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A place to thrive: Creating healthier homes for children and families in poverty across Wales

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[Mae'r ddogfen yma ar gael yn y Gymraeg/](#)
[This document is available in Welsh](#)

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1 Purpose

Healthy homes are a key building block for health, wellbeing and opportunity. Yet across Wales, too many families live in housing that is cold, damp, insecure, overcrowded or unaffordable. These conditions can harm children’s physical and mental health, educational outcomes, and long-term life chances.

This publication brings together the voices of families living in unhealthy homes with evidence and stakeholder insights to:

- Inform policy at a crucial time as the government in Wales looks to develop a new Housing and Regeneration Strategy.
- Help put lived experience and stakeholder insights, from public health, housing, and local communities, at the heart of decisions to tackle poor housing and health inequalities.
- Build a shared, holistic understanding of “healthy homes” that recognises and reflects the needs of families living in poverty.
- Highlight real examples of solutions from stakeholders that show how housing can promote health and wellbeing for all people in Wales.



2 Key points

New lived experience research carried out by Public Health Wales demonstrates that **children and families in poverty in Wales continue to live in unhealthy homes, and it is having a direct, negative affect on their health**, development, wellbeing, education, and life chances. Some of the issues they are facing include damp, overcrowding, high costs, and insecurity.

Public Health Wales have combined these lived experience insights with stakeholder views to identify four priority areas for change:

1. Embed health and wellbeing in the Welsh Housing and Regeneration Strategy

2. Meaningfully involve those affected by housing policy in its development, especially families living in poverty

3. Work across sectors and share data to provide joined-up support and focus on prevention

4. Learn from the application of Health Impact Assessments (HIAs)

We previously engaged with a range of stakeholders to understand their future vision for healthy housing and what can be learned from existing good practice. We summarised this in our [previous report](#), which identified emerging areas for action. This report has developed that thinking further by taking a collaborative, cross-sector approach that is grounded in real-life experience and evidence of what can work.

At a crucial time in Welsh policy and politics, we have an opportunity to **put health and wellbeing at the centre of the decisions we take about the future of housing** in Wales. Further coordinated action across housing, health, local government, and third sector is essential for achieving this.

Housing is a key building block for health. Improving the affordability, quality, and security of our homes will help **build a healthier, fairer Wales for everyone, especially children and families living in poverty**.

Immediate, practical action is needed to address the avoidable health harms caused by unhealthy housing. This report provides some practical solutions for policymakers, stakeholders, and partners across sectors on how to implement change.

3 The impact of unhealthy homes on children and families living in poverty

Many children and families in Wales continue to face challenges from damp, overcrowded, unaffordable, and insecure housing. These are not just housing issues; they affect health, wellbeing, education, and social outcomes. If we want to prevent poor health, ensuring everyone is living in a home that protects and promotes health is a foundational step.

Action on housing is supported by the Welsh public. In a November 2024, '[Time to Talk Public Health](#) (TTPH)' survey of over 1000 people representative of the Welsh population, 78% said their homes and communities have shaped their health¹. When asked in another TTPH survey (2023) what housing issues should be prioritised for action, the areas most ranked in the top three were home affordability (84%), quality (80%) and security (44%)².

This resonates strongly with our [vision for healthy housing](#) in Wales: A healthy home is one that is well built and maintained, affordable, secure, and suited to the needs of the household. We also see a healthy home as one that is located within a supportive community, has access to green space, transport links, and amenities, and is sensitive to the environment.

With rising living costs, pressures on health services, changing population demographics, and the increased likelihood of more extreme weather, addressing the multi-faceted intersection of housing and health is an area where short-term intervention and long-term strategic planning would be beneficial. If done well, those most exposed to the harms of unhealthy homes—particularly children and families living in poverty—will see urgently needed improvements in their health and wellbeing, helping to prevent future crises.

3.1 Housing affordability and health

High housing costs play a significant role in driving poverty. In 2023, the poorest quarter of households in Wales spent nearly 40% of their income on rent, well above the 30% of income threshold currently used to determine whether housing is affordable³. Falling behind on rent causes stress comparable to unemployment, leading to higher blood pressure, anxiety, and depression⁴.

However, money worries do not just affect adults. Children in the worst-off households are over four times as likely to have a severe mental health problem compared to those in the most well-off households (17% vs 4%)⁵ and are more likely to experience one or more Adverse Childhood Experience (ACE)⁶. Evidence from Wales confirms that children are aware of money worries in their families⁷, and this is associated with depression among girls and alcohol abuse in adolescent boys, as well as feelings of helplessness, shame and inferiority⁸.

* Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a household with domestic violence). (Bellis et al 2016).

When more money must go on housing costs, there is less for other essentials such as heating and nutritious food, compounding the negative health impacts⁹. Nearly 70% of households surveyed reported feeling stressed or anxious about heating costs in 2023¹⁰. Homes with disabled children often face higher energy needs¹¹.

3.2 Housing quality and health

Damp and mould in homes can be particularly harmful for children and babies. Problems include allergies, the development or worsening of asthma, and skin problems, like eczema¹². [Evidence](#) suggests that nearly 1 in 5 serious hospital admissions for lung problems among children under two could be prevented if homes were free from damp and mould¹³.

The application of [Welsh Housing Standards](#) to the social housing sector has contributed to improvements in the overall condition of that housing in Wales. However, social housing accounts for only around 16% of the total housing stock, meaning that the majority of children live in homes that are not covered by these standards. Children living in private rented accommodation are particularly unlikely to benefit from consistent, enforceable standards, leaving many exposed to unsafe and unhealthy living conditions.

At the same time, it is important to recognise that problems such as damp and mould can and do still occur in social housing, and that no housing tenure is immune from these risks. Environmental Health teams play a critical role, inspecting properties, enforcing legal standards, and advising families and landlords on how to reduce health risks and improve housing conditions.

3.3 Housing security and health

Insecure housing can be defined as “living with the constant uncertainty of not having a stable place to stay. This could be due to the threat of eviction because of rising rent costs or having to live in temporary or unsuitable accommodation”¹⁴. Housing insecurity leads to psychological distress for children and families.

In a large [survey](#) of children in Wales by the Children’s Commissioner in 2022, housing was one of their top four concerns. Around a quarter of young people aged 12 to 18 years worried about having somewhere to live and having enough to eat. Two thirds of parents and carers always worried about their children having somewhere to live.

Housing insecurity has increased in line with the increased cost and reduced availability of housing. [Analysis](#) by the Bevan Foundation found that in 2024, nearly 6 in every 1000 children in Wales were living in temporary accommodation – a total of over 3000 children.

4 Voices from lived experience

Our [previous report](#) identified the need for inclusive engagement with those who have lived experience of unhealthy homes as essential for developing housing policy that works.

To put this into practice, we worked with Opinion Research Services and Shelter Cymru to conduct in-depth interviews with parents from fifteen families in Wales currently on low incomes** to understand how they experience the impact of housing on their health and wellbeing.

We have summarised the findings of that work in two ways:

First by generating a series of stories; those of Amira, Shauna, Sarah and Ethan, and Leila. These are not the stories of single individuals but combined quotes from multiple individuals (each quote is annotated with an anonymised reference for the individual it came from).

Presenting the findings this way aims to reflect a shared reality and draw out the impact of specific themes (quality, security, affordability and functionality) on the health and wellbeing of children and families living in poverty in Wales.

Second, by developing an infographic to summarise the key themes that emerged from the lived experience research (Figure 1)**.

The insight gathered from this lived experience research demonstrates that **unhealthy housing is not an abstract policy issue but a daily reality for families in poverty in Wales** that undermines children's health, wellbeing, and life chances. Listening to lived experience must therefore be central to shaping solutions to ensure that future housing policies in Wales are grounded in the real needs of the families they are designed to support.

In section 6, you can see how we have linked what was learned from this lived-experience research to inform the priority areas for action.

** Living in a household with a total income less than 60% of the median UK household income, after accounting for housing costs

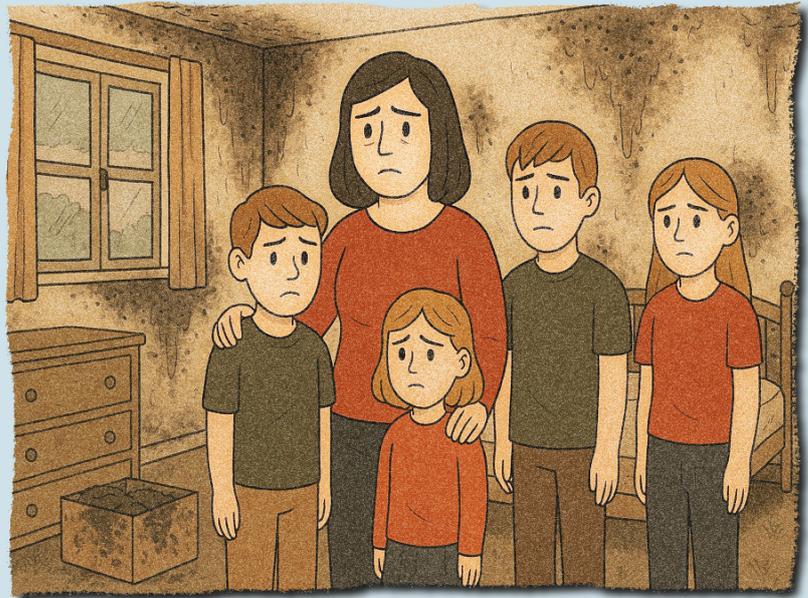
***Additional information is provided in the Appendix

Amira's Story

Main theme: Quality

Sub-themes: Damp, mould, disrepair, respiratory conditions

Amira rents her home from a housing association. She has four children, her nine-year-old son has a heart condition and her son, aged seven has cerebral palsy. She has two girls aged 12 and 14, one of whom has had asthma-like symptoms whilst living in their current home.



Amira's main concern is recurring damp and mould: *"It's mostly the kids' bedroom and the bathroom...around windows, ceiling, coming through the walls."* (P1) Despite repairs, *"it's just coming straight back through."* (P1)

"When we moved in, this house was riddled with mould and damp... it was on my children's bedding, and I had to move my two older girls out of their bedroom." (P6) Amira constantly cleans to keep it liveable: *"I have to treat the damp and the mould probably every four weeks or so."* (P1)

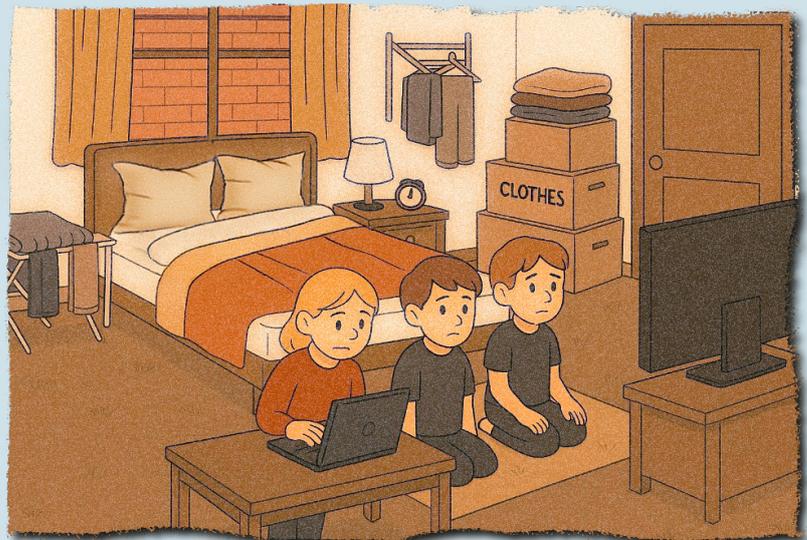
The damp has affected her children's health: *"As quick as he'd finish one course of medicine, it'd be another."* (P6) One child *"had to have an inhaler... in the winter she had to take an inhaler for the cold."* (P9) Trying to manage the mould also impacts their wellbeing: *"I don't think it's good for their mental health having to shift furniture and rooms around all of the time."* (P2)

Shauna's story

Main theme: Functionality

Sub-themes: Overcrowding, inaccessible outdoor space, privacy, social isolation, poor mental wellbeing.

Shauna has three children, two of whom are autistic, and the family have previously experienced domestic abuse from the children's father and have experience of moving several times. When Shauna lost her job, they were no longer able to afford the rent on their private rented house and were placed in temporary hotel accommodation. Shauna and the children were eventually moved to a house which is small compared to their previous rented house.



For Shauna, lack of space affects every part of family life: *"We're overcrowded in this house"* (P5). Sharing facilities adds stress as she states *"One bathroom and one toilet. That's an absolute nightmare in the mornings."* (P5) Her children *"need space where they can put some of their stuff... they're not enjoying it"* (P7), and her autistic children *"need their own space... and they don't get it in this house."* (P1)

With the lounge doubling as a bedroom, quiet study space is scarce: *"If one of them is playing music... it would be nice if they had a living room they could use."* (P5) Overcrowding also limits social life: *"It's difficult to bring friends home... there's a lot of embarrassment really about their home not being up to standard."* (P5)

Although there's some outdoor space, it is unsafe and inaccessible: *"The garden in the front is on a slant... the back garden has just been left to overgrow full of brambles."* (P3) Her children have *"never been able to play outside"* (P2), which Shauna feels has harmed their wellbeing: *"It's not been good for their mental health not to be able to play outside."* (P2) She wishes the housing association had supported her to *"re-landscape the back garden so that it was suitable to play in."* (P2)

Sarah and Ethan's story

Main theme: Security

Sub-themes: Eviction risk, temporary tenure, involuntary displacement, stress and anxiety, lack of agency.

Sarah and Ethan have three children, two girls and a boy, aged between 12 and 7. They lived in a privately rented home for nine years before they were evicted following the sale of the house. They went into temporary accommodation, where they lived for almost two years before eventually being re-housed.



Sarah and Ethan were made homeless when their landlord sold the house. Sarah understood that there were difficulties with social housing availability, but it would have taken a great deal of stress away if the local authority had been able to say: *"You will be housed before you're evicted"* (P2), which was not possible. Ethan described the impact on the children as *"traumatising for them you know because that's all they'd really ever known... not being able to tell them where or when or anything like that you know it was hard."* (P4)

The family went into temporary hotel accommodation which involved the whole family living in one room: *'it just traumatised them (the children)... we weren't allowed to take toys and stuff because there was just no room... we basically just took what meant something to us and our personal stuff.'* (P4)

Ethan described the children becoming *'very withdrawn and depressed and they just basically didn't want to go out and didn't want to see anyone. The school work was lacking, personal hygiene was lacking, just everything.'* (P4)

As the months rolled by it also had a profound impact on Sarah's mental health: *'it was hard I had like two breakdowns while I was in there.'* (P4)

Leila's Story

Main theme: Affordability

Sub-themes: High rent and utility costs, food insecurity, limited disposable income, stigma, education, anxiety and stress.

Leila has two children; they live in what is considered an “affordable” home which they rent from a social housing provider having been priced out of their previous, privately rented home. Their current house is quite old and has some structural issues, which have been addressed but not resolved, and the kitchen is vulnerable to leaks in extremely wet weather. Leila can access Universal Credit as a single parent in part-time work.



Leila would prefer not to need social housing, partly as she feels *‘the homeowner club tend to treat people like me like second-class citizens....particularly in the school yard’* (P8).

Despite benefits, her rent and basic expenses strain the household budget *“I can’t even pay all the bills to be honest...I’m regularly borrowing money off my mother.... and getting help from my mother... I can’t even find enough to start with most of the time.”* (P5)

She often skips meals: *“more often than not I don’t eat in a day so that the children can eat.”* (P2). Utility bills are overwhelming, and there are other bills to pay as well: *“Streaming service for the children to be able to watch something. You know, internet access which is vital especially with my daughter being in high school now and having schoolwork via her Chromebook and things like that. Those things already have to come out of my UC anyway.”* (P2)

She feels stuck knowing moving could push her family deeper into debt: *“If I went to another private rental... I’d have to pay at least £250 more a month”.* (P2)

There are many things her children have to go without, she says: *“We don’t have holidays”* and even days out are frequently out of reach as *“entrance prices when you’ve got a...family, you’re looking at £50”.* (P2)

**** (These images were generated using Microsoft Copilot, based on prompts developed from participants’ lived-experience quotations.)

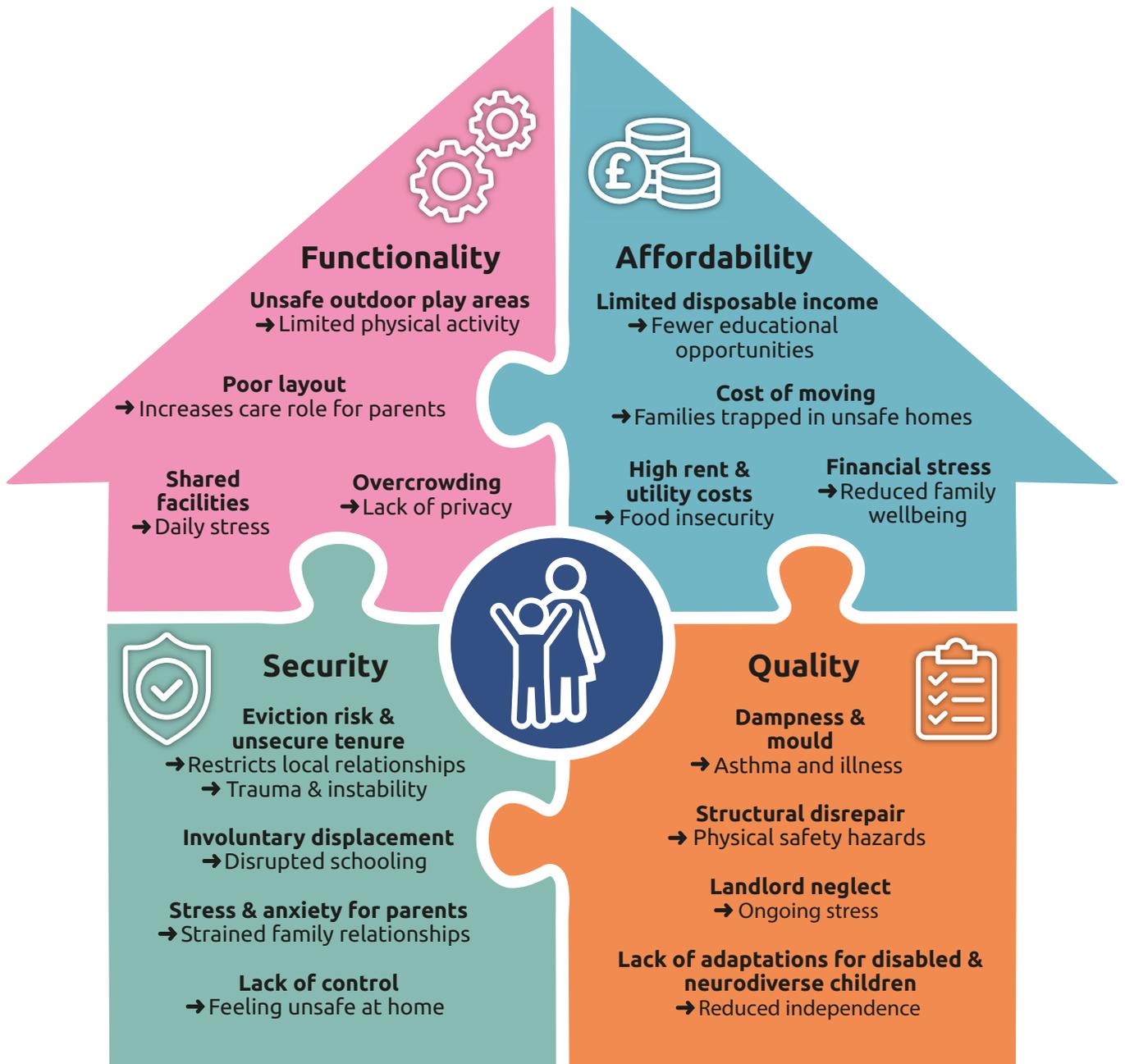


Figure 1: Infographic Summary of key themes from lived experience research

This summary shows how housing factors such as security, affordability, quality, and functionality intersect and compound each other to harm the health and wellbeing of children and families living in poverty in Wales today.

5 Extended stakeholder insights

In November 2025, Public Health Wales convened a stakeholder workshop in Llandudno to explore a vision for healthier homes, with a focus on children and families in poverty. The purpose of this workshop was to explore in more depth the four emerging areas for action that had been identified by our previous stakeholder engagement and insight gathering (summarised in our previous [report](#)).

The workshop brought together housing, health, local government, the third sector, and those with lived experience. Backcasting was used as a futures methodology to connect participants vision of housing (for 2035) with the realities of the current housing landscape in Wales.

In brief, participants were first asked to work together to describe their future vision for healthy housing in Wales by 2035, and then the current state. They then needed to set out what they agreed would need to have been achieved by the mid-point (2030) to ensure they were on track to achieve the vision. They then explored what action would need to be taken between 2030 and 2035 to achieve the vision, and what action would need to be taken now to achieve their mid-point milestones in 2030. By working backwards from 2035 to 2030 and then to the present, the workshop helped participants break down long-term goals into practical, manageable steps.

In section 6, you can see how the additional insights we gained from this stakeholder workshop enabled us to expand on our emerging areas for action to develop clearer and more detailed proposals.

6 Priority areas for action

Our engagement with stakeholders and families has helped us to identify and refine four areas for action that will be important to shape a healthier future for housing in Wales. This is set out below alongside the insights from stakeholders and those with lived experience that informed each area. Boxes include case study examples to illustrate how those proposals have started to be put into practice in Wales and beyond.

1. Embed health and wellbeing in the Welsh Housing and Regeneration Strategy

What we heard:

From people with lived experience:

People highlighted that poor-quality housing, instability, and unaffordable rents are major drivers of stress, poor mental health, and worsening physical health.

They emphasised the need for:

- Access to affordable housing that meets their accessibility needs, giving families confidence that their children can grow up in safe, suitable homes.
- Clearer, more reliable pathways through the housing system, with shorter and more predictable waiting times so individuals and families are not living with ongoing fear of homelessness.

From stakeholders:

Stakeholders have called for an approach that fundamentally centres on people's health and wellbeing. They emphasised the need for:

- A greater supply of healthy, affordable and appropriate accommodation for their needs, alongside clear processes including transparent application steps with guidance on what is needed and why.
- Early intervention to prevent homelessness, sustained support and trauma-informed*****, person-centred practice that recognises the complex needs many individuals face.
- Stronger collaboration between housing, health, social care and community services, supported by clearer communication, shared responsibility and a skilled workforce to deliver.
- Recognition of the role of Environmental Health services as a core partner in both enforcement and preventative activity, including early intervention, property inspections, and community education.

***** The [Trauma-Informed Wales Framework](#) provides a Wales definition of trauma-informed approach, and is an all-society Framework to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales.



Action areas:

The proposed Welsh Housing and Regeneration Strategy offers a valuable opportunity to place health and equity at the centre of housing policy for current and future generations.

To achieve this, it would need to:

- Utilise an inclusive and collaborative development process that brings relevant partners together, which must include the voices of those with lived experience.
- Strengthen tenancy protections to reduce insecurity and eviction risks.
- Expand the supply of healthy homes by:
 - Increasing investment in social housing to meet demand;
 - Using regeneration programmes to retrofit poor-quality homes and create healthier living environments; and
 - Exploring how the Welsh Housing Quality Standards (WHQS) could be extended beyond social housing to the private rented sector, where many children and families in poverty in Wales currently live.

An extension of WHQS to private rented homes would need to be accompanied by support and sustainable funding for Environmental Health teams and workforce development that is equivalent to the approach taken in the social housing sector to ensure expectations are realistic and achievable.

Public Health Wales would welcome collaborating with the Welsh Government to ensure the findings from this report inform the development of housing policy that promotes health, equity, and wellbeing for all, including children and families living in poverty.

2. Meaningfully involve those affected by housing policy in its development, especially families living in poverty

What we heard:

Views from lived experience encompass what we heard from our lived experience research and those with lived experience that contributed to our stakeholder workshop discussions.

From people with lived experience:

People with lived experience of unhealthy housing and poverty described:

- Wanting to see improvements to housing quality and security. They described the daily realities of unhealthy housing (e.g. unaffordable, low-quality) as a persistent stressor that damages physical health, mental wellbeing, and children's development.
- A need for people with lived experience to hold strategic decision-making roles, rather than being consulted only occasionally, ensuring their perspectives shape policies and solutions.
- The compounding challenges of stigma, complex bureaucracy, and digital exclusion; and a desire to feel empowered and more certain about their future.
- The importance of transport, green space and safe local environments for family wellbeing.

Importantly, they asked not simply to be consulted but to be actively involved in shaping solutions, calling for trust, dignity, and long-term relationships with services.

From stakeholders:

Consultation processes, often the main mechanism of stakeholder involvement in policy development, typically occur too late to influence decisions meaningfully and are often poorly suited to capturing the perspectives of those experiencing unhealthy homes, especially families living in poverty. Embedding lived experience through early and meaningful engagement is needed to ensure policies reflect the challenges people are experiencing and are feasible to deliver.



Action areas:

To achieve this, lived experience needs to:

- Be embedded across policy design and delivery through employing people with lived experience in strategic roles, co-production panels, and long-term engagement with families. This needs to be a core practice with minimal barriers to participation.
- Be integrated into monitoring and evaluation frameworks to assess the impact of housing interventions on health and wellbeing.
- Prioritise early intervention and prevention by collaborating with families and communities to design place-based, integrated services. Drawing on lived experience ensures support is responsive, helping prevent crises and creating environments where residents feel confident reporting issues without fear of negative ramifications.
- Be sensitive to the stigma that can be attached to poor housing and poverty by using [trauma-informed practice](#) and undertaking relevant training.

Box 1: Shelter Cymru's lived experience peer researcher group

[Shelter Cymru](#) employ and support a skilled and passionate team of peer researchers who each have their own lived experience of the housing emergency. This ensures housing and homelessness research is grounded in lived experience.

Peer Researchers are paid members of Shelter Cymru staff who produce and review publications. They receive ongoing training, as well as support from the Peer Research Coordinator. They also regularly collaborate with external research partners and attend networking opportunities in a professional capacity. Ultimately, the Peer Research Team bring unique and invaluable skills, perspectives, knowledge, insight and understanding to all stages of the research process.

3. Work across sectors and share data to provide joined-up support and focus on prevention

What we heard:

From people with lived experience:

People with lived experience:

- Want to share their information once and have services work together, so their story is remembered, respected, and used to provide smoother, more joined-up support.
- Want clarity, control, and confidence in how their information is used, knowing who can access it, why it's shared, and how it leads to better outcomes for them.

From stakeholders:

Stakeholders emphasised:

- That more joined-up, consistent data on housing conditions enables a clearer understanding of the links between housing and health, with information brought together across local authorities, housing providers, health services and the third sector through improved interoperability and data quality.
- That better integration strengthens the ability to identify risk early, target preventative action, and evaluate the true health impacts of housing policy, supporting earlier intervention and more effective decision-making.
- The importance of clear national leadership, common standards, and shared purpose, ensuring that data integration is well governed, consistent, and focused on improving outcomes for people and communities.



Action areas:

Several promising small-scale initiatives across Wales are already tackling this challenge, providing useful insights and learning opportunities.

Progressing this further would need to involve:

- Ensuring lived experience informs data priorities, so that what is measured reflects what matters most to people in their everyday lives.
- Strengthening local and national data-sharing agreements, with clear governance, consent processes, and public transparency.
- Increasing capacity and resource for data and digital innovation to better identify, support, and track outcomes, supported by sustained investment in IT infrastructure and improved record sharing across sectors¹⁵.
- Ensuring technological progress is rolled out through interoperable IT systems across all public bodies, with a focus on consistent spread and scale to build a fully integrated system and minimise variation.
- Using integrated data to identify households at risk of poor health earlier and target preventative interventions e.g. damp-related illness, fuel poverty, or overcrowding. This would support the new “ask & act” duty on public services in the [Homelessness and Social Allocations \(Wales\) Bill](#).

Preventative interventions include preventing those who are already ill from deteriorating as well as preventing illness before it develops.

Box 2: The Gwent Warmer Homes project to prevent poor health from cold homes

The Gwent Warmer Homes project uses Aneurin Bevan University Health Board secondary care health data linked at a person level with national Energy Performance Certificate (EPC) data at address level to identify residents across Gwent with respiratory and cardiovascular conditions who may be living in cold or poorly insulated homes.

By linking clinical indicators with housing intelligence, the project prioritises individuals whose health is most likely to benefit from warmer, safer living environments. Many of those identified may also qualify for Energy Company Obligation (ECO) funding, enabling energy-efficiency improvements to their properties.

As part of the pathway, the Gwent Public Health Team work in partnership with colleagues in local authorities, housing associations, and third sector partners, such as Warm Wales and Severn Wye, who offer wrap-around tailored advice and guidance, helping participants understand their options, access available support, and improve their overall home comfort and wellbeing.

4. Learn from the application of Health Impact Assessments (HIAs)

[The Health Impact Assessment \(Wales\) Regulations 2025](#) will require certain public bodies to carry out Health Impact Assessments (HIAs) when making major decisions about how they operate. These rules are part of the Public Health (Wales) Act 2017 and will take effect in April 2027.

HIAs have been undertaken on a voluntary basis for many years across the UK and beyond by many different types of organisations on a wide range of policies, plans and programmes. HIAs enable the consideration of the potential health impacts, both positive and unintended negative, on people's physical and mental health, and on different groups of people. HIAs are a supportive tool for improving health-related decision-making and can be used in many more scenarios than specifically mandated by the new Regulations.

What we heard:

From people with lived experience:

People with lived experience of poor housing talked to us about how:

- Failing to consider health impacts in decisions can have real and immediate consequences for daily life affecting mental health, stress levels, family stability, and access to essential services.
- Their own experience shows how housing location, transport, green space, air quality, and service accessibility all directly shape the physical and emotional wellbeing of them and their family.
- It feels frustrating when policies seem disconnected from lived realities, with unintended consequences that disproportionately affect families like theirs, on low incomes.

From stakeholders:

It was highlighted that:

- While HIAs are encouraged by the [Future Generations Commissioner](#) and are recognised as making a valuable contribution to plan making by [Planning Policy Wales](#), they are not consistently undertaken in the housing sector.
- HIAs are a valuable method of identifying and considering potential impacts and inequalities, and of recommending solutions to address these impacts. Therefore, they are most effective when undertaken at an early stage in a decision-making process, for example at pre-application stage in the planning process, rather than applied retrospectively.
- A key element of doing a HIA is stakeholder engagement, to identify the evidence of impact on different groups of people and determinants of health. Therefore, HIAs offer a mechanism for involving people with lived experience and of developing cross-sector collaboration.

Action areas:

From April 2027, HIAs will become mandatory for some public bodies when making strategic decisions, including decisions related to housing¹⁶. Applying HIAs routinely would ensure housing policies and developments tackle poor health and inequality rather than risk deepening them, and create communities that not only prevent illness but actively promote wellbeing for current and future generations.

To achieve this:

- The use of HIAs by other organisations and across a wider range of decision-making should be encouraged to help assess potential health impacts.
- HIAs should be used as a mechanism for enabling involvement of people with lived experience or who will be affected by the decision, as well as cross-sector collaboration. This would help ensure housing, child poverty, and other policies are integrated with each other and aligned with public health goals.
- HIAs should ideally be undertaken at an early stage in decision making. They should demonstrably inform decisions and plans. They can also be used to review historic programmes such as retrofit and decarbonisation to ensure intended benefits are realised and shared fairly, and that any potential negative impacts are being mitigated against.
- Capacity needs to be built through training, tools and guidance on embedding health in housing and planning policy, and in undertaking HIA for housing developments¹⁷.

Box 3: Embedding HIAs in local authority policy and practice

[TRUUD](#) (Tackling Root Causes Upstream of Unhealthy Urban Development) have created a series of films to give practical illustrations of how HIAs are being embedded in local policies and used in practice by local authorities in Darlington, Doncaster, Luton, Tower Hamlets and Wakefield.



7 Conclusion and next steps

Children's health in Wales is being shaped daily by the homes they live in. Without urgent short-term action and strategic planning for future improvements, unhealthy housing will continue to deepen inequalities, burden public services, and harm children's health and their ability to fulfil their potential.

- Housing and health are inseparable: a stable, warm, good-quality home is one of the most fundamental building blocks for a healthy life. Wales is at a pivotal moment. Families are facing the combined pressures of a housing shortage and a cost-of-living crisis, yet there is also a unique window of opportunity.
- The forthcoming Welsh Housing and Regeneration Strategy from the next Welsh government offers the chance to set a bold vision: one where every child grows up in a healthy home. This needs to start with embedding health into strategic housing policy through a better cross-sector collaboration, integrated data, meaningful involvement of those with lived experience, and routine use of Health Impact Assessments.

By ensuring every child in Wales grows up in a healthy home, we can help give every child the best start in life, build healthier communities, and unlock a healthier and fairer future for all.

Public Health Wales looks forward to continuing its collaboration with stakeholders and the Welsh Government to help put health and wellbeing at the centre of housing policy in Wales.

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Appendix

We conducted lived experience research from February to April 2025 with parents from families on low incomes to explore their experience of unhealthy housing. Recruitment was supported by Shelter Cymru, who identified and invited participants based on their engagement with Shelter Cymru services.

All interviews were conducted by Opinion Research Services (ORS), an independent market research organisation, to support participant confidentiality and minimise potential bias. ORS obtained informed consent from all 15 participants and carried out semi-structured interviews, either face to face or by telephone, using a topic guide agreed jointly with Public Health Wales (PHW).

Interview recordings were transcribed by ORS and provided to PHW in anonymised form. PHW undertook thematic analysis of the transcripts to identify key themes across participants’ experiences. These themes were then used to develop composite quotations, which combine elements from multiple participants’ accounts to illustrate common experiences while protecting individual anonymity. All results were quality assured.



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