



Healthy Homes Public Health Annual Report 2025-26: Technical report



Omar Al-Rawi

Bolton Council

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Introduction

How do homes affect our health?

We have long recognised the important relationship between housing and health. Indeed, Nye Bevan, a key figure in establishing the NHS, was not only Health Minister in the post-war government but also held responsibility for housing. More locally, Dr Samuel Taylor Chadwick fought in Bolton to build houses for the poor alongside his work in health. The damp, cold, overcrowded homes of that time were identified as a key public health determinant – they knew that without better homes, better health could not be achieved.

Today, the housing landscape looks different in many ways, but the fundamental link between homes and health remains. A 2021 report from the Good Home Inquiry warned that England's homes are among the oldest and poorest quality in Europe, with an estimated 4 million homes not meeting the basic standards of decency and 2 million posing a serious threat to health and safety.¹

A safe, warm, and secure home is a key building block of health, situated at the very foundation of a person's basic needs alongside food and water (Figure 1). This report considers healthy homes through three connected themes: quality, suitability and stability. Together, these mean that homes should be safe and warm, suitable for the people living in them, and affordable and secure over time.

Figure 1: Maslow's hierarchy of needs



The quality of a home can directly affect physical health. Damp, mould and cold are more common in homes with inadequate ventilation or insulation, and are associated with respiratory illness, particularly among young children, older people and people with pre-existing health conditions. Nowhere was this demonstrated more starkly than

¹ Centre for Ageing Better. "Good homes for all". *The Good Home Inquiry* (2021).

in the tragic death of 2-year-old Awaab Ishak in 2020, after prolonged exposure to black mould in his home.

Homes also need to be suitable for the people who live in them. Overcrowding can affect sleep and privacy as well as children's development and educational outcomes, while hazards such as poor lighting, unsafe stairs, loose flooring or a lack of adaptations can increase the risk of falls and injuries.² Overcrowding and inadequate ventilation can also increase the risk of infectious disease transmission. It is thought that these factors contributed to the inequalities seen in the spread of Covid-19, with more deprived areas more likely to be affected by the pandemic.

Just as poor housing can affect physical health, it can have a profound impact on mental health. Research from Shelter found that a housing problem had negatively affected the mental health of 1 in 5 adults over a five-year period.³ Of these, 30% reported having no issues with their mental health prior to their housing problem. Living somewhere that feels unsafe or uncomfortable – or worrying about how to pay the bills – can leave people feeling stressed, anxious or depressed, and can also disrupt sleep.⁴ Stress and mental health problems can also make it more difficult to cope with poor housing, showing that the relationship can go both ways.

Across all of these issues, the burden of poor housing is not shared equally. Recent data suggests that more than 1 in 4 people live in homes that could harm their health, but the lowest-income households are almost twice as likely to be affected by damp or mould and four times as likely to live in a cold home.⁵ Housing-related ill health is shaped by income, tenure, age, disability, ethnicity and household circumstances. People on lower incomes, renters, older people, families with young children, disabled residents and some minority ethnic communities are more likely to experience poor housing conditions or face barriers to getting problems resolved.⁶ Housing therefore acts both as a cause and consequence of wider health inequalities.

Beyond the direct consequences to people's health, poor housing also creates substantial costs for public services. A recent economic analysis estimated that poor housing costs the NHS £1.4 billion in first-year treatment costs alone, with wider societal costs estimated at £18.5 billion each year.⁷ However, the same analysis found

² BMJ Group. "Living in substandard housing linked to kids' missed schooling and poor grades". BMJ Group (2025).

³ Shelter, ComRes. "The impact of housing problems on mental health". Shelter (2017).

⁴ Mason, Kate E., et al. "The impact of housing insecurity on mental health, sleep and hypertension: a longitudinal analysis using linked UK household data, 2009-2019." *medRxiv* (2023): 2023-11.

⁵ Association of Director of Public Health. "New data shows more than 1 in 4 of us live in homes that could harm our health". ADPH, Health Equals (2025).

⁶ Marmot, M. et al. "Health Equity in England: The Marmot Review 10 Years On". Institute of Health Equity / The Health Foundation (2020).

⁷ Garrett, H. et al. "The cost of poor housing in England". BRE (2021).

that every £1 invested in tackling poor housing saves £2 over the longer term, highlighting the value of prevention.

Despite the scale of the challenges across homes in Britain, the evidence is clear that poor housing is both preventable and fixable – and that taking action to improve housing conditions has a positive effect on health.⁸ Effective action across housing, health and local government can deliver warmer, safer and more secure homes while reducing pressure on health and care services. This Annual Report considers the challenges, the work already underway, and the opportunities to improve homes for people in Bolton. By placing healthy homes at the heart of our vision for the future, we can prevent harm and support communities to live well, age well, and thrive.

What makes a good home?

A good home provides more than just shelter. It is a place that is safe, warm, secure, and suitable for the needs of those living in it. These factors are fundamental to health and wellbeing, shaping everything from physical health to mental welfare, social relationships, and life opportunities.

The concept of a “good home” also extends beyond the physical building itself. The surrounding environment – such as access to green space, local services, transport, and neighbourhood safety – plays an important role in shaping health and quality of life, as is reflected in wider council policies such as the Greenspace Strategy, Transport Strategy, and the Greater Manchester Places for Everyone Joint Development Plan. However, this report focuses specifically on the conditions within the home itself, recognising that the quality, suitability, and stability of people’s immediate living environment has a direct and well-evidenced impact on health and represents a distinct and actionable area for local intervention.

In England, one of the most widely used benchmarks for housing quality is the Decent Homes Standard. Introduced in the early 2000s, it was developed to improve conditions in social housing and has since been used more broadly as a reference point for minimum acceptable standards.

The standard has played an important role in improving housing quality, particularly within the social rented sector, and has contributed to significant reductions in the number of non-decent homes over time⁹. In Bolton there are an estimated 17,700

⁸ Long, H., Cullum, Nicky. “Rapid Evidence Synthesis: What is the health impact of poor housing?”. University of Manchester (2024).

⁹

homes (14% in 2024) that fail to meet the Decent Homes Standard¹⁰. This is an improvement since 2019 when there were around 20,800 (17%) non-decent homes¹¹, and reflects the efforts of ongoing programmes across the borough to improve housing quality.

Decent Homes Standard

To meet the **Decent Homes Standard**, a property must:

- be **free from serious hazards** (as defined by the Housing Health and Safety Rating System)
- be in a reasonable **state of repair**
- have reasonably modern **facilities and services**
- provide a reasonable degree of **thermal comfort**

However, whilst the Decent Homes Standard provides a useful baseline, it reflects a minimum level of acceptability rather than what most people would consider a good home. Homes can meet all four criteria and still be cold, overcrowded, or unaffordable to live in. The standard also does not fully capture how housing is experienced in everyday life – the stress of an insecure tenancy, the impact of insufficient space on children’s development, or the anxiety of being unable to afford the rent. The standard currently applies only to the social rented sector, but a new decent homes standard will be extended to the private rented sector – where non-decent conditions are most prevalent (Figure 2) – by 2035, together with a new Minimum Energy Efficiency Standard¹².

¹⁰ MHCLG (2026). English Housing Survey: local authority housing stock condition modelling, 2024. [English Housing Survey: local authority housing stock condition modelling, 2024 - GOV.UK](#)

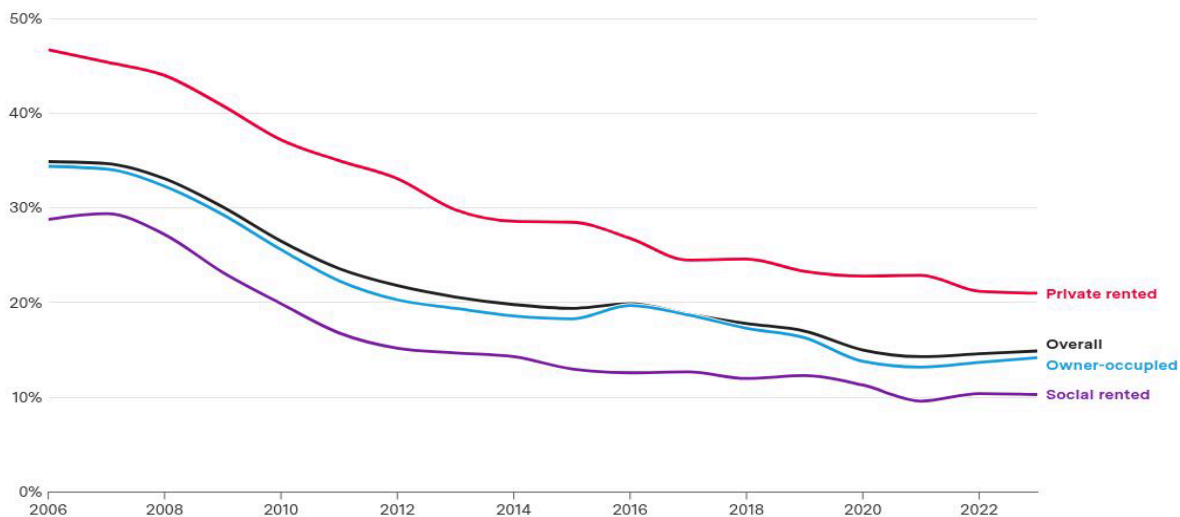
¹¹ LLUHC (2023). English Housing Survey: local authority housing stock condition modelling, 2019. [English Housing Survey: local authority housing stock condition modelling, 2019 - GOV.UK](#)

¹² MHCLG (2026). The New Decent Homes Standard: policy statement. <https://www.gov.uk/government/consultations/consultation-on-a-reformed-decent-homes-standard-for-social-and-privately-rented-homes/outcome/the-new-decent-homes-standard-policy-statement>

Figure 2: Non-decent housing by tenure. Source: The Health Foundation¹³

Private renters are more likely to live in non-decent housing

Non-decent homes by tenure, England, 2006–23 (%)



Source: Ministry of Housing, Communities and Local Government, [English Housing Survey Live Tables, Table DT3101: Decent Homes trend, England, 2023](#). 'Overall' shows the percentage of all homes that are classified as non-decent.

This report therefore takes a broader view of what makes a good home, focusing on three key elements:

- **Quality homes:** homes that are warm, dry, and free from hazards such as damp, mould, and cold
- **Suitable homes:** homes that provide enough space and are safe for those living in them
- **Stable homes:** homes that are affordable to live in and secure over time

Together, these elements provide a comprehensive picture of housing as a determinant of health, and form the basis for the themes explored in this report.

The Bolton Landscape

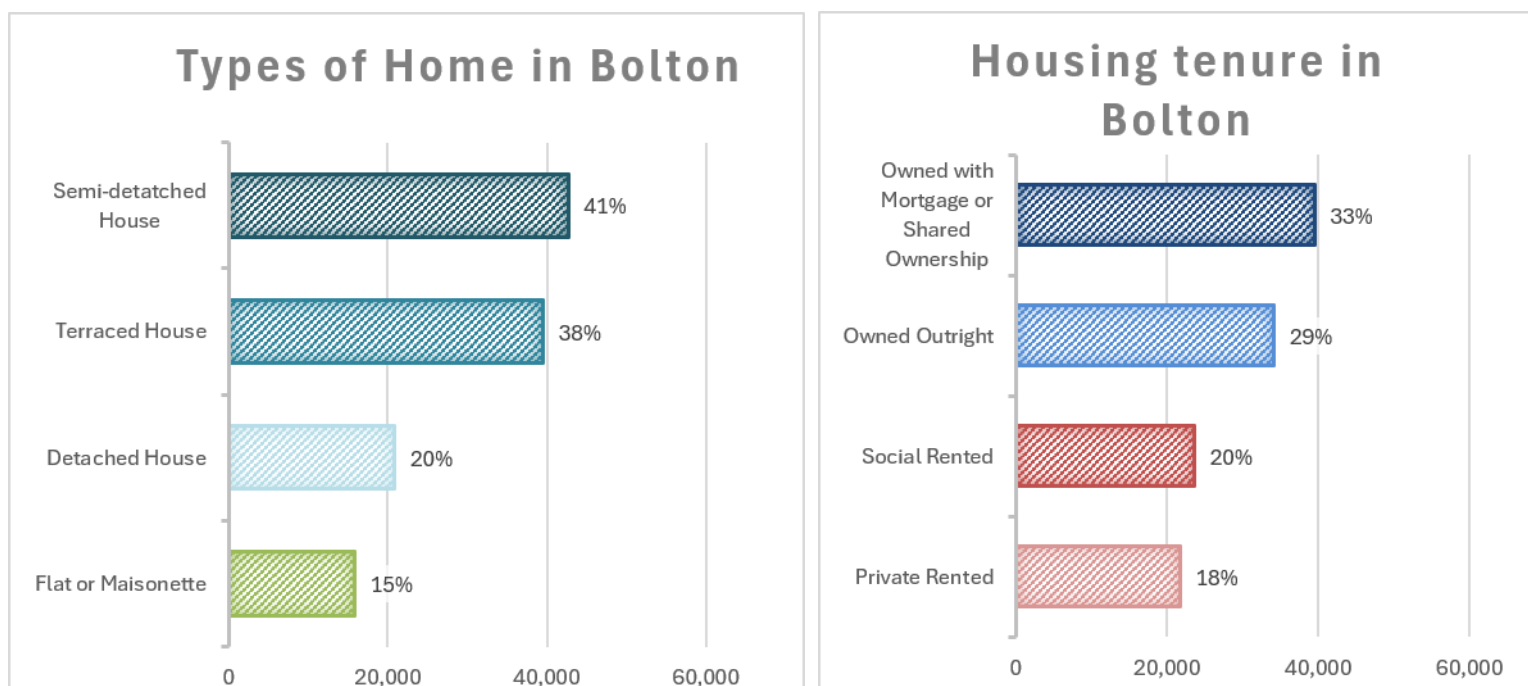
According to the latest Census, there are 118,790 homes in Bolton¹⁴. The majority of this housing stock is made up of semi-detached and terraced properties, which together account for nearly seven in every ten homes. In terms of the tenure of these

¹³ The Health Foundation. "Proportion of households living in non-decent homes by tenure". The Health Foundation Evidence Hub Indicator (2025).

¹⁴ Office for National Statistics. Census 2021 Custom Dataset. ONS (2024). [Accessed 13/02/26, Available at: [Create a custom dataset - Office for National Statistics](#)].

properties, most are owned – either outright (29%) or with some form of mortgage, loan, or shared ownership (33%). The remaining homes are split between private rented (18%) and social rented (20%). This distribution is broadly comparable with the rest of the country, though Bolton’s social rented sector is slightly larger than the national average of 17%. (Figure 3)

Figure 3: Housing makeup in Bolton (source: Census 2021)¹⁵

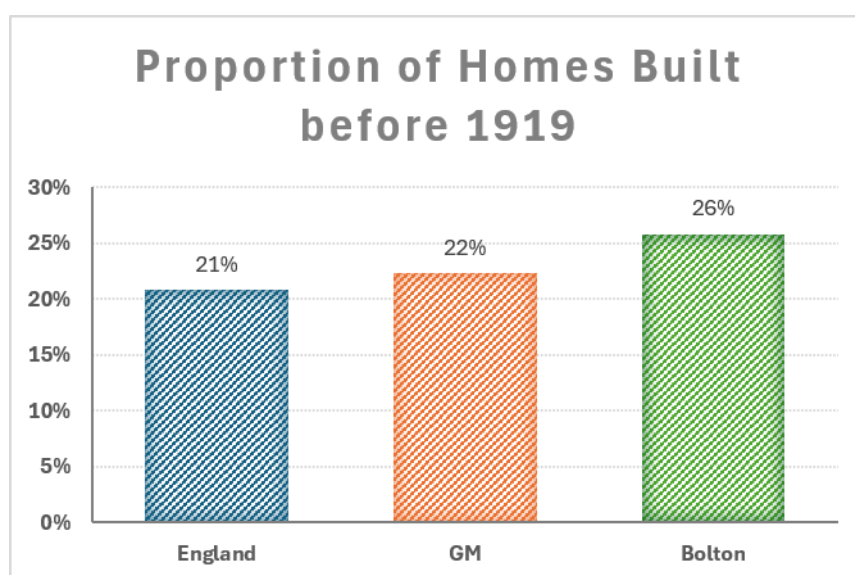


House prices and private rents in Bolton are considerably lower than the national average. The median house price locally is approximately £200,000 compared to £268,000 nationally, while the median private rent is £873 per month compared to £1,374 nationally.¹⁶ However, these borough-wide averages mask significant variation between neighbourhoods, with higher prices and rents generally seen in parts of North Bolton, West Bolton and Westhoughton, and lower costs in Central and inner Bolton. Lower prices also do not necessarily mean that housing is affordable for local residents, as affordability is shaped by local incomes, household circumstances and housing quality. This is explored further in section 3 (p29).

¹⁵ Office for National Statistics. Census 2021 Custom Dataset. ONS (2024). [Accessed 13/02/26, Available at: [Create a custom dataset - Office for National Statistics](#)].

¹⁶ Office for National Statistics. “Housing prices in Bolton”. ONS (March 2026 Release). [Accessed 30/03/26, Available at: [Housing prices in Bolton](#)].

Figure 4: Bolton's older homes (Source Valuation Office Agency)¹⁷



As is the case in many Northern post-industrial towns, Bolton's housing stock is notably older than much of the country. As illustrated in Figure 4 above, over a quarter of Bolton's homes were built before 1919, compared to 22% across Greater Manchester and 21% in England as a whole.¹⁷ The 1919 threshold is significant in housing construction as homes built before this date were constructed using more traditional techniques and materials, meaning they do not typically have cavity walls or damp-proof courses. This makes these homes structurally harder to insulate and heat, and more susceptible to damp and mould – factors which have direct implications for residents' health. This older housing stock is a key driver of Bolton's housing quality challenge: an estimated 14% (17,700) homes locally fail to meet the Decent Homes Standard, compared to 15% in England as a whole¹⁸. Together, these figures suggest that a significant proportion of Bolton's housing stock may struggle to provide the warm, dry and safe conditions that are fundamental to good health.

The Indices of Deprivation 2025 indoor living environment sub-domain reinforces the picture, showing clear variation in housing-quality deprivation across Bolton. This suggests that the risks associated with poor-quality housing are likely to be concentrated in particular neighbourhoods rather than evenly distributed across the borough.¹⁹

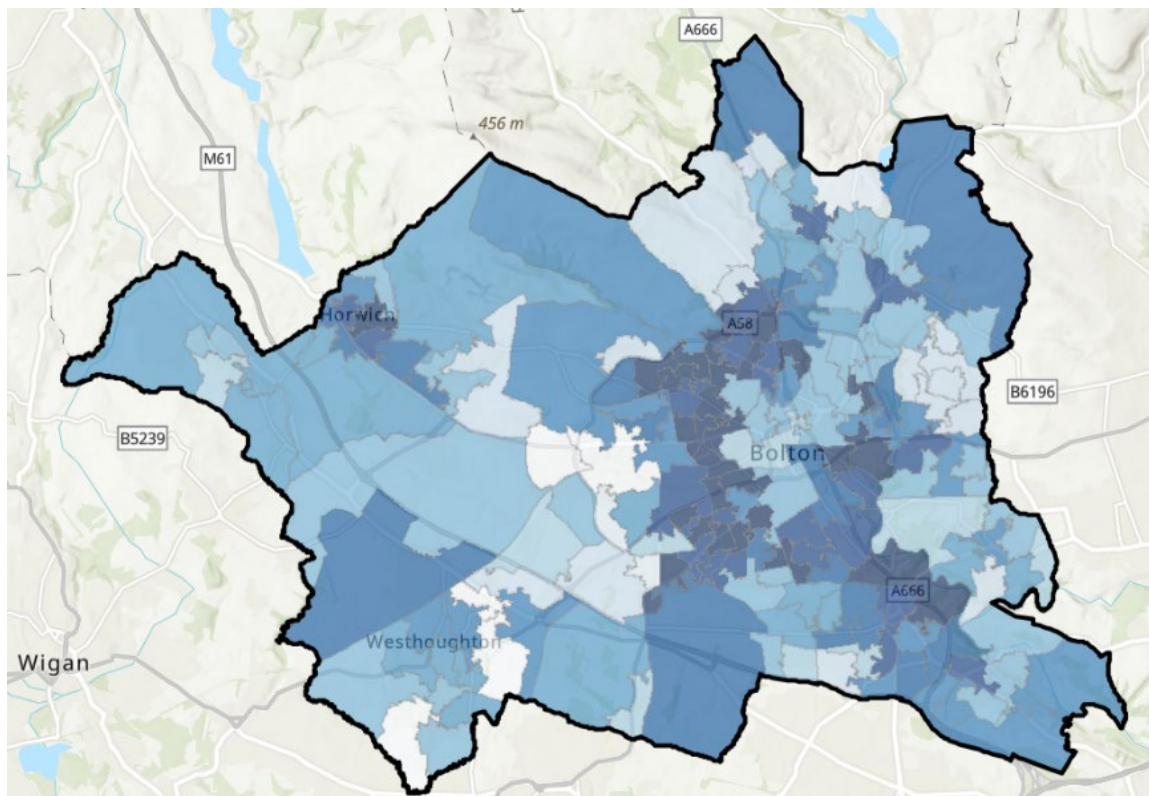
¹⁷ Valuation Office Agency. "Council Tax: stock of properties, 2024 - [Table CTSOP 4.1: number of properties by Council Tax band, property build period and region, county, local authority district, and lower and middle layer super output area, 2020 to 2024](#)". Gov.uk (2024).

¹⁸ MHCLG (2026). English Housing Survey: local authority housing stock condition modelling, 2024. [English Housing Survey: local authority housing stock condition modelling, 2024 - GOV.UK](#)

¹⁹ Bolton JSNA. "Deprivation". Bolton JSNA (2025). [Accessed: 16/07/26. Available at: <https://www.boltonjsna.org.uk/deprivation>].

Figure 5: Indices of Deprivation 2025 indoor-living environment domain. (Source: Source: IOD 2025 via Bolton JSNA²⁰)

Darker areas indicate higher relative deprivation on the IMD 2025 indoor living environment sub-domain, which reflects housing quality. This shows that housing-related risks are not evenly distributed across Bolton, and that particularly deprived areas on this domain are located surrounding Bolton town centre.



²⁰ Bolton JSNA. "Deprivation". Bolton JSNA (2025). [Accessed: 16/07/26. Available at: <https://www.boltonjsna.org.uk/deprivation>].

1. Quality Homes: Damp, Mould, & Cold

Damp, mould, and cold are amongst the most common and significant hazards people experience in their homes. These conditions often occur together, reinforcing one another and making them harder to address. Inadequate heating and poor insulation increase condensation, creating conditions in which mould can grow. Households facing high energy costs may also under-heat their homes, further increasing moisture and mould risk. Damp, mould, and cold disproportionately affect older, more poorly insulated, or overcrowded homes – particularly within the private rented sector and in lower-income households – showing how these unhealthy housing conditions can widen existing inequalities.²¹

It is important to recognise that as summers become warmer and periods of hot weather last longer, effective insulation of roofs and walls can help to reduce heat gain within homes during the summer months while also retaining warmth during the winter, providing benefits for health, thermal comfort and energy efficiency.

Damp & Mould

Damp and mould in the home can produce allergens, irritants, and mould spores that can be harmful to health, even if they are not visible to the naked eye. Microorganisms thrive in moist conditions and can become difficult to eradicate, especially if the underlying source of moisture is not addressed.

Since most people come into contact with these harmful substances by breathing them in, exposure is most strongly associated with respiratory conditions including asthma, coughs, wheezes and respiratory infections. Evidence suggests that exposure to damp in the home is associated with a 30–50% increased risk of respiratory disease.²²

However, mould can also cause a number of other health conditions such as allergic conjunctivitis and eczema. Young children, older people, and those with existing respiratory or immune conditions are particularly vulnerable. Living with damp and mould can also affect mental wellbeing, with residents reporting increased stress, anxiety and reduced quality of life.

²¹ Ministry of Housing, Communities & Local Government. Department of Health & Social Care. UK Health Security Agency. “Guidance: Understanding and addressing the health risks of damp and mould in the home”. Gov.uk (2026).

²² Fisk, William J., Quanhong Lei-Gomez, and Mark J. Mendell. “Meta-analyses of the associations of respiratory health effects with dampness and mold in homes.” *Indoor air* 17.LBNL--59363 (2005).

How widespread is the problem?

Data on damp and mould is not always consistent. This is partly because damp and mould are not defined or measured in the same way across different sources. The largest differences are seen between surveyor-assessed damp and self-reported damp. In the 2024-25 English Housing Survey, trained surveyors identified significant damp problems in around 6% of homes.²³ However, when households were asked directly, 31% reported an issue with condensation, damp or mould. This suggests that surveyor-assessed data may not fully capture people's lived experience of damp and mould in the home.

Self-reported figures in the English Housing Survey varied by tenure too, with 47% of private renters reporting problems with condensation, damp or mould, compared with 24% of owner-occupiers. Local authority renters and housing association renters also reported high levels of these problems, at 46% and 39% respectively. This means that private and local authority renters were almost twice as likely as owner-occupiers to report damp, condensation or mould – a gap that reflects differences in housing condition across tenures, as well as the barriers renters may face in raising concerns.

Analysis from the 2025 State of Ageing report from the Centre for Ageing Better estimates that 6 million homes in England have damp and mould problems – more than the number of households with a large-screen TV.²⁴ This illustrates just how widespread damp and mould may be across the country.

Local data for Bolton is limited, as our best national sources do not provide reliable estimates at borough level. Many residents may also not formally report the problems they experience, meaning local cases are likely to be missed. What we do know is that, like much of the North of England, Bolton has a relatively older housing stock, which can be more susceptible to damp and condensation if not adequately insulated, heated or ventilated.

What is being done to help?

In recent years, there has been increasing national attention on damp and mould in homes. Awaab's Law is a key development, following the tragic death of two-year-old Awaab Ishak after prolonged exposure to mould in social housing in Rochdale.

This law requires social landlords to investigate and fix serious damp and mould hazards within strict timeframes. Landlords must investigate hazards within 10 working

²³ Ministry of Housing, Communities & Local Government. "English Housing Survey 2024 to 2025, Chapter 1: Housing Quality". Gov.uk (2026).

²⁴ Centre for Ageing Better. "Homes with mould outnumber those with large screen TVs in England". Blog with access to full report. [Available at: [Homes with mould outnumber those with large screen TVs in England | Centre for Ageing Better](#), accessed 06/04/26].

days and provide a written summary of findings to the tenant within 3 working days of the investigation. If a significant hazard is identified, the landlord must make the home safe within five working days. Emergency hazards must be made safe within 24 hours.

These changes aim to ensure that tenants' concerns are taken seriously and health hazards acted upon quickly. The law also strengthens accountability by enabling enforcement action if landlords fail to respond appropriately. Whilst this legislation currently only applies to the social rented sector, the Renters' Rights Act 2025 will extend the protections around addressing hazards to the private rented sector too – although final details and implementation timelines are still subject to consultation.²⁵ This will be a crucial development if damp and mould are to be truly addressed across all tenures, given the high levels of reported problems in rented homes.

In Bolton, the Council, housing partners and environmental health teams already play an important role in responding to damp and mould. This includes investigating complaints about damp and mould in privately rented housing, taking enforcement action where landlords fail to maintain safe and healthy homes, and providing guidance to residents on managing condensation, ventilation and moisture in the home.

Importantly, more proactive approaches are also being taken to address the underlying conditions that allow damp and mould to develop. Recent initiatives such as ECO4 and the Great British Insulation Scheme have supported improvements to heating, insulation and energy efficiency in homes across Bolton. By the end of April 2026, these schemes had recorded over 500 completions locally, representing more than £2.5 million of investment.

Locally, Safe, Warm and Dry grants continue to offer support for residents in need of home improvements. Regionally, the Greater Manchester Combined Authority (GMCA) has been allocated £30 million to deliver the Warm Homes: Local Grant across Greater Manchester over the next few years. The programme aims to support eligible low-income households living in privately owned homes with poor energy efficiency, funding retrofit improvements that can help reduce energy bills and improve living conditions. In Bolton, this provides an opportunity to target support towards homes and neighbourhoods where poor energy efficiency and fuel poverty are greatest.

Together, these initiatives show the importance of linking damp and mould responses with wider work on home repairs, energy efficiency and fuel poverty. Tackling cold and inefficient homes is one of the most effective ways to prevent damp and mould from developing in the first place.

²⁵ Ministry of Housing, Communities & Local Government. “*Guide to the Renters’ Right Act*”. Gov.uk (2025). [Accessed 02.03.26, available at: [Guide to the Renters’ Rights Act - GOV.UK](https://www.gov.uk/guides/guide-to-the-renters-rights-act)]

Cold Homes

A warm home is something many of us may take for granted. Yet for many households, keeping indoor temperatures at a comfortable level is a daily challenge. In recent polling, 29% of adults said they were unable to keep their home at the recommended minimum temperature of 18°C.²⁶ Poor insulation and inefficient heating systems allow warmth to escape quickly, meaning more energy is needed just to maintain safe temperatures. As energy prices and wider living costs have risen, this has left some households facing difficult trade-offs between heating and other essentials, with some residents rationing their energy use during colder months.

For these reasons, cold homes are often discussed primarily as an issue of energy policy or a symptom of poverty. Whilst these are crucial factors, cold homes are also a significant and preventable public health issue. The temperature of our homes directly affects our physical and mental wellbeing, particularly for vulnerable groups such as older people, young children, and those living with long-term health conditions.

Cold indoor temperatures can affect physical health in several ways. They are associated with a higher risk of respiratory illnesses such as asthma, bronchitis and chest infections, as cold air can irritate airways and reduce resistance to infection. Cold conditions can also increase cardiovascular risk, including heart attacks and strokes, and can worsen pain and mobility for people living with musculoskeletal conditions such as arthritis. By making homes harder to keep dry, cold conditions can compound the risks of damp and mould described earlier in this chapter too.

Mental wellbeing can also be affected by the stress, discomfort, and disrupted sleep that cold homes can cause.²⁷ Worry about heating costs can be a persistent source of anxiety, whilst living in an environment that feels physically uncomfortable can affect mood and quality of life. Evidence from the Institute of Health Equity shows that cold homes double the risk of adults developing new mental health conditions and put one in four children at risk of multiple mental health symptoms.²⁸ Ensuring warm homes for all is therefore essential to protecting population health.

²⁶ End Fuel Poverty Coalition. “Cold crisis as one in three struggle to heat their homes”. End Fuel Poverty Coalition (2025). [Accessed: 14/07/26. Available at: <https://www.endfuelpoverty.org.uk/cold-crisis-as-one-in-three-struggle-to-heat-their-homes/>].

²⁷ Clair, A., Baker, E. “Cold homes and mental health harm: Evidence from the UK Household Longitudinal Study”. *Social Science & Medicine* 314 (2022): 115461.

²⁸ Donkin, A., Marmot, M. “*Left Out in the Cold: The Hidden Health Costs of Cold Homes*”. Institute of Health Equity (2024).

How widespread is the problem?

Cold homes are difficult to measure directly, as indoor temperature is not routinely recorded. Instead, analysts typically rely on related indicators such as fuel poverty and home energy efficiency to estimate the number of households struggling to keep warm. A key measure used nationally is the Low-Income Low Energy Efficiency (LILEE) indicator. This identifies households living in a property with an Energy Performance Certificate rating of D-G and a disposable income below the poverty line. Using this definition, around 2.73 million households in England, or 11%, were classified as fuel poor in 2024.²⁹

However, official fuel poverty measures are likely to understate the scale of cold-home pressures. Analysis from the Institute of Health Equity suggests that almost 10 million households across the UK live in poorly insulated homes with incomes too low to keep warm – around a third of households. This broader picture may better reflect lived experience, with 43% of respondents in the latest GM Residents' Survey reporting difficulties affording energy costs.³⁰

Concerningly, those most vulnerable to the health effects of cold homes are also more likely to be exposed to them. Older people, people with disabilities, and those living with long-term health conditions are disproportionately represented among households experiencing fuel poverty, meaning the health consequences of cold homes fall hardest on those least able to cope with them.

The health impacts of cold homes are most visible during the winter months. Modelling by the End Fuel Poverty Coalition suggests that almost 5,000 excess winter deaths in the UK in 2022/23 were linked to living in cold homes – deaths that are largely preventable if homes can be kept warmer and better insulated.³¹

In Bolton, borough-wide fuel poverty is slightly above the national average, but this masks significant local variation (Figure 6, p15). Using the official LILEE definition, 12.4% of households in Bolton are classified as fuel poor, compared with 11.4% nationally. However, as shown in Figure 6, rates are substantially higher in some neighbourhoods, particularly areas around Central Bolton such as Gilnow & Victory (21%) and Rumworth South (18%).³²

²⁹ Bolton, P., Hinson, S. *"Fuel Poverty: Commons Library Research Briefing"*. House of Commons Library (2025).

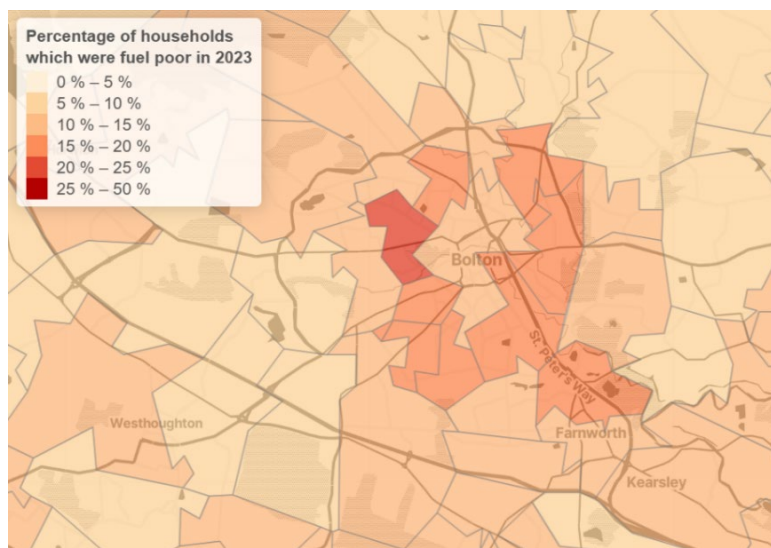
³⁰ Greater Manchester Combined Authority. "GM Residents' Survey: Wave 21 Full Report". GMCA (2026).

³¹ End Fuel Poverty Coalition. *"4,950 excess winter deaths caused by cold homes last winter"*. End Fuel Poverty Coalition (2024). [Accessed: 11/03/26. Available at: <https://www.endfuelpoverty.org.uk/4950-excess-winter-deaths-caused-by-cold-homes-last-winter/>].

³² Department for Energy Security and Net Zero. *"Sub-Regional Fuel Poverty Data Explorer"*. UK Government. [Accessed: 12/03/26. Available at: <http://www.domesticenergymap.uk/>].

These official figures are also likely to understate the lived pressure on many households. Hundreds of excess winter deaths have been recorded across Bolton in recent years, with cold homes likely to be a contributing factor.³³

Figure 6: Fuel poverty in Bolton neighbourhoods. (Source: Department for Energy Security and Net Zero)³⁴



What is being done to help?

Many of the initiatives described earlier to tackle damp and mould also contribute to addressing cold homes. Improving insulation, ventilation, and housing quality not only reduces moisture and mould growth, but also helps homes retain heat and maintain healthy indoor temperatures.

Action to address cold homes is shaped by national policy, regional investment and local delivery. Nationally, the Government's approach focuses on improving the energy efficiency of homes, reducing fuel poverty and supporting households with energy costs. This includes policies such as the Fuel Poverty Strategy, the Warm Home Discount Scheme, proposals to improve minimum energy efficiency standards in the private rented sector, and wider investment through the Warm Homes Plan.

These policies matter locally because many cold homes are not simply the result of high energy prices, but of homes that are difficult and expensive to heat in the first place. Older, poorly insulated properties require more energy to maintain safe

³³ Energy Efficiency Infrastructure Group. *Constituency Finder Data*. [Accessed: 11/03/26. Available at: <https://www.theeig.co.uk/constituencies>].

³⁴ Department for Energy Security and Net Zero. *"Sub-Regional Fuel Poverty Data Explorer"*. UK Government. [Accessed: 12/03/26. Available at: <http://www.domesticenergymap.uk/>].

temperatures, placing particular pressure on households with lower incomes or greater health needs.

In Bolton, practical support is delivered through a range of local and regional programmes. Safe, Warm and Dry grants continue to support residents in need of home improvements, while recent energy-efficiency schemes such as ECO4 and the Great British Insulation Scheme have supported improvements to heating, insulation and energy efficiency in homes across the borough.

The Warm Homes: Local Grant also provides an important opportunity to build on this work. Greater Manchester Combined Authority has been allocated £30 million to deliver the programme across Greater Manchester over the next few years. The grant aims to support eligible low-income households living in privately owned homes with poor energy efficiency, funding retrofit improvements that can help reduce energy bills and improve living conditions.

Together, these programmes show the importance of treating cold homes as both a housing-quality issue and a public health issue. By improving the condition and energy efficiency of homes, local partners can help reduce fuel poverty, prevent damp and mould, and protect residents from the health impacts of living in cold conditions.

Key takeaway 1: Improve early identification and response to damp, mould, and cold in homes

The evidence presented in this chapter highlights the scale and health impact of damp, mould, and cold in homes. Addressing these problems once they have already become severe can be complex and costly. An effective approach should therefore focus on preventing these issues from developing wherever possible, and identifying them early when they do occur. By taking a proactive and preventative approach, local partners can reduce the health impacts of poor housing conditions while improving the quality of life for residents.

Problems with damp, mould, and cold often develop gradually and may go unreported for long periods of time. By the time issues are formally identified, residents may already be experiencing significant health impacts. This means early identification should draw on a range of routes, including resident reports, housing inspections, environmental health activity, frontline services and local data on fuel poverty and poor housing conditions.

Improving the energy efficiency and condition of homes is one of the most effective ways to prevent cold, damp, and mould. Homes that are well insulated and easier to

heat are not only more comfortable to live in, but are also less likely to develop the moist conditions that allow mould to grow.

Bolton should continue to prioritise programmes that identify households living in colder, less energy-efficient homes and provide targeted support to improve housing conditions. This includes making full use of national and regional retrofit and energy efficiency schemes, and ensuring support is directed towards neighbourhoods where fuel poverty and poor housing conditions are most prevalent.

The Warm Homes: Local Grant provides a practical example of how targeted investment can improve the warmth and condition of homes while supporting residents who may otherwise struggle to afford improvements. Making full use of opportunities like this will be essential to ensuring more residents in Bolton can live in homes that are warm, dry and healthy.

2. Suitable Homes: Space & Safety

A healthy home must meet the needs of the people living in it. Homes that lack sufficient space, or that contain avoidable hazards such as trip risks, poor lighting, or unsafe layouts can affect health, independence and everyday quality of life. This section considers two important aspects of housing suitability: overcrowding and safety hazards within the home.

Overcrowded Homes

Having enough space within the home is vital for health, wellbeing, and everyday quality of life. When homes are too small for the number of people living in them, residents may have less privacy, poorer sleep and fewer opportunities to study, play, relax, or recover.

Overcrowding can be measured in different ways. Although statutory room and space standards still exist, these date back to the 1930s and classify very few households as overcrowded. Most national statistics therefore use the Bedroom Standard, which compares the number of bedrooms in a home with the number needed by the household.

Living in overcrowded conditions can have a range of negative health impacts.³⁵ For children, overcrowded homes can affect development, educational attainment, and mental wellbeing – particularly where there is limited space for studying or play. Overcrowding is also associated with higher rates of respiratory infections and other communicable diseases, as close contact between household members makes transmission much more likely.

Overcrowding can also exacerbate existing housing problems. Homes that accommodate more residents than they were designed for may experience greater wear and tear, increased moisture, and poorer indoor air quality, increasing the risk of damp and mould.

³⁵ World Health Organization. “WHO Housing and Health Guidelines”. World Health Organization (2018).

Bedroom Standard

The **Bedroom Standard** is the measure most commonly used in housing statistics, including the English Housing Survey, to estimate whether a home has enough space for the household living there.

It compares the **number of bedrooms** available with the number required based on household composition.

General rules include:

- Single adults require their own bedroom
- Each adult couple requires one bedroom
- Two children under 10 can share a bedroom
- Two children aged 10–20 of the same sex can share

A household is considered **overcrowded** if it requires more bedrooms than the property has available.

Why it is used:

This measure reflects **modern expectations** about privacy and living space, so it is widely used in government statistics, research, and housing policy analysis.

How widespread is the problem?

Across England, overcrowding affects a relatively small proportion of households overall, but the numbers involved remain substantial. The most recent English Housing Survey and Census estimate that around 3-4% of households in England (approximately 824,000 – 1,100,000 homes) are overcrowded.³⁶

Overcrowding is much more common in rented housing than among homeowners. Around 9% of social rented households and 6% of private rented households experience overcrowding, compared with only around 1% of owner-occupied homes (Figure 7, p20).

These percentages may appear small, but overcrowding can have significant impacts for the households affected – particularly as households with children are at higher risk. It is estimated that 1 in every 6 children – over 2 million overall – live in overcrowded or cramped conditions across England, with over 300,000 sharing beds with family members due to lack of space.³⁷ Of the families affected, 70% reported that

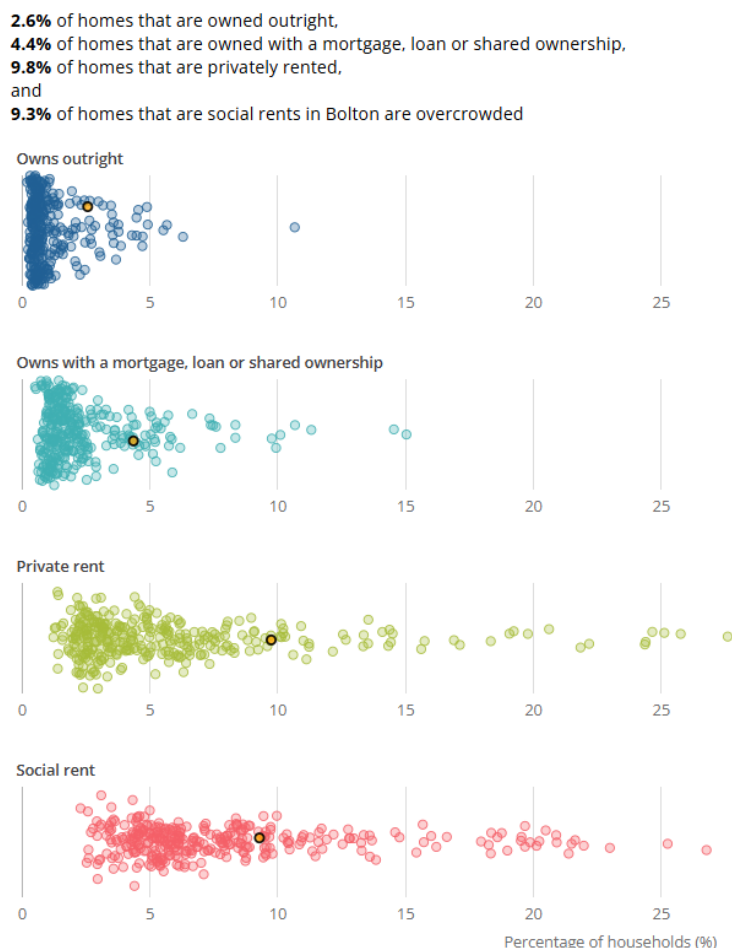
³⁶ Ministry of Housing, Communities & Local Government. “*English Housing Survey: Headline findings, Chapter 1: Housing Quality*”. UK Government (2026).

³⁷ National Housing Federation. “*Briefing: Overcrowding in England*”. National Housing Federation (2023).

overcrowding had impacted their physical or mental health. It is also important to highlight that the burden is not equally distributed, with households from minority ethnic backgrounds around three times as likely to be affected by overcrowding as White households. Census data shows particularly high rates among households in which all residents identify as Muslim. These differences are likely to reflect wider inequalities in income, tenure, household size and access to suitably sized homes.³⁸

Rates of overcrowding in Bolton are higher than the national average, with 6,815 homes judged to have inadequate space for the number of people living in them (5.7%). This means that around 1 in every 18 homes in Bolton is overcrowded. The general trends follow the rest of the country, with private and social rented homes much more likely to be overcrowded than owner-occupied homes.

Figure 7: Overcrowding in Bolton compared to other local authorities. (Source: MHCLG³⁹)



Source: Census 2021 from the Office for National Statistics

³⁸ Office for National Statistics. “Overcrowding and under-occupancy by households characteristics, England and Wales: Census 2021”. ONS website, statistical bulletin (2023).

³⁹ Ministry of Housing, Communities & Local Government. “English Housing Survey: Headline findings, Chapter 1: Housing Quality”. UK Government (2026).

Local patterns also suggest increasing pressure on housing supply, with a rise in houses in multiple occupation (HMOs) and continued demand for affordable housing. These trends point to wider pressures in the local housing market, where cost and availability can limit choice and leave larger households struggling to find suitable homes.

What is being done to help?

Overcrowding is often driven by wider structural pressures in the housing system, including a shortage of larger homes, rising housing costs, and limited availability within the social and private rented sectors. While these broader challenges are explored in more detail in the next section, ‘Stable Homes’ (p29), they shape the context in which national and local action on overcrowding takes place.

At a national level, efforts to tackle overcrowding are closely linked to increasing housing supply. Government investment through programmes such as the Affordable Homes Programme aims to deliver large numbers of new homes, including homes for social rent. Increasing the availability of genuinely affordable, appropriately sized homes will be essential to reducing overcrowding over the longer term, particularly for low-income families.

However, much of the day-to-day response to overcrowding sits at the local level. In Bolton, overcrowded households are prioritised within housing allocation systems, helping families access more suitable accommodation where it becomes available. Alongside this, there is a growing focus on making better use of existing housing stock, including supporting downsizing and enabling households to move into homes that better meet their needs.

Local planning and regulatory approaches also play an important role. In 2025, Bolton Council introduced a borough-wide Article 4 Direction, requiring planning permission for new HMOs. Houses in Multiple Occupation (HMOs) are properties occupied by three or more people from two or more households who share facilities such as a kitchen, bathroom, or toilet. This includes shared houses, bedsits, and some self-contained flats. People are grouped into a single household if they are a couple or family members, so friends sharing is counted as separate households.

Nationally, mandatory HMO licensing applies to larger HMOs occupied by five or more people from two or more households. In response to a significant increase in smaller HMOs, Bolton Council is introducing a borough-wide additional licensing scheme from April 2027 for HMOs occupied by three or four people from two or more households sharing basic amenities. This requires all HMOs to meet specific standards on space, amenities, maintenance, and management. It will apply to all HMOs that aren’t already

subject to a mandatory licence. Additional licensing complements the council's 2025 decision to implement Article 4⁴⁰, which removed permitted development rights for the conversion of domestic dwellings into HMOs. All such changes require planning permission, with further planning policy development strengthening the restrictions where saturation is high. While HMOs have an important part to play in the housing market and can provide affordable housing, it is critical that they are of good quality and do not have a negative impact on the communities in which they sit. The borough-wide HMO licensing scheme will further strengthen oversight, improving property standards and management.

Together, these approaches reflect a balance between supporting households currently experiencing overcrowding and taking longer-term action to ensure that the right types of homes are available in the future.

Key takeaway 2: Make best use of existing housing across Bolton to reduce overcrowding

Addressing overcrowding requires action both to support households currently living in unsuitable conditions and to make better use of existing housing stock before pressures escalate further.

There is an opportunity to build on existing housing and allocation approaches by further supporting the effective use of current housing stock. In particular, Bolton might consider strengthening voluntary support for social-housing tenants who wish to move to a smaller or more suitable home, helping to free up larger homes for overcrowded families.

Such an approach has been implemented in other local authorities and could be impactful in Bolton where a substantial proportion of homes are classified as under-occupied (78,965 homes, 66.5%) whilst a smaller but significant number are overcrowded.⁴¹ Additionally, 3.3% of homes in Bolton are currently vacant, 45.3% of which have been empty for at least six months – both the second highest rates in Greater Manchester.⁴² Not all under-occupied or vacant homes will be suitable or

⁴⁰ Bolton Council. (2025). Immediate Article 4 Direction – closed consultations. [Immediate Article 4 Direction - Consultations – Bolton Council](#)

⁴¹ Office for National Statistics. "Overcrowding and under-occupancy by household characteristics, England and Wales: Census 2021". ONS (2023). [Accessed: 14/07/26. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/overcrowdingandunderoccupancybyhouseholdcharacteristicsenglandandwalescensus2021>].

⁴² GMCA Research. "Housing Market Monitor: Vacant Homes". GMCA (2026). Data sourced from Gov.uk. [Accessed 17/03/26. Available at: [Housing Market Monitor - Availability | Tableau Public](#)].

available, but they do represent potential opportunities to make better use of existing housing stock.

Some support is already available within Bolton for social-housing tenants wishing to downsize, but strengthening the local offer through practical, financial, or extended advisory measures could provide a more immediate and cost-effective way to improve the match between homes and household needs. Alongside continued prioritisation of overcrowded households within allocation systems, this approach offers a practical way to reduce overcrowding in the short term, while longer-term increases in housing supply are delivered.

Hazards in the Home: Falls & Injuries

Our homes should be a place of safety, but they can present a range of hidden hazards for many people. Everyday features like stairs, loose rugs, poor lighting, or a lack of safety equipment can increase the risk of injury, particularly for those who are more vulnerable. Such environmental factors are thought to contribute to almost half of all falls occurring in the home.⁴³

Two groups are especially at risk: older adults and young children. For older people, falls in the home are one of the leading causes of injury, loss of independence, and hospital admission.⁴⁴ Age-related changes such as reduced balance, muscle strength, and vision can make navigating the home more difficult, particularly where environments are not well adapted to their needs.

For young children, the home is where most accidents occur. Curiosity and developing independence mean that hazards such as hot surfaces, stairs and unsecured furniture can lead to injuries including burns, falls and poisoning.⁴⁵

The health impacts of these incidents can be significant. Falls among older adults are a leading cause of hip fractures, which can result in long-term disability, reduced quality of life, and increased need for care. For children, injuries in the home can lead not only to immediate harm but also longer-term impacts on development and wellbeing.

As with other housing issues, there are clear inequalities in the occurrence of these injuries. Poorer housing conditions, overcrowding, and limited access to safety adaptations can increase the risk of accidents. Older people living alone, those with long-term health conditions, and families living in more deprived areas may be

⁴³ Association of Director of Public Health. “New data shows more than 1 in 4 of us live in homes that could harm our health”. ADPH, Health Equals (2025).

⁴⁴ National Institute for Health and Care Excellence. “Falls: assessment and prevention in older people and in people 50 and over at higher risk”. NICE guideline NG249 (2025).

⁴⁵ Child Accident Prevention Trust. “Safety advice”. Child Accident Prevention Trust (2026). [Accessed: 15/07/26. Available at: <https://capt.org.uk/>]

particularly vulnerable. This makes home safety an important area for prevention, not just emergency response.

How widespread is the problem?

Injuries in the home are a significant cause of ill-health across the life course, particularly among older people and young children.

For older adults, falls are one of the most common and serious injury risks. Approximately one in three adults aged over 65 fall each year, and falls are a leading cause of emergency hospital admission among older people.⁴⁶

In Bolton, the rate of emergency admissions due to falls in people aged over 65 is 1,767 per 100,000, slightly lower than the England average of 1,984 per 100,000.⁴⁷ However, the local picture is mixed. Mortality from accidental falls is higher in Bolton than nationally, at 19.0 deaths per 100,000 compared with 14.8 per 100,000. Local data also suggest Bolton has a comparatively high burden of serious fall-related injury, with 18.0% of falls admissions involving a fractured neck of femur compared with 12.9% across Greater Manchester. (Figure 8, p25)⁴⁸

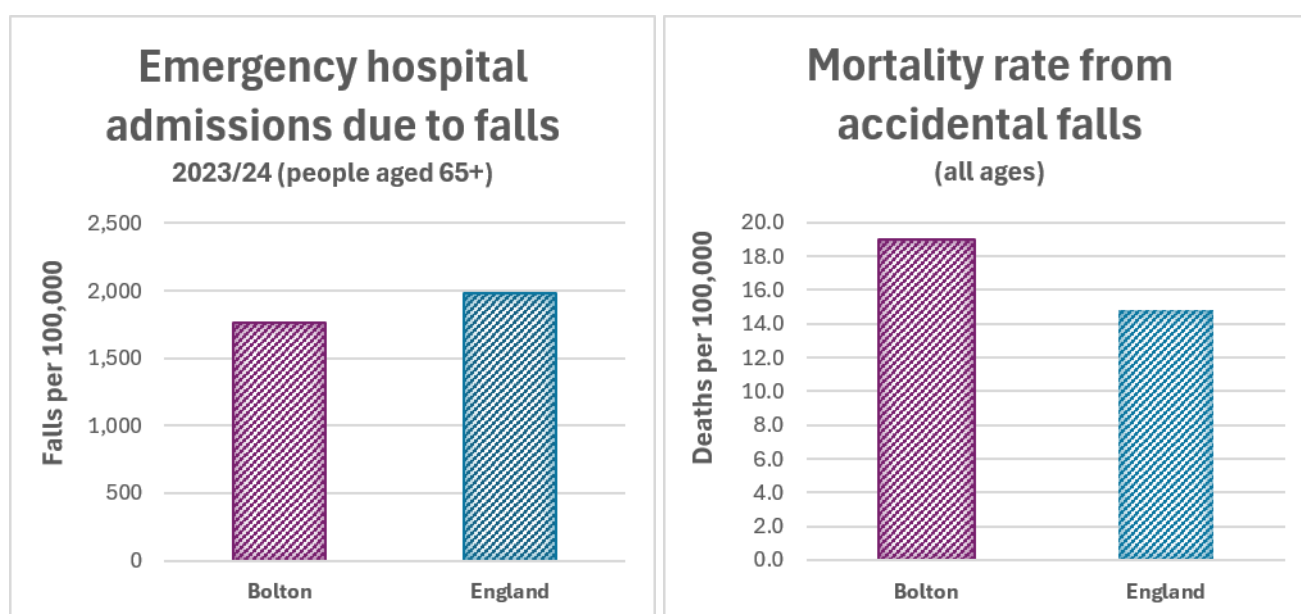
Hip fractures are particularly serious injuries. They often occur following a fall in older people and can result in long-term loss of independence, increased care needs, reduced quality of life and higher risk of mortality. Falls are influenced by many factors, including age, mobility, medication, bone health and hazards in the home, meaning prevention requires action across both health and housing.

⁴⁶ Office for Health Improvement and Disparities. "Falls: applying All Our Health". GOV.UK (updated 25 February 2022). [Accessed: 15/07/26. Available at: <https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health>]

⁴⁷ Office for Health Improvement and Disparities. "*Fingertips Public Health Profiles*". Department of Health & Social Care (2026).

⁴⁸ Bolton Council Public Health Intelligence. "Bolton Falls Dashboard 2025/26". Internal dashboard (2026). [Accessed: 15/07/26].

Figure 8: Severe falls outcomes in Bolton compared to national average. (Source: OHID⁴⁹)



Injuries in the home are a major and often under-recognised risk for children too, particularly in the early years. Unintentional injuries are one of the leading causes of emergency hospital admission in childhood, and around half of these incidents occur within the home environment. Among children under five, this figure is even higher at 80%. Each year in England, injuries in the home among under-fives lead to an estimated 450,000 A&E attendances and 40,000 emergency hospital admissions.⁵⁰ The most serious incidents can be fatal, with one child under the age of five dying every week from injuries in and around the home.

As with many public health issues, these risks are not evenly distributed. Children living in the most deprived areas are significantly more likely to be harmed, with hospital admission rates around 45% higher than those in the least deprived communities.

Although childhood injury rates have generally fallen over the last decade, both nationally and locally, hospital admissions due to injury among children remain higher in Bolton than the national average (Figure 9, p26). In 2024, there were 80.8 admissions per 10,000 children under 15 in Bolton, compared with 72.7 per 10,000 nationally.⁵¹ The

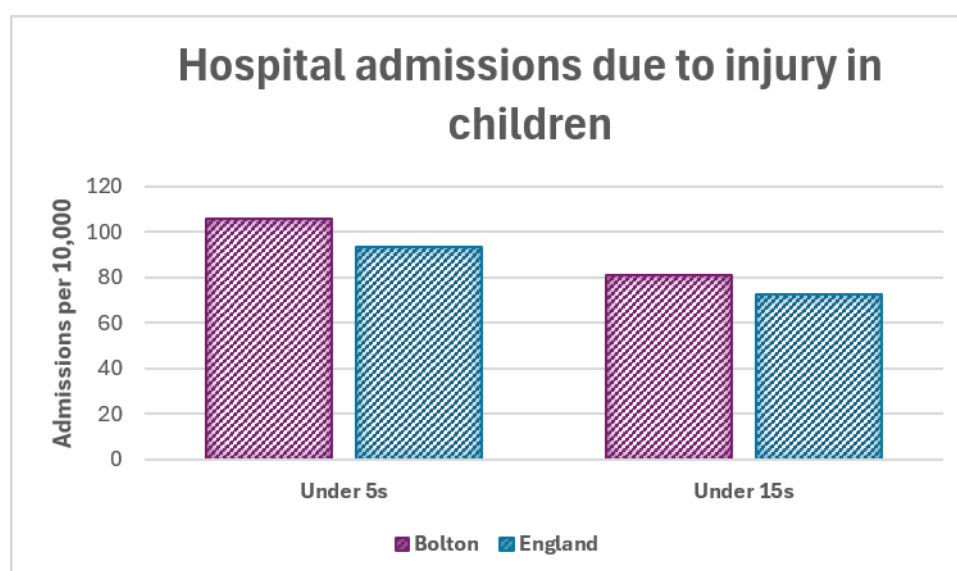
⁴⁹ Office for Health Improvement and Disparities. “*Fingertips Public Health Profiles*”. Department of Health & Social Care (2026).

⁵⁰ UK Health Security Agency. “*Preventing accidents in children under five*”. Gov.uk (2017). [Accessed 18/03/26, Available at: [Preventing accidents in children under five – UK Health Security Agency](#)]

⁵¹ Office for Health Improvement and Disparities. “*Fingertips Public Health Profiles*”. Department of Health & Social Care (2026).

picture is similar among younger children, with 106.0 admissions per 10,000 children under five in Bolton, compared with 93.2 per 10,000 across England.

Figure 9: Childhood injury admissions in Bolton compared to national average. (Source: OHID⁵²)



What is being done to help?

Reducing injuries in the home requires a combination of prevention, early identification of risk and practical changes to the home environment, with targeted support for those most at risk. National guidance emphasises proactive approaches such as falls prevention programmes and strength and balance training, as well as home safety assessments and advice for families with young children.

In Greater Manchester, falls prevention is a key priority within the Ageing Well agenda, with a focus on supporting people to remain independent, active, and safe at home for longer. The combined authority aims to significantly reduce falls by 2034 through earlier risk detection and targeted prevention. A current pilot is using digital analysis of GP records to identify people at moderate risk of falling and connect them with proactive interventions to improve strength and balance.

Locally, the Bolton Falls Collaborative brings together partners from the NHS, local authority, and the voluntary and community sector to coordinate prevention, treatment and recovery services. This provides a whole-system approach to reducing falls risk and supporting people after a fall.

⁵² UK Health Security Agency. "Preventing accidents in children under five". Gov.uk (2017). [Accessed 18/03/26, Available at: [Preventing accidents in children under five – UK Health Security Agency](#)]

The voluntary and community sector also plays a vital role. Organisations such as Age UK Bolton provide strength and balance programmes, home safety advice, and community-based support, helping residents to build confidence, reduce isolation, and lower their risk of falling. These services are often more accessible and preventative in nature, reaching people before more serious incidents occur.

Home adaptations are also a key component of prevention. Through local occupational therapy services and Disabled Facilities Grants (DFGs), residents can access safety modifications such as stairlifts, handrails, walk-in showers, and improved lighting. These practical changes can reduce hazards in the home and support people to remain independent for longer.

For children and families, prevention focuses on education, awareness, and safer home environments. Health visitors, early years services and other frontline professionals play an important role in identifying risks, providing advice on common hazards, and supporting families to make practical changes within the home. Practical housing support also has a role: Bolton Care and Repair provides advice and support to help eligible residents repair, improve or adapt their homes. These approaches help to reduce risks within the home environment, particularly for families living in more vulnerable circumstances.

Together, these approaches demonstrate a strong emphasis on partnership working and prevention, recognising that injuries in the home are not inevitable. By identifying risk earlier and coordinating support across services, local partners can help prevent avoidable harm and improve safety for those most at risk.

Key takeaway 3: Embed proactive, whole-system approaches to home safety, targeting those at greatest risk

Injuries in the home are largely preventable, yet they remain a significant cause of harm, particularly for older people and young children. The evidence presented in this section points to two clear priorities: identifying risk earlier and ensuring that support reaches those who need it most. Children living in the most deprived areas are significantly more likely to be hospitalised due to injury, and while Bolton's falls admission rate among older people is below the national average, local outcomes appear more severe. Tackling this effectively will require embedding home safety into existing services and partnerships across health, housing, social care, and the voluntary sector, as well as investigating the factors behind poorer outcomes where the evidence does not yet give us a complete picture.

For older people, continued investment in proactive prevention remains essential, including strength and balance programmes, home safety assessments, and timely access to adaptations through Disabled Facilities Grants. Bolton should also monitor the outcomes of the Greater Manchester eFalls pilot, which uses GP records to proactively identify older people at moderate risk of falling and connect them with targeted support. The reasons behind Bolton's higher accidental falls mortality and greater proportion of falls involving hip fracture are not yet fully understood. Further local analysis should therefore sit alongside prevention work, including consideration of post-fall care pathways, bone health and the conditions in which falls occur.

For children and families, the priority could be embedding home safety into every relevant contact, particularly in the early years. Health visitors, early years services, and social housing providers are well placed to identify hazards and provide practical support. For example, low-cost safety equipment such as stair gates, cabinet locks and window restrictors may be particularly valuable for families who would otherwise struggle to access these independently. Strengthening these touchpoints, especially in more deprived communities where risk is highest, offers an opportunity to reduce avoidable harm.

Across both groups, the focus could be on making support proactive, targeted and accessible. This means identifying risk before injuries occur, ensuring practical help is available to those most exposed to home hazards, and using existing partnerships to improve safety within the home environment.

3. Stable Homes: Affordable & Secure

A stable home provides more than shelter. It gives people a secure base from which to work, learn, care for family and access services. This stability is not just determined by the quality and suitability of the property itself, but also whether it is affordable to live in and secure over time.

When housing costs place sustained pressure on household finances, this can lead to stress, difficult trade-offs, and an increased risk of housing instability. Affordability and security are therefore closely linked: financial pressure can make it harder to maintain a stable home and, in the most severe cases, can contribute to homelessness.

Affordability

Housing affordability refers to the ability of a household to meet housing costs such as rent or mortgage payments, without compromising their ability to afford other essential needs. Whilst there is no single definition, a commonly used benchmark is spending more than 30% of household income on housing; beyond this, costs are often considered unaffordable.

In recent years, rising house prices, increasing private rents, and wider cost-of-living pressures have made it more difficult for many households to afford a stable home. For some, this may mean cutting back on non-essential spending, but for others it can result in difficult trade-offs between housing and basic needs such as food, heating, and transport.

These pressures can have important implications for health and wellbeing, particularly mental health. Persistent worry about meeting housing costs can contribute to chronic stress, anxiety and depression, as well as affecting sleep, relationships and overall quality of life.

Affordability pressures can also affect physical health indirectly. Households struggling with housing costs may have less money available for nutritious food, heating or other essentials. Others may be forced to remain in homes that are poor-quality, overcrowded or unsuitable for their needs because affordable alternatives are not available.

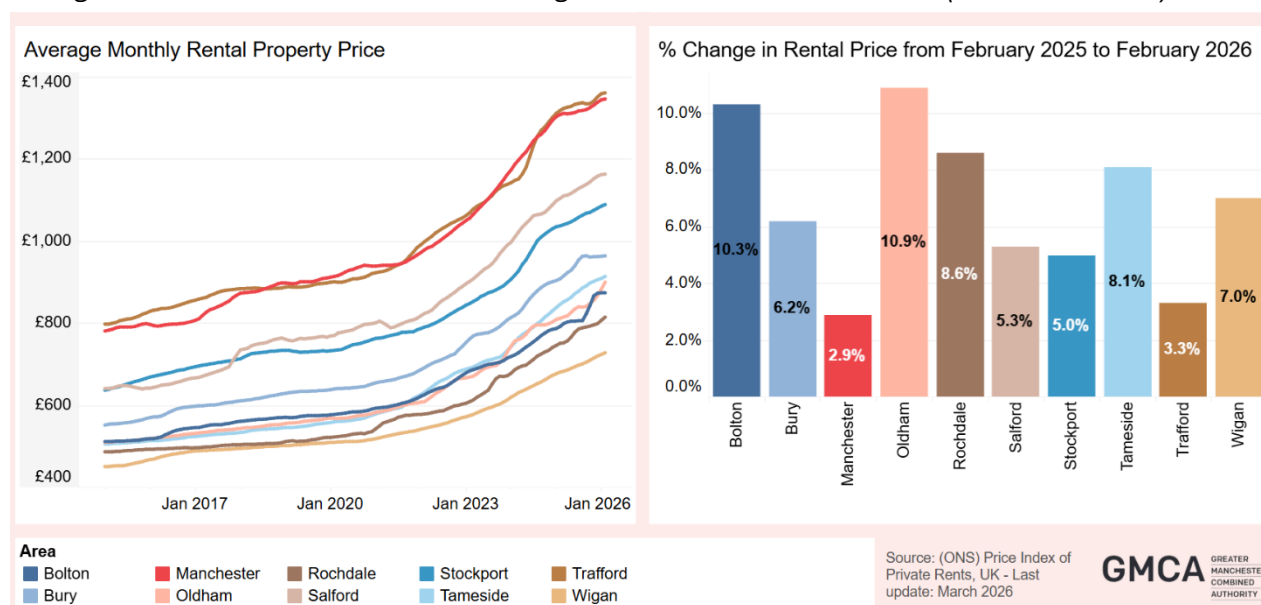
Housing affordability is also a key driver of health inequalities. Lower-income households, younger people, and those living in the private rented sector are disproportionately affected. These groups are more likely to spend a higher proportion of their income on housing, leaving them vulnerable to financial shocks and less able to absorb increases in costs.

How widespread is the problem?

Housing costs have generally been trending upwards for some time across the UK. Nationally, the average house price is £268,000 as of January 2026.⁵³ In Bolton, the average is lower at around £200,000, though local prices are currently rising faster than the national average: 4.5% in the last year compared with just 1.1% nationally.

The private rental market shows a similar pattern. Bolton rents remain lower than the national average, at £873 per month compared with £1374 nationally.⁵⁴ Bolton has similar private rental affordability to the region as a whole at 28% of local median income, compared to NW at 28%. Greater Manchester (GM) lowest at 24% is Wigan; GM highest at 41% is Trafford.⁵⁵ Local rents are again increasing at a faster rate, however, with a 10.3% rise in the last year compared with just 3.5% across the UK. This follows a recent pattern of sharp increases locally with rents rising by over 30% in recent years, making Bolton one of the fastest-rising private rental markets in the country. (Figure 10)

Figure 10: Rental costs and annual change across Greater Manchester. (Source: GMCA⁵⁶)



⁵³ Office for National Statistics. "Housing prices in Bolton". ONS (March 2026 Release). [Accessed 30/03/26, Available at: [Housing prices in Bolton](#)].

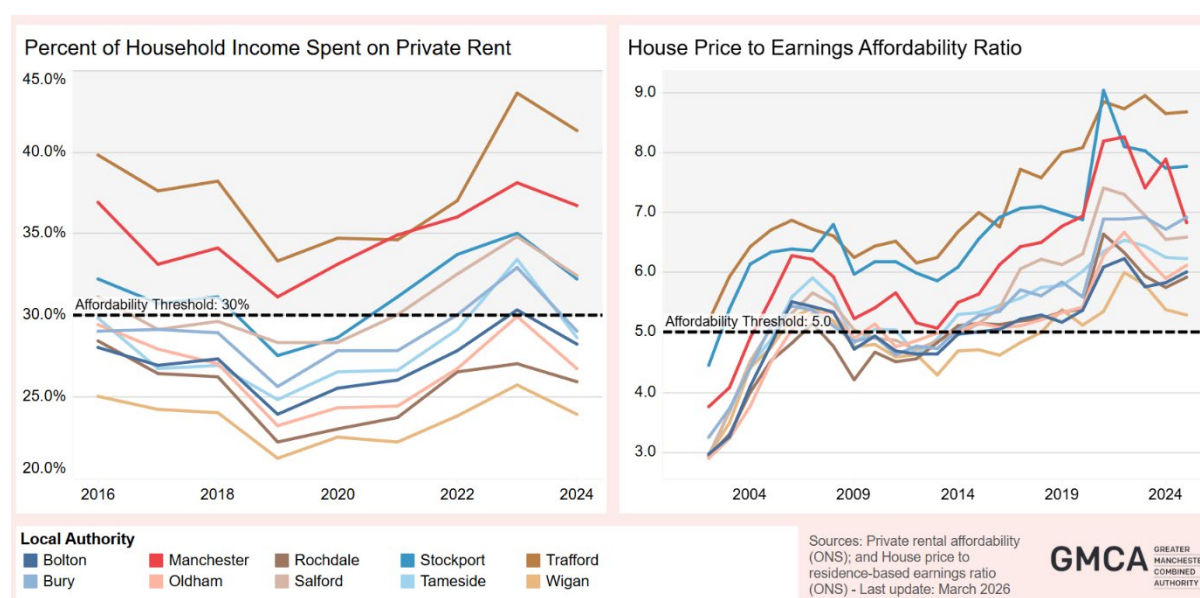
⁵⁴ Greater Manchester Combined Authority. "Research: Interactive Housing Market Data". GMCA (2026). [Accessed 14/05/26, Available at: [Research: Interactive Housing Market Data - Greater Manchester Combined Authority](#)]

⁵⁵ [Private rental affordability, England, Wales and Northern Ireland - Office for National Statistics](#)

⁵⁶ Greater Manchester Combined Authority. "Research: Interactive Housing Market Data". GMCA (2026). [Accessed 14/05/26, Available at: [Research: Interactive Housing Market Data - Greater Manchester Combined Authority](#)]

Bolton remains one of the cheaper areas for housing in Greater Manchester. However, when considering affordability it is also important to factor local incomes. Whilst earnings have doubled in England and Wales since 1997, house prices have more than quadrupled – though more recent trends are more promising.⁵⁷ Household incomes in Bolton are generally lower than the national average (£33,000 vs £39,300), but since house prices are also generally lower, housing affordability ratios are more favourable (6.2 vs 7.6). This means that in Bolton the median house costs 6.2 times the median income, compared to 7.6 times nationally, and 5.9 across the wider North-West. However, these ratios still represent a significant barrier to home ownership, particularly for younger households and first-time buyers. (Figure 11)

Figure 11: Housing affordability across Greater Manchester. (Source: GMCA⁵⁷)



In the private rented sector, affordability pressures remain significant. In England, private renters on a median household income could expect to spend 36.3% of their income on rent, above the commonly used affordability threshold of 30%.⁵⁸ In Bolton, this figure is lower at 28.2%, similar to the North West average of 28.1%. These figures

⁵⁷ Office for National Statistics. "Housing affordability in England and Wales: 2024". ONS (2025). [Accessed 30/03/26, Available at: [Housing affordability in England and Wales - Office for National Statistics](#)].

⁵⁸ Office for National Statistics. "Private rental affordability, England, Wales and Northern Ireland: 2024". ONS (2025). [Accessed 30/03/26, Available at: [Private rental affordability, England, Wales and Northern Ireland - Office for National Statistics](#)].

show that Bolton is generally more affordable than many areas, but rental costs are still close to levels that may place pressure on household finances.

Overall, the picture in Bolton is mixed. Housing remains cheaper than much of the country, but prices and rents are rising quickly, and borough-wide averages mask variation between households and neighbourhoods. Affordability pressures are often greatest in lower-income households, single earners, and those living in the private rented sector where housing costs typically account for a larger share of income. These pressures not only affect financial stability, but can have wider impacts on health and wellbeing and may increase the risk of housing insecurity over time.

What is being done to help?

Improving housing affordability requires action on several fronts: increasing the supply of affordable homes, supporting households with housing costs, and intervening early when financial pressure puts tenancies at risk. Whilst many of the structural drivers of housing affordability sit at a national level, local and regional partners play an important role in helping residents manage housing costs and maintain stable homes.

At a national level, government policy focuses on increasing housing supply and supporting households with the cost of living. Investment through programmes such as the Affordable Homes Programme and the Social and Affordable Homes Programme aims to increase the availability of homes at below-market rents, while welfare support, including Housing Benefit and the housing element of Universal Credit, provides financial assistance to households on lower incomes.

At a Greater Manchester level, housing affordability remains a key priority, with a focus on increasing access to genuinely affordable homes and improving standards across the housing system. This includes work to support the delivery of more social and affordable housing, as well as wider efforts to improve housing quality and security for residents.

Locally in Bolton, much of the work to address affordability focuses on helping residents manage financial pressures before they escalate into housing instability. This includes access to welfare advice, debt support, and income maximisation services, which can help households to manage housing costs and avoid falling into crisis. Housing services also play a key role in identifying households at risk and providing early support to prevent problems escalating.

Wider programmes to improve the energy efficiency of homes can also support affordability. Retrofit schemes and home energy improvements are often framed around housing quality or fuel poverty, but they can also reduce household bills and ease financial pressure over time.

Together, these approaches highlight the importance of early support and partnership working in mitigating the impacts of housing unaffordability. While local systems cannot fully control housing costs, they play a crucial role in helping residents to manage financial pressures, maintain stable housing, and avoid more severe outcomes such as housing insecurity and homelessness.

Housing Insecurity & Homelessness

A secure home provides stability, safety, and a foundation for maintaining health and wellbeing. When this stability is lost, the impacts can be immediate and far-reaching.

Housing insecurity can take many forms, including the risk of eviction, frequent or forced moves, or living in temporary or unsuitable accommodation. At its most severe, this can lead to homelessness. While homelessness is often associated with rough sleeping, it is better understood more broadly as not having a settled home of your own. This includes people living in temporary accommodation, staying with friends or family, or in housing that is not safe or suitable for long-term living. Many people experiencing homelessness are therefore less visible, but still face significant hardship.

These unstable circumstances can affect health in several ways. The stress and uncertainty associated with insecure housing – such as fear of eviction or not knowing where you will live – can contribute to anxiety, depression, and poor sleep. Insecure housing can also affect physical health by exposing people to overcrowded, damp or cold conditions, and by making it harder to access healthcare when people move frequently or do not have a fixed address.⁵⁹

The health impacts are most severe for those experiencing homelessness. People experiencing homelessness have significantly worse health outcomes than the general population, with higher rates of long-term conditions, mental illness, and substance misuse.⁶⁰ For those experiencing the most severe forms of homelessness, the consequences can be devastating: ONS data show a mean age at death in the mid-40s, decades younger than in the wider population.⁶¹

Children and families are also affected. Living in temporary or insecure housing can disrupt education, limit access to safe space, and affect emotional wellbeing and development. Analysis from the Children's Commissioner for England links frequent home moves between Reception and Year 11 with poorer GCSE outcomes, showing

⁵⁹ Calloo, Gordane V., et al. "Shelter to Survival: Unpacking the Health Impacts of Housing Insecurity Across the Life Course." *International Journal of Environmental Research and Public Health* 23.1 (2026).

⁶⁰ Lewer, Dan, et al. "Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England." *BMJ open* 9.4 (2019).

⁶¹ Office for National Statistics. "Deaths of homeless people in England and Wales: 2021 registrations". ONS (2022).

how housing instability can affect children's longer-term opportunities as well as their immediate wellbeing.⁶²

Housing insecurity and homelessness are not experienced equally. They disproportionately affect lower-income households and those already facing disadvantage, reinforcing and widening existing health inequalities.

How widespread is the problem?

Levels of housing insecurity and homelessness have increased significantly over the past decade, with national data showing rising demand for support and record numbers of households without a stable home. In 2025, 135,000 households in England were living in temporary accommodation; this included around 175,000 children, highlighting the scale of housing instability for families.⁶³

Alongside this, local authorities continue to see high demand for homelessness support, with many households needing help to prevent or relieve homelessness before they lose their home. At the most visible end of the spectrum, rough sleeping has also increased. The latest autumn snapshot estimated around 4,800 people sleeping rough in England, the fourth annual increase in a row and 171% higher than when this measure was first introduced in 2010.⁶⁴

Locally, the number of households in temporary accommodation in Bolton has more than doubled since Q1 of 2018/19, from 106 households to 217.⁶⁵ The number of children in temporary accommodation in Bolton has more than tripled, from 97 to 310.⁶⁶ (Figure 12, p35) These trends have stabilised more recently, but remain well above previous levels and represent a significant number of families living without a settled home.

⁶² Children's Commissioner for England. "The impact of housing instability on children's GCSE grades". Children's Commissioner for England (2025).

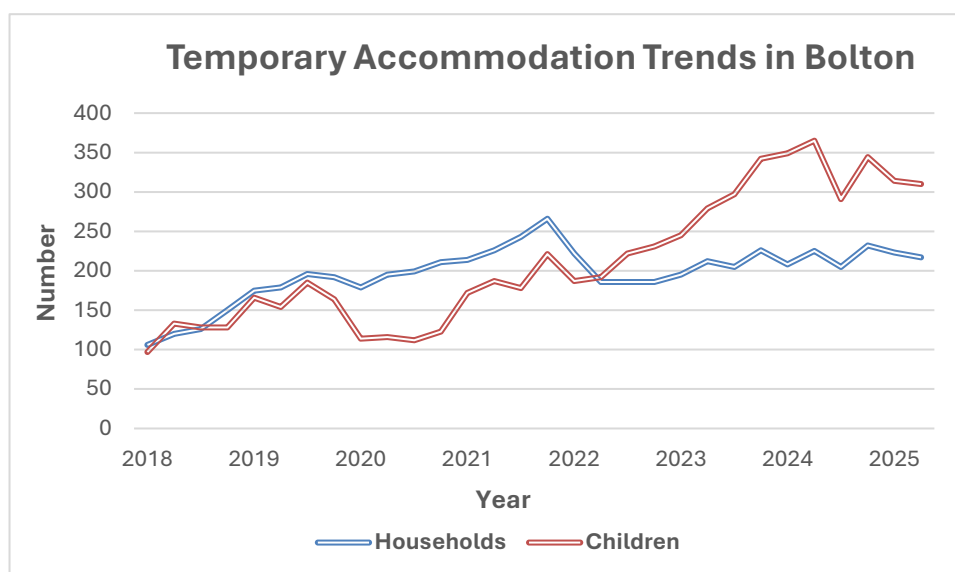
⁶³ Ministry of Housing, Communities & Local Government. "Statutory homelessness in England: July to September 2025". Gov.uk (2026).

⁶⁴ Ministry of Housing, Communities & Local Government. "Rough sleeping snapshot in England: Autumn 2025". Gov.uk (2026).

⁶⁵ LG Inform. "Total number of households in temporary accommodation." Original source: Ministry of Housing, Communities, and Local Government: Statutory Homelessness Live Tables (2026).

⁶⁶ LG Inform. "Total number of children in Temporary Accommodation" Original source: Ministry of Housing, Communities, and Local Government: Statutory Homelessness Live Tables (2026).

Figure 12: Temporary accommodation need in Bolton. (Source: Statutory Homelessness Live Tables via LG Inform^{67, 68})



This demand is also reflected locally in the number of households approaching the Council for support. The number of households assessed as needing help to prevent or relieve homelessness increased by 58.5% between 2018/19 and 2024/25, from 1,754 to 2,780.⁶⁹ This increase was much greater than the national average of 22.3% over the same period, and Bolton’s rate remains higher than most English local authorities once population size is taken into account.⁷⁰

Rough sleeping represents the most visible and extreme form of homelessness, though it accounts for a relatively small proportion of those affected. In Bolton, the number of people recorded sleeping rough in the annual autumn snapshot has remained relatively low in recent years, with 5 individuals counted in 2025.⁷¹ Whilst this is lower than the North West local authority average of 13, comparisons should be interpreted with

⁶⁷ The Health Foundation. “Households that are homeless or at risk of homelessness, by local authority”. The Health Foundation Evidence Hub Indicator (2025).

⁶⁸ LG Inform. “Number of households assessed and owed a duty - Total assessed as owed a duty (Annual)”. Original source: Ministry of Housing, Communities, and Local Government: Statutory Homelessness Live Tables (2026).

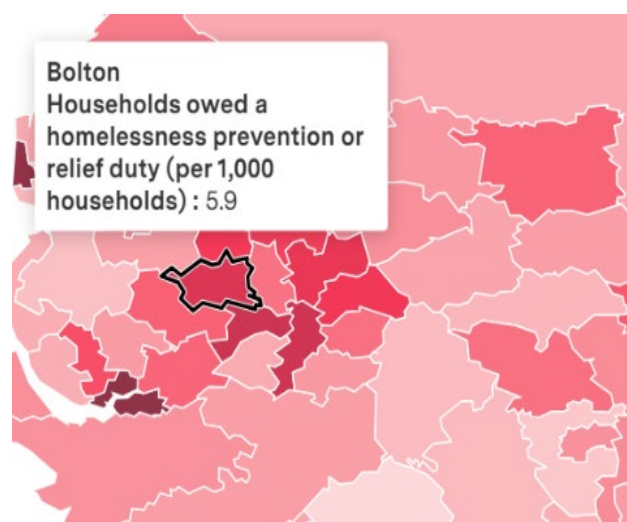
⁶⁹ LG Inform. “Number of households assessed and owed a duty - Total assessed as owed a duty (Annual)”. Original source: Ministry of Housing, Communities, and Local Government: Statutory Homelessness Live Tables (2026).

⁷⁰ The Health Foundation. “Households that are homeless or at risk of homelessness, by local authority”. The Health Foundation Evidence Hub Indicator (2025).

⁷¹ LG Inform. “Total number of people sleeping rough”. Original source: Ministry of Housing, Communities, and Local Government: Rough Sleeping Snapshot (2026).

caution as rough sleeping is often more concentrated in larger urban areas where support services are more readily available.

Figure 13: Homelessness support need (Source: The Health Foundation⁷²)



Overall, rough sleeping remains relatively low in Bolton, but reducing it remains a critical public health priority. People experiencing rough sleeping face some of the most severe health inequalities, reinforcing the importance of early intervention to prevent residents reaching this point and targeted support for those already in these difficult circumstances.

What is being done to help?

Addressing housing insecurity and homelessness requires a strong focus on early intervention and prevention, alongside targeted support for those experiencing the most acute forms of need. Nationally, policy has increasingly shifted towards preventing homelessness before it occurs, most notably through the Homelessness Reduction Act 2017, which places a duty on local authorities to identify and support households at risk at an earlier stage. This includes helping people to remain in their existing homes where possible, or to secure alternative accommodation before a crisis develops.

At a local level, much of this work focuses on supporting households experiencing financial pressure or housing instability. In Bolton, services aim to identify residents at risk of losing their home and provide timely support, including housing advice, tenancy sustainment, and access to wider financial and welfare support. These approaches are

⁷² The Health Foundation. "Households that are homeless or at risk of homelessness, by local authority". The Health Foundation Evidence Hub Indicator (2025).

designed to prevent problems from escalating into homelessness, recognising that early support is often the most effective intervention.

Alongside prevention, there remains a need to support to households that do become homeless. This includes the provision of temporary accommodation, support to access longer-term housing, and coordinated services to address wider needs such as health, employment, and social support. Demand for these services has increased in recent years, reflecting wider pressures within the housing system.

For individuals experiencing the most severe forms of homelessness, including rough sleeping, targeted and flexible support is essential. In Bolton, this includes outreach services and emergency accommodation. During winter 2025/26, Bolton piloted nine sleeper pods as an emergency intervention (Figure 14). These self-contained, secure units provided immediate shelter and warmth for people who would otherwise be sleeping rough, offering a safer alternative to sleeping on the streets and a potential first step towards engaging with support services.

Figure 14: Image showing sleeper pod in Bolton



The voluntary and community sector plays a vital role across this spectrum, from early advice and support through to crisis response. Local organisations often provide accessible, community-based services that help residents navigate housing challenges and maintain stability.

Together, these approaches show the importance of coordinated action across prevention, early intervention, and crisis support. While homelessness remains the most visible outcome, much of the work locally is focused on reducing housing insecurity and preventing households from reaching crisis point.

Key takeaway 4: Strengthen early intervention to prevent housing insecurity and reduce demand for crisis services

The evidence presented in this chapter highlights growing pressure across the housing system, from affordability pressures and housing insecurity through to homelessness. Addressing these issues necessitates action at two levels: earlier support for households at risk now, and longer-term planning to ensure Bolton's housing supply reflects local need.

To address the growing pressures of housing insecurity and homelessness, Bolton could further strengthen a proactive, prevention-focused approach that identifies and supports households at risk at the earliest possible stage.

This includes expanding coordinated local efforts to identify residents experiencing financial pressure related to housing costs, poor housing conditions, or other risk factors for housing instability. Timely access to housing advice, income maximisation support and tenancy sustainment services will be essential to preventing problems from escalating. Embedding this approach across health, housing, and community services – building on programmes such as Live Well – would help to address housing insecurity before residents reach crisis point.

At the more acute end, temporary accommodation, outreach and emergency responses such as sleeper pods provide essential support for people experiencing homelessness. These interventions are an important backstop in a housing system under pressure, but must remain last-resort responses, complemented by clear pathways into stable, long-term housing.

This approach aligns with wider Greater Manchester priorities, including the refreshed tripartite agreement between the GMCA, NHS Greater Manchester Integrated Care and Greater Manchester Housing Providers, which emphasises partnership working, prevention and improving population health through better housing.⁷³ Strengthening early intervention across this system offers an opportunity to reduce demand for crisis services, improve health outcomes, and support more residents to access and maintain a safe, affordable, and stable home.

⁷³ Greater Manchester Housing Providers. "The Greater Manchester Tripartite Agreement". GMHP (2026).

Key takeaway 5: Ensure new housing supply reflects evolving local needs and supports health

As housing supply increases, it is important that new development reflects the needs of Bolton's local population and supports health and wellbeing. This means delivering a mix of housing types and tenures that are genuinely affordable, accessible, and appropriate for different household sizes and life stages.

Local evidence highlights the importance of providing a balanced housing offer, including smaller homes for single-person households, suitable accommodation for an ageing population, larger homes for families, and a sufficient supply of social rented and other genuinely affordable homes. The delivery of new homes must therefore consider the current and projected needs of the community, as the local population evolves with time. Ensuring that these new homes are designed to be safe, accessible, and energy efficient will also support long-term health outcomes and reduce future demand on health and care services.

Aligning new housing delivery with the findings of local housing needs assessments and wider strategic planning will help ensure that growth contributes to reducing inequalities and supports stable, healthy communities.

A Healthy Homes Vision

A healthy home is a fundamental building block of good health and wellbeing. It underpins both physical and mental health, providing the stability to build relationships, take part in community life, and live independently. Without this foundation, efforts to improve health and reduce inequalities are significantly constrained.

The conditions that shape a healthy home – quality, suitability, and stability – are closely interconnected. Unaffordable housing can leave people and families living in unsuitable homes, increasing the risk of overcrowding, inadequate adaptations, and injuries in the home. Cold, overcrowded homes are more likely to develop damp and mould, with consequences for respiratory health, mental wellbeing, and childhood development. In turn, poor health can make it harder to manage financial pressures, increasing the risk of housing instability and homelessness. These challenges rarely occur in isolation, and are most likely to affect residents already experiencing disadvantage.

The strategic priorities set out in this report reflect both the scale of the challenge and the opportunities for action. In Bolton, collaborative work already takes place across housing, health, social care, and the voluntary and community sector, with increasing focus on prevention, early intervention, and supporting residents before problems escalate. This report builds on those foundations and aligns with wider priorities across Greater Manchester to improve population health through better housing and coordinated system working.

Five key takeaways are presented, from which the recommendations were developed:

1. Improve early identification and response to damp, mould, and cold in homes
2. Make best use of existing housing across Bolton to reduce overcrowding
3. Embed proactive, whole-system approaches to home safety, targeting those at greatest risk
4. Strengthen early intervention to prevent housing insecurity and reduce demand for crisis services
5. Ensure new housing supply reflects evolving local needs and supports health

The same principles are reflected across the five takeaways: earlier recognition and intervention, reducing inequalities, and working across organisational boundaries to plan more strategically for the future. Delivering on these priorities will require continued collaboration between local authorities, the NHS, housing providers, and community organisations, alongside the effective use of data and place-based approaches to ensure that resources are targeted where they are needed most.

Recommendation

We recommend working with locality partnerships, including the Health and Wellbeing Board, to:

- Embed housing as a key determinant of health across policies, programmes and services in Bolton.
- Strengthen intelligence and data sharing on housing and health to support prevention and early intervention models.
- Improve and simplify access to early help and prevention services for all Bolton residents, regardless of tenure, for example through a single point of access.

Every resident in Bolton should live in a home that is safe from hazards, suitable for their needs, and stable over time. Achieving this will not be immediate, but by building on existing strengths and working collectively, we can improve housing conditions, reduce health inequalities, and support healthier, more resilient communities across Bolton.