Focus article

Understanding the impacts of the UK ‘cladding scandal’: Leaseholders’ perspectives

William Martin1 and Jenny Preece2*
1 UK Cladding Action Group
2 University of Sheffield

Introduction

This focus article presents the key findings from research conducted by the UK Cladding Action Group (UKCAG) into the mental health impacts of living in a building affected by flammable cladding and/or other fire safety defects. The full results were published in the report UKCAG Cladding and Internal Fire Safety Mental Health Report 2020. The article first provides some background to the UK ‘cladding scandal’, before highlighting headline findings from the quantitative data and a thematic discussion of additional qualitative comments provided by respondents. As a warning to readers, the article contains descriptions of mental health impacts including suicide.

Following the Grenfell Tower fire in June 2017, in which 72 people died, it emerged that flaws in refurbishment – including the use of materials such as flammable cladding – compromised the building’s fire resistance. Subsequent safety inspections of high-rise buildings around the UK and internationally have revealed major construction defects, particularly in relation to safety standards (Hodkinson, 2019). However, progress to replace flammable cladding has been unacceptably slow (House of Commons Public Accounts Committee, 2020). Whilst the UK government has allocated funding to tackle some types of cladding on some buildings, the proposed level of assistance is not sufficient to tackle the widespread failures identified; there is no assistance for buildings under 11 metres, nor for non-cladding remedial works related to other building safety issues, and there are concerns about proposed loans to leaseholders in buildings between 11 and 18 metres in height (House of Commons Library, 2021). Remediation works are costly, with the Local Government Association (2020) estimating that cladding remediation alone would cost an average of £2 million per block. Thousands of individuals face bills of tens of thousands of pounds for work because they live in buildings which do not qualify for government assistance, as well as ongoing costs for interim measures such as 24-hour fire safety patrols.
The Housing, Communities and Local Government Select Committee (2020) concluded that the physical and mental health toll on residents was so severe as to constitute a public health crisis. There is a well-established body of work exploring the role of housing in mental health (Diggle et al., 2017), and initial research suggests that living with building defects negatively impacts on mental wellbeing (Oswald et al., 2021). The UK Cladding Action Group (UKCAG) conducted a survey in April 2020 to explore the mental health impacts on UK residents of properties affected by cladding and other safety defects. UKCAG is a key part of the campaign for government action to “end our cladding scandal” and the wider building safety crisis post-Grenfell. A total of 550 individuals across 143 private buildings in 45 UK council areas completed the survey.

Key survey findings

As a direct result of the presence of external combustible cladding on the buildings where they live:

- 90 per cent said their mental health had deteriorated.
- 23 per cent reported having suicidal feelings or a desire to self-harm.
- 71 per cent reported having difficulty sleeping.
- 94 per cent said they were suffering from worry and anxiety.
- 60 per cent used coping strategies to deal with their situation.
- 35 per cent said that existing physical and mental health conditions had been exacerbated.
- 84 per cent said they cannot move on with their lives.
- 58 per cent of people had concerns about seeking help or treatment for mental/physical health problems caused by their situation during the pandemic.

Insights from qualitative data

In addition to these survey responses, individuals had the option to add any other comments in a free text response box. More than 300 respondents left additional comments, with some expressing a desire to tell their own story and for their voices to be heard. This section briefly presents some of the key themes from these qualitative responses, focusing on: responsibility; the failure of policy and regulation; impacts on key life transitions; and impacts on mental health. The issues raised highlight the potential for more in-depth exploration of the pathways through which mental health impacts were felt.

Responsibility

Many respondents highlighted that their journey into homeownership was based on hard work and responsibility. As one individual explained, ‘I am frustrated that what I thought was a responsible decision to buy my own home has turned out to be a financial trap’ (R9). Typically, routes into ownership involved long-term saving for a deposit ‘to be able to get my foot on the housing ladder’ (R1), and the decision to buy a home was framed by many as an act of responsible citizenship to ensure financial security and stability: ‘You’re told for financial security to buy a flat, but this has been the opposite. The strain and impact it has had on my life is difficult to measure…It feels like no one cares and there’s no end in sight’ (R12).
Entering into homeownership had been a moment of ‘success that I have been able to buy my own property’ (R17). However, the lack of support noted by many respondents was keenly felt as a betrayal of the “social contract”, in which there was an expectation that hard work and responsibility would be rewarded in times of need:

“I feel I have been let down by the leasehold system and the government…I painstakingly saved for a mortgage deposit on a £18,000 graduate salary and have always paid all my bills on time every month...We are model citizens and the government has made a small fortune from our tax contributions. I am fine with this, but all I ask for in return is that they use some of these contributions to make our building safe to live in and allow us to start a family” (R16).

For many individuals, there was a sense that in trying to take the “right” and “responsible” actions (through saving up to enter into homeownership), they were now being penalised. However, this could also manifest as a sense of shame and embarrassment, and a feeling of being responsible for the situation that they were in because it stemmed from their individual choice to buy their home. This generates dissonance between self-perceptions and reality, evidenced by the feeling that this should not be happening to “someone like me”.

Failure of policy and regulation

It was common for respondents to contrast their own responsibility with the lack of responsibility of wider systems of government and regulation. As one individual noted, they had been ‘paying into a system we thought was safe’ (R14), only to be failed twice by government – first, in allowing buildings to be constructed and sold with significant defects, and second, in leaving many residents unsupported in meeting the cost of remedial works.

As one respondent argued, ‘they [the Ministry of Housing, Community and Local Government] have failed to provide any support in finding a resolution to a situation which they have ultimately created’ (R24). The building defects faced by leaseholders were still being revealed; as one individual noted, ‘you peel away the cladding and expose a cesspit of deceit linked to poor regulation and building standards’ (R25). Whilst there was a complex web of failings that led to the current crisis, many individuals questioned why leaseholders were the ones facing the cost of remedial works:

“We should be protected by those people who are responsible for the building regulations in the first place. In this instance, since all regulatory bodies seem to be shirking responsibility, the buck stops with the government...It is unbelievable that the buildings regulatory body and the manufacturers of these materials have been allowed to profit from this situation and its victims, the leaseholders, are being bullied into financial ruin” (R27).

Respondents wrote of a deep sense of unfairness, uncertainty, and a time-consuming and highly stressful struggle for justice.

Delayed life transitions

As a result of the ongoing uncertainty over the financial liabilities they may face, as well as the day-to-day realities of living in an unsafe building, many individuals used their response to tell their own stories of life plans derailed. Life transitions are often tied up with home transitions, as well as a sense of financial security and control that facilitates making significant life decisions. The pervasive sense of uncertainty over the cost of –
and responsibility for – remedial works meant that this sense of control and stability was absent, as well as rendering properties unsaleable. As one individual explained, ‘the constant despair of having your life on hold is unbearable’ (R37).

Many respondents noted that their plans to have children had been affected by the uncertainty they faced, and this had emotional and mental health consequences.

“I was going through IVF when I learnt that we are unable to remortgage or sell...Predictably the IVF was unsuccessful as my stress levels shot up. We fear that we will be slapped with the remediation costs and we decided not to go ahead with the next cycle. Considering my age, this means we won’t have children” (R30).

“This year I had planned to start a family, I was already undergoing fertility treatment...I'm absolutely devastated. My future has been taken away and I've lost hope...I will not be able to start a family nor progress my career. I'm struggling to see anything positive in my future” (R32).

“I feel like I'm in a nightmare, it's a constant shadow at best and a crushing weight at worst. I can barely remember a time when this wasn't pressing down on me every day and night...I hate waking up...My partner is amazing but it's affecting our relationship...Sometimes I think he'd be better off without me. We are in our late 30s and had wanted to start a family... I am now so scared about not being able to support a family (lose all financial security) that I'm not sure we should have a family...I also feel such a mess that I'm not sure I can be a good mum. But time is running out for us and I'm worried we'll miss our chance...I feel like I'm being slowly crushed” (R36).

Others emphasised that they did not feel able to start a family because of the safety issues, questioning ‘how can we bring a child into the world when we live in a one bed flat at the top of what we now know to be a matchstick?’ (R39). In addition to being unable to have children, other individuals reported disruption to life transitions such as relocating to a larger home as households expanded, getting married, being unable to move to take up jobs or to facilitate caring for other relatives, and revising plans for retirement due to the potential bills they faced.

**Mental health impacts**

Whilst the headline findings from the survey highlight the significant mental health impacts of the cladding scandal, many respondents offered further insights into the pathways through which these impacts occurred. The potential financial burden and fear of financial ruin or failure were significant, but so too were changes to individuals’ experiences of home, with many writing of feeling trapped or imprisoned. Added to this was a palpable sense of fear for their physical health by living in a home that could endanger their lives.

A number of individuals noted difficulties sleeping due to fear of a fire in their building. One respondent recounted waking up ‘having nightmares about the flat on fire and trying to get my baby out’ (R78). Others noted that the safety measures implemented to mitigate the risk of fire actually increased anxiety, as they were a constant reminder of the danger that they were living with: ‘I wake a few times every night, I hear the corridor door closing every half hour when the waking watch person does their rounds. Does it make me feel more safe? No, it makes me fear for my life every night’ (R76). Another individual described sleeping ‘with a packed bag by the door every single night in case of a fire’ (R74). Living with this danger had a significant mental health impact: ‘I lie awake...
at night thinking about how to get out of the building if the cladding – just metres from my head – goes up in flames. I’ve forgotten what a normal night’s sleep feels like. My mental health has been totally destroyed, I’ve thought about ending it all’ (R75). Despite these severe impacts, there remains no specific or dedicated mental health support for affected residents.

As outlined earlier, for many individuals – and in wider societal discourses – homeownership is seen as a source of success and pride. However, a number of respondents explained that their home no longer provided these positive feelings: ‘I saved for five years to be able to afford the deposit for this flat and it was my sanctuary. I now feel trapped and scared for the future’ (R57). The pressure and uncertainty experienced by leaseholders was felt to have potentially severe mental health impacts because of the central role that the home occupies in everyday life and wellbeing: ‘I worry a lot that it is only a matter of time before this becomes too much for someone and they commit suicide. It’s so emotive. Your home is your haven and safe place. To take that away is to take away your peace’ (R62).

Many responses included references to feeling trapped or imprisoned:

“The feeling of hopelessness that does not ever seem to go away is soul destroying. I used to love my home, now I hate it...Yet I can’t escape, as no one will buy it. I have been trapped in my dangerous flat by the government, mentally, physically and financially. Is this what prison feels like?” (R58).

“It feels like I’m imprisoned by this cladding scandal and there’s nothing I can do about it. I earn minimum wage and I live alone, so all bills are solely mine. At the end of each month, I have nothing left in the bank. I live from hand to mouth and cannot save because I do not earn enough, despite working 40 hours per week...It's utterly depressing and I feel trapped” (R59).

In part, these feelings stemmed from lack of control over the problems individuals faced, and uncertainty over how and when they could be resolved. At the point of the survey, respondents had been living with these issues for nearly three years, and yet many still had little information about the costs of remedial works, who would be liable, what support may be offered, and when this situation would be resolved. As one individual explained: ‘it is hard to see light at the end of this dark tunnel of uncertainty’ (R65), whilst another noted that ‘the uncertainty is frustrating. What money do we have? We are a prisoner in our home...Never felt depression and despair like this’ (R63).

Living through these issues for a number of years was equally frustrating for some: ‘I feel like this issue is beginning to define me. I’m struggling to remember a time before this nightmare started, and I can’t see an end to it either. It’s like being stuck’ (R68). Not knowing how to resolve the problems, and having no timeline, left individuals in limbo, generating more stress and anxiety: ‘We continually try to contingency plan, which is just causing huge stress, arguments and worry as essentially we are trying to second guess what may happen in order to try and feel that we can plan and be a bit in control’ (R70). The levels of desperation felt by some individuals is shown by one response:

“I have honestly thought about making a video about the plight we are facing and jumping off a bridge to kill myself. As death (with Grenfell) started this mess, then perhaps death would get people out of it...if I ended it then maybe others would be saved and free from the mess the government has caused us. The government only takes action after someone dies...I’m trapped...How has this been allowed to happen?” (R26).
Many responses linked worsening mental health with the potential for financial ruin and homelessness. One individual explained that, ‘I struggle each day to keep myself alive due to the financial worries of ending up homeless and bankrupt’ (R80). The combination of danger, loss of sleep, uncertainty, loss of control, and potential for huge bills for remedial work combined to create an atmosphere that was severely damaging for the mental health of residents: ‘I have had months of anxious and broken sleep, felt deep regret at having bought this place and have suicidal thoughts at least twice a week. I feel like I have been robbed’ (R79).

It is difficult to overstate the impacts that were described, with one person noting that ‘the effect on my life is immense. The mental strain is too much and as such my life is ruined. I’ve been living a nightmare for one month and I don’t know how long I can continue’ (R83). Another reported ‘such bad anxiety I cannot breathe properly sometimes’ (R84) due to the thought of bankruptcy. These mental health impacts also had physical health consequences, as one individual noted: ‘I have been left utterly broken by this. My mental and physical health has worsened’ (R80). Other respondents reported impacts such as stress-induced rheumatoid arthritis and irritable bowel syndrome, demonstrating the range of problems linked to the cladding scandal. As one individual explained, ‘I worked incredibly hard to be able to afford to get on the property ladder...when I got the flat...I knew my future was secure because I would always have somewhere to live but now I feel as though that security has been stripped away’ (R11).

Concluding recommendations

The policy landscape in relation to flammable cladding and building safety defects is currently in flux, with ongoing debates around liability for costs (for example as part of parliamentary debates in relation to the Fire Safety Bill in England). However, given the slow pace of remediation in affected buildings to date, and the fact that a solution which meets the needs of all affected residents is yet to be found, there are several areas for action. These are summarised here in light of the research findings, with more detailed recommendations listed in the report and via campaign organisations such as UKCAG.

The research discussed here highlights the profound mental health impacts arising from living with building safety defects. This has already been acknowledged as a public health crisis (Housing, Communities and Local Government Select Committee, 2020). The first step is to understand the extent and depth of these impacts, and a coordinated effort from national governments to gather comprehensive data is required. However, given that at present there is an incomplete understanding of the scale of the building safety crisis – for example, little comprehensive data exists on buildings with fire safety defects beyond flammable cladding, or in buildings under 18 metres in height – data gathering in this regard must also be improved. This is fundamental to ensuring the provision of adequate mental health support for leaseholders across the UK.

There are also relatively simple changes to processes which offer an opportunity to safeguard mental wellbeing, for example providing signposting to mental health services alongside service charge statements or communications in relation to remediation works. These are key points which may trigger significant stress and anxiety for affected residents. Greater openness and transparency of communications from managing agents and building owners in relation to funding applications and fire risk assessments may also help to alleviate some of the uncertainty faced by leaseholders. Finally, whilst there has understandably been a focus on the large cost of remedial works to rectify building safety issues, the research serves as a reminder that many leaseholders are already facing significant financial stress due to interim measures such as paying for waking watch patrols of their building, or large increases in buildings insurance
premiums. Coordinated action is required to ensure that those in affected buildings can secure affordable insurance protection (as already recommended by the House of Commons Public Accounts Committee, 2020); a model already exists for this in relation to homes affected by flooding.

However, fundamentally action to alleviate mental health impacts may only be achieved by resolving the complex and interconnected issues at the heart of the building safety crisis. The research has highlighted the impact of lack of control, with many individuals having no timeframe for remediation work to take place, and limited information on the extent of – or liability for – the cost of works. It is widely acknowledged that current funding support is inadequate in the face of the scale of the crisis, therefore this should be increased in size, with all historic fire safety defects and types of building eligible. The concept of responsibility was discussed repeatedly by survey respondents, with many arguing that redress for the failures of building design, manufacture, development and regulation should require those organisations and companies to take responsibility for the cost of remediation works.

This article has drawn on the self-reported comments of survey respondents, who sought to share their stories of the impact of the building safety crisis. In light of the research findings, it is clear that for many individuals, mental health impacts are likely to be significant and long-lasting; even if an equitable solution to funding is found, impacts on family formation, life transitions, and perceptions of self and society may be irreversible. There is significant scope for future research to systematically explore these themes in more depth, unpicking the inter-related pathways through which wellbeing impacts arise, and the ways in which they may vary over time and at different stages of the life course.

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*Correspondence address: Jenny Preece, Department of Urban Studies and Planning, ICOSS building, University of Sheffield, Sheffield, UK, S10 2TN. Email: jenny.preece@sheffield.ac.uk

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