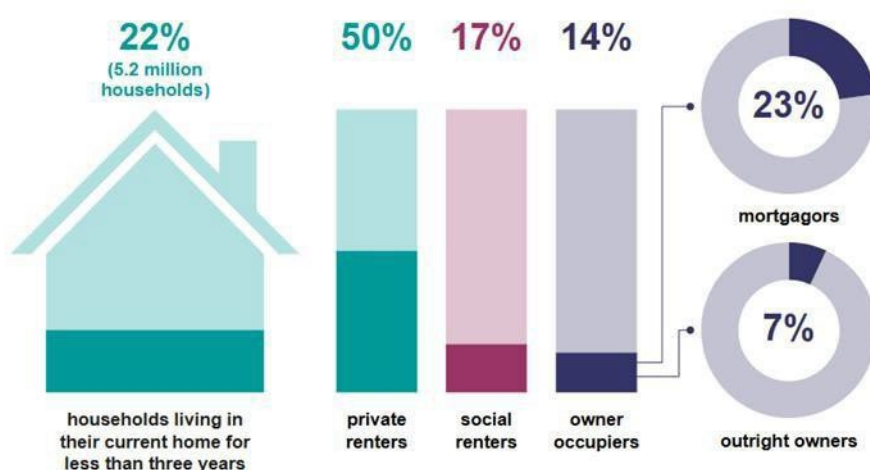
Frequency of home moves

Housing instability can cause stress and harm health, while frequent moves can undermine people's engagement with health and other local services and weaken their connections to the local community. Frequent home moves at an early age can interrupt education and social participation and young people who have moved home more frequently are more likely to report poorer health¹⁹.

The English Housing Survey collects data on whether households have moved in the last 12 months to 3 years, their household profile, previous tenure and their reasons for moving. The following chart examines frequency of home moves by tenure and identifies that private renters were the most likely to move most frequently²⁰.

Chart 3.7: households living in their current home for less than 3 years by tenure

22% of households have lived in their current home for less than 3 years. Private renters were the most likely tenure to have a recent move.



¹⁹ https://www.cpc.ac.uk/docs/2021_PB65_Moving_home_during_childhood_is_it_harmful.pdf

²⁰ English Housing Survey 2021 to 2022: household moves - fact sheet

English Housing Survey data on moving households for 2022-23 identified that younger households were much more likely to have been living in their home for less time compared to older households. Over 46% of household reference persons aged 16-24 and 16% aged 25-34 had moved within the past year compared with an overall average of 8% ²¹.

Health Foundation analysis of University College London, Millennium Cohort Study Sweep 7, UK, 2024²² identified that children in private rented households are nine times more likely to have moved three or more times compared with children in owner households.

Chart 3.8: residential moves experienced by households with children up to age 15 years by tenure, 2000-2015

Households with children in the private rented sector are more likely to have moved home multiple times

Number of residential moves experienced by households with children up to age 15 years by housing tenure, UK, 2000 to 2015



The Health Foundation
© 2025

Source: Health Foundation analysis of University College London, Millennium Cohort Study Sweep 6, UK, 2020

Children who have been in poverty were twice as likely to have moved house two or more times by the age of 17 years as children who have never been in poverty.

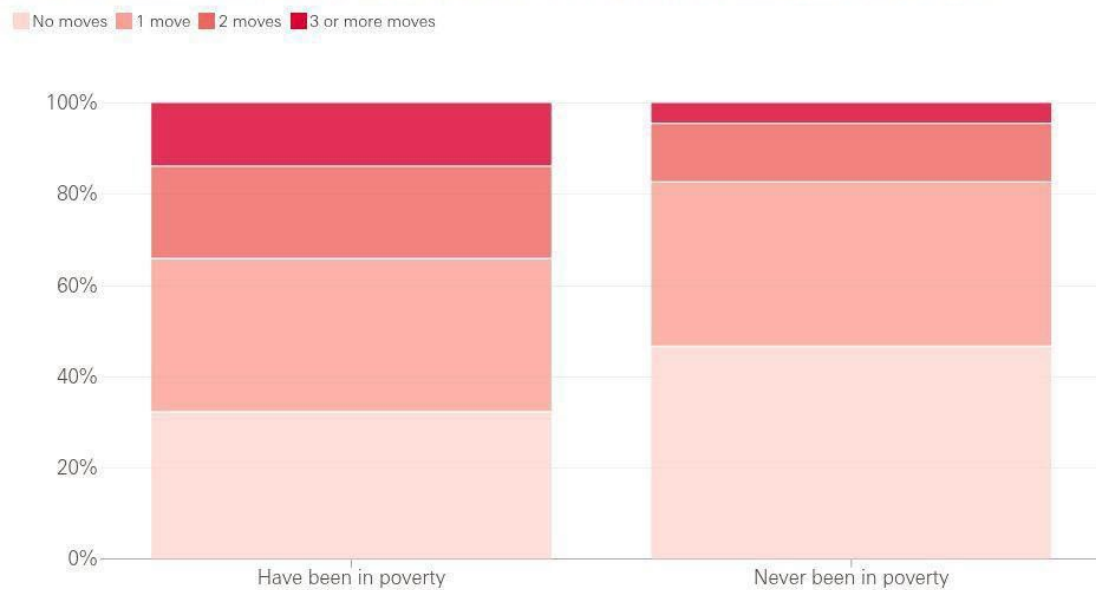
²¹ English Housing Survey, 2023, Table FA4121: Demographic characteristics of moving households, 2022-23

²² <https://www.health.org.uk/evidence-hub/housing/housing-stability-and-security/relationship-between-health-and-residential>

Chart 3.9: number of address moves by children up the age of 17 years by poverty status, UK, 2000-2018

Children who have been in poverty are more likely to have moved house frequently

Number of address moves by children up to age 17 years by poverty status, UK, 2000 to 2018



The Health Foundation analysis also reported that:

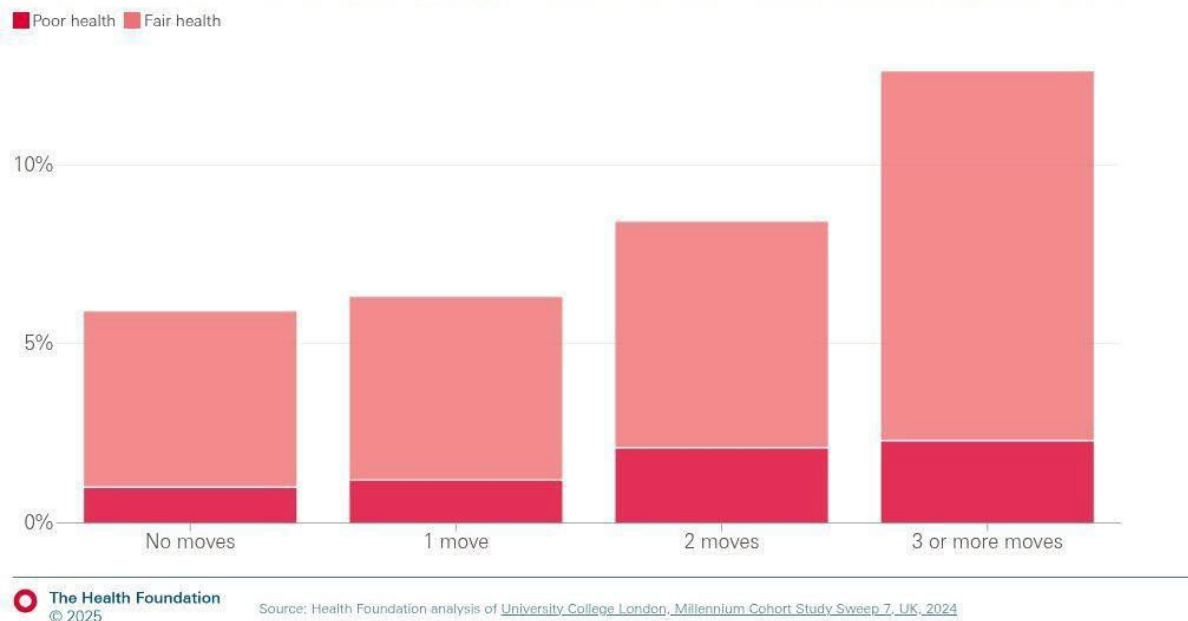
‘One in eight 17-year-olds who had moved house more than 3 times said their health was either ‘fair’ or ‘poor’ compared with 1 in 17 with no house moves.

More than twice as many 17-year-olds who had moved three or more times said their health was ‘fair’ or ‘poor’, compared with those who had not moved at all.’

Chart 3.10: self-rated health of 17 year olds born in 2000 by number of residential moves since birth, UK, 2000-2018

Young people who have moved house more frequently are more likely to report poorer health

Self-rated health of 17-year-olds born in 2000 by number of residential moves since birth, UK, 2000 to 2018



Homelessness

Homelessness can cover a range of situations from hidden homelessness and rough sleeping to living in temporary accommodation and transitional homelessness.

Homelessness in all its forms has profound and far-reaching health impacts, affecting both physical and mental health and well-being ²³

- **Physical health:** homeless individuals are at higher risk of chronic illnesses such as respiratory diseases, cardiovascular conditions and infections due to poor living conditions and limited access to healthcare. For rough sleepers, exposure to extreme weather, lack of sanitation and inadequate nutrition can exacerbate these health issues.
- **Mental health:** homelessness is strongly associated with mental health challenges, including depression, anxiety, and post-traumatic stress disorder (PTSD). The stress of homelessness, combined with social isolation and stigma, often worsens pre-existing mental health conditions ²⁴.
- **Life expectancy:** homeless individuals have significantly lower life expectancy compared to the general population. For example, the average life expectancy for homeless people in the UK is 45 years for men and 43 for women compared to 76 years for the general population ²⁵.

²³ [22.7 HEALTH AND HOMELESSNESS v08 WEB 0.PDF](#)

²⁴ <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-022-02423-z>

²⁵ <https://simononthestreets.co.uk/news/the-average-life-span-of-the-homeless-why-the-risk-is-high>

- **Substance use:** homelessness is often linked to higher rates of substance use, which can further deteriorate health and create barriers to accessing support.

The following table compares the number of households assessed as homeless per 1,000 residents for the periods July-September 2019 and 2024.

Table 3.11, households assessed as homeless per 000 households, Oxfordshire local authorities, July-September 2019 and July-September 2024

Local authority	Number of households assessed as homeless 2019	Number of households assessed as homeless 2024	Number of households assessed as homeless per 1,000 households 2019	Number of households assessed as homeless per 1,000 households 2024
Cherwell	60	64	0.58	1.02
Oxford	55	52	0.65	1.89
South Oxfordshire	57	59	0.25	0.53
Vale of White Horse	55	60	0.15	0.66
West Oxfordshire	46	49	0.69	0.95
Oxfordshire	273	284	0.46	1.01
England	-	-	1.52	1.86

(Source: MHCLG H-CLIC Homelessness Returns (quarterly, Initial assessments of statutory homelessness duties owed, England, July-September 2019 and 2024)

Key findings:

- Homelessness has increased in real and relative terms since 2019, the rate per 1,000 households has more than doubled.
- Oxford slightly exceeded the national average number of households assessed as homeless (per 1,000) but rates for the district authorities were lower or much lower.

The following table considers homelessness by age.

Table 3.12, households assessed as homeless by age band, Oxfordshire local authorities, July-September 2024

Local authority	Total owed a prevention or relief duty	16-17	%	18-24	%	25-34	%	35-44	%	45-54	%	55-64	%	65-74	%	75+	%
Cherwell	142	0	0%	28	20%	36	25%	35	25%	17	12%	14	10%	7	5%	5	4%
Oxford	243	0	0%	29	12%	64	26%	77	32%	43	18%	21	9%	7	3%	2	1%
South Oxfordshire	125	0	0%	21	17%	38	30%	31	25%	16	13%	13	10%	4	3%	2	2%
Vale of White Horse	139	0	0%	31	22%	37	27%	29	21%	22	16%	9	6%	7	5%	4	3%
West Oxfordshire	92	1	1%	23	25%	19	21%	18	20%	16	17%	9	10%	3	3%	3	3%
Oxfordshire	741	1	19%	132	26%	194	25%	190	15%	114	9%	66	4%	28	4%	16	3%

(Source: MHCLG H-CLIC Homelessness Returns (quarterly, Initial assessments of statutory homelessness duties owed, England, July-September 2024)

Key findings:

- Homelessness is strongly associated with younger age groups, 70% of all households assessed as homeless in the third quarter of 2024 were under 35 in the Start Well life course stage.

As explained above, homelessness is strongly associated with poor health and the following table records households with support needs owed a homelessness duty where the household has 'physical ill-health and disability' or a 'history of mental ill-health problems'.

Table 3.13, homeless households with support needs, Oxfordshire local authorities, July-September 2024

Local authority	Households with support needs	Physical ill-health and disability		History of mental ill-health problems	
		No.	%	No.	%
Cherwell	107	43	40.2	55	51.4
Oxford	121	54	44.6	58	47.9
South Oxfordshire	84	25	29.8	42	50.0
Vale of White Horse	90	31	34.4	44	48.9
West Oxfordshire	58	22	37.9	37	63.8
Oxfordshire	380	175	37.4	236	52.4

(Source: MHCLG H-CLIC Homelessness Returns (quarterly, Initial assessments of statutory homelessness duties owed, England, July-September 2024)

Key findings:

- Almost half (51.2% or 380 households) initially assessed as owed a duty had support needs, of which:
 - 46% of households had physical ill-health or a disability during the assessment period ranging from just over one third in West Oxfordshire to almost 45% in Oxford. This compares with around 24% of the UK population who experience disability or physical ill-health with a limiting effect annually.
 - 62% had a history of mental ill-health problems ranging from 48% in Oxford to almost two thirds in West Oxfordshire. This compares with around 25% of the UK population experiencing a mental health problem each year ²⁶.

Rough sleeping

Rough sleeping is strongly associated with ill health as both cause and consequence. People who sleep rough often face severe physical and mental health challenges, including:

- **Physical health risks:** people experiencing rough sleeping are more vulnerable to infectious diseases such as tuberculosis and hepatitis C, malnutrition, and cold-related illnesses including hypothermia.
- **Mental health issues:** many people experiencing rough sleeping experience trauma, depression, anxiety and substance misuse problems. Access to mental health services can be limited, especially for those living on the streets.
- **Barriers to healthcare:** due to stigma, lack of documentation, or logistical challenges, people experiencing rough sleeping often struggle to access suitable

²⁶ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-facts-and-statistics/#References>

healthcare services such as those provided by the Luther Street Medical Centre in Oxford²⁷.

The following table sets out the estimated number of people sleeping rough across the county in autumn 2014 compared with autumn 2024.

Table 3.14, estimated number of people sleeping rough, by local authority district and region, autumn 2014 – autumn 2024

Local authority	2014	2024
Cherwell	14	14
Oxford	19	41
South Oxfordshire	5	2
Vale of White Horse	5	2
West Oxfordshire	2	3
Oxfordshire	45	62

(Source: estimated number of people sleeping rough, by local authority district and region, autumn 2010 – 2024, MHLG)

Key findings:

- Government figures record a slight increase in rough sleeping for the two periods examined increasing from 45 in 2014 to 62 in 2024.
- This increase is accountable by a more than doubling in the number of rough sleepers in Oxford while the situation in the districts has remained stable or declined.

4. What are Oxfordshire's 'priority home hazards'

This section uses the Housing, Health and Safety Rating System to identify those Category 1 Hazards affecting health which occur most frequently and are the most serious in Oxfordshire. These have been determined by drawing on:

1. national data from the English Housing Survey;
2. local authority data drawn from stock condition surveys and assessments, and
3. the knowledge and expertise of environmental health officers and officers working on housing conditions in each local authority area.

Based on these sources, 5 Hazards were identified which we have characterised as Oxfordshire's 'priority home hazards'. They are listed below related to issues of 'housing quality' or 'housing suitability' and labelled by their HHSRS hazard number. The 2023-24 English Housing Survey identified the incidence rate for the most common Category 1 hazards and where available²⁸, this is provided below:

²⁷ <https://www.oxfordhealth.nhs.uk/luther-street/>

²⁸ 2023-24 English Housing Survey Headline Report: Housing Quality and Energy Efficiency, Annex Table 1.8, Most Common Hazards at Category 1 Level, 2023

Housing Quality

- Damp and mould growth (1) - 0.6%
- Excess cold (2) – 2.2%
- Fire (24) – not available

Housing Suitability

- Falls on level surfaces (20) – 0.9%
- Crowding and space (11) – not available

Whilst some of these hazards apply throughout the life course, some are relevant to specific age groups and life course stages as follows.

Table 4.1, Oxfordshire’s HHSRS home hazards by most vulnerable age group and life course

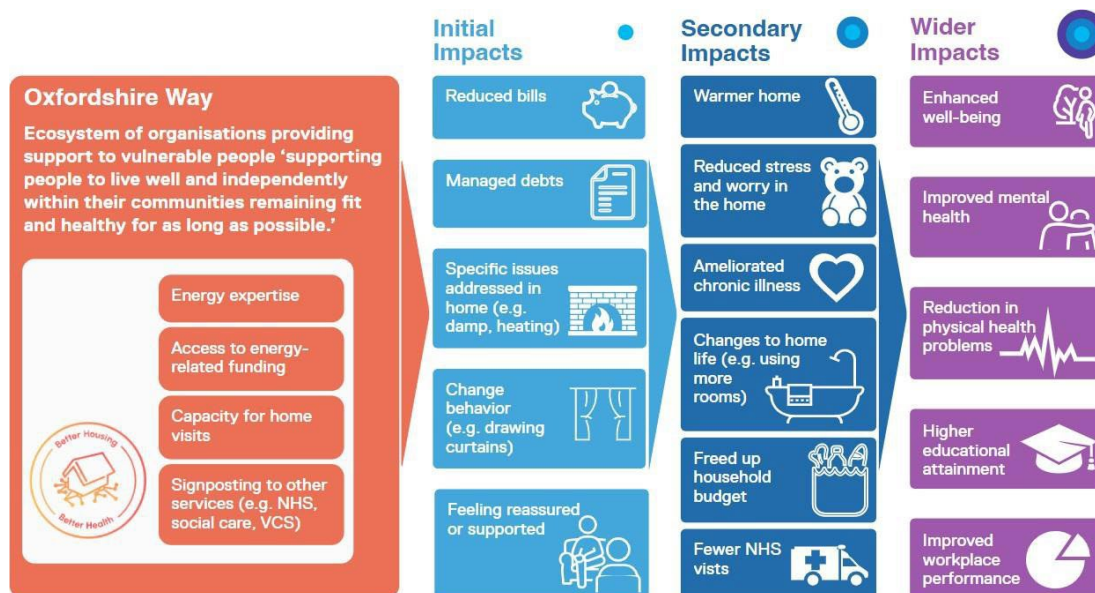
HHSRS Hazard by most vulnerable age group	Age group(s)	Life Course
Damp & mould	0-14	Start Well
Falls on level surfaces	60+	Work Well/Age Well
Fire	60+	Work well/Age well

Key findings:

- Damp and mould growth are especially associated with children aged 14 and under, falls on surfaces and fire with people aged 60 or above. No Oxfordshire data is available which joins up, for example, the number of children aged 14 or people aged 60 and above who are living in poverty or who are facing multiple risk factors.
- The effect of damp and mould growth on people’s lives is brought to life in Section Three of Graeme Sherriff and David Young’s April 2024 study, *Better Housing Better Health. A qualitative study of energy advice and support in Oxfordshire*²⁹.

Figure 4.1 is a summary of the Logic Model for how the service supports the Oxfordshire Way.

²⁹ [Better Housing Better Health: A qualitative study of energy advice and support in Oxfordshire](#)



The cost of 'poor housing' in Oxfordshire

In June 2023, the BRE published a briefing paper, 'The cost of poor housing in England by tenure' which applied its established methodology for determining the 'cost burden' to the NHS of the poorest quality homes by tenure. The findings are of direct relevance to Oxfordshire as the BRE methodology defines poor housing as dwellings containing one or more Category 1 HHSRS Hazards. Although this was not addressed on the BRE report, people living in unsafe or unsuitable housing often require more intensive social care support resulting in a higher demand for social care services.

The cost of the work required to mitigate a Category 1 hazard was determined during the 2019 English Housing Survey by surveyors applying the 'cost to make safe' model. The first year cost to the NHS was determined from publicly available treatment cost data, predominantly the National Schedule of Reference Costs for 2017-18 (NHS Trusts and NHS Foundation Trusts) inflated to 2019 prices.

BRE costs are not available for all hazards but the following tables use the data available to identify the average cost per private rented dwelling of addressing a Category 1 hazard; the savings to the NHS per annum of mitigation and the estimated payback achievable in years. The payback period is estimated by dividing the cost of remedial work by the savings to the NHS if the hazard is mitigated. The following table is ordered in terms of average investment cost and the second in terms of largest annual savings to the NHS.

Table 4.2, summary of investment costs, annual savings to the NHS and estimated payback in years of addressing Oxfordshire's private rented sector priority home hazards, 2019 prices

Hazard	Average investment cost per dwelling	Annual savings to the NHS	Estimated payback (years)
Crowding & space	£20,470	£137	149.2
Damp & mould growth	£6,209	£521	17.1
Excess cold	£6,835	£516	8.2
Falling on level surfaces	£717	£259	2.8
Fire	£5,540	£175	61.7

(Source: BRE, *The Cost of Poor Housing in England by Tenure*, 2023)

Key findings:

- Annual savings to the NHS range from £137 from investment to deal with 'crowding and space' to £516 for 'excess cold' and £521 for 'damp and mould'.
- Payback in years ranges from 2.8 years for investment in 'falling on level surfaces' to 149 years for dealing with 'crowding and space'.
- An accurate assessment of the impact for Oxfordshire would require completion of a countywide stock condition survey to identify incidence rates for the various hazards and the populations affected.
- However, some estimation of the potential savings to the NHS in Oxfordshire can be obtained by applying 2023-24 English Housing Survey private rented sector incidence rates for Category 1 hazards to the 58,151 private rented sector homes in Oxfordshire at 2021.

Table 4.3, summary of annual savings to the NHS of addressing Oxfordshire's private rented sector HHSRS Category 1 hazards, 2021 dwellings and 2019 prices

Hazard	EHS 2023 HHSRS Cat. 1 hazard incidence rate	Number of dwellings affected	Annual savings to the NHS per dwelling	Total annual savings to the NHS
Damp & mould growth	1.5%	872	£521	£454,312
Excess cold	2.3%	1,338	£516	£690,408
Falling on level surfaces	1.1%	640	£259	£165,760
Total	-	2,850	-	£1,310,480

(Source: Table TS054, *Tenure*, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk> and BRE, *The Cost of Poor Housing in England by Tenure*, 2023)

Key findings:

- Annual savings to the NHS of investment to mitigate 3 of Oxfordshire's 5 priority home hazards range from £166,000 for falls on level surfaces to £454,000 for damp and mould and £690,000 for excess cold, a total of £1.3 million.

The ratios of investment cost to NHS savings indicate the potential financial benefits of targeted investment to deal with hazards in the private rented sector and other social and

economic benefits will be achieved, for example, in relation to educational achievement and participation in employment activity.

The health consequences of Oxfordshire's priority home hazards: the research evidence

Drawing on research evidence, this section reviews the health consequences of Oxfordshire's 5 priority home hazards. Specific references are given for each potential hazard and the following documents are considered relevant to understanding the health consequences of home hazards in general.

- Housing Health and Safety Rating System: Operating Guidance (2006). Office of the Deputy Prime Minister.
- Review of Health and Safety Risk Drivers: BD2518. (2007). Department for Communities and Local Government.
- Environmental burden of disease associated with inadequate housing: A method guide to the quantification of health effects of selected housing risks in the WHO European Region. (2011) World Health Organization.
- WHO Housing and Health Guidelines (2018). World Health Organization.

Damp and mould growth (HHSRS Hazard 1)

There are various forms or causes of dampness, usually classified as:

- Penetrating: water entering the dwelling through the structure, such as through the roof, around window or door openings, cracked render or defective brickwork;
- Traumatic: water from burst or leaking pipes or tanks, such as water storage tanks, hot or cold pipework, drainpipes from bath, showers, wash basins, sinks, or WCs;
- Rising: moisture rising from the ground by capillary attraction, a result of a missing or broken damp proof course or under floor membrane, bridging of the DPC by soil or paths; and
- Condensation: high levels of moisture in the air, including Relative Humidities (RH) above 70% and visible moisture on surfaces.

Mould growth is primarily associated with condensation (although it can occur with other forms of dampness) and while the cause of the other forms is obviously a result of defects to the structure or facilities, so is condensation but less obviously so.

Factors Affecting the Likelihood of Condensation

There are two main design and structural matters affecting whether a dwelling is capable of coping with the moisture generated by the day-to-day activities of the spectrum of households likely to occupy it without any condensation problems. These are

- the provision of controllable means for ventilation (in particular, for areas of high moisture production), and
- the energy efficiency (the structural thermal insulation and the provision for space heating).

Health Implications

The relationship between damp or mouldy indoor environments and adverse health effects has been summarised in two major reviews, one in 2004 and the other in 2009³⁰. These are the main references, with other studies confirming their conclusions.

The studies concluded that damp and mould growth increase the risk of respiratory allergy symptoms and exacerbate asthma in sensitive individuals. Occupiers in damp and mouldy dwellings are likely to have symptoms such as eye, nose and throat irritations, coughing, wheezing and shortness of breath, and the worsening of asthma symptoms.

Most susceptible are:

- infants and children;
- the elderly;
- individuals with health problems (including respiratory conditions such as asthma, chronic, obstructive, or allergy related), and
- those with weakened immune systems.

As well as the potential effects on physical health, dampness and the visual signs of mould can affect mental and social health as follows:

- adults and youngsters become reluctant to invite friends into the dwelling;
- adults are affected by stress and anxiety, and
- adults and children becoming isolated from friends and the community.

Excess cold (HHSRS Hazard 2)

A note on Safe Indoor Temperatures³¹

Indoor temperatures below 18°C or above 24°C are potential threats to the health of occupiers, particularly the very young, the elderly, and those vulnerable for physical or mental health reasons. The health implications differ for exposure to excess cold and for excess heat (i.e., temperatures outside the safe range).

In 2014, Public Health England (PHE) reviewed evidence on minimum indoor temperature thresholds and their impact on health.³² From 20 studies, PHE found there were negative outcomes associated with excess cold (temperatures below 18°C), in particular for cardiovascular and respiratory health and decreased thermal comfort.³³

³⁰ IOM (2004). *Damp Indoor Spaces and Health*. Institute of Medicine; and WHO (2009). *WHO guidelines for indoor air quality: dampness and mould*. World Health Organization, Regional Office for Europe. See also *WHO Housing and Health Guidelines*. (2018) World Health Organization.

³¹ See – Ormandy D and Ezratty V (2015). *Thermal Discomfort and health: protecting the vulnerable from excess cold and excess heat in housing*. Advances in Building Energy Research.
DOI: [10.1080/17512549.2015.1014845](https://doi.org/10.1080/17512549.2015.1014845)

³² Wookey R, Bone A, Carmichael C, Crossley A. (2014). *Minimum home temperature thresholds for health in winter – A systematic literature review*. Public Health England. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776497/Min_temp_threshold_for_homes_in_winter.pdf

³³ On Thermal Comfort see - Ormandy D, Ezratty V. *Health and thermal comfort: From WHO guidance to housing strategies*. Energy Policy;49:116–21. Available from:

Excess winter deaths are seen as the headline for exposure to low temperatures, and most fatalities are linked to respiratory and cardiovascular conditions, heart attacks, and strokes. Exposure begins with a thickening of the blood, hypertension, and an increased risk of cardiovascular or cerebrovascular events. Respiratory stress starts at around 16°C and cardiovascular stress when the temperature falls below 12°C. Excess cold: presents a particular risk to the physical and mental health of very young children, with higher rates of respiratory illness, damaged educational outcomes, and four-times-greater impacts on mental health among teenagers than adults.

Factors increasing the risk of exposure to low indoor temperatures

Dwelling design and construction influence whether it provides adequate protection during cold periods. As around 50% of England's housing stock is at least 50 years old (DCLG, 2014) this section of the stock is unlikely to provide adequate protection. Relevant factors include:

- Inadequate thermal insulation of walls, windows, and roofs;
- Dampness (which reduces insulation, conducting heat;
- Inappropriate or ineffective controllable provision for space heating the dwelling;
- Inappropriate or ineffective controllable provision for ventilation; and
- Ill-fitting doors and/or windows.

Crowding and space (HHSRS Hazard 11)

Crowding is the result of a mismatch between the dwelling and the household resulting in a lack of space for normal family/household life, including space for living and sleeping.³⁴ It arises from an incompatibility between the dwelling (layout, and number and floor area of rooms) and the composition of the household (the number, age, and sex of the individuals).

Theoretically, there should be enough space/rooms in a dwelling for a household to get together, and rooms for individuals to have some privacy or to study, as well as space for sleeping, cooking, eating, and for personal hygiene and sanitation.

Overcrowding is considered a more serious problem, usually referring to density and space. There is a Statutory Standard that only considers the space available for sleeping based on the number and sizes of rooms, and the age and sex of the occupiers.³⁵ Other standards (bedroom standards) recognise the need for living area, but are still minimal.

https://wrap.warwick.ac.uk/42205/1/WRAP_Ormandy_Ormandy-Ezratty%20FINAL%202011-10-31.pdf

³⁴ See ODPM (2006). *Housing Health and Safety Rating System: Operating Guidance*. Annex Section 11, p91. Office of the Deputy Prime Minister. Available at – https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/15810/142631.pdf

³⁵ Overcrowding standards and offences are covered by Part X, Housing Act 1985. The standard remains unchanged since its introduction in 1935, when it was said to be not ideal, but considered tolerable while being capable of early enforcement (Ministry of Health. *Memorandum B, 1935, The Prevention and Abatement of Overcrowding.*)

Main threats to health from crowding

There is clear evidence of an association between crowding and an increased risk of the both physical and mental health conditions.³⁶ This includes evidence of the risk of the spread of respiratory diseases, including tuberculosis³⁷, and of gastro-enteric diseases. Mental health conditions attributable to crowding include stress and depression, and a negative effect on educational achievement.

Some evidence suggest that ethnicity, low incomes and deprivation influence an increase in the likelihood of crowding, and result in the negative health implications. It is also suspected that there is a link between crowding and the incidence of domestic abuse.

N.B.: the term 'Over-occupation' differs from 'Overcrowding' – over-occupation being based on the ratio of individuals to available facilities rather than the number of individuals and the available space/rooms.)

Falling on level surfaces (HHSRS Hazard 20)

These are falls on surfaces such as floors and paths, the likelihood of which may be increased by small changes of levels (less than 30cm) by such as by trip steps, thresholds, or ramps. While the state/condition of the surface is an obvious factor affecting the likelihood of such falls, there are other influencing factors.

Direct, surface related factors include³⁸:

- Sloping or uneven surface.
- Trip steps (30mm or less) and thresholds to door openings (usually external doors).
- Poor slip resistance (e.g., ceramic tiles).
- Disrepair.

Indirect factors include:

- Cramped space making turning awkward.
- Poor lighting or glare.
- Sudden unexpected noise (from outside, or inside such as doorbell or child).
- Thermal efficiency (causing individuals, particularly the elderly, to stiffen).
- Inadequate drainage of outside pathways, allowing ponding and ice in winter.

Factors affecting the outcome include:

- The resilience of the surface (hard and/or gravelly, or giving such as carpeted).
- Any obstruction, or projections, particularly if sharp and/or hard.

Main health threats associated with falls on level surfaces

³⁶ WHO Housing and Health Guidelines. Section 3.(2018) World Health Organization. And, although more cautious than the WHO Report – ODPM (2004). *The Impact of Overcrowding on Education & Health: A review of the evidence and literature*. Office of the Deputy Prime Minister. Available at – <https://dera.ioe.ac.uk/id/eprint/5073/1/138631.pdf>

³⁷ Various studies, including – Wanyeki I, Olson S, Brassard P, et al.(2006) *Dwellings, crowding, and tuberculosis in Montreal*. Social Science & Medicine. 2006;63(2):501–11; and Søbørg B, Andersen A B, et al. (2011). *Risk factors for Mycobacterium tuberculosis infection among children in Greenland*. Bulletin of the World Health Organization. 2011;89(10):741–8.

³⁸ Guidance and testing methods for level surfaces are discussed in UK Slip Resistance Groups Publications, see - <https://www.ukslipresistance.org.uk/guidance-and-faqs/ukserg-publications/>

The main and obvious outcomes from any falls are physical injuries. Such injuries may be minor (bruising and minor cuts), but can be serious and, while young children (less than 5 years) may be more likely to fall, it is those over 60 years that are considered more vulnerable because of any resulting injuries.

Fire (HHSRS Hazard 24)

There are two factors relating to the type of dwelling and three relevant to all Fire Hazards – first, whether it is a single household dwelling, or a dwelling in a multi-occupied building (whether a converted building or purpose-built); and second, the source of fire (the ignition); the spread; and the means of escape.

Other than accidental, the main sources of ignition are electrical appliances (such as cookers, or heaters) and the distribution installation. Carelessness is often blamed for fires attributable to cookers and heaters. The electrical installations in private rented dwellings are required to be tested at least five yearly,³⁹ but such testing is sensible for dwellings on all tenures.

The majority of fires are limited to the room/area where they start; a minority spreading within the dwelling. The spread from a dwelling in a multi-occupied building depends on the doors and windows to the dwelling. For all dwellings, but particularly for dwellings in a multi-occupied building, there should be a safe means of escape away from the building. There should also be appropriate fire/smoke alarms to all dwellings.

To limit the spread of fires from the room/area in which it started, there should be properly and close-fitting doors and windows (windows to limit the spread to cladding or adjacent buildings/dwellings). As well as fire-resistant doors to kitchens and to integral garages, there should be fire-resistance doors entrance doors to dwellings in multi-occupied buildings.

Health implications

The most common cause of death is being overcome by smoke and smoke inhalation. Burn injuries can be life-changing for survivors and can be life-threatening. A child from the poorest background – whose parents have never worked or are long-term unemployed – is 38 times more likely to die in a house fire than children from the most affluent backgrounds. Children under five are at greatest risk, making up almost 50% of fire deaths among children aged 16 and under. People aged over 50 are more at risk of fire than younger people. The main risk of fire to older people comes with some long-term medical conditions, disabilities and medicines which can affect alertness, concentration, and the ability to react quickly. It poses a risk to physical and mental health, and life.⁴⁰

As well as the more obvious physical injuries and threats, fires have mental and social outcomes. These include stress from the incident itself, stress and depression from any loss of, or injuries to, relatives or friends, the stress of the loss of 'home' and belongings, and the struggle (often long-term) of where to live. There is also the pressure of dealing with authorities, and insurance agencies.⁴¹

³⁹ Electrical Safety Standards in the Private Rented Sector (England) Regulations 2020.

⁴⁰ <https://www.ageuk.org.uk/scotland/information-advice/housing/fire-safety/#:~:text=The%20main%20risk%20of%20fire,should%20speak%20to%20your%20GP>

⁴¹ Although related to flooding, the following studies deal with loss of 'home' – Carroll B, Morbey H, Balogh R, and Araoz G (2008). *Flooded homes, broken bonds, the meaning of home, psychological processes and their impact on psychological health in a disaster*. *Health & Place* 15 (2008) 540-547; and Carroll B, Balogh R, Morbey H, and Araoz G (2010). *Health and social impacts of a flood disaster*. *Disasters*, Vol 34, No.4, 2010; 1045-1063.

5. Who is most vulnerable to poor quality and unsuitable housing?

This section applies a life course approach to understanding who is most vulnerable to poor quality and unsuitable housing. In each case, we have identified the most disadvantaged groups and summarised the challenges they face. This section opens with reviews relating to the incidence of mental illness and poverty which affect people across the life courses.

Mental health conditions

From the Oxfordshire Mental Health and Wellbeing JSNA 2024 we can get a sense of scale of incidence. In terms of Common Mental Disorders:

- Applying the England prevalence rates to Oxfordshire's adult population gives an estimated 100,600 people aged 18+ years with a Common Mental Disorder in Oxfordshire. This is just above the number of GP-registered patients with depression in the county (86,662 in 2022/23).
- The number of people with GP-recorded depression went up 7% in 2022/23 to reach 86,662 although the numbers reporting a new diagnosis are down on the previous year at 9,416.
- 9,000 people are being supported through commissioned provision.
- In 2022-2023 17% of adults in contact with secondary mental health services were not living independently (ASCOF Data Oxfordshire 2024).

In terms of Serious Mental Illness:

- 7,198 people with a GP are recorded with schizophrenia, bipolar affective disorder and other psychoses in Oxfordshire. This is similar to the previous year and slightly below the England average.

In relation to housing support and care beds, the current contract for housing support in Oxfordshire includes up to 471 housing units for those with a serious mental illness consisting of:

- 225 transitional housing units;
- 105 intensive supported housing units;
- 74 inpatient beds;
- 51 residential units, and
- 11 joint psychiatric intensive care beds

There are currently 20 people who require care home beds but have been placed in spot placements outside of Oxfordshire.

Poverty

Of relevance to all life course groups are the related impacts of poverty and affordability. Poverty has a profound impact on housing, affecting access to stable accommodation and good quality housing.

- **Housing insecurity:** poverty increases the likelihood of housing insecurity, which includes frequent, involuntary moves and the risk of eviction. This instability disrupts lives and limits access to essential services including health services.

- **Homelessness:** individuals and families living in poverty are at a higher risk of homelessness. Homelessness is often preceded by housing insecurity, with low-income households disproportionately affected.
- **Poor housing quality:** poverty often forces individuals to live in substandard housing conditions, such as overcrowded or poorly maintained homes. These conditions can compromise both health and safety.
- **Limited housing options:** high housing costs relative to income restrict the choices available to low-income households. This is particularly evident in areas with high property prices, such as in Oxfordshire.
- **Housing costs as a driver of poverty:** a report by the Joseph Rowntree Foundation highlights that housing costs are a significant driver of poverty in the UK and found that an additional 3.1 million people are in poverty after housing costs are accounted for ⁴². A Scottish Government's review of rent affordability notes that housing costs can lead to poverty and exacerbate poor housing conditions, particularly for families with children ⁴³. Research from the UK Parliament's POST emphasises that housing unaffordability disproportionately impacts low-income households, with private renters being the most affected ⁴⁴.

Despite the county being one of the least deprived regions in England, poverty is a pressing issue in Oxfordshire as evidenced by:

- **Child poverty:** approximately 10% of children in Oxfordshire live in poverty, which is lower than the national average of 17%. However, in some areas of Oxford, child poverty rates exceed 30% ⁴⁵.
- **Deprivation:** according to the 2019 Index of Multiple Deprivation, 10 of Oxford's neighbourhoods are among the 20% most deprived areas in England. These areas face challenges like low income, low skills and higher crime rates.
- **Life expectancy gap:** people living in the most deprived areas of Oxfordshire tend to die 12 years earlier than those in affluent areas.

Fuel poverty

In 2021 the Department for Business, Energy and Industrial Strategy changed the methodology for fuel poverty calculation from Low Income/High Cost (LIHC) to the Low Income/ Low Energy Efficiency (LILEE) metric. Under this approach a household is classed as being in fuel poverty if:

- The household's fuel poverty energy efficiency rating is Band D or below, and
- Their disposable income (after housing and fuel costs) is below the poverty line.

In 2021, 7.9% of households in Oxfordshire (approximately 23,197 homes) were in fuel poverty. This was a slight decrease from 2020, when 8.1% of households faced similar challenges. Rural areas in Oxfordshire are particularly affected, as homes in these regions are often less energy efficient and rely on more expensive heating fuels

⁴² <https://www.jrf.org.uk/housing/the-links-between-housing-and-poverty>

⁴³ <https://www.gov.scot/publications/rent-affordability-affordable-housing-sector-literature-review/pages/5/>

⁴⁴ <https://post.parliament.uk/housing-insecurity-impacts-and-solutions/>

⁴⁵ <https://www.oxford.gov.uk/population-statistics/poverty-deprivation-statistics>

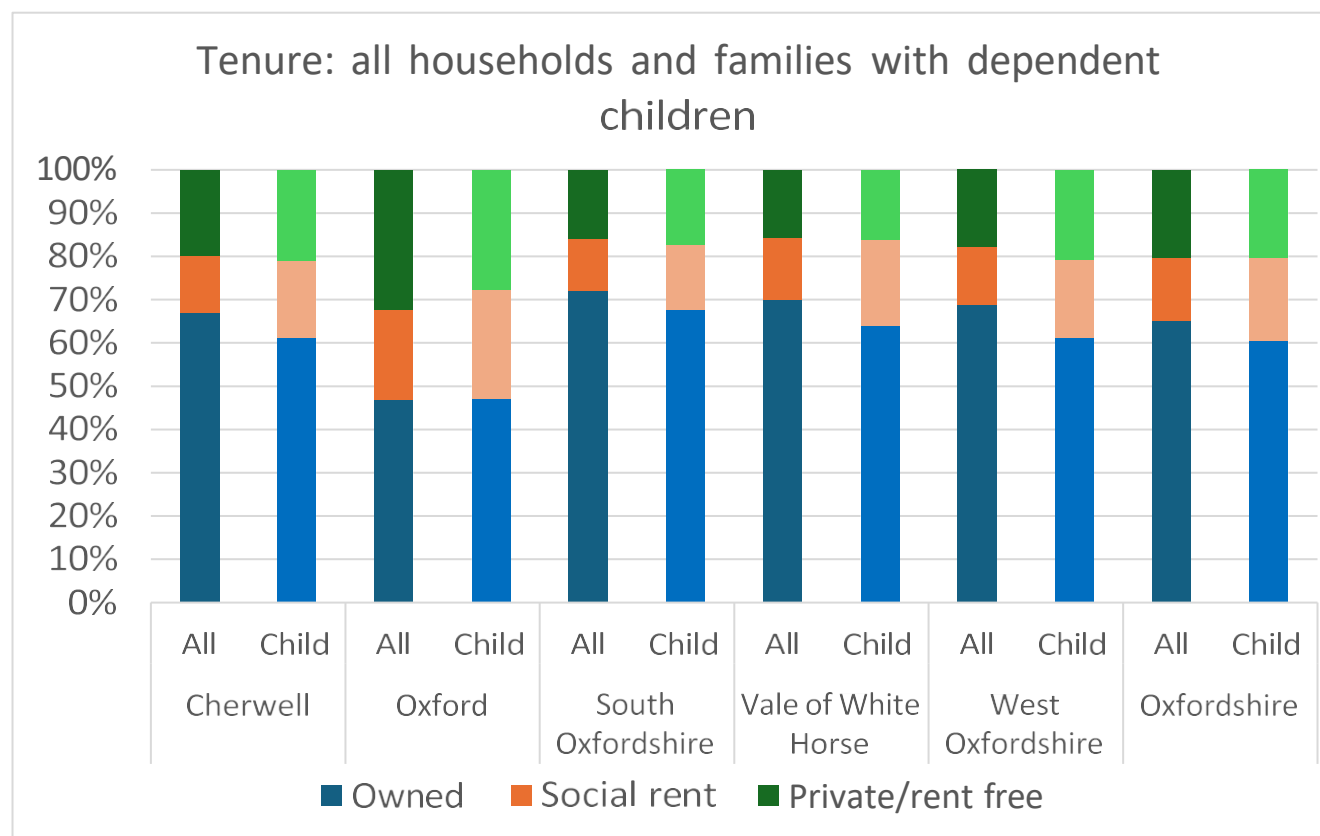
Life Course: Start and Develop Well (aged 0 to 15)

This section considers who is most vulnerable to poor quality and unsuitable housing in the initial Start and Develop Well life course

Households with dependent children

The following chart examines the pattern of households with dependent children overall and by tenure

Chart 5.1, households with dependent children, overall and by tenure, Oxfordshire local authorities, 2021



(Source: Table RM132, tenure by dependent children in household, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- There are similar proportions of households with dependent children across Oxfordshire ranging from 27.5% in West Oxfordshire and Oxford to 29.2% in Vale of White horse and 29.9% in Cherwell.
- Reflecting the overall tenure pattern, there are higher proportions of dependent children in the social and private rented sectors in Oxford.
- With the exception of Oxford, there are higher proportions of households with dependent children in the home ownership sector.

Children in low-income families

Of direct relevance to adopting a life course approach from early childhood in the 'start well' phase, the Children in Low-income Families' local area statistics (CiLIF) provide information on the number and proportion of children living in Absolute low income by local area across the United Kingdom. Figures are calibrated to the Households Below Average Income (HBAI) survey regional estimates of children in low income but provide more granular local area information not available from the HBAI.

Absolute low-income is defined as a family in low income Before Housing Costs (BHC). A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions.

The following table identifies the number of children aged 19 and under in low income families across Oxfordshire in 2022/23.

Table 5.1, children aged 19 and under living in low-income families, Oxfordshire local authorities, 2022/23

Local authority	Number of children in low-income families	
	No.	%
Cherwell	3,730	26.9
Oxford	3,599	25.9
South Oxfordshire	2,339	16.9
Vale of White Horse	2,234	16.1
West Oxfordshire	1,968	14.2
Total	13,870	100

homeless

Key findings

- A total of almost 14,000 children were recorded in low income families in 2022/23
- The largest numbers and proportion were in Cherwell (27%) followed by Oxford (26%) and the lowest in West Oxfordshire (14%).

Free School Meals

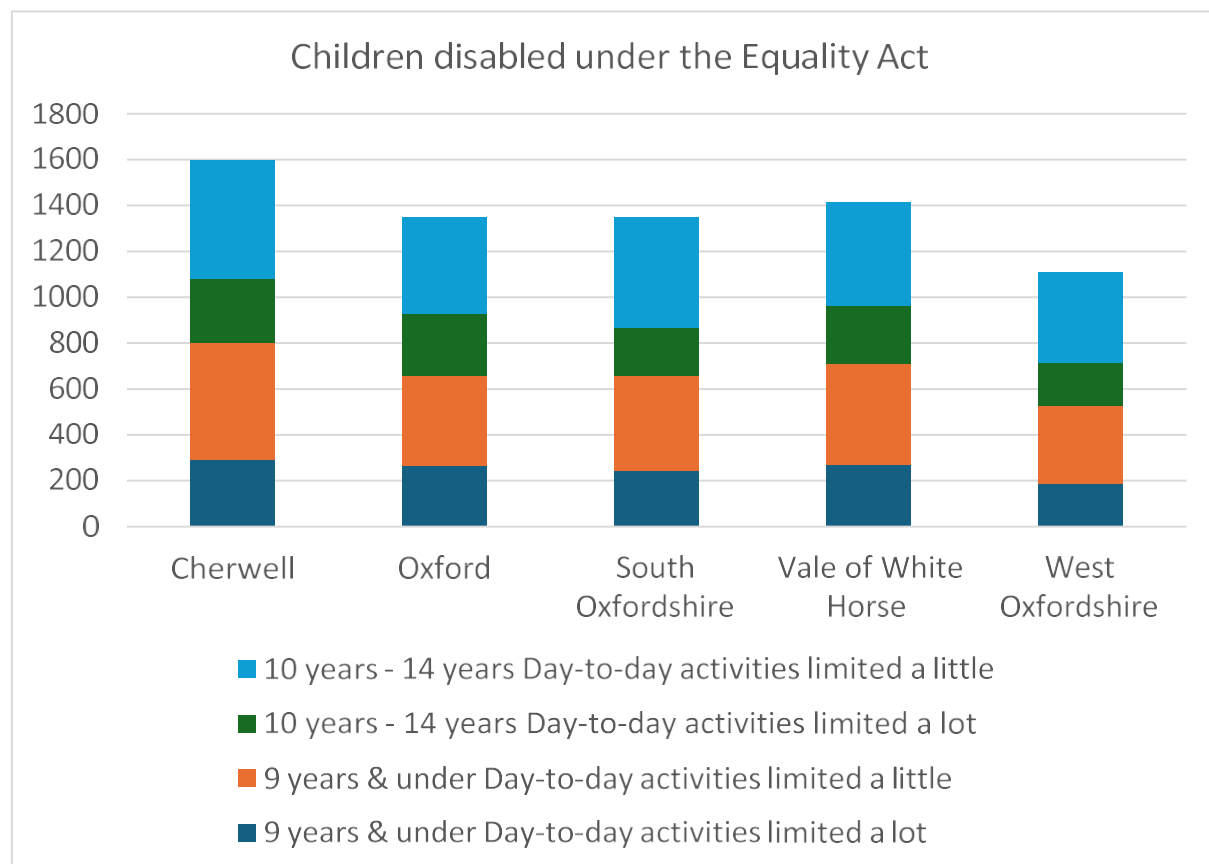
The number of pupils eligible for free school meals is another indicator of child poverty. Data for the academic year 2023-24 is recorded under the National Statistics release for 'Schools, Pupils and their Characteristics'. This identifies that 16,145 pupils were eligible across Oxfordshire, 17.8% of total pupil numbers which compares with a figure of 14% of children living in low income families. The free school meals proportion has been relatively stable since 2015-16 when it was 17.4%, and which is well below the national average of 24.6% ⁴⁶.

Children with a disability

The following table identifies the number of children aged under 10 and aged 10-14 who are disabled under the Equality Act

⁴⁶ <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>.

Chart 5.2, the number of children aged under 10 and aged 10-14 who are disabled under the Equality Act, Oxfordshire local authorities, 2021



(Source: Table RM073 - Disability by sex by age, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- Across Oxfordshire, almost 7,000 (6,815) children aged 14 years or under are disabled under the Equality Act.
- 19% are children aged 9 years and under whose daily activities are limited a lot, and 18% are aged 10-14;
- 31% are children aged 9 years and under whose daily activities are limited to some extent, and 33% are aged 10-14.
- SEND data also provides evidence of disability but is only available at regional level.

The following table identifies the number of children aged 14 and under who are disabled under the Equality Act and not in good health.

Table 5.2, children aged 14 and under who are disabled under the Equality Act and not in good health, Oxfordshire local authorities, 2021

Local authority	Disabled under the Equality Act: Day-to-day activities limited a lot and not in good health	Disabled under the Equality Act: Day-to-day activities limited a little and not in good health	Disabled under the Equality Act and not in good health
Cherwell	219	200	419
Oxford	248	167	415
South Oxfordshire	172	164	336
Vale of White Horse	219	161	380
West Oxfordshire	123	122	245
Oxfordshire	981	814	1,795

(Source: Table RM069 - Disability by general health by age, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- Of 6,815 children aged 14 years or under who are disabled under the Equality Act, 1,795 (26%) are not in good health.

Young people leaving 'care settings'

According to Department for Education figures for 'Children looked After in England' ⁴⁷, there were 770 looked after children in Oxfordshire at 31st March 2024 and 219 ceased to be looked after. This figure reflects a significant increase compared with, for example, 425 in 2011 ⁴⁸.

Being in care as a child or young person can significantly impact access to housing later in life. Research highlights the many challenges faced by care-experienced individuals:

1. **Economic inequality:** limited financial resources often make it difficult for care leavers to afford stable housing, especially in areas with high living costs.
2. **Discrimination:** care leavers may face stigma or bias from landlords and housing providers, making it harder to secure accommodation.
3. **Lack of affordable housing:** the shortage of affordable housing options disproportionately affects care leavers, who often lack the financial safety nets that others might have.
4. **Local connection requirements:** policies requiring individuals to have strong ties to a specific area for housing assistance can disadvantage care leavers, who may have moved frequently during their time in care.

⁴⁷ <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2024#releaseHeadlines-tables>

⁴⁸ <https://news.oxfordshire.gov.uk/did-you-know-the-number-of-children-in-care-in-oxfordshire-has-risen-by-80-per-cent/#>

5. **Housing Insecurity:** care-experienced individuals may face frequent moves, unsuitable living conditions, or temporary accommodation, which can lead to psychological and financial stress.
6. **Risk of homelessness:** up to 25% of the homeless population have experienced care at some point in their lives and these figures are rising. This is often due to a lack of stable support systems and difficulties transitioning to independent living.
7. **Inadequate support systems:** young people leaving care often require additional support to find and maintain suitable housing. This includes access to mental health services, stable relationships with support workers, and protection from discrimination. Insufficient aftercare services, such as help with budgeting or tenancy management, can leave care leavers unprepared for independent living.
8. **Mental health challenges:** many care leavers experience mental health issues stemming from their time in care, which can complicate their ability to navigate the housing system.

All these factors highlight the need for targeted policies and support to address the unique challenges faced by care leavers ^{49 50 51 52 53}

In England, approximately 10,000 young people leave care each year as they transition to independent living. In 2023, 57% of 18-year-old care leavers in Oxfordshire were living with former foster parents, and 18% of those aged 19-20. Oxfordshire County Council provides support through initiatives such as the 'Care Leavers Local Offer' which helps young people navigate this critical phase. Public health professionals continue attending strategic meetings such as the Oxfordshire 'Children We Care For' (CWCF) and Care Leavers Health Group and Corporate Parenting Board

Children and young people who have experience of abuse and violence

Children and young people facing violence and abuse often encounter significant barriers to accessing stable housing, which can have profound effects on their health and well-being:

1. **Housing insecurity:** experiences like eviction, temporary accommodation, or frequent moves can disrupt their sense of stability and security. This instability often leads to poor living conditions, overcrowding, and exposure to unsafe environments .

⁴⁹ [The Housing Crisis Facing Care Leavers](#)

⁵⁰ [From care to where? Care leavers' access to accommodation | BASW](#)

⁵¹ [Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review | BMC Public Health | Full Text](#)

⁵² [A care system that cares: young people's experiences | Barnardo's](#)

⁵³ [A rapid review of evidence on supported accommodation - GOV.UK](#)

2. **Health and well-being:** housing insecurity is linked to mental and physical health challenges, including delayed development, stress, and fatigue. For children and young people, these issues can be compounded by the trauma of violence and abuse ^{54 55}.
3. **Education and social Impact:** frequent moves and unstable housing can disrupt schooling and social connections, further isolating young people and affecting their long-term opportunities.
4. **Increased vulnerability:** homelessness or insecure housing can expose young people to further risks, such as exploitation or involvement in criminal activities. This creates a cycle where violence and housing instability feed into one another.
5. **Support systems:** access to consistent support, such as staying in the same school or having a reliable network of friends and family, can mitigate some of these negative impacts. However, limited resources and reduced youth services often leave gaps in prevention and support .

Efforts to address these challenges include improving housing policies, providing stable and affordable housing options, and ensuring access to tailored support services for young people escaping violence and abuse ⁵⁶.

It is difficult to assess the exact number of children and young people who have experienced abuse and violence, not least due to underreporting and hidden cases ⁵⁷but research provides some insights:

- In the UK, 1 in 5 adults report experiencing some form of abuse during childhood ⁵⁸.
- Studies suggest that 62% of children living with domestic abuse are directly harmed by the perpetrator, in addition to witnessing abuse .

Young carers

Section 17ZA of the Children Act 1989 states that a young carer is a person under 18 who provides or intends to provide care for another person (which isn't to a contract or voluntary work). School Census data for 2023/24 recorded 7,055 young carers across Oxfordshire which compares with a figure of only 983 carers aged 5-16 recorded in the 2021 Census.

Life Stage: Live and Work Well

This section considers who is most vulnerable to poor quality and unsuitable housing in the adult Live and Work Well life course.

⁵⁴ <https://www.journalslibrary.nihr.ac.uk/phr/TWWL4501>

⁵⁵ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-024-19735-9>

⁵⁶ <https://centrepoin.org.uk/research-reports/escaping-trap-supporting-homeless-young-people-affected-youth-violence-and-criminal-exploitation>

⁵⁷ <https://learning.nspcc.org.uk/statistics-child-abuse>

⁵⁸ <https://www.ncdv.org.uk/domestic-abuse-statistics-uk/>

*Adults who have experience of the criminal justice system*⁵⁹

Experiencing the criminal justice system can have a profound and mutually reinforcing impact on an individual's mental and physical health and their experience of housing:

1. **Homelessness and recidivism:** many individuals leave prison without stable housing, which increases their likelihood of reoffending. Studies show that those released into homelessness are more likely to return to custody compared to those with stable accommodation⁶⁰.
2. **Physical health:** poor quality housing or homelessness can lead to health problems, including exposure to unsafe environments and lack of access to healthcare.
3. **Barriers to housing:** people with criminal records often face discrimination from landlords and housing providers. This can limit their options, especially in the private rental sector, where affordability is already a challenge.
4. **Mental health:** the stress of navigating housing instability and the stigma of a criminal record can exacerbate mental health issues.
5. **Cycle of disadvantage:** housing instability and poor health often reinforce each other, creating a cycle that is difficult to break
6. **Lack of support:** there is often insufficient supported housing for individuals with complex needs, such as mental health issues or substance abuse problems. This gap in services makes it harder for them to reintegrate into society.
7. **Public safety and rehabilitation:** stable housing is crucial for rehabilitation and public safety. Without it, individuals struggle to access employment, benefits, and local services, which are essential for rebuilding their lives⁶¹.

Efforts to address these challenges include increasing the availability of supported housing, reducing stigma around renting to individuals with criminal records, and fostering collaboration between housing and justice systems.

Adults who have experience of institutional healthcare settings

Experiencing institutional healthcare settings can have significant impacts on both housing and health:

1. **Delayed discharges:** a lack of supported housing can lead to extended hospital stays, which not only delays recovery but also increases healthcare costs and strains resources⁶².
2. **Discharge challenges:** individuals leaving institutional healthcare settings, such as hospitals or mental health facilities, may struggle to secure stable housing especially

⁵⁹ <https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-march-2024/criminal-justice-statistics-quarterly-march-2024.html>

⁶⁰ <https://www.nacro.org.uk/resource/the-intersection-of-the-criminal-justice-system-and-housing-and-homelessness/>

⁶¹ <https://www.justiceinspectorates.gov.uk/hmiprobation/media/press-releases/2020/07/accommodationthematic/>

⁶² <https://evidence.nihr.ac.uk/alert/housing-support-services-in-hospitals-may-speed-up-discharge/>

for those without family support or financial resources. For individuals with disabilities or long-term health conditions, finding housing that meets their specific needs can be difficult.

3. **Health and housing cycle:** poor housing conditions post-discharge, such as overcrowding or poor/unsuitable sanitation provision, can exacerbate existing mental and/or physical health issues or lead to new ones. Housing instability can negatively impact health outcomes, while poor health can make it harder to secure stable housing, creating a vicious cycle
4. **Risk of homelessness:** without proper discharge planning, some individuals may face homelessness, especially if their previous housing is no longer available or suitable for their needs.
5. **Continuity of care:** housing instability can disrupt access to follow-up care, medications, and rehabilitation services, hindering recovery.

Efforts to address these challenges include improving discharge planning, increasing access to supported housing, and integrating healthcare and housing services to ensure a smoother transition for individuals leaving institutional settings ⁶³.

Adults leaving supported accommodation

Adults leaving supported accommodation may have similar experiences to those leaving institutional healthcare settings as follows:

1. **Lack of housing options:** individuals may struggle to secure stable housing after leaving supported accommodation, especially if they lack financial resources or support networks. Affordable and suitable housing may not be readily available, particularly for those with specific needs, such as accessibility requirements ⁶⁴.
2. **Transition challenges:** moving from a structured environment to independent living can be overwhelming, leading to difficulties in maintaining tenancies or finding appropriate housing. The transition can cause stress, anxiety, or feelings of isolation, particularly for individuals who relied on the support provided in their previous accommodation ⁶⁵.
3. **Disruption in Care:** leaving supported accommodation may result in a loss of access to healthcare services or support systems, hindering recovery or ongoing treatment.
4. **Health risks:** poor housing conditions or homelessness can exacerbate existing health issues or lead to new ones.

⁶³ <https://www.housing.org.uk/resources/finding-a-safe-home-after-hospital/>

⁶⁴ <https://www.gov.uk/government/publications/supported-accommodation-review-what-matters-most-for-children/a-rapid-review-of-evidence-on-supported-accommodation>

⁶⁵ <https://www.socialworkengland.org.uk/media/3880/move-on-from-supported-accommodation-a-double-edged-sword.pdf>

Efforts to address all these challenges include providing transitional support, increasing the availability of affordable housing, and ensuring access to healthcare and social services during and after the move. Expenditure on relevant services include:

- An indicative cost of managing homelessness across Oxfordshire in 2024-25 totaling just under £8.4 million.
- According to the Homelessness Alliance, £3.8 million to prevent and support those experiencing homelessness.
- A Better Care Fund/Additional Discharge fund of £2.3 million,
- A Public Health spend for drug and alcohol of just over £2 million

These figures did not include spends associated with the provision of the Luther Street Medical Center, Oxford University Hospital Emergency Department, Oxford Health, including Community Mental Health service, South Central Ambulance Service, District Council tenancy sustainment, Adult Social Care service use and criminal justice.

Life Course Stage: Age Well

This section considers who is most vulnerable to poor quality and unsuitable housing in the later Age Well life course.

Ageing is strongly associated with changes in health and wellbeing and the ability to remain living independently, and the scale of both trends is increasing dramatically. Estimates of changes in the number of older people are available from 2018-based population projections although these do not take account of the latest Census data, 2021-based subnational population projections should be available in 2025. The following table sets out projections for the 20 years from 2025.

Table 5.3, projected growth in the population aged 65+, 2024-2043, Oxfordshire local authorities

Local authority	Estimated population in 2024	Estimated projected growth to 2043	Percentage change
Oxford	20,357	5,369	26.38
South Oxfordshire	32,550	9,735	29.91
Vale of White Horse	30,443	11,625	28.19
West Oxfordshire	26,918	9,791	36.37
Oxfordshire	141,133	48,847	32.20

(Source: 2018-based subnational population projections, EW, ONS data)

Key findings

- The older population of Oxfordshire is projected to grow by almost one third over the next 20 years ranging from over one quarter in Oxford to 40% in Cherwell.
- Projections of growth for the very elderly are even more extreme, reaching in the region of 80% for those aged 80-89 to over 100% for those aged 90+.

Growth in the older age groups will have implications for the level of disability and mobility problems. For example, a survey of 390 Oxfordshire residents undertaken in 2023⁶⁶ reported that:

- 29.2% had a health condition.
- Keeping the home warm was the number one problem followed by damp.

The following table profiles the total population and those aged 65+ who are disabled under the Equality Act.

Table 5.4, total population and those aged 65+ who are disabled under the Equality Act, Oxfordshire local authorities, 2021

Local authority	Total number disabled	% of total population disabled	65+ disabled	% of those aged 65+ disabled	% 65+ disabled not in good health
Cherwell	22,401	14.1	7,882	28.9	78.0
Oxford	20,183	14.3	5,925	32.3	78.0
South Oxfordshire	20,017	13.6	8,130	27.3	76.0
Vale of White Horse	19,582	14.4	7,602	28.5	75.3
West Oxfordshire	16,398	14.7	6,642	27.8	76.7
Oxfordshire	98,581	14.2	36,181	29.0	76.8

(Source: Table RM069 - Disability by general health by age, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- Whilst an average of 14% of Oxfordshire's population are disabled under the Equality Act, this rate doubles for those aged 65+.
- Further analysis of disability by health reveals that over three quarters of those aged 65+ who are disabled are not in good health.

Disability is strongly associated with tenure which in turn affects access to suitable and affordable housing. Research evidence^{67 68} highlights that:

- Disabled individuals are less likely to own their own homes compared to non-disabled individuals. For example, in 2019, 42.4% of disabled people owned their homes, compared to 53.2% of non-disabled people.
- Social renters have the highest rates of disability, with disability rates over twice as high as those of owner-occupiers.

⁶⁶ <https://letstalk.oxfordshire.gov.uk/22385/widgets/63472/documents/41785>

⁶⁷ Disability and housing, UK - Office for National Statistics

⁶⁸ Frontiers | Housing tenure and disability in the UK: trends and projections 2004–2030

A 2024 Housing LIN 'Specialist and Supported Housing Needs Assessment' provides insights into the current supply and future need for specialist housing for older people. The following table identifies the number and percentage of older people with dementia.

Table 5.5, number of people aged 65+ with dementia and dementia prevalence as a percentage of the total 65+ population, (2020)

Area	Number of people 65+ with dementia in 2020	Percentage of people 65+ with dementia out of total 65+ population	Growth rate p.a.	Projected number of people 65+ with dementia to 2044
Oxfordshire	5,321	4.00%	4.19%	10,667
South East	72,977	3.95%	3.94%	142,000
England	422,973	3.97%	3.62%	790,874

(Source: OHID/ONS, NHS Digital (2020) & Wittenberg et al (2019))

Key findings:

- An estimated 4% of the Oxfordshire population experiences dementia which is growing at a rate of over 4% per annum.

The following table identifies the number of retirement/sheltered and extra care housing units across Oxfordshire.

Table 5.6, the provision of retirement/sheltered housing and housing with care (units) in Oxfordshire, 2024

Local Authority	Retirement/sheltered housing (units)				Extra care housing (units)			
	Open market sale/ shared ownership	Rent	Total	Prev. Rate per 1,000 65+	Open market sale/ shared ownership	Rent	Total	Prev. Rate per 1,000 65+
Oxfordshire	3,040	3,801	6,841	50	558	733	1,291	18

(Source: OCC/EAC (2024))

Key findings:

- There are an average of 50 units of retirement or sheltered housing per 1,000 people aged 65+ and 18 per 1,000 extra care units.

The following table identifies the estimated need for specialist housing for older people to 2044.

Table 5.7 estimated need for specialist housing for older people to 2044 in Oxfordshire (units).

Housing/accommodation type	Estimated need by 2034	Estimated need by 2044
Retirement/sheltered housing (units)	5,393	7,137
Extra care housing (units)	1,541	2,039

(Source: OCC/EAC (2024))

Key findings:

- There is an estimated need for over 5,000 additional retirement or sheltered housing units to 2034 and over 7,000 to 2044 and an estimated need for over 1,500 extra care units to 2034 and over 2,000 units to 2044.

Carers

Being a carer can significantly impact both housing and health in various ways:

1. **Health impact:** carers frequently experience stress, anxiety, and depression due to the emotional and physical demands of their role. A lack of respite or support can exacerbate these issues. The physical strain of caregiving, such as lifting or assisting the person they care for, can lead to musculoskeletal problems and other health issues ⁶⁹.
2. **Social isolation:** carers often have limited time for social interactions, leading to feelings of loneliness and isolation, which can negatively affect mental and emotional well-being.
3. **Financial strain:** many carers face financial challenges due to reduced income or increased expenses, which can make it difficult to afford stable housing or cover housing expenses like bills or repairs, if owner occupiers.
4. **Adaptations needed:** carers often need to modify their homes to accommodate the health needs of the person they care for, such as installing ramps or accessible bathrooms. This can be costly and may not always be feasible in rented or unsuitable housing.
5. **Housing instability:** the demands of care giving can sometimes lead to housing instability, especially if carers are unable to maintain employment or face eviction due to financial difficulties.

Efforts to address these challenges include providing financial support, access to respite care, and tailored housing solutions for carers and those they care for ⁷⁰.

The following table summarises the provision of unpaid care by age group.

⁶⁹ https://www.carersuk.org/media/xgwlj0gn/soc23-health-report_web.pdf

⁷⁰ <https://www.carersuk.org/reports/the-impact-of-caring-on-carers-health-and-wellbeing-and-support-with-caring/>

Table 5.8, provision of unpaid care by age group, Oxfordshire local authorities, 2021

Age range	Cherwell		Oxford		South Oxfordshire		Vale of White Horse		West Oxfordshire	
	No.	%	No.	%	No.	%	No.	%	No.	%
5-16	221	1.05	172	0.95	189	0.96	228	1.22	173	1.18
16-24	535	3.72	1,046	2.89	420	3.40	424	3.56	384	3.90
25-34	1,060	4.63	1,289	4.50	778	4.41	851	4.76	722	5.27
35-49	2,709	8.09	2,512	8.53	2,339	7.89	2,268	8.17	1,899	8.86
50-64	4,464	14.04	3,398	14.49	4,565	14.60	4,121	15.04	3,448	14.32
65+	2,606	9.30	1,873	9.87	2,937	9.60	2,704	9.84	2,339	9.45
Total	11595	7.7	10,290	6.6	11,228	8.0	10,596	8.1	8,965	8.3

(Source: Table RM113 - Provision of unpaid care by age RM069, EW 2021 Census data, NOMIS website, <http://www.nomisweb.co.uk>)

Key findings

- Whilst an average of 7-8% of Oxfordshire's population undertakes unpaid care, this proportion almost doubles for those aged 50-64 and is in the region of 10% for those aged 65+.
- Data for the number of hours of unpaid care provided identifies that between 25% and 28% of all carers provide 50 or more hours of care per week.

Inclusion health populations

People in inclusion health populations, whose health, care and support needs are often multiple and complex for services to meet routinely experience the poorest home environments, presenting further risks to their health, wellbeing and safety. Precarious homes are the common experience, isolating people from their support networks, increasing vulnerability to harm from others, and affecting mental health and wellbeing amongst people who likely have a history of traumatic experiences, and feel profoundly unsafe.

- People leaving prison or people with criminal records face barriers to accessing a home. Between April 2022 and March 2023, 16.7% of people released were not housed at point of release. Three months later, 24.5% of people were not housed. Many people experience homelessness, and evidence suggests some people reoffend simply to return to prison.
- People granted refugee status routinely find themselves homeless and seeking help from local authorities and the voluntary and community sector. Refugee homelessness rose by almost 350% in the period January-March 2024, compared to the same period in 2023. Rough sleeping is common amongst people refused asylum.
- In many instances of modern slavery, victims reside at the place of exploitation, or their accommodation is provided or known to their trafficker; escaping modern slavery means risking homelessness. In 2021-22, only 29% of survivors (506 people) who had moved on from support were living in secure and stable homes. Unable to

access social or affordable homes, migrants, people seeking sanctuary and those who survive trafficking are not only exposed to homelessness; there is reliance on low-quality housing in the private rented sector, which is often older and poorly maintained, and unaffordable.

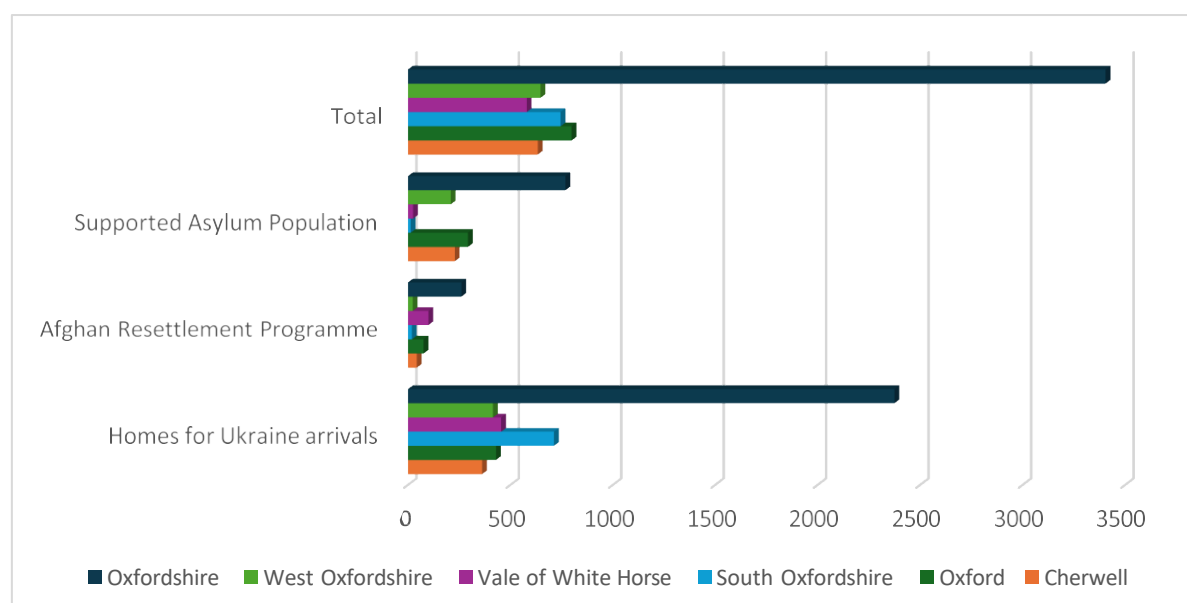
- Sex workers are more reliant on the 'shadow' private rented sector: people here feel unprotected by statutory authorities, are more vulnerable to exploitation and potentially dangerous landlords, alongside poorer housing conditions. Temporary accommodation intended to alleviate homelessness, for example refuges, often excludes sex workers for their 'complex needs'.
- Gypsy and Traveller communities experience several challenges to having their home needs met. 3,658 unauthorised caravans were reported in England in January 2024, an increase of 36% since 2013, and there are poor living conditions on some Traveller sites, including isolated locations, a lack of basic amenities and overcrowding.

For people in these populations, their 'home' directly impacts on their access to, experience of, and outcomes from health care, and health care inequalities. For people in inclusion health populations, where people live should be considered a matter for healthcare public health: the application of public health sciences to the planning, commissioning and provision of healthcare services, and an NHS function.

Asylum seekers and refugees

Local authority data for individuals on the Homes for Ukraine scheme, those under the Afghan Resettlement Programme, and asylum seekers receiving support record the following immigration groups resident across Oxfordshire in September 2023.

Chart 5.3, Immigration Groups, Oxfordshire local authorities, 30.09.23



(Source: OHID, Inclusion Health Groups in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS: An overview of available data and published evidence. Operational data, Home Office and MHLG)

Key findings

- In September 2023, 3,405 asylum seekers were resident across Oxfordshire in a range of accommodation settings including being settled in local authority or private rented housing, in 'bridging', 'initial' 'dispersed' or 'contingency accommodation.

6. Which interventions can secure healthier homes?

This section summarises those services, especially provided by local authorities, which can improve poor housing and secure access to healthier and more suitable homes. It is important to emphasise that this does not constitute a formal audit of services, and that such an audit would require comprehensive data on homes and people in relation to the supply and effectiveness of services which is not currently available.

Enforcement activity

Local authorities have a range of legal powers available to address housing standards, the Housing Act 2004 is the principal legislation applied to regulate housing standards but there are many other pieces of legislation and regulations which apply to associated issues, for example the Electrical Safety Standards in the Private Rented Sector (England) Regulations 2020.

When taking action using regulatory powers, officers will consider which course of action is the most appropriate in the circumstances of a particular case with resources targeted to ensure the most serious cases are tackled as a priority.

A large function of enforcement relates to Homes in Multiple Occupation licensing, which was introduced by the Housing Act 2004. There are two types of HMO licensing, Mandatory HMO licensing for those HMOs occupied by five or more persons, as well as Additional HMO licensing. Due to the nature of HMOs, they are deemed higher risk, relating to such issues as fire and vulnerability of tenants. HMO licensing ensures the standard of management of the HMO is acceptable and that tenants are protected.

The 'Oxford City Council, Housing, Homelessness and Rough Sleeping Strategy, 2023 to 2028' records at page 26:

'We have operated an additional licensing scheme in Oxford for houses in multiple occupation (HMOs) since 2011...Oxford is currently the only local authority in the UK to operate property licensing across the whole of the private rented sector.'

Alongside specific housing legislation, local authorities deal with associated housing issues such as hoarding, pests, noise and anti-social behaviour under a range of legislation including the Environmental Protection Act 1990.

Grant and loan activity for retrofit

There are a range of initiatives across Oxfordshire designed to achieve carbon targets and reduce fuel poverty (which both link to improving quality of life). 'Better Housing, Better Health,' a home energy service run by the National Energy Foundation which *'works closely with Oxfordshire Council, local health services, and community organisations to identify those in need of assistance and provide tailored solutions to their energy-related problems'*,

can arrange free home energy visits and there is signposting for related support as required⁷¹. The Low Carbon Hub links to the Better Housing, Better Health one stop shop which gives citizens advice on the best route to access support dependent on circumstances. A particular issue affecting some rural homes is that off grid oil fired central heating systems are hard to replace through Better Homes, Better Health referrals.

The 2024 'Oxfordshire Health and Wellbeing Strategy' recorded that:

'Last year BHBH helped over 2,600 residents, enabling 1,187 households to identify new income with over £30,000 of fuel vouchers issued and 234 energy efficiency improvements to be installed.' (page 27)

A range of other grants are available including:

- Home Upgrade Grant 2 (HUG 2) a capital grant delivered to homeowners and private tenants and designed to help families on low incomes. This grant includes works such as solar PV, heat pumps, insulation and draught proofing etc. and is fully funded for eligible houses in EPC level D or worse.
- The Warm Homes Local Grant, launched in March 2025, is an opportunity for private landlords to make energy efficient improvements of up to £15,000 to their properties. This is the first fully funded landlord grant providing 100% grant for the first house and 50% funding thereafter).
- LA Delivered Grant (LAD) Phase 3 is available for those on mains gas, oil or off-gas schemes.
- Local schemes such as the 'Clean Heat Streets' project help to remove barriers from the current installation process of heat pumps.
- ECO4 is another grant and we have quite a problem with very low uptake

Home improvement, including Home Improvement Agencies, aids and adaptations

The aim of Home Improvement Agencies is to help older and disabled people of any age to remain in their home as long as possible by enabling repairs and adaptations. This agency service is available to people who are vulnerable and need help repairing, maintaining or adapting their homes. The services can include a Handyperson's Service and a 'Warm Scheme' for older/disabled people for older/disabled people which can provide a temporary heater and a 'warm pack' including gloves, hats etc. and which can also cover boiler repairs. HIAs also run specific schemes such as the Oxford Better Care Fund 'Safety Grant' in the City which is utilised to help with work to prevent falls.

'Dementia Oxfordshire' is funded by the County Council for people across the county with a relevant diagnosis and helps with practical, small items, such as signage and whiteboards for daily messages.

The 'Oxford City Home Improvement Agency. Housing Assistance & Disabled Adaptations Policy, October 2023' summarises at Section 2, the types of assistance provided, with the emphasis on Disabled Facilities Grant funding, further detail is provided in the policy:

- Disabled Facility Grants – Mandatory Grant (see the next section)

⁷¹ National Energy Foundation, Better Housing Better Health, Single Point of Contact for Housing and Health, Oxfordshire, Annual Report, 2023/24

- The Adapted Homes Grant
- Disabled Facility Grants – Top-up Grant
- Relocation Assistance
- Discretionary Disabled Facilities Grants
- Safe and Secure Grant is available as follows:
 - to carry out minor works to enable independent living
 - works to prevent falls in and around the home
 - reduce hazards or risks that are likely to cause serious harm or injury
 - works to enable hospital discharge or prevent hospital admission.

The following discretionary housing assistance grants are available while funds permit:

- Essential Repairs Assistance
- Flexible Home Improvement Loans
- Empty Homes Loans
- Small Repairs Scheme
- Property MOT - free for those qualifying for financial assistance
- Residential House Boats - measures to meet minimum safety standards under the Boat Safety Scheme - subject to test of financial resources.
- Mobile Homes - essential repairs - subject to a test of financial resources.

HIAs manage 'Disabled Facility' and 'Minor Works' grants including providing advice, support and assistance to older and disabled people; adaptations, grants, including owner occupier grants for essential repairs, and a small repairs service.

The Cherwell Small Repairs Service keeps people out of hospital, helping with hospital discharge. It is free to those on benefits or pension credit and £20 per hour for other householders. Services include DIY tasks, smoke alarms, leaking taps, handrails etc. This service also links with 'Dementia Oxfordshire'.

Disabled Facilities Grant (DFG)

'DFG is capital funding for the provision of home adaptations to help older and disabled people to live as independently and safely as possible in their homes. Where agreed locally (and in two-tier areas with the express agreement of district councils), a portion of the grant may also be used for wider social care capital projects.' (<https://wwwFOUNDATIONS.uk.com/library/dfg-performance/>)

DFGs were 'introduced in 1989 as one small part of a raft of grants designed to improve the poorest housing stock'⁷². DFGs are funded from central government grant allocation and local authority contributions, they are mandatory but means tested with an upper limit on the help available of £30,000 in England. They continue to represent a substantial source of capital investment in home adaptation with a central government allocation of £8,262,173 in 2025-26. Allocations by local authority over this period are as follows⁷³:

- Cherwell: £1,538,565
- Oxford: £1,763,767

⁷² Sheila Mackintosh, Paul Smith, Helen Garrett, Maggie Davidson, Gareth Morgan, and Rachel Russell, (2018), Disabled Facilities Grant (DFG) and Other Adaptations – External Review, page 12

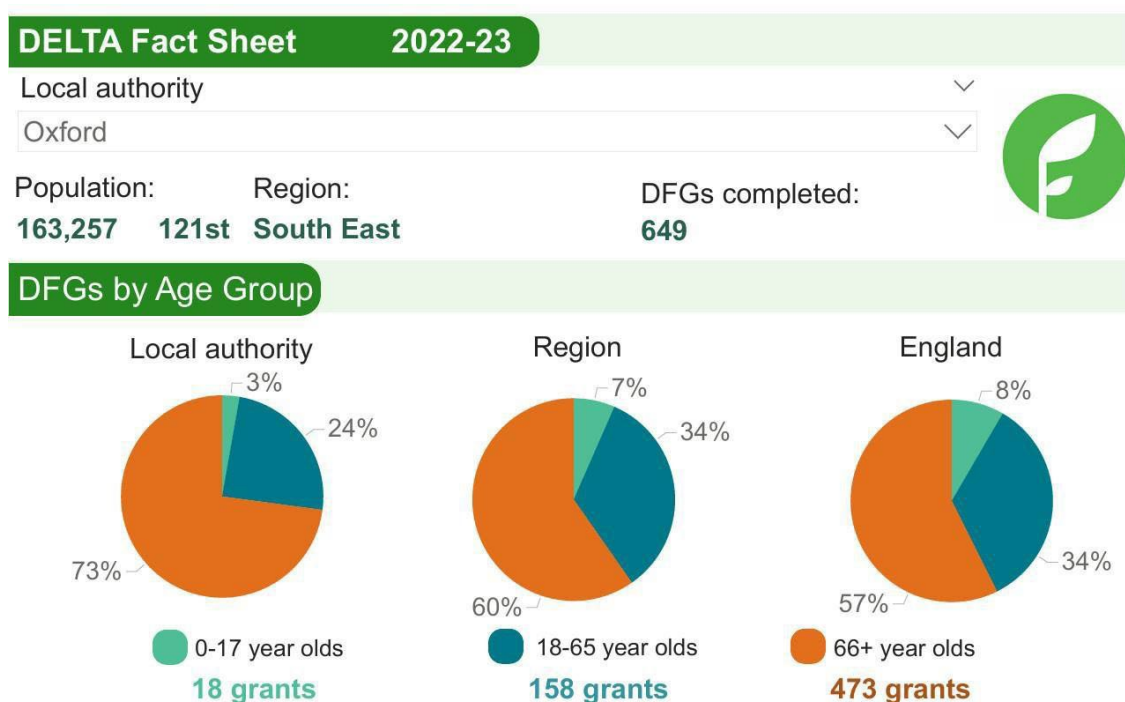
⁷³ Foundations, Disabled Facilities Grant Allocations, 2025-26

- South Oxfordshire: £1,923,855
- Vale of White Horse: £2,033,699
- West Oxfordshire: £1,002,286

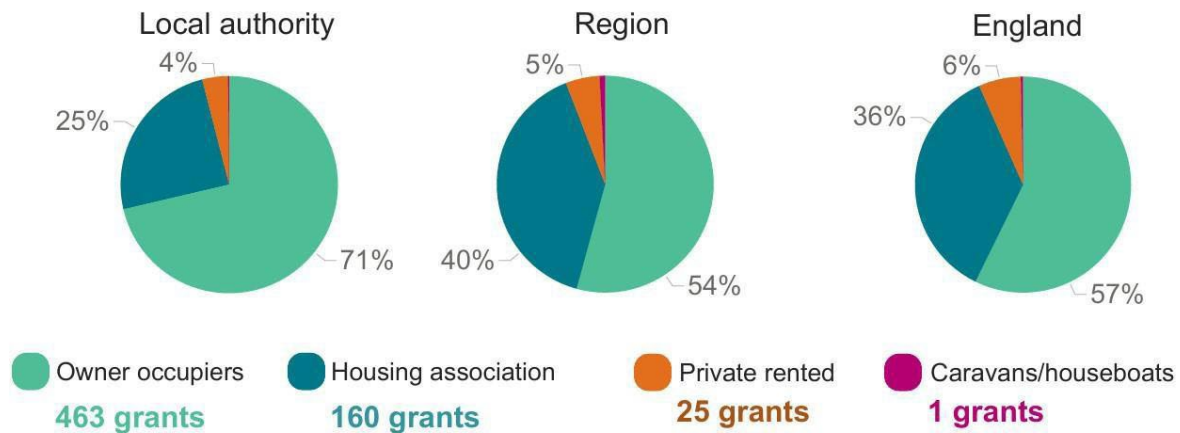
DFG grant allocation and award data is compiled by 'Foundations', the National Body for Disabled Facilities Grants and Home Improvement Agencies contracted by DCLG. Foundations coordinates 'DELTA returns: Performance of Housing Authorities' submitted by housing authorities on their DFG programme. Foundations has developed local authority-specific DFG DELTA 'scorecards' which local authorities are encouraged to share internally to support performance review. External access to these returns is dependent on seeking permission from each local authority's DFG lead.

At May 2025, permission had been granted by Oxford and West Oxfordshire local authorities enabling totals of DFGs to be identified for 2022-23, awards by age band and by tenure as set out in the following charts.

Chart 6.1, DELTA Fact Sheet, Oxford, 2022-23



DFGs by Tenure



Key findings for Oxford

- A total of 649 grants were completed in 2022-23, mostly to those aged 66+ (73%) and to owner occupiers (71%). 25% had been awarded to housing association tenants but only 4% to private renters where stock condition problems are concentrated.

Chart 6.2, DELTA Fact Sheet, West Oxfordshire, 2022-23

DELTA Fact Sheet 2022-23

Local authority

West Oxfordshire

Population:

116,928

Region:

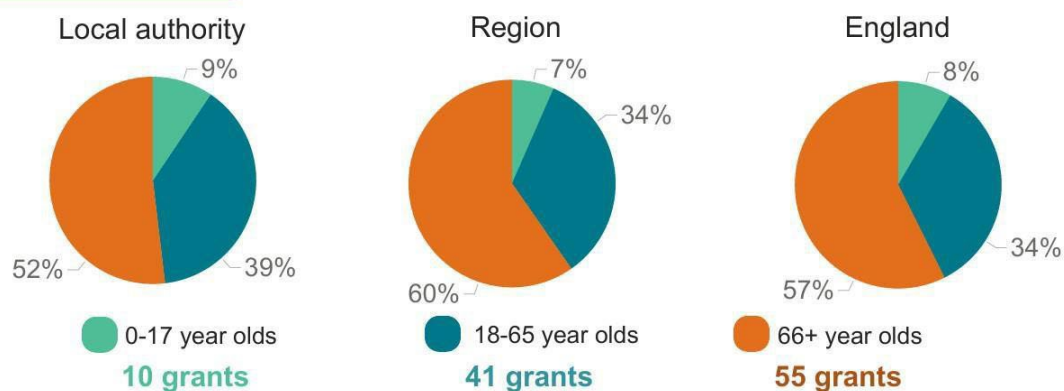
202nd South East

DFGs completed:

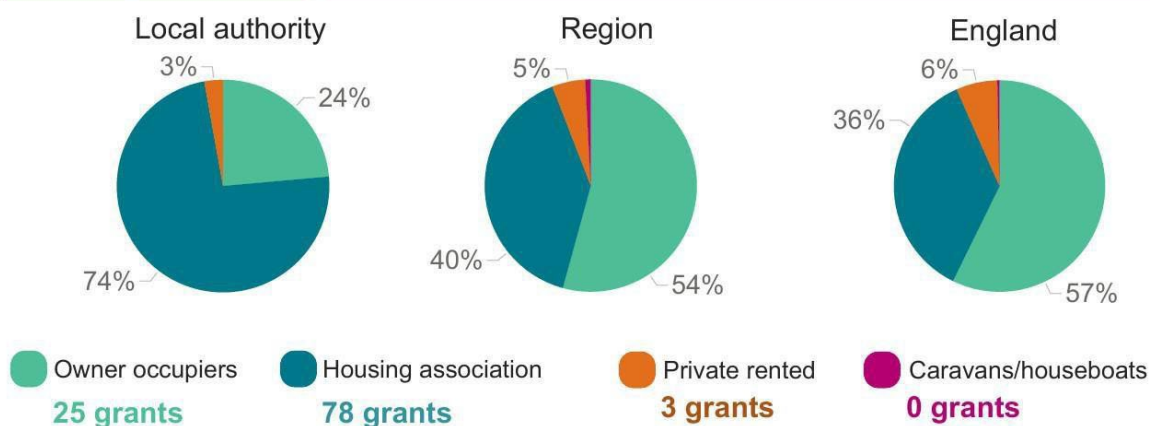
106



DFGs by Age Group



DFGs by Tenure



Key findings for West Oxfordshire

- A total of 106 grants were completed in 2022-23, mostly to those aged 66+ (52%) but 39% had been awarded to those aged 18-65. to owner occupiers (71%). In contrast with Oxford, 74% had been awarded to housing association tenants, 24% to owner occupiers and only 3% to private renters.

Local authority interventions to secure healthier homes

The following table summarises the range of local authority interventions to secure healthier homes.

Table 6.1, local authority interventions to secure healthier homes

Action	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire
Enforcement	Yes	Yes	Yes	Yes	Yes
HMO Licensing	Yes	Yes	Yes	Yes	Yes
Grant & loan activity	Yes	Yes	Yes	Yes	Yes
HIA	Yes	Yes	Yes	Yes	Yes
Hoarding	'Clean & Clear' grant Enforcement County fire service 'Keep safe and well'	Enforcement County fire Service 'keep safe and well'	'Small grants' Enforcement County fire Service 'keep safe and well'	Enforcement County fire service 'keep safe and well'	Enforcement County fire service 'keep safe and well'
Small Repairs Service	Yes	Yes	Yes	Yes	Yes
Handy persons service	Yes	Yes	Yes	Yes	Yes
Better Care Fund (DFG and	Yes	Yes (includes	Yes	Yes	Yes

discretionary grants)		'Safe and Secure')			
Dementia Oxfordshire'	Yes	Yes	Yes	Yes	Yes

(Source: local authority interviews)

Key findings:

- All local authorities undertake a wide range of statutory and voluntary interventions although these are not necessarily 'joined up', for example to achieve a healthier homes strategy;
- It is important to emphasise that the scope of this Assessment did not extend to an audit of the effectiveness of interventions.

Specialised housing for older people

The 2024 Oxfordshire 'Specialist and Supported Housing Needs Assessment' recorded the following breakdown of retirement, sheltered and extra care housing

Table 6.2, the provision of retirement/sheltered housing and housing with care (units) in Oxfordshire, 2024

Local Authority	Retirement/sheltered housing (units)				Extra care housing (units)			
	Open market sale/shared ownership	Rent	Total	Prev. Rate per 1,000 aged 65+	Open market sale/shared ownership	Rent	Total	Prev. Rate per 1,000 aged 75+
Oxfordshire	3,040	3,801	6,841	50	558	733	1,291	18

(Source: OCC, Elderly Accommodation Counsel & ONS 2021 census/2018-based SNPP)

Key findings:

- There are currently in the region of 7,000 retirement and sheltered housing units across Oxfordshire, a ratio of 50 units per 1,000 people aged 65+ and almost 1,300 extra care units at a ratio of 18 per 1,000 people aged 75+.

The following table summarises the estimated additional need for specialist housing for older people to 2044 in Oxfordshire.

Table 6.3, the estimated additional need for retirement/sheltered housing and housing with care (units) in Oxfordshire, 2024-2044

Housing / accommodation type	Estimated additional need by 2034	Estimated additional need by 2034	Estimated additional need by 2044
Retirement/sheltered housing (units)	2,418	5,393	7,137
Extra care housing (units)	691	1,541	2,039

(Source: OCC, Elderly Accommodation Counsel & ONS 2021 census/2018-based SNPP)

Key findings:

- The Housing LIN 2024 Assessment identifies an existing shortfall of over 2,400 retirement and sheltered housing units rising to a need for an additional 7,100 units over the next 20 years, and
- A current shortfall of 691 extra care units rising to over 2,00 over the next 20 years.

Supported housing

'Oxford City Council's Homelessness Review and Housing, Homelessness and Rough Sleeping Strategy Evidence Base 2021 (Updated January 2023) recorded at page 108 records the following service:

'Funded by the Berkshire, Oxfordshire and Buckinghamshire Integrated Care System (previously known as the Oxfordshire Clinical Commissioning Group and Oxfordshire County Council), two organisations – Response and Oxfordshire Mind – provide supported accommodation for single people who suffer from mental health conditions, who would struggle to live independently, and who have no other accommodation options. Commissioners of this provision estimate that 75% of people living in this accommodation would be homeless if they did not have this accommodation'.

Oxfordshire County Council's 'Specialist and Supported Housing Needs Assessment (2024) provides an assessment of supported housing accommodation for adults with learning disabilities/autism and records the following pattern of supply.

Table 6.4, housing/supported accommodation for the population of adults aged 18+ with learning disabilities/autistic people, Oxfordshire, 2023/24

Type of accommodation/housing provision	Number of people accommodated	Percentage of people accommodated
• Residential/nursing care	174	10%
• Shared Lives ⁷⁴ (adult placement)	80	5%
• Supported housing	807	47%
• Living with family / friends / informal carers	448	26%

⁷⁴ [Shared Lives | Oxfordshire County Council](#)

• Mainstream housing	200	12%
Total	1,709	100%

(Source: SALT 2021/22, LeDeR (2021) & OCC (2023/24))

Key findings:

- The largest provision type is supported housing followed by living informally.

The following table identifies the number of supported housing units by district.

Table 6.5, supported housing units by districts

District	Units of supported housing	% of total units by district
Cherwell	183	22.7%
Oxford	176	21.8%
South Oxfordshire	188	23.3%
Vale of White Horse	145	17.9%
West Oxfordshire	116	14.4%
Oxfordshire	807	100%

(Source: OCC (HMA anonymised dataset))

Key findings:

- Cherwell, Oxford and South Oxford hold similar numbers of units amounting to in the region of 22-23% of the total.

The following table provides an estimate of the need for supported housing by district to 2039.

Table 6.6, estimated need for supported housing by 2039, by district

Locality	Estimated need for supported housing by 2029 (units)	Est. need for supported housing by 2034 (units)	Est. need for supported housing by 2039 (units)
Cherwell	10	20	30
Oxford City	12	24	36
South Oxfordshire	10	19	29
Vale of White Horse	9	19	29
West Oxfordshire	8	17	26
Oxfordshire	49	99	150

(Source: OCC (HMA anonymised dataset))

Key findings:

- There is an estimated need for 49 additional units by 2029; 99 by 2034 and 150 by 2039 ranging from 26-36 in each district.

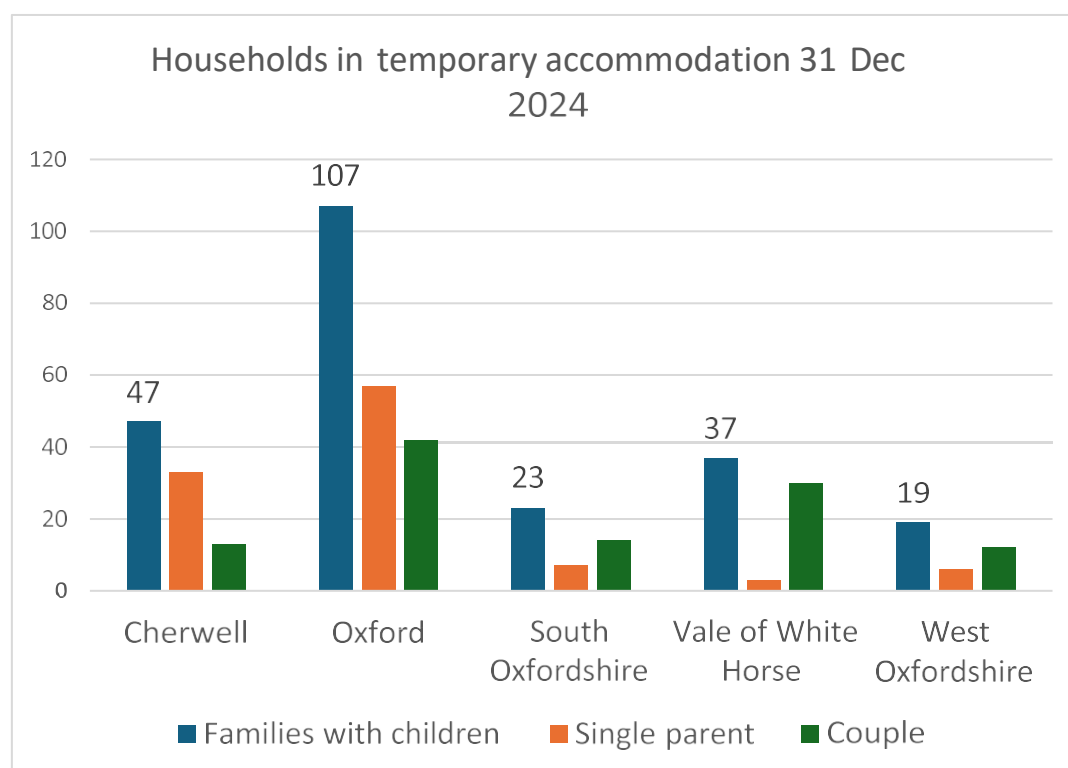
Temporary accommodation

Temporary accommodation has become a housing 'option' increasingly used for a range of needs groups including young people leaving care; children and young people experiencing violence and abuse and homeless households, it is also recognised for its widespread poor quality. 'England's Homeless Children: the crisis in temporary accommodation', the first report of the Housing, Community and Local Government Committee's inquiry into Children Temporary Accommodation reported that:

‘Over 164,000 homeless children are currently living in temporary accommodation across England—the highest number on record...we were concerned to hear cases of temporary accommodation provision which was completely unsuitable for families, with egregious hazards including serious damp and mould, excessive cold, and mice infestations. Temporary accommodation is frequently overcrowded ⁷⁵.’

The following chart identifies the number of households in temporary accommodation at 31st December 2024.

Chart 6.3, households in temporary accommodation, Oxfordshire local authorities, 31.12.24



Key findings:

- There were 233 families with dependent children living in temporary accommodation at the end of December 2024, and
- In Oxford, there were almost the same proportion of single parents and couples, which suggests that two incomes aren't sufficient to cover housing costs.

The following table identifies the types of temporary accommodation provided for homeless households in the third quarter of 2024.

⁷⁵ <https://publications.parliament.uk/pa/cm5901/cmselect/cmcomloc/338/report.html>

Table 6.7, types of temporary accommodation provided for homeless households, July-September 2024

Accommodation type	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire
Private sector accommodation leased by authority or by a registered provider	12	3	0	0	0	15
Nightly paid, privately managed accommodation, self-contained	9	0	0	0	21	30
Local authority or Registered Provider stock	29	128	19	42	36	254
Bed and breakfast hotels (including shared annexes)	19	105	10	16	25	175
Hostels (including reception centres, emergency units and refuges)	0	0	0	0	0	0
Any other type of temporary accommodation (including private landlord and not known) ²	0	3	0	0	7	10
In another local authority district	4	69	24	9	43	149
Duty owed, no accommodation secured ³	0	0	0	0	0	0
Total	69	239	29	58	89	633

(Source: MHCLG H-CLIC Homelessness Returns (quarterly))

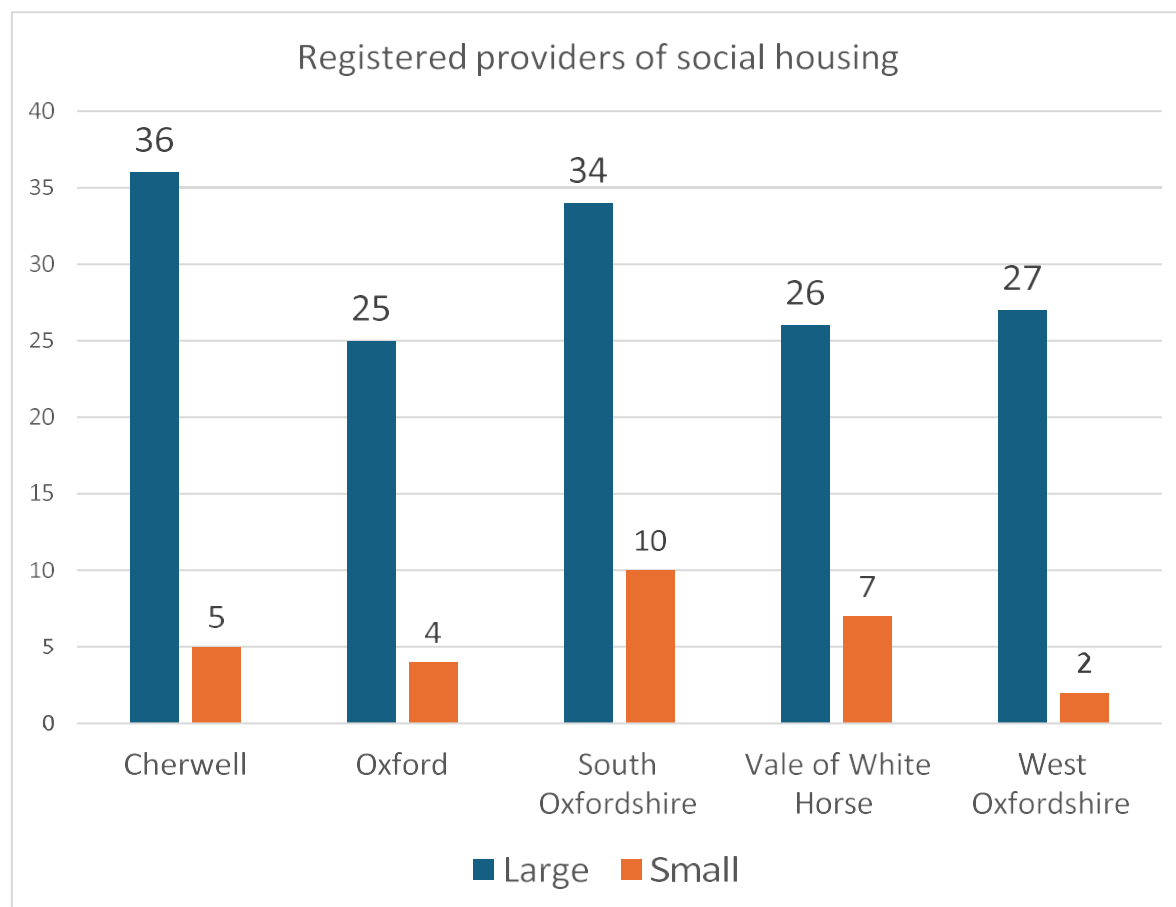
Key findings:

- 633 units of temporary accommodation were provided for homeless households between July and September 2024;
- Most accommodation was provided in local authority or registered provider stock (40%); in bed and breakfast accommodation (28%) or in another local authority area (24%);
- The pattern was slightly different for Oxford where over 50% of temporary housing were provided by local authorities or registered providers, 44% in bed and breakfast accommodation and 29% in another local authority area.

Social housing

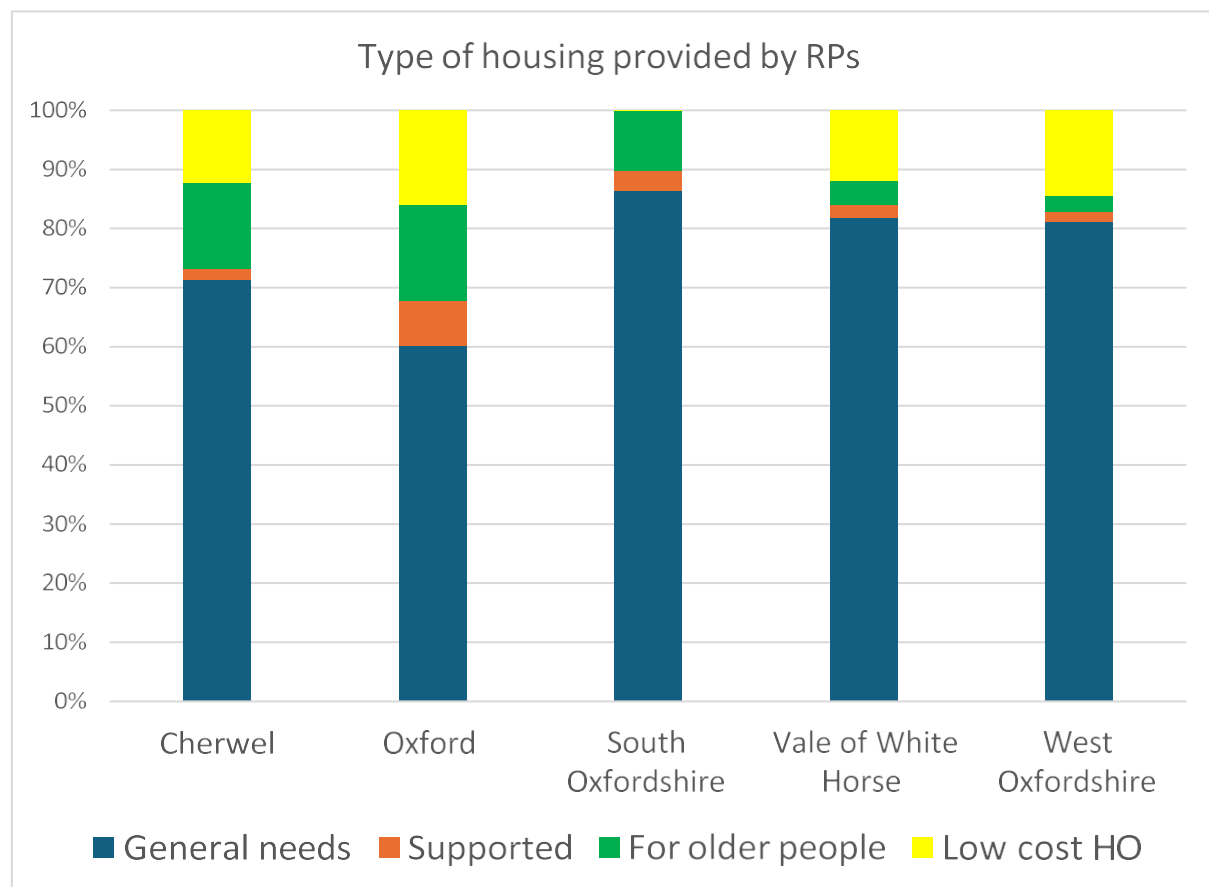
The following charts identify the number of 'private registered providers' (PRPs) operating across Oxfordshire and profiles the type of stock they hold.

Chart 6.4, number of private registered providers, Oxfordshire local authorities, 2024



(Source: Statistical and Data Return (SDR), Regulator of Social Housing (RSH) 2024)

Chart 6.5, type of housing provided by private registered providers (PRP), Oxfordshire local authorities, 2024



(Source: Statistical and Data Return (SDR), Regulator of Social Housing (RSH) 2024) (HO?)

Key findings:

- A large number of PRPs, especially large providers, are operating across Oxfordshire ranging from 25 in Oxford to 34 in South Oxfordshire. Such large numbers make the coordination of activity more difficult and is a common experience for local authorities.
- Very few small PRPs are operating across the area ranging from 2 in West Oxfordshire to 10 in South Oxfordshire.
- There are almost 44,000 social housing units owned by PRPs across Oxfordshire, the largest number is in Cherwell and the lowest number, excepting Oxford) in West Oxfordshire.
- Three quarters are general needs housing, over 10% are low cost home ownership properties 9% are housing for older people and 3% are supported housing.

The following charts profile the age of social housing tenants and the proportion by age who are 'not in good health'.

Chart 6.6, age of all usual residents in social rented housing

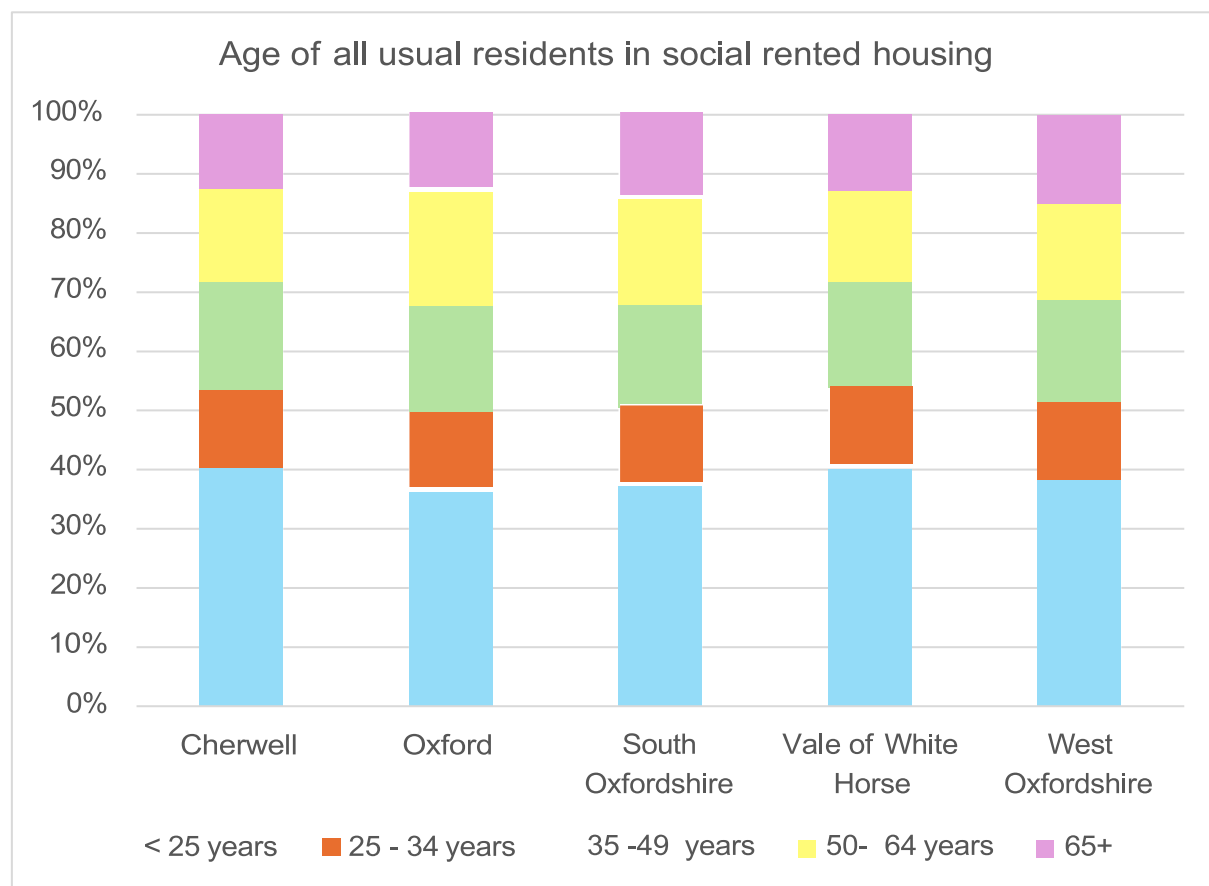
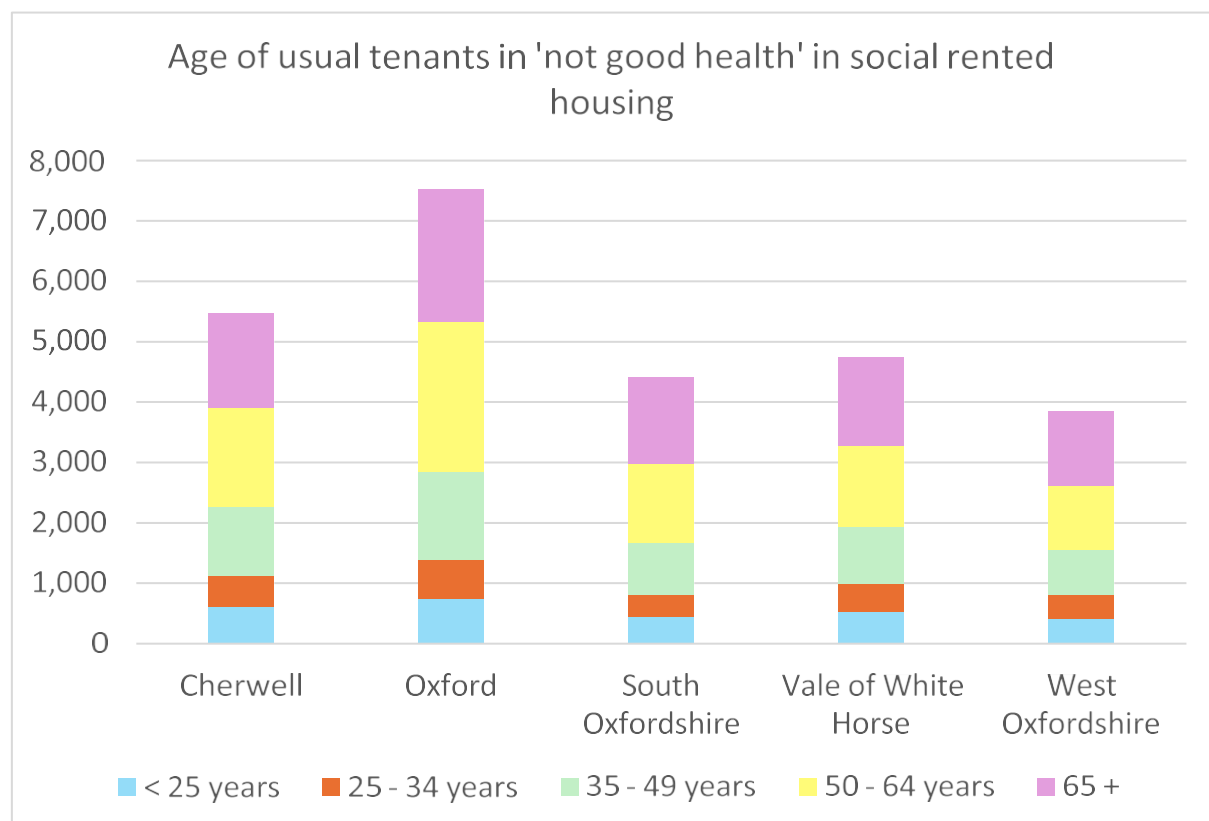


Chart 6.7, age of all usual residents 'not in good health' in social rented housing



The following table uses the most recently available CORE data (COntinuous REcording of social housing in England) to profile previous housing conditions, health and disability in relation to new lettings.

Table 6.8, new social housing lettings, illness, disability and housing conditions, Oxfordshire local authorities, 2021/22

Local authority	New lettings	Household given reasonable preference as living in overcrowded or insanitary housing	Household member has a physical or mental health condition	Tenant requires any disability-related adaptation?
Cherwell	619	107	85	29
Oxford	558	83	134	36
South Oxfordshire	594	79	164	81
Vale of White Horse	647	143	237	88
West Oxfordshire	427	125	125	46
Total number	2,845	537	745	280
Total %	100	18.9	26.2	9.9

(Source: CORE data, 2021/22)

Key findings:

- This data confirms the importance of social housing in meeting the needs of tenants and household members with a disability, health condition or who were living in poor quality housing as follows:
 - Almost 20% of new tenants had been awarded reasonable preference as they were living in overcrowded or insanitary housing.
 - Over one quarter of households had a member with a physical or mental health condition;
 - Almost 10% of new tenants required a disability-related adaptation which compares with 14% of Oxfordshire's population defined as disabled under the Equality Act (see Table 5.6);
 - This data suggest that social housing providers have a significant responsibility for tenants with a health condition and whilst trend data is not available from CORE, registered providers may be able to provide this from their own tenancies.

7. Filling the Gaps: recommendations to improve housing and health intelligence

This Assessment has emphasised the limitations in the availability of data and information necessary to inform the current and future relationship between housing and health in Oxfordshire. This extends from the lack of effective working definitions to the quality and quantity of data available to connect population, housing and health in service provision. The following actions are recommended to fill the gaps identified:

1. **Understanding stock condition and residents:** the main gap identified is the lack of recent and relevant data and information concerning the condition of the housing stock across Oxfordshire and the profile of its residents. Current stock condition data is partial and out of date and without this data, it is impossible to assess the impact of home conditions on health. A countywide stock condition and household survey is essential and we have included reference to the 2023 Cotswold District Council Stock Condition and Household Survey as an example.
2. **Understanding the Housing Market:** the relationship between housing and health cannot be understood without an understanding of the housing system operating across Oxfordshire. If housing needs are not met then residents' health will suffer and this Assessment has identified a whole series of population groups who are vulnerable to poor quality, unhealthy and unsuitable housing including:
 - Children under 5;
 - Older people aged 60/65+;
 - People with disabilities;
 - Low income households, and
 - Ethnic minority groups

Extending the scope of the 'Independent Review of the Oxfordshire Housing and Economic Needs Assessment prepared for Cherwell District and Oxford City

Councils⁷⁶, a countywide Strategic Housing Market Assessment could inform the circumstances and needs of priority populations, the extent to which these are being met and the housing required by type, size, tenure and location.

3. **Defining affordable housing:** one of the main challenges faced in Oxfordshire is meeting the need for affordable housing yet there is no effective working definition of affordability for entrants to the market or those moving on, for example as their household grows in size. Rental and property price increases and multiples of income in relation to property or rental prices can act as indicators of unaffordability but provide no guidance as to the rental or purchase prices which are affordable. One of the constraints is the lack of official incomes data such as might be provided by HMRC. There is a need to develop a countywide working definition based on either the 'residual income' or preferably the 'affordability threshold' approaches related to a detailed understanding of incomes and housing costs, and this could be incorporated in the brief for a Strategic Housing Market Assessment.
4. **Service Monitoring and Analysis:** whilst a countywide Stock Condition and Household Survey and a Strategic Housing Market Assessment would provide useful baselines, they constitute a 'snapshot' which needs to be kept up to date, for example, by monitoring data in relation to:
 - Enforcement activity: undertaken by Environmental Health Officers in relation to HHSRS hazards in the home recording type of hazard, location, property type, tenure, ownership, health impact and household profile.
 - Grant and loan activity for retrofit recording need, location, property type, tenure, ownership and household profile.
 - Home improvement, including Home Improvement Agencies, aids and adaptations, mandatory and discretionary grant activity recording need, location, property type, tenure, ownership and household profile.
 - The need for and supply of specialised housing for older people recording need, location, property type, tenure, ownership, health and household profile.
 - The need for and supply of specialised supported housing recording need, location, property type, tenure, ownership, health and household profile.
 - The use of temporary housing recording need, location, property type, tenure, ownership, health and household profile.
 - The need for and supply of social housing recording need, location, property type, tenure, ownership, health and household profile.
5. **Developing strategic links across services:** developing strategic links across the various mechanisms for improving health through the home might involve:
 - Home Improvement Agencies and DFGs, Better Housing Better Health, the Better Care Fund etc providing a system view alongside data analysis to enable more effective planning in relation to demand.

⁷⁶ <https://www.southoxon.gov.uk/wp-content/uploads/sites/2/2023/12/Appendix-2.pdf>

- Greater understanding/involvement of RSLs who have more than 50% of stock in Oxfordshire or who provide more than 50% of an areas social housing (by District).
- Developing an Oxfordshire Memorandum of Understanding on housing and health such as that developed in Nottingham ⁷⁷ including an Action Plan with oversight provided by the Health and Well Being Board and providing a more strategic/evidence based approach to improving housing.

⁷⁷

[https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Nottingham MoU -
Improving Health through the Home.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Nottingham_MoU_-_Improving_Health_through_the_Home.pdf)

Appendix One: HHSRA Category One Hazards

A: Physiological requirements

1. Damp and mould growth
2. Excess cold
3. Excess heat
4. Asbestos and MMF
5. Biocides
6. Carbon monoxide and fuel combustion products
7. Lead
8. Radiation
9. Uncombusted fuel gas
10. Volatile organic compounds

B: Physiological requirements

11. Crowding and space
12. Entry by intruders
13. Lighting
14. Noise

C: Protection against infection

15. Domestic hygiene, pests and refuse
16. Food safety
17. Personal hygiene, sanitation and drainage
18. Water supply

D: Protection against accidents

19. Falls associated with baths etc
20. Falling on level surfaces etc
21. Falling on stairs etc
22. Falling between levels
23. Electrical hazards
24. Fire
25. Flames, hot surfaces etc
26. Collision and entrapment

27. Explosions

28. Position and operability of amenities etc

29. Structural collapse and falling elements (Leaks from above).

Appendix Two: Community Insight Profile reports

Abingdon Caldecott – Vale of White Horse

Banbury Grimsbury – Cherwell

Banbury Ruscote and Neithrop – Cherwell

Barton – Oxford

Berinsfield – South Oxfordshire

Central Oxford – Oxford

Littlemore – Oxford

Rose Hill – Oxford

The Leys – Oxford

Wood Farm – Oxford

Witney – West Oxfordshire

Appendix 3

Interviews with following organisations

Four thematic Discussions with ?

Appendix 5

PHOF and other national metrics?