

Living With Mould

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1.0 Introduction

1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience.

One of the functions of a local Healthwatch under the Health and Social Care Act 2012 is the provision of an advice and information service to the public about accessing, understanding, and navigating health and social care services and their choices in relation to aspects of those services. This document was revised in July 2022 and the role of Healthwatch was further strengthened as a voice of the public with a role in ensuring lived experience was heard at the highest level.

The Healthwatch Essex Information and Guidance team is dedicated to capturing the health and social care experiences people in Essex are encountering daily. The team respond to enquiries relating to health and social care and are equipped through training to offer specific information to the public or other professionals. The team are well placed to listen, reflect on and support people to share difficult experiences such as those shared in this report.

1.2 Terminology and acronyms

Awaab's Law - colloquial term for 2025 legislation widely accepted to be in honour of Awaab Ishak, who died shortly after his second birthday in 2020. Rochdale Coroner's Court ruled that this was caused by prolonged exposure to black mould in his home which had "inadequate ventilation and was not equipped for normal day-to-day living activities which led to excess damp and condensation".

HHSRS - Housing Health and Safety Rating System.

Part F Compliance - Part F of the Building Regulations focuses on ventilation requirements in buildings, ensuring adequate airflow to maintain healthy indoor air quality and prevent issues like mould.

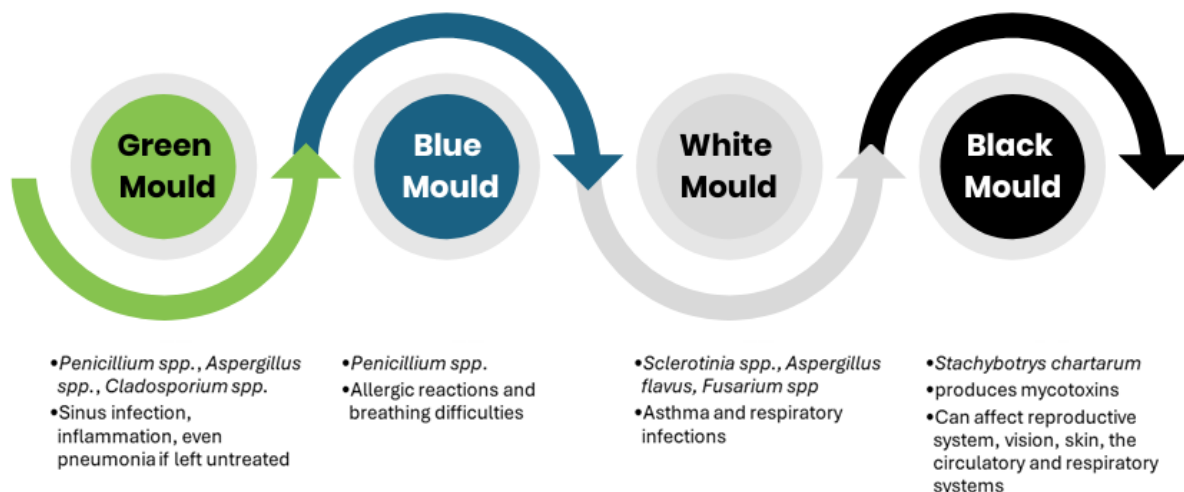
Air Source Heat Pump - an energy-efficient system that provides both heating and cooling by transferring heat between the indoors and outdoors.

1.3 Topic Background

The presence of mould in residential environments has become an increasingly pressing concern, particularly as awareness grows about its potential impact on health and wellbeing. Mould, a type of fungus that thrives in damp and poorly ventilated conditions, is not merely an aesthetic issue but a significant health hazard. This report explores the multifaceted effects of living in a home affected by mould, with a focus on its implications for physical health, mental wellbeing, and overall quality of life.

Exposure to mould has been linked to a range of health problems, including respiratory conditions such as asthma, allergies, and chronic sinus infections. Vulnerable groups, such as children, the elderly, and individuals with pre-existing health conditions, are particularly at risk. Beyond physical health, the psychological toll of living in a mould-affected home is substantial. Persistent dampness and visible mould growth can contribute to stress, anxiety, and feelings of helplessness, exacerbating mental health challenges.

The four types of mould:



The most significant, impactful type of mould is black mould. If black mould is present, vulnerable individuals (children, elderly, asthma sufferers, immunosuppressed) should leave the affected area immediately or minimise exposure. This is clearly extremely challenging when it is your home.

Everyone has the right to a warm, secure and decent home but many people are living in a home with damp and mould, which may put their health at risk. As of

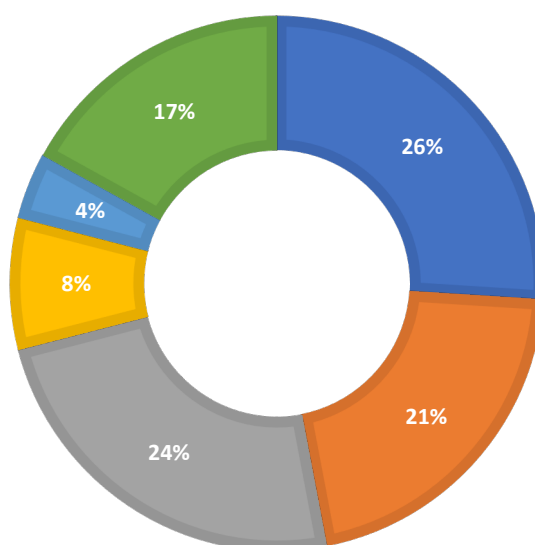
2024, the government estimates of the number of homes in England with damp and mould range from 4% to 27% of homes, or 962,000 to 6.5 million households. The wide variation is due to the ways in which damp and mould are measured and how it is reported, which only serves to highlight how disjointed we are in terms of our knowledge and by implication our ability to combat it.

Either way, when extrapolated out and contextualised for Essex, there is a huge and highly impactful issue to be addressed.

Government figures for England from 2020 also highlight ethnic disparities within the subset of households affected by mould exposure, with Mixed White/Black, Black, Bangladeshi, and Pakistani households the most affected. 24% of those affected are Asian, while that figure is just 8% for White.

ETHNICITY BREAKDOWN OF HOUSEHOLDS AFFECTED BY MOULD

■ Asian ■ Black ■ Mixed ■ White ■ Other ■ Not declared



The figures also highlight that socio-economic status matters, with lower income groups (often living in rented or social housing) experiencing more damp issues.

Awaab's Law

The Hazards in Social Housing (Prescribed Requirements) (England) Regulations 2025 (commonly referred to as Awaab's Law) mandates social landlords to address damp,

mould, and emergency hazards within strict timeframes, fundamentally changing tenant rights and landlord responsibilities.

The law is a significant piece of legislation aimed at improving housing conditions in the social rented sector in England. It was introduced following the tragic case of Awaab Ishak, who died due to exposure to mould in his home. The law establishes clear requirements for social landlords to ensure safe living conditions for tenants, particularly concerning damp and mould issues.

This will be extended into the private rental sector in 2026 as part of the forthcoming Renters' Rights Bill.

The key provisions are:

Emergency Hazards: Landlords must investigate and make safe any emergency hazards within 24 hours. If immediate action cannot be taken, suitable alternative accommodation must be provided to tenants.

Significant Hazards: For significant hazards, landlords have 10 working days to complete a thorough investigation and provide a written summary of their findings and actions taken.

Legal Rights for Tenants: The law creates legally enforceable rights for tenants, ensuring that when they report issues, landlords are required to act promptly. This includes the obligation to keep tenants informed throughout the process and to provide clear communication regarding safety measures.

Scope of Hazards: Initially, Awaab's Law focuses on damp and mould hazards, but it will expand to cover additional housing hazards in subsequent years. By 2026, the regulations will include other significant hazards, and by 2027, all remaining hazards under the Housing Health and Safety Rating System (HHSRS) will be addressed, excluding overcrowding.

Accountability: If landlords fail to comply with the requirements, tenants can hold them accountable through legal action for breach of contract. This includes the option to escalate complaints through the social landlord's complaints procedure or the Housing Ombudsman Service.

Awaab's Law represents a crucial step towards ensuring that social housing is safe and habitable. By establishing clear timelines and responsibilities, it aims to protect tenants from health risks associated with poor housing conditions, particularly damp and mould. Social landlords must adhere to the principles and specifics of this law and ensure they are compliant and safeguard their tenants' welfare.

1.4 Acknowledgements

Healthwatch Essex would like to thank the hundreds of people who engaged with us, participated in this project, and completed the survey.

Our thanks are also made to those individuals who took the time to speak with us and share their personal stories, and to the local authority and other housing associations, alongside private sector landlords who gave us valuable perspective on many of the problems encountered.

We would also like to thank our many partners, contacts, and networks, who worked with us to share the project and survey throughout Essex and help generate such a strong level of interest and feedback.

Thanks also go to Anglia Ruskin University's 'Students at the Heart of Knowledge Exchange' (SHoKE) programme, in particular Aanchal Saini, Sarah Morris, Ishak Jamatia, and Deborah Tetteh for their highly professional background research and input into this report.

1.5 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during the engagement period. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

2.0 Purpose

The problems and impact on health and wellbeing from living in homes affected by mould are of national and international significance and require legislation and other big-ticket recommendations and guidance.

However, there is still a place for affecting change on a local scale, by understanding the real-life experience of our Essex population, and getting a real sense of what this means to families and loved ones. There is an opportunity to learn and truly understand what people need, what they are going through, and what is already being successfully implemented, both before, and because of, Awaab's Law.

Simple systems, communication processes, and well written customer focussed policy can make quick, but robust improvements - but only if done with input from our residents and from current, successful working practices.

2.1 Engagement methods

Participants and contributors were contacted through the Healthwatch Essex website, through local and regional Facebook groups, the Healthwatch Essex newsletters, Facebook page and Instagram. Word of mouth also played an important role along with promotion of the project via our extensive networks.

Our partners, other organisations and working groups across Essex, together with our volunteers and many individuals inside and outside of the NHS and ECC helped and supported our efforts to engage with and reach as many people throughout the area as possible.

People were engaged in two ways:



Survey

A survey was created to gain perspective and insight from residents who have had experience of living with mould.



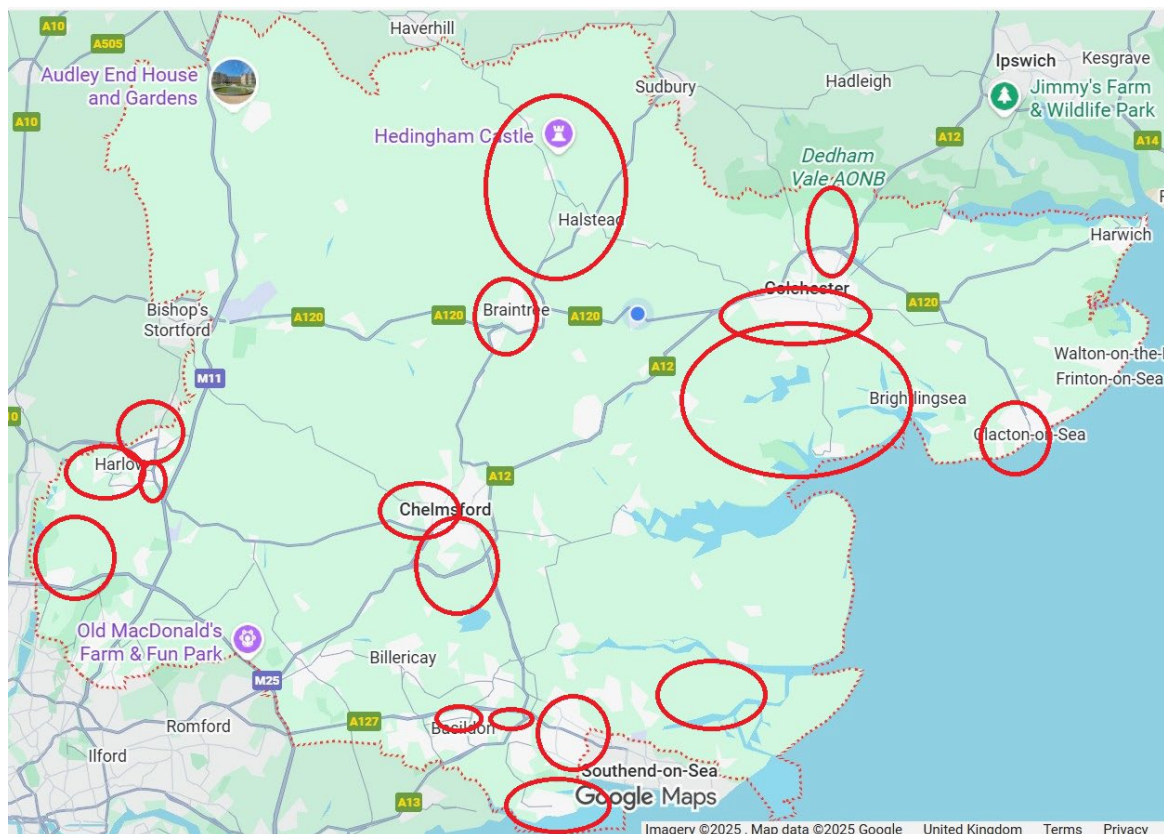
Interviews

Individual interviews were conducted to collect personal stories from members of the public. All participants gave their consent to have their interviews recorded and for their experiences to be shared within this report. However, to ensure their anonymity, and confidentiality of information they provided, all names used are pseudonyms.

2.2 The Survey

The survey consisted of 8 core questions, mixing multiple choice and ‘free text’ information boxes, enabling the participants to expand on their answers. Additionally, we asked about the ages of members of the household and requested pertinent demographic details.

The survey was primarily in an online format but was also available to be printed and filled out manually as required. The Information and Guidance Team at Healthwatch Essex were also available if the survey needed to be completed in any other format, such as over the telephone. Surveys were completed by people from 17 different postcode areas shown below (postcode areas are approximate).



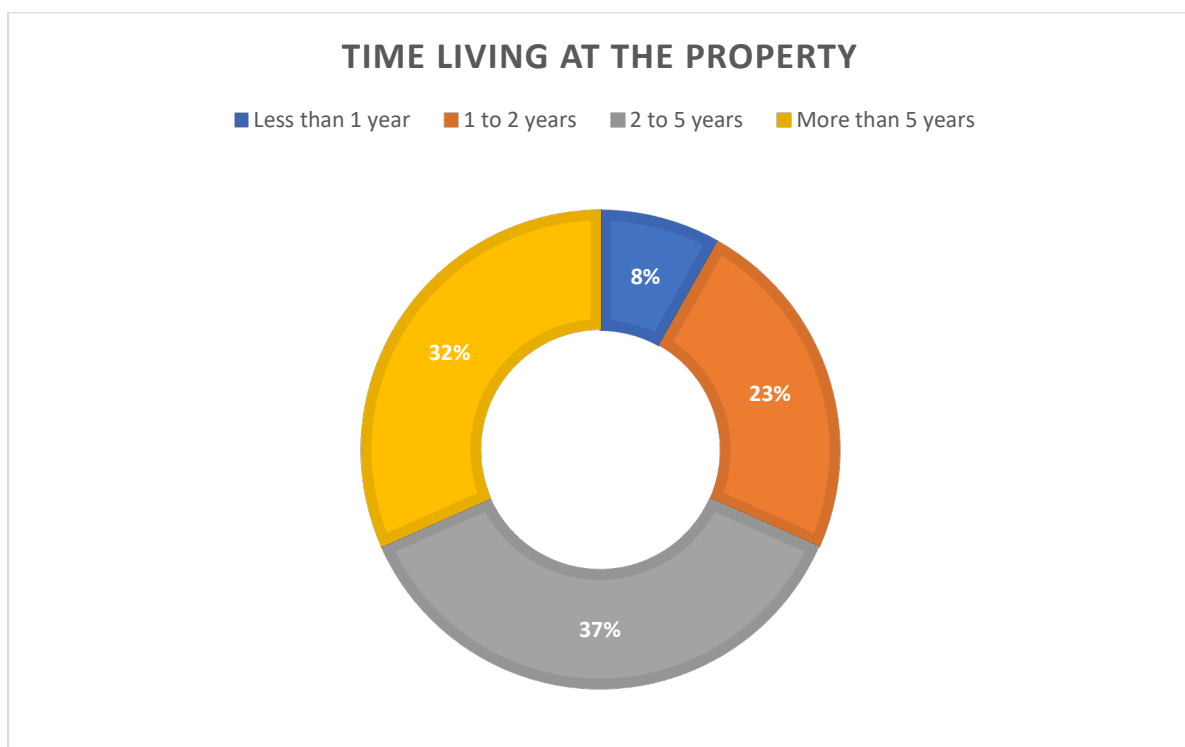
The participants gave us the information below and the age groups of the people living in the affected homes:

66% of the homes had one or more children under 16
42% of the homes had one or more young person aged 16-24
80% of the homes had one or more adult over the age of 24

The gender of people completing the survey was:

Female 58%
Male 38%
Other 4%

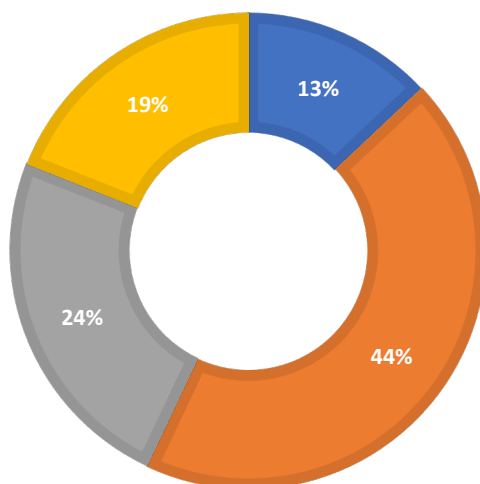
We asked people how long they have been living in their home, and how long the mould has been a problem. A significant proportion of people completing the survey have been living in their homes for some time, while only a few are recently moved in.



Following on from this, a worrying proportion of people have been living with mould issues for an unacceptably long period of time:

PERIOD OF TIME THE PROPERTY HAS BEEN AFFECTED BY MOULD

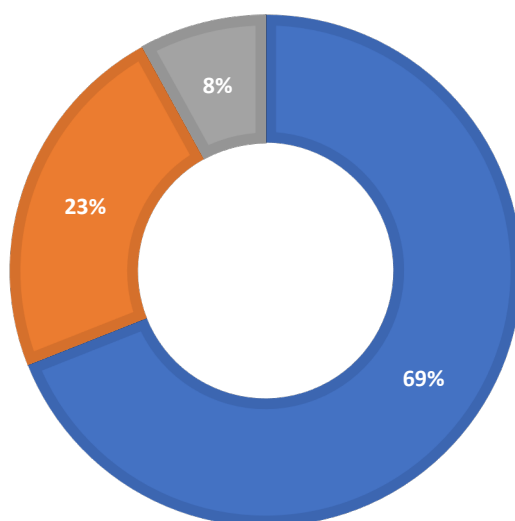
■ Less than 1 year ■ 1 - 2 years ■ 3 - 5 years ■ More than 5 years



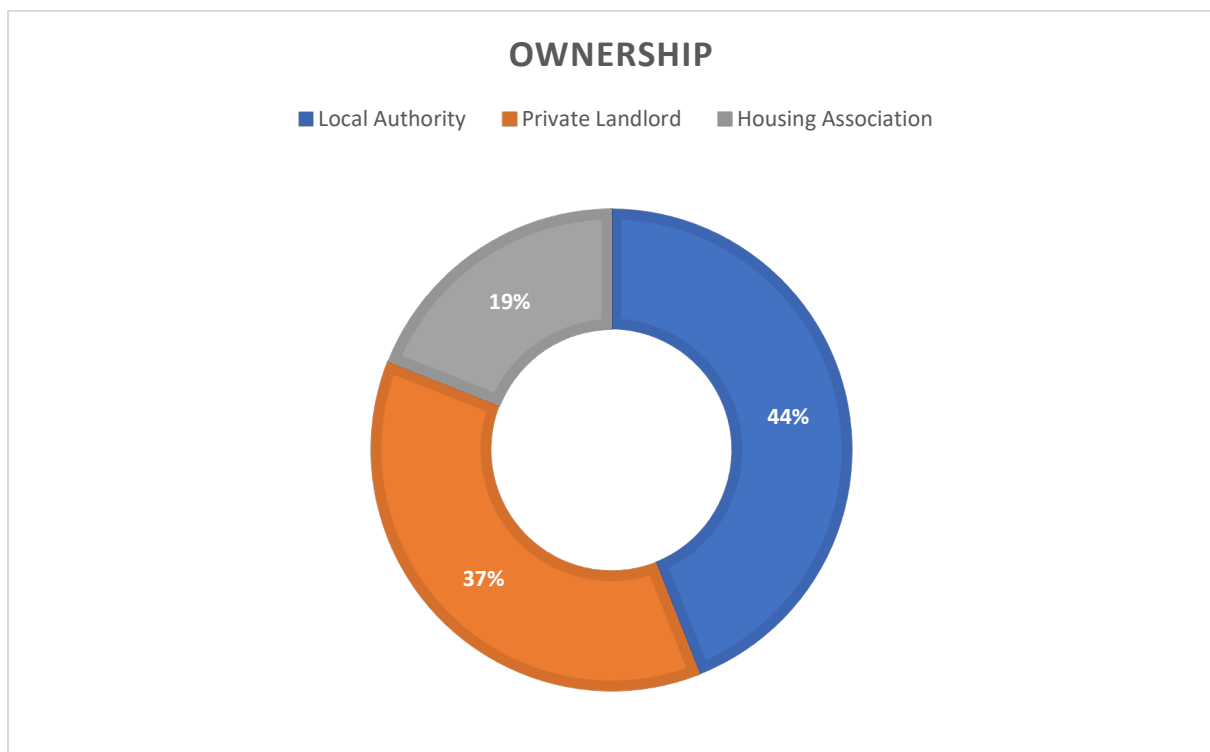
The survey also demonstrated the high percentage of respondents who live in flats.

PROPERTY TYPE

■ Flat ■ Terrace ■ Semi-Detached



Flats are clearly the most affected property type, and it should be noted that these figures for Essex are not out of keeping with national figures. Anecdotally, they reflect the stories that Healthwatch Essex's Information and Guidance team hear when they are out and about meeting the public around the county.

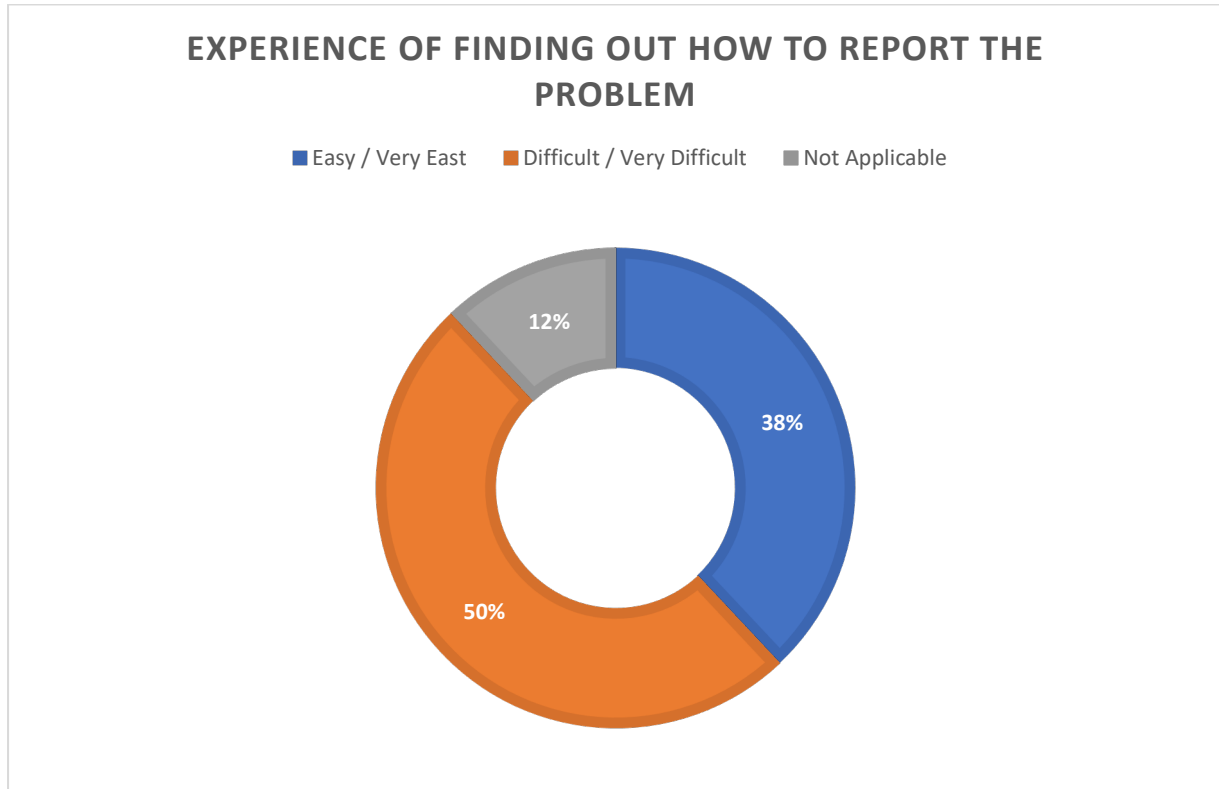


The initial implementation phase of Awaab's Law only covers social housing, not the private rental sector. It will be interesting to see how future research reflects the amount of time people have to continue living with mould before permanent solutions are found.

Will the legislation have the impact it's designed to? Will the private sector step up and confront the issue when Awaab's Law effects them later in 2026?

As the early parts of this report imply, the impact of having to live with mould can be profound and debilitating both mentally and physically. A person's overall experience starts even before talking or sending an email to someone. Just finding out where to start can be difficult, as it's easy for some people to feel lost before they've even got going. Anxiety builds at every stage.

We asked people to describe their experience of finding out how to report a problem with mould in their property:



Sadly, and disappointingly, 50% of our responders were far from happy, finding even this step either 'difficult' or 'very difficult'.

On the other hand, 38% of people said it was 'easy' or 'very easy'. There is clearly work to be done, but it should be hoped that the new legal framework will provide the impetus for landlords from all sectors to disseminate this first step framework as openly as possible.

Following directly on, clearly the very first response when contacting a property owner or housing officer or similar cannot be underestimated in setting the tone on how the problem will be dealt with, and thus whether a tenant can relax and have a burden lifted before it escalates.

We asked if people could tell us about the initial response and a representative short-quote sample is below:

'Contacted them and they were kind.'

'Reported to my letting agents who were slow but did respond.'

'Told the landlord who came round.'

‘They came out quickly to look.’

‘Immediately dismissed, told the property has historic problems with damp and mould as if that makes it ok.’

‘I emailed so many times... my daughter went to A&E... my housing officer wasn't helpful at all... we got given to someone else and she helped so much got us a place to stay... I was about to give birth to my son and would have had to bring him home to the accommodation.’

‘They were slow to take action. I had to push them a few times to instigate remedial works as well.’

‘Listened and made appointment to come out.’

‘I sent photos and contacted my landlord. He blamed me for the mould (even though speaking with the neighbours all of the flats have mould). We had no heating for the first year which caused the home to be more damp. The landlord never took responsibility resulting in us now moving.’

‘I told my landlord via WhatsApp and email, and got a quick reply.’

‘For years Colchester council homes blamed me for not opening windows. Turned out the bathroom vent went into the wall cavity only and we had no loft insulation. They still tried to blame us even after a report found these problems and roof vent problems.’

‘I got moved into this flat, but both kitchen and bathroom have mould, housing association done nothing.’

‘Talked to landlord they said to open windows and wipe mould away.’

‘Couldn't get through to anyone, didn't seem to be interested when I did.’

‘Inaccessible. Don't call us and we won't call you. No voicemails.’

Whether the experiencing of reporting a problem is positive or negative, the key factor is what happens next. Is it thorough and professional? Are people listened to and heard? Are people treated respectfully by whoever comes out to inspect?

Here's some examples of what people told us about the help they've received since reporting:

‘Came and fixed it.’

‘None - promised to do the work, put up my rent but no work had been carried out for over three years now.’

‘Handy man has re-siliconed loads of window frames. Said they fixed it, but it just came back. Came out again and just did the same - anti mould paint, but plasterboard is damp and the paint falls off then the mould comes back.’

‘The problem is caused by a lack of ventilation, including "skylights" that are just sheets of plastic stuck in holes in the ceilings and no extractor fan in the bathroom. Every time we bring it up, we are dismissed or given a different excuse as to why they can't install a fan. Electrician also told us that the ways the (electric) radiators are wired is unsafe, they changed one of the 6. The window in living room is broken so there is always cold air coming and they took a month to replace an external vent that fell off in the middle of winter. There is always cold damp air coming in the house with no way to heat it up safely. Landlord could not care less and put rents up despite not fixing basic issues. In winter we have to spend hours each week wiping the mould of the walls and ceilings, the landlord's response was to send his contractor round once to wipe it off. We told them how often we do this and how quickly it comes back but they don't take us seriously.’

‘Sarah was so lovely couldn't thank her enough she took a few days to get everything together and tell us the plan. I've been living like this for about a year with my daughter, it was very hard she was the best person for us.’*

‘Significant works have now taken place to remove affected parts of walls to remove damp etc.’

‘Didn't come out for weeks, and then said I need to open windows, but it was winter and I can't afford heating. All they did was clean it and use a spray. I still have to clean it every week, or it gets really bad really quickly.’

‘None.’

‘I haven't received any help. I have tried to use over the counter treatments. I have received little support. I made suggestions such as getting a dehumidifier which I was allowed to do, which has made a huge difference. However, the cause of the mould has not been investigated nor a permanent solution sought. At all times Colchester Housing stalled and refused to do a thing.’

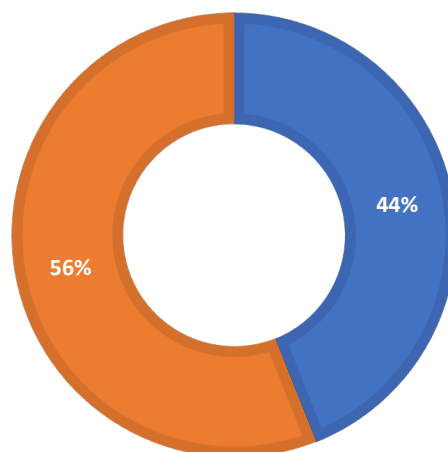
‘None until last month, sort of done bathroom as was a leak since before I got dumped here.’

‘Slow at first, then when they did come, they took a really good look and got people in to clean, do plasterwork, and put it right.’

We wanted to look into the onset of newly diagnosed health conditions that have become established in the period since damp and mould has become an issue. We can all make an assumption of a link, but you can see from the figures below that the empirical evidence is clearly there:

**HAVE YOU HAD A NEWLY DIAGNOSED HEALTH
CONDITION SINCE YOU FIRST DISCOVERED MOULD IN
YOUR HOME?**

■ Yes ■ No



However, we need to get much more than statistics. We need to find out what it's like living day to day in these conditions, the impact it has - the lived experience of people in Essex having to endure this.

So, we asked them to briefly tell us what sort of effect it was having on them and their family's general wellbeing, both mentally and physically. Here's some of the responses:

‘Felt depressed because we only just moved in and thought it would be a lovely new home for us, but it felt damp almost straight away.’

‘We have all been ill.’

‘Miserable, depressed, hate being at home.’

‘It makes my lungs really tight. In the winter when it is bad there are times when I struggle to breathe, I get sick often and have to take time off work. It effects every part of your life, everything smells of damp and clothes left in the wardrobe get covered in mould, it eats up your time and is demoralising to be dismissed by the person who is responsible for it.’

‘So scared that my baby won't survive in my room with the mould. I had so many people over to see the mould, my mental health lady saw it at its worst.’

‘Felt further on edge, added to depressive feelings and feelings of hopelessness. For context, for the last 15 months I have been mentally unwell.’

‘We have lots of colds and coughs and our home doesn't feel like a home. I worry for my children.’

‘Low mood and some shortness of breath.’

‘Very frequent, colds and chest infections. Felt very low when mould was at its worst.’

‘It's been very stressful.’

‘Won't cook properly as sink is surrounded by mould on worktops. Waiting to see specialist it's driving me mad, so upset and angry plus don't eat properly as won't prepare food in there.’

‘I have asthma, so it is not good for me, also makes the flat feel dirty.’

2.3 Interviews

We wanted to speak to a few individuals to get a greater understanding of their lived experience, and below are three such case studies:

Case Study 1

Janet* lived in rented local authority housing with her partner and four-year-old daughter. At the time she was newly pregnant. The mould developed over time and despite airflow, as much heating as they could afford, and regular cleaning, it got worse quite quickly. Janet reported the problem by email, asking for advice on what either she, or the housing authority could do. No-one contacted her back. Nothing.

She and her partner continued trying to contact them by phone and email, explaining the problem, but still nobody contacted them back. This went on for seven months.

'It got to the point where there was mould in the kitchen, and it was on three of the four walls in the living room. When we pulled the cupboards out in the bedroom there was mould behind them and there was more against the beds in the other bedroom. There was more in the bathroom and there was a hole in the ceiling.'

With the help of her dad, Janet cleaned and cleaned with mould spray, but it needed doing so often that she became more and more worried about the chemicals, and the danger it could expose her daughter and unborn child to. A horrible dilemma. Mould or chemicals!

It was during this time that Janet's mental health declined:

'I felt completely abandoned because no one was listening, it was like being some sort of outsider, like I didn't exist.'

*I started having night terrors, I felt so anxious. How could I possibly have a baby and bring them home to a place like this? What sort of mother would do that? How could a newborn child with a weak immune system cope?
My daughter's asthma was getting worse and we all had constant coughs and colds.'*

It all came to a head when her daughter had an asthma attack:

'She'd had a couple before, but this one was really bad and I called an ambulance. The ambulance crew could see, smell, and feel the damp, but I don't think they reported it.'

I decided to take a photo of my daughter in A&E and send it to the housing people and say I'd go to the press if they didn't do anything and told them again I was going to have the baby really soon.'

A while later Janet was contacted by a woman from the housing authority. She told her story and she took it very seriously. Everything changed.

'She came over a couple of days later, and when she had a look around she immediately said 'You can't possibly live in a place like this, let me find you another place to stay' A few days later we grabbed clothes and some toys and that sort of stuff and they moved us into some other accommodation.'

They worked on their flat for about two to three weeks.

‘We went to have a look while they were there, they’d moved everything, there was mould behind the kitchen units and all over the place, all the furniture had been moved, they were doing the walls and absolutely everything.’

During the period they were in temporary accommodation, Janet had a baby boy. However, she felt really upset and depressed:

‘I wasn’t in my own home, it felt like being homeless and bringing a new life into the world. What mum wants to do that; I wanted to take my baby home to a home.’

However, when they got home:

‘I was worried they’d do a bodge job, but they’d sorted out the carpets, the kitchen, they’d redecorated and did a bloody good job.’

The repairs included new extractor fans in the kitchen and bathroom, and they’ve been given a dehumidifier:

‘Now I feel able to bath my children and not worry it will make the walls and ceiling get covered in mould and get worse and worse.’

When Janet and I spoke, it was eight months since the work had finished. Her daughter’s asthma has improved (she still uses an inhaler, but hasn’t had any attacks), and her baby son is doing great.

When she told me about the woman from the housing authority, her voice and tone lifted and completely changed - I don’t think she’ll ever forget her. She told me how there’s been an incredible weight lifted from her shoulders, and how they now have an opportunity to all be together, healthy, and well.

This is a real tale of two halves. It shows the impact of living in such awful conditions, and it shows how a whole family’s health and wellbeing can be transformed. If only the system hadn’t been broken. If Janet’s first report had been effectively managed, the problems could have been sorted (presumably more quickly and less expensively), and the mental and physical health problems that the family has had to endure could have been minimised or completely cut out.

Case Study 2

Susan* lives in a private rented apartment. After a troubled past impacted by addiction and homelessness, she was very happy to be moving into her new home.

‘The new home should have helped me in every way, but it’s become a nightmare that’s pushing me backwards instead of helping me take forward steps. It puts an extra strain on everything.’

Mould appeared the first winter after moving in, and initially Susan tried to deal with it herself. But the problem escalated and became too much for her to deal with - it clearly needed more significant work.

She reported the problem but was met with a blank response and her request for work to be done was completely ignored.

Many months (maybe even a year) later, some work was done elsewhere in the complex. Susan got her hopes up as she was told she was ‘on the list’ and they would re-plaster and paint.

But the workers came and went, and nothing was done. Her flat wasn’t touched, and another year passed.

‘I just wanted a bit of comfort at the end of the day, to be able to relax, not to be constantly worrying about my health, worrying about my breathing being laboured, and struggling so much with exercise?’

During all this, Susan’s rent has continued to go up, some of which she was led to believe would go towards renovations. But still nothing was done.

She’s lacking all faith in them, but due to her difficult past life experiences she is very wary:

‘I’m worried I’ll get myself evicted if I make too much of a fuss, I’m worried I’ll get myself into trouble.’

One real positive is that Susan has a great GP, who’s aware of her situation and is very supportive. Her mental health has had some real low points, which is so challenging when trying to keep your life turned in the right direction, but her GP has prescribed anti-depressants and continues to provide lots of additional help with other elements of her health care.

Instead of being an incredibly positive change, Susan’s new home has nearly broken her. It’s challenged her physically and mentally, and she still lives on a precipice. Only her inner strength and determination is stopping her from relapsing into a world where she needs constant support from all sorts of health and social care services just to survive.

At the time of speaking to me, Susan still hasn't had the work done, but she's been given a date for when they will do the work. She's keeping everything crossed.

Case Study 3

Matthew* has lived in his flat for four years. He has been in and out of work during that time.

'I've always had anxiety and depression and it's difficult to stay in work. I try my best, but it just gets too much, and I end up back on the dole.'

'My flat's cold and damp, but nobody wants to sort it out properly, they come and clean it up, but then the mould comes back.'

Matthew first reported it two years ago, and someone came out quite quickly to take a look. They didn't stay long, but they said they would arrange for someone to come and put it right. When they came several weeks later, they spent several hours with spray and cleaning equipment.

'It looked really good when they left, and I felt relieved, but after about three weeks it started coming back. I tried cleaning it myself, but it didn't make much difference.'

Since then, there's been an ongoing cycle of them coming out, but not fixing the problem properly. He feels he's making a nuisance of himself, but it's now getting worse more quickly and each time feels like it's more of a battle to get them to come out, and they still won't take it more seriously. They did some re-painting, but not much.

'I'm completely out of energy, I don't know why they don't just fix it properly. I reckon they just think it's cheaper to come out occasionally and just spray and wipe it down. They don't care.'

Matthew hopes it's now reached a point where they will do a proper fix. He wasn't aware of Awaab's Law, so he's going to email them about it and hope to get some action.

**names have been changed to protect participant anonymity.*

2.4 What's changing?

CHP (housing association based in Chelmsford) have a stock of over 10,000 units, with around 60% built between the 1930s and 1970s, and 40% from the 1980s onwards.

Their mould and damp reporting and response protocols are relatively new - having been built in 2022 following the death of Awaab Ishak two years earlier.

The processes have been tightened where necessary to incorporate specific requirements of the 2025 legislation, but because their systems from 2022 are so robust, they are still the backbone of how they address the core issues.

The organisation was determined to be pro-active and embed best working practices not just in the direct response and inspection teams, but across every member of the organisation from the Chief Executive down.

10-day response times are in place, but there is a shorter emergency response profile for cases with more immediate concerns.

All inspectors have City and Guild Level 3 Remediation Qualifications, and are further trained on damp and mould, and core aspects of surveying.

Importantly, alongside the functional remediation works processes, there is the District team who are there to help with the people aspects. They are there to focus on individuals' support needs, to help those with challenges accessing other services, and to give advice where people will benefit from additional guidance.

Works are carried out to high standards, with ventilation replaced and installed at Part F Compliance. It is then their mission to follow-up and ensure that the remedial work is successful, with every member of staff who visits properties tasked to check and report. There are also rolling stock condition surveys on a maximum five-year rotation.

Technology plays an increasingly important role, with expanding programs using smart devices, algorithms, and AI facilitated communications to keep on top of problems before they rear up.

At Colchester Borough Homes (CBH), the Operations team have a rolling stock condition program managed by qualified building surveyors who work to the HHSRS guidelines which run through 29 possible risks to a property.

Where mould or damp is identified, it is escalated direct to the contractors. Where there is more immediate or serious risk, the contractors will go out immediately or the very next day.

Additionally, CBH have two full-time tenant officers who are out and about visiting residents. One of their core responsibilities is to ask about and check on mould. They have an app that notifies the back-office team, who raise an inspection or mould treatment notice to the contractors. They are given a rating depending on the significance of the problem to ensure they get the best and most appropriate treatment in good time.

Once again, in serious cases, and where there might be vulnerable tenants, they will attend the next day, provide alternative accommodation, and whatever is required.

The biggest difficulties they have with their pro-active program are issues around access. People are sometimes suspicious, or they might have mental health problems or other vulnerabilities, which means they are reluctant to let anyone in unless they feel they absolutely have to. But finding problems early is pivotal and has significant impact that benefits all sides.

CBH work hard to educate their customers about heating and ventilation, and how to best manage energy use, but that's a challenge with very low-income households. Close working with their Financial Information Team helps those affected by fuel poverty and offers ongoing support.

Installing high quality extractors and highlighting the improvements that will be made, are having positive results. They are sometimes turned off to save money and stop drafts, but good ventilation equipment will cost £5 or less a year to run.

Alongside this, they have improved record keeping and have a thorough audit of the process, including aftercare such as the provision of residents' packs for light-touch cleaning, together with follow-on checks.

Additionally, with all new builds, they ensure that technology such as air source heat pumps are used as standard. While they may not be building in huge numbers, they are ensuring they are of high quality and future-proof.

3.0 Key Findings and Recommendations

Key Findings

Reporting pathway:

Complaints and reports about mould from residents are not being dealt with consistently. There is still a strong sense of fear and anxiety about reporting, and that feels justified when looking at the professional's initial response.

Mental health impact:

Living in a home affected by mould is depressing. It makes people anxious, worried, lonely and isolated, and not heard. It has a huge impact on whole families. A safe and warm home is a cornerstone of a happy life, and everyone needs to fully appreciate that. There has to be a re-balance of thinking - away from 'need to fix the property' (financial cost) to 'need to support the family' (emotional wellbeing).

Timescales to complete necessary works following a report:

This requires full commitment and an appreciation of the long-term gain, not just a tick-box exercise.

Recommendations:

Spotting the problem:

Early identification of at-risk people and properties reduces the social and economic cost. The principle of 'a stitch in time' has been around for generations, but landlords must work towards empowering everyone to report problems, treating mould reports with the respect they deserve, and intervening as quickly and appropriately as possible.

Training:

People need to understand the human element. They need to be aware of the tenant's perspective and be trained to see the complete picture. It's not just bricks and mortar that need a fix. If mould is reported, it's already impacting the people living there. Remedial work will still take time, and learning 'softer' skills about reassurance, together with a referral to an organisation like Healthwatch will be a great emotional benefit.

Education:

Telling people abruptly to 'open your windows and turn your heating on' is completely counterproductive. It may well be sound advice, but with the cost of heating and other concerns, that advice is simply not viable for many. People (residents) need to be given better explanations of what works, why, and how it can be done with the lowest downside and cost. For example, opening a window in the bathroom for 5 minutes after a bath or shower can have an impact, as can a window in the kitchen for a few minutes while cooking. It doesn't have to

bring the temperature of the whole home down drastically, but it produces airflow. Education around airflow can be extremely important. A simple extractor fan costs pennies but reduces moisture significantly.

Technology:

Tech doesn't have to be cutting edge, or complex, or expensive, but best practice would have it embedded into solutions and support. Extractors, thermostats, insulation, smart technology, etc. It can also be utilised for estate management, inspection reports, timetabling, and maintenance.

Promotion and awareness:

There's no doubt that leafletting every home, putting fliers in GP surgeries and libraries, and posting on social media will reach a lot of people. But there also needs to be significant proactivity at the next level, creating enough impact to make it part of the conversation. The NHS, social care, charities, employers, and community groups need to work together to ensure media exposure links in with the ongoing rollout of Awaab's Law and subsequent legislation.

Something of national significance can be reported regionally and locally, based on what we are doing in Essex. Use the opportunity to showcase what's being done, and how the local community will benefit. Awareness of rights and responsibilities can be channelled through individuals, ambulance services, property managers, GPs, hospitals, charities and other outside parties, highlighting that reporting is easy, and the response will be friendly and helpful.

4.0 Conclusion

It seems clear, both empirically and anecdotally, that policy and procedure has been implemented positively, proactively and responsibly by local authority and social housing providers.

However, in 2, 5 or 10 years, how will actual lived experience differ from what's talked about in this report today? Will private sector landlords, management companies, and managing agents be as equally committed as their public sector colleagues? Or will they treat it as a tick-box exercise, doing the absolute minimum to avoid legal proceedings? Will Awaab's Law's impact diminish over time - will the legal machine work in 'average' cases, or solely in severe cases? Will the law step in and hold landlords to account, and will that be ongoing?

Speaking to other people while producing this report has additionally thrown up far too many examples of victim blaming. 'They just won't ventilate the place', 'They're hoarders and you can't do anything', 'They don't listen and won't let you inside'. I'm sure these situations exist, but it's how people in authority react and reflect that matters. Awaab's Law is in response to tragic physical ill health, but linked in with this, day-to-day, we hear about the significant impact on people's

mental health due to mould. Yes, there needs to be clarity and education for tenants about prevention and self-maintenance, but there has to be understanding and empathy from the other side for everything people are going through.

Dealing with the issues of living with mould is so much more than policy and process, regardless of who the landlord is. It remains vital that everybody involved in the allocation, management, maintenance, and any other element of housing has an empathetic and non-judgemental attitude towards the people who find themselves in the incredibly impactful and depressing position of having a home blighted with mould.

Small interactions make or break. Feeling understood and legitimised by all the people you look towards for help, be it social worker or plumber, can make all the difference. No one wants to live with mould - its effects are awful, and no one wants to own a property blighted with mould - it's not in any landlord's interest.

The introduction of Awaab's Law presents an opportunity to change the landscape if we choose to take it.



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