

Webinar - Housekeeping



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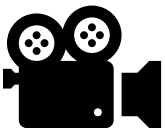
Please turn your camera off



Only pre-submitted questions will be addressed by the panel.



There will be no chat function activated.



This webinar will be recorded - slides will be shared after this event.



Office for Health
Improvement
& Disparities

Damp and Mould in the Home – a public health issue

ADPH London, OHID, DHSC and DLUCH

21st March 2024



UK Health
Security
Agency

Damp and mould: Health effects

Prof. Sani Dimitroulopoulou

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Air Quality and Public Health, Environmental Hazards and Emergencies Dept, UK Health Security Agency
Visiting Professor, The Bartlett School, University College London
Chair, UK Indoor Environments Group

Guidance on the health risks of damp and mould in the home

- Government commitment following the tragic death of 2-year-old Awaab Ishak who died from a severe respiratory condition due to prolonged exposure to mould in his home
- A collaborative effort between Office for Health Improvement and Disparities (OHID), UK Health Security Agency (UKHSA) and Department for Levelling Up, Housing and Communities (DLUHC)
- Established an expert advisory group and engaged with over 200 people from organisations representing landlords, tenants, academics, experts on building design, environmental and public health professionals
- [Damp and mould: understanding and addressing the health risks for rented housing providers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/damp-and-mould-understanding-and-addressing-the-health-risks-for-rented-housing-providers) published 7 September 2023
- Primarily aimed at **social** and **private rented housing providers** who need to be clear on: the health risks to tenants, their legal responsibilities and what they can do to address and reduce the risk of damp and mould

Health effects of damp and mould

- Damp and mould in the home can produce allergens, irritants, mould spores and other toxins that are harmful to health
- Damp and mould primarily affect the airways and lungs and can cause serious illness and, in the most severe cases, death
- **Respiratory effects** include:
 - general symptoms such as cough, wheeze and shortness of breath
 - increased risk of airway infections, including aspergillosis (an infection of the airways with the fungus *Aspergillus*)
 - development or worsening of allergic airway diseases e.g. rhinitis, asthma and conditions that involve inflammation of the airways, eg bronchitis, COPD
- **Other physical health effects** include: irritation of the eyes and skin and other fungal infections, especially in people with weakened immune systems
- Living in a home with damp and mould can also affect tenants' **mental health**

[Damp and mould: understanding and addressing the health risks for rented housing providers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/damp-and-mould-understanding-and-addressing-the-health-risks-for-rented-housing-providers)

Environmental burden of disease

Population exposures

- % of population exposed

x

Epidemiological exposure-response relationships

- Relative risk ratios (RR), odds ratios (OR), hazard ratios (HR), functions / equations
- Threshold effects and shape of the relationship



Population Attributable Fraction

Binary exposure

$$PAF = \frac{P(RR - 1)}{P(RR - 1) + 1}$$

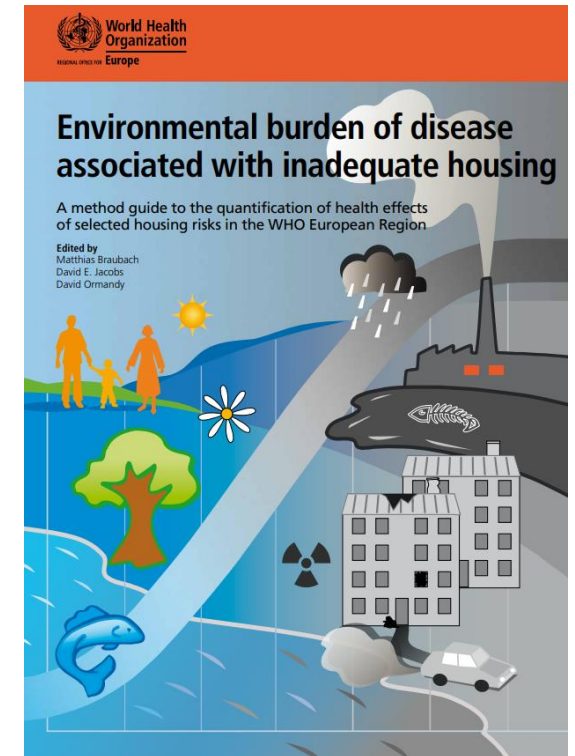
x

Total disease incidence / mortality / health burden (DALYs)

Disability Adjusted Life Years lost (Years of life lived in less than full health (morbidity) + Years of life lost due to premature mortality)



Exposure attributable incidence of disease / mortality / health burden



Scope

When



2019

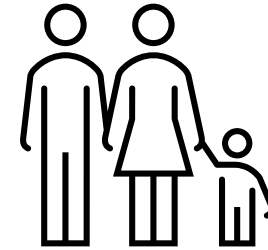
*Changes over time:
2014, 2009 (Damp and mould)*

Where



England
(national)

Who



Infants and children (0-14)
Older adolescents and adults (15 – 49)

Age groupings which aligned best with evidence from epi studies, national health data, and exposure data

Inequalities in PAFs based on income, ethnicity, and illness (D/M)

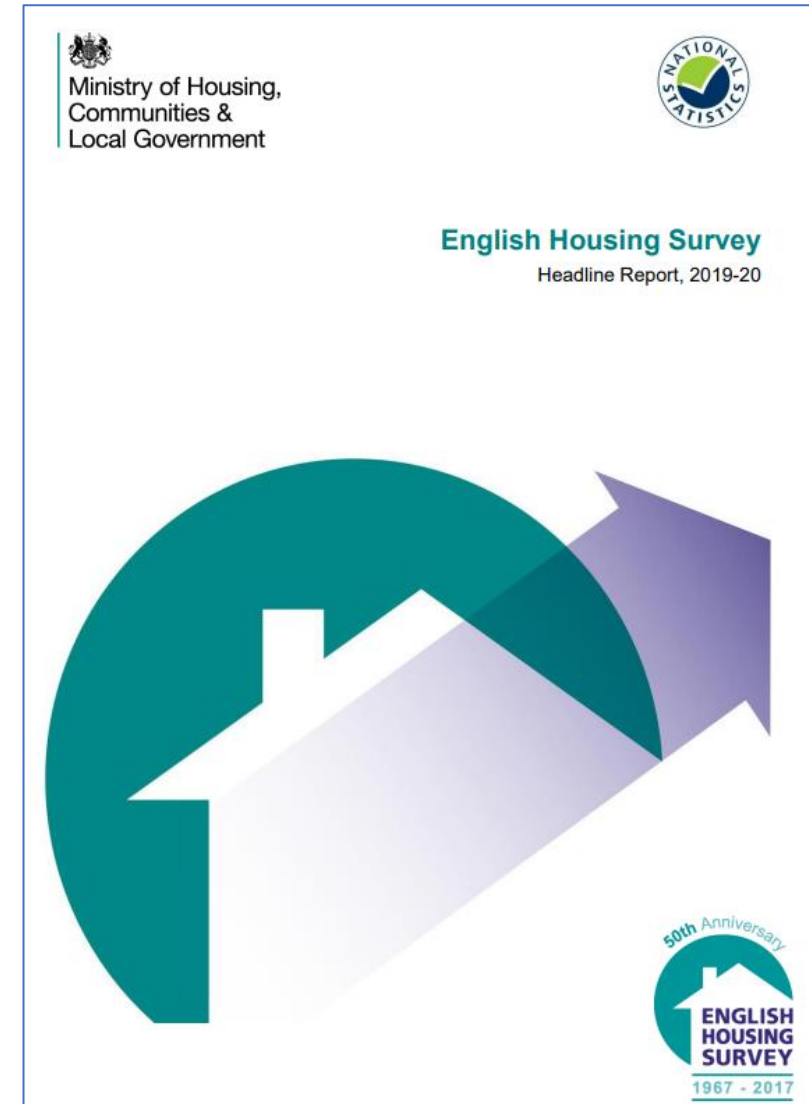
Exposures (damp and mould)

Percentage of dwellings with any damp (i.e., any damp or mould) as reported in the English Housing Survey (DLUHC 2022)

Year	% of dwellings	
	All sampled dwellings	Sampled dwellings where age of youngest person is under 16 years
2019	3.4%	4.2%
2014	4.3%	5.4%
2009	8.1%	9.2%

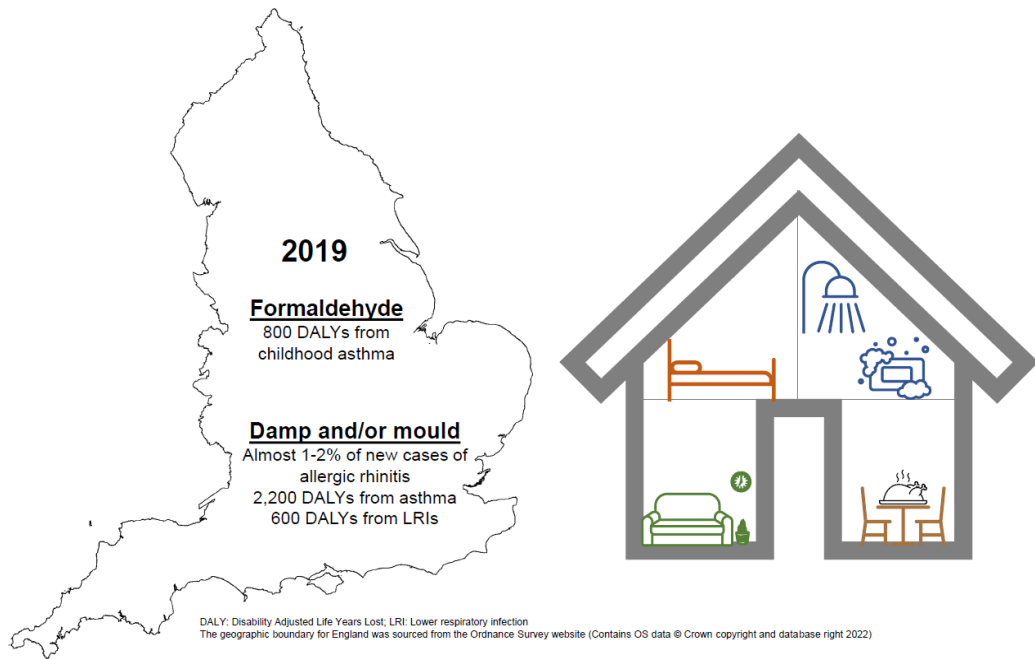
Uncertainties in exposure distribution

- **Healthy Homes Barometer Report 2022 (VELUX, RAND)** reported that **14%** of homes in Western Europe had damp and mould (based on Pan European surveys)
- **Energy Follow-up Survey (2021)** surveyed a representative sample of homes in 2018 in England and estimated **27%** of dwellings had some form of damp and/or mould



Exposure response relationships

Exposure	Health Outcome	Source	Type of Study	Number of Studies/ Cohorts	ERF (e.g., RR, OR) [95% CI]	ERF Lower	ERF Upper	Ages (yrs)
Main (primary) estimates								
Damp and/or mould (% of dwellings)	Asthma	Quansah et al., 2012 [73]	Meta-analysis	16	1.50 [1.25–1.80]	-	-	0–14
Damp and/or mould (% of dwellings)	Asthma	Wang et al., 2019 [96]	Longitudinal cohort study	Large cohort pooling data across 5 Scandinavian countries	1.43 [1.12–1.83]	-	-	15–49
Damp and/or mould (% of dwellings)	Lower respiratory infections	Fisk et al., 2010 [70]	Meta-analysis	15	1.50 [1.32–1.70] Respiratory infections excluding common cold and nonspecific upper respiratory infections	-	-	0–14 15–49
Secondary estimates								
Damp and/or mould (% of dwellings)	Allergic Rhinitis	Jaakkola et al., 2013 [72]	Meta-analysis	19	1.43 [1.34–1.53]	-	-	0–14
Damp and/or mould (% of dwellings)	Allergic Rhinitis	Wang et al., 2019 [96]	Longitudinal cohort study	Large cohort pooling data across 5 Scandinavian countries	1.28 [1.08–1.52]	-	-	15–49
Damp and/or mould (% of dwellings)	Bronchitis	Fisk et al., 2010 [70]	Meta-analysis	13	1.45 [1.32–1.59] Acute or chronic bronchitis	-	-	0–14 15–49

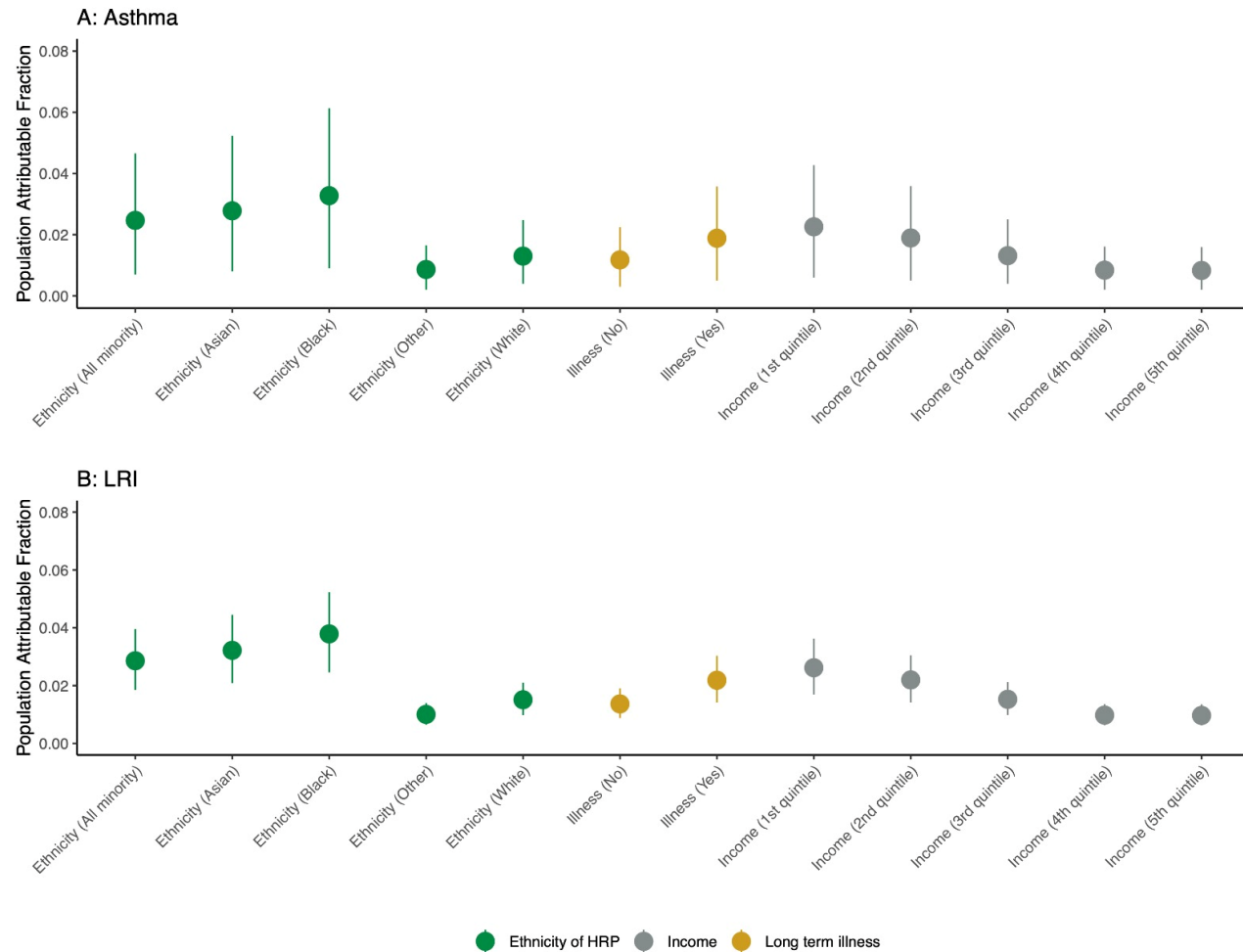


- In 2019, the presence of damp and/or mould in English residences was estimated to be associated with approximately:
 - 5,000 cases of asthma;
 - 8,500 cases of lower respiratory infections among children and adults.
 and contributed to:
 - 1 to 2% of new cases of allergic rhinitis in that year.

- Alternative data sources, primarily from self-reporting suggest that the percentage of dwellings affected by damp and/or mould may be even higher than the estimates used for this study, in which case the total number of cases could be 3 to 8 times greater.

Clark, S.N.; Lam, H.C.Y.; Goode, E.-J.; Marczyklo, E.L.; Exley, K.S.; Dimitroulopoulou, S (2023). The Burden of Respiratory Disease from Formaldehyde, Damp and Mould in English Housing. *Environments*, 10(8), 136. <https://doi.org/10.3390/environments10080136>

Inequalities (damp and mould)



Inequalities in the percentage of dwellings with any damp (i.e., damp and/or mould) in 2019, as defined by the English Housing Survey. Data in this table is taken directly from ((DLUHC 2022) (Table DA5103 (SST5.3))).

Group	% of dwellings
Income groups	
1st quintile (lowest)	5.4
2nd quintile	4.5
3rd quintile	3.1
4th quintile	2.0
5th quintile (highest)	2.0
Long term illness or disability	
Yes	4.5
No	2.8
Ethnicity of HRP	
white	3.1
black	7.9
Asian	6.7
other	2.0
all minority	5.9

Population Attributable Fractions for asthma (plot **A**) and lower respiratory infections (LRI) (plot **B**) among adults associated with **damp and/or mould** in English residences (2019). Legend: HRP: Household reference person; LRI: Lower respiratory infections; PAF: Population Attributable Fraction.

People at increased risk from damp and mould

People most at risk of health issues from damp and mould

- certain pre-existing health condition, e.g. asthma, COPD, cystic fibrosis
- those with a weakened immune system
- those with disabilities, who are more likely to live in cold or damp homes
- people with poor mental health
- pregnant women, their unborn babies and women in post-partum
- children and young people
- older people, especially those with a disability or poor access to healthcare services
- those who are bedbound, housebound or have mobility problems, and difficulty getting out of a home with damp and mould, into fresh air

People who are most likely to live in homes with damp and mould

- people with a long-term health condition
- people who struggle to heat their homes and/or are experiencing fuel poverty
- people on low incomes
- people with disabilities
- people from ethnic minority backgrounds
- people living in temporary accommodation

People who may face barriers reporting damp and mould

- people from ethnic minority backgrounds
- have moved to the UK in the last 10 years, including people seeking refuge and foreign students
- people in and out of homelessness and/or in insecure tenures
- people with a learning disability and/or neurodiverse condition e.g. autism
- people living with a mental health condition
- people who are dependent on alcohol and/or drugs
- people in receipt of welfare benefits
- people who live in houses of multiple occupation (HMO)
- people living in the private rented sector who have a fear of eviction
- people with either temporary or on-going support needs

[Damp and mould: understanding and addressing the health risks for rented housing providers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/damp-and-mould-understanding-and-addressing-the-health-risks-for-rented-housing-providers)

Let's work together



to reduce our exposure to damp and mould

Thank you!

www.gov.uk/ukhsa

Sani.Dimitroulopoulou@ukhsa.gov.uk



Office for Health
Improvement
& Disparities



Department for Levelling Up,
Housing & Communities



UK Health
Security
Agency

Understanding the health risks of damp and mould in the home

Guidance for social and private landlords

21st March 2024

Introduction



Image by Freepik

The size of the problem

- An estimated 962,000 to 6.5 million (4% to 27%) households in England live with damp and mould.
- People living in private or social rented housing are more likely to live in a home with damp and mould than owner occupiers.
- Each year, the NHS spends an estimated £1.4 billion annually on treating illnesses associated with living in poor housing, with a wider cost to society of £18.6bn.
- Poor housing will cost an estimated over [£135.5bn](#) over the next 30 years without urgent action



Overview of the guidance

- [Damp and mould: understanding and addressing the health risks for rented housing providers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/damp-and-mould-understanding-and-addressing-the-health-risks-for-rented-housing-providers) published 7 September 2023
- Government commitment following the tragic death of 2-year-old Awaab Ishak who died from a severe respiratory condition due to prolonged exposure to mould in his home
- Primarily aimed at social and private rented housing providers but includes a lot of information **relevant to health and social care professionals, tenants and owner occupiers**
- A collaborative effort between Office for Health Improvement and Disparities (OHID), UK Health Security Agency (UKHSA) and Department for Levelling Up, Housing and Communities (DLUHC)
- Established an expert advisory group and engaged with over 200 people from organisations representing landlords, tenants, academics, experts on building design, environmental and public health professionals



The health risks of damp and mould



Images by Freepik

- Damp and mould in the home can produce allergens, irritants, mould spores and other toxins that are harmful to health.
- Damp and mould primarily affect the airways and lungs and can cause serious illness and, in the most severe cases, death.
- Respiratory effects include:
 - general symptoms such as cough, wheeze and shortness of breath
 - increased risk of airway infections, including aspergillosis (an infection of the airways with the fungus *Aspergillus*)
 - development or worsening of allergic airway diseases e.g. rhinitis, asthma and conditions that involve inflammation of the airways, eg bronchitis, COPD
- Other physical health effects include: irritation of the eyes and skin and other fungal infections, especially in people with weakened immune systems
- Living in a home with damp and mould can also affect tenants' mental health
- **The London Damp and Mould Toolkit is in keeping with the health risks in the national guidance**



People at increased risk from damp and mould

People at risk of more severe health issues from damp and mould



- certain pre-existing health condition, e.g. asthma, COPD, cystic fibrosis
- those with a weakened immune system
- those with disabilities, who are more likely to live in cold or damp homes
- people with poor mental health
- pregnant women, their unborn babies and women in post-partum
- children and young people
- older people, especially those with a disability or poor access to healthcare services
- those who are bedbound, housebound or have mobility problems, and difficulty getting out of a home with damp and mould, into fresh air

People who are most likely to live in homes with damp and mould



- people with a long-term health condition
- people who struggle to heat their homes and/or are experiencing fuel poverty
- people on low incomes
- people with disabilities
- people from ethnic minority backgrounds
- people living in temporary accommodation

People who may face barriers reporting damp and mould



- people from ethnic minority backgrounds
- have moved to the UK in the last 10 years, including people seeking refuge and foreign students
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- people in receipt of welfare benefits
- people who live in houses of multiple occupation (HMO)
- people living in the private rented sector who have a fear of eviction
- people with either temporary or on-going support needs



Regulation on damp and mould in social and private rented properties

- Private and social landlords must adhere to a number of regulations related to damp and mould. A lack of compliance can place a landlord at risk of prosecution or financial penalties.
- The legislation and standards are sometimes different for social and private rented landlords, but include:
 - **All homes must be free from hazards at the most dangerous ‘category 1’ level** [Housing Act 2004](#) (applies to private and social rented sectors)
 - **All homes must not contain conditions that are prejudicial to health** [Environmental Protection Act 1990](#) (applies to private and social rented sectors)
 - **Homes must be fit to live in** [Homes \(Fitness for Human Habitation\) Act 2018](#) and [Landlord and Tenant Act 1985](#) (applies to private and social rented sectors)
 - **Social housing specifically must meet the** [Decent Homes Standard](#) (currently only applies to social rented sector)
 - **Privately rented homes must meet minimum energy efficiency standards** [Minimum Level of Energy Efficiency standard](#) (private sector only)
- Works to the heating and ventilation systems and replacement of windows are all controlled work. When undertaking controlled work, landlords must comply with the [Building Regulations 2010](#).



Responding to damp and mould

In responding to damp and mould, landlords should:

- Respond sensitively and assess the issue with urgency
- Act promptly and with urgency on concerns about tenant health
- Keep tenants informed
- Prior to removal of the mould, photograph and document
- Remove mould, using a qualified professional where appropriate
- Identify and tackle the underlying causes
- Inspect at least 6 weeks after remedial work. If damp and mould reappear, investigate, possible intervention

Landlords should take a proactive approach to reducing the risk of damp and mould:

- Have clear processes in place to document, manage, act
- Understand the condition of their homes to take a preventative approach
- Understand some homes are more difficult to heat – consider support/signposting
- Support tenants to understand what they can do to reduce damp and mould
- Build relationships with health, social care and other frontline professionals
- Ensure staff/contractors are aware of the health risks and the need to address underlying causes
- Build relationships with tenants



Resources included in the guidance

- **Support for housing (and health) professionals (Annex B)**
 - Links to training and resources on damp and mould – how best to support tenants / people they work with
- **Energy support for tenants (Annex C)**
 - Not being able to heat the home is a risk factor for developing damp and mould
 - Guidance provides links to sources of financial support with energy bills and support with energy efficiency improvements
- **Tenant guidance on damp and mould (Annex E)**
 - Provides links to guidance and resources on tenants' rights in relation to damp and mould
 - Guidance on how to reduce their risk of damp and mould



Guidance coverage

Coroner Joanne Kearsley's response

"This unambiguous package leaves no room for excuses – and sets out the clear expectation that landlords must respond swiftly when dealing with damp and mould, to ensure renters can live in safe and decent housing, as is their absolute right."

Housing providers



New government guidance for damp and mould published



Guidance published on understanding and addressing the health risks of damp and mould in the home

Housing professionals



New guidance highlights the health impacts from damp and mould



After Awaab: guidance on protecting tenants' health

'The guidance is very clear that tenants should not be blamed for damp and mould in their home... they are absolutely not the result of 'lifestyle choices'

Nearly Legal: Housing Law News and Comment

It is, overall, a rather good piece of work. The summaries on legal obligations and standards are clear, the notes on health risks are well done and the recommendations for courses of action set out firmly. And, in a further knock back of the 'it's a lifestyle problem' tradition of approach, the guidance is firm:

Landlords & letting agencies



Government issues damp and mould warning within new landlord guidance



Property Tribes supporting landlords since 2009
Property-a-holics
New strict damp & mould guidance for PRS ...



LANDLORD KNOWLEDGE
New Government Guidance Targets Landlords Over Damp And Mould



Strict New Guidelines for landlords over Damp and Mould



The Negotiator
Letting agents under told to reduce mould and damp in rented homes

Updated guidance jointly from three Government departments makes it clear Ministers want private rented sector to up its game.

Health



Landlords should not wait for 'medical evidence' before tackling damp and mould

Aspergillosis Patient & Carer Support

'One of the most significant aspects of the new government guidance is the assurance it provides to tenants'

'Healthcare providers can also benefit from this guidance as it provides valuable information on the health risks associated with damp and mould, aiding in diagnosis and treatment.'



CIEH Housing Advisory Panel says guidance is a "game changer" that will improve housing conditions

Charities & NGOs



Government publishes damp and mould guidance for landlords . The Secretary of State has also written to social landlords, reminding them that damp and mould should not be treated as a 'lifestyle' issue.



UK CENTRE FOR MOISTURE IN BUILDINGS

UK Government guidance: Understanding and addressing the health risks of damp and mould in the home

Sharing the guidance

Please do read and share the guidance with your networks:

[Understanding and addressing the health risks of damp and mould in the home - GOV.UK](https://www.gov.uk/guidance/understanding-and-addressing-the-health-risks-of-damp-and-mould-in-the-home)
(www.gov.uk)

Thank you!

Healthyplaces@dhsc.gov.uk





Development of a London damp and mould risk assessment tool for health and care professionals

Gladys Xavier, ADPH London Lead for Housing and Health and Director of Public Health for Redbridge

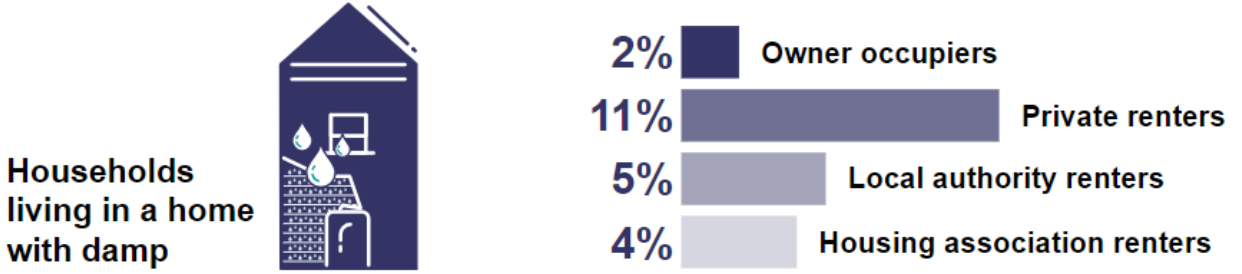
Size of the problem – English Housing Survey, 2021-22¹²

In England, 935,000 households are living in a home with damp problems (4% of households).



Households living in a home with damp

Households in the private rented sector are more likely to live in a home with damp problems than social renting and owner occupied households



Overcrowded households are more likely to have damp problems than households that are not overcrowded.



Damp homes and health



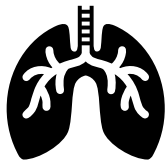
Housing conditions can have a significant impact on health and well-being,⁴ particularly as people spend the majority (~80%) of their time indoors



Damp is the presence of unwanted moisture diffused through the air, condensed on a surface or within the solid substance of a building, typically with detrimental or unpleasant effects. Condensation and damp in homes can lead to the growth of mould on building surfaces.



Mould, fungi, and bacterial growth can release spores, cells, fragments, and microbial volatile organic compounds (VOCs) into indoor air and are associated with adverse health effects when inhaled.⁵ The more serious the damp and mould problem and the longer it is left untreated, the worse the health impacts and/or risks are likely to be.



Exposure to microbial contaminants, including indoor mould, is clinically linked to respiratory symptoms and infections, allergies, and asthma⁶ and epidemiological evidence has shown consistent positive associations between the presence of damp and/or mould in residences with respiratory conditions, such as asthma, respiratory infections, rhinitis, and symptoms, such as cough and wheeze.^{7,8,9} Severe and prolonged mould exposure can also be fatal.¹⁰



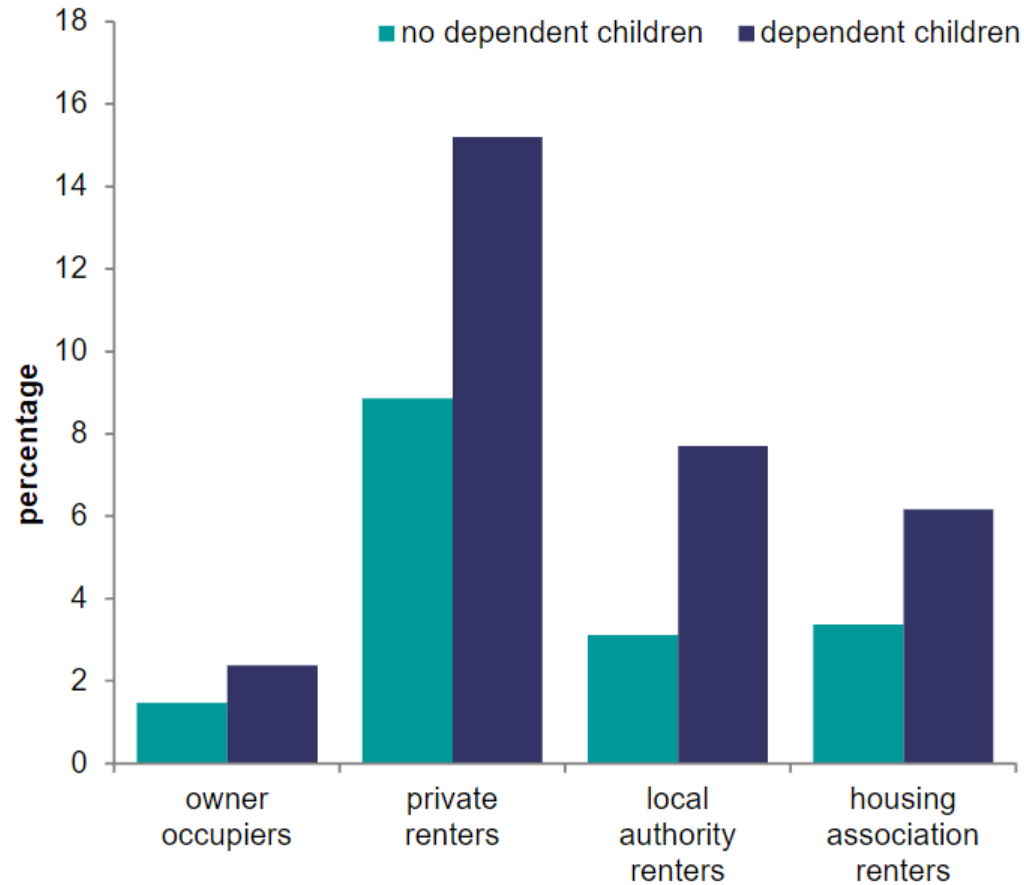
Cold or damp conditions can have a significant impact on mental health, with depression and anxiety more common among people living in these conditions.



Each year, the NHS spends an estimated £1.4 billion annually on treating illnesses associated with living in cold or damp housing. When wider societal costs are considered, such as healthcare, that figure rises to £15.4 billion¹¹

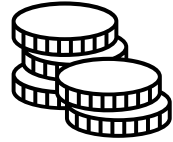
Damp problems disproportionately affect households with children

Damp, by dependent children in the household and tenure, 2021-22



Overall, **6% of households with dependent children** lived in a home suffering from a dampness problem compared with **3% of households without dependent children**

Recent drivers of growing concern and focus on the health risks of damp and mould



Rising energy costs and wider cost of living pressures



Rising levels of fuel poverty



Increasing focus on poor quality housing with respect to insulation and ventilation



Tragic death of **2-year old Awaab Ishak** in 2020 due to **prolonged exposure to mould** in his Rochdale home. His family's complaints about their living conditions were **repeatedly ignored**. Coroner's **Prevention of Future Deaths Report** (Nov 2022)¹⁰ identified 5 key concerns and a request for action directed to the **Minister of State for Housing** and the **Secretary of State for Health**

Government actions and response to the Coroner's Report into Awaab Ishak's death

Reviewing the Decent Homes Standard

- Completing the review of the Decent Homes Standard, with a particular focus on how damp and mould are assessed.

Reviewing the housing health and safety rating system (HHSRS)

- Completing the review of the HHSRS, with a focus on making it easier to understand and implement, as well as ensuring that damp and mould is properly captured and the evidence base is up to date.

New laws on tackling serious hazards

- Amendments to the Social Housing Regulation Bill to introduce **'Awaab's Law'**, which will require landlords to fix reported health hazards within specified timeframes and enshrine tenants' rights into law .
- Providing **new powers for the Housing Ombudsman** and changing the law so that social housing residents can complain directly to the Ombudsman

New national guidance on the health risks of damp and mould

- New guidance for housing professionals on the health risks of damp and mould. Published **7th September 2023**, developed by Department of Health and Social Care (DHSC), with the Department for Levelling Up, Housing and Communities (DLUHC) and UKHSA see: [Understanding and addressing the health risks of damp and mould in the home - GOV.UK\(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/121222/Understanding_and_addressing_the_health_risks_of_damp_and_mould_in_the_home_-_GOV.UK.pdf)

Developing a damp and mould risk assessment tool to support health and care professionals in London

- A multi-agency task and finish group of London health partners (GLA, ADPH London, NHSE, OHID London, UKHSA) collaborated to develop a practical risk assessment tool on damp and mould – this work was endorsed and supported by London Directors of Housing and London Local Government Chief Executives



Purpose:

- To support home visiting health and care professionals to understand and recognise damp and mould concerns and issues, identify those individuals and households most vulnerable to health risks of damp and mould exposure, and enable them to provide appropriate advice and take action
- To support London LAs with identifying households at increased risk of severe health impacts of damp and mould exposure
- To signpost tenants and residents to up to date information and advice

Overview of London risk assessment tool

Content

- Section 1: Identifying housing concerns
- Section 2: Assessing clinical vulnerability
- Section 3: Taking action – simple flowchart/algorithm to guide action
- Appendices: Template letters, factsheets

Dissemination

- London tool was published in December 2023 (MECCLink London, updated February 2024) se: <https://www.mecclink.co.uk/london/housing-damp-and-mould-advice/>
- Aligns with new national guidance published by DHSC (September 2023).
- Promotion of the London tool through national programmes (Healthy Homes; PRS Pathfinders).

Piloting and testing

- 8 London pilot sites proactively piloting and providing feedback on tool content, useability in practice



Section 1: IDENTIFICATION



SECTION ONE: IDENTIFYING HOUSING CONCERNS

Complete Q1-8 below to identify possible concerns related to housing conditions and fuel poverty (see Appendix 1 for a factsheet and Appendix 3 for a checklist).

Q1	Is there visible condensation on windows or surfaces in the house?
Q2	Are there visible patches of damp or water damage on walls or ceilings?
Q3	Is there any visible mould growth on windows or surfaces or a ceiling?
Q4	Has the householder reported known leaks inside the property, guttering outside the property, bridged damp-proof course or visible defects?
Q5	Do any of the bathrooms or kitchen lack a working extractor fan?
Q6	Are there concerns about adequate ventilation in the property? Windows cannot be opened; windows do not have (operational) trickle vents; opening windows owing to high levels of outdoor air pollution, noise or other reasons.
Q7	Have the residents raised issues about damp and mould with the landlord? Have concerns have been ignored or the response to concerns is slow?
Q8	Are there concerns about the adequacy and effectiveness of the heating in the property? Are the occupants struggling to heat their home?

Comments:

Section 2: ASSESSING CLINICAL VULNERABILITY



SECTION TWO: ASSESSING CLINICAL VULNERABILITY

If any housing concerns relating to damp and mould are identified in Section One, complete Section 2 below to identify any clinical concerns.

		YES	NO
Q9	Are any residents/ tenants at increased risk from damp and mould, due to the following:		
	Respiratory condition (Such as asthma and Chronic Obstructive Pulmonary Disease COPD, cystic fibrosis, other chronic lung conditions)		
	Skin conditions (such as eczema)		
	Cardiovascular conditions (e.g., angina, heart failure)		
	Immunocompromised or have a weakened immune system (e.g., immunosuppressants or undergoing chemotherapy, had a transplant, taking medication that suppresses the immune system)		
	People living with a mental health condition		
	Pregnant women, their unborn babies and women who have recently given birth, who may have weakened immune systems		
	Children and young people up to age 16 years (whose organs are still developing and are therefore more likely to suffer from physical conditions such as respiratory problems)		
	Older people, aged 65+		

Comments

Q10		YES	NO
If your residents/ tenants are not at increased risk from damp and mould as listed in Q9, have they experienced any of the following in the last 6 months?			
Repeated instances of coughing, wheezing or breathing difficulties or throat infections			
Repeated instances of dry, itchy, cracked, or sore skin			
Recurrent irritation of the eyes			
Recurrent nasal congestion, runny nose or sneezing			
Frequent worry about damp and mould impacting mental health			
Any A&E or hospital admissions due to breathing concerns or tightness of chest			

Comments

Section 3: TAKING ACTION



SECTION THREE: TAKING ACTION

If concerns are identified in Section One and Section Two, see below for summary of recommended actions to be completed.

All individuals to receive a copy of the factsheet (see Appendix 1)

If any **housing concerns** are identified, but **no clinical vulnerabilities** or concerns, then complete the following actions:

- If damp and mould concerns identified ("YES" to any of Q1-Q8) - complete actions in **Box A**.
- If fuel poverty concerns identified ("YES" to Q8) - complete actions in **Box B**.
- If answered no housing concerns identified ("NO" to Q1-Q8) - **no further action** to be taken.

If **clinical concerns** or risk factors are identified **in addition to housing concerns**, then complete the following actions:

- If "YES" to any of Q1-Q8 **AND** "YES" to any of Q9 or Q10, complete actions in **Box C**.

Box A: Actions for exposure to damp and mould without clinical vulnerabilities or concerns present

- Signpost all individuals to the following resources:**
 - [NICE factsheet for professionals](#) on improving indoor air quality
 - [NHS patient guidance](#) on impact of mould and damp on health
 - Guidance from [Shelter \(select England\)](#) and [Citizens Advice](#) on how to prevent damp and mould.
- If individual is a social tenant, consider template Letter C (see Appendix 2) to the landlord** and signpost to the following resources:
 - National guidance on understanding and addressing damp and mould, which covers the responsibilities of social and private landlords
[Understanding and addressing the health risks of damp and mould in the home - GOV.UK \(www.gov.uk\)](#)
 - Guidance from Citizens Advice on [responsibilities of social landlords and actions to take if damp is not addressed](#).
- If individual is a private tenant, consider template Letter C (see Appendix 2) to the landlord** and signpost to the following resources:
 - National guidance on understanding and addressing damp and mould, which covers the responsibilities of social and private landlords
[Understanding and addressing the health risks of damp and mould in the home - GOV.UK \(www.gov.uk\)](#)
 - If concerns about a private landlord, consider reporting them through the [GLA's rogue landlord process](#).
 - Guidance from [Citizens Advice](#) and [Shelter UK](#) and on responsibilities of private landlords to address damp/mould and [actions if landlord does not take action](#) (including template letters for the tenant to raise concerns).

Box B: Actions for fuel poverty concerns.

London Damp and Mould Checklist – Case Study

Case: “TT” (London, Feb 2024)

- TT admitted to hospital with stridor. Tracheostomy was inserted.
- Lives alone in social housing.
- Home environmental risk assessment (incorporated the London Damp and Mould Checklist. Identified:
 - Condensation
 - Damp
 - Mould on surfaces.
- TT struggles to heat home and was being discharged home with lifesaving equipment which would require additional electricity to power.
- Wasn't known to social services. Referred to adult social care, landlord is currently taking action and are supporting patient within a residential nursing setting until damp and mould issues are rectified.
- Shared the damp and mould checklist with named social worker to support patient in accessing the Warm Home Discount Scheme.

Summary

- Majority of policy levers to tackle complex challenge of poor housing conditions (including damp and mould) and related structural issues of poverty, housing affordability and security sit beyond the health and care system
- However, housing is a critical determinant of health and should be seen as a public health issue
- Through integrated care systems, opportunities for NHS, local government, the housing sector and VCS to work together to improve housing and health outcomes
- Action to address and mitigate these environmental causes and triggers of asthma (and other health conditions) are an important part of a population health approach, focused on prevention and health equity
- Health professionals can ensure they are aware of the health risks of exposure to damp and mould and those groups who are at greater risk of adverse health impacts; know what advice to give, where to signpost patients/residents for further advice, information and support; and be aware of local pathways and processes for raising concerns with landlords and LAs and for housing assessment

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[Other useful links and resources](#)

[visual-summary-pdf-7022755693 \(nice.org.uk\)](#)

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UCL

DAMP/MOULD CASE STUDY: JOE BLOGGS

-

**Thul Khan- Housing Solicitor
UCL Integrated Legal Advice Clinic**



Mr Joe Bloggs keeps coming to the doctor with his sick child. He is telling the GP that the home is damp and mouldy. He has asked his landlord to fix it and he has not done anything. The GP is concerned about Joe Bloggs child's breathing as he has asthma, and it seems to be getting worse.

What duties might the landlord have?



Legal Duties

- The Homes (Fitness for Human Habitation) Act 2018 brought in new obligations for landlords
- Previously, the structure, exterior and services in the building had to be fixed if they were broken which limited the scenarios in which tenants could claim for housing conditions.
- Since 20 March 2020 there is a new additional requirement that homes be “fit for human habitation” which means that it must be capable of occupation for a reasonable time without risk to the health or safety of the occupants, and without undue inconvenience or discomfort to the occupants.
- The tenancy agreement may also set out repairing obligations



What can Joe Bloggs do if he notices damp?

- Report, preferably in writing to keep a paper trail, including follow ups in writing after calls
- Take photos/videos of the damp and damaged items
- Keep a diary of the contact with the landlord
- Ask neighbours if encountering similar issues
- Try and mitigate mould wherever reasonable to do so, e.g wash off the mould regularly, preferably with a specific anti-mould product, or turn on extractor fans and trickle vents



What could the GP do here to help Joe Bloggs?

- Use the checklist template letter to write a letter to the landlord and if the landlord is a Housing Association or private to the council's Environmental Health Officer
- Provide supporting evidence that would help Joe Bloggs set out the issues disrepair is causing or risk to health to the health and safety of the household



What should happen when Joe Bloggs/health practitioner writes to the landlord?

- The landlord should investigate water ingress and mould growth and take steps to remedy the problem.
- The landlord may ask a surveyor, plumber, roofer or other trade professional to inspect your home, give their opinion on the issues and recommend works; your landlord will hopefully follow the professional's advice.
- Tenants should take steps to allow professionals to inspect your home at your landlord's request.
- If your landlord is not taking action you should still continue to report new problems, keep them updated on the existing problems and keep a diary/take photos.



If a letter/notice of disrepair goes to the Landlord and nothing happens, what can Joe Bloggs do next? What can health professionals do to help?

- Health professionals can send further letters with any update on the health/impact of the damp e.g referrals made etc.
- Consider submitting formal complaint and follow complaints procedure if council or HA tenant.
 - If matter still unresolved can raise with the Housing Ombudsman
- Ask the council to inspect your home under the Housing Health and Safety Rating System (HHSRS).
 - This should be done by an environmental health officer (EHO) from your local council.



If a letter/notice of disrepair goes to the Landlord and nothing happens, what can Joe Bloggs do next? What can health professionals do to help? (Cont.)

- Refer Joe Bloggs to a housing solicitor as soon as possible-
<https://find-legal-advice.justice.gov.uk/>
- Legal aid funding may be available if the damp is causing 'serious risk of harm'
- Health professionals can help by:
 - Writing a letter to help provide sufficient evidence for legal help 'proof of harm'
 - Signposting/referring to lawyers.



When does Joe Blogs have a legal claim and what does the lawyer do/what are the usual outcomes in these cases?

- If you have suffered damp or disrepair that have not been fixed within a reasonable time despite your landlord being aware of the problems, then there is likely to be a disrepair claim.
- If the housing conditions have worsened you, or a member(s) of your household's, health and wellbeing either by causing asthma, physical injury, or substantially exacerbating a preexisting health condition(s), then there may also be a personal injury claim.



When does Joe Blogs have a legal claim and what does the lawyer do/what are the usual outcomes in these cases? (Cont.)

- A solicitor can assist in getting the property inspected by a surveyor (funded through legal aid) to obtain evidence of damp and a list of required works. A solicitor can bring court action to obtain a court order to force the landlord to carry out works and a claim for compensation (subject to funding).
- Be aware that court claims must be issued within 6 years (3 years if a personal injury claim) from the date the tenant got the right to take action. Don't delay in getting legal advice!
- A solicitor can also assist in rehousing assistance alongside dealing with repairs. For example, to try and increase priority on the housing waiting list due to the damp conditions and impact on health

Panel Discussion



Thank you for attending

We would appreciate
your evaluation of this
webinar

WEBINAR EVALUATION: Damp
and Mould in the Home – a Public
Health Issue

