Joint Strategic Needs Assessment (JSNA): Cold, damp and mouldy homes

Cambridgeshire and Peterborough

For March 2026

Background

Introduction

The purpose of this Joint Strategic Needs Assessment (JSNA) is to understand the problem around damp and mould and fuel poverty in Cambridgeshire & Peterborough.

The JSNA combines data analysis with insights from stakeholders and those with lived experience reflecting the opportunities at a system-level to improve conditions.

Housing and health is a complex area but presents opportunities for promoting health with a range of domains e.g. :

- Housing conditions
- Housing Suitability & Accessibility
- Homelessness and Housing Insecurity
- Affordability and tenure
- Housing standards and regulation
- Health Housing & Integration
- Hoarding and Complex Needs
- Supported and Specialist housing

The driver for this JSNA was to provide further evidence to address the Cambridgeshire Peterborough Health & Wellbeing Strategy Priority 3:

Reduce poverty through better employment, skills and housing.

A prioritisation exercise was undertaken using the following criteria:

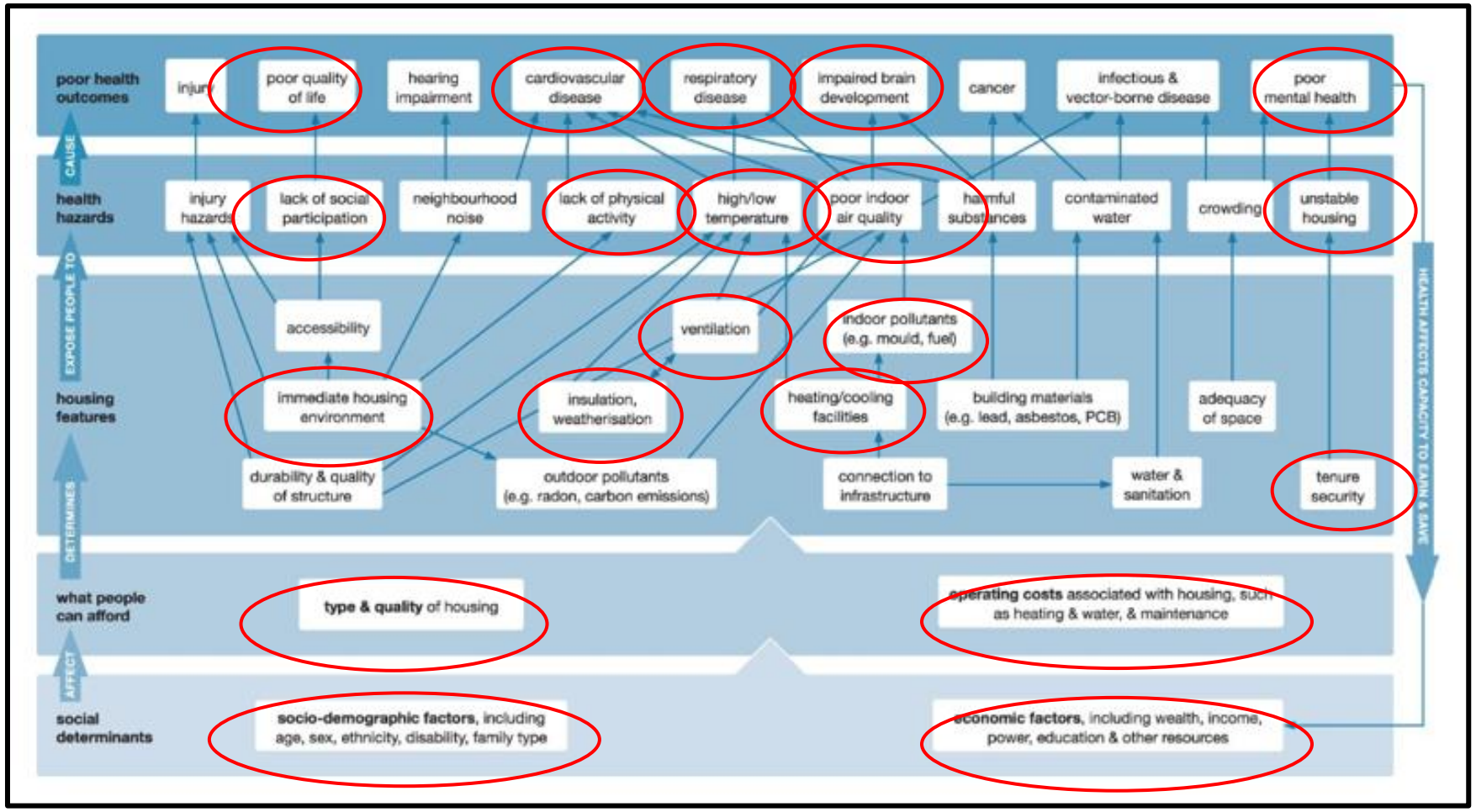
- Alignment to Health and Wellbeing Strategy Priority 3
- Size of the population in need
- Evidence based interventions available for action
- Number of individuals that could benefit from action and scale
- Impact on inequalities
- Needs system-wide action
- Resource (£ and people) available to make the change
- New levers for change and (political) will for change
- Likely sustainability of change beyond public sector reorganisations.

This exercise identified Fuel poverty & Cold Homes as an area of focus. It presented opportunities for system-wide action and sustainability with a strong evidence base around energy efficiency improvements and opportunities to better use data to identify those most at need and maximise the grants and benefits available.

Fuel poverty affects individuals across their lifespan although children, older people and those with chronic illnesses are more susceptible to negative health impacts of living in cold homes. There is also a major overlap with damp and mould and with the introduction of “Awaab’s Law” for social housing in October 2025 there were further opportunities to raise awareness of the risks of damp and mould focusing on key target groups to improve ventilation and reduce risks.

Whilst there is a good system infrastructure to support work around addressing cold and damp homes there is no data locally or nationally to assess need or demand. There are also opportunities to utilise a range of frontline workers across sectors that access homes and can identify issues and support individuals through better referral pathways.

Overview



Housing and Health is a complex area, but it presents opportunities for promoting health by addressing housing conditions. There are well established pathways around cold, damp and mould increasing respiratory and cardiovascular risks. Overcrowding elevates infection and physiological distress. Affordability of housing can cause mental stress and restricts healthy choices. Children and low-income renters face disproportionate exposure.

Improving housing conditions can increase quality of life, prevent disease, reduce poverty and ultimately save lives. [1]

Inequalities
Poor housing is patterned by socioeconomic inequality and whilst health impacts are unequally distributed, they are preventable. Housing is therefore a core lever for population-level prevention.

From Full article: He Kāinga Oranga: reflections on 25 years of measuring the improved health, wellbeing and sustainability of healthier housing

Background

Definitions

Housing Conditions are a critical determinant of health. Poor energy efficiency, cold homes, damp and mould are interconnected issues that significantly impact physical and mental wellbeing.

Energy Efficiency refers to how effectively a home retains heat and uses energy. Homes with poor insulation or inefficient heating systems require more energy to maintain warmth, increasing costs and the risk of fuel poverty. More energy efficient properties are less likely to experience damp and mould. Well-insulated properties are warmer. Homes with poor energy efficiency are more likely to have dangerous cold conditions.

Fuel poverty is when a household needs to spend at least 10% of its income on maintaining a satisfactory heating regime. It occurs when a household cannot afford to adequately heat their home or meet basic energy requirements. Households in fuel poverty are at risk of living in cold homes and often experience increasing levels of debt.

Damp is the presence of moisture within a building, most caused by condensation. Persistent damp creates conditions for mould growth.

Mould is a fungal growth that develops where persistent moisture is present, most commonly from condensation. It releases airborne spores that exacerbate asthma, COPD and other respiratory conditions and can cause irritation to eyes, skin and airways. Vulnerable groups (e.g. children, adults and people with compromised immunity) are at risk. Mould is more likely in homes that are cold, poorly insulated or inadequately ventilated, where warm, humid air condenses on cold surfaces.

Cold homes occur when households cannot afford adequate heating or live in properties that lose heating quickly. Cold homes are linked to respiratory and cardiovascular illness, and excess winter deaths. They may also impact negatively on mental health due to concerns on health risks, poor living conditions and damage to property. Under the Housing Health and Safety Rating System (HHSRS), excess cold is classified as a Category 1 hazard. This means it poses a serious risk to health and safety and requires urgent remedial action by landlords or housing providers.

Health inequalities These issues rarely occur in isolation. Fuel poverty of the coexists with damp and mould, creating a cycle of poor health and inequality. Vulnerable groups: young children, older adults and those with chronic illness are disproportionately affected. Addressing these housing risks is therefore essential for reducing health inequalities, improving quality of life and preventing avoidable illness and premature death.

This JSNA focuses on cold, damp and mouldy homes because:

- They are major drivers of health inequalities.
- They exacerbate other forms of deprivation such as food insecurity and debt.
- Evidence shows that improving housing conditions can reduce NHS costs, improve wellbeing and save lives.

In 2021 around 904,000 homes in England had damp problems and the NHS spends an estimated £1.4 billion annually treating illnesses linked to cold and damp housing. [2]

Background

Local Context

“Living in the Cold: One Residents Story”

‘*I have lived here for 6 years, during which time problems with damp, cold and high energy costs have continued without being properly resolved. The landlord has not taken sufficient action to address the damp and heating issues.*

We often do not feel comfortable or safe, especially during colder months. We avoid heating the house properly because we cannot afford it. We only heat one room when absolutely necessary and spend most of our time there to try to stay warm. We regularly have to choose between heating and other essentials like food.

Most of the time we go without heating and rely on extra clothes and blankets. We haven’t been able to manage bills successfully, we fall behind and worry constantly about money and struggle to keep up with rising energy costs. Fuel poverty has caused ongoing stress, anxiety and exhaustion. We have also experienced respiratory problems, frequent illnesses and worsening health due to the damp and mould. Living in these conditions is exhausting and affects daily life.’

Local context

Whilst there has been an overall decline in the percentage of houses experiencing fuel poverty since 2019, in 2023 an estimated 1 in 11 (34,736) households [3] in Cambridgeshire and Peterborough were in fuel poverty.

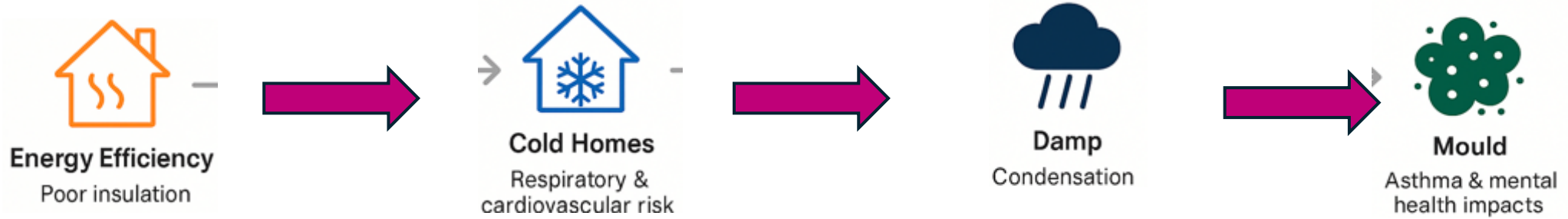
Prevalence varies by district with Fenland (10.4%) and East Cambridgeshire (10.1%) having the highest estimated proportion of households in fuel poverty. However, the largest estimated number of households in fuel poverty were in Peterborough (8,450) and Huntingdonshire (6,750).

Fuel poverty shows us who is at risk, cold and damp conditions show how that risk plays out in real life in children’s respiratory illness, older people living in unsafe temperatures and families trapped in homes they cannot heat or ventilate. An estimated 15,000 homes (4%) in Cambridgeshire and Peterborough have damp problems in 2022/23. Extrapolating from national estimates in England [4] this means that for Cambridgeshire and Peterborough the NHS is spending an estimated £23.8M treating illnesses linked to cold and damp housing.

Fuel poverty does not occur in isolation of other socioeconomic deprivation. For those living in fuel poverty often face overlapping challenges such as food insecurity, overcrowding and digital exclusion – factors that compound mental and physical health risks for both adults and children. These pressures mean that cold under-heated homes are not only a financial issue but a widening heath inequality that affects daily life, wellbeing and long-term outcomes

Addressing fuel poverty and the conditions it creates – cold, damp and mould- offers a major opportunity to improve health, reduce avoidable illness and prevent crises before they occur.

Improving Housing Conditions Improves Health



Poor housing

Driver of health Inequalities

- Stock profiles and tenure mix distributed risk unevenly (older poorly insulted properties cluster in particular neighbourhoods)
- Affordability pressures act as a stressor reducing ability to heat the home restricts food choices.

Societal and financial costs

- Private renting Insecure tenancies disrupt daily routines and care continuity e.g. family's loose continuity with schools (low-income renters)
- Children and low-income renters face disproportionate exposure

Improving housing conditions to reduce cold, damp and mouldy homes:

Large impacts on health outcomes

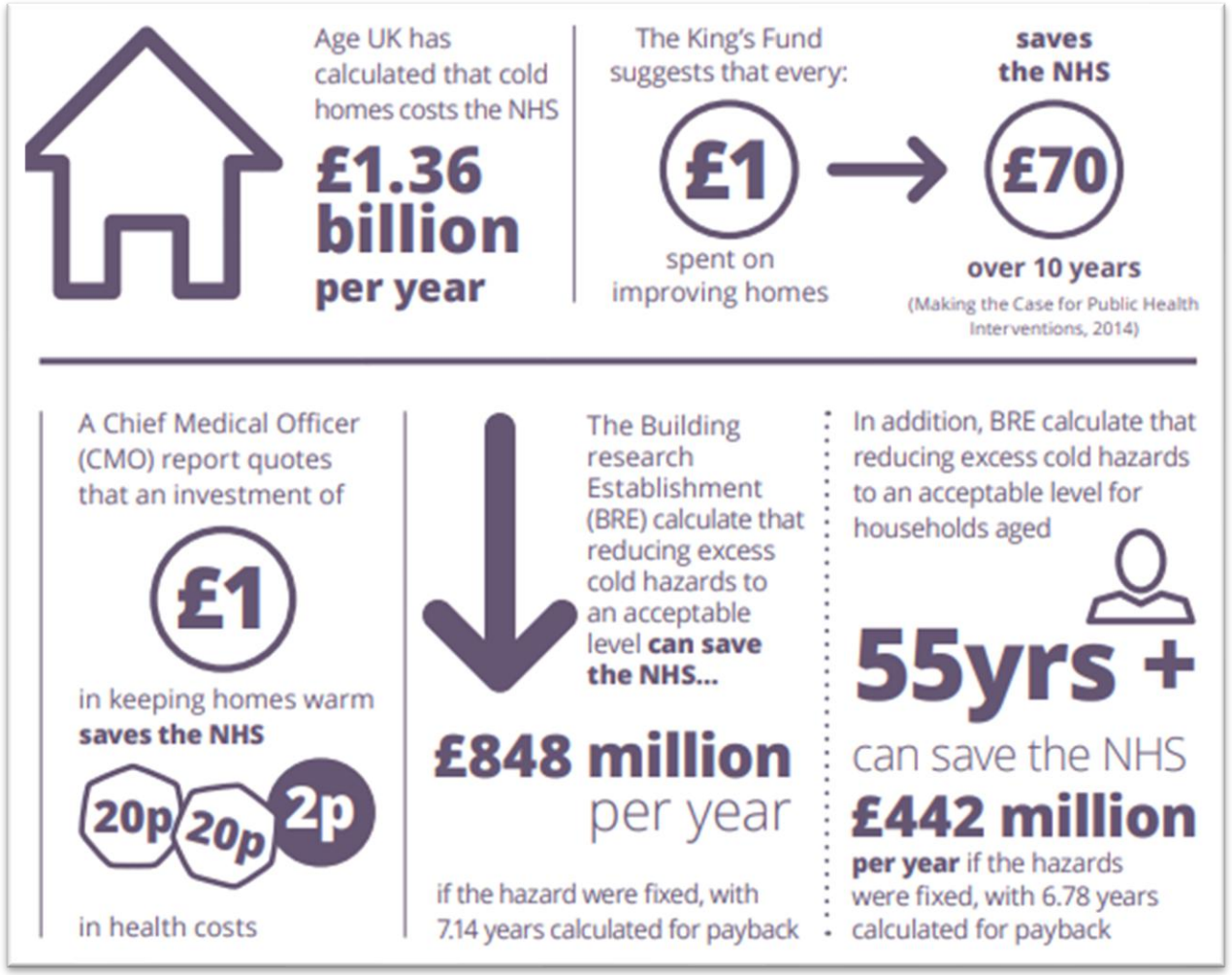
- Reduces time spent in ill health
- Prevents premature (<75 years) deaths (fewer excess winter deaths)

Lowers NHS demand through fewer preventable illnesses reduces pressure on the NHS and social care

Reduce health inequalities

- Giving children the best start in life
- Stability enabling people to be in work and school

Why are cold homes and damp and mouldy homes important?



Source: Citizens Advice and Cornwall Council

Cold homes increase the risk of exacerbating asthma and respiratory infections, mental health problems and raises blood pressure, and the risk of heart disease, stroke and cardiac events.

Damp and mould exposure contributes to respiratory illness: Damp / mould exposure was linked to approximately 5,000 new asthma cases and 8,500 lower respiratory infections in England in 2019 [5]

Temperature	Effect
18°C	Minimal risk to healthy person Vulnerable households may need higher temperatures
Under 18°C	May increase blood pressure & risk of cardiovascular disease
Under 16°C	May diminish resistance to respiratory diseases
4-8°C	Outdoor temperature threshold for risk of death
5°C	High risk of hypothermia

What are the national policy drivers for cold damp and mouldy homes?

Awaab's Law (Oct 2025)

Introduced following the tragic death of Awaab Ishak whose fatal respiratory illness was caused by prolonged exposure to mould.
Strict new timelines for social landlords to fix dangerous homes.
All emergency hazards to be repaired within 24hrs.
From 2026, Awaab's Law will include excess cold and excess heat, falls, structural collapse, fire, electrical and explosions, hygiene hazards.
From 2027 all hazards except overcrowding.
Tenants will be able to challenge landlords failing to comply through the courts or complain to the housing ombudsman.

Renters Right Act

Local Authority enforcement measures investigatory powers went live in December 20225 with implement scheduled for 1st May 2026.
- Includes the power to bring private housing let a temporary accommodation into scope of the Decent Homes Standard (DHS)
- Extend Awaab's law to private rented sector and a consultation on how to apply Awaab's Law to this sector.
- Extends DHS to the private rented sector.

Reformed Decent Homes Standard Consultation (2025)

Consultation on a reformed standard for the social and private rented sectors.
Free from damp and mould is proposed as a new standalone criteria
- Automatic failure of any home found with untreated or persistent damp and mould regardless of building age or tenant behaviour
- New minimum energy efficiency expectations aiming to improve insulation, heating distribution and reduce fuel poverty.
- Local Authorities enforcement powers will escalate

Warm Homes Plan and Fuel Poverty Strategy (Warm Homes Plan Announced on 23rd Jan 2026)

- Review of Fuel poverty strategy in Feb 2025 noted "insufficient progress towards the fuel poverty target, particularly in the last five years"
- £15 Billion programme to upgrade 5 million homes by 2030 with insulation heat pumps, solar panels and battery storage.
- Major shift away from ECO4 (ending 31.12.26) with no successor supplier obligation. Funding is moving to local authority led delivery via the warm homes local grant for low income households.
- All rented homes in England must meet EPC C by 2030, increasing local authority inspection and enforcement responsibilities across PRS and social housing.
- Concerns as ECO4 winds down there maybe supply chain issues impacting on council's ability to deliver schemes effectively.
- Health and fuel poverty benefits remain central as the plan aims to lift 1 million households out of fuel poverty by 2030 but delivery depends on stable funding, supply chain capacity and local co-ordination.

Healthy Homes Pilot

- £10 Million pilot programme building evidence on effective enforcement of damp and mould in private rented sector (PRS) and the impact on heath. - - DHSC is working with the Ministry of Housing, Communities and Local Government (MHCLG) and Department for Work & Pensions (DWP) to ensure health impacts are considered in the evaluation of the pilot and engagement with local authorities

10 Year Health Plan – recognises risks of damp and mould in people's homes

"Our Health is shaped by the places we live in"

Comparison of the Low-Income Low Energy Efficiency fuel poverty metric (LILEE) with 10% After Housing Costs metric, England

(Source: Annual Fuel Poverty Statistics Report 2025, Department for Energy Security and Net Zero; 27/03/2025; Annual fuel poverty statistics report: 2025 - GOV.UK, Figure D.1 ; Note – 2025 figures are projected.)

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There are different metrics used to measure fuel poverty across the UK. The 10% After Housing Costs (AHC) metric is more sensitive to fuel price changes than the Low-Income Low Energy Efficiency (LILEE) fuel poverty metric. This is particularly relevant in recent years where there have been marked increases in fuel prices.

The 10% After Housing Costs (AHC) metric defines a household in fuel poverty when, after housing costs, fuel costs for adequate heating exceed 10% of the household's adjusted net income.

The number of households in England experiencing fuel poverty based on this definition has more than doubled from 4.3 million in 2020 to 8.7 million in 2023 (35% of households). 36% of households were estimated to have experienced fuel poverty in 2024.

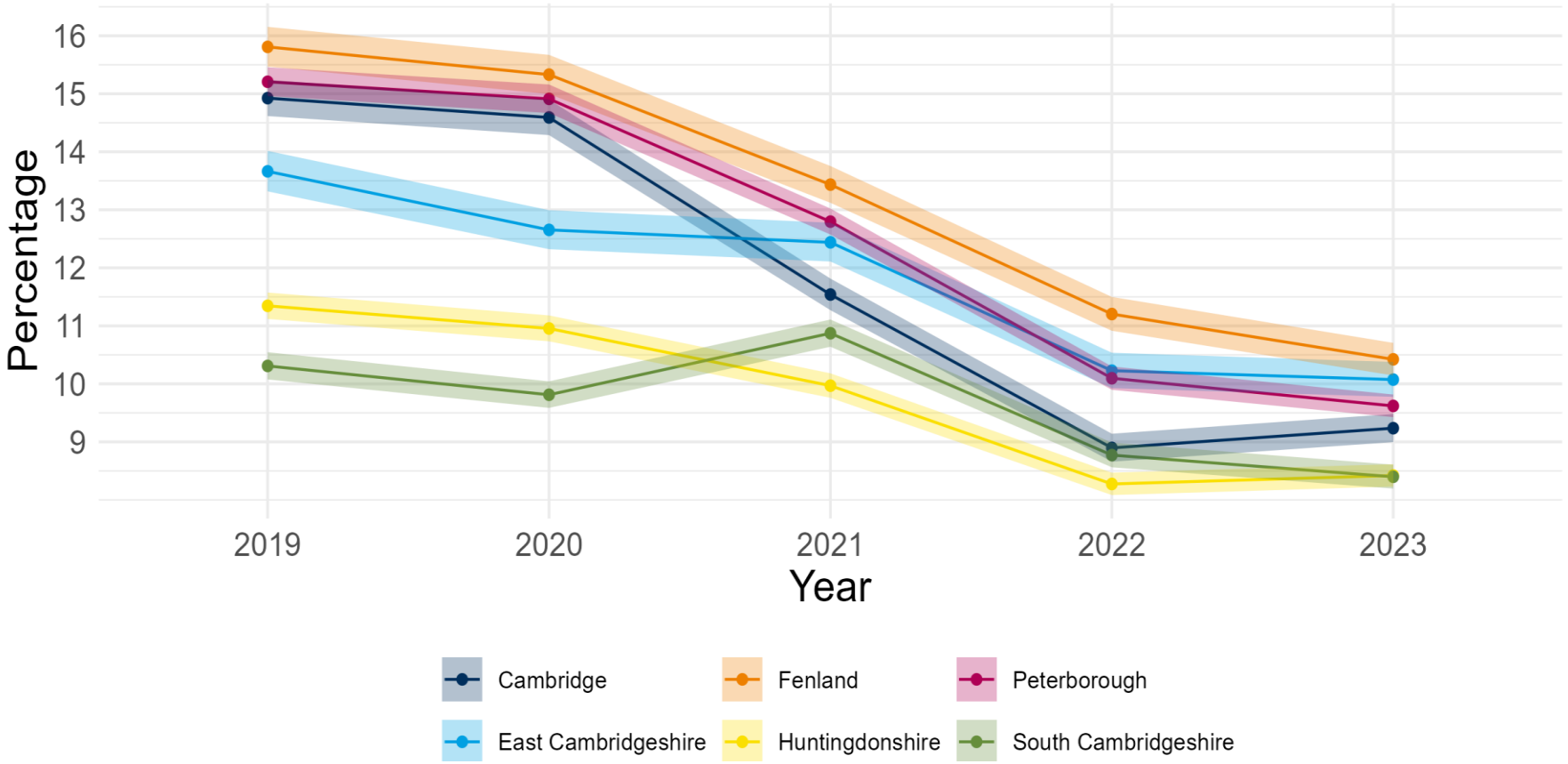
As the figure shows, the share of households experiencing fuel poverty is higher in recent years based on the 10% AHC metric when compared to LILEE figures.

Local figures are not currently available for the 10% AHC fuel poverty metric. If we apply the 36% national figure this provides a crude upper estimate of approximately 135,500 households in Cambridgeshire and Peterborough in fuel poverty (2023).

The LILEE metric provides a lower estimate of 34,750 households in Cambridgeshire and Peterborough as in fuel poverty (2023). As such there is a broad range of figures indicating the large scale of the issue. The following pages outline the local LILEE fuel poverty figures in more detail.

Health and wellbeing overview: Fuel Poverty (2)

Estimated percentage of households experiencing fuel poverty across Cambridgeshire districts and Peterborough, 2019-2023



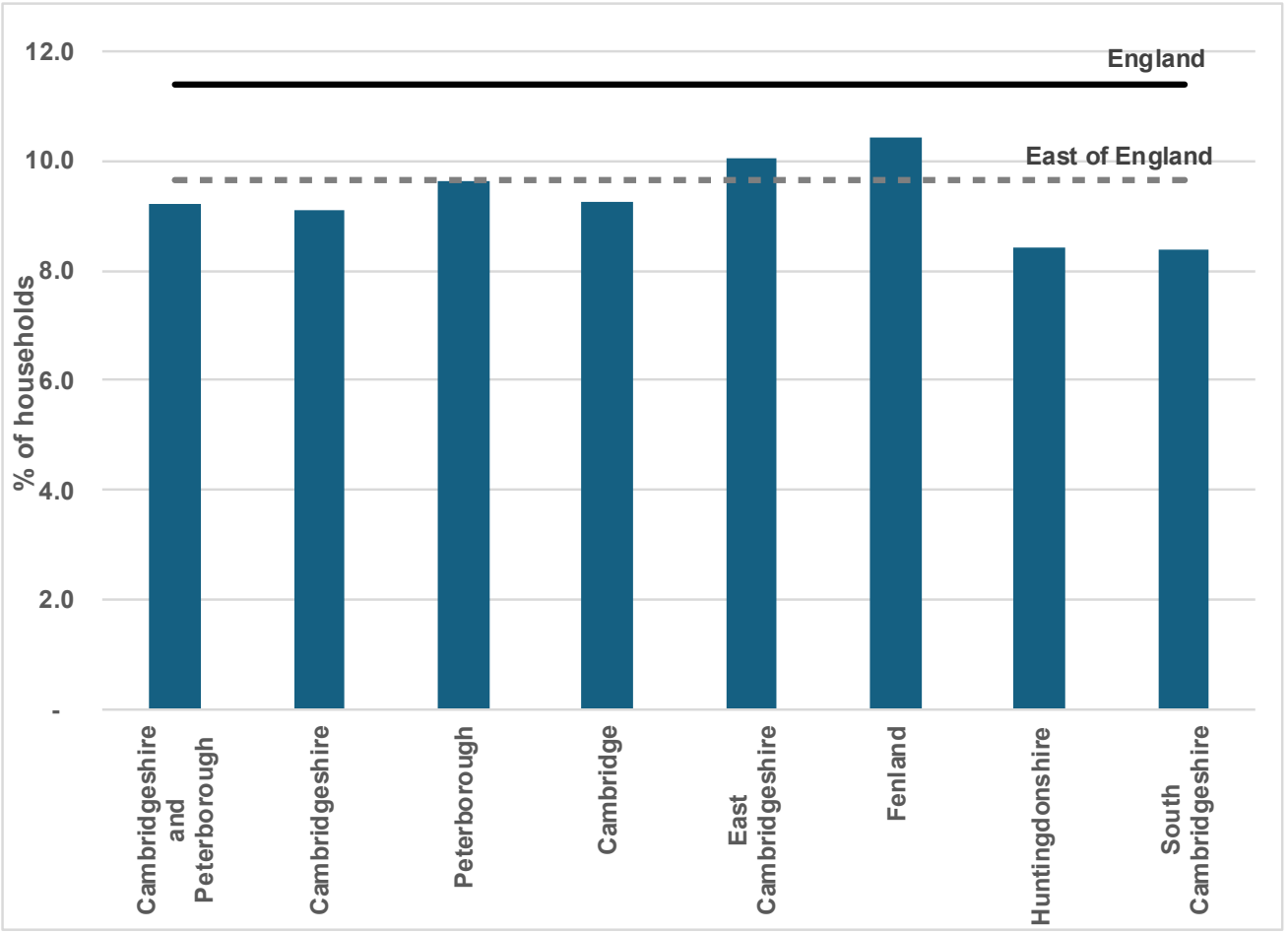
Only the Low-Income Low Energy Efficiency (LILEE) fuel poverty metric figures have been published recently and regularly at district level.

- The overall estimated level of fuel poverty in England in 2023 was 11.4%.
- Whilst there has been an overall decline in the percentage of houses experiencing fuel poverty since 2019, Fenland has consistently had the highest percentage of houses experiencing fuel poverty in Cambridgeshire and Peterborough.

Source: Sub-regional Fuel Poverty in England, 2023; Department for Energy Security and Net Zero; 30/04/2025; Fuel Poverty in England: sub-regional - data.gov.uk)

Health and wellbeing overview: Fuel Poverty (3)

Estimated Households Fuel Poor - 2023



(Source: Sub-regional Fuel Poverty in England, 2023; Department for Energy Security and Net Zero; 30/04/2025; Fuel Poverty in England: sub-regional - data.gov.uk)

- An estimated 34,750 households in Cambridgeshire and Peterborough were fuel poor in 2023 under the Low-Income Low Energy Efficiency (LILEE) metric.
- Whilst Fenland (10.4%) and East Cambridgeshire (10.1%) had a higher estimated proportion of households in fuel poverty than the East of England average (9.7%), though the largest numbers were in:

  - Peterborough 8,460
  - Huntingdonshire 6,750
  - South Cambs 5,849
  - Cambridge City 5,051
  - Fenland 4,758
  - East Cambs 3,889

The LILEE fuel poverty measure means a household is considered fuel poor if **both** of the following conditions are met.
1.The home is not energy efficient having a Fuel Poverty Energy Efficiency Rating (FPEER) of D, E, F or G.(harder more expensive to heat as it loses warmth quickly relying on inefficient heating systems).
2. The Households income falls below the poverty line after paying housing and energy costs. This means that once rent/mortgage and the amount of energy to heat the home is accounted for the remaining income is too low to maintain an acceptable standard of living. [6]

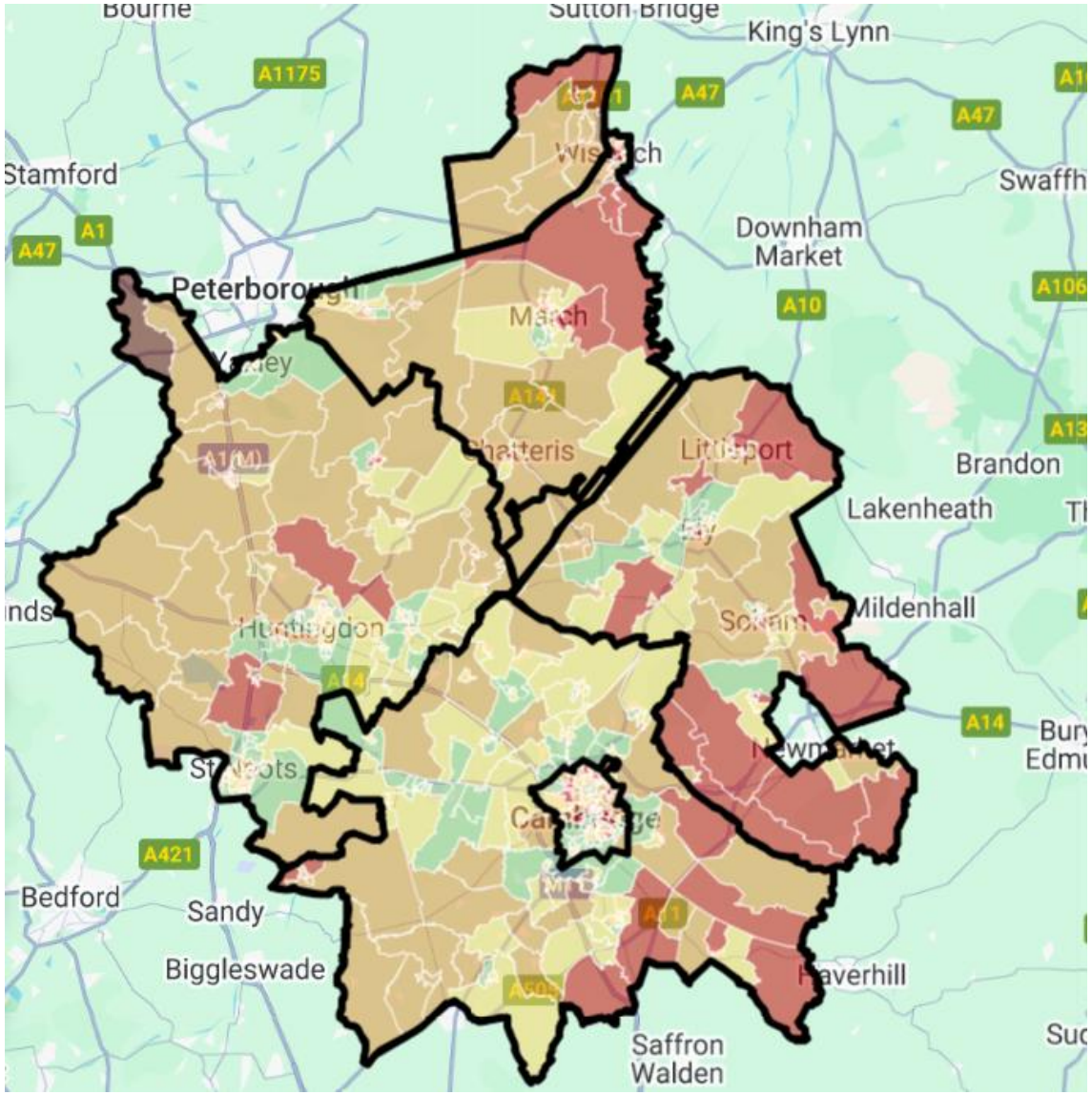
IMPORTANT: LILEE uses FPEER which is based on EPC information but is **not the same as EPC rating** and cannot be replaced with EPC ratings directly.

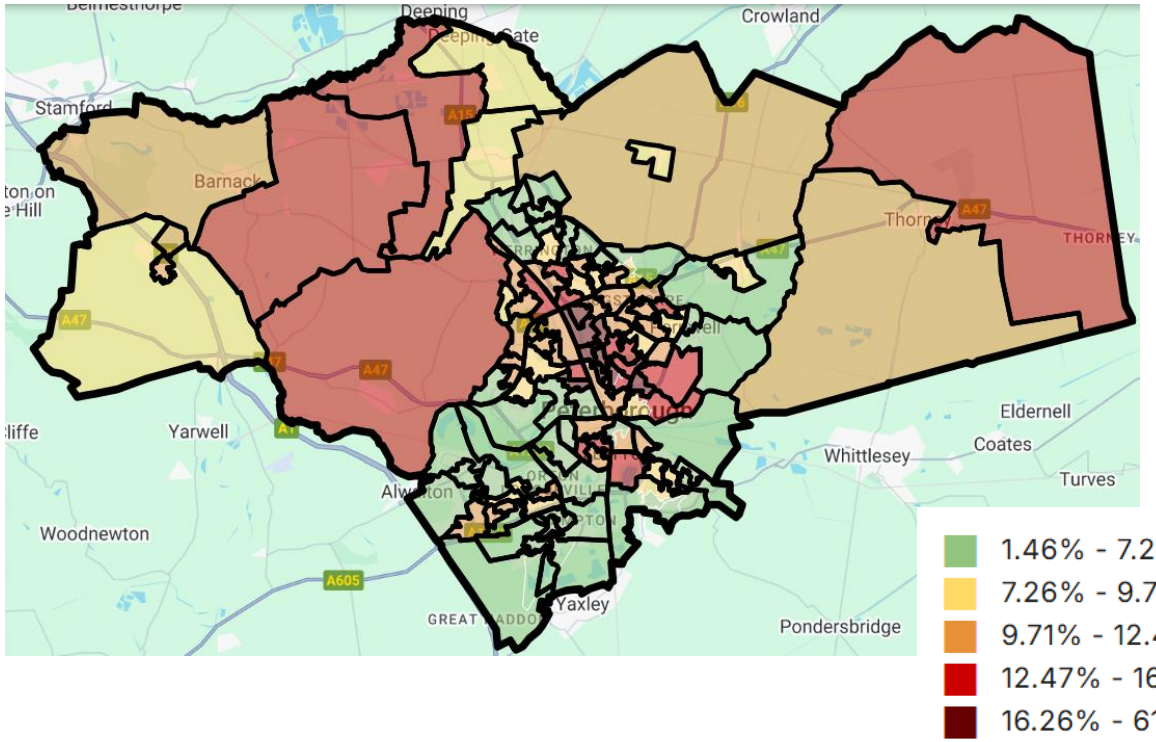
Why this matters: A low-income family in a well-insulated home (A-C) will not be counted as fuel poor. Households living in inefficient homes are more likely to be fuel poor. This metric helps identify where poor housing condition and financial vulnerability intersect. Both key drivers of health inequalities linked to cold, damp and mould. [7]

(Source: Annual Fuel Poverty Statistics Report 2025, Department for Energy Security and Net Zero; 27/03/2025; Annual fuel poverty statistics report: 2025 - GOV.UK)

Health and wellbeing overview: Fuel Poverty (4)

Estimated percentage of households experiencing fuel poverty by LSOA in Cambridgeshire and Peterborough (2023)





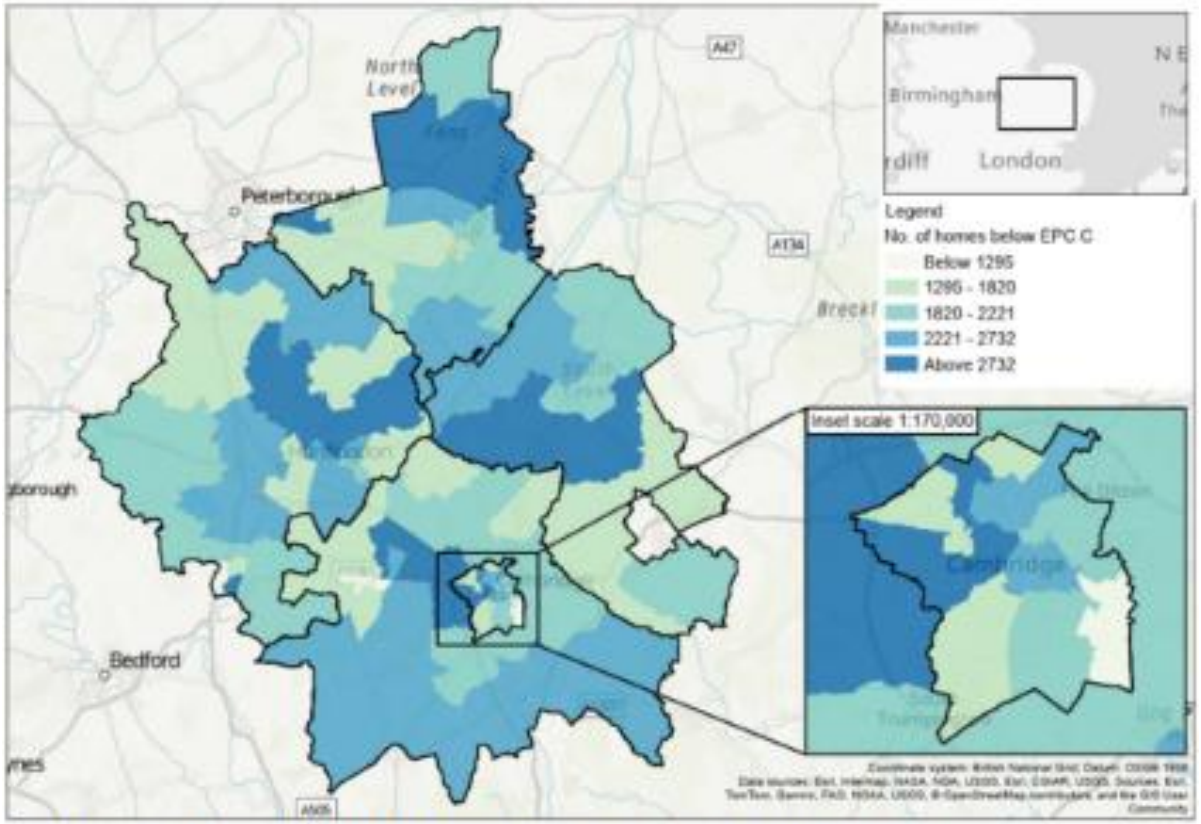
Fuel poverty does not affect all communities equally, when data is examined at the small area geography rather than district, we can start to identify neighbourhoods where risk is concentrated e.g. rural communities with off-gas homes, older housing stock or pockets of deprivation and inner-urban areas with higher proportions of private rented homes, where damp and mould are most prevalent.

Source: data from Department for Business, Energy & Industrial Strategy (BEIS) (2023), mapped via Local Insights. Interactive maps are available at the links below:
https://cambridgeshire.localinsight.org/#/map?savedmap=3178
https://peterborough.localinsight.org/#/map?savedmap=3179

Health and wellbeing overview: Fuel Poverty (5)

Poor EPC ratings (i.e. less energy efficient homes) increase the required consumption at a given fuel price, which raises the likelihood that a household meet the fuel-poverty threshold. The maps below show where homes with poor EPC ratings are in Cambridgeshire and Peterborough (including imputed figures where a recent EPC rating is unavailable).

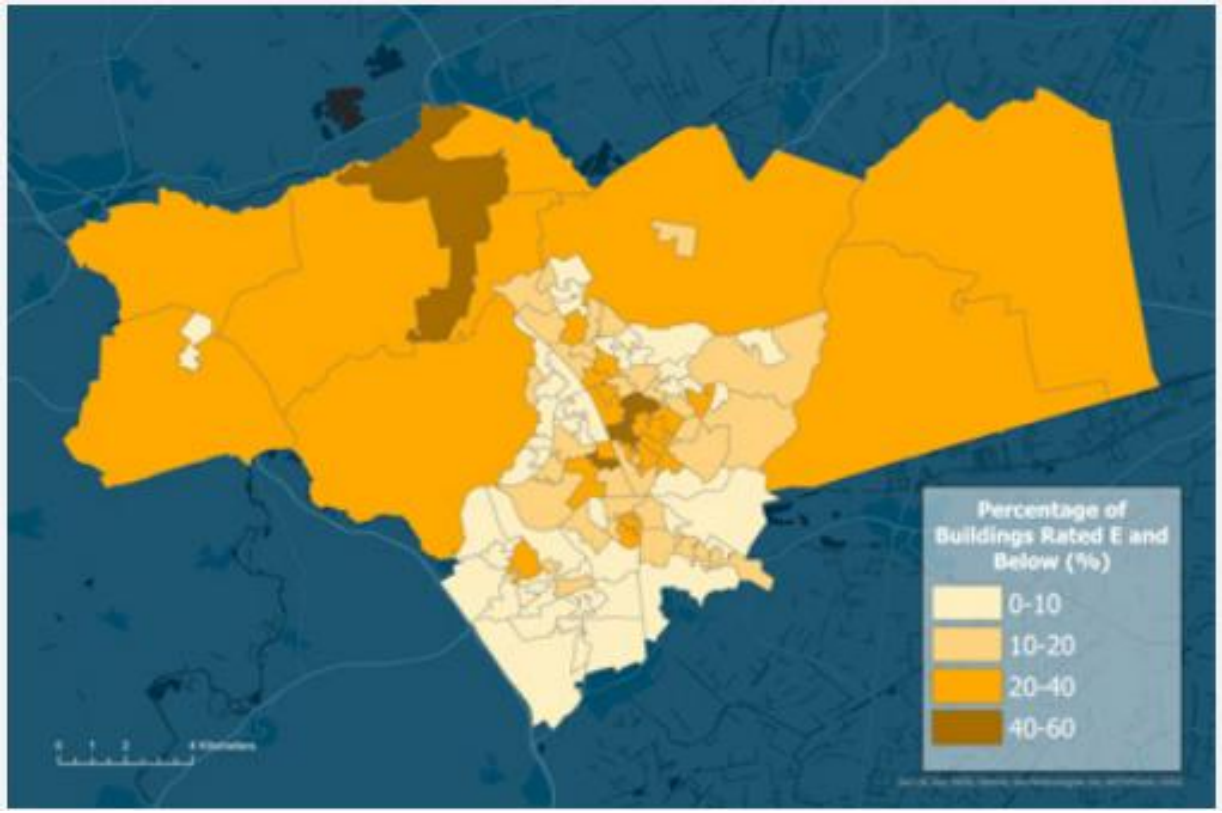
Homes below EPC C per MSOA, 2023 – Cambridgeshire below



Source: Mott MacDonald GIS imputation data based on EPC data

Source: Cambridgeshire Local Area Energy Plan, Technical Appendix (to be published March 2026.

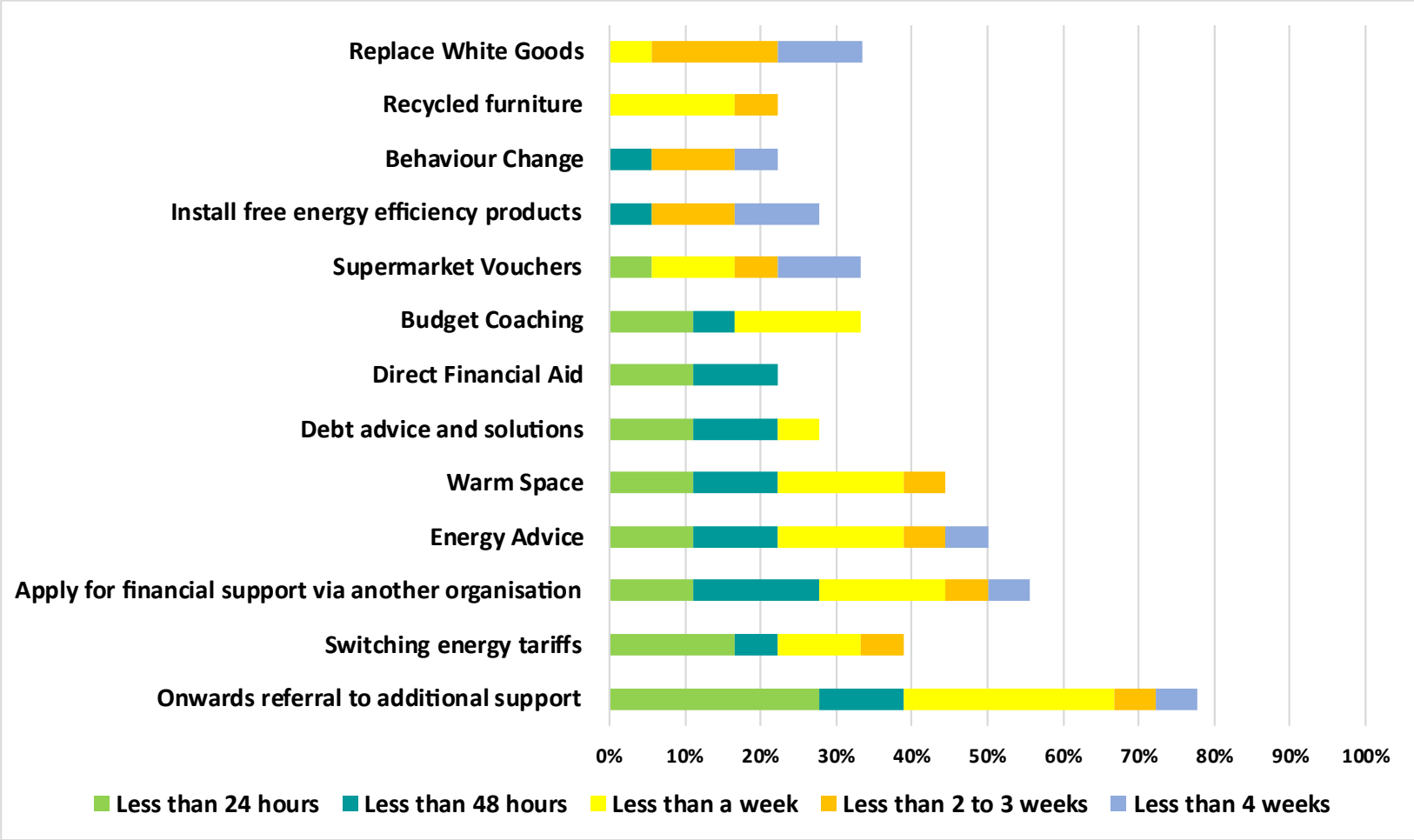
Homes with EPC ratings of E or below per LSOA, 2022 - Peterborough



Source: Peterborough Local Area Energy Plan Appendix, 6. Appendix 1 Peterborough Local Area Energy Plan.pdf

Health and wellbeing overview: Fuel Poverty (6)

Stay Well Group Survey responses- support offered and time between referral and support received



The Stay Well Network
Led by Public Health, the Stay Well Network is a collaboration between partners across the local health care system, to mitigate and minimise the risks associated with cold homes and winter weather on the health and wellbeing of our vulnerable groups.

A warm home is a healthy home
The breadth of support available within hours of a referral to add warmth to a house protects and improves health and wellbeing and prevents physical and mental ill health.

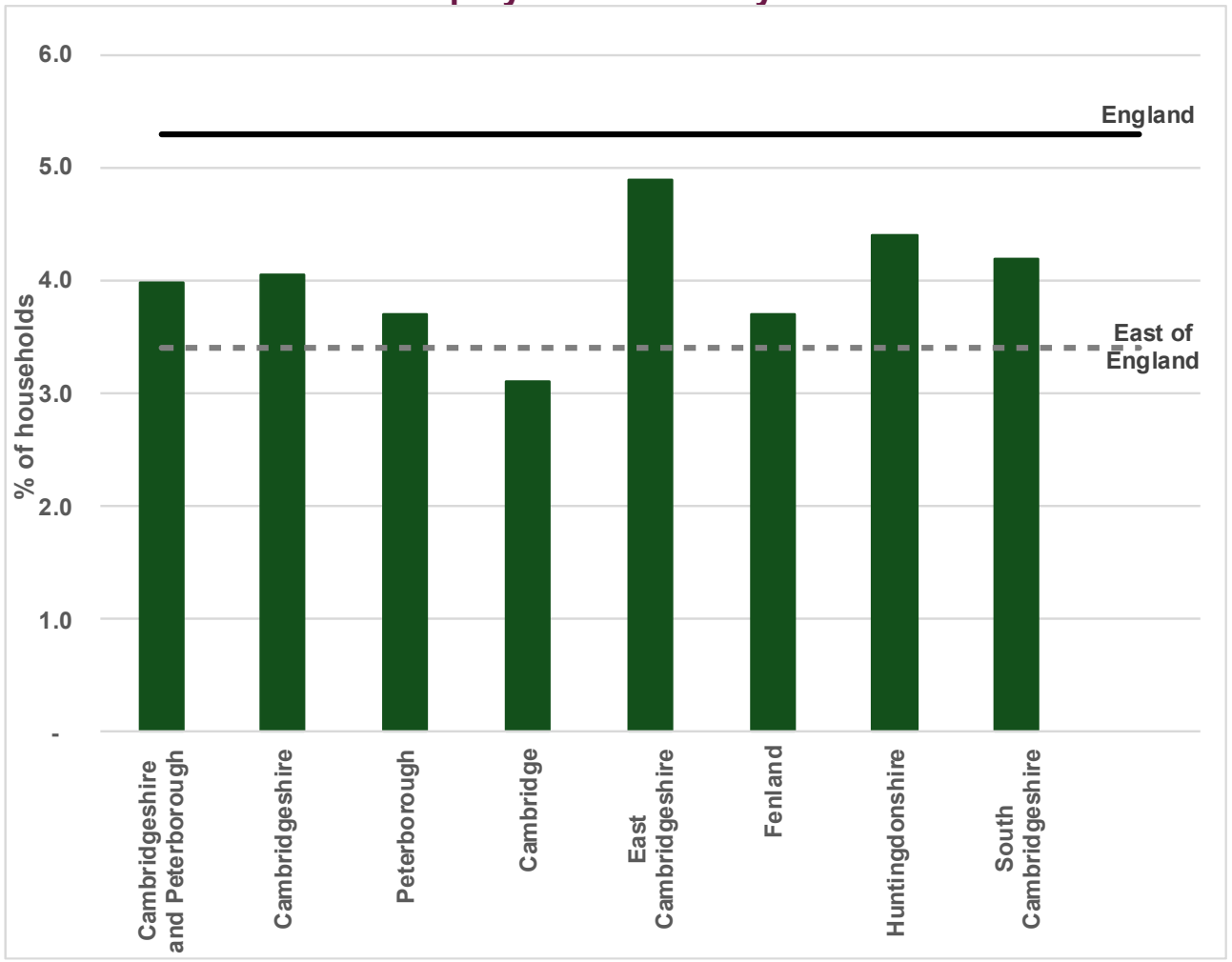
Mapping of Fuel Poverty Support
Members were surveyed to understand how quickly support in its varying forms could be delivered upon receipt of a referral.

Crises Response
From 18 organisations participating in the survey 100% were able to offer support within 24hrs and the breadth of support is evident from this graph. The ability to respond quickly can have a positive impact on someone in crises.

Referrals
There were over 92,000 referrals for financial aid, advice and other support in Cambridgeshire from the 1st April 2024 to 31st March 2025.However, 78% of organisations responding didn't capture or know where professional referrals were coming from.

Health and wellbeing overview: Damp and Mould (1)

Estimated homes with damp by local authority 2023



(Source: MHCLG,2025; English Housing Survey: local authority housing stock condition modelling, 2023 - main report - GOV.UK)

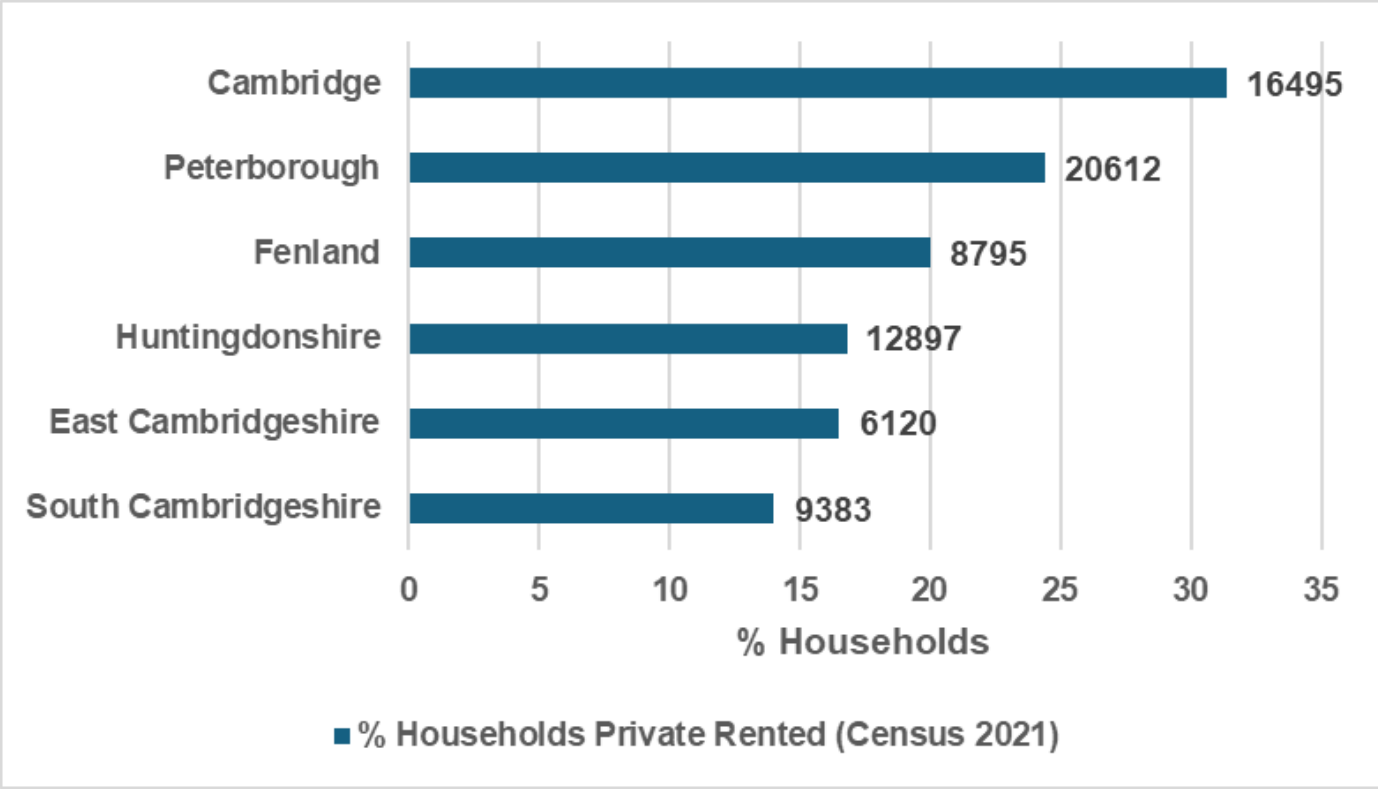
- The English Housing Survey found that 5.3% of dwellings in England were affected by damp in 2023. This was higher than any of the past five years (which ranged between 3–4%)
- Huntingdonshire district has the highest numbers of homes estimated with damp at 3,500 followed by Peterborough with 3,250 .

English Housing Survey data from 2022- 23 has been used to generate modelled estimates for the proportion of damp homes in each local authority area (across all tenure types):

- 15,000 homes were estimated to have damp problems in Cambridgeshire and Peterborough (4%).
- East Cambridgeshire was estimated as having the largest proportion of homes in the county affected by damp (4.9%, 1,900 households).
- With the exception of Cambridge, all districts in Cambridgeshire and Peterborough had a larger proportion of homes with damp problems than the East of England (3.4%).

Health and wellbeing overview: Damp and Mould (2)

Households with private rented tenure (Census 2021)



(Source: MHCLG,2025; English Housing Survey: local authority housing stock condition modelling, 2023 - main report - GOV.UK)

When broken down by tenure type:

- Nationally, damp was found to be more common in private rented housing (9%) than in the social rented sector (7%) and owner-occupied homes (4%).
- Damp was also estimated as most prevalent in private rented housing for Cambridgeshire and Peterborough districts. Ranging from an estimated 5.3% of private rented housing in Fenland to 9.5% in South Cambridgeshire.
- Cambridge (31.4%) and Peterborough (24.4%) had the largest proportion of households with private rented tenure at the time of the last Census (2021).

Health and wellbeing overview: Damp and Mould (2 cont)

Groups more at risk from the health impacts of damp and mould

Government guidance outlines the following groups as more at risk from the health impacts of damp and mould [8]

Health Vulnerability

People with a pre-existing health condition and are at risk of their condition worsening or having higher risk of developing fungal infections and / or additional allergies.

- Respiratory diseases E.g. Asthma, Chronic Obstructive Pulmonary Disease (COPD), cystic fibrosis, other lung diseases
- Cardiovascular disease
- Weakened immune system E.g. Cancer treatment, immunosuppressant medication
- Pregnancy

Life Stage

- Children (Developing lungs)
- Older People (temperature regulation and mobility issues, housebound making it more difficult to get out of a home that is cold, damp or mouldy.

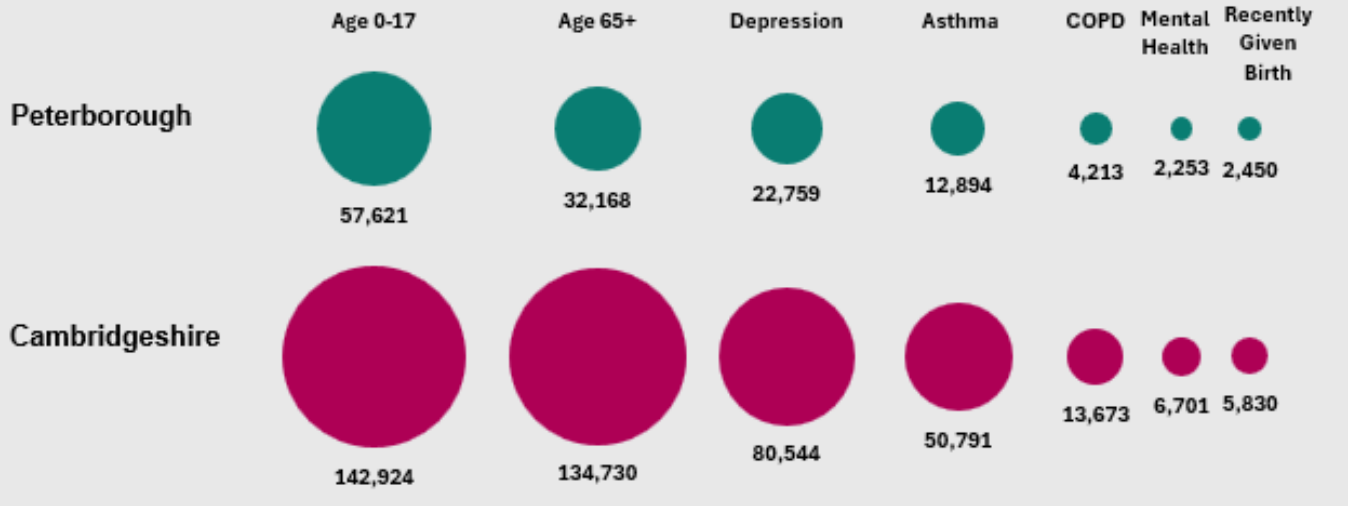
Circumstantial Vulnerability

- Housebound
- Mental health conditions
- Overcrowded or poor condition homes

Local number for At- Risk Groups in Cambridgeshire & Peterborough

Available figures for people in risk groups from the health impacts of damp and mould in Cambridgeshire and Peterborough

Thes at risk groups are likely to overlap and we don't know the extent of this overlap.



Health and wellbeing overview: damp and mould (4)

Estimated burden of disease due to damp and mould expressed as Population Attributable Fractions (PAF%)

It was estimated that in 2019 exposure to damp and/or mould in English residences contributed to:

1.4-2.1%

Asthma

Proportion of new cases among children and adults linked to damp/mould (PAF%)

1.7-2.1%

Lower Respiratory Infections

Proportion of new cases among children and adults linked to damp/mould (PAF%)

PAFs = What % of disease cases in the population could be prevented if we eliminated this risk factor?

PAFs are population-level estimates and are not adjusted for individual-level factors.

1.6-2.5x

Ethnic differences in population-attributable burden (PAF%)

PAFs for asthma and lower respiratory infections were approximately 1.6–2.5× higher among Black, Asian, and other minority ethnic households compared with White households, reflecting higher exposure to damp and mould.

2.7x

Income differences in population-attributable burden (PAF%)

PAFs were approximately 2.7× higher in the lowest income quintile than in the highest, with a clear stepwise gradient across income groups, reflecting higher exposure to damp and mould.

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

What are the health inequalities in Cambridgeshire and Peterborough?

Living in **the private rented sector** shows a higher prevalence of damp and mould (9%) compared to social housing (7%) and owner-occupied homes (4%), increasing the risk for renters who have less control over repairs.

Households containing **older people** were more likely to live in a home with excess cold hazard. Around 4.2% of households with the oldest person aged 60+ lived with an excess cold hazard compared to 1.8% where the oldest person was under 60. [2]

Excess Winter Deaths: Around 10% are directly due to fuel poverty and 21.5% due to cold homes [9]

Households with individuals living with **disabilities** are more likely to be in fuel poverty. People with long-term illness and disability are more vulnerable to cold housing and spend more time at home increasing exposure [9]

Households on low incomes are more likely to live in homes with damp with 7% of households classified as in poverty living with damp, compared with 3.5% of households not in poverty. [2]

“Heat or Eat” trade off: Low-income families cut food spending and reduce caloric intake in cold periods, compounding health risks. [9]

East Cambs has the largest proportion (4.9%) of homes affected by damp across all tenures

Households with children are some of the most likely to have damp in their home. In 2020, 8.2% of lone parent households and 5.2% of couples with children had damp at home, compared with an average of 4.1% across all household types. [2]

Rural disadvantage: fuel poverty is high in rural areas (21%) than suburban (11%) and urban (10%). Many rural homes lack mains gas and rely on costlier fuels. [9]
East Cambridgeshire (10.1%) and Fenland (10.4%) both had a higher estimated proportion of households in fuel poverty

Minority ethnic households are more exposed: Over 12% of Black households live in cold homes compared to under 6% of White British households [9]. In Peterborough 4.1% of the population are Black, Black British, Black Welsh, Caribbean or African.

Adults in **cold homes** are twice as likely to develop **new mental health conditions,** and those with existing issues face three times the risk of worsening symptoms, including anxiety and depression [9]. In Peterborough 25,012 and Cambridgeshire 87,245 patients are recorded on practice records with mental health conditions and depression.

Health and wellbeing overview: Inclusion Groups

Why Gypsy, Roma and Traveller (GRT) communities Are at Higher Risk

Gypsy Roma Traveller (GRT) groups have been identified as having specialist housing needs locally, with recognised gaps in data and unmet needs across Cambridgeshire and Peterborough. [10]

GRT communities often live in non-standard or specialist housing such as caravans, trailers, temporary structures and roadside or site-based accommodation. These settings frequently have:

- Poor insulation and low energy efficiency, making it harder and more expensive to heat homes adequately.
- Higher fuel costs, particularly where homes are off-grid and rely on oil, bottled gas or solid fuels.
- Increased exposure to cold, damp and mould due to limited heating options and structural vulnerability to condensation and moisture. Local assessments highlight limited suitable pitches and poor site conditions also increasing exposure to damp, condensation and mould.

Evidence of Inequality and Greater Exposure

National research shows that GRT and nomadic communities experience disproportional high barriers to maintaining warm, healthy homes and accessing support. [11] Key findings include:

- Many GRT households struggle to access affordable energy with over 70% reporting energy and fuel is unaffordable.
- Higher rates of borrowing to cover heating costs, including chronic fuel poverty
- Experience of exclusion, discrimination and additional administrative barriers when attempting to access support.
- GRT housing is often poorly insulated, increasing condensation and mould risk.

Why this matters for Housing Planning

There are evidence gaps across local authority assessments that mean the true scale of fuel poverty and damp/mould for GRT residents may be underestimated.

We recognise that there are other inclusion health groups who are also more likely to be living in fuel poverty e.g. boat dwellers, migrant communities etc. .

There is a need to understand the challenges faced by groups living in unconventional housing forms. These groups are:

- Under-represented in local datasets, meaning local need is underestimated
- Less likely to access mainstream support due to digital exclusion, mobility , mistrust and structural barriers.
- More likely to experience persistent hazards (cold, damp and mould) that are harder to remedy in non-standard homes.
- Inequalities are compounded by mobility, digital exclusion and barriers accessing mainstream support services, increasing the risk of ongoing cold damp and unhealthy conditions.

Implications for the System

- Tailored energy-efficiency programmes and retrofit schemes are needed for off-grid, mobile and temporary structures.
- Improved outreach through trusted intermediaries (e.g. Stay Well Network, community organisations).
- Integration of risk checks into health contacts (GP visits, discharge planning, social prescribing), Better local mapping and intelligence to quantify need.

What works? Fuel Poverty

Heating Systems

Home Energy Efficiency Improvements (Insulation, heating, upgrades, basic retrofit)
Strength of evidence: Good
Effectiveness: Improved indoor temperatures, reductions in damp and condensation, and higher occupant comfort. Reduction in energy demand.

Comprehensive / holistic retrofit (walls/ roof/ windows/ doors/ whole house ventilation/ heating systems)
Strength of evidence: Good
Effectiveness: Post-renovation assessments document higher indoor temperatures, reduced mould, and stable thermal conditions.

Low carbon heating and renewables (Heat pumps, district heating, solar thermal)
Strength of evidence: Moderate
Effectiveness: Consistent & quieter heating. Reduced worries about fuel price volatility. Cost reductions compared to previous systems.

Energy Efficiency Standards

Minimum Energy Efficiency Standards (MEES)
Strength of evidence: Moderate
Effectiveness: Exhibit higher EPC ratings and improved thermal characteristics.

Green building standards (high ventilation, high efficiency, low-emission materials)
Strength of evidence: Moderate
Effectiveness: Improved indoor air quality, reduced moisture, and higher satisfaction. Lower respiratory symptoms

Energy-Efficient Social Housing Provision
Strength of Evidence: Limited / Promising
Effectiveness: Improved comfort levels and more predictable energy expenditure patterns

Referral Pathways & Behaviour Change

Behavioural interventions (energy: advice & education, audits, smart meter displays)
Strength of evidence: Good
Effectiveness: Increased understanding of energy use and greater confidence in managing consumption.

Warm Housing Referral & Coordination scheme:
Strength of Evidence: Limited / Promising
Effectiveness: Reduced stress related to managing energy bills and greater confidence in navigating support systems.

Health-Sector Social Prescribing & Digital Referral Pathways
Strength of Evidence: Limited / Promising
Effectiveness: Improvements in wellbeing scores and positive feedback regarding the accessibility of digital referral routes

Pricing / Financial Assistance

Targeting and data driven interventions & Support:
Strength of evidence: Limited
Effectiveness: Offers opportunities for earlier identification of usage patterns linked with vulnerability or under-heating.

Energy Price Interventions (Price caps, social tariffs, support switching suppliers, regulation of default tariffs):
Strength of evidence: Weak
Effectiveness: Lower tariffs ease reported heating pressures. Evidence is limited by scarce and low-quality evaluations
Financial Assistance (Winter fuel payments, emergency fuel grants, energy bill discounts, hardship programmes):
Strength of evidence: Weak
Effectiveness: Beneficiaries regularly report temporary relief from bill pressures during colder months**.** Mostly short-term evidence with limited long-term evaluation.

What works? Damp and Mould

Structural / Heating System Improvements

Structural Repairs and Remediation (fixing leaks, repairing roofs, gutters, external walls, plumbing)
Strength of evidence: Good
Effectiveness: Reports frequently describe less water ingress, fewer damp patches, and reductions in mould regrowth.

Heating System Improvements (new boilers, efficient heaters, improved controls)
Strength of evidence: Moderate
Effectiveness: Users frequently report improved comfort, easier heating control, and reduced reliance on portable heaters that exacerbate condensation.

Ventilation & Moisture Reduction

Mechanical Ventilation Systems (positive input ventilation; mechanical extract ventilation)
Strength of evidence: Moderate:
Effectiveness: Reduced humidity, less mould, and lower condensation.

Moisture Management / Building Fabric Interventions (damp-proofing, insulation of cold surfaces, vapour barriers)
Strength of evidence: Moderate:
Effectiveness: Fewer cold surfaces, reduced condensation, and lower prevalence of mould spots.

Dehumidifiers / Portable Moisture Control Devices
Strength of evidence: Weak
Effectiveness: Temporary reductions in condensation and damp smells. Small field trials; anecdotal reports from local authority interventions

Temporary or Reactive Interventions (cleaning mould, issuing mould-removal kits, short-term remediation)
Strength of evidence: Weak
Effectiveness: Short-term improvement with frequent mould return.

Education, behavioural change & enforcement

Behavioural Advice and Occupant Support (ventilation guidance, heating practices, moisture-reducing behaviours)
Strength of evidence: Limited / Promising
Effectiveness: Fewer condensation issues reported, though sustained adherence varies.

Enforcement & Regulatory Action
Strength of evidence: Weak
Effectiveness: Improvements reported after compliance, though outcomes vary depending on landlord responsiveness and follow-up capacity

Strength of Evidence

Good = *Consistent methodology, sound evidence to support effectiveness*
Moderate = *Evidence suggests benefit, but with limitations*
Limited = *Few / small scale studies with preliminary indications of benefit/ further research*

What are we currently doing?

Stay Well @ Winter Network
(Cambridgeshire County Council)

Comprised of a network of partners who work across the Cambridgeshire and Peterborough local health and social care system to mitigate the risks associated with winter weather on the health and well being of our most vulnerable groups who live in cold homes due to fuel poverty.

Through this partnership, member organisations can apply for:

- Stay Well Packs frontline staff can give to those in crisis to help receive advice, access to services, information and potentially even financial support to keep warm and well this winter, whilst reducing your energy bills.
- In Cambridgeshire small grants of up to £400 through the public health funded Stay Well Grant.

In 2025 in two weeks £45,000 was awarded to 116 applicants all awards were allocated for gas, oil and electricity with all beneficiaries' primary reason for referral was “poverty”.
Stay Well This Winter | Cambridgeshire County Council

South Cambs District Council - “Lifting People out of Poverty”

Using data extracted from the LIFT (low-income family tracker) SCDC have focused on addressing fuel poverty through a wider approach to supporting people out of poverty.

- End of 2024 – campaign to identify pensioners eligible for pension credits who were not claiming and would miss out on the Winter Fuel Allowance, resulting in 113 completed additional pension credit applications and 113 winter fuel payments.

- 2025- Community events aimed at low-income households to increase awareness of attendance allowance, household support fund and reduced water tariffs and have completed 600 applications for eligible residents.

- 2026-27 and 2027-28 investment of £20K/year in dehumidifiers. Eligible households (SCDC tenants only) will be identified by our damp and mould engineers and units will be distributed using housing maintenance contractors Mears. Prior to receipt recipients will be given information on how much it costs to run and will agree to participate in an outcomes evaluation. A six-week follow will evaluate improvements in housing condition.

What are we currently doing cont'd?

Peterborough Cold Damp Homes Project

Partnership Working

- Working with GP practices in Peterborough Central, Thorpe and Thistlemoor Integrated neighbourhood. Working specifically with Central and Thistlemoor GP practices.

Matching Data

- Using GP data to target individual patients with the following conditions as these are the gateway conditions to access ECO4 Funding, and targets patients who have poorly managed symptoms:
  - Respiratory Condition + High Attenders to Hospital A&E
  - Respiratory Condition + >3 Exacerbations in the last 1year
  - Respiration Condition + 5 SABAs (fast acting inhaler) Issued in last year

Residents Identified

- Health care records for the conditions above were matched to 150 patients across the two practices

Project Delivery

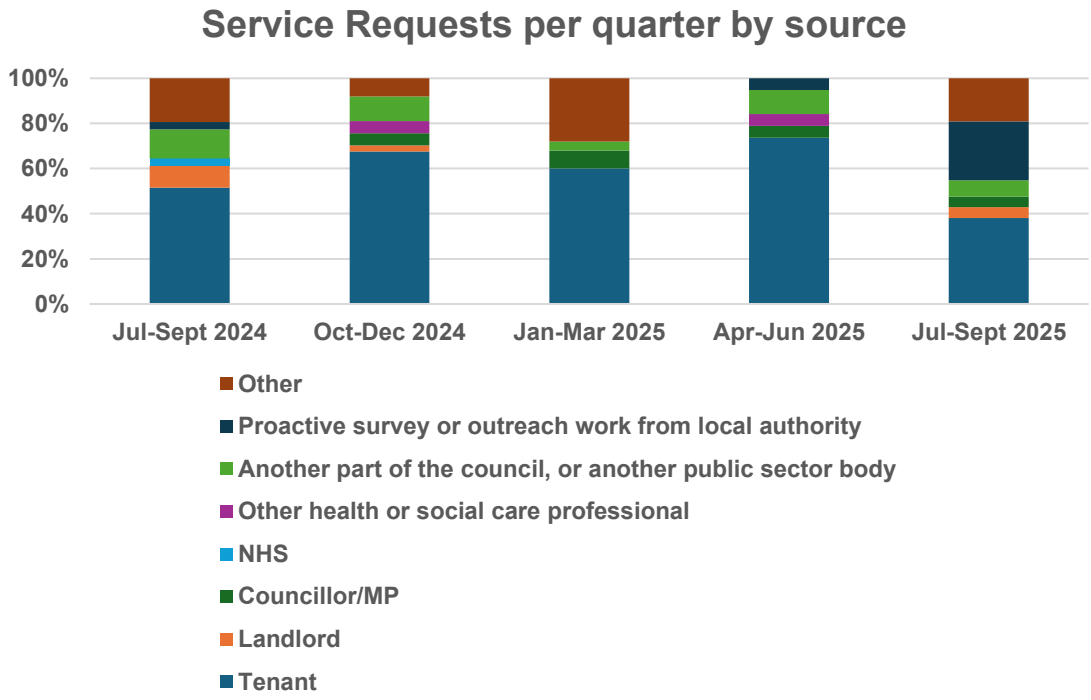
- Commencing in January 2026 to March 2026
- Patients identified will be sent text messages by the practice inviting them to contact installers of ECO4 (additional advice can be given by the installer during the referral process e.g. other forms of help.

Next steps

- Beyond March 2026 the ECO4 grant will not be available so PCC will be utilising organisations like LEAP to offer advise and support to patients.

Fenland District Council " Healthy Homes Project"

Participating in the National programme on effective enforcement in Private rented sector on cold and damp holds. FDC are the control group not receiving intervention funding but are providing monitoring data which is providing us with a local picture around reporting:



What are we currently doing cont'd

Cambridge City Council "Winter Ready Campaign"

Encourages tenants and leaseholders to report issues as early as possible. The campaign helps remove barriers that sometimes stop people coming forward, such as embarrassment, worrying about consequences or not believing anything will change. Cambridge Matters magazine goes to over 7,000 tenants and shares tips on preventing damp and mould and where to get help. The Environmental Health team has developed an online training course for health professionals to raise awareness.

The council has used external remedial contracts which has resulted in speeding up repairs and reducing repeat problems. Resulting in damp and mould reporting dropping from 789 (2024) to 465 (2025-26) with a 27% fall in cases. Staff, contractors and other professionals are also encouraged to help tenants report issues where they spot them during visits.

Missed or cancelled appointments are followed up quickly and staff receive training on Awaab's Law and damp and mould awareness. The council has improved its website and online reporting, making it easier for residents to get the right support quickly. The Council's damp and mould surveyor provides expert advice and the team work closely with other departments to make sure improvements are monitored and delivered.

Cambridgeshire ACRE

Offers support, resources and specialist advice to communities and partners across a wide range of topic areas connected to rural community life in Cambridgeshire.

Cambridgeshire Community Hubs network invites residents seeking a warm, safe and friendly environment in local existing community spaces. Residents can receive advise and access to services and support in manging issues like fuel poverty and living in cold, damp and mouldy homes.

East Cambs Integrated Neighbourhood "Wellness Hub"

The Wellness Hub is a multiagency solution finding forum for individuals and families who need us to work differently together and whose needs often cannot be met by current pathways or services. It has been operation for 3 years with participation from all partners across the local system including Housing and Health – for example a timely response can be provided when you have a GP and a Housing Officer in the same room where a person has chronic asthma and living in a damp and mouldy home.

This way of working provides bespoke support, based on conversations rather than assessment, to understand what matters most to a person or family and what they need to unlock their own capacity to thrive. Some personal budgets are available to address wider inequalities but having a range of expertise in the room we can find solutions without a personal budget.

Some examples in terms of housing include providing people with grants for heating or more practical solutions around provision of heated blankets or heaters, housing organisations attending the hub to expedite mending of boilers, clearing of spaces for improved ventilation and heat flow.

Feedback from Stakeholders

Data

Stay Well Survey 2025

"they don't always reach out for help and we don't know who or where they are"

The majority of Stay Well members supported the notion of improved data sharing by means of standardised consent form, data sharing agreements and centralised data repository consent form, data sharing

Education

Getting messages of help being available out to these families and giving more support like helping people to make phone calls and fill in forms

I have clients that constantly cleaning away mould. I discussed ventilation as it's a vital part in reducing damp and mould I also discussed the value of removing wet clothes from rooms with no dehumidifiers.

Energy Efficiency

People are heating their homes less due to rising prices, the cost-of-living crises. People are not turning heating on as well as not ventilating properties"

We have helped clients prioritise energy-efficient practices such as using a microwave instead of an oven and washing clothes on eco settings.

What are the views from the community?

Theme: Accessing the right housing

“I feel trapped as I applied for housing under XX but feel ignored as they made an assessment and have never come back to me”
Resident in PRS but can no longer afford large property

“I have not been able to put my heating on up until recently as radiators and boiler did not work. My landlord took a while to resolve this.”

Theme: Getting Help & Support

“ The advisor listens to me and helps me with any issue I face, they help me get in contact with organisations I cannot contact myself. This helps things get completed quicker”

….more support that is easy to access, not phone calls with long waiting times. People to talk to who understand, not make you feel guilty for struggling. Maybe drop ins at local library offering support on bills or general support.

Theme: Impact of Cold Home on Health

“Me and my partner have been unwell with cold and flu. Letters from suppliers make me feel highly stressed as I do not understand them and worry too much that my blood pressure rises and I have to call an ambulance”.

When I explained my situation and health to CAB they offered me an electric heated throw and this has made a massive difference to me and saves me putting the heating on.

Theme: Impact on Health from fuel poverty

My mental health is affected, I worry about big bills I can not afford. ……I don’t manage my bills I’m in a lot of debt that the Village Agent and CAB are helping me with

"My child had recurring ear infections every two weeks. In the end they swabbed the mucus and said it was bacterial caused by mould and damp""

Lived Experience: Emerging Key Theme

Daily life and coping mechanisms

"I try and heat my lounge and my bedroom for about an hour a day"

Almost all are rationing their energy use.
Almost all are adopting no to low energy efficiencies behaviours to reduce energy use.
Many are using blankets and duvets are personal coping strategies to try and stay warm.
Many are forced into making difficult trade-offs in daily living. i.e. food vs fuel
Many prioritise their energy bills over other non-essential debts
Some avoid being in their homes due to the cold living conditions.

Emotional and mental impact

"The constant cold, damp and financial pressure is exhausting. I am depressed and anxious"

Almost all state energy bills negatively impacts their emotional health.
Most state energy bills negatively impacts their physical and mental health.
Some see the benefits to their personal coping strategy(s)
Some rely on their personal support networks – family and friends
Some are frustrated, tired and angry with ineffective landlords.
Few turn to poor coping strategies such as self-harm and alcohol.

Financial burden and practical challenges

"We struggle to buy food and other necessities because of the cost of energy bills."

Most are forced to make difficult trade-offs in daily living vs essential needs i.e. food, medicine.
Many struggle to balance the need for personal warmth and energy costs.
Many struggle to balance their health condition needs and energy costs.
Some are struggling to balance the need for ventilation and energy costs.

Seeking help and support

"I found the process reassuring, and the staff were respectful and understanding, which made asking for help much easier".

Many are reliant on current Government and Council support to get through the winter.
Many are reliant on help from Charities to get through the winter.
Many have a knowledge gap in accessing support.
Some are reliant on help from their utility provider to get through the winter.

Since receiving support

"My home is comfortable. I feel less stressed, more positive, and better able to focus on everyday life".

Many say support received from current Government, Council and charities has positively Benefitted their physical, emotional and mental health.
Some now live in a warm home and can afford more energy for heat or food to eat.
Some have learnt new skills such a budgeting.
Some have seen the benefits of new / replaced white goods and improved housing conditions such as double glazing or new / repaired boilers.

Recommendations

Improve the knowledge gap of those in crisis.
Create enablers to force ineffective landlords to act quickly.
Improve communication across all formats

Opportunities and Consideration of Strategic Recommendations: improvement and future development

No	Strategic Recommendation
1	**Strengthen system-wide governance and delivery on fuel poverty and homes with damp, mould and condensation** Identified Issue: Recognition that there are significant health risks of living in cold damp homes and fuel poverty. We are working in a complex system with multi-agency partners all contributing support in different ways with opportunities to reduce duplication and strengthen our response to improve the lives of residents. Outcome: Enhanced oversight will enable us to turn and expand existing good practice into a cohesive strategy improving health outcomes, reducing inequalities and easing pressure on health and social care services, and ensure that this is sustained through public sector reorganisation.
2	**Improve data collection, sharing and use to enable more focussed and joined-up action on fuel poverty and homes with damp, mould and condensation** Identified Issue**:** Efforts to tackle fuel poverty and damp and mould are hindered by fragmented and inconsistent data collection across agencies. There is a good level of reactive intervention to support residents but there are lots of opportunities to better use integrated intelligence to target our resources to identify households at greatest risk, monitor progress and evaluate impact. By creating a shared, cross-sector data and analytics framework we can turn these disconnected insights into tools for early identification and targeted support. Outcome: This approach will enable proactive interventions, better resource allocation, and measurable improvements to health outcomes.
3.	**Strengthen current energy efficiency interventions using data to prioritise uptake from those who need it most.** Identified issue: Poor energy efficiency is one of the three main drivers of fuel poverty. Poor energy performance increases heating costs and exacerbates cold, damp conditions which are linked to respiratory and cardiovascular illness. Stakeholders have reported that residents need to trust providers of energy efficiency interventions and feel confident that recommend measures are safe, effective and delivered by reputable organisations. Targeting interventions to households most at risk will reduce health inequalities and support Net Zero goals. • *Enable GPs, Social prescribers housing officers, Stay Well partners to trigger direct referral to retrofit/energy advice officers, while reducing onward referral barriers and reinforcing trust in the system by using known local organisations and clear consistent messaging.* • *Prioritise high risk districts and vulnerable groups including rural / off-gas properties in targeting logic.* • *Maximise the opportunities for residents to access government funding and other funding sources to make long-term improvements to their homes to reduce the impact of fuel poverty and damp and mould* Outcome: Prevent repeat crises, improve health outcomes, narrow inequalities while supporting system-wide prevention goals and Net Zero commitments.

Opportunities and Strategic Recommendations for improvement and future development

No	Strategic Recommendation
4.	**Early identification and providing holistic proactive actions across organisations to manage and prevent escalation and reoccurrence.** Ensure crisis response is supporting our most vulnerable residents in a timely and equitable way while building longer-term resilience through income maximisation and energy efficiency interventions. Identified Issue: With a strong local network already capable of delivering support within 24hours, we have an opportunity to a more consistent joined up crisis response. There are multiple entry points and siloed services (different agencies for grants, enforcement and advice) and many interventions remain reactive. Demand does not always match recorded need. A) Build Prevention into everyday pathways • Use resident / patient lists to identify and invite those at risk to income checks, warm –home measures and damp/mould checks before winter. • Develop routine housing risk prompts in across frontline services across the NHS, local authorities and other providers B) Scope Evidence for a “Single Front Door” access pathway • Review national and local evidence on the “single front door” or “single point of contact” model for housing and health support. • Assess feasibility, benefits and risks for Cambridgeshire and Peterborough, including cost, impact on equity and integration with existing networks. • Engage stakeholders to understand practical barriers and enablers. *Outcome: A system that identifies risk early and provides the right help first time. Rapid support is prioritised for those most at risk while upstream actions e.g. income maximisation, energy-efficiency, digital inclusion and housing enforcement reduce repeat crises and narrow inequalities.*
5.	**Building longer-term resilience through income maximisation and onward referrals whilst strengthening our rapid crisis response,** Ensure our crisis response is supporting our most vulnerable residents in a timely and equitable way while building longer-term resilience through income maximisation and energy efficiency interventions. A) Target and Strengthen Rapid Response: • Improve cross-referral into other services sharing information on individuals need • Explore and develop community forum models e.g. East Cambs Integrated Neighbourhood “wellness hub "that provides cross organisational integrated crises support. *Outcome: Rapid support is prioritised for those most at risk while upstream actions e.g. income maximisation, energy-efficiency, digital inclusion and housing enforcement reduce repeat crises and narrow inequalities.*

Opportunities and Strategic Recommendations for improvement and future development cont'd

No	Strategic Recommendation
6.	**Develop training and education programmes to support guidance on reporting damp and mould across organisations and establish associated pathways, for residents, professionals (including public sector and voluntary agencies).** Identified issue: Damp and mould are significant health hazards linked to respiratory illness, mental health impacts and widening inequalities. Complaints and enforcement activity are expected to rise under Awaab's Law and the Renters Reform Act implementation in May 2026. This creates an opportunity but a risk that the system may become reactive. Existing guidance and training on promoting awareness on damp and mould to improve hazard spotting and reporting has been produced by Housing departments but had low uptake from staff outside councils. • Educating the system - Raise awareness of system enablers with frontline staff through training. Need to educate and improve internal communications from strategic positioned staff to frontline staff to reduce onward referral barriers and build trust and confidence within the system. • Integrate enforcement and support routes across housing, health and social care to avoid delays. Outcome: Clear consistent guidance and referral pathways for reporting damp and mould that will enable early identification.
7.	**Undertake specific work with residents living in non-traditional housing and inclusion health groups such as Gypsy, Roma Traveller sites, boat dwellers and other marginalised populations.** Identified Issue: There are gaps in local data for GRT communities or boat dwellers in relation to fuel poverty and damp and mould. Both groups live in non-standard housing (caravans, barges, temporary structures) that can have poor insulation, limited heating options and high fuel costs, increasing their vulnerability to cold and damp. • Further work is required in this area to: - map and understand needs • Develop tailored retrofit and energy efficiency schemes for off-grid homes (oil, solid fuel) • Embed housing risk checks into GP visits, discharge planning and social prescribing for residents in specialist housing. • Use the Stay Well Network as a platform for rapid crises response and wraparound support. Outcome; Further develop awareness of needs around fuel poverty and damp and mouldy housing for people living in specialist housing to enable better engagement and targeting of interventions.

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Glossary

AHC	After Housing Costs (metrics used to measure fuel poverty)
DESNZ	Department of Energy Security and Net Zero
DHS	Decent Home Standard
DWP	Department of Work & Pensions
ECO4	Energy Company Obligation 4 – places a duty on large suppliers to fund energy efficiency upgrades to vulnerable , low-income households the scheme ends in March 2026
EPC	Energy performance Certificate rated from A-G A being the most energy efficient and G being the least
Fuel Poverty	When a household needs to spend at least 10% of its income on maintaining a satisfactory heating regime
FPEER	Fuel Poverty Energy Efficiency Rating
GES	Green Energy Switch
GRT	Gypsy, Roma, Traveller
HHSR	Housing Health and Safety Rating System
LAEP	Local Area Energy Plan
LEAP	Local Energy Advise Partnership
LIFT	Low Income Family Tracker
LILEE	Low-Income Low Energy Efficiency indicator – household is fuel poor if it has a residual income below the poverty line and lives in a home with an energy efficiency rating below Band C
LSOA	Lower Super Output Areas are statistical geographies that have been created by the ONS to present Census data. Each LSOA has a comparable population size of approximately 1000 to 3000 people and consists of 400-1200 households.
MSOA	Middle Super Output Areas are statistical geographies created by ONS to present Census data. EACH MSOA has a comparable population size of approximately 5,000 to 15,000 people or 2,000 to 6,000 households

Glossary

MEES	Minimum Energy Efficiency Standards – aim to increase MEES to Band C for all rented homes by 2040. Currently PRS Band E and SRS no minimum
ONS	Office for National Statistics
PAF	Population Attributable Fraction
PRS	Private Rented Sector
SRS	Social Rented Sector

Acknowledgements

Housing & Health JSNA Steering group was established as a sub-group of the Sub-Regional Housing Board (Cambridgeshire, Peterborough and West Suffolk). The group oversaw a prioritisation exercise to agree the scope for this JSNA

Cambridgeshire County Council Public Health Intelligence Team for providing the data analysis.

Cambridgeshire ACRE, Changing Futures Team, Expert on Myself, Citizens Advise, Family Action, Gladca and PCVS for conducting lived experience interviews.

Individuals with lived experience that participated in interviews that formed the qualitative data slides.

All stakeholders that participated in the two stakeholder events held in October 2025 and January 2026.