



FPH response to the Decent Homes Standard consultation

Introduction

The FPH response to the Ministry of Housing, Communities and Local Government consultation on a reformed Decent Homes Standard for social and privately rented homes was led by the FPH Healthy Places SIG and submitted on 10th September 2025.

The Faculty of Public Health (FPH) is the professional home for public health in the UK and supports over 5000 members across the public health system. Our vision is for a healthier and fairer place where everyone deserves the chance to live a long and healthy life. This includes promoting policies and programmes that improve health and wellbeing and tackle health inequalities, as well as making health a priority for cross-government action. The FPH Healthy Places Special Interest Group (SIG) has been established to provide a forum for information sharing, collaboration, and advocacy on issues surrounding the natural and built environments, urbanisation, and sustainability. We have a range of members drawn from local authorities, academia, and health. This consultation response represents the breadth of housing and health experience and expertise amongst FPH members from across the UK.

We welcome the opportunity to respond to the UK Government's consultation on the reformed Decent Homes Standard (DHS) for social and privately rented homes. As a public health body committed to improving population health and reducing health inequalities, we recognise that housing is a foundational building block of health across the life course.

The proposed reforms to the Decent Homes Standard – extending its application to the private rented sector and clarifying expectations around safety, warmth, and decency – represent a significant step toward ensuring that all residents, regardless of tenure, live in environments that support their physical and mental health and wellbeing.

Our response draws on evidence from public health research and practice, including the well-established links between poor housing conditions and various adverse health outcomes including respiratory illness, mental health challenges, and increased risk of injury.

We believe that aligning housing policy with public health objectives – such as reducing fuel poverty, ensuring affordable warmth, preventing falls and trips, reducing indoor air pollution, preventing childhood accidents, and promoting healthy ageing – will be essential to achieving the ambitions of the reformed Decent Homes Standard. Our submission outlines key recommendations for implementation and monitoring. We wish to emphasise the



importance of partnership working to ensure that housing contributes meaningfully to improved health outcomes.

Proposal 1 Updating the definition of disrepair (Criterion B)

Do you agree that age should be removed from the definition of disrepair?

Yes

Do you agree that the thresholds used to define disrepair for each component should be updated to reflect a more descriptive measure as proposed?

Yes

Do you agree that the number of items or components which must require major repairs for the component to be considered in disrepair should be reduced?

Yes

Do you agree that kitchens and bathroom components should be considered as “key” i.e. one or more in disrepair would cause a property to fail the DHS?

Yes. It is the view of the FPH Healthy Places SIG that a home should not be thought of as decent if its kitchen and/or bathroom is in a state of disrepair.¹

Do you agree with the proposed list of building components that must be kept in good repair?

Yes

If you have any views on this specific question you would like to share, please do so here

We encourage the use of clear language in the development of the new Decent Homes Standard. Taking the proposed updated definitions of disrepair for kitchens and bathrooms as an example, we are concerned that the language fails to clearly set out what is required. We welcome the requirement that all items listed *must* be in a usable condition (the presence of these items in good working order is necessary for public health), but anticipate that those responsible for carrying out repairs may rely on the fact that replacement of items is only required if *more than one* of them needs replacing. This distinction may well be unduly nuanced.

¹ See W Poortinga, et al. ‘Social and health outcomes following upgrades to a national housing standard: a multilevel analysis of a five-wave repeated cross-sectional survey.’ *BMC Public Health* 17, 927 (2017). <https://doi.org/10.1186/s12889-017-4928-x>.



Many of the components listed here are ones which, when well maintained, make places healthier. As such, the FPH Healthy Places SIG believes that this aspect of the standard should be applied more broadly to other parts of the sector.

The private rented sector now represents 19% of all households in England,² and issues of housing quality are often more prevalent in this part of the sector than in others.³ As the new *10 Year Health Plan for England* reiterates, it is the social determinants of health, including 'the standard of the housing listed for rent', that drive the country's widening health inequalities.⁴ The FPH agrees, and takes the view that housing standards should be applied consistently across tenure type, to ensure health outcomes that are truly equitable. However, the Faculty recognises that the provision and maintenance of these components give rise to complicated questions of freehold and leasehold ownership, and encourages the government to seek advice from consultees with relevant expertise in developing this part of the new Decent Homes Standard.

Proposal 2 Facilities and services (Criterion C)

Do you agree that under the new DHS landlords should be required to provide at least three out of the four facilities listed?

Yes, but the view of the FPH Healthy Places SIG is that the standard ought to go further: landlords should be required to provide all four of the facilities listed. Furthermore, we are not persuaded that the fourth facility listed (adequate size and layout of common entrance areas for blocks of flats) is as important as the other three facilities, insofar as being a constituent part of a 'decent home'. That is not to say we do not think the fourth facility should be included – rather, we are concerned that this will be provided instead of other facilities which are more obviously necessary for public health (see answers to part c and d below).

Do you believe that the “multiple choice” nature of Criterion C (i.e. landlords must provide at least three out of the four facilities listed) could lead to any practical implications for tenants, landlords and/or organisations responsible for regulating/enforcing the standard?

Yes. In our view the 'multiple choice' nature of Criterion C will encourage landlords to provide whichever of the facilities it is easiest for them to provide. As such, the facilities tenants are provided with will likely be determined by financial considerations rather than because of a

² MHCLG, English Private Landlord Survey (2024).

³ MHCLG, English Housing Survey (2023-24).

⁴ DHSC, 'Fit For the Future: 10 Year Health Plan for England' (2025) 58.



commitment in good faith to provide decent homes. We are concerned that the use of a multiple-choice option for Criterion C will give rise to a race to the bottom, undermining the laudable aims of the Decent Homes Standard.

If there is anything else you would like to add on this specific proposal, please do so here

It is the view of the FPH Healthy Places SIG that dwellings should provide facilities in addition to the four listed to be considered decent. In our view, dwellings should at the very least have space for a full-sized bed.

Proposal 3 Window restrictors (Criterion C)

Do you agree with the proposal that all rented properties must provide child-resistant window restrictors that can be overridden by an adult on all windows which present a fall risk for children (as defined above including a recommended guarding height of 1100mm)?

Yes

If there is anything else you would like to add on this specific proposal, please do so here

The absence of child-resistant window restrictors in rented properties presents a clear risk to public health. Data from the National Child Mortality Database shows that in the last six years sixteen children have died as a result of falls from windows or balconies⁵ – it is notable that the majority of these deaths relate to privately rented properties and social housing.⁶ As such, the FPH Healthy Places SIG strongly supports Proposal 3.

Proposal 4 Home security measures (Criterion C)

The following questions relate to additional home security requirements in the DHS:

Do you think that home security requirements in relation to external doors and windows are sufficiently covered in the Decent Homes Standard?

⁵ NCMD, 'Deaths of children aged under 11 years as a result of a fall from a window or balcony' (August 2025). <https://www.ncmd.info/wp-content/uploads/2025/08/NCMD-falls-from-windows-and-balconies-briefing.pdf>.

⁶ *ibid*, 4.



Yes.

Proposal 5 Suitable floor coverings (Criterion C)

Do you think that landlords should provide suitable floor coverings in all rooms at the start of every new tenancy from an agreed implementation date?

Don't know.

If you have any views on this specific question you would like to share, please do so here:

It is important that tenants have suitable floor coverings in all rooms from the beginning of the tenancy. Providing suitable floor coverings in all rooms offers clear health benefits. It reduces the risk of injuries from slips, trips, and falls—especially for children, older adults, and people with disabilities. Floor coverings also improve thermal comfort, helping maintain warmer indoor temperatures and reducing cold-related health issues like respiratory and cardiovascular conditions. From a mental health perspective, proper flooring supports dignity, reduces stress, and promotes wellbeing, particularly for tenants who may feel stigmatised by bare or damaged floors. For families, it creates safer environments for children to play and develop. Additionally, floor coverings help reduce noise transmission, improving sleep and neighbour relations. Overall, ensuring all rooms have suitable flooring is a simple, cost-effective way for landlords to support tenant health, safety, and quality of life.

Proposal 6 Streamline and update thermal comfort requirements (Criterion D)

26: Do you agree with the proposal that the primary heating system must have a distribution system sufficient to provide heat to the whole home?

Yes.

28: If there is anything else you would like to add on this specific topic please do so here

It is important that homes are adequately heated in their entirety for the reasons listed below.

Living in a cold home is associated with a wide range of serious health conditions, including:

- Respiratory illnesses such as asthma, bronchitis, and pneumonia.
- Cardiovascular problems, including increased blood pressure and risk of heart attacks and strokes.
- Mental health issues, including anxiety and depression, often linked to fuel poverty and thermal discomfort.



- Increased risk of falls and injuries, particularly among older adults due to reduced mobility and muscle strength in cold conditions. If only part of a home is heated, residents may:
- Congregate in a single warm room, increasing the risk of overcrowding, poor indoor air quality, and transmission of infectious diseases.
- Sleep in unheated bedrooms, which is particularly dangerous for children, older adults, and those with chronic illnesses. Night-time cold exposure is linked to excess winter deaths.
- Avoid using certain rooms, leading to underuse of space and potential damp and mould growth in colder, unventilated areas—both of which are known to exacerbate respiratory conditions.

A well-distributed heating system helps maintain:

- Consistent indoor temperatures (ideally 18–21°C), which are recommended by the WHO and UK health authorities for health protection.
- Lower humidity and reduced condensation, which in turn reduces the risk of mould growth—a major trigger for asthma and allergies.
- Improved thermal comfort, which supports better sleep, productivity, and overall wellbeing.

Cold homes contribute to an estimated £850 million annual cost to the NHS due to preventable illnesses and hospital admissions. Ensuring whole-home heating is a cost-effective public health intervention that reduces long-term strain on health and social care services.

Proposal 7 Properties should be free from damp and mould (Criterion E)

Our expectation is that, to meet the DHS, landlords should ensure their properties are free from damp and mould. Do you agree with this approach?

Yes

Criterion E will be in addition to the requirements under Awaab's Law as it aims to prevent damp and mould reaching a level that is hazardous. If, however, damp and mould in a property were to become severe enough to cause 'significant harm', landlords would have to comply with Awaab's Law to ensure prompt remediation and, if they do not, tenants will be able to take action in the courts. The damp and mould standard in the DHS should however help to prevent damp and mould getting that severe. Do you agree with this approach?

Yes.



To ensure the standard is met, regulators and enforcers will consider whether the home is free from damp and mould at bands A to H of the HHSRS, excluding only the mildest damp and mould hazards? Do you agree with this approach?

Don't Know

If there is anything else you would like to add on this specific proposal please do so here.

The FPH Healthy Places SIG welcomes this approach, which is preventative rather than reactive. However, we note that while it is important that tenants can take legal action where damp and mould is serious enough to cause 'significant harm', the harm to health will already be taking place by this point. We further note that the onus should not necessarily fall on tenants to take action themselves, and would welcome an appropriately resourced regulatory function for upholding these standards which may be a greater role for local authorities in enforcing standards across tenure types.

Section 4: Application of the DHS to temporary accommodation and supported housing and implications for leasehold and commonhold tenants and landlords

Temporary accommodation

Do you agree all other aspects of the DHS in relation to bathrooms and facilities should still apply to temporary accommodation which lacks kitchen and cooking facilities and/or separate bathroom facilities?

Yes, although we note the importance of providing adequate kitchen and cooking facilities as well as bathrooms. The importance of these facilities demonstrates the link between housing as a determinant of health, and other social determinants: it is crucial that households are able to cook and prepare food from scratch, which is cheaper and healthier than alternative options. Failure to create an environment that facilitates this will likely have a significant impact on the health of those living in temporary accommodation, and will further contribute to widening health inequalities.

Adequate kitchen and bathroom facilities are also vital for health, safety, and wellbeing. A good bathroom supports personal hygiene, infection control, and dignity. Without it, individuals face increased risks of gastrointestinal and skin infections, mental distress, and physical injury—especially among older adults and those with disabilities. Poor ventilation and maintenance can also lead to damp and mould, exacerbating respiratory conditions.



A functional kitchen is equally important. It enables safe food storage and preparation, reducing the risk of foodborne illness and supporting healthy eating habits. Inadequate kitchen facilities often lead to reliance on processed or takeaway food, contributing to poor nutrition and chronic disease. Kitchens also play a role in mental wellbeing and independence, particularly for vulnerable groups.

Both spaces must be safe, accessible, and well-ventilated to prevent hazards such as slips, poor air quality, and pest infestations. Their absence or poor condition can render a home unfit for habitation under UK law and contribute to health inequalities.

Ensuring all homes have decent kitchen and bathroom facilities is a cost-effective public health intervention that supports physical health, mental wellbeing, and social dignity.

Supported housing

Are there any challenges you foresee in applying the outlined DHS proposals in Supported Housing?

No

Leasehold and commonhold

Do you agree with the proposed approach to enforcement for rented properties that are leasehold?

Yes

What information and/or topics would you like included in the proposed additional best practice guidance for social and private landlords and tenants? (Select all that apply)

Please select what you would like to include:

- Accessibility
- Additional home security measures e.g. external lighting and CCTV
- Adaptations to climate change
- Furniture provision
- Water efficiency measures

What do you think the implementation date for the DHS should be in the SRS?

Other

If Other – What do you think the implementation date should be? (Please select one)



2031. There is recognition that landlords require sufficient time to carry out improvements to properties and to maintain and grow the current housing stock. However, this should not be done at the cost of a declining health impact on the residents. We believe that five years is adequate time to carry out necessary improvements for the SRS.

What do you think the implementation date for the DHS should be in the PRS? (Please select one)

Other

If Other – What do you think the implementation date should be? (Please select one)

2029. There is recognition that landlords require sufficient time to carry out improvements to properties and to maintain and grow the current housing stock. However, this should not be done at the cost of a declining health impact on the residents. We believe that three years is adequate time to carry out necessary improvements for the PRS taking into consideration the faster turnover of residents and opportunity to carry out improvements compared to the SRS.

Do you support phasing in some elements of the new Decent Homes Standard ahead of the proposed full implementation dates (2035/2037)?

Yes, although we note our belief that the implementation should be sooner.

If Yes – Which elements of the new DHS do you think should be introduced ahead of the proposed full implementation dates (2035/2037)?

Our primary interest is the promotion of public health, and as such we support implementation of these measures as soon as is practicable. However, we appreciate there are additional considerations that other consultees will be better placed to speak to.

Do you agree that providers should be given flexibility from meeting the DHS where tenants refuse access?

Yes, so long as these refusals are well evidenced, and that all relevant factors are taken into account. Landlords should not be able to use this flexibility as a loophole, and every effort should be made to liaise with tenants in a manner that respects their quiet enjoyment of the property.

Do you agree that there should be additional guidance issued by the government to provide more detail on tenant refusals?

Yes

Do you agree that providers should be given flexibility from meeting the DHS where there are physical or planning factors preventing compliance?



Yes. We encourage the use of a health in all policies approach across relevant public sector bodies (including planning departments) to ensure that these factors do not end up preventing improvements which are necessary for ensuring homes are of a high quality.

Do you agree that statutory enforcement guidance should specify that local authorities should exercise discretion on enforcement when physical or planning factors prevent compliance with a DHS requirement?

Yes

Should statutory enforcement guidance specify that local authorities exercise discretion on enforcement in situations of tenant refusal?

Yes