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World Health Organization
Collaborating Centre on Investment
for Health and Well-being



Homes for health and well-being

Summary briefing

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Contents

1. Purpose	3
2. Why good health needs good homes	4
3. What is healthy housing?	6
4. How people see their homes affecting their health today	13
5. Key trends that will shape the future of healthy housing	20
6. Evidence into action	22
7. Further reading	23
References	24
Annex: Lived experience workshops method	25



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Mae'r briff hwn ar gael yn Gymraeg / This briefing is available in Welsh

1. Purpose

There is a wealth of evidence that shows the significant impact people's homes have on their health and well-being.

Public Health Wales is publishing a series of briefings that aims to translate this evidence into action. The briefing series will:

- Outline our shared vision for a future of healthy housing in Wales.
- Share examples of what 'good' looks like from existing evidence and notable practice.
- Use this insight, alongside evidence from people's lived experiences, to identify actions that will help achieve our vision.

This briefing sets the context for the series and the themes and topics it will cover.

.....

“Where you live obviously contributes to [...] your general, your mental health, your, your physical health, and anything that goes wrong with your housing circumstances has a direct correlation to how you will survive that day, tomorrow.”

- Participant 2, Pembroke Dock

2. Why good health needs good homes

Our shared vision

Everyone in Wales should be able to live in a home that protects and promotes their health and well-being.

All housing policy decisions in Wales can enable this vision in the short term and for future generations.

“My accommodation is having an effect on my health, both physical and mental. I’ve... I’ve seen it drain away.”

- Participant 1, Holyhead

Housing and health are strongly linked: having a stable, warm, good quality place to live is a key building block for a healthy life.

The homes that people live in have a large and wide-reaching impact on their health – this includes physical health, mental health and well-being.¹ There is a lot of available evidence that demonstrates and explains this link and many ways that we can look at and tackle the problem (see [section 7](#) for further reading).

The negative impacts that poor quality or insecure homes can have on health and well-being can often interact and make each other worse.² It is therefore important not to think about the different ways homes can impact health in isolation.

The benefits to ensuring the people of Wales have access to healthy homes extend far beyond the housing system. Some return on investment findings are shown in [Figure 1](#).

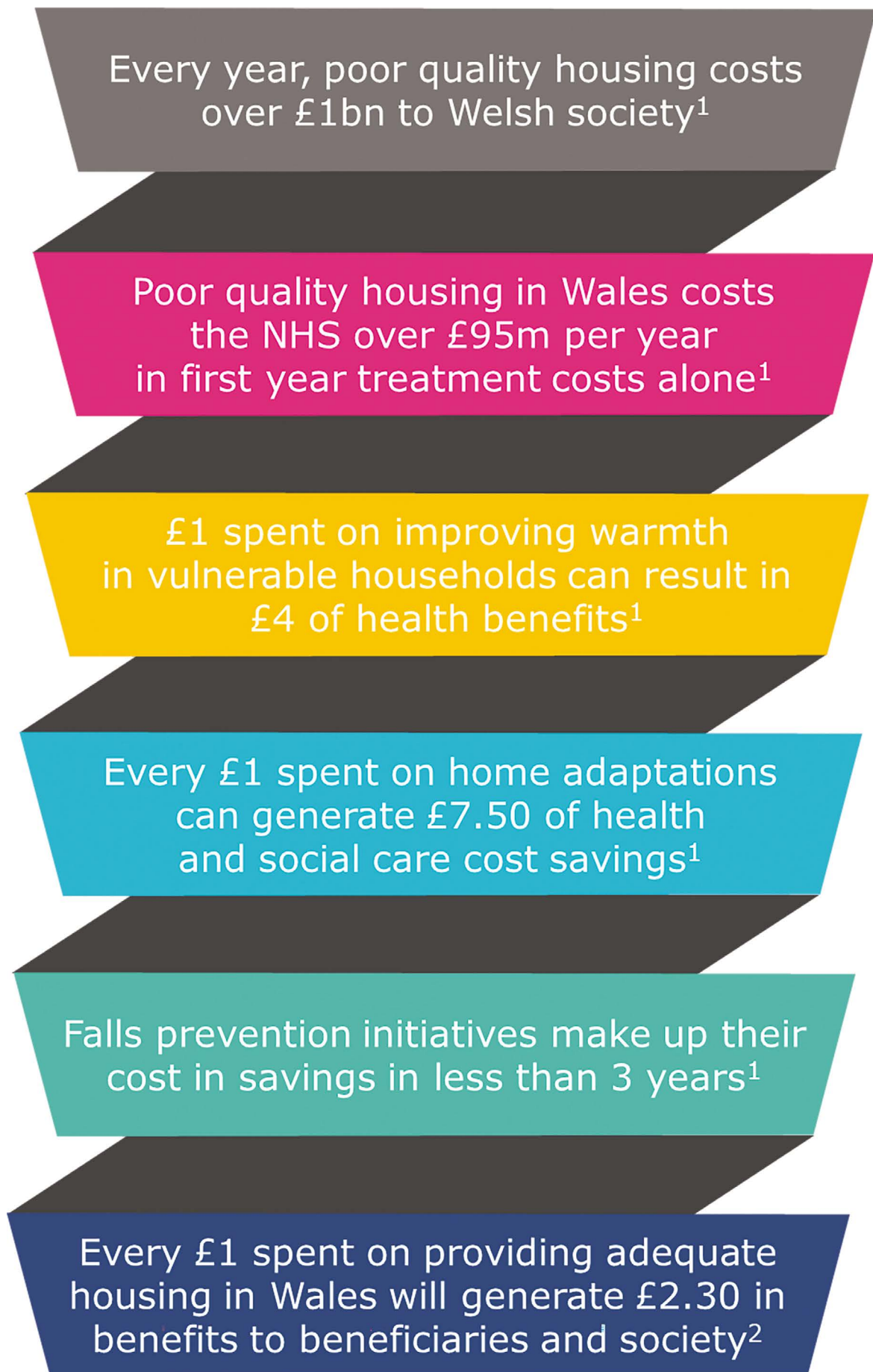


Figure 1. Return on investment for healthy homes

3. What is healthy housing?

At a basic level, a healthy home is one that is warm, safe, and dry. This is primarily determined by the quality of construction; is it properly insulated, free of draughts, leaks, damp, and trip and fire hazards? The importance of these factors has been brought to the fore by the recent tragic death of two-year-old Awaab Ishah due to mould in the family home.³

A vision for a future of healthy housing must get these basics right. It must also go beyond and recognise the full breadth of ways in which homes can directly and indirectly affect our health and well-being. For example, does the home offer those who live in it a sense of control and security?

Based on evidence from the literature and lived experience, and in collaboration with stakeholders (see [Box 1](#)), we have identified seven themes through which to consider what a future of healthy housing should look like. These are listed below and shown in [Figure 2](#). While these themes provide a structure to the briefing series and lived experience results, it should be highlighted that these issues are generally not experienced in isolation, and there are many overlaps between them, as shown in [Figure 3](#).

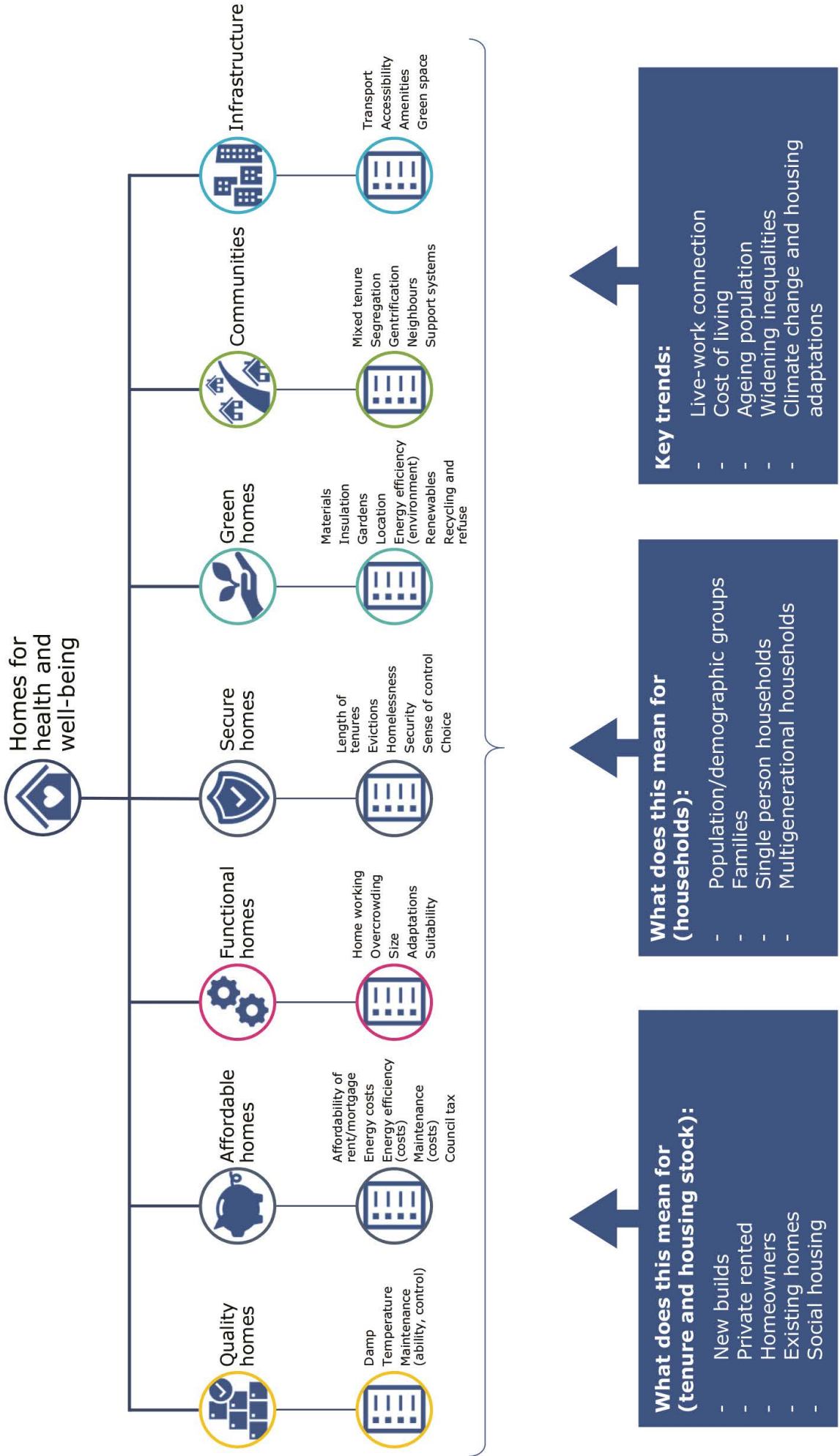


Figure 2. The seven themes and sub-topics that the briefing series will cover

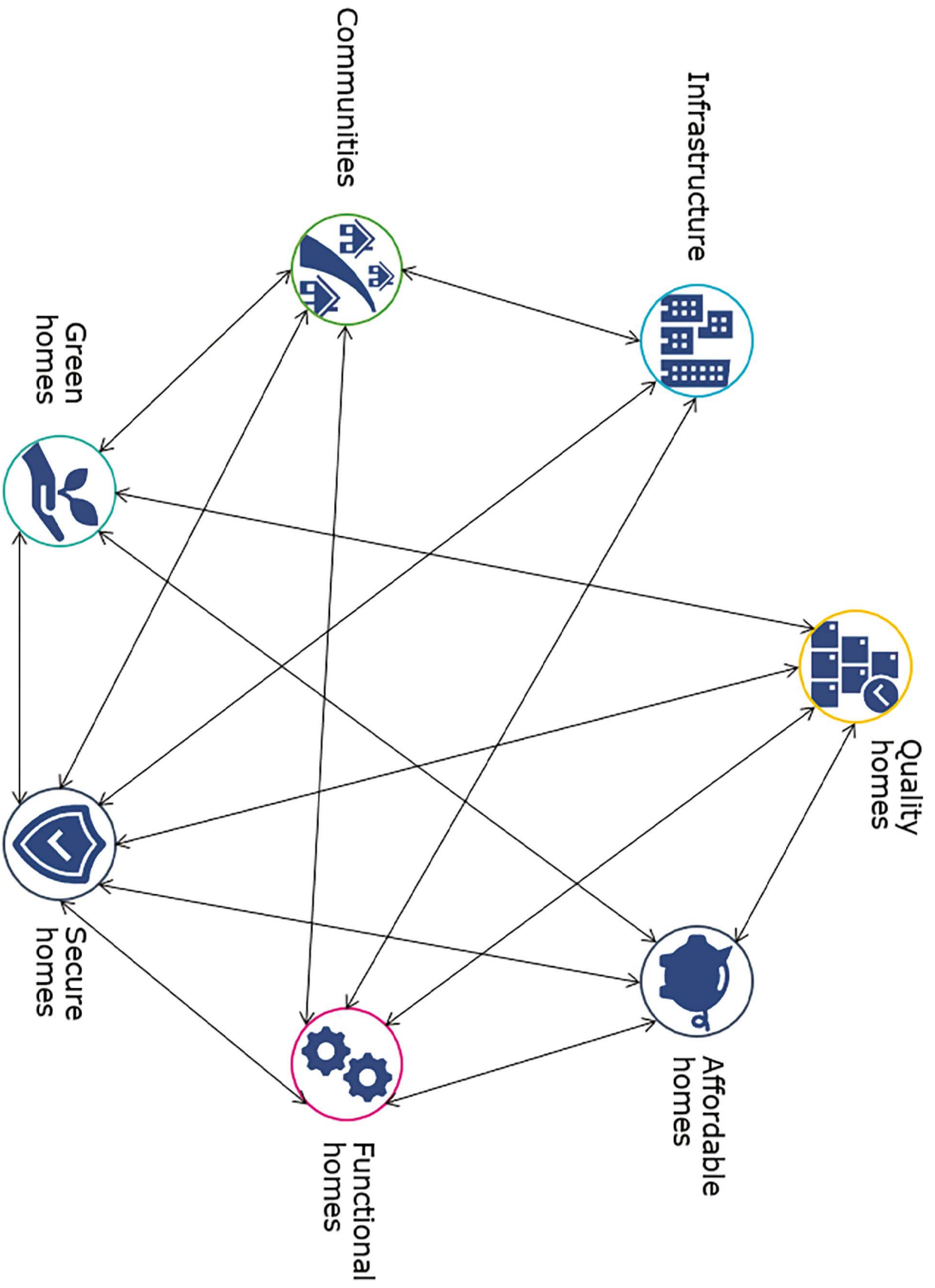


Figure 3. Interconnections between the seven themes of homes for health and well-being



3.1 Quality homes

Are homes well-built and well-maintained?

Homes should be free from hazards, and able to be kept warm, dry, and well maintained.

“I think just [...] not having issues like damp and structural issues that you’re constantly worried about. [...] Having a, uh, well maintained, well ventilated, well heated, big enough property is what makes the difference, isn’t it?”

- Participant 2, Pembroke Dock



3.2 Affordable homes

Can people afford to keep their homes warm, dry, adapted to needs, safe and well maintained?

Rent and mortgage costs need to be affordable, as do household bills, adaptations and maintenance.

“It has an impact, no matter what your tenure is. So people who own are terrified about mortgage inflation. You know, people’s stress and anxiety around just general price increases. People who are in private rented are living in a state of anxiety.”

- Participant 1, Pembroke Dock



3.3 Functional homes

Are homes able to fulfil people's needs?

Homes should be suitable – particularly for older people and those with disabilities – and have enough space to live comfortably.

“It’s the steps. And they put the rail, so like, but I still gotta sort of, hold onto the step as I’m going up. And then the last step, well, I don’t know, I’d like to slap whoever created that one. I can’t get up it on my own – my son’s got to pull me up. But I used to love sitting in the garden.”

- Participant 3, Mountain Ash



3.4 Secure homes

Do homes provide people with a sense of security?

Homes should offer security both on a personal, psychological level, and to provide the stability needed to fully take part in society.

“It’s a sense of security, I think. And especially when you have worked with vulnerable adults and understood how easy it is to become homeless and then how difficult it is to settle somewhere that you can go home to and shut your door and it’s yours, is an enormous thing to be grateful for, isn’t it?”

- Participant 4, Llandudno



3.5 Green homes

Are homes built and run in an environmentally sustainable way?

Homes should be energy efficient, resulting in benefits for people (e.g. via lower energy bills) and the environment.

“If money wasn’t an issue and I could choose where I lived, definitely sustainability. I would love stuff like solar panels. I’d like to be eco-friendly.”

- Participant 5, Llandudno



3.6 Communities

Are homes part of inclusive communities?

Homes should be based in wider communities that support and provide a sense of belonging to the people living in them.

“My neighbours are brilliant. We all get on. We’re out in the garden in the summer all talking, you know, over the gardens. And that’s how I used to grow up, we used to be, like. I got an old gentleman next door and he’s like a second father to me, you know. That’s great about the house.”

- Participant 1, Mountain Ash



3.7 Infrastructure

Are homes well and easily connected?

Homes should be well and easily connected to essential services and green space.

“It’s the infrastructure, isn’t it? You know, even if you’re not happy with the house, but if everything else around you was better – you know, if you did have access to the councils or you know, the repairs, the GPs [...] That’s where all the weaknesses are; it is on the infrastructure. You know, whether it’s enough buses in and out... And that impacts us all and impacts our well-being.”

- Participant 2, Llandudno

More detail on how these themes presented through our lived experience research can be found in [Section 4](#). These themes will be discussed in more detail in the subsequent briefings.

Box 1: Engagement undertaken to develop the aims and themes of the briefing series

Engagement exercises were designed to ensure that those with lived experience and those with expertise of health and housing could shape our vision of healthy housing and how to work towards this.

The aim of this engagement was to ensure that the content and format of our work would enable positive change in Wales.

Housing and health stakeholder workshop: A one-hour workshop was held with public health stakeholders who work in areas related to health and housing in Wales. The workshop aimed to gather stakeholders' thoughts on initial proposals for the health and housing project and to shape and guide it going forward.

Lived experience workshops: Public Health Wales partnered with Citizens Advice Cymru to recruit for and deliver four workshops conducted in four different towns in Wales (Holyhead, Llandudno, Pembroke Dock and Mountain Ash). The workshops explored participants' lived experience of how their health and well-being are impacted by where they live. See the [Annex](#) for details on the method.

Engagement with external stakeholders: The project plan has also been developed in conjunction with external stakeholders working in health and housing in Wales. Engagement has included one-on-one conversations as well as attendance at relevant groups and events. Stakeholders have included those from the third sector, Welsh Government and Senedd Research.

Review of literature: A review of the literature on health and housing was conducted to develop and refine the seven themes. This included a review of previous Public Health Wales publications (see [Section 7](#)) as well as reports and evaluations produced by stakeholders.

4. How people see their homes affecting their health today

This section outlines key findings from the lived experience workshops (see the [Annex](#) for detail on methodology).

Summary

- All participants agreed their home environment has a big impact on their health and sense of well-being.
- Participants who were more vulnerable (for example, older participants or participants who had disabilities) were more likely to describe their housing situation as having a negative impact on their health and well-being.
- The themes were not experienced in isolation; each theme interacted with and compounded the others. For example, the affordability of energy bills meant participants changed their behaviours around heating their homes. Living in cold homes harmed participants' physical health, and impacted the quality of their homes, due to increased damp. The worsening quality of homes then further impacted their physical health conditions and mental health issues, creating a vicious cycle.



4.1 Quality homes

When participants spoke of the quality of homes, key elements that were said to have a significant negative impact on physical health, mental health and well-being included damp and living in homes that were not adequately maintained or were in a state of disrepair. These issues with the quality of homes were compounded by not being able to afford to heat homes adequately.

“I don't think anybody would want to live in a cold, damp house or anything like that, would they? You need at least to have a structurally sound house in order for your well-being to be ok. My son has spent the last year in student accommodation and his room was riddled with damp. And so I've seen the effect that's had on him physically. But then also, like, on top of that, his sleeping pattern was thrown out of whack. He got quite low about it.”

- Participant 7, Llandudno

Not being able to complete repairs (due to lack of skills, ability, adequate support or financial means) was a particular issue for participants living in social housing. This led to feelings of despondency and hopelessness. On the other hand, participants who felt they were able to either maintain their houses themselves or had good relationships with their landlords spoke of this as a positive element of their living situation and general well-being.

“Nobody is happy if there’s repairs that need doing, there’s the financial aspect of it, there’s the fact that if something is wrong, so that does have a tremendous effect on your mental well-being.”

- Participant 2, Llandudno



4.2 Affordable homes

Homes becoming increasingly less affordable was discussed in all workshops as a current issue that was having a negative impact on health and well-being. Rising rent (particularly for private rather than social housing renters), mortgage and energy costs were all highlighted as significant stressors.

“I think at the moment with the news about energy prices as they are, I have quite intentionally not put the heating on. [...] I think it has a massive impact, especially if you’ve got children. You know, what do you do? You just warm one room for them, or what do you do?”

- Participant 3, Llandudno

The impact of rising energy costs on health and well-being was said to be particularly significant for elderly or unwell people, or for participants who lived with children, elderly or unwell people, as well as those living in rural, off-grid homes.

“You’re gonna pick up more colds, possibly flus. It [high energy costs] is gonna affect you. Even the way you cook your food: you’ve got to change your way you cook your food. So most people now will – especially elderly – go for more colder food rather than hotter food through winter, ‘cause it’s too expensive. So that’s gonna impact on your health.”

- Participant 1, Mountain Ash



4.3 Functional homes

Homes that are functional for the needs of the people living in them was another key theme that emerged from the workshops. A lack of adaptations for people with disabilities or older people was frequently highlighted, and how this stopped them from being able to look after their health and well-being.

“At the moment, I’m in one room, again. Got my commode in the room. It’s lucky if I have a shower once a fortnight ‘cause it’s too hard, ‘cause my brother’s got stairs you see, so I have to wait for him so he can come upstairs with me and be... Put me in the bath and shower. That takes time. And then using it one handed.”

- Participant 4, Holyhead

Having sufficient space was also highlighted as an important characteristic of functional homes, and crucial for good health and well-being.

“When you haven’t got your own room and you haven’t got your own space, there’s no identity. So my children were going to school every day in uniform, same as every other kid, coming home and living in one space where they couldn’t put their bits that they wanted to out, whatever. So that was, that was one of the biggest things. Also, you get really peed off with other people because you are on top of other people. You can’t get away. So for your mental well-being, it’s like being in prison.”

- Participant 4, Pembroke Dock



4.4 Secure homes

Another feature of healthy homes that does not relate to bricks and mortar, but was said to be key to health and well-being, was how secure participants’ homes or housing situations felt. Within this theme, participants discussed the importance of a sense of security, ownership, privacy, stability, choice, control and predictability.

“I think it’s the fact that you’ve got somewhere that you can come back to. Somewhere where it’s your own.”

- Participant 2, Mountain Ash

The negative impacts of a lack of choice on health and well-being was frequently discussed and cut across a number of the other themes. As well as the direct impacts on mental health, a lack of choice was also described as reducing participants' sense of self-worth.

“I think being able to choose the property that you wanna live in has a massive impact, obviously. [...] It makes a massive difference. [...] I think when you don't have the choice as well, and then you're put in somewhere that doesn't meet your standards or your needs, then it has an effect on your mental health 'cause you kind of think 'well, I'm not worth anything better' and then, you know, if you're there for a long time, that can take a massive toll.”

- Participant 7, Llandudno

A lack of money was highlighted by participants as the main barrier to having more control and choice over their housing situation. This was compounded by a lack of social housing availability, particularly for participants with additional needs or disabilities. This resulted in participants being trapped in unsuitable homes, significantly impacting their health.



4.5 Green homes

Some (but not all) participants discussed how they would like to be able to make their homes more energy efficient and environmentally friendly, in part to reduce their energy costs, but more often to contribute to carbon reduction more generally. Both of these motivations were thought to be beneficial to well-being. Most participants who discussed the topic described low carbon heating technologies (for example solar panels or ground source heat pumps) as an aspirational aim rather than actions they were intending on carrying out or thought were realistic. Their high cost was stated as a key barrier.

“So obviously I'd want solar panels, but then again, the funding's been taken away and opportunities for people to actually have solar panels installed.”

- Participant 3, Pembroke Dock

“And the price that you get back from the grid is now half of what it was four or five years ago. So it takes you triple the amount of time to make back what you have to put it in.”

- Participant 2, Pembroke Dock

Another topic of discussion concerned difficulties in being able to dispose of unwanted items. A reduction in the availability of amenities such as community skips, as well as councils charging for the removal of bulky waste, presented issues with maintaining houses, gardens and the surrounding areas, particularly for those with disabilities. The outcomes of this, such as fly-tipping and unwanted large household items being left in gardens or on roads, were reported to have a negative impact on participants' well-being.

“They used to do community skips a few years ago. [...] Where I am [...] not everybody maintains their garden. Rubbish is a big issue, yeah, and how the communities look, yeah. Because the council funding, again, have cut back. Like cutting bushes, cutting trees, the grass cutting um, but like, um, getting rid of big household items, you gotta pay for them. That doesn't help. Like I said, they don't do community skips now, like everything just gets thrown all over the place.”

- Participant 2, Holyhead



4.6 Communities

Communities for health and well-being was another theme to emerge from the workshops that demonstrated how housing's impact on health goes beyond the impact of the physical structure. A mixture of perspectives was put forward on what 'community' meant to different participants; whether their current and previous experiences were positive or negative; and how their communities impacted their health and well-being.

“We're all talking about bricks and mortar. Bricks and mortar do not have any feelings. What to me is important is who's next door to you? Who's next door but one? Because it's these people that support you and you support them. So I would think, where you live, if you've got a community spirit in the place, that's a wealth. That's a wealth. And it doesn't matter if you're rich or poor. If somebody there is affectionate towards you and you share that affection, then you've got a life worth living.”

- Participant 7, Llandudno



4.7 Infrastructure

When discussing healthy housing, the conversation often focused on the participants' broader surroundings in addition to their houses. Discussions included the impact that access to local services – such as banks, supermarkets and gyms – and green space had on their health and well-being. Limited public transport was often highlighted as a key barrier to access, particularly for those who did not own cars, who lived rurally and/or who had mobility issues.

“Physical health – I think people living in rural communities would say any kind of, if you’ve got any kind of mobility issue, transport for people with limited mobility around here is a difficulty. So where you live then, you’re either very isolated, because actually you can’t use public transport, or it’s very limited where you can go, or you’re having to move to non-existent properties because of your mobility issues.”

- Participant 2, Pembroke Dock

Overall, there was a sense that local infrastructure had worsened over time due to funding cuts, which had negatively impacted the health and well-being of individuals and communities more broadly.

“There isn’t funding there for everybody to have everything, and resources are low, and everybody’s bidding for the same pots and... It’s difficult to keep all of those facilities buoyant all of the time, and when people lose access to those groups, their health and well-being will plummet instantly. So especially people who have very specific needs, things like stroke groups – you know who, who are dealing with a very target audience, and their skill set, it’s very specific to those people – without access to that resource, those people will struggle. From the day that that stops, the day that club closes, you know, the day their community ceases to exist, and that the long-term impact for that is huge.”

- Participant 2, Pembroke Dock

4.8 Conclusion

While all seven themes were referred to in each of the four workshops, the extent to which different issues impacted participants' health and well-being, not surprisingly, depended on their specific needs and their housing status.

Participants living in more precarious circumstances were more likely to report that their basic needs were not being met, and the negative influences this had on their health, for example due to overcrowding, or unaffordable housing costs.

Having basic needs met was recognised by all as an important contributory factor to good health and well-being. Participants who felt their basic needs were met by their home were more likely to focus on factors external to the physical dwelling, such as local amenities and their accessibility, or a sense of community – though these were also commonly discussed by those who were having issues with the quality of their homes.

While most participants aspired to making their homes greener or living more sustainably, the cost of such measures was often put forward as a barrier.

Having a sense of control and choice was a critical positive driver of health and well-being. Participants feeling as if they had been able to choose a home and location that met their current and future needs was deemed to have a positive effect on their health and well-being. On the other hand, participants who felt they had less or little control over where they lived, or how to improve their situation, spoke of the negative impacts this had on their health and well-being, including feelings of frustration and being trapped.

Overall, participants felt that having more money would improve the issues with their housing. Having sufficient income to choose, maintain, adapt and retrofit homes, in a way that was suitable for the participants' current and future needs, was put forward as the main solution that would improve their situations. If it allowed participants to buy and fuel cars, it would also improve their access to local services and social networks where local public transport was lacking. Greater availability of social housing and affordable housing was also put forward by participants as key to improving healthy housing.

In summary, the discussions across all four workshops highlighted that **housing is crucial for good health and well-being**, and that **healthy housing goes much further than bricks and mortar**.

5. Key trends that will shape the future of healthy housing

5.1 Live-work connection

The COVID-19 pandemic has accelerated a trend towards increased home working. The Welsh Government is actively encouraging and promoting a remote working strategy, aiming for almost a third (30%) of the workforce to work remotely on a regular basis.⁴ Statistics suggest that this target has been met; 30.4% of adult employees in Wales reported their own home as their main place of work in March 2022, more than double the rate in October to December 2019 (12.4%).⁵

While this still means that a significant proportion of the Welsh population does not work from home – particularly low earners and the youngest and oldest workers – the figures suggest that the trend of home working is here to stay.⁶

This bears relevance for the future of healthy housing, as for an increasing amount of people, homes must not only be suitable for living, but also for working.

5.2 Cost of living

The cost of living crisis means the cost of essentials, including energy bills in particular, is outstripping average increases in wages or benefit payments.⁷ This has significant and wide-ranging negative consequences for mental and physical health and well-being, which for some people in Wales will be a matter of life and death.⁸

For example, not having the money to put the heating on means living in cold and damp conditions. This increases the risk of heart attacks and stroke, as well as arthritic and respiratory conditions.¹ Not being able to afford mortgage or rent payments increases risk of mental health issues.⁸

While some of these problems will ease as inflation falls, others may persist. The cost of living crisis therefore highlights the need to rethink the approach to decision-making in policy areas that shape the building blocks for a healthy life, of which housing is key.

5.3 Ageing population

By 2038, one in four people in Wales will be over the age of 65.⁹ We are also seeing an increase in the number of people living alone, with people aged 65 and over making up almost half (45%) of single person households.⁹ Older people are more likely than any other demographic to own their own home.¹⁰

Suitable housing is particularly important for older age groups, due to changing needs and spending more time at home.⁹ For example, older people are particularly at risk of health issues as a result of living in cold or damp homes.¹ Changing physical needs can also require adaptations such as grab rails, stairlifts, or installing wet rooms to live well.¹⁰

However, evidence suggests that older people in Wales are facing a ‘housing crisis’, exacerbated by the COVID-19 pandemic and increases in the cost of living.¹⁰ An increasing number of older people are living in houses that are inaccessible and in a state of disrepair, without being able to afford the necessary improvements to live healthily.¹⁰

To ensure housing in Wales is healthy for the entire population, both now and in the future, the needs and wants of people of all ages need to be considered.

5.4 Widening inequalities

Poor quality and insecure housing cuts lives short in Wales. For example, approximately one in three excess deaths during winter are linked to either living in cold homes or fuel poverty, with older people, children and babies at particularly high risk.¹¹

The risks to health and well-being associated with living in unhealthy homes are not felt equally across the Welsh population.¹ And, as housing is a key driver of health, this contributes to overall health inequalities – and the differences are getting larger.^{12,13}

It is vital that healthy homes are viewed in the context of past, current and ongoing challenges such as the COVID-19 pandemic, austerity policies, the cost of living crisis, the legacy of poor quality, energy inefficient homes, climate change, and winter pressures, all of which contribute to widening health inequalities in Wales.

It is also crucial not to lose sight of the need to tackle the underlying causes of health inequalities, such as poor quality homes. Concerted, coordinated effort is needed if we are to reduce the unfair health gap in Wales and protect vulnerable populations through the housing stock. These efforts form part of a broader aim to build an economy and society orientated toward health, well-being and equality, which puts Wales on a stronger footing for the challenges that lie ahead.

5.5 Climate change and housing adaptations

The climate crisis represents one of the biggest threats to health and well-being. As the climate changes, homes must adapt to it, including improved heating and cooling in response to more extreme weather, and better flood protection, among other changes.

Welsh Government estimated that up to 45% (614,000) of households could be in fuel poverty in April 2022 – up from 14% in October 2021 – and up to 8% (115,000) of households could be in severe fuel poverty.¹⁴ The average cost of energy bills has increased since April 2022, meaning fuel poverty rates are likely to be even higher.¹⁵

Fuel poverty rates are compounded by Wales’ housing stock being some of the least energy efficient in Europe,¹ particularly homes in rural areas which tend to be among the most poorly insulated and are more likely to rely on oil or Liquefied Petroleum Gas (LPG) as their main fuel for heating, which is more expensive than energy from the grid.¹⁶

As well as improving the health of people in Wales, increasing the energy efficiency of the housing stock and making homes more resilient against a changing climate also bring benefits to the affordability of houses, government policy objectives on climate change and decarbonisation, and the environmental impact of energy use. Each of these factors links to the building blocks of healthy lives.

6. Evidence into action

A lot of evidence is available on the link between people's homes and their health. Further research into this area is not needed to take action, as the ways in which housing contributes to health are generally well understood. Instead, we now need to put this evidence into practice to improve people's health through their homes in Wales. The briefing series aims to facilitate this by highlighting specific actions that different groups and stakeholders can take to achieve our vision of everyone in Wales being able to live in a home that protects and promotes their health and well-being.

The actions outlined in the briefing series will be relevant for a wide variety of stakeholders who are involved in different elements of housing.

“Your house is part of that bottom rung, and when that goes wrong, pull that away, the rest just comes crashing down, and it doesn't matter does it. But if you've got the money to fix, so you know, if my washing machine broke, I'll buy another one. But if you can't do that, you know, this bottom rung again, there's something going wrong here, and the foundations isn't there, so it all comes tumbling down.”

- Participant 4, Pembroke Dock

Public Health Wales intends to publish briefings exploring each of the themes in more detail (see [Figure 2](#) for the themes). We would welcome feedback and discussion on this work – please feel free to get in touch: manon.roberts7@wales.nhs.uk.

7. Further reading



Cold homes and their association with health and well-being: a systematic literature review



Making a Difference Housing and Health: A Case for Investment



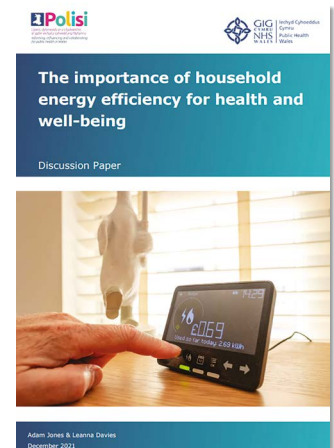
The full cost of poor housing in Wales



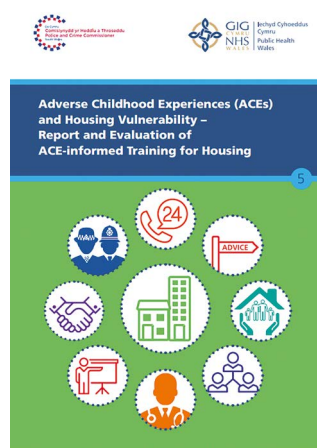
Improving winter health and well-being and reducing winter pressures in Wales: A preventative approach



No place like home? Exploring the health and well-being impact of COVID-19 on housing and housing insecurity



The importance of household energy efficiency for health and well-being



Adverse Childhood Experiences (ACEs) and Housing Vulnerability – Report and Evaluation of ACE-informed Training for Housing

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Annex: Lived experience workshops method

Public Health Wales partnered with Citizens Advice Cymru to recruit for and deliver four workshops conducted in four different areas of Wales (Holyhead, Llandudno, Pembroke Dock and Mountain Ash). The workshops explored participants' lived experience of how their health and well-being are impacted by where they live. Each workshop was facilitated by two members of Citizens Advice Cymru.

The workshops took place between 27 September and 3 October 2022. Participants were recruited by local Citizens Advice offices from the four workshop locations.

Six people were recruited for each group, with a total of 15 out of 24 taking part: six males (40%) and nine females (60%). A breakdown of the participants' housing status is provided in Figure 4.

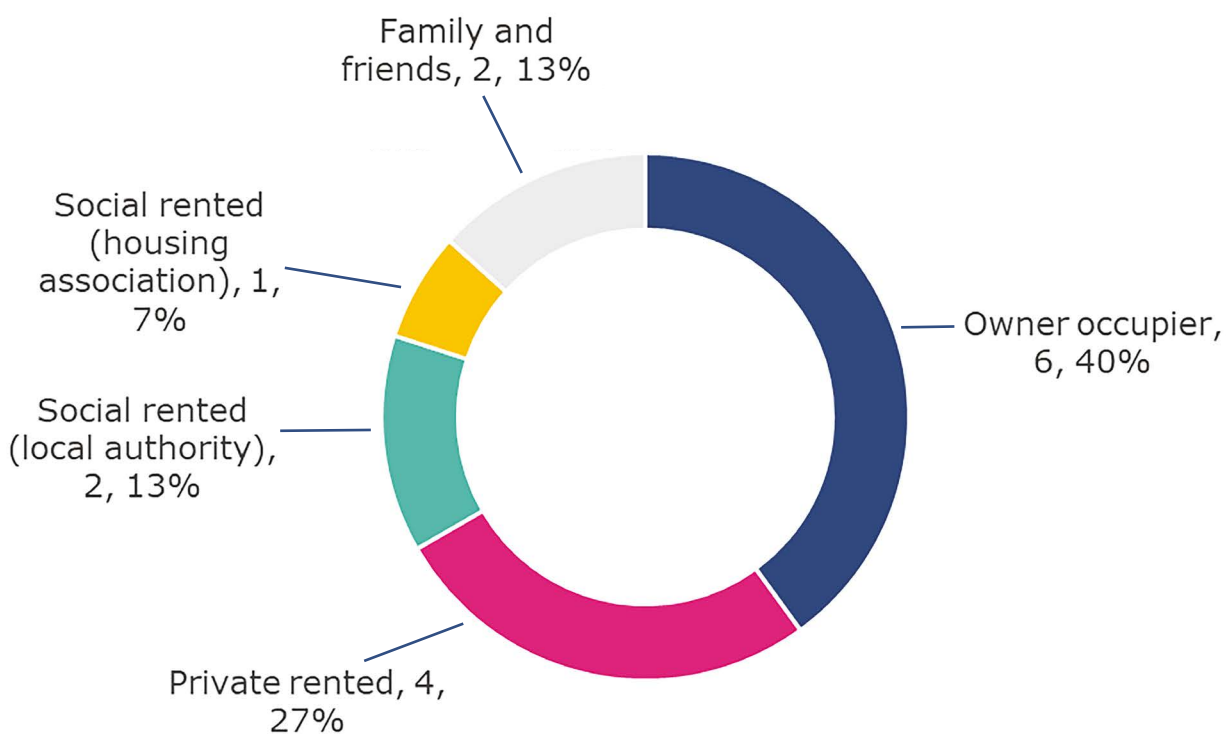


Figure 4. Breakdown of the 15 workshop participants' housing status

The workshops were recorded, and the recordings were transcribed and thematically analysed.

The content of each of the themes that emerged from the analysis of the transcripts is detailed in [Section 4](#), with relevant quotes. All quotes are presented verbatim, apart from when identifying information (such as names of individuals) has been removed to protect confidentiality, and when contextual information is added in square brackets to aid understanding. Where cuts have been made within quotes, these are marked with [...] as an omission marker.

Homes for health and well-being

Summary briefing