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Time to Talk Public Health

February 2026 Survey Findings:

Cold homes; violence against women, domestic abuse and sexual violence;
second-hand smoking; child poverty.

Published: June 2026



Introduction

- **Time to Talk Public Health** is a national panel of Welsh residents aged 16+ years, established by Public Health Wales to enable **regular public engagement** to inform public health policy and practice.
- The panel is designed to be broadly representative of the Welsh population by age, sex, deprivation, ethnicity and health board.
- Members of the public are recruited to the panel using a variety of methods and subsequently invited to participate in regular surveys to provide insight into key public health issues.
- This report presents findings from the February 2026 Survey covering:
 - **Cold homes**
 - **Violence against women, domestic abuse and sexual violence**
 - **Second-hand smoking**
 - **Child poverty**
- We are very grateful to the residents of Wales who have given their valuable time to participate in the panel.



Methodology

- Initial recruitment to the Time to Talk Public Health Panel (November 2022 to January 2023) was undertaken by telephone, face-to-face and social media advertising.
- Recruitment is continuous with individuals able to sign up via the [Time to Talk Public Health Panel website](#) (opens in new window) at any time. Based on initial demographic screening, individuals are either recruited directly to the panel or invited to join a waiting list if the quota for their demographic profile is full.
- During the delivery of each survey, additional targeted recruitment is undertaken through face-to-face interviews and social media advertising to increase sample representativeness as required.
- From April 2025, panel members have been invited to complete a survey every four months, either online or by telephone.
- The data for this survey were collected between 4th February and 28th February 2026.
- No financial incentives are provided for participation.
- Due to the panel being partially self-selected and focused on public health topics, the sample may be affected by bias towards residents with greater interest in public health topics and healthcare issues. This should be considered when interpreting findings.
- Further information on the methods of the survey is provided in the Appendix.

- A demographic breakdown of panel members who were invited to complete the survey and of the 1,656 participants who completed the survey in February 2026 is provided in the Appendix.
- Unless stated otherwise, data are weighted to reflect national population demographics by age, sex and deprivation.
- Please note: percentages in this report may not total 100% due to rounding.

- 1,656 participants took part in the February 2026 survey (4th February and 28th February 2026).

Child poverty

- When asked which of two approaches would be more effective at reducing child poverty: **49%** chose 'providing more money to services to make them more affordable to families' and **36%** chose 'providing more money to families to increase their household income'; **11%** did not know.
- Most people recognised that living in poverty can be harmful to a child's ability to:
 - To eat healthy food (**95%**)
 - Live in a warm safe home (**94%**)
 - Have good physical health (**95%**)
 - Have good mental health (**94%**)
- From a list of seven actions to reduce child poverty, the top four considered as being very effective were:
 - Improving housing affordability and quality (**75%**)
 - Improving access to secure jobs (**73%**),
 - Government helping to reduce energy costs (**70%**)
 - Making childcare more affordable and accessible (**70%**)

Cold homes

- Over the last three months, **34%** of people reported finding it difficult to afford to heat their home; of those, **71%** said that the cost of energy was the main reason for the difficulty.
- Over the last three months, due to the cost of heating their home, **57%** of people said they had gone without heating when they felt cold at least sometimes and **44%** said they had cut back on food costs.

Second-hand smoking

- **87%** of people think it is very important for a government in Wales to take action to limit exposure to second-hand smoke for babies and children; **61%** think this for non-smoking adults.
- Most people knew that babies and children who breathe in second-hand smoke could be at risk of chest infections (**87%**) and asthma attacks (**86%**). Fewer knew risks about low birth weight (**62%**), Sudden Infant Death Syndrome (SIDS)/cot death (**52%**), and ear infections (**24%**).
- Only **54%** and **40%** knew that adults who breathe in second-hand smoke could be at risk of stroke and miscarriage, respectively.

Violence against women, domestic abuse and sexual violence (VAWDASV)

- **36%** of people knew of the VAWDASV (Wales) Act 2015, and **95%** support the Act.
- Most people think that the police (**62%**), educational settings (**57%**), and media and social platforms (**55%**) have a large role in preventing VAWDASV.
- **26%** agreed with the statement that VAWDASV is a serious problem where they live.



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Cold homes

This section sought to understand people's perceptions on how living in a cold home may affect their health and their experience of keeping warm at home, as well as the impact of heating costs during winter 2025-2026.

Cold homes

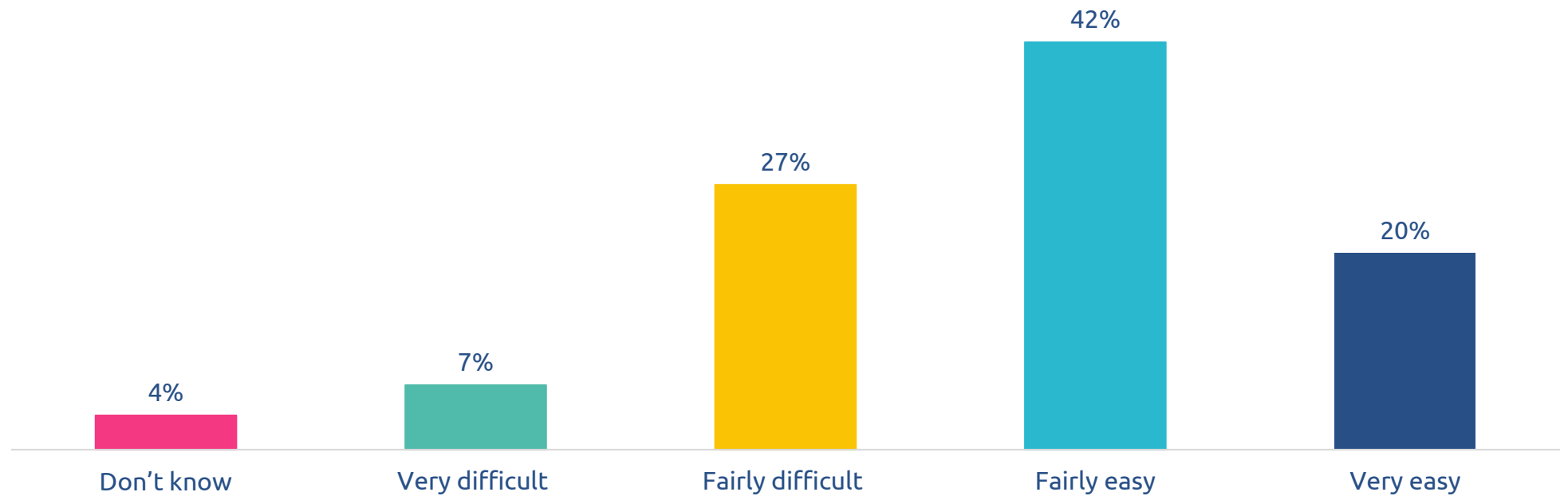
To what extent, if at all, do you think living in a cold home can contribute to...?

	Not at all	A little	A lot
Hypothermia (a life-threatening condition caused by your body losing heat faster than it can make it)	4%	14%	81%
Respiratory problems (e.g. asthma, colds)	3%	16%	80%
Poor physical health	3%	20%	77%
Poor mental health	4%	21%	75%
Loneliness or social isolation	10%	35%	54%
Strain on the heart (e.g. blood pressure)	7%	38%	53%
Falls	13%	41%	44%

Prefer not to say for each statement: Less than or equal to 2%

Cold homes

Over the last three months, how easy or difficult has it been for your household to afford to heat your home?



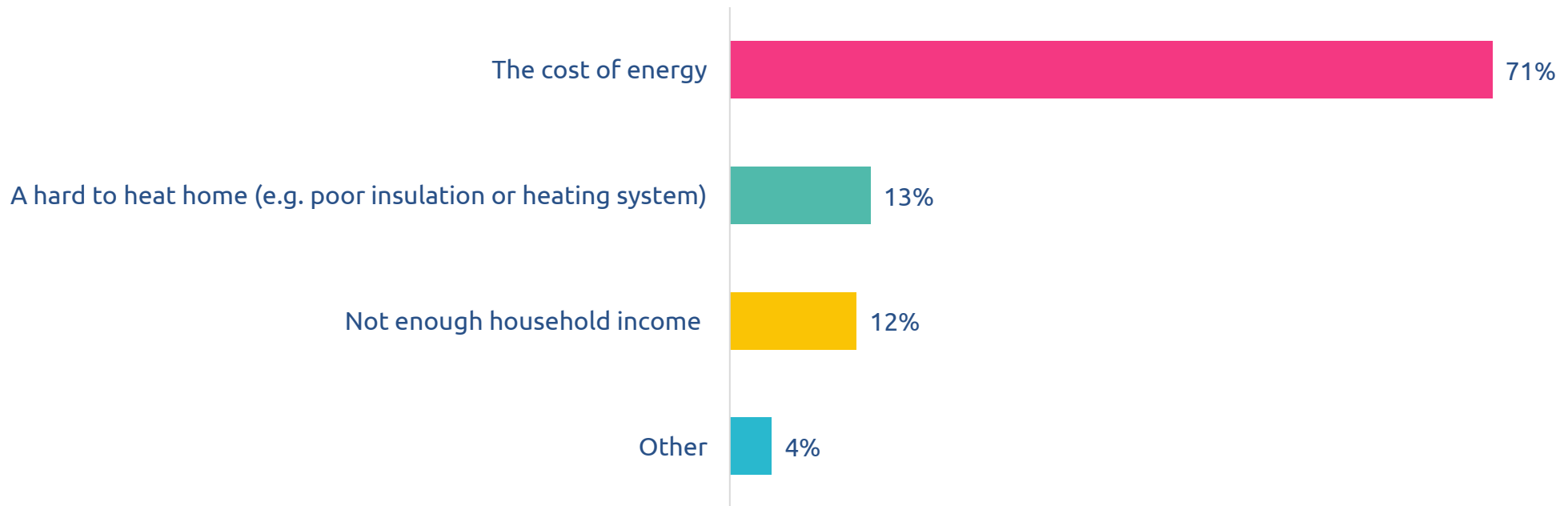
Prefer not to say: 1%



Cold homes

Asked to those who had found affording to heat their home fairly or very difficult (n = 544; unweighted)

What is the main reason why your household has found it difficult to afford to heat your home?



Themes specified in the 'other' response included disability, the cost of living and retirement

Prefer not to say: Less than 1%

Cold homes

Over the last three months, how often, if ever, have you done any of the following because of the cost of heating your home?

	Never	Sometimes	Always
Gone without heating when you have felt cold	43%	52%	5%
Cut back on how much you spend on food	55%	37%	7%
Not invited people to your home	72%	19%	6%
Not used hot water to wash (e.g. hands or body)	72%	24%	3%
Cut back the amount of warm food you have eaten	81%	17%	2%
Cut back on making hot drinks	83%	15%	2%

Prefer not to say for each statement: Less than or equal to 3%



Cold homes

Over the last three months, how often, if ever, have you experienced any of the following because of the cost of heating your home?

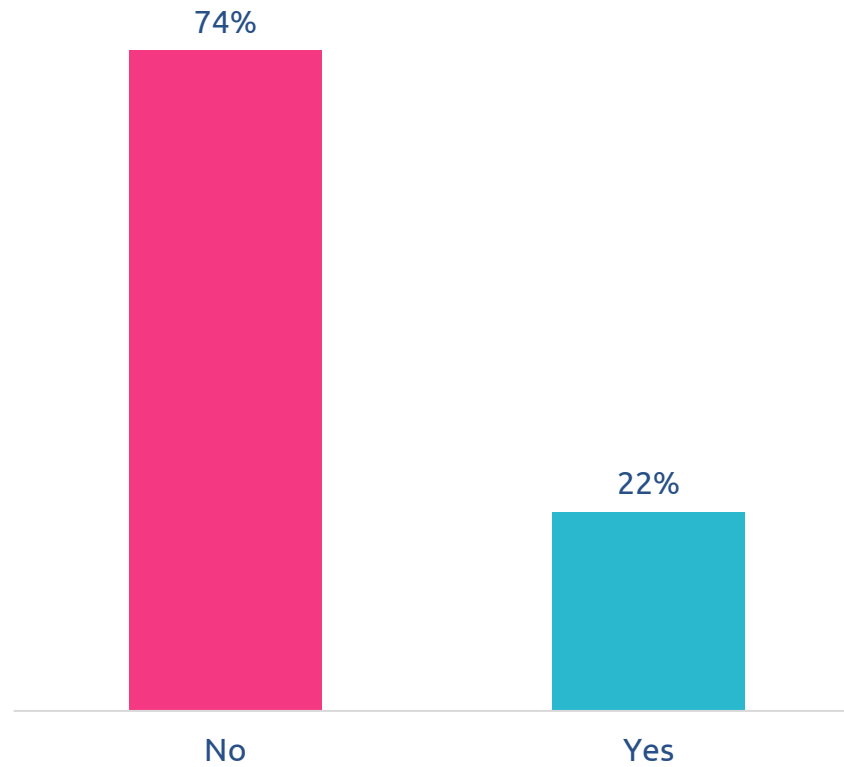
	Never	Sometimes	Always	Not applicable
Felt cold in the home	27%	63%	10%	
Had problems sleeping	53%	39%	8%	
Had poor physical health	64%	29%	6%	
Had poor mental health	65%	28%	6%	
Had household debt on other bills	76%	14%	3%	4%
Had household debt on heating bills	78%	12%	3%	4%

Prefer not to say for each statement: Less than or equal to 3%



Cold homes

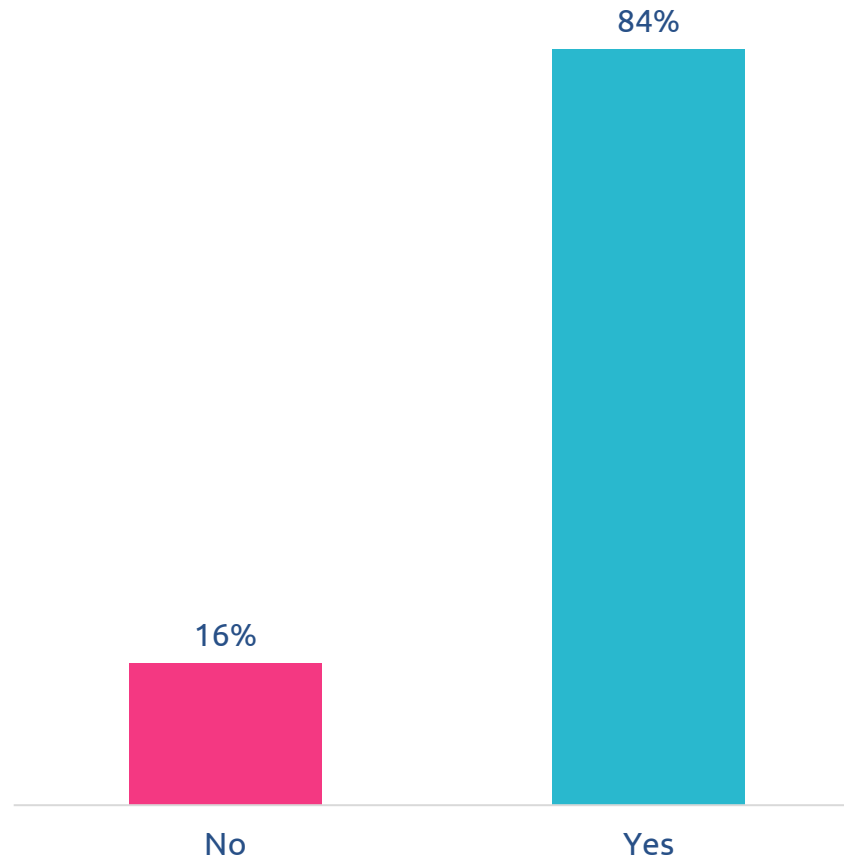
Are you interested in receiving information about keeping safe and well at home in winter?



Prefer not to say: 4%

Cold homes

Are you financially responsible for the cost of heating your home (including if you share the cost with someone else)?



Prefer not to say: 1%



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Violence against women, domestic abuse and sexual violence

This section sought to understand people's awareness and views about action on violence against women, domestic abuse and sexual violence (VAWDASV) in Wales.

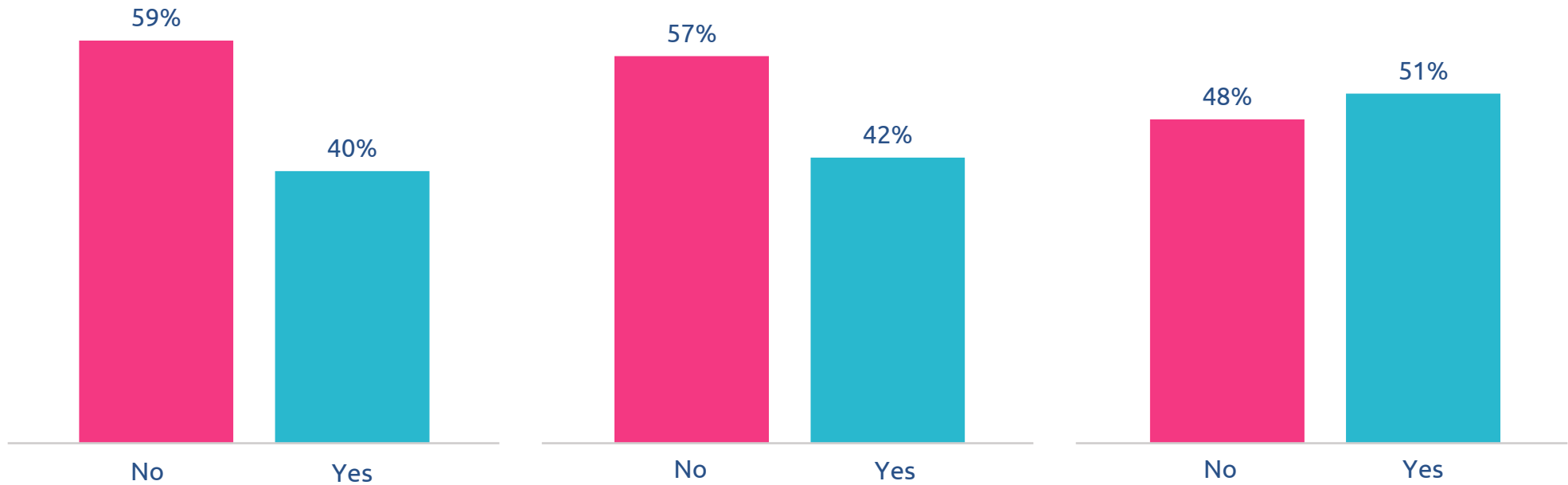
Violence against women, domestic abuse and sexual violence

Are you aware of any work happening in Wales to...?

Prevent violence against women, domestic abuse and sexual violence before it starts

Keep victims protected from further harm

Offer help and support to those affected by violence against women, domestic abuse and sexual violence



Prefer not to say for each statement: 1%

Violence against women, domestic abuse and sexual violence

How much of a role, if any, do you think the following currently have in preventing violence against women, domestic abuse and sexual violence in Wales before it happens?

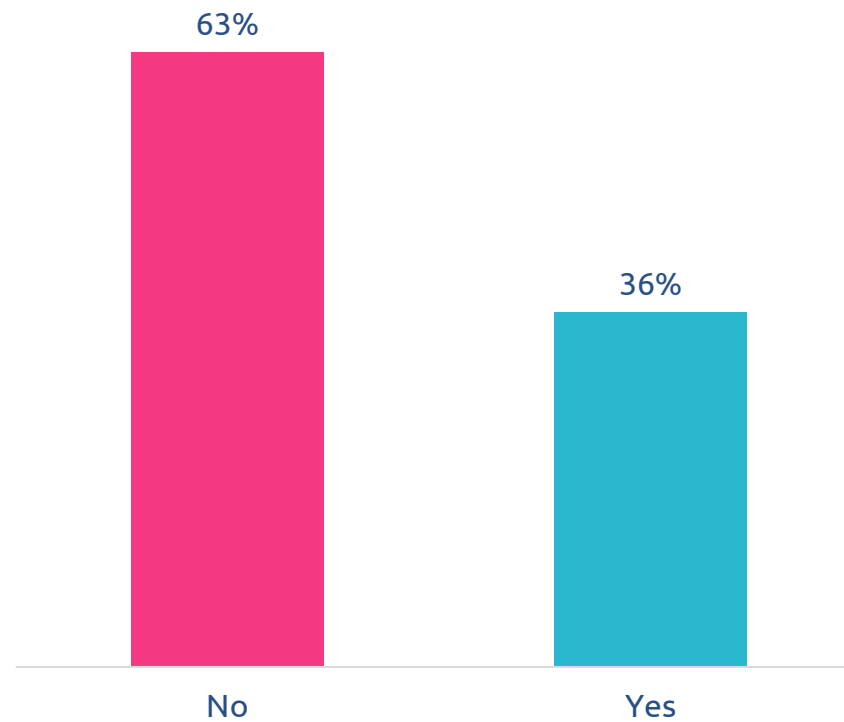
	No role	A small role	A large role	Don't know
The police	8%	25%	62%	6%
Educational settings	5%	28%	57%	9%
Media and social platforms	6%	30%	55%	8%
Welsh Government	10%	27%	50%	13%
Health services	6%	37%	48%	9%
Local authorities (e.g. the council)	11%	35%	41%	12%
Public Health Wales	8%	33%	41%	17%

Prefer not to say for each statement: Less than or equal to 1%



Violence against women, domestic abuse and sexual violence

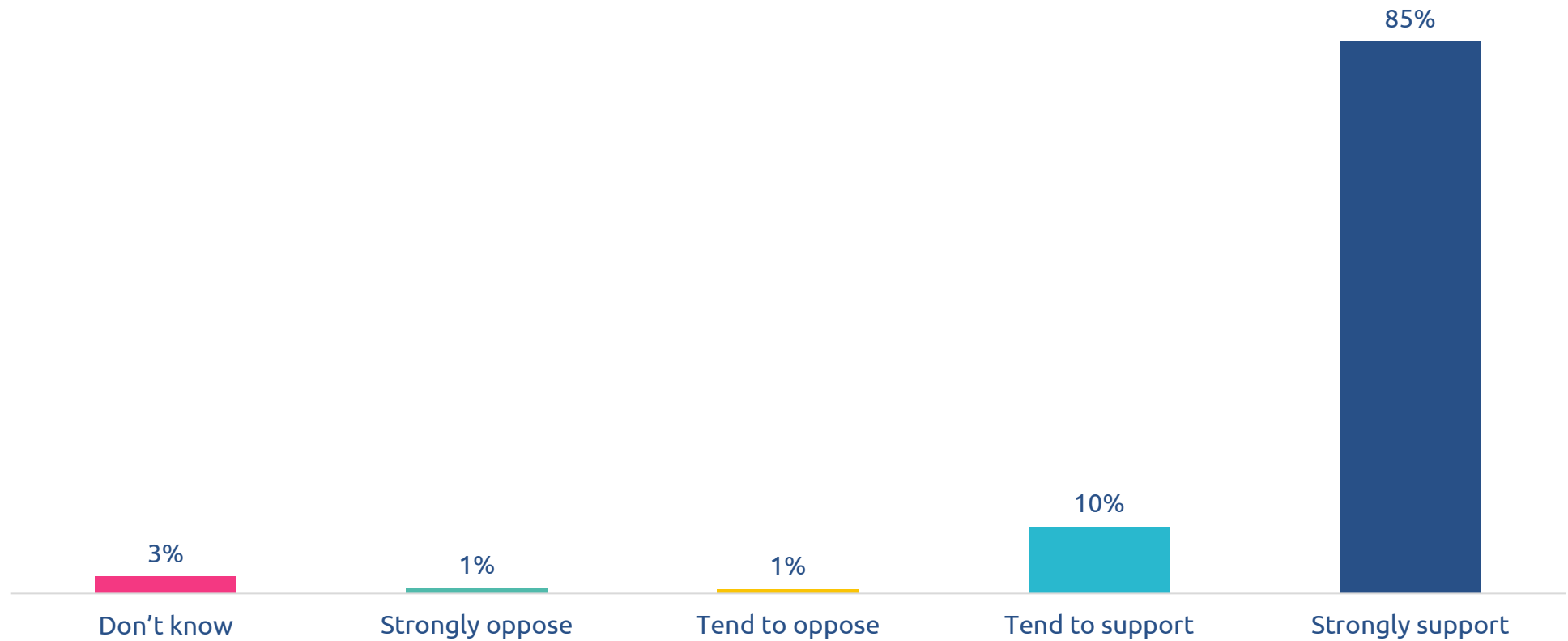
Before today, did you know that Wales has a law called the 'Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015'?



Prefer not to say: Less than 1%

Violence against women, domestic abuse and sexual violence

To what extent do you support or oppose this law?



Prefer not to say: 1%

Violence against women, domestic abuse and sexual violence

To what extent do you agree or disagree with the following statements?

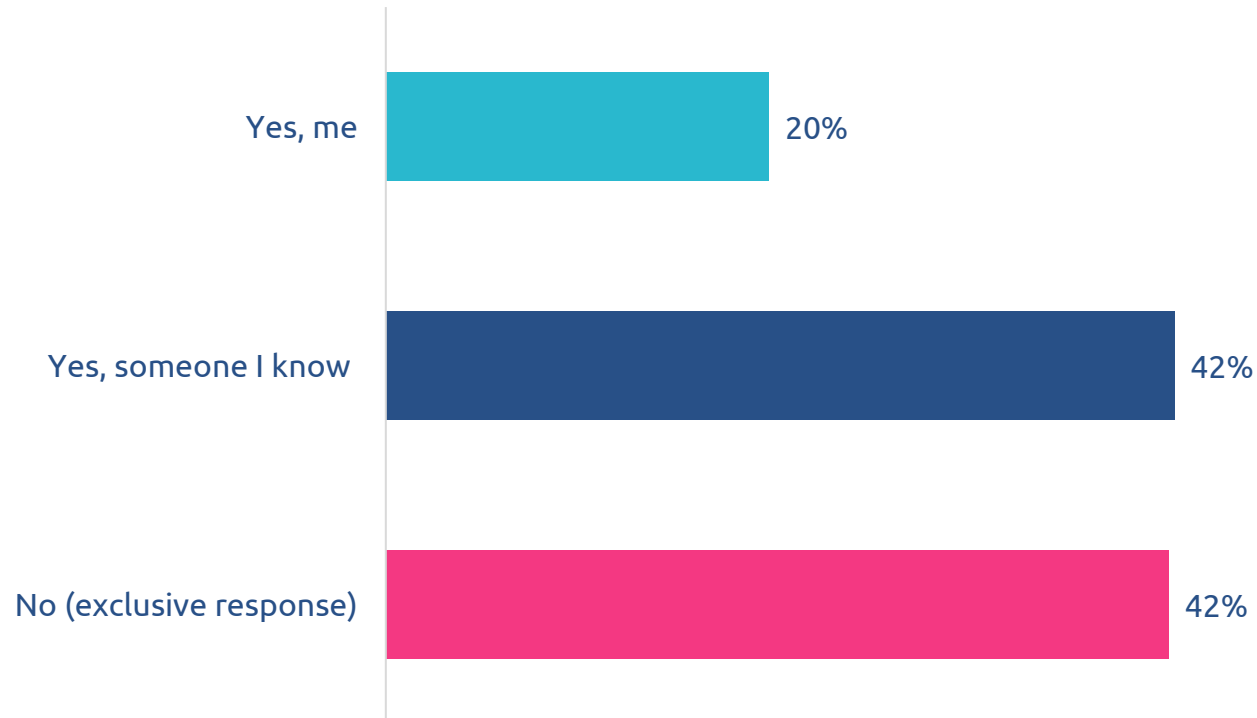
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It is never acceptable to be violent or abusive towards a partner	1%	Less than 1%	2%	13%	83%
I would know where to get support if I experienced violence or abuse	6%	19%	21%	41%	12%
Violence against women, domestic abuse and sexual violence is a serious problem where I live	3%	13%	55%	18%	8%
Knowing this law exists makes me feel safer in Wales	4%	12%	49%	28%	6%

Prefer not to say for each statement: Less than or equal to 4%



Violence against women, domestic abuse and sexual violence

Have you, or someone you know, ever experienced violence or abuse?
(Select all that apply)



Prefer not to say: 4%



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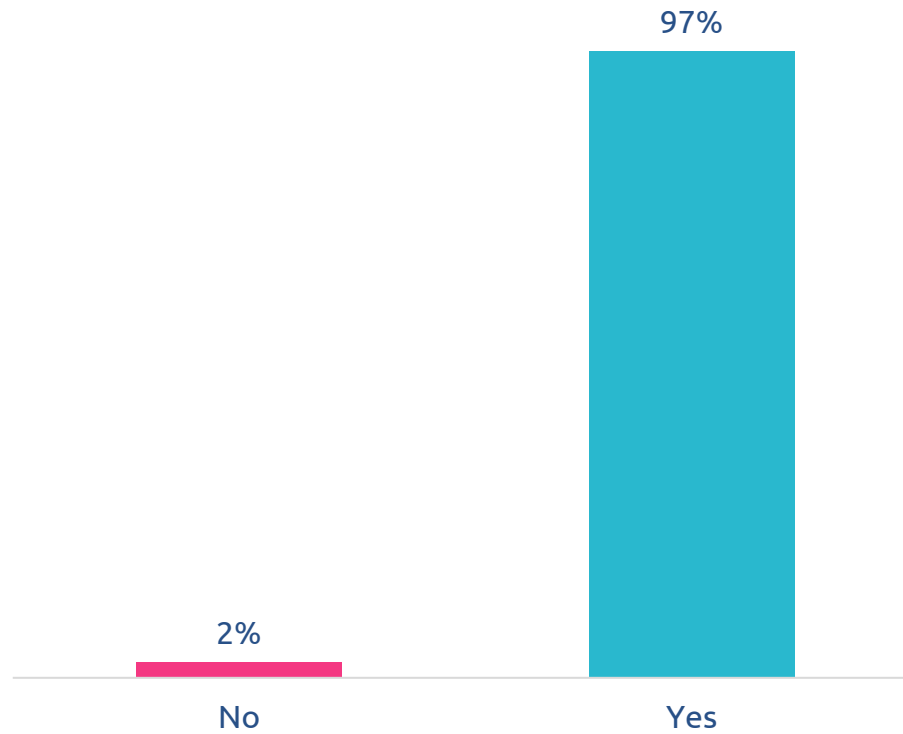
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Second-hand smoking

In this section, we sought to understand people's views on second-hand smoke from tobacco cigarettes.

Second-hand smoking

Second-hand smoking happens when someone breathes in smoke exhaled by a smoker or from the lit end of a cigarette. This is also known as passive smoking. Before today, were you aware that this is what second-hand smoking (passive smoking) means?



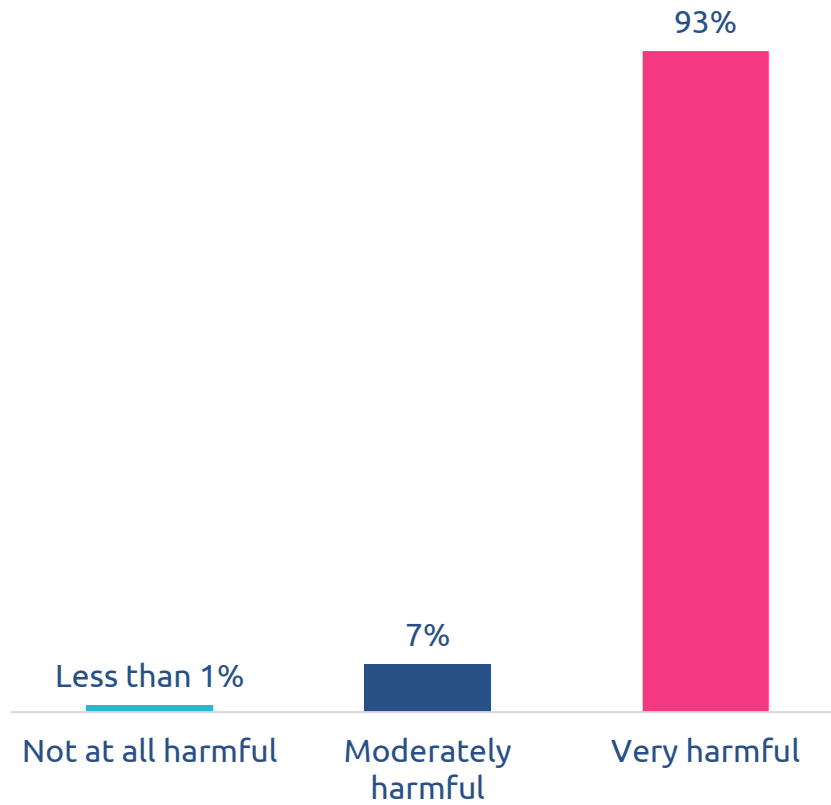
Prefer not to say: Less than 1%



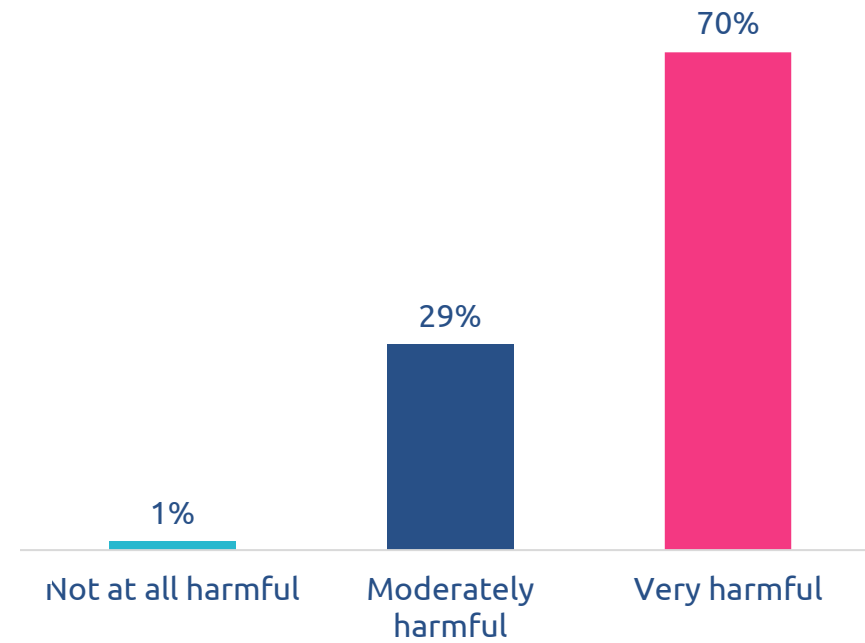
Second-hand smoking

How harmful, if at all, do you think breathing in second-hand smoke is to the health of the following?

Babies and children



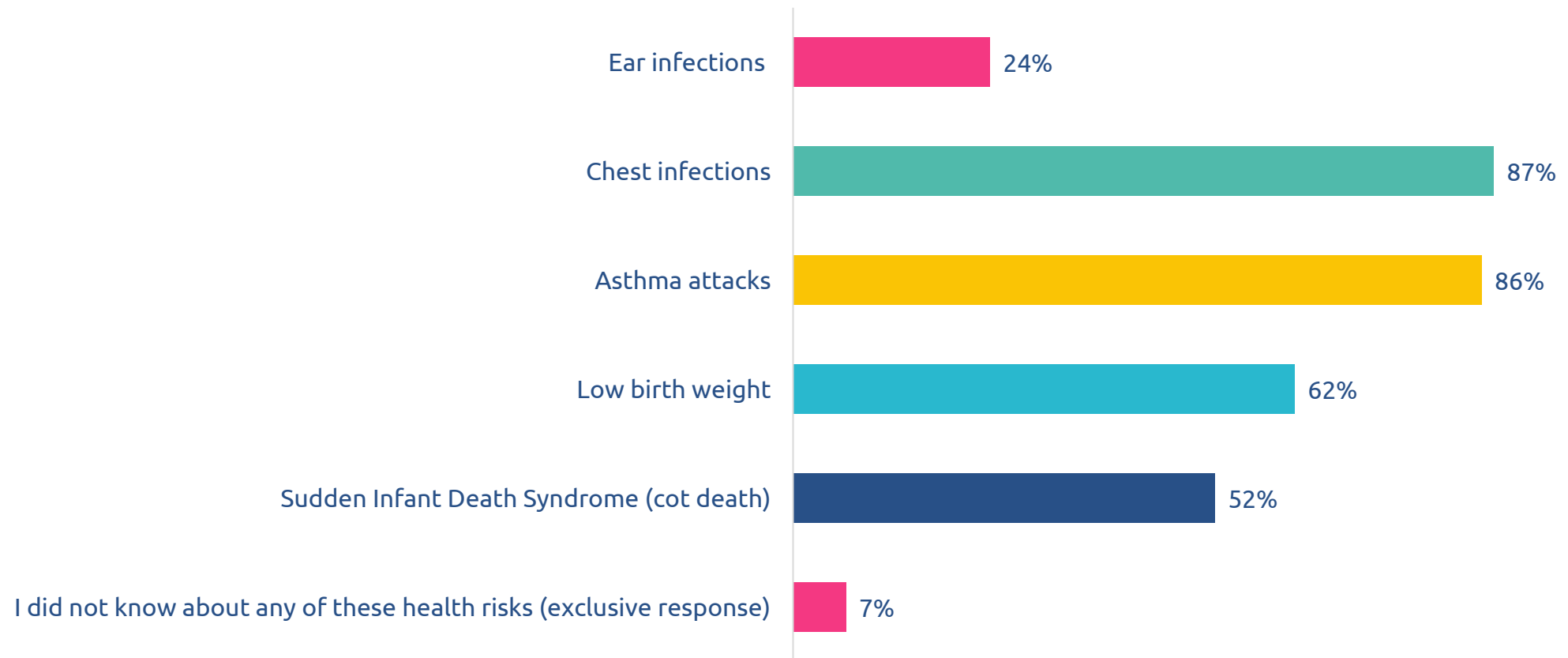
Adults



Prefer not to say for each statement: Less than 1%

Second-hand smoking

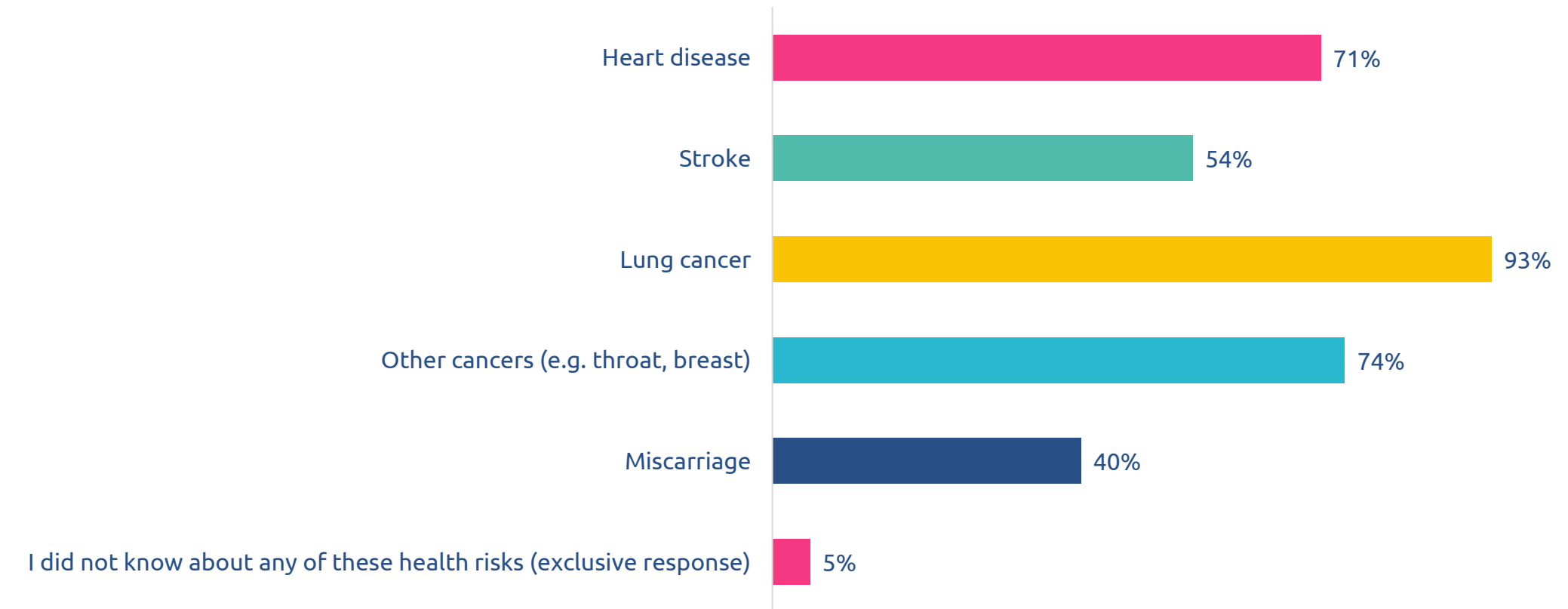
Which of the following health problems did you know babies and children who breathe in second-hand smoke could be at risk of?



Prefer not to say: 1%

Second-hand smoking

Which of the following health problems did you know adults who breathe in second-hand smoke could be at risk of?



Prefer not to say: 1%



Second-hand smoking

To what extent do you support or oppose the following actions to make people aware of the health risks because of second-hand smoke in the home?

	Strongly oppose	Tend to oppose	Tend to support	Strongly support	Don't know
Teach children in school	1%	2%	15%	80%	2%
Online campaigns (e.g. social media)	1%	2%	24%	70%	3%
TV and newspaper adverts	2%	3%	28%	63%	3%
Information leaflets through community-based services (e.g. health visitors, GPs, schools)	2%	4%	28%	63%	3%
Information leaflets given to households	4%	10%	36%	44%	6%

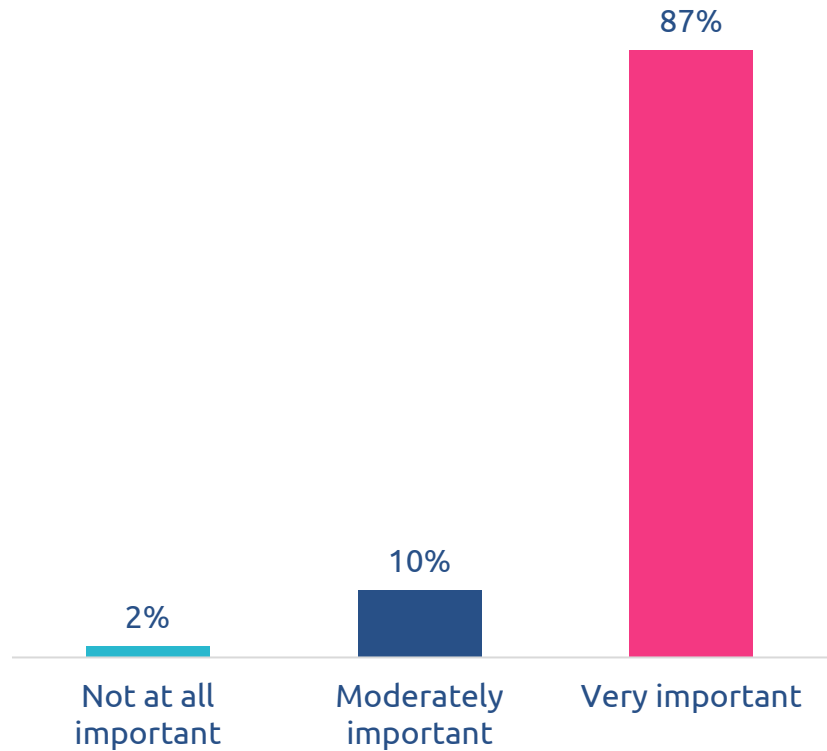
Prefer not to say for each statement: Less than 1%



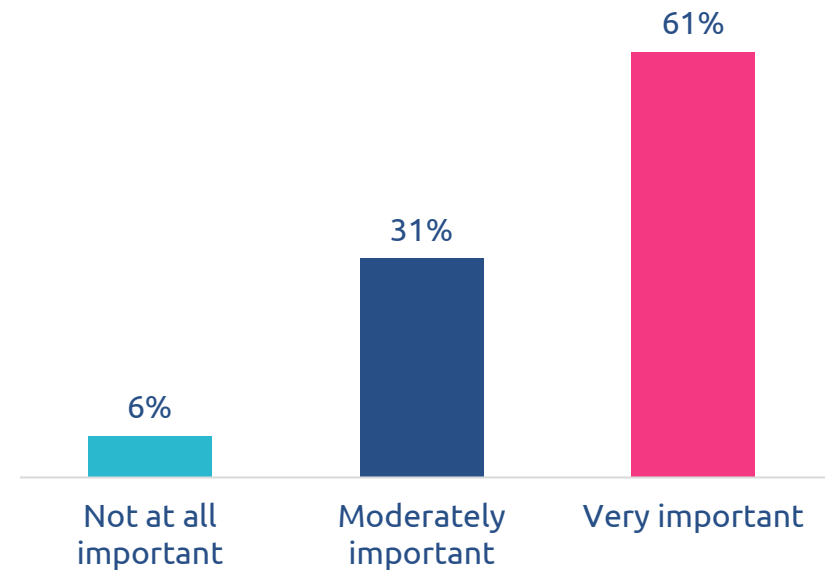
Second-hand smoking

How important, if at all, do you think it is that a government in Wales takes action to limit exposure to second-hand smoke for the following groups in their own homes?

Babies and children



Non-smoking adults



Prefer not to say for each statement: 2%



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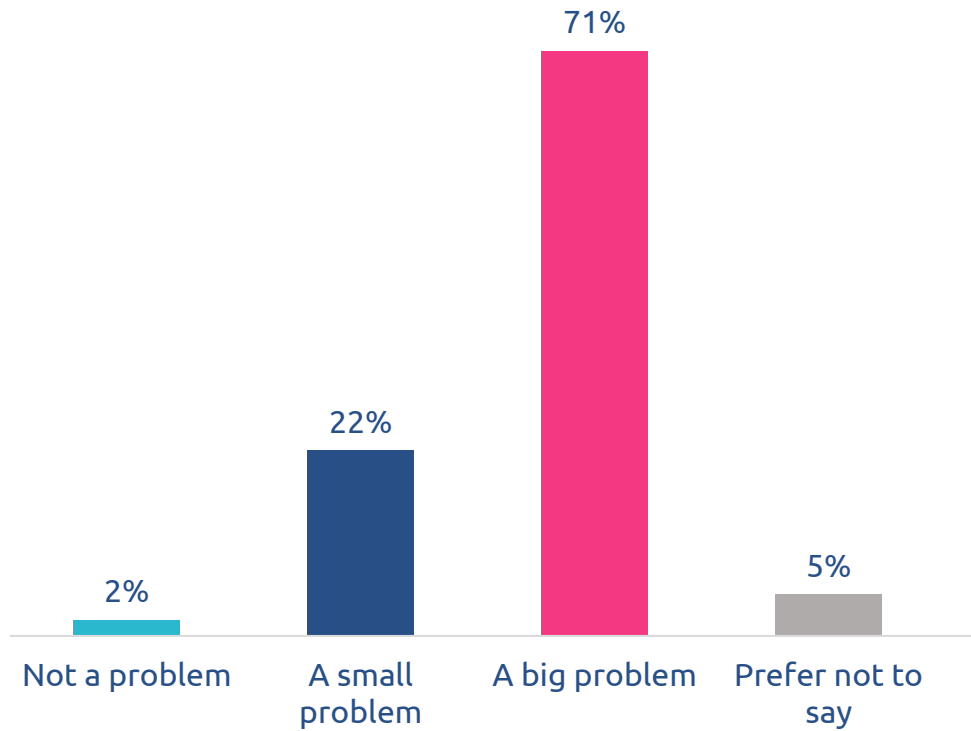
Child poverty

This section sought to understand people's views about child poverty in Wales. Child poverty means that some children are growing up in households that do not have enough money to meet their basic needs (e.g. food, housing, heating, clothing, hygiene).

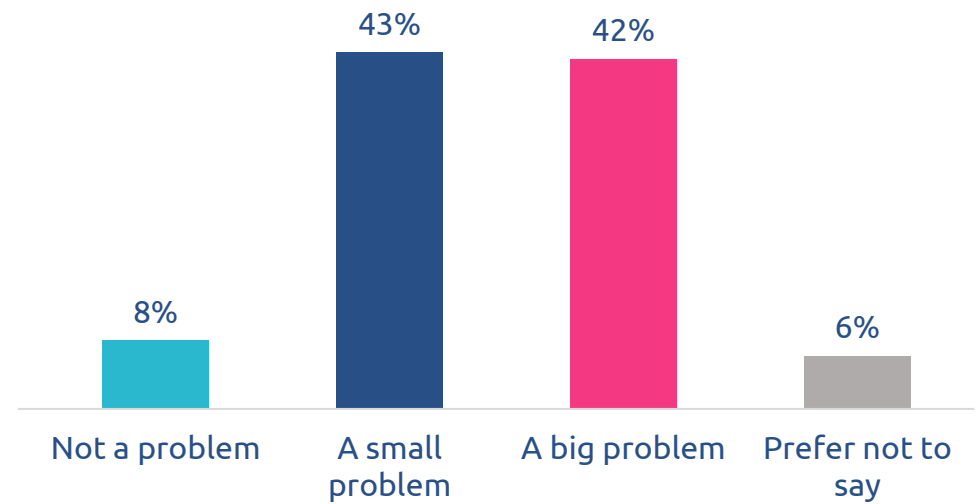
Child poverty

How much of a problem, if at all, do you think child poverty is in the following?

Wales



Your local community



Child poverty

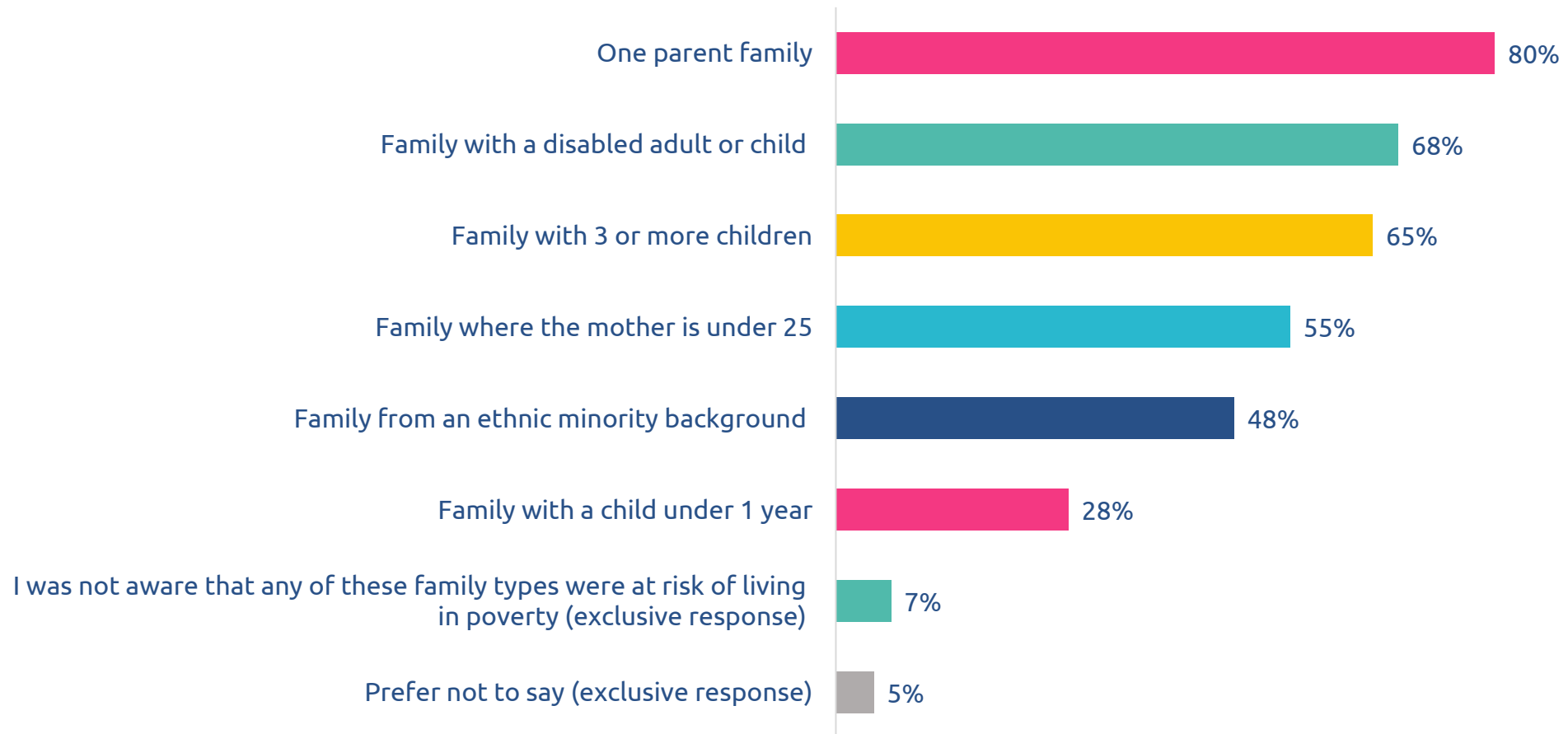
How harmful, if at all, do you think living in poverty is for a child's ability to...?

	Not at all harmful	Moderately harmful	Very harmful
Eat healthy food	4%	17%	78%
Live in a warm safe home	4%	18%	77%
Have good physical health	4%	26%	69%
Have good mental health	4%	27%	67%
Attend school or training	8%	39%	50%
Access health services	12%	41%	45%
Make friends	10%	47%	40%

Prefer not to say for each statement: Less than or equal to 3%

Child poverty

Which of the following types of families did you already know are more likely to live in poverty?
(Select all that apply)



Child poverty

How effective, if at all, do you think the following actions would be at reducing child poverty?

	Not at all effective	Moderately effective	Very effective	Don't know
Improving housing affordability and quality	3%	19%	75%	2%
Improving access to secure jobs	2%	21%	73%	3%
Making childcare more affordable and accessible	4%	23%	70%	3%
Government helping to reduce the cost of gas and electricity	4%	23%	70%	2%
Making free school meals available to all secondary school pupils	7%	28%	62%	3%
Supporting parents to access education and training for employment	4%	32%	61%	3%
Increasing household income (e.g. benefits, tax credits)	12%	31%	51%	4%

Prefer not to say for each statement: Less than or equal to 2%

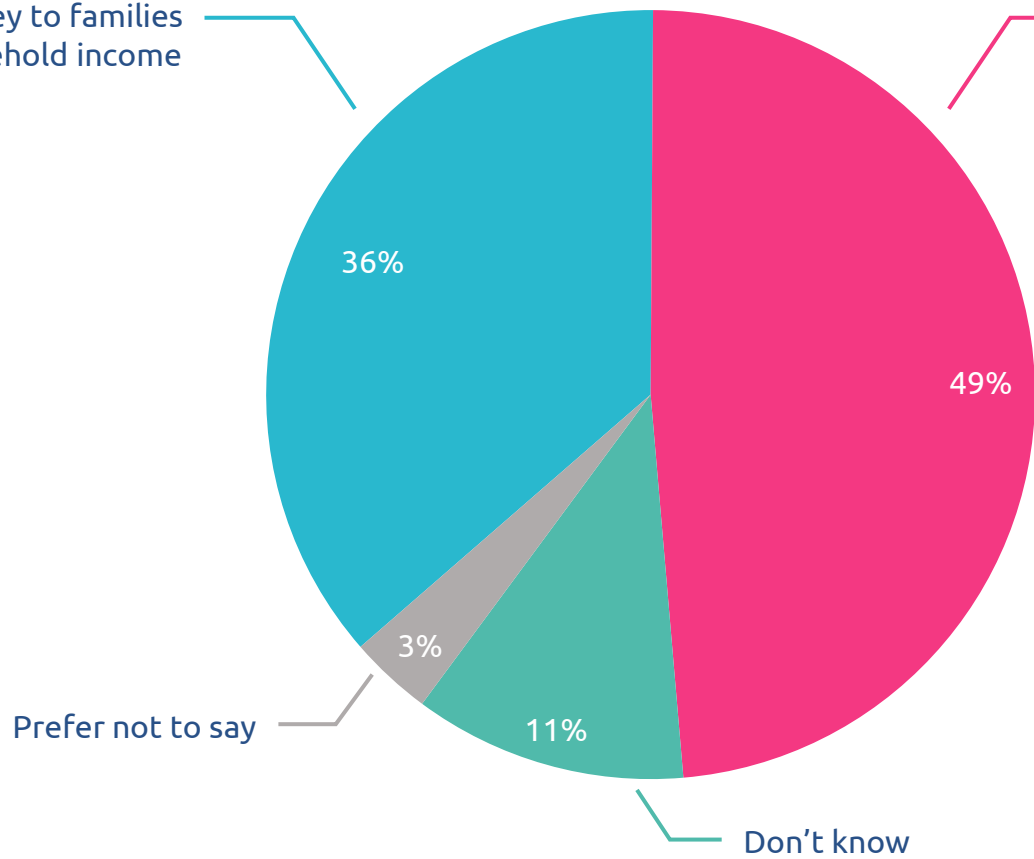


Child poverty

Which of the following do you think would be more effective in reducing child poverty?

Providing more money to families to increase their household income

Providing more money to services to make them more affordable to families (e.g. transport)



Child poverty

How much of a priority do you think the following areas should be for a government in Wales to reduce child poverty?

	Low priority	Medium priority	High priority	Don't know
Affordability of essentials (e.g. food, energy costs)	2%	12%	83%	1%
Employment (e.g. jobs and training)	1%	18%	79%	2%
Housing (e.g. affordability)	3%	19%	77%	1%
Education (e.g. schools)	3%	19%	76%	2%
Health services	3%	21%	74%	2%
Early years settings (e.g. nurseries)	4%	28%	65%	3%
Financial well-being (e.g. money management)	4%	30%	62%	2%
Welfare (e.g. benefits)	15%	36%	45%	3%
Public transport	9%	44%	44%	3%

Prefer not to say for each statement: 1%



Project contributors

Project Team: Dr Catherine Sharp, Prof Karen Hughes, Dr Charlotte Welch

Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being

Wider Project Support Acknowledgements:

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Communications Team: Aamir Mohammed, Sarah Hibbard, Katie Allen, Rebecca Hopkins, Danny Donovan, Angharad Willis

Welsh Government: Semele Mylona

Questionnaire Development

The questions used in the February 2026 survey were developed in partnership with colleagues in Public Health Wales, Welsh Government, and Bangor University.



Want to be involved in Time to Talk Public Health?

Recruitment to Time to Talk Public Health is continuous as we want to speak with a broad range of individuals across Wales.

If you live in Wales and are aged 16 years or over, this is your opportunity to be heard.

Want to learn more about how to live a healthy and prosperous life?

Want to find out how to help your community flourish?

Public Health Wales works to protect and improve health and well-being and reduce health inequalities for the people of Wales.



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TalkPHWales@wales.nhs.uk

Join the Group

How does the panel work?

Have your say!

What is public health?

Make a difference!





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Appendix

Demographics

Methods



Demographics

		Population (16+ years)	Panel sample N = 3,208		February 2026 survey sample N = 1,656	
Sex	Male	49%	1,392	43%	770	46%
	Female	51%	1,792	56%	875	53%
	Other	-	23	1%	11	1%
Age group (years)	16 to 29	21%	547	17%	258	16%
	30 to 49	29%	1,042	32%	456	28%
	50 to 69	31%	948	30%	535	32%
	70 years or over	19%	671	21%	407	25%
Deprivation quintile	1 (Most)	19%	479	15%	247	15%
	2	20%	624	19%	334	20%
	3	21%	670	21%	356	21%
	4	21%	715	22%	353	21%
	5 (Least)	20%	720	22%	366	22%

Note. Panel sample numbers show the people on the panel who were invited to take part in the February 2026 survey. Population data retrieved from [Lower layer Super Output Area population estimates \(supporting information\) - Office for National Statistics](#) (mid-2024; opens in new window); Deprivation quintile data from [the Welsh Index of Multiple Deprivation \(2025\)](#) (opens in new window). Due to lack of participation in three consecutive surveys, 452 people were removed from the panel. This process was outlined to panel members in the joining material.

Demographics

		Population (16+ years)	Panel sample N = 3,208		February 2026 survey sample N = 1,656	
Ethnicity	White	95%	3,061	95%	1,596	96%
	Mixed/Multiple Ethnic Groups	1%	54	2%	23	1%
	Asian, Asian Welsh or Asian British	3%	52	2%	13	1%
	Black, African, Caribbean, Black Welsh or Black British	1%	18	1%	8	Less than 1%
	Other Ethnic Group	1%	14	Less than 1%	13	1%
	Prefer not to say	-	9	Less than 1%	3	Less than 1%
Health Board	Aneurin Bevan UHB	19%	591	18%	277	17%
	Betsi Cadwaladr UHB	22%	591	18%	372	22%
	Cardiff and Vale UHB	16%	579	18%	283	17%
	Cwm Taf Morgannwg UHB	14%	478	15%	223	13%
	Hywel Dda UHB	12%	463	14%	234	14%
	Powys Teaching HB	4%	134	4%	68	4%
	Swansea Bay UHB	12%	372	12%	199	12%

Note. [Population estimates by ethnicity](#) (opens in new window) retrieved from UK Data Service. [Population estimates by local health boards](#) (opens in new window) retrieved from Stats Wales. UHB: University Health Board; HB: Health Board.

Methods – Initial recruitment

- An initial target of 2,500 panel members was set to obtain a monthly survey sample of approximately 1,000 responses, with response rates to each survey estimated to be a maximum of 50%. To reach a range of individuals, three methods of recruitment were used:
 - Telephone
 - Social media
 - Face-to-face
- A professional market research company (DJS Research Limited) was procured to undertake recruitment and surveys.
- Telephone and face-to-face recruitment used stratified quota sampling. Quotas applied to:
 - Geography (Health Board)
 - Age
 - Sex
 - Deprivation quintile (Welsh Index of Multiple Deprivation)
- Social media targeting focused on demographic gaps in recruitment.
- Panel members completed an initial recruitment survey and are asked to complete a 15 to 20-minute survey quarterly. Quarterly surveys are undertaken online or by telephone, depending on participants' preference.
- Further methodological detail is available in the [project protocol](#) (opens in new window).

Methods – Survey delivery

- For each survey, all panel members are invited to complete the questionnaire through their method of choice (telephone or online). Panel members have three weeks to complete the survey. Within that timeframe, gaps in the demographic profile required to achieve a sample representative of the age, sex, ethnicity and deprivation profile of Wales are identified, and reminders to complete the survey are sent.
- The questionnaires include both single-response and multi-response questions (i.e. select all that apply). Where a question is multi-response but also contains an exclusive response option (meaning only that option can be selected), this is acknowledged on the graph or table.
- For each survey wave, to increase representation across the survey sample, around 100 face-to-face interviews are undertaken with targeted population groups. These individuals are invited to complete the survey and are then invited to join the panel. Thus, a proportion are one-off survey participants. In addition, social media advertising targeting specific population groups is conducted.
- Additional targeted recruitment was undertaken during the February 2026 survey, with a further 200 face-to-face interviews commissioned. Of the 302 face-to-face interviews conducted (routine 100, additional 200), 172 participants joined the panel.

Participants (N = 1,656) who completed the February 2026 survey, were recruited via the following methods:

Recruitment method	n	%
Online	1,148	69%
Telephone	176	11%
Face-to-face (panel)	202	12%
Face-to-face (one-off)	130	8%

Participants (N = 1,656) who completed the February 2026 survey, completed via the following methods:

Participation method	n	%
Online	1,296	78%
Telephone	58	4%
Face-to-face	302	18%



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greu Cymru iachach

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