

Better
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Briefing

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The Housing Conditions of Minority Ethnic Households in England

Helen Garrett
Justine Piddington
Simon Nicol

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Key messages

- 1 In 2010, there were around 2.2 million households from minority ethnic backgrounds in England. Around 327,000 (15%) minority ethnic households lived in a home with at least one Category 1 HHSRS hazard (classified as poor housing in this paper). This varied according to tenure; 18% of minority ethnic private sector households lived with a serious health and safety hazard compared with 8% of those who lived in the public sector.
- 2 The estimated total annual treatment cost to the NHS is around £52 million per year if the poor housing among minority ethnic households is left unimproved.
- 3 The wider costs to society of this poor housing are estimated at some 2.5 times the NHS costs. These additional costs include: lack of educational attainment, lost income, higher insurance premiums, higher policing and emergency services costs, etc.
- 4 Case studies show that investing in the improvement of poor housing will not only make the lives of ethnic minority households more comfortable, it will pay back, often within a relatively short period, in saved treatments costs to the NHS for illnesses and injuries which are now statistically less likely to occur.

Introduction

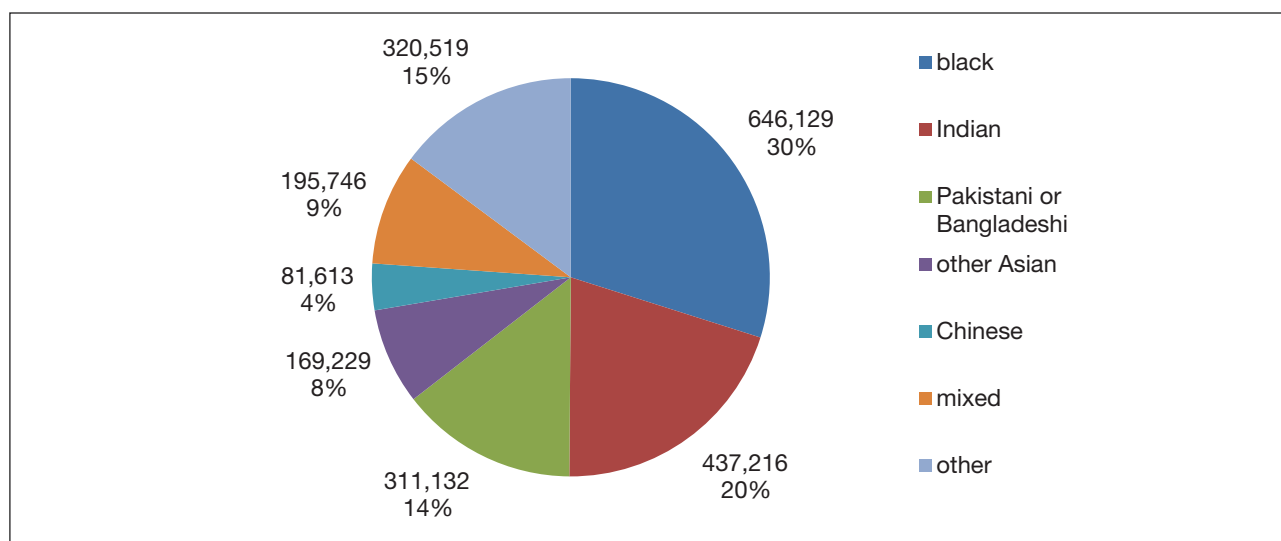
This paper seeks to quantify the cost of poor housing among minority ethnic households both to the NHS and wider society. There is considerable research into poor housing conditions among some minority ethnic households (see, for example, the Better Housing collection) and a recent paper from Finney and Harries (2013) has explored different patterns of housing tenure among minority ethnic groups. Due to the small sample sizes used for the English Housing Survey (EHS), this paper does not seek to analyse the comparative housing conditions for individual minority ethnic groups but rather compares all minority ethnic households with those of all white households. Likewise, the paper does not seek to compare the benefits of improving housing for minority ethnic communities compared to improving poor housing more generally. Rather the message is a simple one; money invested for improving poor housing among minority ethnic households could have a significant impact in improving health and reducing the financial burden on the NHS.

This paper uses the same basic methodology developed to calculate the costs of poor housing in England as described in *The real cost of poor housing* (Roys *et al.*, 2010) and summarised in the information paper: *Quantifying the costs of poor housing* (Nicol *et al.* 2010). The 2009 - 2011 EHS surveys used for this analysis collected house condition data on some 22,258 households nationwide, and was combined and re-weighted to reflect the total number of households at the mid-point, 2010. For the remainder of this report results will be for 2010, unless otherwise stated.

1 Minority ethnic households and their homes

For the EHS, a minority ethnic household is defined as a household containing all people who did not identify themselves as 'white' in the interview survey. In 2010, there were around 2.2 million households from minority ethnic backgrounds, accounting for 10% of all households in England. Around 30% of these minority ethnic households were black (African or Caribbean), 20% Indian and 14% Pakistani/Bangladeshi.

Figure 1 Profile of minority ethnic families in England (EHS 2010)



Minority ethnic households were generally larger than white households (containing an average of 3.0 persons compared to 2.3 persons). They were, for example, more likely to have dependent children than white households (46% compared with 26%) and less likely to be either a single person or a couple aged over 60 years (11% compared with 34%). Over one third (38%) of minority ethnic households were on means tested or certain disability related benefits (compared with 26% of white households).

There were also some notable differences in the profile of the housing occupied by minority ethnic households and white households; in particular they were more likely to rent and more likely to reside in flats (Table 1).

Table 1 Profile of minority ethnic and white households (EHS 2010)

	minority ethnic	white
social sector	27%	16%
private rented sector	29%	15%
flats	41%	17%
pre-1919 housing	24%	20%
urban areas	98%	81%
mean household size (persons)	3.0	2.3
mean usable floor area per household (m ²)	79.0	92.4
mean usable floor area per person (m ²)	34.1	48.9
mean value of owner occupied home	£235,895	£236,771

The majority of minority ethnic households who lived in a flat occupied a purpose-built low-rise flat (573,000), some 126,000 lived in a purpose-built high-rise flat and 194,000 resided in a converted flat. Overall, only 7% of minority ethnic households lived in detached houses (compared to 23% for white households). Given the above findings, it is not surprising that the average usable floor space per household and per person was lower among minority ethnic households (Table 1).

Around a quarter (24%) of minority ethnic households (520,000) lived in the oldest pre-1919 built homes, which were more likely to contain poorer housing (Department for Communities and Local Government, 2011) and very few minority ethnic households lived in rural areas (2%). Some 44% of ethnic minority households owned their own home compared with 69% of white households. For owner-occupied households, there was no variation in the average house value by ethnicity, at around £236,000 (estimated by owner occupiers as part of the EHS interview survey).

2 Poor housing conditions

Unlike the government’s Decent Homes standard or other ‘poor housing’ indicators, the Housing Health and Safety Rating System (HHSRS) focuses specifically on health outcomes and its development was informed by a large body of research and statistics on the links between housing and health. As it is measured through the EHS, it can be quantified at both individual dwelling and national level. For the EHS, the HHSRS comprises a risk-assessment of 26 health and safety hazards (listed in Box 1), which have the potential to harm occupants and their visitors, particularly vulnerable people. For example, for falls on stairs and falls on the level, the vulnerable group is older people (aged 60 or over), whereas, for falls between levels, it is children under 5 years old. For the further analysis (in section 5 of this report), any home that has a Category 1 hazard can be classified as poor housing.

Box 1: The 26 HHSRS hazards assessed through the EHS

<p>Physiological Requirements Damp and mould growth etc. Excessive cold Excessive heat Carbon monoxide (CO) and fuel combustion products Lead Radiation Uncombusted fuel gas</p> <p>Psychological Requirements Crowding and Space Entry by intruders Lighting Noise</p>	<p>Protection Against Infection Domestic hygiene, pests and refuse Food safety Personal hygiene, sanitation and drainage Water supply</p> <p>Protection Against Accidents Falls associated with baths, etc. Falling on level surfaces Falling on stairs and steps Falling between levels Electrical hazards Fire Flames, hot surfaces, etc. Collision and entrapment Explosions Position and operability of amenities etc. Structural collapse and falling elements</p>
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In 2010 around 327,000 (15%) minority ethnic households lived in a home with a Category 1 hazard, that is, lived in poor housing. This proportion was not statistically significantly different to the proportion of white households (17%) living in these homes. There was a notable difference, however, between the incidences of Category 1 hazards according to tenure; 18% of minority ethnic households who lived in private sector homes had these hazards compared with 8% of those who lived in public sector homes.

The public sector has a lower incidence of Category 1 hazards owing to the composition of its stock; it has a lower proportion of older dwellings which have relatively poor levels of insulation and are more likely to have falls hazards relating to stairs owing to dwelling design, for example, very steep or winding staircases. The social sector also has a higher proportion of purpose-built flats, which are relatively better insulated. The impact of tenure is also critical to the findings on excess cold below.

3 Minority ethnic households – living in a cold home (excess cold and fuel poverty)

Living in a cold home can have a significant adverse effect on the physical and mental well-being of occupants. Two main indicators measure how far a home can be heated to maintain a suitable level of warmth - HHSRS Category 1 excess cold hazard and fuel poverty (whether the household can afford to heat their home).

In 2010, some 4% (around 78,000) of minority ethnic households lived in a home with a Category 1 excess cold compared with 6% of white households.¹ These findings are perhaps not surprising given that minority ethnic households were more likely to live in flats and in the social rented sector where energy efficiency is generally better. For further information see DCLG, *English House Survey, Homes Report, 2010*.

It is also important to determine whether the household is able to afford to heat their home. Two definitions of a 'fuel poor' household are now used by the Department for Energy and Climate Change (DECC) to measure the incidence of fuel poverty. Where a 'fuel poor' household has been defined as one needing to spend in excess of 10% of its income on all fuel used to achieve a satisfactory standard of warmth,² in 2011, 15% (around 344,000) of minority ethnic households were in fuel poverty. Some 15% of white households also experienced fuel poverty under this definition.

The Hills definition of fuel poverty takes account of housing costs and the depth of fuel poverty or the 'fuel poverty gap' (the difference between a household's required fuel costs and what these costs would need to be for them not to be in fuel poverty). Under this definition, 16% (around 370,000) of minority ethnic households were in fuel poverty compared with 10% of white households. The average fuel poverty gap was £305 per annum for minority ethnic households compared with £462 per annum for white households.

1 The SAP ratings calculated by EHS cannot take account of factors that will inform a full HHSRS assessment. These include: how far the current occupants can afford to use the heating; the overall adequacy and state of repair of the heating, the presence of significant draughts or cold bridges, and the presence of significant damp problems.

2 21°C in the main living area and 18°C in other rooms. Although the emphasis in the definition of fuel poverty is on heating the home, modelled fuel costs in the definition also include spending on heating water, lights and appliance usage and cooking costs.

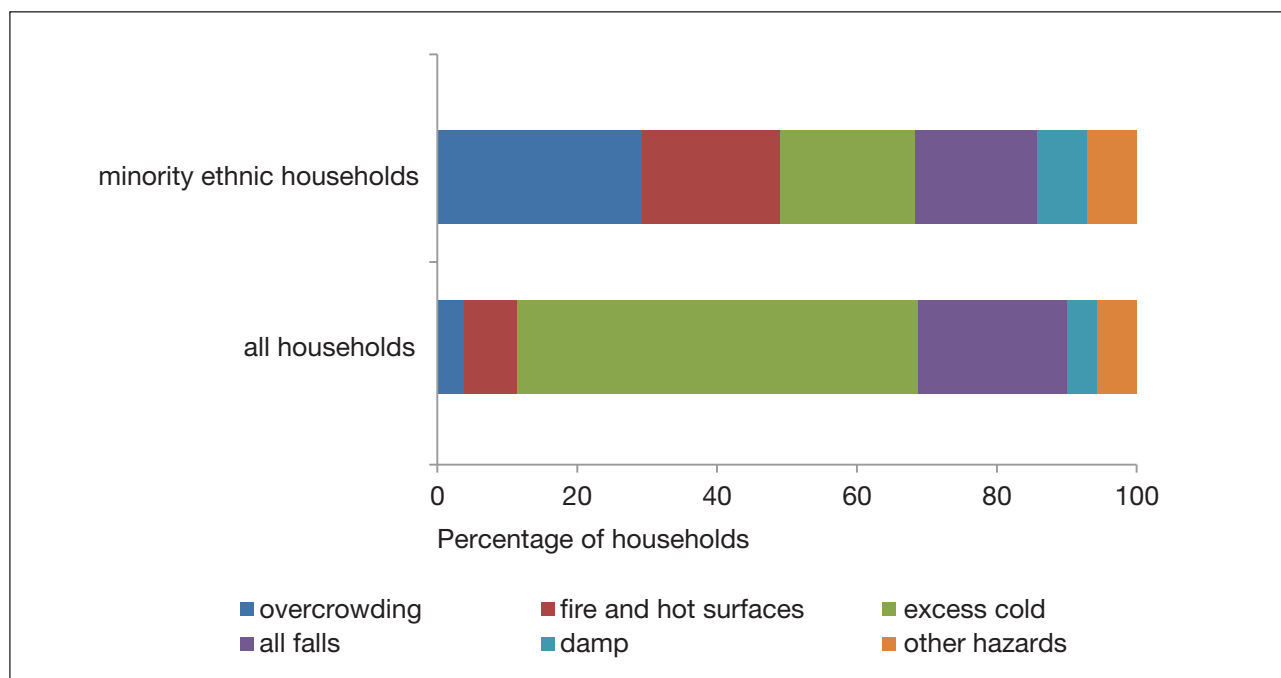
4 The cost of improving the homes of minority ethnic households

The EHS also collects details on the types of work needed to reduce Category 1 hazards to an acceptable level – this level usually being the average for the age and type of dwelling. The estimated total cost to reduce HHSRS hazards (remedy poor housing) in homes occupied by minority ethnic households (at 2010 prices) is around £825 million. In many cases the costs of remedial work are not that high – some 20% of homes with Category 1 hazards could be made acceptable for under £150 and half for less than about £600. However, costs increase sharply for the worst 20% of homes, with some poor housing costing over £10,000 to remedy. The average cost for reducing Category 1 hazards to an acceptable level is estimated to be £2,524.

Just under one third (29%) of the total costs for minority ethnic households are associated with reducing risks from overcrowding, a further 20% with reducing the risks from fire and harm from hot surfaces, and 19% on making cold homes more comfortable, work which includes updating heating systems and providing insulation. Some 17% of costs are associated with reducing the risk from falls (especially falls on stairs which account for around 12% of all costs).

This distribution of the total costs to remedy category 1 hazards for minority ethnic households looks notably different from the distribution of costs for all English households (Figure 2). The higher incidence of Category 1 excess cold (6%) among all households is reflected in the far higher proportion of total expenditure required to remedy these hazards. The incidence of Category 1 overcrowding hazards is also lower among all households (0.1%) compared with minority ethnic households (0.7%).³

Figure 2: The costs of dealing with HHSRS Category 1 hazards among minority ethnic households and all households in England (EHS 2010)



³ Sample sizes for this analysis are small and should be treated with caution.

5 The cost to the NHS of leaving ethnic minorities in poor housing

Using EHS data and the modelling methodology from the *The real cost of poor housing* research, an estimate for the total annual treatment cost to the NHS can be calculated; this is around £52 million per year if the homes are left unimproved (Table 2). Using this information, the direct payback period to the NHS for all hazards can be calculated at 16 years, if the repairs or improvements were all made at once. The cost savings and payback period for the NHS for each type of Category 1 hazard is also provided in Table 2 below.

Table 2 *The costs, and benefits to the NHS, of reducing HHSRS Category 1 hazards to an acceptable level among minority ethnic households (EHS 2010)*

Hazard	Number of Category 1 hazards	Average cost per dwelling (£)	Total cost (£)	Savings to the NHS per annum if hazard fixed (£)	Payback (years)
Falls on stairs	144,495	683	98,625,880	30,549,765	3.2
Excess cold	77,930	2,043	159,177,809	711,829	223.6
Falls on the level	36,039	576	20,753,538	5,055,251	4.1
Falls between levels	26,986	728	19,652,390	2,931,045	6.7
Overcrowding	15,252	15,856	241,833,121	1,331,875	181.6
Entry by intruders	12,777	733	9,364,320	2,664,324	3.5
Fire	12,671	12,524	158,687,582	1,532,100	103.6
Lead	11,299	1,613	18,225,824	1,600,609	11.4
Damp and mould	9,645	6,016	58,027,269	856,755	67.7
Hot surfaces	9,424	446	4,198,486	862,389	4.9
Food safety	7,136	2,528	18,041,723	957,443	18.8
Collision and entrapment	7,097	861	6,108,397	692,056	8.8
Baths	6,518	792	5,163,465	791,443	6.5
Personal hygiene	2,463	1,090	2,685,200	330,607	8.1
Noise	2,087	1,267	2,644,634	294,673	9.0
Domestic hygiene	1,951	1,737	3,388,538	188,030	18.0
Radon	1,721	1,066	1,834,674	136,352	13.5
Lighting	1,462	645	943,379	110,855	8.5
Structural collapse	1,114	75	83,111	61,136	1.4
Carbon monoxide	337	500	168,500	27,267	6.2
Any Category 1 hazard	326,831	2,538	829,607,840	51,685,805	16.1

Note: The EHS is not designed to deliver data to this level of disaggregation or accuracy and these figures are subject to large margins of error. They are only published here to demonstrate how the overall costs have been derived

The most common HHSRS Category 1 hazard among minority ethnic households is the risk from a stair fall (Table 2). This is particularly a problem with elderly or other vulnerable people. Most stair safety problems can be made acceptable for a fairly minor investment in handrails and basic repairs, meaning that the payback period is as low as 3.2 years on average.

These overall findings look very different to the 35 year payback period estimated for dealing with poor housing in all occupied homes within England (Table 3), mainly because of the relatively lower incidence of excess cold hazards among minority ethnic families and lower average costs required to improve their homes. The figure for all households in England will also reflect the overall higher proportion of households living in private sector homes where the incidence of poor housing and the average costs of remedial action are generally higher.

Table 3 *The costs, and benefits to the NHS, of reducing HHSRS Category 1 hazards to an acceptable level among all households in England (EHS 2010)*

Hazard	Number of Category 1 hazards	Average cost per dwelling (£)	Total cost (£)	Savings to the NHS per annum if hazard fixed (£)	Payback (years)
Falls on stairs	1,437,993	845	1,214,582,552	304,026,771	4.0
Excess cold	1,320,099	3,923	5,178,942,569	12,058,062	429.5
Falls on the level	554,990	741	411,007,167	77,849,372	5.3
Falls between levels	258,498	973	251,486,490	28,076,383	9.0
Fire	137,130	3,268	448,132,287	16,580,921	27.0
Lead	110,582	1,632	180,419,870	15,664,979	11.5
Hot surfaces	105,481	2,286	241,083,499	9,652,555	25.0
Radon	103,076	1,108	114,256,536	8,166,564	14.0
Baths	97,174	507	49,237,345	11,799,275	4.2
Collision and entrapment	77,314	691	53,424,341	7,539,189	7.1
Damp and mould	59,163	6,440	381,030,014	5,255,386	72.5
Entry by intruders	45,332	985	44,645,350	9,452,855	4.7
Personal hygiene	25,835	997	25,765,430	3,467,815	7.4
Food safety	24,055	1,726	41,514,768	3,227,479	12.9
Overcrowding	21,913	15,743	344,971,738	1,913,545	180.3
Domestic hygiene	20,890	1,082	22,603,872	2,013,301	11.2
Structural collapse	15,535	980	15,218,810	852,559	17.9
Carbon monoxide	14,733	504	7,429,491	1,192,051	6.2
Ergonomics	9,142	477	4,361,140	342,297	12.7
Electrical safety	8,815	2,024	17,842,871	1,330,623	13.4
Uncombusted fuel gas	7,197	483	3,477,220	694,002	5.0
Noise	6,817	2,337	15,929,450	962,523	16.5
Lighting	2,440	645	1,574,450	185,011	8.5
Excess heat	1,087	470	510,484	59,462	8.6
Explosions	615	470	288,820	196,928	1.5
Any Category 1 hazard	3,588,351	2,528	9,069,736,562	522,559,907	34.7

For those minority ethnic households living in a home with a Category 1 hazard, the most cost effective works required to raise the energy efficiency of the home closer to the national average (a SAP rating of at least 50) were also estimated. The average cost to improve these dwellings to achieve this was £5,443. If this approach were followed, we estimate that some £53 million of treatment costs could be saved by the NHS, with a payback period of 41 years (if remedial action were all made at once).

6 The other costs of leaving ethnic minorities in poor housing

Payback periods for remedying Category 1 hazards relating to overcrowding and excess cold do not appear to be cost-effective for a long period, but these hazards have knock-on effects in other areas of society as well as having an impact on occupants' well-being. Living in an overcrowded home, for example, not only increases the risk of infections and communicable disease, but recent studies (Ambrose and Farrell, 2009 and Ambrose, 2010) have shown clear links with children's educational attainment which will affect their income (and therefore how much tax revenue the government obtains) throughout their life. Living in a cold home can affect occupants' mental health and their level of social participation as well as causing or exacerbating existing respiratory conditions. Tuberculosis is associated with poor and overcrowded housing and is particularly over-represented in ethnic minority households in urban areas. The *Tuberculosis in the UK: 2012 report* (Pedrazzoli *et al*, 2012) shows that 74% of all UK cases of tuberculosis were found in minority ethnic patients born outside the UK. The costs of dealing with depression, anxiety and social isolation are almost impossible to quantify. Energy improvements arising from better insulation of homes are also vital in order to produce fuel and carbon savings.

A study of the full range of costs associated with poor housing (Roys *et al*, 2010) suggests that the direct costs to the NHS used in this calculation, at best, only account for 40% of the total cost to society. By multiplying the NHS saving (by 2.5%) up to 100%, the total cost to society is estimated at some £129 million per year and the payback period for all hazards would be reduced from 16 years to 6 years.

A number of local authorities have investigated the potential health benefits of private sector renewal and/or their enforcement policies within this sector. Bristol, Derby, Liverpool, Plymouth, Great Yarmouth and 4NW (Northwest Region), for example, have used a Housing Health Cost Calculator (HHCC) for calculating the health costs of hazards in homes, and the savings made where these have been mitigated or significantly reduced. The tool details the cost savings to the NHS and wider society gained by both enforcement and improvement strategies. Further details, including a case study, can be found in the Housing Cost Calculator (BRE and RHE Environmental Ltd, 2012).

7 Case studies of the cost-benefits of improving the homes of ethnic minorities

The following case study provides an example of how local investment into improving poor housing can not only benefit occupants but provide savings to the NHS. Put together from material from a variety of sources, it should not be identified with any actual household in England. The costs come from the 2010 EHS and the methodology is from *The Real Cost of Poor Housing* (Roys *et al*, 2010).

Case Study 1 – HHSRS Category 1 excess cold

A pre 1919 privately owned terraced house in the South East occupied by a single, 75 year old, retired, black female (widow) on basic state pension.



Current = Solid walled with un-insulated 9” brick walls, some double glazing; small amount of roof insulation; heating by storage radiators (using off-peak electricity); water heating by electric immersion. The dwelling has a SAP rating of 22 and is therefore a Category 1 excess cold hazard. The household is in fuel poverty.

Basic improvements = install a condensing gas boiler and radiators for space and water heating. Top up loft insulation. The SAP rating rises to 59 and the household is no longer in fuel poverty.

Basic + solid wall insulation = Basic improvements plus internal insulation to front and rear elevations. SAP rating rises to 69.

Upgrade	SAP	Cost of upgrade (at 2009 prices)	Fuel cost (per annum)	Savings to NHS (per annum)	Payback to NHS (years)
Current	22	-	£965	-	-
Basic energy improvements	59	£3,528	£461	£528	6.7
Basic + solid wall insulation	69	£9,199	£355	£533	17.3

This case study shows that the energy improvement measures to remedy the Category 1 excess cold hazard not only reduce the cost burden to the NHS but also improve the running costs.

Conclusion

This report shows that England's 2.2 million minority ethnic households are much more likely to live in rented accommodation than their white counterparts. Their households are larger, even though their homes are smaller, and they are more likely to live in urban areas. On the surface, it would appear that their housing conditions are similar to white households. This is because social housing is generally 'decent' and well maintained by the landlord. However, the private housing of minority ethnic households is more likely to be in poor condition and, most noticeably, there are indications that it is more likely to be overcrowded and have fire safety and security problems.

Because of the way that HHSRS information is now collected through the EHS and the availability from the NHS on the outcomes of housing hazards, it has been possible for the first time to quantify the cost to society of poor housing among minority ethnic households. The total cost is some £52 million in terms of the savings in the first year of treatment costs to the NHS if the hazards are removed to an acceptable level. The full cost to society, when other factors such as reduced educational and employment attainment are taken into account, is estimated to be some £129million per year.

These costs may actually seem quite low to some. However, it should be stressed that this research has focussed on the worst 15% of the housing stock occupied by minority ethnic households, and on reducing the effect of the worst hazards rather than eradicating them altogether. This approach has the earliest payback in terms of cost-benefits, although some may consider it to be unambitious in the longer term, where we should be aiming for ever higher housing standards across the whole of the housing stock.

This research demonstrates that simple home safety improvements, e.g. handrails on dangerous stairs and steps and better home security, are very cost-effective. The argument is regularly pushed to make our homes warmer and more energy efficient, but the case is usually made around saving energy, carbon and money and not about keeping people in good health and giving families better economic chances in life. The case study shows that basic energy efficiency works to the home of a fuel poor household can payback in saved NHS treatment costs alone within 7 years and continue to accrue benefits into the future.

Overcrowding has been identified as a significant problem among minority ethnic households. It is more a reflection of the mismatch between what people require from their housing and what they can afford than the actual condition of the housing stock. It is more difficult to demonstrate the cost-benefits of extensive improvement works to deal with overcrowding than some of the other hazards, but there will be occasions where it will be better to extend someone's home than providing alternative housing.

Fuel poverty is a major problem among minority ethnic households, even those that live in a decent home. This is particularly the case in places like London where basic housing costs (especially private sector rents) are so expensive even before the ability to heat the home is taken into account.

It is recognised that treating all non-white ethnic minorities as one group has its limitations and more research is needed on the differences in housing conditions between and within them. It should also be remembered that this research is primarily about the condition of the dwellings themselves and their suitability for the households who occupy them. It is not about policies toward minority ethnic households, poverty or housing allocations.

In policy terms, this information might be used to present a more informed case to central and local government, to Public Health England and to the NHS for investment in housing, on the basis that it not only improves people's health and life chances but it makes sound economic sense and can actually save public money in the long term. In particular relation to minority ethnic households, it might be used to identify and target the most vulnerable households in poor housing and work with the various agencies and landlords to improve their situations.

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Helen Garrett has worked on a number of policy reviews for DCLG (Department of Communities and Local Government) and well as contributing to the English House Condition Survey/English House Survey data reconciliation and analyses and report writing required for the annual reports since 2008.

Justine Piddington has over 20 years' experience working on the English House Condition Survey/English Housing Survey undertaking data modelling, survey form development, data analysis, database management and reporting.

Simon Nicol is the Group Director for BRE Housing and Energy – a multi-disciplinary team of project managers, building professionals, social researchers, statisticians, mathematicians and scientists. His specialism include; National Housing Surveys, Housing and Health, Housing data and statistics and Housing energy efficiency.

Readers

David Carrigan
Peter Somerset
Emma Stone

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Race Equality Foundation
Unit 17 & 22
Deane House Studios
27 Greenwood Place
London NW5 1LB
T: 020 7428 1880
F: 020 7428 0912
www.raceequalityfoundation.org.uk