No place like home?

Exploring the health and well-being impact of COVID-19 on housing and housing insecurity

Summary Report

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Contents

Executive summary

The COVID-19 pandemic, and measures to reduce transmission of the virus, has had many wide-ranging impacts on the population of Wales, and has led to many people spending more time in their homes, highlighting the importance of good quality and secure housing.

The need for security in relation to having and keeping a home and being surrounded by a safe and consistent home environment, and its impact on both physical and mental health and well-being has long been recognised. During times of uncertainty, such as in the COVID-19 pandemic, a home can provide a secure and stable base for individuals and households to help them respond to and recover from the pandemic and its effects.

National programmes of welfare and housing support have been introduced in response to the pandemic and include a wide range of measures to support tenants and prevent homelessness.

This comprehensive and participatory Health Impact Assessment (HIA) explores the health and well-being impact of COVID-19 on housing and housing insecurity, and looks at the importance of having a consistent home that is of good quality, affordable, and feels safe. It also considers security of tenure in relation to stability, and being able to maintain a roof over one's head and ultimately prevent homelessness. It is the third in a series, which focus on the impact of the COVID-19 pandemic on the population of Wales including the 'Staying at Home and Social Distancing Policy' and the impact of home and agile working. This report can be read in conjunction with these and the sections on housing and home working within them.

The evidence in this report and the previous HIAs carried out, can assist policy and decision-makers when considering the impact of the pandemic on housing and housing insecurity, so that potential inequalities and negative impacts can be reduced, and future opportunities for positive health and well-being maximised.
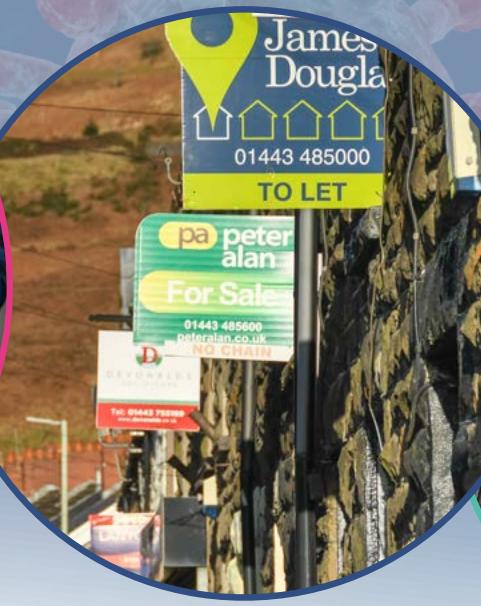
Key Findings

The economic impacts of the pandemic have had a negative effect on those on a low-income, women and young people. Reduced income will have caused further hardship for those on a low-income, which could be exacerbated through their precarious living situation (see Sections 3.1.1, 3.1.2, 3.1.4 and 3.1.6).

Private renters are at increased risk of insecure housing due to housing being less affordable during an economic crisis. However, mitigation measures, such as the suspension on evictions and Tenancy Saver Loan scheme provided by Welsh Government and other agencies (see Sections 3.1.2, 3.2.1 and 3.2.5) will have helped many.

Some women, children and young people have been at greater risk of harm from violence and abuse or exposure to this, through spending more time at home during the pandemic, and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) has been exacerbated. There is also a lack of refuges where those at risk of VAWDASV can access support (particularly face-to-face support) and safe housing (see Sections 3.1.6 and 3.2.3).

The pandemic has highlighted the positive impact of housing and welfare COVID-19 support measures. For example, homelessness prevention schemes have provided temporary accommodation, however some risk becoming homeless again when support measures end (see Sections 3.1.3, 3.2.3 and 3.2.5).

There has been an increase in neighbourhoods coming together to support one another. However, some individuals and population groups have been affected negatively, such as feeling isolated or being unable to access support (see Sections 3.2.1, 3.2.3, 3.2.6).

Positive and negative impacts

✓ The HIA identified **positive** impacts on health and well-being:

- The provision of emergency accommodation for those experiencing homelessness has enabled some to have a route into more permanent housing, although for some this is a temporary measure (see Sections 3.1.3 and 3.2.7).

- Increased collaborative working between housing staff and residents, building connections and trust (see Section 3.2.6).

- Communities coming together to support each other and help neighbours in response to the pandemic, which can lead to a feeling of increased sense of belonging in one's community (see Section 3.2.3).

- There has been a perceived increase in people asking for help and support from housing and advice services (see Sections 3.1.2, 3.2.1, 3.2.6 and 3.2.7).

- Response measures such as the increase in notice periods for evictions, rent / mortgage holidays, and the £20 uplift to Universal Credit have provided increased security and support to tenants and owner-occupiers; however the measures are temporary and implications of their potential withdrawal are currently unknown (see Sections 3.1.2, and 3.2.7).

- There is a unique opportunity to connect housing and planning policy in with a green recovery plan and supporting sustainable communities (see Section 3.2.7).

✗ The HIA also identified **negative** impacts on health and well-being:

- The impact of reduced incomes and eligibility for some benefits has been felt hardest by the most vulnerable population groups e.g. those already in insecure and poor quality housing, living on low-incomes and / or with existing health problems. These households and individuals are particularly susceptible to homelessness and fuel poverty because of higher housing costs, higher energy costs (because of energy-inefficient housing), and the higher cost of other household bills (see Sections 3.1.1, 3.2.1, 3.2.5 and 3.2.7).

- Those who are homeless are more likely to engage in health harming behaviours, which may have been exacerbated by the pandemic (see Section 3.2.2).

- People required to work at home may be experiencing affordability issues caused by increased energy costs as a result of staying at home for longer periods. Not all homes are suitable for home working (see Section 3.1.5).

- The pandemic and associated lockdowns have had negative impacts upon mental health and well-being, particularly for those experiencing homelessness, young people, private rented tenants and for those struggling financially (see Sections 3.1.2, 3.1.3, 3.1.4, 3.2.1 and 3.2.3).

- Reduced security of tenure and transiency impact upon an individual's ability to set down roots in their local communities. This negatively affects their sense of belonging in the community and ontological security (consistency of one's environment, home as a secure base). Stay at home policies have compounded this, by making it difficult for people to establish and maintain physical support networks (see Sections 3.2.1 and 3.2.3).

- A lack of tenancy continuity and / or rent arrears caused by the pandemic could become a barrier to gaining secure accommodation now and in the future. This may lead to a cycle of insecure tenure and risk of homelessness – a particular issue in the private rented sector (see Sections 3.1.2 and 3.2.3).

Future Actions

Future actions that can promote individual, household and community well-being are outlined below:

Raise awareness and understanding of good quality housing standards across tenures that increase people's sense of housing security and help to maintain well-being. This includes ensuring that homes are fit for home working both now and in the future (see Sections 3.1.1, 3.1.2, 3.1.3, and 3.2.4).

Invest in affordable, safe and sustainable housing as part of a 'green' pandemic recovery, and support sustainable place-making as outlined in Planning Policy Wales[1] (see Section 3.2.7).

Increase communication and strengthen collaboration between Registered Social Landlords, local authorities and housing developers, planners and communities, and re-think the design of housing to consider households' changing future needs.

Ensure that individuals and households have access to good quality local green and blue infrastructure, to benefit physical and mental well-being (see Sections 3.1.4, 3.1.5, 3.2.1, and 3.2.7).

Raise awareness, and increase the availability of support services for those at risk of insecure housing, working with a range of public, statutory and voluntary sector organisations such as housing, local authorities, social services, and third sector. This could include support services for those who are: financially precarious; have existing mental health and well-being issues; are at risk of violence and abuse in the home; at risk of food and fuel poverty (see Sections 3.1.1, 3.1.2, 3.1.3 and 3.2.6).

Encourage longer-term tenancies to give tenants greater security and greater protection from eviction, and balance this with the needs of landlords, to reduce barriers to gaining future secure accommodation (see Section 3.1.2).

Provide landlords with more support and information to understand and support their tenants who are experiencing mental health difficulties (see section 3.1.2).

Ensure that private sector landlords are registered with Rent Smart Wales to improve individuals' and households' experiences of private renting. Consider awareness raising campaigns to benefit landlords and tenants (see Section 3.2.6).

Undertake further research on housing insecurity across specific population groups including asylum seekers and refugees; lesbian, gay, bi-sexual, transgender, questioning and other sexual identities (LGBTQ+) in Wales (see Section 4.2).

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1   Planning Policy Wales is a national policy which outlines guidance for making planning decisions in Wales and can be found at https://gov.wales/planning-policy-wales

> Monitor the uptake and impact of financial housing related support provided by the UK and Welsh Government in response to the pandemic. Assess the impact of removing these support measures to identify those most affected, to revise support measures for the future (see Sections 3.1.1, 3.1.2, 3.2.5, 3.2.7).

> Increase the supply of good quality, affordable and sustainable housing into recovery plans to enhance housing security and sustainable environments (see Section 3.2.7).

> Invest in the prevention of violence and Adverse Childhood Experiences (ACEs) to make families and communities more resilient to violence in the home (see Section 3.2.3).

Conclusion

The pandemic and related response measures have had a differential impact on people according to their current housing circumstances, with a broad range of positive and negative impacts in the short and long-term.

This HIA has highlighted the links between secure housing and improved physical and mental health. For people with a safe, secure, warm, and affordable home, who have the ability to work from home, the impact is far less than for people who are already facing challenges such as housing and financial insecurity, overcrowding, and living in an abusive environment.

This HIA has highlighted the links between secure housing and improved physical and mental health.

This report has identified positive and negative impacts of the pandemic on housing and housing insecurity in relation to economic, environmental, social, physical, and mental well-being. It has reinforced that home is not a safe place for everyone, nor does everyone in the population have access to a home, or a high quality-housing environment. There are a number of actions that could be considered by policy-makers and organisations to increase the positive impacts and opportunities to decrease the negative effects.

This HIA, along with the previous HIAs carried out in relation to the COVID-19 pandemic, can support sectors and organisations to work together to pave a path for change in future housing and health policy that is relevant to housing insecurity. **This will enable households, individuals, and future generations to have good quality housing, and a home that feels safe, stable and secure for the future.**

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Chartered Institute of Housing

Population groups affected

- Those living on low-incomes
- Private tenants and renters
- People experiencing homelessness
- Children and young people
- Homeworkers
- Women

⚠️ Impact has been felt hardest by the most vulnerable groups, such as those in already insecure, poor quality housing, on a low-come and / or have existing health problems.

✓ Positive impacts

- Increased collaborative working, connection and trust between housing association staff and residents
- Perceived increase in people asking for help and support from housing and advice services
- Provision of emergency accommodation for those experiencing homelessness
- Housing and welfare Covid-19 response measures have provided increased security and support
- Communities have come together to support one another

✗ Negative impacts

- Increased risks to physical and mental health from insecure housing/poor housing quality
- Private tenants and renters at risk of insecure housing due to economic impacts of the pandemic and illegal or 'no fault' evictions
- Unemployment, reduced working hours or homeworking may have led to affordability issues for some, such as difficulty paying bills and heating homes
- Access to support networks, particularly face to face contact, has been disrupted
- Children/ women at risk of experiencing/ witnessing violence and abuse in the home

Opportunities

- Review the impact of housing, welfare and benefit COVID-19 support schemes and implement learning from this
- Increase proximity of green and blue spaces to housing, promoting mental well-being, physical activity and active travel
- Build on new ways of working and collaboration between organisations witnessed during the pandemic
- Invest in the prevention of violence and Adverse Childhood Experiences (ACEs) to make families and communities more resilient to violence in the home
- Connect housing and planning policy in with a green recovery plan, and support sustainable communities

Actions

- Co-produce and adopt an understanding of good quality housing standards across tenures
- Promote Rent Smart Wales to benefit both landlords and tenants
- Invest in good quality, affordable, secure, and sustainable housing for all
- Build partnerships between planners, developers and communities for sustainable place-making
- Consider further measures to encourage longer-term security for tenants
- Increase and raise awareness of support services available for those at risk of insecure housing
- Review and monitor the uptake and impact of housing and welfare related support schemes to inform future support measures
- Undertake research to understand the impact of housing insecurity on asylum seekers and refugees and lesbian, gay, bi-sexual, transgender, questioning and other sexual identities (LGBTQ+) in Wales

1. Introduction

The Coronavirus pandemic (COVID-19) has caused illness and death affecting millions of people across the world (WHO, 2021), and the outcomes of COVID-19 are influenced by the wider determinants of health, including the way in which people live and where they live. Poverty and the environment, for example housing and homelessness, can have a considerable impact on COVID-19 outcomes (Dyakova et al., 2021). Subsequently, in response to the pandemic, there have been many policy, social, and behavioural interventions implemented across the globe to minimise the risk of spread of the disease (Haug et al., 2020).

In 2020, Public Health Wales published two Health Impact Assessments (HIAs); one on the effects of the '*Staying at Home and Social Distancing Policy'* in Wales, and one which assessed the impact of '*Home and Agile working in Wales'* in response to the COVID-19 pandemic (Green et al., 2020a; 2020b). These HIAs have identified a breadth of impacts across the population, particularly in relation to housing and how people live and work in their homes.
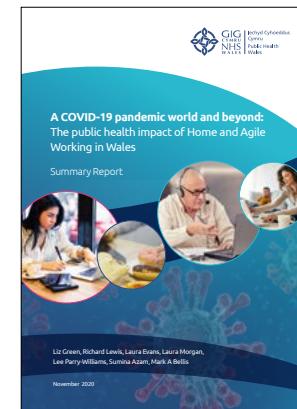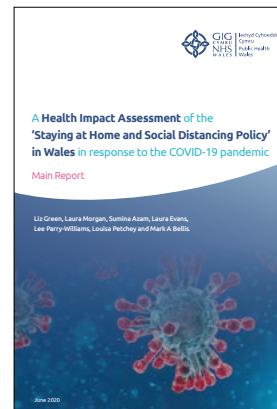
Positive findings in relation to housing included:

- Rapid action to house people experiencing rough sleeping / homelessness;
- More utilisation of technology to enable people to continue to work and study from their homes;
- Enhanced mental well-being for some due to greater control over work / life balance.

Negative findings included:

- Increased isolation caused by working from home, and worsening of mental well-being across the population, with women, children and those on low-incomes particularly affected;
- Home is not always a safe place. Violence and abuse[2] has been exacerbated during the pandemic, with some women and children at greater risk of harm;
- Increased risk to poor physical health from working in unsuitable home environments and using equipment that is not designed ergonomically[3].

Both HIAs highlighted that throughout the pandemic people have been required to spend more time in their homes and that this can have a range of positive and negative impacts. This report can be read in conjunction with these and the related sections and potential actions.

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2   This includes Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV), children and young people witnessing domestic violence and abuse, and child abuse and neglect.
3   Ergonomically designed equipment minimises physical effort and discomfort, and maximises efficiency.

A wide range of COVID-19 support measures have been introduced (Welsh Government, 2021a) to support tenants to prevent homelessness and to remain in their homes. An example of this includes *The Renting Homes (Amendment) (Wales) Act 2021* which aims to ensure that tenants will be entitled to a minimum of twelve months rental contract duration and require landlords to give six months' notice (instead of the current two). This is on 'no fault' grounds and landlords will only be able to serve such a notice after the tenant has moved in. The Act comes into force in spring 2022. Additional support measures are outlined in more detail in the following section.

The links between housing and health are well evidenced (Azam et al., 2019; Dyakova et al., 2021; Watson et al., 2019), for example those experiencing homelessness are more likely to die from cancer and suicide, have higher rates of alcohol and substance misuse, and respiratory disease e.g. tuberculosis (Bloomer et al., 2012). Building on the above, this HIA is the third in a series which assesses the impact of aspects of the COVID-19 pandemic on health and well-being in Wales.

'No place like home?' explores the health, well-being and inequalities impacts during the COVID-19 pandemic in relation to housing insecurity. For this assessment, **housing insecurity is defined as:**

- Insecurity of tenure, including homelessness
- Feeling unsafe at home
- Ontological security (consistency of one's environment, home as a secure base)

This HIA, along with the previous COVID-19 response HIAs, aims to provide information to policy-makers and organisations, to understand how secure housing can promote and protect health and well-being both during the pandemic and in a post-pandemic world. It also supports the development of mitigating actions for potential negative impacts which may arise from housing insecurity.

This report:

- **Describes both current and potential positive and negative impacts** on a range of policy areas
- **Captures opportunities** that could be maximised in the future
- **Identifies specific population groups which have been particularly affected**
- **Highlights possible actions** that could be taken now and in the future, to maximise any positive impacts and mitigate any negative impacts.
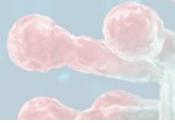
1.1 Background

Wales has the oldest housing stock in the UK, with over one in four homes (26%) being constructed before 1919. Nicol et al (2019) estimated that in Wales in 2017/18, the number of dwellings with any Category 1 hazard on the Housing Health and Safety Rating System (HHSRS) was 238,000 or some 18% of total stock – this is defined as 'poor housing'. The cost of reducing the hazards in these homes to an acceptable level was £2,245 per home – or a total cost of £584 million.

The average house price for a first-time buyer in Wales in May 2020 was £159,375 with the lowest being in Blaenau Gwent and the highest in Monmouthshire (Data Cymru, 2021). Results from the National Survey for Wales monthly survey in May 2020 showed that 54% of homeowners owned their property outright and the other 46% had a mortgage, of which 13% said they had agreed a mortgage holiday with their lender (Welsh Government, 2020a). In the same month, 14% reported that they had kept up with their bills with some difficulty and 3% kept up with their bills and commitments but found it a constant struggle (Welsh Government, 2020a).

The Bevan Foundation (2020a; 2020b) highlight a continued increase in the number of one-person and single wage households. This has important implications which includes:

- Changes in the demand for appropriate housing;
- Housing affordability;
- Council Tax (as a discount is offered for sole occupancy);
- Availability of informal care from another household member; and
- The impact on social contact, loneliness, and isolation.

The link between housing insecurity, housing costs and poverty is well established (Gurney, 2020; Clair et al., 2016; Bloomer et al., 2012; INTs 1, 2, 3). An estimated 7% of parents / guardians with children, the equivalent of 30,000[4] children, had to choose between paying for food and paying housing costs before and during the lockdown (Shelter Cymru, 2020). The Joseph Rowntree Foundation (JRF) believe that where lower-income households are spending more than 30% of their incomes on rent, they are in danger of having to cut back on essentials, and this puts people at additional risk in the event of an income shock[5] (JRF, 2020b).

An estimated 7% of parents / guardians with children, the equivalent of 30,000[4] children, had to choose between paying for food and paying housing costs before and during the lockdown.

Increasing reliance on expensive private rents puts many poorer households at additional risk of poverty.

The private rented sector in Wales makes up 13% (Welsh Government, 2020b) of the total housing stock, and remains smaller than in other UK nations (JRF, 2020b). Increasing reliance on expensive private rents puts many poorer households at additional risk of poverty. Poverty rates among private and social renters are higher in Wales than elsewhere in the UK (JRF, 2020b).

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4   Calculations done by Shelter Cymru based on Census 2011 data
5   Income shock refers to an unexpected change in circumstance that causes income to drop suddenly. It can include but is not limited to redundancy, relationship breakdown, illness or accidents (Choudhury, 2021).

Some groups are likely to be more at risk from housing insecurity. These include:

- People living in Houses of Multiple Occupation
- People who identify as LGBTQ+
- Asylum seekers and refugees
- Women
- Families with children
- Children and young people
- Lone parents
- People living with a disability(ies)
- People living on a low income and / or in precarious employment
- Older people

Prior to the pandemic (2013 to 2018) the proportion of people reporting high life satisfaction and happiness in Wales increased, although this was lower than in other UK nations (Public Health Wales Observatory, 2020). Results from the Annual Population Survey identified that people in Wales have worse mental well-being than those in other UK nations (Public Health Wales Observatory, 2020). This was especially true of young people; in 2018 / 19 individuals aged 16-44 reported greater levels of mental disorder than those aged 45-64 or 65 and over (StatsWales, 2019b). Those who lived in the least deprived areas of Wales reported higher levels of mental well-being than those in the most deprived areas (Public Health Wales Observatory, 2020).

The COVID-19 pandemic has exposed and exacerbated inequalities in some Welsh communities. For example, low-earners are three times more likely to have been furloughed or lost their job; those on lower-incomes are more likely to have underlying health conditions that make them vulnerable to the COVID-19 virus; and the effect of school closures could have affected those already classed as disadvantaged (Welsh Government, 2020c).

... low-earners are three times more likely to have been furloughed or lost their job ...

During the COVID-19 pandemic, various support measures have been introduced and implemented to help individuals and households remain housed during the pandemic and to protect their health and well-being and reduce transmission of the virus.

Wide-ranging measures introduced in response to the pandemic include support for tenants to remain in their homes and prevent homelessness (Welsh Government, 2021a). This includes: statutory sick pay and self-isolation support schemes; the extension of notice periods on evictions; suspending possession claims in the courts; loan and mortgage support schemes; grants and enhanced welfare benefits; and the job retention (furlough) scheme. These are to provide greater levels of support and enable people to self-isolate without losing income, where they are required to do so.

2. Methods

HIA is a process that flexibly and systematically considers the impact of a policy, plan, or proposal on a population, through the lens of the determinants of health and well-being. These determinants include social and community impacts, behaviours affecting health such as smoking or diet, and wider environmental, social, and economic impacts. It is an evidence-based method to appraise which population groups have, or may be, impacted by insecure housing or homelessness by the pandemic and response measures and how they will be differentially affected.

HIAs can identify potential (or actual where observed) positive impacts or opportunities, and negative or unintended negative impacts. The process provides evidence-informed recommendations and actions to address these and any mitigation measures that can be implemented to alleviate negative impacts and enhance any positive ones or opportunities. The HIA was comprehensive and participatory in nature and was carried out between July 13 2020 and June 30 2021.

It is based on several sources of evidence:
- Published peer reviewed journal papers;
- Grey literature;
- A community health profile and health intelligence;
- Virtual stakeholder workshops and stakeholder interviews;
- Survey data.

Evidence published until 30 November 2020 was gathered and utilised as the basis for this report. Only those policy developments published after this date which were felt to be significant in nature to the subject matter have been included.

The evidence was weighted, with robust peer-reviewed journal papers and health intelligence and data given more weight than grey literature publications. Other qualitative evidence sources such as workshops and interviews, which were gathered as part of the HIA, were triangulated with this to form a holistic picture of impact.

A community health profile and other health intelligence, relevant legislative and policy context, together with peer reviewed literature, grey literature, workshop and interview summaries can be found in the Supporting Information report (see Sections 2 to 6). This evidence and intelligence has been synthesised and analysed, and used to classify the nature, intensity, and likelihood of the impact as summarised in Figure 1.

Figure 1: Descriptors of impact

🟢 **Positive** – impacts that improve or maintain health status

🔴 **Negative** – impacts that diminish health status

✅✅ **Confirmed** – actual direct evidence in existence

✅ **Probable** – more likely to happen than not, direct evidence but from limited sources

❓ **Possible** – may or may not happen

✴✴✴ **Significant** – sufficiently great or important to be worthy of attention, noteworthy

✴✴ **Moderate** – average in intensity quality or degree

✴ **Minimal** – of a minimum amount, quantity or degree, negligible

S = Short term – less than 1 year

SM = Short to medium term—1–3 years

ML = Medium to long term—3–5 or 10 years

L = 10+ years

3. Analysis

This section presents impacts that have been identified as being Major; or Major to Moderate in nature only. Further information on impacts identified as moderate or minimal can be found in the accompanying Supplementary Information report (See Section 8).

3.1 Population groups

3.1.1 Those living on low incomes

✸✸✸ **Major**   ● **Negative**   ✓✓ **Confirmed**   S – L **Short – long term**

The COVID-19 lockdown is likely to have had a negative impact on living standards for people who may have already been struggling financially. Typical non-pensioner household incomes were 4.5% lower in May 2020 than in 2019-20 (Resolution Foundation, 2020).

More than one in three children (35%) – the equivalent of 220,000 children – lived in homes that saw a decrease in income during lockdown. An estimated 30,000 children (5%) lived in homes where parents or guardians had to choose between paying for food and paying housing costs (Shelter Cymru, 2020).

The evidence examined for this HIA highlights that housing insecurity can have a range of negative direct impacts on those on low-incomes, and this was further reinforced in the participant interviews. People living on low-incomes are more susceptible to homelessness and fuel poverty due to high housing and energy costs coupled with inefficiently insulated homes (National Energy Action, 2020). They are also less likely to have any significant savings, and so are more at risk of eviction from their homes once the suspension on evictions[6] ends (Clair et al., 2016; INT 4; Workshop 2). Previous and current research suggests that people on lower-incomes are disproportionately affected during economic crises (Marmot et al., 2013; National Energy Action, 2020; Resolution Foundation, 2020; INTS 1, 2,3). People who have lost their jobs or had their income reduced due to furlough, who did not previously need support, now find themselves needing help to pay household bills (National Energy Action, 2020; Resolution Foundation, 2020; INT 2). Individuals who are self-employed must be able to provide three years of evidence of their income to be eligible for COVID-19 related government support, excluding those who have begun self-employment more recently (HM Revenue and Customs, 2021a; INT 4); meaning they may fall through the gaps in support.

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6   Welsh Government legislation introduced in January 2021 extended measures to protect renters during the pandemic by preventing evictions except in cases of anti-social behaviour or domestic violence.

The economic crisis caused by COVID-19 could also impact most strongly on people with low-incomes. The effects of COVID-19 on the labour market have been concentrated on low-earners and the young (Brewer et al., 2020). It is also likely that the impact on the young will be different depending on whether they still live with parents / guardians. People living on low-incomes are also less likely to be able to work from home and work in sectors such as hospitality, non-essential retail, and leisure which were sectors that shut down, or work in public facing roles for example, supermarkets and other retail (Brewer et al., 2020).

More generally, child poverty has been shown to rise during recessions and recede when the economy is growing, and the effects tend to be the most pronounced at the lower end of the income distribution (Bitler et al., 2017). Groups particularly at risk from a recession are lone-parent households, Black Asian and Minority Ethnic (BAME) households and young people (Bitler et al., 2017; Bloomer et al., 2012). These effects have been exacerbated by the COVID-19 pandemic, which was highlighted as a key issue in the evidence. Poverty is one risk factor for child criminal exploitation and serious youth violence (Cresswell et al., 2021; Fairness Respect Equality Dignity, 2020). Young people have become increasingly vulnerable to issues such as poverty and negative and risky activities during the pandemic (UK Youth, 2021), engaging in criminal activity to provide financial support for their families experiencing difficulty (Cresswell et al., 2021).

People living on low-incomes report a greater number of stressors due to the pandemic including stress about friends and families contracting COVID-19, as well their own health and susceptibility to the virus (Fancourt, Steptoe and Bu, 2021).

3.1.2 Private tenants and renters

✳✳✳ **Major**   ● **Negative**   ✅ **Probable**   **S** – **L** **Short – long term**

> By the end of lockdown, an estimated 14,913 private renters (4%) had been asked to leave their homes due to falling behind with their rent (Shelter Cymru, 2020).
>
> Research commissioned by the Joseph Rowntree Foundation in May 2020 found that during the initial lockdown almost a quarter of British renters (23%) were worried about paying their rent (JRF, 2020b). This is an increase from 18% who were worried pre COVID-19, and is particularly concerning as 63% of private renters do not have any savings (Ministry of Housing, Communities and Local Government, 2019).
>
> A Welsh Government survey showed that 20% of respondents were concerned about their ability to pay their bills in a month's time, although this was down from 31% at the start of the pandemic (Welsh Government, 2021b).

Participants in the HIA highlighted that private tenants and renters may be susceptible to a range of negative impacts from poor repair, poor thermal comfort, high rental and energy costs, and overcrowding (Brown et al., 2020; Clair et al., 2016; INTs 1,2,4; Workshop 1). These households can be extremely vulnerable with complex circumstances. Where they have lost previous accommodation and ended up in the private rented sector, if they are then unable to maintain this accommodation then becoming homeless is a possibility for some (O'Leary et al., 2018; INT 2). A lack of security of tenure in the private rented sector e.g. shorthold tenancies was also a common theme in the interviews (INTs 1,2,3,4).

Evidence identified that adequate housing may be more difficult to afford for private renters during an economic crisis and evictions rose during the last recession (Bloomer et al., 2012); this means some households may be forced to live in poorer conditions.

Lack of space has been demonstrated to have a negative impact on the mental health and well-being of tenants, with exposure to damp and cold, rates of respiratory disease, tuberculosis, meningitis, and gastric conditions also shown to be higher in overcrowded households (Bloomer et al., 2012; Shelter Cymru, 2020). Overcrowding can also have a negative impact on children's education and prospects, family relationships and physical, mental, and emotional well-being (Bloomer et al., 2012; INT 1).

Persons who suffer housing arrears can experience increased risk of worsening self-reported health – with the greatest impact on people living in rented accommodation (Clair et al., 2016; INT 4). Where private renters are suffering from mental health issues, evidence in Wales suggests that there is a lack of housing related support for them, and their landlords. Chartered Institute of Housing (CIH) Cymru and Tai Pawb found that 32% of support providers thought that private tenants never have enough support. Just under half (45%) of landlords felt that there is never enough support for them to help tenants with mental health problems. Furthermore, landlords said that they would like to have more accessible information (CIH Cymru, n.d.).

Interviewees highlighted that some COVID-19 response measures, for example the increase in notice periods for evictions, stay on evictions and Tenancy Saver Loans (TSLs), had a positive effect for private renters (INTs 1,4). However, private renters were also more at risk from 'no fault'[7] (INTs 1, 4) and illegal evictions (INT 1).

3.1.3 People experiencing homelessness

There were 1,171 homeless people placed in emergency accommodation in April 2021, including 423 placements in long-term accommodation. More than 3,566 people were in temporary accommodation and 101 were sleeping rough (Welsh Government, 2021c).

✹✹✹ **Major**   🟢 🔴 **Positive & Negative**   ✅ **Probable**   S – L **Short – long term**

There have been both positive and negative impacts for those in the population who are homeless during the pandemic. Those experiencing homelessness are a particularly vulnerable group, often with chronic physical or mental health conditions, and exposure to COVID-19 can negatively affect their health further (Lewer et al., 2020; Rozenfield et al., 2020). Previous research has shown that those experiencing homelessness have been overlooked in disaster preparedness planning and therefore it is vital that their needs are included as part of any assessment (Sundareswaren et al., 2015). In addition, the detection and management of cases, and prevention of disease in a transient population such as this is far more difficult (Lewer et al., 2020a). People experiencing homelessness or living in temporary accommodation also face particular challenges in adhering to social distancing and self-isolation rules (Dyakova et al., 2021).

... those experiencing homelessness have been overlooked in disaster preparedness planning and therefore it is vital that their needs are included as part of any such assessment ...

A study in England modelled transmission rates during the first wave of the pandemic between 29 January 2020 and 12 August 2020. Positively, the study suggested that people experiencing homelessness were protected by general interventions such as infection control measures in hostels, closing 'dormitory style' accommodation and the broader '*Everyone In*' initiative

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7   Private landlords are able to repossess their properties from assured shorthold tenants (ASTs) without having to establish fault on the part of the tenant. This is referred to as the 'no-fault' ground for eviction.

(Lewer et al., 2020). '*Everyone In*' is the scheme in England that provided local authorities with additional funding to house rough sleepers and people with no recourse to public funds during the pandemic. Welsh Government has allocated £20 million support for a similar emergency accommodation scheme (Welsh Government, 2020d).

When support measures are lifted, outbreaks in homeless settings, for example hostels and communal sleeping spaces, could result in higher levels of infections and deaths, even where there is low incidence of COVID-19 in the general population (Lewer et al., 2020). Evidence suggests that there are greater barriers to these groups accessing healthcare than other population groups (Song et al., 2021). Accessibility to COVID-19 vaccinations and continued support from services are needed for those experiencing homelessness and for those living in temporary accommodation.

One positive impact identified in the HIA has been the housing of those who are homeless during the pandemic into accommodation (Lewer et al., 2020; INT 1). This has been predicted to have prevented thousands of infections and saved hundreds of lives (Lewer et al., 2020). Additional funding for the provision of emergency and temporary accommodation has also led to opportunities to find more permanent accommodation. For example, in April 2021, 423 homeless individuals were moved into suitable long-term accommodation (Welsh Government, 2021c).

There is also a risk of those housed in temporary accommodation becoming homeless again once supportive government housing provision schemes end (INT 4; Workshop 1). Interviews with stakeholders highlighted the perceived increase in street homelessness as people with unmet support needs were evicted from temporary accommodation (INT 1; Workshop 1).

Those who are homeless are at increased risk of experiencing mental health problems, and are more likely to die from suicide than others in the general population (Bloomer et al., 2012). Those who have experienced homelessness are also more likely to be in poorer physical health than the general population combined with complex longer-term health needs (Song et al., 2021). This study, which linked multiple routine datasets concluded that in this population group, the prevalence and severity of COVID-19 may be amplified because of existing poorer health and unmet health needs.

There is also a lack of research and information on the experiences of people identifying as LGBTQ+ in the homelessness system, even though research shows this group is overrepresented in the homeless population compared to the general population (Llamau, 2019; Workshop 1).

Evidence has identified negative impacts for forced migrants, who as a result of not qualifying for public housing and support have had to choose between staying in abusive or exploitative situations, or alternatively becoming homeless (Hopkins and Assami, 2021). Further research on asylum seekers and refugees is warranted to increase understanding of the impacts and identify mitigation measures.

3.1.4 Children and young people

✳✳✳ **Major**   ● **Negative**   ✅ **Probable**   **S** – **L** **Short – long term**

COVID-19 has exposed inequalities in Welsh communities. It has shown how, for some people, home is not a safe space; some children and young people have been exposed to a disproportionately high risk of harm from gender-based violence, neglect, and other forms of abuse (Wales Violence Prevention Unit, 2020; INT 1).

The NSPCC has reported substantial changes in the level of demand on their services during the lockdown. Childline, the UK-wide counselling service for children and young people, reported a large increase in demand during the pandemic, with 30,868 counselling sessions delivered over a seven-week period (approximately 19,000 counselling sessions a month across the UK) (Wales Violence Prevention Unit, 2020).

Children aged between 0-1 years of age and who move home are more likely to have accidents and be hospitalised (Hutchings et al., 2016).

There are several factors that impact negatively upon the housing security of children and young people, and these have been exacerbated by the pandemic and associated measures such as lockdowns. Previous research identified that overcrowding in the home, and the inability to access outdoor space, can negatively impact children's education, prospects, family relationships, and physical and emotional well-being (Bloomer et al., 2012; Workshop 1). The impact of a lack of space for children within households (for privacy, study, and play) was also highlighted as an issue (Rosenthal et al., 2020; INT 1; Workshop 1 and 2).

Being required to stay at home as part of the pandemic response measures has in some cases made children and young people more vulnerable (Cresswell et al, 2021). Evidence indicates that since the implementation of pandemic response measures, children and young people have experienced an increased exposure to violence and abuse including online abuse, plus reductions in support and safeguarding services as a consequence of the pandemic have resulted in a decreased ability to identify those at risk of harm (Cresswell et al, 2021). There is also a risk that children may witness increased violence and abuse in the home, such as between parents (mainly fathers to mothers) (Schneider et al., 2016; INT 1; Workshop 2), and evidence suggests a negative impact on both the physical and mental well-being of young people witnessing such abuse (Wales Violence Prevention Unit, 2020). There can be significant long-term health and well-being impacts for those children and young people exposed to violence in the home as an Adverse Childhood Experience (ACE) (Cresswell et al, 2021).

Where families are experiencing homelessness and are living in Homes of Multiple Occupation (HMO) or bed and breakfast (B&B) accommodation (many in single rooms), they are often sharing kitchen and bathroom facilities, making adhering to social distancing rules more difficult. The Children's Commissioner for England has also raised concern about children's inability to attend school, and to do homework whilst in B&B accommodation (Children's Commissioner, 2020).

3.1.5 Homeworkers

✹✹✹ – ✹✹ **Major to Moderate**   ● ● **Positive & Negative**   💭 **Possible**   S – L **Short – long term**

Around 40% of workers in Wales are in occupations where it is possible to work from home (Taylor and Griffith, 2020). Due to the pandemic and government policies such as the need to stay and home and social distance, home and agile working has become necessary for many organisations and employees and has been implemented in an accelerated and largely unprepared way, with changes applied rapidly before many of the wider implications were understood. The Home and Agile Working HIA (Green et al., 2020a) identifies a number of positive and negative impacts of home and agile working such as the promotion of work / life balance and diminishing social interaction with increased isolation.

Nearly a quarter of respondents to a YouGov survey (in Wales) said they were being expected to work from home for the first time, and fewer than half of these had a room they could dedicate to work (an office or study). The proportion of people without a dedicated workspace was higher for renters (96%) than owners (81%), and over a quarter (28%) of those without an office or study said that more rooms would have improved their experience of lockdown (Shelter Cymru, 2020).

Those individuals working from home have consequently spent more time in their home, which has resulted in increased energy consumption and may have led to housing affordability issues and fuel poverty (INTs 2, 3; National Energy Action, 2020; Save the Children, 2020). The Place Alliance (2020) found that only 7% of people in their survey said they struggled to work from home. Notably, social renters were prominent among them; with common issues being lack of space, difficulty separating home and work life, as well as poor broadband, environmental conditions, and lack of storage.

3.1.6 Women

� – ✸✸ **Major to Moderate** ⬤ **Negative** ✅ **Probable** S – L **Short – long term**

> The November 2019 Crime Survey for England and Wales (CSEW) estimates that 2.4 million adults experienced domestic abuse in the year ending March 2019. Women are much more likely to be the victims of domestic abuse than men, and men are more likely to be perpetrators of abuse, against women (Wales Centre for Public Policy, 2020).

The effects of the pandemic may have been positive for some women, for instance providing a better work life balance and opportunities for more family time (Andrew et al., 2020; Thomason and Williams, 2020). However, the pandemic has had a disproportionately negative impact on women for several reasons. The HIA on Home and Agile Working (Green et al., 2020a) identified that women make up greater numbers of low-paid workers and are therefore less likely to be able to work from home. Women are more likely to head lone-parent households, live in low-paid households and work in sectors for which home working is not possible. Previous research suggests that this makes women one of the groups more at risk from adverse economic events e.g. where employment is at risk (Bitler et al., 2017; Bloomer et al., 2012).

… the pandemic has had a disproportionately negative impact on women …

Women are also more likely to be subject to 'intimate partner violence' (Schneider et al., 2016; Workshop 2; INT 4). Violence against women, domestic and sexual violence and abuse (VAWDASV) is, by its very nature, a housing issue as much abuse occurs in the home, behind closed doors (Irving-Clarke and Henderson, 2020; Women's Aid, 2020a; Women's Aid, 2020b). VAWDASV affects both men and women, however women and girls are disproportionately impacted by violence and abuse (Welsh Government, 2016). Women living with the perpetrator of such violence may have lost the reprieve that going to work provides and this is compounded by being trapped in their home with an abusive partner (Dyakova et al, 2021; INT 4). They may have also lost access to both formal and informal sources of support and experienced a *'hold on daily living'* exacerbated by uncertainty over employment and housing status – this may also limit their ability to escape (Bagwell-Gray and Bartholmey, 2020). Prior to the pandemic, fears about finding suitable housing and the upheaval and disruption were already a barrier to leaving abusive homes for many women (Women's Aid, 2020a; Women's Aid, 2020b).

3.2 Determinants of health and well-being

The link between housing security and wider health and well-being is well established (Bloomer et al, 2012; Clair et al, 2016; Gurney, 2020; INTs 1, 2, 3). Living in a good quality, affordable home with security of tenure has been demonstrated to have a range of positive impacts for health and well-being (Bloomer et al., 2012; Clair et al., 2016; Gurney, 2020). Likewise, poor quality, expensive, and insecure housing can have negative impacts. Street homelessness and rough sleeping have been identified as particularly damaging, and this damage is cumulative (the longer a person sleeps rough, the greater the impact) (Sanders and Albanese, 2016; St Mungos, 2016).

This section highlights the major and the major to moderate impact of housing, housing insecurity and homelessness in the context of COVID-19 across a range of determinants of health and well-being.

3.2.1 Mental health and well-being

Research in Wales (Gray et al., 2020) on the influence of COVID–19 on mental well-being and psychological distress showed lower levels of mental well-being during the pandemic (2020 sample) as compared to before the pandemic (2019 sample). This research showed high levels of psychological distress during the pandemic, with around 50% of the population reporting clinically significant levels of psychological distress, and around 20% showing "severe" effects. This was particularly apparent in younger people, with around a third of individuals reporting "severe" levels of psychological distress.

There has been a high level of service demand for young people struggling with their mental health and emotional well-being, with the National Society for the Protection of Children (NSPCC) reporting over 2,000 counselling sessions a week since the start of the first lockdown (~17,000 in 7 weeks for mental health and emotional well-being) (NSPCC, 2020).

✳✳✳ **Major** ● ● **Positive or Negative** ✔ **Probable** S – L **Short – long term**

Housing and housing security have been identified as a key determinant of positive mental health and well-being (Bloomer et al., 2012; Clair et al., 2016; Gurney, 2020; INTs 1, 2, 3). This is also true for 'ontological security' (discussed further in this report under 'Sense of belonging' see Section 3.2.3); or the feeling that one's life is stable and predictable (Bloomer et al., 2012; Clair et al., 2016; Gurney, 2020). The pandemic has highlighted that there is a need for good quality, secure, stable and affordable housing (Bevan Foundation, 2020a, 2020b; Resolution Foundation, 2020; INTs 1,2,3,4).

The negative impacts of poor quality, expensive housing have been potentially made worse by the pandemic and associated lockdowns (Centre for Mental Health, 2020). Previous research indicates that living in cold, damp homes, especially in the winter months, impacts on both mental and physical health and on children's dexterity and educational attainment (Bloomer et al., 2012). Housing that is expensive to pay for (either via rent or a mortgage), and to heat and maintain, can mean less disposable income and higher levels of stress about money for some and individuals and population groups. This has been compounded by the increased need for more heating due to staying at home more during lockdown or when furloughed and the associated costs which arise from this (Bevan Foundation, 2020b; Save the Children, 2020).

There are also negative psychological effects associated with housing insecurity. The presence of so-called 'rogue' landlords and the threat of receiving an eviction notice threatens mental well-being. Some have experienced further stress due to the uncertainty over the duration of the suspension on evictions proceedings (Bevan Foundation, 2020b; Brewer et al., 2020; Save the Children, 2020; INT 1). The presence of informal support networks is associated with better mental health (Abramson, 2008), and lockdown may well have severed access to some of these informal networks.

Participants in the HIA highlighted a breadth of impacts on mental health and well-being from the pandemic and associated lockdowns (Wales Violence Prevention Unit, 2020; INTs 1, 2,3, 4). The disruption of daily routine, isolation from friends and family members, and removal of social activities and opportunities for play, may adversely affect the mental and emotional health of children and young people. Furthermore, as a result of their own experiences with the pandemic, parents may have struggled to provide the responsive parenting needed to help children thrive during the COVID-19 pandemic (Wales Violence Prevention Unit, 2020).

Stress in other aspects, for example insecurity of work or business, children and young people not having space to play or study, and anxiety about paying rent and household bills, can also affect mental well-being (Brown et al., 2020; INTs 1,2,4).

Those who have to choose between 'heating and eating' may have increased anxiety, and the consequences of this choice may impact upon safety and security. This includes for example, eating food at the expense of treating cold and damp living conditions, or getting into debt and / or going hungry in order to keep one's living conditions safe and secure (Brown et al., 2020; Children's Commissioner, 2020; Resolution Foundation, 2020; INT 3).

More positively, participants in the HIA identified that some social housing providers have been effective in providing additional support to communities e.g. expanded welfare calls, which they are keen to build on post-pandemic (Housing Associations Charitable Trust (HACT), 2020; Workshop 2). In a recent policy briefing, the Centre for Mental Health warn of a future increase in demand for support for those with poor mental health outcomes due to bereavement, VAWDASV, family conflict and disruptive events related to the pandemic (Centre for Mental Health, 2020). Landlords could play a key role in identifying and supporting tenants having such difficulties.

Several research reports also highlight the value of proximity to green and blue infrastructure (nature and ecosystems) which can promote mental well-being as well as providing and enabling greater opportunities for physical exercise. Positively, use of green space has increased during the pandemic, particularly amongst older people (Olsen and Mitchell, 2020; Stewart and Ecclestone, 2020; Valleys Regional Park, 2020; Vivid Economics, 2020).

3.2.2 Behaviours affecting health

Health behaviours: smoking, alcohol consumption, physical inactivity and poor diet

Just under a fifth (18%) of adults reported that they currently smoke. Smoking was more common for those in materially deprived households, and less common among people aged over 75.

Around 19% were found to drink more than the weekly guideline amount (average weekly consumption above 14 units). Drinking above weekly guidelines was more common among men and people aged 45 to 74.

Over half (53%) met the guideline amount of 150 minutes' activity in the previous week. Men were more likely to have done so than women. A third (33%) were inactive (active less than 30 minutes the previous week). Inactivity was highest among older adults (aged 75 or over) and those who were materially deprived.

Sixty-one per cent were overweight or obese; a quarter (25%) were obese. Men were more likely to be overweight or obese (67% of men) than women (55%). Obesity was most prevalent for those aged 45 to 74.

A quarter (25%) of adults reported four or five of the healthy behaviours (not smoking, not drinking above guidelines, eating five portions of fruit or veg, being physically active, having a healthy weight); whilst 10% reported fewer than two of the five healthy behaviours. These results remain unchanged over the last four years.

(Welsh Government, 2020e).

✴✴✴ – ✴✴ **Major to Moderate**   ● ● **Positive & Negative**   ✅ **Probable**   S – L **Short – long term**

Lassale et al (2020) identifies a correlation between housing insecurity, COVID-19 and other behaviours affecting health and well-being. Individuals hospitalised with COVID-19 are more likely to live in neighbourhoods classed as deprived and had less favourable health behaviours, for example, a higher prevalence of physical inactivity and cigarette smoking (Lassale et al., 2020). These cases were less likely to consume alcohol.

Those experiencing homelessness are more likely to have a higher risk of physical and chronic mental health problems and engage in 'health harming' behaviours. They are more likely to die from cancer and suicide, have higher rates of alcohol and substance misuse, and respiratory disease e.g. tuberculosis (Bloomer et al., 2012). Addiction is a key factor presenting increased risk to people who experience homelessness / housing insecurity during disasters or emergencies such as COVID-19 (Sundareswaran et al., 2015).

3.2.3 Social and Community Factors

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

For the year ending March 2020 the Crime Survey for England and Wales (CSEW) estimated that 2.3 million adults experienced domestic abuse in the year ending March 2020, comprising 1.6 million women and 757,000 men (Office for National Statistics, 2020a). Women are much more likely to be the victims of domestic abuse than men, and men are more likely to be perpetrators of abuse, against women or men (Wales Centre for Public Policy, 2020)

The CSEW 2019 also suggests that a higher proportion of social renters report domestic abuse (9.0%) compared to private renters (6.6%) and owners (2.5%) (Office for National Statistics, 2020b).

There is evidence that domestic violence increased in lockdown, and some children and young people have been exposed to violence and abuse at home (Shelter Cymru, 2020).

✴✴✴ – ✴✴ **Major to Moderate**   🔴 **Negative**   ✅ **Probable**   S – L **Short – long term**

The pandemic and measures such as lockdown and home working have exacerbated VAWDASV (Cresswell et al., 2021; Shelter Cymru, 2020; Workshop 1 and 2; INT 4). For example, previous research has shown male partners experiencing loss of control economically may assert greater control in another area such as their relationship with a female partner (Schneider et al., 2016). In addition, mothers who experience economic hardship and housing precariousness are more likely to be victims of violent or controlling behaviour (Schneider et al., 2016). The pandemic and associated lockdowns requiring individuals to stay at home has meant that for people still living with an abuser, they are likely to be spending a greater amount of time in an unsafe home environment where they are at risk of harm and face the greatest adversities (Centre for Mental Health, 2020). These individuals have lost access to most informal and formal support networks and face enormous barriers to daily living combined with uncertainty over their employment and housing status (Bagwell-Gray and Bartholmey, 2020; Workshop 2). Reports of abuse have been found to be higher in adults under 60, in households with lower-incomes, and where there is overcrowding, and children present (Centre for Mental Health, 2020).

There is a shortage of refuge housing and accommodation across the UK that has led to women and children fleeing abuse to be living in overcrowded accommodation or hotels during their search / wait for permanent housing. Research by Women's Aid (Women's Aid, 2020a) shows that journeys into refuges have become more challenging during the pandemic, despite this being one of the permitted exceptions to 'stay at home' rules (Senedd Research, 2020). Research by the Wales Centre for Public Policy (WCPP, 2020) shows that refuges are highly valued by survivors and practitioners offering a vital service for those in need of immediate protection or respite. However, there is a need for more accommodation that can be specifically utilised to free-up capacity in refuges ('*move-on*'[8] accommodation). This will then ensure refuge spaces are available for those that need them. There is good evidence for the efficacy of Independent Domestic Violence Advocates (IDVAs) in working alongside housing providers and other advocacy services (WCPP, 2020). The provision, access, and uptake of appropriate support for perpetrators is a noted gap in Wales and more widely (Irving-Clarke and Henderson, 2020; WCPP, 2020).

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8   'Move-on accommodation' refers to accommodation that is a stepping stone between temporary accommodation, such as a refuge, and full independent living.

Sense of belonging

✹✹✹ – ✹✹ **Major to Moderate**　　　🟢 – 🔴 **Positive to Negative**　　　✅ **Probable**　　　S – L **Short – long term**

Secure housing plays a key role in ontological security and the continuity and ability to establish networks and roots (Gurney, 2020) both socially and in the community. The HIA identified that the loss of this sense of security can have a significant negative impact on an individual as well as on communities through failing to provide continuity, for example, by not supporting renters to stay in one place in the long-term (Abramson et al., 2008; Hutchings et al., 2016; INT 1; Workshops 1,2). In addition, previous research (Marmot et al., 2013) states that there will likely be an increase in the number of people excluded from participating fully in community and social life, where they have been excluded through job loss, reductions in income or housing payment problems meaning they must move to a more affordable home.

The economic impact of the pandemic will have negatively affected many individuals' and households' ability to pay their rent or maintain / access secure housing. Being in rent arrears or facing eviction can be perceived negatively by landlords and can act as a barrier to accessing secure accommodation in the future, leading to a cycle of living in insecure housing or homelessness (Abramson et al., 2008, INT 1). There is also a risk of a spike in homelessness once the pandemic recedes and the emergency measures which have been established are withdrawn (Stephens et al., 2020; INT 4).

Evidence relating to disasters identified that there is increased risk associated with transiency for those individuals living in insecure housing or who are homeless (Abramson et al., 2008; Sundareswaran et al., 2015). Children aged between 0-1 years of age and who move home are more likely to have accidents and be hospitalised (Hutchings et al., 2016).

A positive impact identified in the HIA is that the pandemic has mobilised communities to come together to support one another and volunteer to help others. A series of surveys by Public Health Wales (2020a), found that between 13 and 19 April 2020, 21% of people reported volunteering or supporting other members of their community including neighbours through the pandemic. Participants in the HIA also noted the increase in community support to vulnerable people during the pandemic (Workshop 2; INT 2). A survey running between 25 and 31 May 2020 (Public Health Wales, 2020b) found 87% of people thought stronger relationships between people in communities (including neighbours) would be a positive longer-term impact of COVID-19.
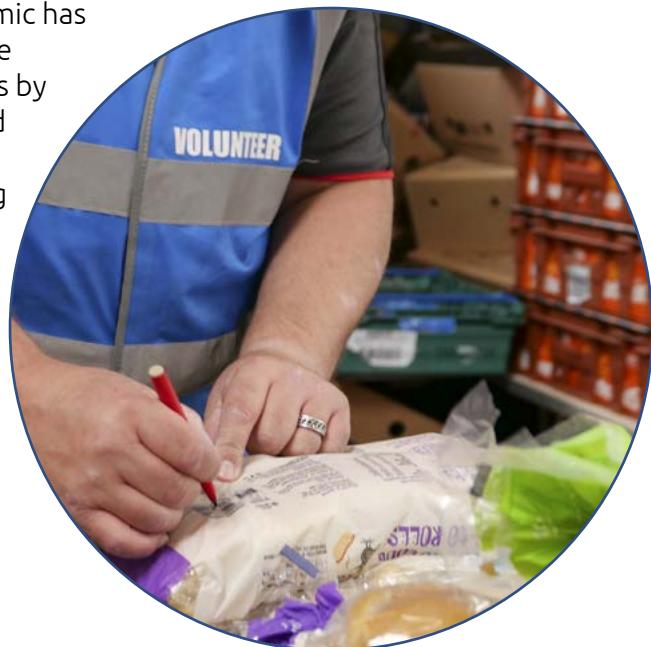
3.2.4 Living and environmental conditions affecting health
Overcrowding

> In Wales, 6% of social renters and 5% of private renters are in overcrowded housing. Between 1% and 2% of homeowners were in overcrowded housing in all four parts of the UK (Joseph Rowntree Foundation, n.d.).

✺✺✺ – ✺✺ **Major to Moderate**   ● **Negative**   ✔ **Probable**   S – L **Short – long term**

Evidence suggests that poor housing conditions present a threat to health and well-being due to potential overcrowding and the poor physical condition of housing e.g. damp (Bloomer et al., 2012; Lewer et al., 2020; Watson et al., 2019). Overcrowded housing can be a particular issue during a pandemic involving a highly communicable disease such as COVID-19. In a survey for Shelter Cymru, three-quarters of people who said they did not have enough space in their home said that their mental health had become worse during lockdown; compared to 53% of people who said they did have enough space (Shelter Cymru, 2020). Overcrowding or living in a smaller property restricts the opportunities to socially distance and increases opportunities for the spread of disease (Bloomer et al., 2012; Lewer et al., 2020). This is especially true of homelessness shelters, where there are many people in proximity with little ability to socially distance or isolate (Lewer et al., 2020).

Overcrowding can also have various detrimental impacts that will have been magnified by the pandemic and the associated lockdowns. Overcrowding has been shown to negatively impact upon children's education, prospects, family relationships and physical, mental, and emotional health (Bloomer et al., 2012). This can also be exacerbated by inappropriate housing for a household's composition for example, lone-parent or multi-generational households or a mix of home workers and students. Young people from ethnic minority groups may be particularly at risk from hospitalisation from COVID-19, because of the link between ethnicity and deprivation (Bitler et al., 2017; Lassale et al., 2020).

## Age of housing and housing need

> Wales has the oldest housing stock in the UK with over one in four homes (26%) being constructed before 1919. A lower proportion of people live in flats compared to England and Scotland (Piddington et al., 2020). From 2019 to 2024 it is estimated that between 6,200 and 8,300 additional housing units will be required annually, with a central estimate of 7,400 (Welsh Government, 2020f).

✺✺✺ – ✺✺ **Major to Moderate**   ● **Negative**   ✔ **Probable**   S – L **Short – long term**

Wales has a large proportion of the housing stock that is old and inefficient (Piddington et al., 2020; INT 3). Housing age and condition has long been linked with poorer health outcomes (Marmot et al., 2013). Evidence suggests that older housing is far less energy efficient and in Wales only 7% of housing built pre-1919 achieved an Energy Performance Certificate (EPC) rating of B

or C, compared to 59% of housing built post-1980 which has achieved that standard (Welsh Government, 2019). Older housing may also have lower space standards making overcrowding more likely and social distancing impossible. It may also lack sufficient (or any) green, outdoor space making spending time outdoors more difficult – especially during lockdown (Brown et al., 2020; INT 3).

Spending more time in an energy inefficient home results in increased energy consumption, and significantly increases the risk of fuel poverty (Brown et al., 2020; INT 3).

The number of new homes built in Wales has been approximately 6-7000 per annum[9] for most of the last decade, meaning that a steady stream of people can be housed in new, better quality homes. However, Place Alliance (2020) through a survey of 2,500 households (representing 7,000 people) found that respondents felt less comfortable in newer homes than older ones, with homes built between 2010 and 2020 being deemed as the most uncomfortable. This was also found to be true of wider neighbourhoods with older neighbourhoods thought to be more comfortable (Place Alliance, 2020). Homes with a lack of private open space were often in neighbourhoods that did not have public open space to socialise or take physical activity to compensate either.

The lockdowns implemented during the pandemic have meant that some landlords will not have been able, or perhaps willing, to carry out repairs to their properties – further eroding housing conditions for some. Shelter Cymru (2020) found that more than half of those experiencing problems in their homes were unable to resolve them by the end of the first 2020 lockdown.

3.2.5 Economic conditions affecting health
Unemployment

Findings from the Annual Population Survey 2019 showed that 13.1% of all households in Wales were workless households which is higher than the UK average (9.7%) (Office for National Statistics, 2020c).

In Wales, 40.0% of workless households in Wales live in council / housing association dwellings with a further 21.1% living in privately rented accommodation (Office for National Statistics, 2020a). These figures are slightly lower than the figures for the UK as whole (42.6% and 21.8% respectively) (Office for National Statistics, 2020c).

✳✳✳ **Major**   ● **Negative**   ☁✓ **Probable**   S – L **Short – long term**

Unemployment and the related loss of income can have a negative impact on housing security and associated health and well-being (INTs 1, 2, 3). Evidence identified within the HIA found that households for whom there is a loss of income experience a negative impact on their standard of living (Marmot et al., 2013) generally. It can also increase the risk of not being able to afford their home which can lead to increased risk of homelessness where welfare benefits do not cover their housing costs, and when the suspension on evictions ends (INT 4). They may also not be able to access a 'Tenancy Saver Loan', one of the measures implemented in Wales to help with rent payments if they have no income to pay it back (Welsh Government, 2021d; INT 1). Additionally, some households that could afford repayments could be refused loans due to poor credit ratings

9   https://statswales.gov.wales/Catalogue/Housing/New-House-Building/newdwellingsstarted-by-period-tenure

(INT 1). In May 2020, it was reported that 13% of respondents had a mortgage holiday agreed during the COVID-19 pandemic, 24% said coronavirus had caused problems with household finances, and 4% reported falling behind with or constantly struggling to pay bills (Welsh Government, 2020a).

Households who could previously pay their energy bills could also face fuel poverty if they lose their income, or if it has been reduced due to the pandemic. Others may find themselves in need of support to pay household bills or are unable to afford to meet their basic needs (National Energy Action, 2020; INT 2). Participants in the HIA also highlighted that where people are unable to afford pre-payment meters, this could result in rationing of energy or self-disconnection where they cannot afford to pay (INTs 2, 3).

Research suggests that those with housing arrears experienced increased risk of worsening (self-reported) health and that this is particularly acute for renters (Clair et al., 2016). There is also an increased likelihood of VAWDASV, including controlling behaviours (male to female) due to economic hardship (Schneider et al., 2016) (see Section 3.2.3).

Reduced or low-income

The pandemic has had a significant impact on the labour market. In the period August to October 2020, the employment rate in Wales was 72.4%, down 1.9% percentage points on the same time in the previous year, and the rate of unemployment was 4.6% - an increase of 16,000 people from the same period a year earlier (Welsh Government, 2020g). Compared to March 2020, in mid-November there was also 77.1% increase in the number of people claiming Universal Credit (Welsh Government, 2020g).

The full impacts on the labour market have yet to be felt with some government support schemes still in place, and others coming to an end in September 2021. At the end of May 2020, 316,500 individuals were furloughed under the Coronavirus Job Retention Scheme in Wales (Welsh Government, 2020h) although this had reduced to 68,800 by the end of June 2021 (Welsh Government, 2021e).

✳✳✳ – ✳✳ **Major to Moderate**   🔴 **Negative**   ☁️✔️✔️ **Probable to Confirmed**   S – L **Short – long term**

As well as increased unemployment (see above) many households will have had their incomes reduced significantly because of the closure of sectors such as hospitality, leisure, and non-essential retail (House of Commons Library, 2021). Whilst the Coronavirus Job Retention Scheme (CJRS) (or furlough) has been supportive to those who work in these sectors it has still led to reduced incomes for many as it paid 80% of an employee's wages during the furloughed period (HM Revenue and Customs, 2021b; House of Commons Library, 2021; INTs 1, 2, 3). Whilst this may not be a problem for some, it has the potential to cause economic hardship for others (JRF, 2020b; JRF 2020c).

In a longitudinal survey of tenants, Clarion Housing Group (2020) found that only 34% of working residents had seen no change to their working situation during the pandemic. However, those who had been furloughed were more likely to report that their mental and / or physical health had

improved. The survey also exposed that not all groups have been impacted in the same way, and that people who were in a precarious situation before the pandemic had been negatively impacted upon, for example, disabled people not being able to access food, losing their job, experiencing worse mental health and feeling unable to cope.

As previously highlighted in this report, a reduced income and spending more time at home has the potential for negative impacts, including an inability for some to afford household bills or reduce fuel usage (Bevan Foundation, 2020a and b; Save the Children, 2020). This fuel poverty may be exacerbated by the pandemic-related economic crisis (Marmot et al., 2013; Citizens Advice, 2020; INTs 1, 2, 3, 4).

Individuals may also face having to make decisions about whether to heat their home or buy food (heat or eat) (Bevan Foundation, 2020a and b; Save the Children, 2020; INTs 2, 3, 4).

3.2.6 Access and quality of services
Support services

Citizens Advice data highlights 15,455 instances of advice were given in Wales in relation to housing topics between April 2020 and March 2021 (Citizens Advice, 2021). Most of this (n= 4,991) was in relation to private sector housing, with 1,255 queries regarding Local Authority housing.

There were 93 instances of advice given in Wales in relation to access to sheltered and supported housing between June 2020 and March 2021 (Citizens Advice, 2021). 148 BAME individuals living in Housing Association or Residential Social Letting properties sought advice on housing in Wales in the 12 months to April 2021.

✳✳✳ **Major**   🟢 **Positive &** 🔴 **Negative**   ✅ **Probable**   S – L **Short – long term**

The HIA identified a number of positive impacts in relation to housing and housing security during the pandemic. There has been increased collaborative working within organisations to provide services and take a more holistic approach to support, and work together to target where needs are greatest (HACT, 2020; INTs 1,2,3). It was also noted that the pandemic created the impetus to overcome barriers that usually prevented partnership working – the challenge is to now build on this in a way that increases the capacity of organisations to collaborate (HACT, 2020).

In addition, some Housing Associations have acted as community anchors. The Housing Associations Charitable Trust (HACT, 2020) report that PlaceShapers (a national network of community-based housing associations) members have been in touch with residents to a far greater extent than they would ordinarily. This seems to have built a greater level of connection and trust between staff and residents – the task is now to build on this positive engagement.

Participants in the HIA highlighted that demand for support services has increased during the pandemic due to a range of factors (INTs 1, 2), for example reductions in income (due to loss of employment or furlough) have meant that individuals who did not previously need support with household bills, now do need support (INTs 2, 3). The COVID-19 pandemic has also highlighted

where there are gaps in support. For example, a YouGov survey for Shelter Cymru found that repairs in people's homes were not carried out because of lockdown (Shelter Cymru, 2020).

Accessibility to support services has been limited in some areas, with some services closing, or being reduced with staff being placed on furlough (Centre for Mental Health, 2020; Women's Aid 2020c; INT 2), and many others have moved from face to face to virtual delivery. This may have implications for those who are digitally excluded such as older people or those on low-incomes (Centre for Mental Health, 2020; Women's Aid, 2020c; INT 3). There is some evidence that health services, particularly General Practitioners, were more difficult to access despite changes in delivery methods (Dyakova et al., 2021; INT 4). Whilst some people did report difficulty in accessing services, others found remote provision helpful, even preferable (INT 3; Centre for Mental Health, 2020; Women's Aid, 2020c).

It was also noted that some landlords are not fully compliant with Rent Smart Wales[10], and it is believed that illegal evictions may be taking place due to a lack of awareness in this area. Therefore, Rent Smart Wales are delivering updated training to landlords to raise awareness of regulations and help clarify misunderstandings (INT 1).

3.2.7 Macro-economic, environmental and sustainability factors Policies and Levers

Data show that improvements in life expectancy at birth have slowed across the United Kingdom (UK) nations in recent years (Marmot et al., 2020) with pooled data for 2015-2017 indicating that men can expect to live 78.3 years and women 82.2 years in Wales (Public Health Wales Observatory, 2018).

In comparison to those living in the least deprived areas, men and women in the most deprived areas spend an average of 19 and 18 fewer years in good health and live on average 9 years and 7 years less (Public Health Wales Observatory, 2018).

✳✳✳ **Major**   🟢 – 🔴 **Positive to Negative**   ✔✔ **Confirmed**   S – L **Short – long term**

Welfare reforms in the UK have led to reduced incomes for some benefit recipients, and reduced access to benefits for others, for example restrictions to the previously universal Child Benefit (Brewer et al., 2020; Marmot et al., 2013). These policies can impact on the most vulnerable, in-cluding those who are already housing insecure such as those who work in low-paid sectors which have been closed down due to the pandemic, families on low incomes, or women, thus reducing incomes at a time when basic living costs are rising (Bevan Foundation, 2020b; Brewer et al., 2020; Marmot et al., 2013; 2020). Brewer et al. (2020) states that those most affected by the pandemic are also those households most affected by the twin impacts of the financial crisis that began in 2008 and the subsequent inflation spike which eroded incomes.

The UK and Welsh governments have enacted several positive response measures during the pandemic that can support homelessness prevention and promote better health and well-being (INTS 1, 3, 4). Emergency accommodation schemes have provided funding for local authorities to rapidly house people experiencing rough sleeping in hostels and other housing (Baxter, 2020; Welsh Government, 2020i). Lewer et al. (2020) looked at the number of infections and deaths

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10 Rent Smart Wales assists those who let or manage rental properties in Wales to comply with their Housing (Wales) Act 2014 obligations and provides advice on renting out safe and healthy homes. They also process landlord registrations, grant licences and deliver informative and relevant training for those involved in the rental market both online and in classroom venues across Wales.

avoided in the homeless population in England, concluding that thousands of infections were prevented, and hundreds of lives saved.

The suspension of evictions, rent and mortgage holidays (Baxter, 2020), a £20 per week uplift to Universal Credit to meet additional household costs, and changes to allow people required to isolate to claim Statutory Sick Pay (SSP) (and the removal of the 3 day waiting period for SSP), have been essential in supporting many households (Bevan Foundation, 2020b; INT 3). It has been suggested that consideration should be given to extending these measures over the long-term (Bevan Foundation, 2020b; INT 1,3,4; Workshops 1 and 2).

The pandemic has reinforced the need for sustainable housing solutions to prevent homelessness and support health and well-being. Research has shown the importance of access to green space to physical and mental well-being generally as well as increased opportunity for exercise (Olsen and Mitchell, 2020; Stewart and Ecclestone, 2020; Valleys Regional Park, 2020; Vivid Economics, 2020). In designing new homes, collaboration and co-production would provide insight into the ways that the use of the 'home' is changing, for example, the potential need for a dedicated workspace as home working increases.

COVID-19 also provides a once in a generation opportunity to tie in a 'green recovery' with a sustainable house building programme, that could help to resolve issues such as homelessness, fuel poverty, quality, and suitability, and support the health and well-being of households at risk of poor health outcomes (WCPP, 2020).

4. Key findings

The **economic impacts of the pandemic** such as being unemployed and reduced working hours, have had a negative effect on individuals, particularly those on a low-income, women, and young people. Although this has been partially mitigated by government support schemes such as 'furlough', a reduction in income may have caused challenges in relation to housing security; for example, paying bills and heating homes (see Sections 3.1.1, 3.1.2, 3.1.4, 3.1.6).

Private tenants and renters are at risk of insecure housing due to housing being less affordable during an economic crisis, such as that caused by the pandemic, and being at greater risk from illegal or 'no fault' evictions. However, private renters have been positively impacted upon by mitigation measures such as the suspension of evictions and the Tenancy Saver Loan scheme (see Sections 3.1.2, 3.2.1, 3.2.5).

Some women, children and young people have been at **greater risk of harm** through spending more time at home. **Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)** has been exacerbated during the pandemic and there has been limited access to support networks. There are also a lack of refuges to which those at risk of VAWDASV can access support (particularly face-to-face support) and safe housing (see Sections 3.1.6 and 3.2.3).

The pandemic has highlighted the positive **impact of housing and welfare Covid-19 support measures**. For example, homelessness prevention schemes have provided temporary accommodation, however some risk becoming homeless again when support measures end (see Sections 3.1.3, 3.2.3 and 3.2.5).

Poor quality housing and standards can lead a range of issues such as energy inefficiency and fuel poverty (with links to food poverty), and lack of space can have negative impacts on physical and mental health and well-being (see Sections 3.1.1, 3.1.4, 3.2.1 and 3.2.4).

There has been an increase in householders, neighbours and **communities coming together to support one another** and particularly vulnerable population groups, older people and shielding[11] people. However, a person's sense of belonging to their community may also have been affected negatively, for example through being socially isolated or being unable to access face to face support (see Sections 3.2.1, 3.2.3, 3.2.6).

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11 "Shielding" refers to people on the 'Shielded Patient List' who are defined as being clinically extremely vulnerable to COVID-19, 'shielded' persons were advised to follow extended measures to protect themselves from COVID-19. See https://gov.wales/guidance-on-shielding-and-protecting-people-defined-on-medical-grounds-as-extremely-vulnerable-from-coronavirus-covid-19-html.

4.1   Opportunities

- There are opportunities to invest in future sustainable and affordable housing as part of a green recovery from the pandemic and the associated economic impact – for example, accelerating construction of affordable, good quality housing and neighbourhoods (see Section 3.2.7).

- As part of current and new house-building, there is an opportunity to increase the proximity of green and blue infrastructure to housing which can promote mental well-being as well as providing and enabling greater opportunities for physical activity and active travel (see Section 3.2.1)

- There are opportunities to learn from COVID-19-funded welfare and housing programmes, such as the impact of furlough (see Section 3.2.5), and the provision of emergency and longer-term accommodation for those who are homeless (see Section 3.1.3).

- More people are asking for support from services. Housing Associations and other third sector and community groups have increased collaborative working across organisations to support tenants and others during the emergency and built a greater level of connection – there are opportunities to build upon these new ways of working and collaboration (see Section 3.2.6).

- There are opportunities to invest in the prevention of violence and ACEs to make families and communities more resilient to violence in the home (see Section 3.2.3).

4.2   Key evidence gaps

The HIA has identified the need for more research, data and evidence on the implications of the pandemic on housing insecurity and homelessness in the following areas:

- The impact of housing insecurity on Asylum Seekers and Refugees, LGBTQ+ groups, and homelessness (see Section 3.1.3).
- The impact of housing insecurity on those with mental health conditions (see Section 3.2.1), those who are unemployed or those on a low income (see Sections 3.2.5 and 3.2.7).
- Continuing to improve the robustness of homelessness data in Wales, including the provision of suitable accommodation, and access to health and social care services (see Section 3.1.3).

4.3   Future actions

Future actions to promote individual, community and societal well-being:

- Co-produce and adopt an understanding of good quality housing standards across tenures which considers the impact of the pandemic and associated response measures. These should be sensitive to the factors that increase people's sense of housing security and maintain well-being in their home and wider community. This includes ensuring that homes are fit for home working both now and in the future (see Sections 3.1.1, 3.1.2, 3.1.3, 3.1.6 and 3.2.4).

- Invest in sustainable and affordable housing as part of a 'green' recovery and make sustainable place-making a reality, as outlined in Planning Policy Wales, also ensuring that households have local access to green and blue infrastructure and are not digitally excluded (see Section 3.2.7).

- Build stronger relationships between housing developers, planners and communities, and re-think the design of housing to consider a household's future needs such as homeworking and access to physical activity (see Sections 3.1.4, 3.1.5, 3.2.1 and 3.2.7).

- Increase support from relevant organisations for example, housing, local authorities and third sector, for those households who are living in, or at risk of housing insecurity as a result of the pandemic. This includes those who are struggling financially, have poorer mental health and well-being, are suffering VAWDASV or at risk of food and fuel poverty (see Sections 3.1.1, 3.1.2, 3.1.3 and 3.2.6).

- Encourage more long-term tenancies to give tenants greater security and greater protection from eviction, and balance this with the needs of landlords. It is important that those who have experienced a lack of tenancy continuity and / or rent arrears caused by the pandemic do not find this a barrier to gaining future secure accommodation (see Section 3.1.2).

- Provide landlords with more support and information to understand and support their tenants who are experiencing mental health difficulties (see section 3.1.2).

- In the private rented sector, ensure that landlords are registered and compliant with Rent Smart Wales to improve individuals and households' experiences of private renting. Consider awareness raising campaigns with Rent Smart Wales to benefit landlords and tenants (see Section 3.2.6).

- Conduct research to understand the specific impact of housing insecurity on groups such as asylum seekers and refugees and LGBTQ+ groups in Wales (see Section 4.2).

- Monitor the uptake and impact of housing and welfare related Welsh Government schemes e.g. emergency accommodation provision for those who are homeless, suspension of evictions, Tenancy Saver Loan scheme, discretionary housing payments, debt and advice helplines for tenants. This will help to identify those most affected by the pandemic, and subsequently review and revise support measures to learn lessons for the future (see Sections 3.1.1, 3.1.2, 3.2.5, 3.2.7).

- Increase the supply of good quality, affordable and sustainable housing into recovery plans to enhance housing security and sustainable environments (see Section 3.2.7).

5. Conclusion

The pandemic, and related response measures have had a differential impact on people according to their current housing circumstances, with a broad range of positive and negative impacts in the short and long-term.

For people with a safe, secure, warm and affordable home, who have the ability to work from home and are able to access the services they need, the negative impacts are far less than for people who are already facing challenges such as housing and financial insecurity, overcrowding, limited access to support services, or living in an abusive environment.

The findings of the HIA, together with those in the previous COVID-19 related HIAs, can support housing and health policy-makers, local government housing departments and the third sector to consider how the insecurity of one's housing, in terms of both physical and emotional security, can affect households and individuals in a myriad of ways.

There have been some positive impacts of the pandemic in relation to housing insecurity such as increased partnership working between support services, communities coming together to support one another, government funded interventions such as the suspension on evictions, the Tenancy Saver Loan scheme, and accommodation provision for those who are homeless.

There have also been negative impacts, such as increased stress, social isolation, and feeling confined in the home because of lockdowns. Being isolated at home has also placed some women and children at greater risk of domestic abuse. In addition, the added pressure of financial stress, such as that brought about by job loss, reduction in working hours or being furloughed, has been observed.

There are opportunities to improve housing and housing insecurity. Investing in good quality, sustainable, and affordable housing for all will help to form part of the long-term recovery from the pandemic. Increasing collaborative working between housing support services and tenants, and building better connections with landlords will enable tenants to access the support (e.g. housing, financial and social) they need. The pandemic has highlighted the link between good secure housing and mental and physical health and supports further investment in better quality housing that is well-planned and has access to green space.

The provision of good quality, safe, and affordable housing requires a comprehensive and strategic approach across Wales, with national and local co-ordination to deliver these objectives. The HIA has identified opportunities for partnership working between bodies such as local authorities, planning departments and the third sector, to increase the number of homes with affordable (social) rents that meet Welsh Housing Quality Standards.

In the private rented sector, ongoing work is needed with Rent Smart Wales to ensure that more landlords are registered and provide high quality homes.

Finally, the HIA and the previous COVID-19 response HIAs can support sectors and organisations to work together to pave a path for change in future housing and health policy. This will enable households, individuals, and future generations to have and be able to maintain good quality, safe housing, and ultimately a home that is stable and secure for the future.

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Our Priorities
2018-2030

Working to Achieve a Healthier Future for Wales

Building and mobilising **knowledge and skills** to improve health and well-being across Wales

Supporting the development of a sustainable **health and care system focused on prevention** and early intervention

Protecting the public from infection and environmental threats to health

Securing a **healthy future** for the next generation

Influencing the wider **determinants of health**

Improving **mental well-being and resilience**

Promoting **healthy behaviours**

Our Values: *Working together with trust and respect to make a difference*

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