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## Greater Manchester Social Housing Quality Fund: Tenant Research

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# Greater Manchester Social Housing Quality Fund: Tenant Research

Summary of findings

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## EVALUATION AIM

“To understand the experiences of social housing tenants with regard to damp, mould and condensation and the impact of a particular government-funded package of measures, the Social Housing Quality Fund (SHQF)”

# EVALUATION - OVERVIEW

Mixed Methods approach: a quantitative survey (online) followed by qualitative interviews, based on a sample of survey respondents

## Timescale

Jan – March 2024: survey

Apr – Jun 2024: select sample and conduct interviews

Jul – Sep 2024: data analysis and report production

## Returns

582 online surveys + 41 qualitative interviews

## Outputs

Interim report (June 2024)

Final report (November 2024)

## FINDING #1 - Damp, mould and condensation are pervasive, often year-round, and can be ingrained, recurring problems.

- 69% of the survey respondents were extremely or moderately concerned about the damp, mould and/or condensation they had observed in their homes.
- This indicates SHQF was appropriately targeted – however, many stated the issue had been in existence for several years, and had been raised with their RP, often on multiple occasions.

## **FINDING #2 – Residents were often skilled in adopting measures to reduce and avoid damp, mould and condensation**

Sometimes advice (e.g. opening windows was problematic for health) or financially prohibitive (e.g. increasing the heating) and practical limitations can hinder further progress.

**They are also aware that there are issues relating to the design, condition and suitability of their home which require the involvement of their housing provider.**

Interviewees indicated structural issues with buildings (e.g. roof, wall) that they believed were the source of the problem.

### FINDING #3 - One of the less tangible impacts of damp, mould and/or condensation is on the ability to make a comfortable home.

- 42% of survey respondents limited time spent in one or more rooms,
- 41% avoided inviting people round,
- 26% spent more time out of the home than they otherwise would.

In larger households, such as those with children, or in smaller properties, it wasn't always possible to avoid rooms where mould and damp was present.

Interviewees described difficulties keeping properties 'liveable in' e.g. cost of cleaning, replacing clothes, painting walls and carpets could be considerable.

## FINDING #4 - Living with damp, mould and condensation impacts physical and mental health.

63% of survey respondents reported that damp, mould and/or condensation affected their health and/or that of others in the home. Over 40% had seen a doctor about this. Interviewees frequently reported experiencing recurrent respiratory health problems, which in some cases had required hospitalisation.

I went to the doctor's because for about six months I've been on antibiotics every month. I've got all the evidence of this to say this is not right. She's had chest infections, she's had – I can't remember the word of the other one, but there's so many that I've had, and I'm constantly antibiotics, which isn't good as well, being on antibiotics all the time. So, I ended up having to stay out of my house for ten days when I had pneumonia, but my doctor ended up writing a letter to say, 'It seems to be she's constantly being ill while she's in that property and nothing's being done. You need to move her.'  
(Interviewee 23)

Stress and anxiety were also commonly linked to the presence of mould and attempts to deal with it.

## FINDING #5 - The SHQF positively impacted some homes and the health of residents, but the impact appears to vary, particularly by installed measure.

The evaluation indicated SHQF measures had led to positive change in health and wellbeing - 60% of survey respondents stated their health had improved after the work. 62% of those who used an asthma inhaler reported using it less often.

Interviewees described significant impacts (e.g. reduced occurrence of symptoms, reduced usage of medicines, improved mood), attributing it to reduced mould.



## FINDING #5 – (cont.)

Measures that appeared to have a more positive impact:

- work on the fabric of the building;
- improvements to heating systems
- mould removal.

Those who first reported issues 4+ years prior to SHQF were more likely to report the home being warmer after the works. BUT...around half of the sample reported their home being 'about the same' after the works (too early to tell?)

Some were unclear why the selected measures were being applied when they believed the issues stemmed from other causes.

## FINDING #6 – Previous contact with RPs were mixed. Negative experiences of seeking support created scepticism affecting ongoing engagement

Some survey respondents reported high levels of satisfaction with their RP; similarly, a number of interviewees were keen to stress the support and assistance their provider offered – e.g. grants, advice on finances.

However, interviews highlighted how the process of communicating with RPs about repairs and other issues could be stressful and time-consuming, with long standing issues left unresolved. This affected the likelihood of engaging positively with SHQF and having confidence it would be beneficial.

SHQF was broadly welcomed but there was limited understanding of exactly what it involved and some confusion with other remedial/repair works.

**FINDING #7 - Vulnerable groups and households with complex lives stand to gain more from reduced in damp, mould and condensation, but are more likely to be affected by interventions, implying the need for a tailored and personal approach to project delivery**

Respondents in properties with children and/or older people were likely to be less satisfied with the process and outcome and those with long-term health conditions more likely to report the works being disruptive (incl. moving out of room(s); health impact of anti-mould chemicals).

## Summary

Survey and interview data revealed significant number of households with long standing unresolved issues related to damp, mould and condensations prior to SHQF.

Many respondents had had negative experiences of communicating with their RP on the topic.

It is clear SHQF interventions have led to real positive change in residents' health and wellbeing, as well as the liveability and overall quality of their property. Immediate, transformative change has occurred for some, but it is too early to tell for many.

Interventions could be successful in targeting one cause of damp mould and condensation in a property but leave other issues outstanding.

## Conclusions & Recommendations 1

As the evaluation was time limited, it is essential to continue to monitor tenant experiences, both quantitatively and qualitatively, to identify:

- Whether and how the positive impacts we noted endure over time – both in terms of mould and damp but also health & wellbeing.
- Where it was too early to tell, what other impacts may have occurred or what other issues have emerged.
- What solutions offer the best impact in terms of resident satisfaction, remediation of mould and damp and value for money.

## Conclusions & Recommendations 2

Ensuring good communication about the purpose of future programmes will be key to achieving 'buy in' of residents– as will ensuring ongoing issues are resolved satisfactorily.

Similar programmes in future may benefit from longer lead in times to assist this.

Support from GMCA was invaluable for the evaluation but ensuring engagement from all partners is key.

There is value in considering who else may benefit from involvement in future programmes – for example, there are clear wins for health providers from SHQF.

Thank you.

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The full report is available at:

<https://salford-repository.worktribe.com/output/3429472/>



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