

No place like home?

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

Supplementary Information Report



Public Health Wales: Louise Woodfine, Liz Green,
Laura Evans, Lee Parry-Williams, Christian Heathcote-Elliott,
Charlotte Grey, Sumina Azam, Mark A Bellis

Chartered Institute of Housing: Yoric Irving-Clarke, Matthew Kennedy, Catherine May

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Section 1 – Methodology¹

The European Centre for Health Policy (1999) Gothenburg Consensus is widely accepted as the seminal definition of Health Impact Assessment (HIA), and defines it as:

‘A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population’

European Centre for Health Policy (1999)

Health Impact Assessment (HIA) is a process which supports organisations to assess the potential consequences of their decisions on people’s health and well-being. Currently, it is not statutory in Wales. However, the *Public Health (Wales) Act 2017*² has legislated that HIA will become statutory for public bodies in specific circumstances. HIA also supports the implementation of the *Well-being of Future Generations (Wales) Act 2015* through the ability to address and maximise ‘A Healthier Wales’ and ‘A more Equal Wales’ Well-being Goals as part of a ‘health in all policies’ approach.

A major objective of an HIA is to inform and influence decision-making or policy; however, it is not a decision-making tool per se. HIA provides an evidence based systematic, yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people’s health and well-being – in the present and in the future.

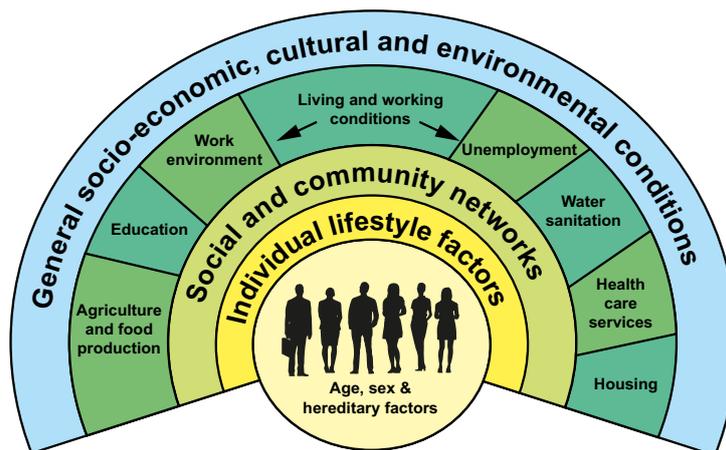
HIA, as practised in Wales, is grounded in the World Health Organization (WHO) definition of health and well-being (WHO, 1948) which encompasses physical, mental, and social health and well-being. HIA also views population impact through the lens and framework of the social determinants of health. This framework considers not just the biophysical and environmental health impacts that can be derived from policies, proposals and plans but also assesses the social factors that can have an impact and the population groups which are affected. These factors, such as environment, transport, housing, access to services and employment can all interact to a greater or lesser extent with an individual’s behaviours and genetic makeup to influence health and well-being.

The diagram (see Figure 1) summarises the relationship between these determinants.

¹ The methodology section in this report has been adapted from <https://phw.nhs.wales/StayingatHomepolicyHIA>

² National Assembly for Wales. Research Briefing. Public Health (Wales) Act 2017 – Act Summary. Available at: [https://senedd.wales/research%20documents/public%20health%20\(wales\)%20act%202017/17-025-web-english.pdf](https://senedd.wales/research%20documents/public%20health%20(wales)%20act%202017/17-025-web-english.pdf) (Accessed 10 September 2020)

Figure 1: Social determinants of health and well-being framework



Taken from Dahlgren and Whitehead (1991)

HIA can be used to help address the persistent inequalities in Wales by identifying any groups within the population who may be particularly affected by a policy, plan, or proposal.

HIA is based on triangulation of health intelligence and data, stakeholder knowledge / evidence and a review of the literature including peer reviewed research. As practised in Wales, HIA is grounded in this mixed methodological approach and embraces community and lay knowledge. HIA works best when it involves people and organisations who can contribute different kinds of relevant evidence, contextual knowledge and insight. The information is then used to identify measures to maximise opportunities for health and to minimise any detrimental impacts and identify any ‘gaps’ that need to be filled. Wales emphasises the inclusion of all stakeholders including local community citizens as part of the process. Including this type of qualitative evidence is important to assess individual and community concerns, anxiety and fears, for example, and data can be quantified for use in decision-making and / or mitigation and can give a more holistic, contextual view of impacts.

There are three main types of HIA - prospective, concurrent and retrospective.

- **Prospective HIA** – at the start of the development of a project, proposal or plan
- **Concurrent HIA** – runs alongside the implementation of the project (or policy)
- **Retrospective HIA** - assesses the effect of an existing project or policy and can be used as an evaluation tool. Retrospective assessments can also be utilised for unexpected events, as a way of learning lessons for the future.

HIA is best used prospectively during the development of a proposal. The process should be activated late enough in a proposal’s development to be clear about its nature and purpose, but early enough to be able to influence its design and / or implementation.

Within any of the above, HIA can take one of three different forms depending on the focus and the time and resources available - desktop, rapid or comprehensive. A desktop HIA may take only a few hours or a day to execute; a rapid HIA may take a few days to a few months to complete; and a comprehensive HIA is more in-depth / time and resource intensive and can take many months to complete. The most appropriate type to conduct can be decided through a short scoping meeting and discussion of timeframes and resources, and levels of stakeholder involvement.

Often, however, any particular HIA may fit in between two of these categories, as the approach taken will be determined by the nature of the proposal, the timescales involved and the human, organisational and financial resources available to undertake the process.

HIA is also based on a number of key principles and values – these include equity, robustness, transparency, ethical use of evidence, participation, sustainability and democracy (see Figure 2).

Figure 2:

HIA Assessment Process ³							
Evidence – peer reviewed; qualitative; quantitative; health intelligence; stakeholder							
Principles and Values							
Ethical	Equitable	Transparent	Open	Robust	Participatory	Sustainable	Democratic

There are a number of ways in which the potential impacts may be described. Where possible, the following should be assessed:

- **The nature of the impact** - how will the proposal affect health and will the impact be positive or negative? Will it be direct or indirect i.e. via a direct pathway as an associated impact?
- **The likelihood of the impact** - is the likelihood of the impact of the proposal confirmed, probable or possible? (see Glossary in Summary Report)
- **The scale and significance of the impact** - what proportion of the population is likely to be affected? How significant or minimal will the impact be (i.e. will it cause mild distress, improve well-being or increase mortality?)
- **The timing of the impact** - will the impact be in weeks, months, years? In some instances impacts may be negative in the short term, but in the longer term may be beneficial
- **The distribution of the effects** - will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the population may not benefit others. In some cases, the assessment will identify ways in which those worst affected, most disadvantaged or particularly vulnerable populations could be helped. This can be an important contribution to reducing the health inequalities that exist between some communities.

There are five main steps to HIA (see Box 1). However, it does not need to be a linear process and HIAs are most useful and effective when the process is iterative. It is systematic yet flexible to particular timescales and circumstances. The five steps are:

Box 1. HIA Process

1. **Screening:** does the proposal or plan have an impact on population health?
2. **Scoping:** what resources, timeframes, policy windows, evidence need to be considered? Does a Steering Group need to be established? Roles and responsibilities of any Steering Group
3. **Appraisal / Assessment of evidence:** triangulation of qualitative and quantitative evidence and health intelligence
4. **Reporting and recommendations:** construction of HIA report and any non-technical summary
5. **Review and reflection:** including monitoring and evaluation – did the HIA and any findings have an impact on health and well-being or decision-making process?

³ Figure 2 is acknowledged to Liz Green from the WHO Collaborating Centre, Public Health Wales.

The HIA process for *No place like home? Exploring the health and well-being impact of COVID-19 on housing and housing insecurity*

This HIA is a participatory comprehensive HIA and was undertaken between July 13th 2020 and June 30th 2021.

This section describes how the HIA was carried out, who was involved, and the methodological approach taken. It followed the 5-step standard process contained in Box 1.

This HIA was iterative and followed the systematic methodology described in the Welsh HIA guidance of 'Health Impact Assessment: A Practical Guide' Wales Health Impact Assessment Support Unit (WHIASU), (2012). WHIASU checklists⁴ were used in the assessment to ascertain the impact on population groups and determinants of health and well-being. A Public Health Wales (PHW) Working Group was established to oversee and carry out the HIA.

Scoping and screening of the potential public health impacts of home and agile working took place virtually.

A scoping document was initially developed which defined the scope of the HIA and how it would be carried out, the timeframes for the work, who would be involved and how, and the evidence needed. It also outlined the governance mechanisms and the types of evidence required to ensure that the HIA and any report based on it was high quality and robust.

A half-day interactive screening session was undertaken via Skype and involved the following from WHIASU and the Policy Teams of the WHO Collaborating Centre (CC) on 'Investment for Health and Well-being' at Public Health Wales:

- Laura Evans, Public Health Practitioner
- Liz Green, Programme Director for HIA
- Charlotte Grey, Public Health Researcher
- Christian Heathcote-Elliott, Principal Public Health Practitioner
- Lee Parry-Williams, Senior Public Health Practitioner
- Louise Woodfine, Principal Public Health Practitioner

The participants considered how a wide range of groups could be affected in Wales by housing insecurity and / or homelessness and which determinants may be particularly impacted upon, utilising the WHIASU checklists. The session was informed by a range of evidence that had been reviewed beforehand, and included academic literature, organisational reports and publications, and any published stakeholder perspectives. The Working Group completed a screening paper that preliminarily identified the potential determinants, populations and areas of policy focus that could be affected.

The impacts to be explored further included:

- Population Groups: women, men, older people, young people and young adults; those on low incomes, key workers; lone parents, those with physical and learning disabilities and challenges, Black, Asian and Minority Ethnic (BAME) groups and families
- Behaviours affecting health: diet / nutrition, physical activity, use of alcohol, risk taking behaviours
- Social and Community factors: social isolation, community and regional differences, family life
- The impacts on mental well-being
- Economic conditions: types of employment, income, productivity and local economies
- Access to services: health and social care, education, other municipal services
- Environment: housing / homeworking environment, working conditions, transport and travel and office space and infrastructure
- Macro socioeconomic: digital infrastructure and digital skills and literacy, organisational and government policies.

⁴ Available at: www.whiasu.wales.nhs.uk

Evidence

In order to inform the HIA, the following information was collated:

- **Peer reviewed and grey literature:** A research protocol was agreed with the Public Health Wales Evidence Service who subsequently identified relevant published evidence which was reviewed. The findings from the review can be found in Section 4 and Section 5 of this report.
- **Qualitative evidence:** The HIA captured knowledge and information held by stakeholder organisations and individuals. Two workshops were held with 15 attendees, (see Section 6 for workshop notes) and four interviews were conducted (see Section 6 of this report for a summary of the interviews). The notes from these were transcribed and analysed using thematic analysis.
- **Health Intelligence and data:** A community and demographic profile of Wales was developed utilising recognised Welsh and United Kingdom (UK) sources, such as the Public Health Wales Observatory and the Office for National Statistics (see Section 2 of this report).
- Other identified **relevant information sources** were utilised where appropriate.

All of the above evidence and data was collated, synthesised and analysed. The evidence was weighted so that peer reviewed literature and robust health intelligence evidence provided the central platform for the HIA. The evidence analysis was carried out by the Working Group. A matrix summarising the nature of the impacts was completed based on the collated evidence (see Tables of Impact contained in Section 8).

The following descriptors and definitions were used to categorise the impact:

 **Positive /**  **Opportunity** – Impacts that improve or maintain health status or provide an opportunity to do so

 **Negative** – Impacts that diminish health status

 **Confirmed** – Strong direct evidence e.g. from a wide range of sources that an impact has already happened or will happen

 **Probable** – More likely to happen than not. Direct evidence but from limited sources

 **Possible** – May or may not happen. Plausible, but with limited evidence to support

 **Major** – Significant in intensity, quality or extent. Significant or important enough to be worthy of attention, noteworthy

 **Moderate** – Average in intensity, quality or degree

 **Minimal** – Of a minimum amount, quantity or degree, negligible

 = Short term  year  = Medium term  years  = Long term  years

The Summary Report and this document are the outputs of the HIA. Review and reflection will take place post publication including establishing parameters for monitoring and evaluation.

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Section 2 – Community Health Profile

Population structure

The total estimated population in Wales in 2019 was 3,152,900⁵, of which 50.7% were female and 49.3% were male (StatsWales, 2020a). In relation to age 17.9% of the population were aged 0 to 15, 61.1% aged 16 to 64 and 21.0% were aged 65 and over (StatsWales, 2020a). Amongst children and young people in Wales aged between 0-24 years, the largest number 202,402 (22.4%) are in the 20–24-year age band (StatsWales, 2020a). Just over 165,000 (5.3%) are under the age of 5 years old (StatsWales, 2020a).

Population projections suggest that the total population will increase by nearly 88,000 over the next 20 years (StatsWales 2020b). By 2040 it is projected that 26.4% of the population will be aged 65 and over, which represents an increase of 5 percentage points on mid-year 2019 population estimates (StatsWales 2020b).

The areas of Wales with the largest local authority populations are Cardiff, Swansea, and Rhondda Cynon Taf (Statistics for Wales, 2020a). South east Wales has the highest population density of the four regions in Wales (545.5 persons per square kilometre) and mid Wales is the least densely populated region with 29.5 persons per square kilometre (Statistics for Wales, 2020a).

Estimates from the Annual Population Survey show that in 2020 94.5% of the population in Wales classify themselves as White British or Irish with 5.5% of the Welsh population identifying as Black, Asian or other ethnic minority group (StatsWales, 2021).

Area deprivation and health inequalities

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

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

In 2015-17, a comparison of healthy life expectancy between England and Wales showed that males in Wales had almost 2 fewer healthy years than males in England (Public Health Wales, 2020a).

Housing

Wales has the oldest housing stock in the UK with over one in four homes (26%) being constructed before 1919. A lower proportion of people live in flats compared to England and Scotland (Piddington et al, 2020).

At 31st March 2020, there were 1,437,600 dwellings recorded in Wales of which the majority (70%; 1,002,700 dwellings) were owner occupied, 14% (205,000) were privately rented, 10% (142,600) were registered social landlord properties, and 6% (87,300) were rented by local authorities (Statistics for Wales, 2020b).

⁵ Figure rounded to the nearest 1000.

Results from the National Survey for Wales monthly survey in May 2020, show that 54% of respondents owned their property outright whereas 46% owned it with a mortgage (Welsh Government, 2020b). The average house price for a first-time buyer in Wales in March 2021 was £159,375 with the lowest first-time buyer house prices being in Blaenau Gwent (£92,912) and the highest in Monmouthshire (£233,323) (Data Cymru, 2021).

In May 2020 it was reported that 13% of respondents had a mortgage holiday agreed during the COVID-19 pandemic, 14% reported keeping up with bills and commitments but said this is a struggle from time to time and 3% reported keeping up with all bills and commitments but that this is a constant struggle (Welsh Government, 2020b).

Housing need in Wales

From 2019 to 2024, it is estimated that between 6,200 and 8,300 additional housing units will be required annually, with a central estimate of 7,400 (Welsh Government, 2020g). These figures include an annual average of 1,100 additional housing units to clear those in existing unmet need over the first 5 years. Using the housing need estimate of 7,400, this is split into 3,900 additional market housing units (52% of the additional housing need) and 3,500 additional affordable housing units (48% of the additional housing need) over the next five years (2019 - 24) (Welsh Government, 2020e).

Households in Wales

In 2019, 14.5% of households were lone parent families (131,000 families) in Wales, which was similar to the UK (14.9%). The number of lone parent families in Wales has reduced by 25,000 families since 2014 (156,000 families) (Office for National Statistics, 2019).

In 2019, 32.1% of households were one-person, which was higher than the UK average recorded at the time (29.5%). The number of one-person households has increased from 394,000 in 2015 to 441,000 in 2019, which represents a 12% increase. In addition, 40.3% of households in Wales had dependent children in 2019, which was slightly lower than the UK average of 42% (Office for National Statistics, 2019).

Houses in Multiple Occupation (HMOs)

During 2018-19, there were an estimated 19,578 Houses in Multiple Occupation (HMOs) in Wales (StatsWales, 2020c). There were an estimated 497,000 HMOs in England and Wales at the end of March 2018, of which around 10% had HMO licenses. Around 2,800 properties in Wales had mandatory HMO licenses at the end of March 2018 with Welsh local authorities estimating that there were around 19,300 HMOs in Wales on that date (House of Commons Library, 2019).

Overcrowding

In Wales, 6% of social renters and 5% of private renters are in overcrowded housing. Between 1% and 2% of home-owners were in overcrowded housing in all four parts of the UK (Joseph Rowntree Foundation, 2017).

Employment and government support schemes

The pandemic has had a significant impact on the labour market. In the period August to October 2020, the employment rate in Wales was 72.4%, down 1.9% percentage points on the same time period in the previous year, and the rate of unemployment was 4.6% - an increase of 16,000 people

from the same period a year earlier (Statistics for Wales, 2020c). In early November there was a 77.1% increase in people claiming Universal Credit compared to March 2020 (Statistics for Wales, 2020c).

The full impacts on the labour market have yet to be felt with several government support schemes implemented. At the end of May 2020 316,500 individuals were furloughed under the Coronavirus Job Retention Scheme in Wales (HM Revenue and Customs, 2020) although this had reduced to 125,000 by the end of November 2020 (HM Revenue and Customs, 2021). The sectors hardest hit by the pandemic have been manufacturing and construction, non-essential retail, accommodation, and food services (tourism, hospitality), arts and entertainment, and administrative and support services. The retail and accommodation and food services sectors account for more than a third of all furloughed workers in Wales (Bevan Foundation, 2020). Research from the Joseph Rowntree Foundation shows that over 40% of employees work in at-risk industries in Caerphilly, Blaenau Gwent, and Flintshire local authorities (Joseph Rowntree Foundation, 2020b).

Workless households

Findings from the Annual Population Survey 2019 showed that 13.1% of all households in Wales were workless households which is higher than the UK average (9.7%) (Office for National Statistics, 2020a). In Wales, 40.0% of workless households in Wales live in council / housing association dwellings with a further 21.1% living in privately rented accommodation (Office for National Statistics, 2020a). These figures are slightly lower than the figures for the UK as whole (42.6% and 21.8% respectively) (Office for National Statistics, 2020a).

Household income and expenditure

Across the UK, there was zero growth in the typical working-age household income over 2017-18 and 2018-19 with slight growth in 2019-2020 (Resolution Foundation, 2020). Low-income households have fared particularly badly, with analysis indicating that real incomes for the lowest income households in 2018-19 were no higher than in 2001-02 (Resolution Foundation, 2020).

In 2019, compared to the UK, Wales had a lower median pay for nearly every sector (Wales £22,701 and UK £24,937 for all sectors) (Office for National Statistics, 2020b). The coronavirus lockdown has hit living standards hard. Typical non-pensioner household incomes across the UK were 4.5 per cent lower in May 2020 than in 2019-20 (Resolution Foundation, 2020).

In Wales, more than one in three with children (38%), the equivalent of 220,000 children, lived in homes that saw a decrease in income during lockdown and 29% said that their personal disposable income had decreased (Shelter Cymru, 2020). Those with less than £15,000 annual disposable income report being hardest hit financially, with 37% reporting their personal disposable incomes had decreased (Shelter Cymru, 2020). The same survey estimated 7% of parents / guardians with children, the equivalent of 30,000⁶ children, had to choose between paying for food and paying housing costs before and during the lockdown (Shelter Cymru, 2020).

During the pandemic, the earnings of renters have been impacted the most, and are more precariously positioned for the future than homeowners (Resolution Foundation and The Health Foundation, 2020). Both private and social renters are now more than twice as likely as mortgagors to have lost their job (8 per cent of private renters and 7 per cent of social renters, compared to 3 per cent of mortgagors). It is noted that younger and lower-paid workers, who are more likely to be renters, are bearing the brunt of the COVID-19 crisis (Resolution Foundation and The Health Foundation, 2020).

⁶ Calculations done by Shelter Cymru based on Census 2011 data

Rent arrears

Arrears recorded by Welsh individuals rose by 17% from June to July 2020 (HouseMark, 2020). It was estimated that Welsh social landlords let around 145 homes in July to rough sleepers leaving hotel accommodation (HouseMark, 2020).

By the end of lockdown, an estimated 14,913 private renters⁷ (4%) had been asked to leave their homes due to falling behind with their rent (Shelter Cymru, 2020).

Research commissioned by Joseph Rowntree Foundation in May 2020 found that during the initial coronavirus lockdown almost a quarter of British renters (23%) were worried about paying their rent (Joseph Rowntree Foundation, 2020a). This is up from 18% who were worried pre-COVID-19 and is particularly important as 63% of private renters do not have any savings (Ministry of Housing, Communities and Local Government, 2019).

Research undertaken in October 2020 estimated that around 2.5 million households in Great Britain were worried about how they would pay rent during the winter months and 700,000 households were already in rental arrears, with households having to make trade-offs on essentials like food and electricity for their families (Joseph Rowntree Foundation, 2020c). Some renters are faring particularly badly. This research also found a total of 42% of Black, Asian and Minority Ethnic (BAME) renters, 36% of renters with children in their households, and 32% of renters with an income under £25,000 per year are worried about paying their rent through to February in comparison to 29% of all renters (Joseph Rowntree Foundation, 2020c).

Poverty

Rent increases in the social rented sector have led to a concerning dramatic increase in poverty in that sector, particularly in working households, undermining the sector's role in protecting people in poverty. The private rented sector remains smaller than in other UK nations, however, increasing reliance on expensive private rents puts many poorer households at additional risk of poverty. Poverty rates among private renters are higher in Wales than elsewhere in the UK (Joseph Rowntree Foundation, 2020b).

Fuel poverty

Of all households in Wales, on average 12% (155,000 households) were recorded as experiencing fuel poverty in 2018 (Welsh Government, 2019a). However, rates differ depending on local authority area in Wales, with higher rates of households in Gwynedd and Ceredigion living in fuel poverty (23% and 21% respectively) than those in the Vale of Glamorgan, Torfaen and Bridgend (all under 9% of households living in fuel poverty) (Welsh Government, 2020e).

Citizen's Advice data (reported in March 2021) highlights:

- There were 15,455 instances of advice given in Wales in relation to housing topics between April 2020 and March 2021. The majority of this (n= 4,991) was in relation to private rented sector housing, with 1,255 queries regarding Local Authority housing, and 93 instances of advice were given in Wales in relation to access to sheltered and supported housing between June 2020 and March 2021.
- There were 148 BAME individuals living in Housing Association or Residential Social Letting properties who sought advice on housing in Wales in the 12 months to April 2021.

⁷ Calculations done by Shelter Cymru based on Census 2011 data

Physical health and mental health and well-being

Results from the National Survey for Wales 2019/20 indicate that 71% of the Welsh population (aged 16+) report being in very good or good health, with 48% having a long-term illness and 35% having a limiting long-term illness (Welsh Government, 2020f). The most common types of illness reported were musculoskeletal complaints (17%), heart and circulatory complaints (13%) and mental disorders (11%) (StatsWales 2020d). The proportion of adults experiencing bad health is almost four times higher in most deprived areas of Wales (15%) compared to the least deprived areas (4%) (StatsWales, 2020e).

Research in Wales conducted between June and July 2020 showed that compared to National Survey for Wales 2018/19 data there had been a significant decrease in mental health with psychological distress being found in around 1 in 2 of the population and 1 in 5 showing severe effects (Gray et al., 2020). Women, younger people and those living in more deprived areas were more likely to report psychological distress (Gray et al., 2020).

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

Security within the home

For the year ending March 2020, the Crime Survey for England and Wales (CSEW) estimated that 2.3 million adults experienced domestic abuse in the year ending March 2020, comprising 1.6 million women and 757,000 men (Office for National Statistics, 2020c). The CSEW 2019 also suggests that a higher proportion of social renters report domestic abuse (9.0%) compared to private renters (6.6%) and owners (2.5%) (Office for National Statistics, 2020d). There is evidence that domestic violence increased in lockdown, and some children and young people have been exposed to violence and abuse at home (Shelter Cymru, 2020). Women are much more likely to be the victims of domestic abuse than men, and men are more likely to be perpetrators of abuse, against women or men (Wales Centre for Public Policy, 2020).

Older people in Wales are also experiencing domestic abuse. During the pandemic and its restrictions on everyday life, the opportunities to identify older people at risk of or experiencing abuse have fallen. At the same time, the restrictions may have exacerbated existing abusive situations or led to new ones (Older People's Commissioner for Wales, 2020).

Risk taking behaviours

18% of adults report that they currently smoke. Smoking was more common for those in materially deprived households, and less common among people aged over 75. Just under a fifth (19%) of adults were found to drink more than the weekly guideline amount (average weekly consumption above 14 units). Drinking above weekly guidelines was more common among men and people aged 45 to 74. A quarter (25%) of adults ate at least the guideline amount of five portions of fruit or vegetables the previous day. People who were materially deprived were less likely to do this. Just over half of adults (53%) met the guideline amount of 150 minutes' activity in the previous week, and men were more likely to have done so than women. A third (33%) were inactive (active less than 30 minutes the previous week). Inactivity was highest among older adults (aged 75 or over) and those who were materially deprived. Just over sixty per cent (61%) were overweight or obese; a quarter were obese. Men were more likely to be overweight or obese (67% of men) than women (55%). Obesity was most prevalent for those aged 45 to 74. A quarter (25%) of adults reported four or five of the healthy lifestyle behaviours (not smoking, not drinking above

guidelines, eat five fruit or veg, active, healthy weight); whilst 10% reported fewer than two of the five healthy lifestyle behaviours. These results which are pre-COVID-19 remain unchanged over the last four years (Welsh Government, 2020h).

Digital access

Data from the National Survey for Wales 2018-19 showed 92% of households in the least deprived areas had internet access compared with 83% of households in the most deprived areas (Welsh Government, 2019b). Furthermore, individuals in employment were more likely to have access to the internet at home than the unemployed or economically inactive, and those in private rented or owner occupied accommodation more likely than those in social housing (Welsh Government, 2019b).

Ofcom (2020) reported that superfast broadband coverage reached 93% of residential homes in Wales over the past year. During the same time period, 3% of premises (50,000 premises) in Wales were unable to receive decent broadband from a fixed line, of which the majority (84%; 42,000 business and residential premises) were located in rural areas in Wales, and 18,000 premises were unable to access decent broadband from fixed, Wireless Internet Service Provider (WISP) or mobile Fixed Wireless Access (FWA) connections (Ofcom, 2020).

Population groups:

LGBTQ+ groups

In 2016-2018, approximately 96% of people over the age of 16 in Wales identified as heterosexual, 1.3% identified as gay or lesbian, 0.7% as bisexual, 1.7% as 'other', whilst 1.6% preferred not to say (StatsWales, 2020f). In Britain, the best estimate at the moment is that around 1% of the population might identify as transgender – this includes people who identify as non-binary (Stonewall, 2021).

As a group, LGBTQ+ (lesbian, gay, bisexual, trans and queer / questioning, including other identities that fall under this umbrella) people are believed to be at particular risk of homelessness, with some estimates that a quarter of young homeless people identify as LGBTQ+ (The Albert Kennedy Trust, n.d.). There is further evidence that trans people may be particularly at risk both of homelessness itself and of repeated, entrenched homelessness (Stonewall, 2021). McNeill et al (2012) found that nearly a fifth of trans adults had experienced homelessness, with just over a tenth having been homeless several times. Trans people are particularly likely to experience specific risk factors for homeless, including family breakdown and domestic violence (Shelter Cymru, 2019). Trans people are also much more likely to experience economic insecurity, being less likely to be in stable employment and more likely to be on low-incomes (Shelter Cymru, 2019).

Refugees and asylum seekers

As of March 2020, there were 135 people in Initial Accommodation in hotels (intended to be short-term and temporary, while applications for asylum and refugee status are being lodged), of which 90 were single and 16 were children (Personal communication, 2020). By September, this number reduced to 96, of which 84 were single and three were children.

In April 2020, there were around some 3,200 people in dispersed accommodation in 757 properties across Wales, 241 of which were Houses in Multiple Occupation, and by September 2020 there was little change in these numbers (Personal communication, 2020). With reference to

asylum claims, around 3% of asylum applications in 2019 were based at least partially on the basis of sexuality (that the applicant was lesbian, gay or bisexual), which was less than the previous year (Home Office, 2020).

Older people

People aged 70 years or over from certain ethnic groups are more likely to live with those from a range of ages. Households containing someone aged 70 years or over are most likely to contain a mix of ages living together if that person's ethnicity is Bangladeshi (56%) or Pakistani (35%). Older people who live with more than one generation of people may be more exposed to COVID-19, and over 80% of deaths registered up to 25 September 2020 that mention COVID-19 on the death certificate in England and Wales relate to someone aged 70 years or over (Office for National Statistics, 2020e).

Homeless people

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

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Section 3 – Legislative and Policy Context

The *Coronavirus Act 2020* grants the UK, and devolved governments, emergency powers to temporarily amend laws across several relevant areas. These are summarised here.

Evictions and housing possession claims

Notice periods

The act extended the minimum notice period to end a tenancy (for assured and assured shorthold tenancies) to three months, for notices served between 26 March and 23 July 2020. *The Coronavirus Act 2020 (Assured Tenancies and Assured Shorthold Tenancies, Extension of Notice Periods) (Amendment) (Wales) Regulations 2020* extended this to six months' notice for most notices served from 24 July 2020 to 30 September 2020 (except for some notices including those resulting from anti-social behaviour) (Baxter, 2020a; Cromarty and Wilson, 2020; Welsh Government, 2020a; Welsh Government, 2020b). This was extended until 31 March 2021 by *The Coronavirus Act 2020 (Residential Tenancies: Protection from Eviction) (Wales) Regulations 2020*, and legislation was amended again to extend this to 30 June 2021 (Wilson, 2021), then until 30 September 2021 (*The Coronavirus Act 2020 (Residential Tenancies: Extension of Period of Protection from Eviction) (No. 2) (Wales) Regulations 2021*) and currently until 31 December 2021 (*The Coronavirus Act 2020 (Residential Tenancies: Extension of Period of Protection from Eviction) (No. 3) (Wales) Regulations 2021*). Although not directly linked to the act another piece of legislation, *The Renting Homes (Amendment) (Wales) Act 2021*, will change the rules for evicting tenants from their home on a no-fault⁸ basis. When this legislation comes into force landlords will need to provide six months' notice and will not be able to serve a notice of this kind during the first six months of a tenancy commencing.

Possession proceedings

On 27 March 2020, a 90-day suspension on possession proceedings came into force, halting housing possession claims (Baxter, 2020a; Cromarty and Wilson, 2020; UK Government, 2020a). This was extended for a further two months on 5 June, 2020 (UK Government 2020b), and a further four weeks from 21 August 2020 in both England and Wales (Cromarty and Wilson, 2020; UK Government, 2020c). The suspension ended on 21 September (Wilson, 2020). A Practice Direction came into force on 20 September 2020 outlining how suspended and new possession claims would be managed with new requirements for claimants, (HC Deb 10 September 2020 vol 679 c HCWS446); this is effective until 30 November 2021 (Justice, 2021).

Benefits and support

On 30 March, 2020 *The Social Security (Coronavirus) (Further Measures) Regulations 2020*, came into force, these regulations:

- Increased the Universal Credit (UC) standard allowance and basic element of Working Tax Credit (on a temporary basis) for the 2020-21 tax year (Rust, 2020) (this was extended for a

⁸ Private landlords are able to repossess their properties from assured shorthold tenants (ASTs) without having to establish fault on the part of the tenant. This is referred to as the 'no-fault' ground for eviction.

further six months in the 2021 budget (HM Treasury, 2021)

- Returned Local Housing Allowance (LHA) rates to the 30th percentile (UK Government, 2020a; HC Deb 10 September 2020 vol 679 c HCWS446)
- Enabled those requiring an advance payment during the waiting period for their first UC payment to request this by phone or online (Rust, 2020)
- Suspended Department for Work and Pensions (DWP) and third-party debt recovery for one year (Rust, 2020).

The Social Security (Coronavirus) (Further Measures) Amendment Regulations 2020 came into force on 6th April 2020 and made changes to the assessment period for Universal Credit claimants in order they could access extra financial support more quickly.

On 13 March, 2020, *The Employment and Support Allowance and Universal Credit (Coronavirus Disease) Regulations 2020* came into force providing the Secretary of State discretion to:

- Refrain from applying the minimum income floor for self-employed claimants
- Remove the 7 day wait following submission of a claim for those applying for an employment and support allowance.
- To treat those who make a claim for / are entitled to UC and employment and support allowance as individuals with limited capability for work.

The Discretionary Assistance Fund (DAF) provides two grants, Emergency Assistance Payment (EAP) and Individual Assistance Payment (IAP), which individuals can apply for (Welsh Government, n.d a). Usually, individuals can make an application for EAP three times within a twelve-month period (Bevan Foundation, 2020), however this was temporarily extended to five grants within a year, effective between the period of 1 May 2020 and 31 March 2021 (Welsh Government, 2020c; Welsh Government, n.d a). This extension has been continued and is currently in place until 31 March 2022 (Welsh Government, n.d a).

Mortgages and rent

A three-month mortgage holiday was agreed for those struggling to pay mortgages during the pandemic and this was also made available to buy-to-let landlords, because their tenants may be experiencing financial difficulties due to the pandemic (Cromarty and Wilson, 2020). This was then extended for a further three months. Guidance was provided for mortgage lenders, with borrowers able to request a first or second three-month deferral of mortgage payments up to and including 31 March 2021 with payment holidays ending on 31 July 2021 (Financial Conduct Authority, 2021).

The Welsh Government has also implemented a Tenancy Saver Loan Scheme, where loans are paid to landlords directly for private tenants struggling to afford rent payments (Baxter, 2020a; Cromarty and Wilson, 2020; Welsh Government, 2021a; Welsh Government, 2020d).

Housing market

The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020, which came into force on 26 March 2020, outlined restrictions on movement during the lockdown, with individuals only allowed to leave their place of residence under specific circumstances, for those reasons considered as 'reasonable excuses'. As a result, during the lockdown period that began in March 2020, individuals were only allowed to move to a new house if this was considered absolutely necessary and were urged to delay this if possible. Restrictions that had been placed on the housing market were fully lifted on 27 July 2020 (Baxter, 2020a; Senedd Research, 2020), with changes reflected in legislation.

Homelessness

In March, Welsh Government announced additional funding for local authorities to secure accommodation for rough sleepers and those in temporary accommodation (Baxter, 2020a; Welsh Government, 2020e). Hotels and private landlord vacant properties have been used to house the homeless, providing protection for these individuals (Baxter, 2020b).

Under current housing legislation in Wales, those individuals who sleep rough are not considered to be in priority need for housing (Baxter, 2020b). However, in April 2020 Welsh Government provided guidance to local authorities, advising that during the pandemic, those currently homeless or facing homelessness are vulnerable and should be considered in priority need (Baxter, 2020b; Welsh Government, 2020f). Alongside this, guidance has been provided by Welsh Government to support employees in the emergency shelter, hostel and substance misuse sector (Welsh Government, 2020g). A written statement from Welsh Government also highlights the steps that have been taken to support tenants throughout the pandemic in order to prevent them from becoming homeless, and supporting them to remain in their home (Welsh Government, 2021d).

Vulnerable populations

Both *The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020* and *The Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020* included provision for individuals to be legally allowed to leave their homes to 'avoid injury or illness or escape a risk of harm'. This provision has remained in the subsequent regulations (Welsh Government, 2021b).

Sick Pay

The Statutory Sick Pay (General) (Coronavirus Amendment) Regulations 2020, which came into force on 13 March 2020, states those individuals who are isolating in line with government advice on coronavirus are considered incapable of work and entitled to Statutory Sick Pay (SSP) (Ferguson and Seely, 2020). Several additional regulations have come into force since, which make changes to SSP legislation to:

- Amend the date when coronavirus advice is effective from due to updated advice being available.
- Include those individuals who are required to 'shield'⁹ as they are deemed clinically extremely vulnerable and at high risk due to underlying health conditions as a new category in the legislation.
- Include those who must self-isolate for 14 days following contact with a person with coronavirus as those incapable of work.
- Include that individuals are entitled to SSP for the entire period they are required to self-isolate and the time they are required to stay home following testing positive for coronavirus.
- Include individuals awaiting a surgical or hospital procedure who are required to stay at home prior to admission to hospital as individuals entitled to SSP.

The Statutory Sick Pay (Coronavirus) (Suspension of Waiting Days and General Amendment) Regulations 2020 came into force on 28 March, 2020, removing the 3 day waiting period for payment of SSP, meaning that from 13th March 2020, SSP can be paid on the first day of absence (Shelter, 2020).

⁹ "Shielding" refers to people on the 'Shielded Patient List' who are defined as being clinically extremely vulnerable to COVID-19, 'shielded' persons were advised to follow extended measures to protect themselves from COVID-19. See <https://gov.wales/guidance-on-shielding-and-protecting-people-defined-on-medical-grounds-as-extremely-vulnerable-from-coronavirus-covid-19-html>.

The COVID-19 statutory sick pay enhancement scheme is available to eligible individuals working in social care and will run until 31 March 2022 (Welsh Government, 2021c).

Housing guidance

Guidance on several aspects of housing during the pandemic, for both service providers and members of the public, have been published on the Welsh Government website (Welsh Government, n.d b). Several organisations in Wales have provided and continue to provide housing advice related specifically to COVID-19, online on their websites for members of the public to access (Mental Health Foundation, 2020; National Residential Landlords Association, 2020; Shelter Cymru, 2020; The Money Advice Service, 2020).

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Section 4 – Literature review

The public health impacts of insecure housing during the coronavirus pandemic

Evidence from the literature review is summarised in the tables below. Table 1 consists of evidence relating to key population groups and Table 2 to evidence relating to key determinants of health and well-being. Much of the evidence contained in both tables is cross-cutting. For example, evidence relating to mental health and well-being may apply to one or more population groups. Consequently, readers should crosscheck more than one table where necessary.

Literature search methodology

Following initial scoping searches conducted by the review team, a member of the Observatory Evidence Service in Public Health Wales developed and ran searches in Medline, Embase and HMIC from the beginning of 2008 until the end of August 2020.

The terms used were:

1. (accomm* or hous* or shelter).ti,ab.
2. (secur* or safety or safekeeping or insecur* or uncertain* or ansi*or threat*).ti,ab.
3. (austerity or financial crisis or recession or economic downturn or economic scarring or disaster).ti,ab.
4. (coronavirus* or coronovirus* or "2019 nCoV" or COVID-19 or CORVID-19 or CONVID-19 or WN-CoV or HCoV-19 or CoV or "2019 novel" or ncov or SARS-CoV* or SARSCov19 or "severe acute respiratory syndrome" or SARS or MERS or influenza or H1N1 or Swine flu or "Asian flu" or syndemic).ti,ab.
5. 3 or 4
6. 1 and 2 and 5
7. limit 6 to (English language and humans and yr="2008 -Current")

In addition, searches using different combinations of the terms listed above were run in Social Care Online and Epistemonikos databases and in the pre-print server MedRxiv.

Search results were screened independently by two reviewers at title, abstract and full text stages in accordance with pre-defined inclusion criteria (see Figure 3) and the process was recorded in an Excel spreadsheet.

Figure 3 Inclusion and Exclusion Criteria

Inclusion / Exclusion Criteria
<p>The following papers were included:</p> <p>Those papers which were considered relevant to the subject area, showed an impact on health and well-being and gave insight into:</p> <ul style="list-style-type: none"> • Security of tenure • Feeling safe at Home • Ontological security, such as maintaining consistency of having a home <p>Those which were from low-income and / or developing countries (low / middle income countries (LMIC) were excluded.</p>

Results

Searches of Medline, Embase and HMIC identified 413 citations, with Social Care Online, Epistemonikos and MedRxiv yielding an additional 33 results. Two reports identified during scoping searches and two of three newly published preprint papers, identified whilst citation tracking the selected papers, were also included. The full study selection process is detailed in the PRISMA flow diagram below (Figure 4).

Figure 4 PRISMA flow diagram

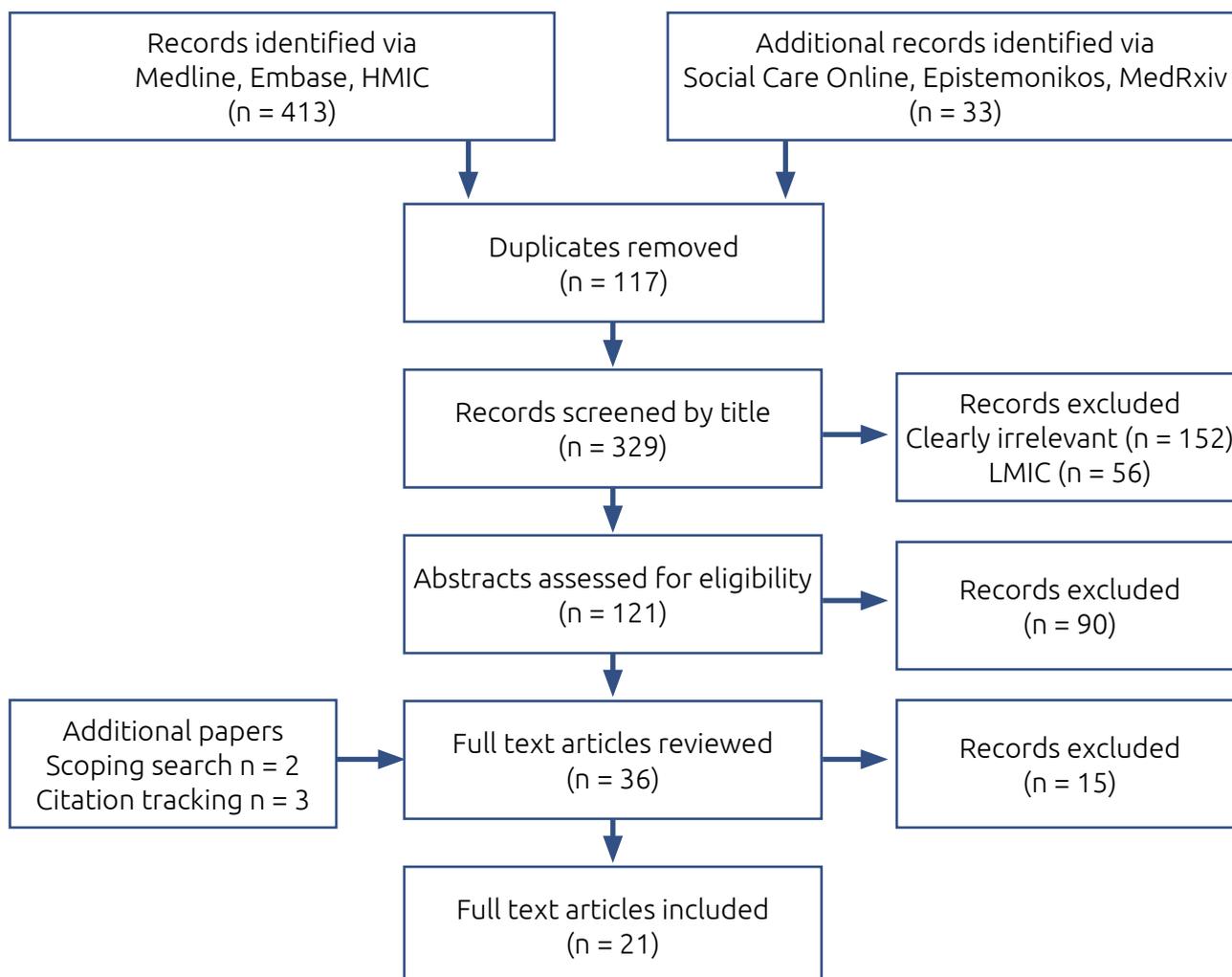


Table 1 – Evidence relating to key population groups

In the following tables, direct quotes from the sources are depicted by “ ” in the text.

Population groups	Evidence
<p>Women (see also young people, men, carers, working parents and key workers)</p>	<p>“Increase in unemployment rates during the Great Recession (2008/9) associated with increases in men’s abusive behaviour, economic uncertainty affects relationships. 10.4% of mothers reported being in violent or controlling relationships, 9.5% reported being in controlling relationships and 1% in violent relationships. Experience of economic hardship by mothers’ increases their likelihood of being the victim of violent or controlling behaviour, or controlling behaviour, and experiencing violent behaviour” (Schneider et al, 2016).</p> <p>“The time periods surrounding the recent economic recession were accompanied by a significant and sustained increase in major depression prevalence in the US population. It is plausible that the recession, given its strong, persistent, and negative effects on employment, job and housing security, and stock investments, contributed to the sustained increase in prevalence of major depression in the US population, but other factors associated with the recession time period could have played a role” (Mehta et al, 2015).</p>
<p>Children and Young people (see also women, people on low-incomes, VAWDASY, mental health and well-being, overcrowding)</p>	<p>“Clients not on residential programmes and having informal support from family and friends, have found themselves facing homelessness / being asked to leave current living situation, or complications in child custody arrangements in informal housing situations (e.g. fear of child bringing virus in to household); those clients still living with abuser lost access to most informal and formal support sources, and ability to escape. Children lost reprieve from abusive living situations with loss of school attendance” (Bagwell-Gray, 2020).</p> <p>“Children who move home in the first year of life are at substantially increased risk of emergency admissions for potentially preventable Hospitalisations (PPH) in early childhood. Additional research that focuses on enhancing health and social support services for highly mobile families, educating parents about safety risks, and improving housing quality is warranted” (Hutchings et al, 2016).</p> <p>“Experience of economic hardship by mothers’ increases their likelihood of being the victim of violent or controlling behaviour, or controlling behaviour, and experiencing violent behaviour” (Schneider et al, 2016).</p> <p>“Students who, during the previous 4 weeks had experienced household food insecurity (anxiety / uncertainty about food, insufficient food quality or insufficient food intake), or had their pocket money decreased within the last 6 months scored on average significantly higher in the Aggression Questionnaire compared to their counterparts who did not” (Lazaratou et al, 2016).</p> <p>Child poverty rises in recessions and falls in expansions, and the level of cyclicality is higher at lower levels of the income distribution (Bitler et al, 2017).</p> <p>“Clients not on residential programmes and having informal support from family and friends, have found themselves facing homelessness / being asked to leave current living situation, or complications in child custody arrangements in informal housing situations (e.g. fear of child bringing virus in to household. Children lost reprieve from abusive living situations with loss of school attendance)” (Bagwell-Gray, 2020).</p>

<p>Those with existing health and mental health conditions</p>	<p>“People with mental health condition...are showing marked less confidence in government, confidence in accessing essentials (such as food, medicines and electricity) is mixed but people with physical and (in particular) mental health conditions are particularly worried about not being able to access essentials” (Fancourt, 2020).</p> <p>“It is plausible that the recession, given its strong, persistent, and negative effects on employment, job and housing security, and stock investments, contributed to the sustained increase in prevalence of major depression in the US population, but other factors associated with the recession time period could have played a role” (Mehta et al, 2015).</p> <p>“Persons who suffer housing arrears experienced a significant deterioration in self-reported overall health...the impact of housing arrears was significantly worse among renters. These adverse associations were only evident in persons below the 75th percentile of disposable income” (Clair, 2016).</p>
<p>Those on low-incomes</p> <p>(see also people experiencing homelessness, social tenants and renters, private tenants and renters, women)</p>	<p>“The impact of economic downturns is greater for low-income and deprived households, and those who face additional barriers to participating fully in society” (Marmot et al, 2013).</p> <p>The importance of sufficient incomes, decent housing and active labour market programmes, focused on those groups most at need is highlighted (Bloomer, 2012).</p> <p>This economic crisis is first and foremost a labour market crisis, with big implications for the incomes of working families (number of employees have fallen, hours worked have fallen, self-employed pay has fallen; family incomes shielded hugely by policy action). Hardest hit sectors are lower-earning parts of the economy such as hospitality and retail, means that the labour market effects have been concentrated on low-earners and the young (Brewer, 2020).</p> <p>“Child poverty rises in recessions and falls in expansions, and the level of cyclicality is higher at lower levels of the income distribution. The safety net provides protection against shocks to household earnings and income (has stabilising effect) i.e. that is, the cyclicality of ATT poverty is significantly attenuated relative to the cyclicality of PI poverty, controlling for fixed state characteristics and national shocks” (Bitler, 2017).</p>
<p>Social tenants and renters</p>	<p>“The coronavirus income shock has been felt widely across tenures, but social and private renters are more likely to have fallen behind with housing costs than home-owners. One-in-six social renters, have fallen behind with housing costs since the coronavirus outbreak” (Judge, 2020).</p> <p>This Canadian study showed “pre-recession (2008-9) food insecurity affected 3.3% of homeowners and 17.1% of renters. Among homeowners, the risk of food insecurity increased post-recession by 10%, which was not statistically significant; but post-recession, and with adjustment, renters’ higher absolute risk of food insecurity persisted” (McIntyre et al, 2017).</p> <p>In reference to the US student population – the strongest predictor of food insecurity was a change in employment status as a result of the pandemic; a change in living arrangements (housing insecurity) as a result of the pandemic was also a predictor of food insecurity (Owens et al, 2020).</p> <p>Housing has long been recognized as a determinant of health. Historically, epidemiological studies focused on how the physical attributes of housing such as damp, mould and cold could increase risks to asthma and child survival, among other outcomes (Clair, 2016).</p>



<p>Private tenants and renters</p>	<p>When compared with owners, renters tend to have smaller savings, including a lack of equity associated with home ownership, which may render housing hardship more dangerous (Clair, 2016).</p> <p>“Adequate housing may be more difficult to afford during an economic crisis: nationally, the number of tenant evictions increased over the course of the recession. Households may be forced to live in poorer conditions” (Bloomer, 2012).</p> <p>This Canadian study showed “...pre-recession (2008-9) food insecurity affected 3.3% of homeowners and 17.1% of renters. Among homeowners, the risk of food insecurity increased post-recession by 10%, which was not statistically significant; but post-recession, and with adjustment, renters’ higher absolute risk of food insecurity persisted” (McIntyre et al, 2017).</p>
<p>People experiencing homelessness (see also people on low-incomes, people with existing mental health conditions, women and children and young people).</p>	<p>“During the first wave of COVID-19 in England, the modelling suggests that people experiencing homelessness were protected by interventions in the general population, infection control in hostels, and closing of dormitory-style accommodation. (Our) results suggest that 266 deaths were avoided in the first wave, and a further 164 deaths could be avoided if these measures are continued until January 2021, and potentially more if there is a second wave of COVID-19 in the general population” (Lewer, 2020).</p> <p>Patients experiencing housing insecurity had a 32% increase in the odds of contracting COVID-19 (Rozenfield et al, 2020).</p> <p>“Those experiencing housing insecurity are overlooked in disaster preparedness planning. Other areas (such as meeting basic needs) are prioritised over disaster preparedness e.g. the importance of asset literacy in multisector collaborative relationships (being able to identify assets and recognise how these can be mobilised to contribute in a disaster situation). Support for people experiencing homelessness is usually provided at community level and demand increased on these services if people are displaced as the result of a disaster. Therefore, there is a need to identify assets of homeless people and community support organisations as part of disaster preparedness activities” (Sundareswaren et al, 2015).</p> <p>“Economic downturns could exacerbate socio-economic inequalities while increasing certain susceptible populations and high-risk spreader groups, such as prisoners, migrants, and people experiencing homelessness. Some people are worse affected than others by the economic crisis, such as those in the most disadvantaged social groups. People in these groups are more likely to experience unemployment, fall into financial difficulties, become impoverished and move into poor quality housing or become homeless” (Marmot et al, 2013).</p> <p>141 individuals with lived experience of homelessness in Wales who died during the pandemic, 21 of whom died with COVID-19 as a primary cause of death. This suggests that those with homelessness are likely to have poorer health than the general population, combined with complex longer term health needs amplifying the prevalence and severity of COVID-19 (Song, Grey and Davies, 2021).</p>

Table 2 – Evidence relating to key determinants of health and well-being

Determinant of Health and Well-being	Evidence
<p>Behaviours affecting health</p> <p>Risk taking behaviours</p>	<p>“We observed that household composition and neighbourhood deprivation are predictors of COVID-19 hospitalisation and partially attenuated the association between ethnicity and COVID-19” (Lassale et al, 2020).</p> <p>Children who move home in the first year of life are at substantially increased risk of emergency admissions for potentially preventable hospitalisations in early childhood. Additional research that focuses on enhancing health and social support services for highly mobile families, educating parents about safety risks and improving housing quality is warranted. Frequently moving home in childhood is associated with poorer health outcomes in later life (Hutchings et al, 2016).</p> <p>Homeless people have a higher risk of physical and mental health problems. They are more likely to die from cancer or commit suicide, and their average age at death is just 40–44 years old. They also have higher rates of alcohol and substance misuse, smoking and tuberculosis (Bloomer, 2012).</p> <p>“The key informants in this study identified addiction, lack of access to informational resources, and transiency, as factors contributing to heightened risk during disasters. Through inter-organizational collaboration, people who are homeless or experiencing housing insecurity may be better informed, provided the information is tailored and relevant to their needs” (Sundareswaren et al, 2015).</p>
<p>Social and community influences on health</p> <p>Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)</p> <p>Sense of belonging</p>	<p>“The pandemic has changed the way domestic abuse agencies deliver services (essential staff only, remote working for non-residential programmes), while clients experience a ‘hold on their lives’ and a huge impact / barriers on daily living combined with uncertainty over employment and housing status. Clients not on residential programmes and having informal support from family and friends, have found themselves facing homelessness / being asked to leave their current living situation, or have complications in child custody arrangements in informal housing situations (e.g. fear of child bringing virus in to household); those clients still living with abuser lost access to most informal and formal support sources, and ability to escape. Children lost reprieve from abusive living situations with loss of school attendance. There is concern around the long-term effects of COVID-19 on service delivery, and its long-term economic effects will impact on intimate partner violence” (Bagwell-Gray, 2020).</p> <p>“Mothers who experience economic hardship are approximately twice as likely to be the victims of violent or controlling behaviour (15 % vs. 7 %) or controlling behaviour (13 % vs. 7 %) and are much more likely to experience violent behaviour (2 % vs. 0.05 %) than mothers who do not experience hardship” (Schneider et al, 2016).</p>

	<p>"...results are consistent with the idea that rapid increases in unemployment generate a general climate of fear and uncertainty that affects a broad population, not just those who experience job loss or hardship. We interpret our results as demonstrating that the uncertainty and anticipatory anxiety that go along with sudden macroeconomic downturns can have a strong impact on relationship dynamics and that this impact may operate in particularly gendered ways by threatening men's sense of control in the economic domain" (Schneider et al, 2016).</p> <p>"...all households in our study contain children who are potentially witnessing and experiencing this behaviour [controlling behaviour] first hand. Recessions also lead to feelings of fear and insecurity, and this uneasy mindset changes the way people behave in relationships and is likely to affect behaviour in many ways" (Schneider et al, 2016).</p> <p>"Mental health distress and disability continue to have an impact on a number of adults who were displaced or greatly affected by the hurricanes, even as they move back to their communities. The measure of continued transience and uncertainty, the number of times an individual moved residences, became a significant independent factor associated with poorer mental health" (Abramson, 2008).</p> <p>"Frequently moving home in childhood is associated with poorer health outcomes in later life, including higher rates of drug use, smoking, and attempted suicide (lack of this type of study) in the UK. Moving frequently may therefore increase the likelihood of living in substandard housing with associated hazards. It is likely that some of the effects of moving home, such as accident risk owing to unfamiliar surroundings, are likely to occur in the immediate period after a move and until a child has adapted to their surroundings. It is possible, however, that some outcomes, such as infections and vaccine-preventable conditions, may occur for a longer period after the move because the risks are likely to still be present" (Hutchings et al, 2016).</p> <p>There is a need for appropriate and accessible channels for information exchange for those who are homeless or experiencing housing insecurity - often internet and television are used to provide information to the general population as part of disaster preparedness programs, but often these are not accessible by those who are homeless or experiencing housing insecurity. Participants highlighted that difficulties in comprehension and accessibility to media may present barriers to homeless people in accessing information on disaster planning (Sundareswaren et al, 2015).</p>
<p>Mental health and well-being</p>	<p>People with mental health conditions have markedly less trust in government, are more concerned about accessing essentials, report more daily stressors. Women, younger adults, people living in overcrowded accommodation, and / or on lower incomes are particularly likely to report increased stressors (Fancourt, 2020).</p> <p>Major depression prevalence was higher among women compared to men, non-whites compared to whites, and those without health insurance compared to those with, those living in poverty compared to those not living in poverty (this is a study of the United States) (Mehta et al, 2015).</p> <p>"There is good reasons to anticipate that the health of the most vulnerable groups will be disproportionately impacted by (the) crisis, given that they are more likely to suffer unemployment, rely on welfare and public services, and face other barriers to health and wellbeing that may be compromised by a reduced income" (Marmot et al, 2013).</p>

<p>Living and environmental conditions affecting health</p>	<p>Overcrowding</p> <p>“Lower living standards may also lead to overcrowding and poorer nutrition while environmental exposures to pathogens may be altered, creating new opportunities for the spread of vector-borne disease” (Marmot, et al, 2013).</p> <p>Avoidance of deaths depends on prevention of transmission within settings such as hostels and night shelters. The two main implications for practice are that night shelters should not be re-opened while there is sustained transmission of SARS-CoV-2 in the community, and that heightened infection control measures in hostels should be continued even when incidence of COVID-19 is low in the general population (Lewer, 2020).</p> <p>“Household composition and neighbourhood deprivation are predictors of COVID-19 hospitalisation and partially attenuated the association between ethnicity and COVID-19.... they are more likely to be of low income, in precarious contracts or self-employed, and to be living in intergenerational crowded households” (Lassale et al, 2020).</p> <p>“Some people are worse affected than others by the economic crisis, such as those in the most disadvantaged social groups. People in these groups are more likely to experience unemployment, fall into financial difficulties, become impoverished and move into poor quality housing or become homeless” (Marmot et al, 2013).</p> <p>“There is good reason to anticipate that the health of the most vulnerable groups in society will be disproportionately impacted by the crisis, given that they are more likely to suffer unemployment, rely on welfare and public services, and face other barriers to health and well-being that may be compromised by a reduced income” (Marmot et al, 2013).</p> <p>“The impact of the economic crisis on health through its social determinants has the greatest effect on disadvantaged, low-income households as they are more vulnerable to falls in income and are more likely to suffer the employment effects of an economic crisis” (Marmot et al, 2013).</p>
<p>Economic conditions affecting health</p> <p>Unemployment</p>	<p>“There is a positive association between large increases in unemployment and mother’s risk of experiencing violent or controlling behaviour or controlling behaviour but not violent behaviour. Large and rapid changes; macroeconomic shocks result in male partners displaying more controlling behaviour towards mothers. Findings suggest that many in the population can be affected by large and rapid increases in unemployment, as the result of the fear and uncertainty that this causes; does not just impact those who directly experience unemployment or hardship, and this results in increasing controlling behaviour by male partners towards mothers. Relationships are negatively impacted by economic upheaval, in particular the recession, where loss of control in the economy leads male partners to assert greater control in another area, their relationship with female partner” (Schneider et al, 2016).</p>



“Part of the UK government’s austerity package in response to the economic crisis includes significant cuts and reforms to the welfare budget, which have and will continue to reduce incomes for many benefit recipients, restrict eligibility for certain benefits and add restrictions to the previously universal Child Benefit. This is a good example of where austerity measures impact most heavily on the poor and most vulnerable (the part of society receiving means-tested benefits) and reduce incomes at a time when basic living costs are rising rapidly” (Marmot et al, 2013).

This economic crisis is first and foremost a labour market crisis, with big implications for the incomes of working families (number of employees have fallen, hours worked have fallen, self-employed pay has fallen; family incomes shielded hugely by policy action). Hardest hit sectors are lower-earning parts of the economy such as hospitality and retail, means that the labour market effects have been concentrated on low-earners and the young. It is estimated that over half of those who are in work and in the lowest-income households had their work negatively affected in some way by coronavirus in May 2020, compared to three-in-ten of workers in the highest-income households. Unemployment increases over the rest of 2020-21 will mean large household income falls for many (Brewer, 2020).

“These associations were in addition and similar in magnitude to those linked to unemployment, which provides evidence of an accumulation of health disadvantage; the health effects of housing arrears should not be dismissed as the side effect of other financial difficulty. These findings demonstrate the importance of financial aspects of housing to health and the likely considerable impact of the recent housing crisis on the health of people living in Europe” (Clair, 2016).

During an economic crisis, many health outcomes are likely to deteriorate and there is a differential impact across the population, with those directly affected by unemployment, poor working conditions, loss of income, financial difficulties or housing problems suffering the worst effects (Marmot et al, 2013).

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Reduced Incomes / poverty

<p>Access and quality of services</p>	<p>Support services</p> <p>“[People who are homeless would be] more at risk because the services they rely on, on a daily basis, would be minimized or compromised during a pandemic... we were estimating that the [percentage of] staff off could be up to 30% in terms of people leaving sick or choosing not to come to work. And it’s losing those services that really create disparities, and it makes people more at risk” (Sundareswaren et al, 2015).</p> <p>“The pandemic has changed the way domestic abuse agencies deliver services (essential staff only, remote working for non-residential programmes), while clients experience a ‘hold on their lives’ and a huge impact / barriers on daily living combined with uncertainty over employment and housing status” (Bagwell-Gray, 2020).</p> <p>“Recovery rates may be similarly affected, with less funding available for healthcare provision, and susceptible groups less able to access healthcare, particularly in health systems that do not offer universal coverage” (Marmot et al, 2013).</p> <p>If there was a true association between frequently moving home and underutilization of regular primary care services, then this may result in an increase in emergency potentially preventable hospitalisations (PPH) in children who have moved home frequently during early childhood. No studies to date have examined the association between frequently moving home and emergency PPH (Hutchings et al, 2016).</p> <p>“Six themes were identified from the telephone interviews, one of which was the need for appropriate and accessible channels for information exchange for those who are homeless or experiencing housing insecurity – often internet and television are used to provide information to the general population as part of disaster preparedness programs, but often these are not accessible by those who are homeless or experiencing housing insecurity” (Sundareswaren et al, 2015).</p>
<p>Macro-economic, environmental and sustainability factors</p>	<p>“The(se) economic and policy response decisions have the potential to exacerbate or mitigate the impacts of the economic crisis on health and should be evaluated for their impacts on health and health equity. Part of the UK government’s austerity package in response to the economic crisis includes significant cuts and reforms to the welfare budget, which have and will continue to reduce incomes for many benefit recipients, restrict eligibility for certain benefits and add restrictions to the previously universal Child Benefit. This is a good example of where austerity measures impact most heavily on the poor and most vulnerable (the part of society receiving means-tested benefits) and reduce incomes at a time when basic living costs are rising rapidly. Policies addressing housing shortages through building decent, affordable homes and attempts to drive down rents in high rent areas should be considered as part of any homelessness strategy that aims to provide a long-term solution” (Marmot et al, 2013).</p> <p>Tax and benefit reforms have widened income and wealth inequalities (Marmot et al, 2020).</p> <p>“Three potential preventive factors in the homeless population:</p> <ol style="list-style-type: none"> (1) a programme of residential interventions that might have reduced transmission among homeless people (panel), (2) reduced mixing with the general population due to restrictions on movement and activities (i.e., lockdown), and (3) infection control measures in hostels and other homeless settings, such as closing of communal areas, promotion of hand hygiene, and advising residents and staff to limit contact with others (e.g. physical distancing)” (Lewer et al, 2020).

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Section 5 - Grey literature

Population Group	Source	Date
Women		
<p>This report examines the housing experiences of survivors of domestic abuse using evidence from Women's Aid Survivor Voice Survey 2019. Housing fears are a barrier for many women leaving, and that those who do leave face upheaval and disruption, for themselves and their children, as a result of challenges in finding suitable housing.</p>	<p>Women's Aid – The Domestic Abuse Report 2020 (The Hidden Housing Crisis)</p> <p>https://www.womensaid.org.uk/wp-content/uploads/2020/06/The-Domestic-Abuse-Report-2020-The-Hidden-Housing-Crisis.pdf</p>	2020
<p>Lockdown measures have affected women's ability to access support, both from specialist domestic abuse services and their informal support networks such as friends and family (Part 1).</p> <p>The pandemic has also affected provision of services including impact on funding and sustainability; staff welfare; demand for and availability of services and the impact further down the line on demand and funding (Part 3).</p>	<p>Women's Aid – https://www.womensaid.org.uk/wp-content/uploads/2020/08/A-Perfect-Storm-August-2020-1.pdf</p>	2020
Children and young people		
<p>This report clearly shows the extent to which children and young people fleeing abuse with their mothers are impacted by the shortage in refuge provision this country is facing. Including:</p> <ul style="list-style-type: none"> • staying in hotels and overcrowded houses during their family's search for a refuge space • worries about not having enough to eat during this time, or going without gifts on their birthday, are deeply troubling • children and young people's journeys into refuges have, if anything, become even more challenging during the pandemic. 	<p>Women's Aid – https://www.womensaid.org.uk/research-and-publications/nowomanturnedaway/</p>	2020
<p>Young LGBTQ+ homeless people in Wales are at greater risk of psychological harm, substance misuse problems and exposure to sexual exploitation. LGBTQ+ young people are overrepresented in the general homeless population, more likely to leave stable accommodation to escape family rejection, domestic or sexual abuse and at greater risk of harm when homeless than non-LGBTQ+ young people. Despite this, they are underserved by support services designed to respond to their specific needs. It is unsurprising, though no less concerning, therefore that levels of trust in services are low amongst LGBTQ+ young people.</p>	<p>Cymorth Cymru/Llamau –</p> <p>Full report https://www.llamau.org.uk/Handlers/Download.ashx?IDMF=1ab2fc66-c571-44f0-8ceb-2d1346f38303</p> <p>Summary report https://www.llamau.org.uk/Handlers/Download.ashx?IDMF=f8143503-b94e-4466-92cf-a65f8576ae43</p>	Aug 2019

Homelessness / Rough Sleeping (see also women, men, children, mental health, support services)		
<p>This England-only modelling study aimed to estimate the avoided deaths and health-care use among people experiencing homelessness during the so-called first wave of COVID-19 in England. It showed that despite being vulnerable to COVID-19 due to the risk of transmission in shared accommodation and the high prevalence of comorbidities, people experiencing homelessness were protected by preventive policies implemented to protect this population.</p>	<p>The Lancet – https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext</p>	23/09/20
<p>People experiencing homelessness are a vulnerable group, often with chronic physical or mental problems:</p> <ul style="list-style-type: none"> • Exposure to COVID-19 can negatively affect their health • Homeless people can be even more overlooked once healthcare services are allocated almost exclusively to fighting COVID-19 pandemic outbreak • Detection of cases and prevention of disease in a transient population are more difficult • Many people experiencing homelessness live in congregate settings, such as shelters or halfway houses, or encampments or abandoned buildings, which increases the risk of transmission • The COVID-19 outbreak can impact housing security, with loss of income, causing rent or mortgage arrears or even homelessness. 	<p>Public Health Wales – https://phwwhocc.co.uk/resources/international-horizon-scanning-and-learning-to-inform-wales-covid-19-public-health-response-and-recovery-25th-june-2020/</p>	25/06/20

Wider determinants and key themes for HIA		
Cross cutting		
<p>This report offers a snapshot of how Clarion Housing residents coped with some of the challenges faced during the COVID-19 lockdown.</p> <ul style="list-style-type: none"> • 86% of residents said that they were coping well during the pandemic • Our findings support external research that has been carried out during the pandemic, including the importance of outdoor green space for good mental health and wellbeing • Older people had less difficulty accessing food and had been comparatively insulated from the financial shock of the pandemic <p>The working situation of Clarion residents has changed significantly:</p> <ul style="list-style-type: none"> • Only 34% of working residents had not experienced a change to their working situation, which raises concerns if the UK experiences a slow economic recovery • Furlough had a positive impact on the wellbeing of residents – people on furlough were more likely to say that they were coping well during the pandemic <p>However, not all groups have been impacted in the same way:</p> <ul style="list-style-type: none"> • COVID-19 further exposed those people who were already struggling before the pandemic. 	<p>Clarion Index 2020 – https://www.clarionhg.com/media/2095/final-the-impacts-of-covid-19-on-clarion-residents.pdf</p>	Aug 2020

Home as a 'safe place'		
<p>The relationship between housing and health is well established but multifactorial and complex. Rates of transmission in housing are high – existing datasets may not be sufficient to determine causal relationships. COVID-19 mortality rates have been linked to houses of multiple occupation, temporary accommodation, multi-generation households, shortages of social housing and areas where overcrowding is more prevalent. Likely household related risk factors include:</p> <ul style="list-style-type: none"> • high level of risk due to numbers of occupants, shared spaces and facilities, poor ventilation and length of exposure • high risk of exposure of household members outside the home due to a high level of occupational, family and social connectivity • high level of risk within the home due to vulnerable household members, caring and domestic responsibilities, intimate social relationships (families) or barriers to communication and shared action (in houses of multiple occupation), contribution of social deprivation to risk of occupational exposure, poor health and inadequate housing, and barriers to implementing mitigations, including overcrowding and lack of resources and control over housing conditions. 	<p>Scientific Advisory Group for Emergencies - https://www.gov.uk/government/publications/spi-bemg-covid-19-housing-impacts-10-september-2020</p>	<p>10/09/20</p>
Security of tenure		
<p>The <i>Renting Homes (Amendment) (Wales) Bill</i> amends the <i>Renting Homes (Wales) Act 2016</i>, replacing the current system under which nearly all homes are rented in Wales.</p> <p>The 2016 Act is unusual in that even though it was passed by the Senedd almost five years ago, it has still not been brought into force. It is currently expected to be commenced in autumn 2021. When that happens, the majority of tenancies and licences in both the public and private sectors will be replaced by new occupation contracts. Assured shorthold tenancies will be replaced by standard occupation contracts. These will be the default contract in the private sector and may be used by social landlords in some circumstances.</p> <p>The Bill amends the 2016 Act extending the no-fault notice period for standard occupation contracts from two months to six months. A no-fault notice can be given even where the contract-holder (a new term under the 2016 Act that encompasses tenants as well as licensees) has not broken a term of the contract. The Bill also ensures that a landlord cannot issue a no-fault notice to evict a contract-holder until at least six months from the date of occupancy - that means contract-holders will have a minimum of 12 months' security of tenure unless they break a term of the contract.</p>	<p>Senedd research briefing - https://research.senedd.wales/research-articles/renters-in-wales-should-get-increased-security-of-tenure-says-senedd-committee/</p>	<p>09/10/20</p>

Social and community influences		
<p>This report considers the interventions to address domestic abuse and keep people safe, placing these in the legislative context of the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Act 2015.</p> <ul style="list-style-type: none"> ● Refuges are highly valued by survivors and practitioners, and offer a vital service for those in need of immediate protection or respite. However, they represent a drastic intervention that might not meet the needs of all survivors. Adequate move-on accommodation is needed to ensure ongoing availability of refuge spaces ● Evidence is strongest for advocacy services such as independent domestic violence advisers (IDVAs) or other independent advocacy services. There is a growing body of evidence in favour of perpetrator focused interventions, but they are still in their infancy in Wales ● The role and value of refuges and other specific interventions cannot be considered in isolation from the wider systemic factors that mediate their impact. This was central to the 2012 Task and Finish Group, whose work informed the development of the Act ● The Act aimed to improve the public sector response to violence against women, domestic abuse and sexual violence, and consistency of service provision by providing a strategic focus with a preventative approach ● The Act has led to some improvements in service and has particularly helped to focus attention on VAWDASV. However, there are still significant issues ● Funding remains a concern for stakeholders. Fragmented funding sources and short-term settlements make strategic use of funds difficult, and many stakeholders argue that the funding available is not sufficient to meet need ● Governance and accountability measures are better than prior to the Act, but do not meet the recommendations set out by the Task and Finish Group, nor the requirements set out by the Act. Greater leadership at a local level is required to further prioritise VAWDASV, with stronger accountability mechanisms also put in place at a national level. 	<p>Wales Centre for Public Policy, Domestic Abuse Interventions - https://www.wcpp.org.uk/wp-content/uploads/2020/09/Domestic-abuse-interventions-in-Wales.pdf</p>	<p>Sept 2020</p>
Mental well-being		
<p>This report explores the levels of mental health support available to tenants and landlords in the private rented sector (PRS) in Wales and makes recommendations to help people access and sustain tenancies. Key findings:</p> <ul style="list-style-type: none"> ● Almost a third (32 per cent) of support organisations feel tenants in the private rented sector 'never' have enough support. ● Nearly half (45 per cent) of landlords feel there is 'never' enough support and information for landlords to support tenants with mental health problems ● Landlords would like access to more information and support than they do currently. Access to online resources or a dedicated helpline / resource for private landlords were seen as popular ways to improve the situation 	<p>Chartered Institute of Housing Cymru & Tai Pawb report - Private Renting and mental health: a way forward</p> <p>https://www.cih.org/media/4amhosw3/private-renting-and-mental-health-a-way-forward.pdf</p>	<p>Feb 2019</p>

<ul style="list-style-type: none"> • There are strong indications that people with mental health problems sometimes face discrimination when trying to access private rented sector housing. Over a third (37 per cent) of support organisations felt this was the case ‘always’ or ‘most times’ • Early intervention is considered key to helping people who are experiencing mental health problems but waiting times to access mental health services are having a detrimental impact on the ability of landlords and tenants to sustain their tenancy • ‘Housing Related Support’ is the main support service with a focus on supporting people with mental health problems to access and maintain private rented sector housing in Wales <p>Main recommendation - Welsh Government to provide comprehensive information for private rented sector landlords and letting agents regarding local and national mental health support.</p> <p>Targeted recommendations:</p> <ul style="list-style-type: none"> • Re-licencing through Rent Smart Wales should require all private sector landlords to complete a module on mental health to improve their knowledge of how to access support for tenants with mental health problems • Representatives from the private rented sector should be included in the governance structures of the Supporting People programme to increase the housing related support for private rented sector tenants with mental health problems • All local authorities should develop crisis / emergency housing related support services for people with mental health problems in the private rented sector in order to support tenants to stay in their own homes 		
<p>Key points:</p> <p>Overall: the impact of changes caused by the pandemic has been most difficult for those facing the greatest adversities and inequalities, for example, those on the lowest incomes and from the most marginalised communities.</p> <p>Family and social adversities: The greatest adversities are faced by those living in unsafe circumstances where they are exposed to violence and aggression at home.</p> <p>Anticipated drivers of increased future need:</p> <ul style="list-style-type: none"> • bereavement and complex grief (gaps in support during the pandemic) • increased levels of domestic abuse and family conflict; • the effects of wider societal disruption and increased inequalities due, for example, to unemployment and homelessness. <p>While some people may have found remote contact helpful (or even preferable), others have had difficulties getting access (for example because they do not have internet access or data) or find it difficult to use (for example because they do not have a private space at home).</p>	<p>Centre for Mental Health report - https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_MentalHealth_ServicesAndCovid%20PRU_PolicyBriefing.pdf</p>	<p>Sept 2020</p>

Living and environmental conditions		
<p>The report was completed before the pandemic but provides useful context to use as a base line to see the effect of COVID-19 on the issues discussed within this report. The case for investment in housing would not change but certain details may have due to the COVID-19 effect and related learning.</p>	<p>Public Health Wales Report – Making a Difference Housing and Health: A Case for Investment - https://phw.nhs.wales/files/housing-and-health-reports/a-case-for-investment-report/</p>	<p>2019</p>
<p>This report summarises the results of research commissioned by the BRE Trust, Public Health Wales (PHW) and the Welsh Government (WG) to provide estimates of the cost of poor housing to the National Health Service (NHS) in Wales. It uses the most recent Welsh Housing Conditions Survey (WHCS) 2017-18 data and the revised annual NHS treatment cost methodology used in the latest BRE Trust report on the 'The Full Cost of Poor Housing'.</p>	<p>BRE Trust, Public Health Wales, Welsh Government – The Full Cost of Poor Housing in Wales - https://phw.nhs.wales/news/the-cost-of-poor-housing-in-wales/the-full-cost-of-poor-housing-in-wales/</p>	<p>2019</p>
<p>The UK Government recognised the importance of a safe and stable home during the pandemic, by investing an unprecedented £105 million to house all rough sleepers. But no similar national efforts were made to move vulnerable children into more appropriate accommodation, with decisions left in the hands of local authorities as to whether to stop using B&Bs to house homeless families during this time.</p> <p>The impact on families of living through lockdown in a B&B cannot be underestimated.</p> <p>In the event of further lockdowns, the UK Government must:</p> <ul style="list-style-type: none"> ● Instruct councils to move families out of B&Bs and provide the funding to enable them to do so ● Do more to prevent a new wave of family homelessness over the coming months ● Put in place a package of support put in place to help families meet housing costs, as the eviction ban and furlough scheme come to the end. 	<p>Children's Commissioner for England – No Way Out</p> <p>https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/08/cco-no-way-out.pdf</p>	<p>Aug 2020</p>
<p>The report found:</p> <ul style="list-style-type: none"> ● Use of green and open spaces was polarised during lockdown – some people increased their frequency of visits and time spent outside, but many made fewer or no visits ● The most marked reduction in time spent in green and open spaces was amongst older people ● Lockdown may have exacerbated socio-economic inequalities in use of green and open spaces existing before lockdown ● For those that did make use of green and open spaces they reported that it has benefited their mental health. <p>Initial recommendations:</p> <ul style="list-style-type: none"> ● Recognise that not everyone used outdoor spaces more as a result of lockdown. There were marked falls in use amongst some groups, most notably older people. These will lead to widening health inequalities if positive action is not taken 	<p>Public Health Scotland - S&SR Environment and Spaces Group - Change in use of green and open space following COVID-19 lockdown 'stay at home' phase and initial easing of lockdown</p> <p>https://www.gla.ac.uk/media/Media_757600_smxx.pdf</p>	<p>Oct 2020</p>

<ul style="list-style-type: none"> • Action is needed to redress the marked reduction in use by older people during lockdown • Action is needed to redress the underlying socio-economic inequalities in access to, and use of, public and private open spaces • Recognise that those who do use open spaces feel the benefit on their mental health and these spaces are an essential resource for community wellbeing • Action is needed to protect green and open spaces as an essential resource for community wellbeing, and they should be prioritised in any future fiscal squeeze. 		
<p>How the retail energy market needs to support people in the next phase of COVID-19</p> <p>In recent weeks the 3 main COVID-19 related energy issues people contacted the Citizens Advice consumer service helpline about were:</p> <ul style="list-style-type: none"> • Affordability of energy, for example as a result of reduced income through unemployment • Metering issues, for example faulty meters which can't be fixed during lockdown, or overdue meter readings • Not being able to get through to their supplier, as companies reduce service availability to cope with staff shortages and the transition to home working 	<p>Citizens Advice - https://www.citizensadvice.org.uk/Global/CitizensAdvice/The%20end%20of%20the%20beginning_%20covid%20retail%20energy%20next%20steps_v2.pdf</p>	<p>June 2020</p>
<p>This report summarises findings of a national survey of 2,500 households (representing 7,200 people) aimed at understanding how well or how poorly the design of our homes and their immediate neighbourhoods supported us during the period of coronavirus lockdown.</p> <p>A key finding from this research was that the least comfortable dwellings, least supportive neighbourhoods for everyday needs, and weakest sense of community correlated directly with the age of housing. This suggests there are critical shortcomings in how new homes and neighbourhoods are designed.</p> <p>The intention was to understand what can be learned from this period of unprecedented stress on our home environments.</p> <p>The findings offer insights into how we should be designing or adapting them in the future in order that they are more resilient and better able to support happy and healthy lifestyles.</p>	<p>Place Alliance online – Home Comforts</p> <p>http://placealliance.org.uk/wp-content/uploads/2020/10/Place-Alliance-Homes-and-Covid-Report_2020.pdf</p>	<p>Oct 2020</p>
<p>The report summarises the role and impact of poor-quality housing on health, particularly in the context of the COVID-19 pandemic. There is a section on security of tenure on page 17, which may be particularly useful for this HIA:</p> <ul style="list-style-type: none"> • Poor-quality housing has a profound impact on health, especially in the context of COVID-19 • The condition of homes, insecure tenure, and wider neighbourhood characteristics all have a considerable effect on health and wellbeing. 	<p>Kings Fund & Centre for Ageing Better –</p> <p>https://www.ageing-better.org.uk/sites/default/files/2020-09/Homes-health-and-COVID-19.pdf</p> <p>https://www.ageing-better.org.uk/publications/homes-health-and-covid-19</p>	<p>Sept 2020</p>



<p>Four major opportunities came out of the roundtable, which validated and built on previous Design Council research:</p> <ul style="list-style-type: none"> • Involve people and communities in co-design and co-production • Support a new kind of leadership that can promote inclusion and shift power • Convene different partners drawing together different types of knowledge and create whole-system change • Develop partnerships around healthy, sustainable and active places. 	<p>Design Council - Health and Wellbeing Roundtable Summary.pdf (designcouncil.org.uk)</p>	<p>08/08/20</p>
<p>The data review showed that:</p> <ul style="list-style-type: none"> • One in eight British households had no access to a garden during the COVID-19 lockdown • In England, Black people are nearly four times as likely as White people to have no access to outdoor space at home, whether it be a private or shared garden, a patio or a balcony (37% compared with 10%) • Even when comparing people of similar age, social grade and living situation, those of Black ethnicity are 2.4 times less likely than those of White ethnicity to have a private garden (further analysis) • More than a quarter of people in Great Britain live within a five-minute walk of a public park • People from minority ethnic groups are less likely to have access to a private garden • People in semi-skilled and unskilled manual occupations, casual workers and those who are unemployed are almost three times as likely as those in managerial, administrative, professional occupations to be without a garden (20% compared with 7%) • Older people – at greater risk of severe illness from COVID-19 and advised to stay at home as much as possible – are among those most likely to have access to a garden. Just 8% of people aged 65 years and over are without access to any kind of private outdoor space. 	<p>ONS Coronavirus (COVID-19) Review: data and analysis, March to October 2020- https://static.ons.gov.uk/files/covid-19-review--natural-environment.pdf</p>	<p>Undated</p>
<p>Drawing on insight from more than 100 organisations, the report shows:</p> <ul style="list-style-type: none"> • Housing associations adapted during the national lockdown and played a key role as community anchors • Social landlords are fundamentally reviewing their work and their role in places as we look to the future • COVID-19 could offer a once in a lifetime opportunity for housing associations to deliver more with their communities, change how homes are built and improve services with residents. 	<p>Housing Associations' Charitable Trust (HACT) Report – Places after the pandemic https://www.hact.org.uk/sites/default/files/PlacesAfterThePandemic_FINAL.pdf</p>	<p>Sept 2020</p>

<p>The report found that, far from being ‘safe at home’, too many people living in the north of England spent the 2020 lockdown in homes that harmed their health.</p> <p><i>Lockdown, Rundown, Breakdown</i> highlights the lived experience of people living in poor-quality, non-decent, accommodation in lockdown and sets out their coping strategies. It demonstrates the negative impact that disrepair, cold and hard to heat homes, and confined spaces have had on people.</p>	<p>Northern Housing Consortium and University of Huddersfield – Lockdown, Rundown, Breakdown</p> <p>https://www.flipsnack.com/NorthernHousingConsortium/lockdown-rundown-breakdown-1hpf1x7e47/full-view.html</p>	<p>Oct 2020</p>
<p>The report analyses long-term trends across generations and sheds light on the housing circumstances that have been of such consequence in the past three months.</p> <ul style="list-style-type: none"> • Decent living conditions are not just a ‘nice to have’: they have a profound influence on outcomes including well-being, an effect this note shows has been amplified during the lockdown period • The inequalities in living conditions documented here are far from natural. Instead, they are the product of long-run housing trends such as tenure change, lack of building and insufficient regulation of privately rented homes • While there are successes to celebrate when it comes to stock improvement, inequalities between lower- and higher-income households, and between those from white and BAME backgrounds, are joined by the growing gap between generations when it comes to the quality of one’s home • The real prospect of local or second wave lockdowns highlights the importance of finding ways to open public spaces such as libraries or leisure centres safely to benefit those whose homes are not a refuge • Longer term, significant policy action (such as building more social-rented homes and incentivising landlords to improve private-rented properties) will be required if the largescale inequalities in living conditions are not to endure far beyond the pandemic. 	<p>Resolution Foundation briefing - https://www.resolutionfoundation.org/app/uploads/2020/07/Lockdown-living.pdf</p>	<p>July 2020</p>
<p>Professor Flora Samuel talks about how new research will capture the positive aspects of neighbourhoods during lockdown, and help planners design resilient homes and neighbourhoods for a greener future. Professor Samuel explains how the function of homes and neighbourhoods has changed in the last few months, and what research is being undertaken to make them more resilient for the future.</p> <p>“Homes have had to adapt radically to accommodate home working, schooling and exercise regimes while hopefully offering a positive environment to support health and wellbeing by providing access to natural light and green open space.”</p> <p>“Unhealthy and poor-quality housing, financial worries, isolation and loneliness have exacerbated inequalities and impacted on mental and physical health. And whilst there has been evidence of a reduction in pollution caused by reduced transport activity, recycling and garden waste are now in many cases being sent to landfill.”</p>	<p>Connected – University of Reading Alumni Magazine</p> <p>https://sites.reading.ac.uk/connected/2020/08/28/building-on-the-positives/</p>	<p>08/2020</p>

Economic conditions		
<p>This report looks at what has happened to poverty in Wales before and during the coronavirus outbreak. The analysis underlines the importance of work, social security and housing costs in solving poverty in Wales, as well as how much the coronavirus storm has unleashed strong currents sweeping many people into poverty and others deeper into poverty.</p>	<p>Joseph Rowntree Foundation – Briefing on poverty in Wales – https://www.jrf.org.uk/report/poverty-wales-2020</p>	<p>Nov 2020</p>
<p>The report found that investment in the social housing sector generates economic and social benefits for Scotland and its people, including reducing poverty and homelessness, improving health, and creating jobs. It brings together evidence that demonstrates the impact and value of social landlords' housing and wider services.</p> <p>The report also demonstrates how housing associations and co-operatives can measure the social and economic value of their work and evidence how it aligns with the Scottish Government's National Performance Framework.</p>	<p>CaCHE Report – UK Collaborative Centre of Housing Evidence (CaCHE) and HACT for the Scottish Federation of Housing Associations (SFHA), Joseph Rowntree Foundation (JRF), Public Health Scotland, and the Rural and Islands Housing Associations Forum (RIHAF) – https://housingevidence.ac.uk/news/investment-in-social-housing-reduces-poverty-improves-health-and-drives-economic-growth/</p>	<p>Sept 2020</p>
<p>To assist families with housing costs, the Welsh Government and local authorities operate support schemes. The Bevan Foundation's latest publication in its project on the Welsh Benefits System finds that these schemes can be reformed and improved. Problems with the current system include:</p> <ul style="list-style-type: none"> • Schemes are difficult to gain access to, with no consistency in the eligibility criteria for each scheme nor in the way they are administered. • Support provided is not always sufficient with households being left short due to arbitrary rules and administrative variation. • Schemes are not always being used in ways that are consistent with what they were designed for, with emergency forms of support being increasingly relied upon over the long term. <p>Potential steps to improve the system include:</p> <ul style="list-style-type: none"> • Explore with local authorities whether their administrative processes can be changed to automatically passport Universal Credit recipients onto the Council Tax Reduction Scheme. • Establish a stabilisation mechanism to ensure more consistency from year to year in the Discretionary Housing Payment budget. • Ensure support schemes provide more than the minimum level of support required. • Provide greater clarity on who can access the Disabled Facilities Grant. • Strengthen the Welsh Housing Quality Standard. <p>In the longer term, however, we think the Welsh Government should consider more radical options for reform. These options include:</p> <ul style="list-style-type: none"> • Reform Council tax – including abolishing the single person discount and reinvesting the funds into the Council Tax Reduction Scheme and replacing Council Tax with a more progressive tax. 	<p>Bevan Foundation Report - Solving Poverty: reforming help with housing costs – https://www.bevanfoundation.org/publications/solving-poverty-reforming-help-with-housing-costs/</p>	<p>05/2020</p>

<ul style="list-style-type: none"> • Construct more social housing with greater use of public funds to reduce pressure on social landlords to increase rents. • The devolution of Discretionary Housing Payment and moving the scheme onto a demand led footing. • The devolution of further powers over social security, including some powers over Housing Benefit, the housing element of Universal Credit and Winter Fuel Payments. • The development of a Welsh Housing Guarantee that would pull together all the various streams of support into one, easy to access fund for low income households. 		
<p>A winter plan for children – Why families on low incomes shouldn’t be left out in the cold</p> <ul style="list-style-type: none"> • Almost 2 in 5 (38%) of families say they are worse off since the pandemic hit • Over a quarter (27%) say they find it harder to afford the food they need now compared with April 2020 • Almost 2 in 5 (38%) have turned to food banks or other charities for support • 70% of parents said their children had had to cut back on or go without things due to financial issues caused by the pandemic <p>Save the Children’s winter plan for children</p> <ul style="list-style-type: none"> • Providing immediate reassurance to families facing uncertain times in the winter months that £20 uplift to Universal Credit will be made permanent and extended to legacy benefits • Putting in place a £10 per week minimum boost for families with children, through either the child element of Universal Credit and child tax credit through child benefit • Preventing families from being pulled into debt because of having to pay upfront childcare costs, by removing the childcare element from Universal Credit and replacing it with an improved system • Ensuring no child goes hungry by extending free school meal eligibility in England, increasing the value of Healthy Start vouchers, and extending the Holiday Activity and Food programme to all areas of England. • On the eve of the pandemic 700,000 people, nearly a quarter of the population, were already living in poverty • The pandemic has hit many of these families hard and swept others who were surviving just above the poverty threshold into poverty 	<p>Save the Children - https://www.savethechildren.org.uk/content/dam/gb/reports/winterplanforchildren.pdf</p>	<p>10/2020</p>
<p>The Bevan Foundation has set out to provide a snapshot of the impact of COVID-19 on poverty up to the end of August. The report recommends:</p> <p>Action on work</p> <p>The Welsh Government should:</p> <ul style="list-style-type: none"> • The Welsh Government should ensure workplaces are as safe as possible, by resourcing local authorities to carry out spot 	<p>The Bevan Foundation report - Reducing the impact of Coronavirus on Poverty in Wales</p> <p>https://www.bevanfoundation.org/wp-content/uploads/2020/09/Reducing-the-impact-of-Coronavirus-on-Poverty-in-Wales.pdf</p>	<p>09/2020</p>

checks on premises and giving trade union representatives a right to engage with workers in at risk premises Work with employers to guarantee a job or learning opportunity for all adults of working age. The offer should be tailored to the circumstances of different people displaced from the labour market. Specific plans need to be drawn up for young people, women and people from BAME communities

- Extend and enhance its economic contract to include businesses that receive any financial support from Welsh public funds. It should include an enhanced commitment by employers to achieve fair work, including specific action to increase pay rates to the Real Living Wage, provide contractual sick pay, and offer enforced.

Action on social security

The Welsh Government should:

- Undertake a large-scale benefits take up campaign to ensure people are accessing the benefits they are entitled to, including UK Social Security benefits as well as Council Tax Reduction Scheme, Free School Meals and the Discretionary Assistance Fund
- Ensure that local authorities have sufficient funds to top up all discretionary forms of local support including Discretionary Housing Payments
- Extend support to local authorities to enable them to offer cash in lieu of Free School Meals to families who have to self-isolate or shield, or to children whose schools are forced to shut in response to a local or national lockdown.

The Welsh Government should encourage local authorities to:

- Establish a single point of access for Free School Meals, the Pupil Development Grant Access and the Council Tax Reduction Scheme. This would make it easier for families in poverty to access them. Where possible this support should be provided on a 'passport' basis.

At the same time as seeing incomes fall, low income households have faced rising costs. The Welsh Government should:

- Retain the minimum notice period for no-fault evictions at six months until at least 31 March 2021 but ideally until the Renting Homes (Amendment) (Wales) Bill is enacted and put into force to ensure that all tenants are adequately protected and to protect sums paid out under the Tenant Saver Loan Scheme
- Remove any requirement for a tenant who receives support through the Tenant Saver Loan Scheme to repay their loan to avoid trapping families in poverty into the medium-term
- Pause Council Tax debt enforcement action for twelve months
- Extend the support provided through its £3m fund to support digitally excluded learners so that more children have access to digital learning, with a particular focus on children from families who are seeking asylum
- Explore what can be done at a Welsh level to assist families at risk of being disconnected by their utility providers due to falling into arrears.

Macro-Economic, Environmental and Sustainability Factors		
<p>The report identifies these gaps in data on the Private Rented Sector:</p> <ul style="list-style-type: none"> ● UK and devolved governments need to improve the accessibility and quality of data which is available to local authorities on the private rented sector. As discussed in a separate report ● An appropriately designed national system of registration or licensing are key in providing local authorities with the data they need to regulate the sector effectively ● UK and devolved governments should explore how aggregate administrative data sets such as national registration scheme data could be made available on a lower geographical level ● In England, a national system of registration should be introduced ● UK and devolved governments should continue to explore opportunities to improve harmonisation and comparability of data between nations to facilitate learning from different policy developments ● Data sets also need to be improved to allow comparisons over time so we can better understand the nature of the sector and how it is changing ● There are gaps in our understanding of the stock of the private rented sector, what it looks like and how it has changed over time ● UK and devolved government should ensure adequate statistics are available to measure the sector both at an aggregate and at a local housing market level. 	<p>CaCHE report on the Private Rented Sector -</p> <p>https://housingevidence.ac.uk/wp-content/uploads/2020/09/CaCHE_1.3_UK-Private-Rented-Sector-Data-Briefing_upload.pdf</p>	<p>Sept 2020</p>
<p>Key Recommendations:</p> <ul style="list-style-type: none"> ● UK and devolved governments should improve the advice and guidance available to local authorities on regulating the PRS. ● UK and devolved governments should improve the data available to local authorities on the PRS ● In England, a national registration system of all landlords and letting agents should be introduced. ● UK and devolved governments should re-consider their approaches to resource allocation to local authorities ● UK and devolved governments should consider technical amendments to the existing suite of legislation, as well as codification of the diverse legislative provisions which currently exist. 	<p>CaCHE Policy Briefing on improving compliance in the Private Rented Sector -</p> <p>https://housingevidence.ac.uk/wp-content/uploads/2020/08/200803_Compliance_Policy_Briefing.pdf</p>	<p>Aug 2020</p>
<p>Wales: Covid changes everything... or does it?</p> <p>Last year's Wales article focused on the wide range of official reviews that had been undertaken and their recommendations on affordable housing supply and other issues. This year, things are rather different. The focus of the past six months has been on responding to the pandemic. In some policy areas, this has meant faster action and in others, a slowing down or postponement.</p>	<p>UK Housing Review Autumn Briefing 2020 –</p> <p>UKHR briefing 2020 (ukhousingreview.org.uk)</p>	<p>2020</p>



<p>Key findings:</p> <ul style="list-style-type: none"> • There was a degree of inconsistency in data collection practices across local authority housing teams in Wales, including what data were being recorded, on who, and how the data were being stored, potentially due to a lack of centralised guidance on how data should be collected. • Though the focus of the feasibility study was initially on local authority housing team data, the homelessness 'data landscape' in Wales encompasses a range of potentially useful data sources, including housing specific support grants and wider public services data. Linkage between these sources could enhance understanding of the scale of homelessness in Wales. • The sector saw few positive aspects to continuing the aggregate collection of local authority housing team data, with opinions being favourable of collections that enabled national data linkage and use of 'live' data in order to guide (case) planning and decision making. • A review of 53 international examples of data collection system identified eight areas which need consideration when designing a new data system: the systems aim and purpose; the data architecture model that facilitates the systems aim; possible mechanisms to support the roll-out of the new system; a governance structure fit for purpose; ensuring data quality; the ethical and legal issues around individual level data collection and linkage; mechanisms for sharing / moving data that ensure legal and ethical obligations are being maintained; and how data are to be accessed. • Four potential system designs are proposed, ranging from a re-organisation of current collections to break down data siloes, to the complete integration of 'live' homelessness data across Wales to guide decision making. 	<p>Publication – Feasibility study into a new case level homelessness data system for Wales & summary report</p> <p>https://housingevidence.ac.uk/publications/feasibility-study-into-a-new-case-level-homelessness-data-system-for-wales/</p> <p>https://housingevidence.ac.uk/wp-content/uploads/2020/09/12471_CaCHE_wales_homeless_pages_layout.pdf</p>	<p>01/09/20</p>
<p>Transforming Wales: how Welsh public services and benefits can reduce poverty and inequality – This paper sets out the key actions that should be taken in the next Welsh Government term to increase social equality and focuses on changes that can be made broadly within the Welsh Parliament’s current powers and that will make a big difference to people’s lives, especially people on the lowest incomes and who experience the greatest barriers.</p> <p>Section on Social Housing – useful to inform future consideration. Recommendations in 4 strands:</p> <ul style="list-style-type: none"> • Create more social housing • Build better homes • Amend quality standards • Prevent homelessness; reform council tax <p>Other sections may have insight for certain impacts / discussion and cover:</p> <ul style="list-style-type: none"> • Better connectivity including digital • Reducing financial hardship • Reducing inequalities • Reducing child poverty 	<p>Bevan Foundation report –</p> <p>https://www.bevanfoundation.org/wp-content/uploads/2020/10/Transforming-Wales-through-public-services-and-benefits-FINAL.pdf</p>	<p>10/2020</p>

<p>A summary of the challenges discussed which were themed:</p> <ul style="list-style-type: none"> ● Leadership and partnerships ● Housing system ● Debt, arrears and evictions ● Security of Tenure ● Access to settled housing for homeless households ● VAWDASV ● Asylum seekers and refugees ● Housing Professionals 	<p>CaCHE - A perspective from the Wales Knowledge Hub –</p> <p>https://housingevidence.ac.uk/wp-content/uploads/2020/10/Wales-Hub-July-2020-CaCHE-discussion-Final-Write-Up-3.pdf</p>	<p>10/2020</p>
<p>The report finds that to successfully support recovery through the housing sector, and address unaffordability and housing unsuitability for low-income households, the Government must:</p> <ul style="list-style-type: none"> ● Build 145,000 social homes a year for the next five years, by increasing the funding for the Affordable Homes Programme by a total of £90 billion. This would include the following tenure breakdown: 90,000 for social rent, 30,000 for intermediate rent, and 25,000 for shared ownership. ● Work with local authorities to launch a council housing stimulus package to ensure that places can deliver on their house-building ambitions. Government should work with local authorities and their representative bodies to establish this package but might consider: ● Reforming Right to Buy to more effectively direct funds to house-building programmes ● Ensuring Section 106 (or its replacement through planning reform) delivers much-needed social rent homes in a housing market downturn by issuing guidance to local authorities on how to determine viability in the event of falling land prices, and pausing the roll out of First Homes to ensure rented homes are prioritised ● Investing in a fund to support local authorities procure professional skills to support their house-building programmes. 	<p>Joseph Rowntree Foundation report –</p> <p>Build, build, build social housing JRF</p>	<p>08/2020</p>
<p>Key points:</p> <ul style="list-style-type: none"> ● Going into the COVID-19 pandemic, one in three households (32% or 7.6 million) in England had at least one major housing problem relating to overcrowding, affordability or poor-quality housing ● Housing problems like these can affect health outcomes – including physical health directly from poor quality homes, and mental health from affordability or insecure housing ● 1 million households in England experience more than one housing problem. Having multiple housing problems is associated with even worse health. ● While fewer homes are classed as non-decent compared with 10 years ago, overcrowding and affordability problems have increased in recent years 	<p>The Health Foundation blog –</p> <p>Better housing is crucial for our health and the COVID-19 recovery The Health Foundation</p>	<p>Dec 2020</p>



<ul style="list-style-type: none">● The pandemic has highlighted the health implications of housing. Poor housing conditions such as overcrowding and high density are associated with greater spread of COVID-19, and people have had to spend more time in homes that are overcrowded, damp, or unsafe. The economic fallout from the pandemic may lead to an increase in evictions● These housing problems have multiple causes: a focus on increasing supply to the detriment of other objectives; sustained reductions in housing benefits; and a private rented model which does not meet the needs of tenants● A combination of greater investment in social housing, more secure private tenancies, and reversing reductions in housing benefit support – such as the cuts to Local Housing Allowance (LHA) – will be needed to improve the contribution of housing to health.		
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Section 6 – Workshops and Interviews

Workshops

Workshop 1 Summary

Outlined below is the summary of the discussions between the stakeholders in the first workshop held on the 7th of October 2020. The key population groups are listed first. These are the groups within the population that the participants identified, from their experience and knowledge, as potentially at greater risk of being adversely affected by the COVID-19 pandemic in the context of their housing security. The positive and negative impacts that were identified by the stakeholders have been themed using the WHIASU determinants of health and well-being checklist and specific population groups highlighted within the context of those wider determinant themes where relevant.

Population Groups:

- Singles – ‘hidden homeless’ predominantly single males with underlining complex issues
- Young People - consistent pattern of those who approach housing having complex issues including substance misuse, leaving care or relationship in foster home breaking down
- Young People – LGBTQ+ additional impact – young people suffering in silence from mental health impact of not coming out or family rejecting them
- Students – for many it would have been the 1st time leaving the family home, disruption and uncertainty in relation to COVID-19 restrictions / guidelines
- Older People – large numbers of older people ‘property rich- cash poor’ leaving challenges balancing staying in and remaining in unsafe / unfit properties, ‘heat or eat’
- Trans people
- Economic Impact – young people losing entry-level jobs, which impacts on ability to pay rent
- Low-income individuals and families - across ages and circumstances – concerns regarding non-payment of rent and implications for re-housing linked with higher rents in private rental market. Additional debt burden increases impact in addition to having to choose between different household expenditure food, heat, rent
- Landlords – relying on rental income may leave the market due to difficulties with non-payment of rent
- Sanctuary seeking populations – their housing provision is managed by the private sector. Usual practice is after 19 days those seeking sanctuary are moved to dispersal accommodation across the UK. There has been suspension of process and therefore pressure placed on suitable accommodation. Certain groups have been moved to alternative accommodation such as ex-military camps. Pressures on local authority housing has been foreseen once processes are resumed
- Asylum seekers – due to their situation they have no control where or who they live with. Experiences that have led to them seeking asylum such as LGBTQ+ persecution can exacerbate, due to inappropriate housing which can lead to additional trauma
- Those experiencing mental health issues – increasing mental health issues
- Those experiencing domestic abuse / violence
- LGBTQ+ – over representation within the homeless population – including young people

- concern regarding rejection from other family members in addition to inappropriate accommodation placements with the risk of re-occurring persecution
- Home workers – psychological impact from blurring of work / life boundaries, potential increase in musculoskeletal issues, impact from unsuitable working conditions.

Determinants of health and well-being:

Lifestyles – Participants identified positive impacts focused on young people who may have felt more nurtured by their families having returned due to the lockdown. It was also seen as positive that more individuals were seeking support for their mental health rather than trying to manage this in isolation. However, a number of potential negative impacts were highlighted by the participants including an increase in social media use leading to an increase in online gambling, bullying, grooming and victimising. Certain geographic housing locations can have an impact on access to ‘healthy food’ choices and supplies. One participant noted that those seeking asylum are issued with a card for food purchases that are not accepted in all retailers. Those living in poor quality housing may also have limited equipment by which to prepare food and concerns in terms of ‘heat or eat’.

Social and Community Influences – Participants raised a number of unintended consequences of having to stay at home during the lockdown ranging from an impact for certain groups on their true identity and loss of their sense of belonging. Concern was shown for young people who may be away from home for the first time i.e. attending university. Those organisations supporting asylum seekers were concerned in terms of supporting individuals to integrate and grow networks within the communities they are dispersed to. These opportunities have been reduced and could lead to further isolation given many do not have access to online support either.

Mental Health and Well-being – Again a representative from mental health services reflected that there had been an increase in those seeking support. Whilst this may result in additional pressure on services, it was a positive that individuals are not trying to cope on their own. In addition, for some individuals, lockdown has acted as a catalyst to take action following recognition that their home is not a safe place and they have identified the need for help and support. However, there was agreement across the participants that a number of issues were increasing the risk of mental health issues escalating, including the risk of increased evictions once measures put in place during the pandemic were removed and uncertainty in their housing situation once lockdown ended. Support services were aware their main priority was those currently homeless but they are increasingly worried for those who may become homeless once measures are removed and they are unable at this point to undertake any preventive work. Certain services have seen an increase in new referrals such as from individuals experiencing relationship breakdowns where there has been an impact on their accommodation, for example their home is not seen as safe. In some cases, this has led to admission to hospital whereas before the individuals would have been able to cope with the necessary support. Mental health services are seeing a whole new cohort across age ranges seeking support in addition to those with long term and exacerbated mental health issues. Participants also reported increases in anti-social behaviour of neighbours that again has a negative effect on mental health and can also impact on landlords having to deal with these issues within the restrictions. It was also noted that future reform of the Renting Homes Act 2016 will address some of the anti-social behaviour issues within the private rented sector in Wales.

Living and environmental conditions affecting health – Participants noted that certain groups such as the elderly or those seeking asylum tend to go out from their homes / accommodation to spend time outdoors, away from cramped conditions or to access community resources such as libraries to seek warmth or companionship. These opportunities are denied during lockdown reducing these opportunities for respite from poor quality accommodation. It was also noted that many homes are not designed to accommodate additional functions such as home schooling

and home working. In addition, the surrounding environment has not supported access to open / green space. When participants discussed 'home as a safe place' several issues were raised which were evident prior to the pandemic but have been highlighted or exacerbated further due to the situation. These include:

- cold home / energy efficiency
- domestic abuse
- backlog of adaptations for disabled increasing risk of falls etc.
- risk of transmission from overcrowding
- suitable places for home working especially in shared housing situations
- lack of outdoor space such as gardens

Economic conditions affecting health – Participants agreed more needed to be known of the potential implications from the lack of financial security for people to sustain their properties because of the pandemic with job losses and reduced incomes. One participant quoted that '1 in 4 have experienced financial shock during the pandemic'. It was stated many are already having to prioritise bills and make choices between household expenses. There were some fears that the 'Tenancy Saver Loans' may result in unmanageable debt.

Access and quality of services – Many participants mentioned issues with digital access either access to broadband or the actual devices. This results in issues to access to certain services as many went on-line after suspending face-to-face contact. Participants also said that whilst individuals may have digital access, they may not be comfortable with the formats for appointments etc. There were also reports that certain services were having financial concerns due to loss of income therefore impacting on their ability to deliver services. Some participants reported difficulty in delivering services due to lack of Personal Protective Equipment (PPE) for home / property visits.

Macro-economic, environmental and sustainability factors – Participants recognised that the Housing COVID-19 measures introduced by Welsh Government had been positive in 'stemming the tide', such as the 'stay on evictions' and the 'Tenancy Saver Loan scheme'. They also acknowledged the increase in welfare benefits. However, there were real concerns voiced in terms of what was going to happen and to what extent when these measures were removed. There were worries that there will be additional eviction notices on top of those delayed and what the impact of this will be in the court process. The uncertainty of when the measures will be removed was noted as an additional impact on tenants.

Workshop 2 Summary

Outlined below is the summary of the discussions between the stakeholders in the second workshop held on the 8th of October 2020. The key population groups are listed first. These are the groups within the population that the participants identified, from their experience and knowledge, as potentially at greater risk of being adversely affected by the COVID-19 pandemic in the context of their housing security. The positive and negative impacts that were identified by the stakeholders have been themed using the WHIASU determinants of health and well-being checklist and specific population groups highlighted within the context of those wider determinant themes where relevant.

Population Groups:

- Children & Young People – an increase in violence / harm / online abuse. An unknown impact from closure of playgrounds / access to green spaces for play

- Women – increases in domestic abuse / online abuse
- People in Black, Asian and Minority Ethnic (BAME) groups – particular risk from overcrowded living conditions
- People with Learning Disabilities – at risk of amplified isolation
- Older People – reduced access to good green / open space for certain cohorts / withdrawal of socialising places in certain accommodation types
- People experiencing homelessness / rough sleeping – increased risk of COVID-19 – particularly those with addiction, pre-existing health conditions
- People experiencing mental health issues
- Private renters – greater risk of unsafe / poor quality housing
- People living on low-incomes / in poverty – at risk of fuel poverty / increased debt. Differences of experiences between rural and urban and intergenerational stresses
- Asylum seekers / refugees – at greater risk of homelessness and from COVID-19
- Agricultural sector – loss of the seasonal labour force
- New parents – at greater risk of isolation
- Landlords – lack of consistency in the advice / support available to them
- Voluntary sector

Determinants of health and well-being:

Behaviours affecting health – Participants identified that outdoor activity had become harder for many people due to lockdown rules. However, there has been an increase in some groups taking short walks near their home – although older people did this less due to concerns around COVID-19. Also noted was an increase in attempts at smoking cessation, although some may have increased tobacco intake due to stress. Increases in domestic abuse, to both women and children were also highlighted as were increases in online abuse and bullying.

Social and community influences on health – Participants identified an increase in pride in local areas e.g. increased litter picking and care for gardens. It was also noted that communities have come together to help those who are socially isolated, for example helping those who are shielding with shopping etc. However, existing vulnerabilities may have been exacerbated by lost access to support networks e.g. schools, faith communities, play facilities etc. Isolation and associated mental health issues were also noted because of shielding in care homes and other supported living facilities.

Mental Health and Well-being – Positive impacts noted were the presence of support programmes from social landlords to assist with well-being, a decrease in violent crime in public spaces in the night-time economy, and the positive effect of green spaces on mental health and well-being where these could be accessed. Despite the success of social landlord support services, support for private tenants has been inconsistent due to landlords accessing different support services. The impact of lockdown has been increases in abuse of women and children – particularly coercive control and related increases in anxiety and mental health issues. Housing insecurity linked with the pandemic has also led to increased mental health issues as people have been isolated in poor quality, unaffordable accommodation.

Living and environmental conditions affecting health – Participants noted increased interest in food growing e.g. allotments, which could provide an opportunity for more food initiatives in urban environments. Also noted was an increase in ‘fly-tipping’ as local recycling / refuse services closed. Overcrowding was noted as an issue, particularly for people in BAME communities. Increases in complaints about noise and criminal damage were also highlighted. As was the gap between the experiences of rural and urban communities across a number of realms e.g. domestic

abuse, social isolation, and digital access.

Economic conditions affecting health – It was noted that some measures have had a positive impact e.g. the furlough scheme, moratorium on evictions and increases to some welfare benefits – although temporary ‘stay of execution’ for some so benefits may be limited. Economic issues are always a factor in increases in violence and increases in poverty and inequality were also thought to be of great concern. Increases in criminal behaviour and sexual exploitation had been noted by participants, as had ‘county lines’ and criminal gangs adapting to lockdown rules. Groups already thought to be vulnerable have been particularly affected e.g. BAME communities, asylum seekers and refugees, people living on low incomes, and women and children.

Access and quality of services – The impact of moving to digital service provision, although deleterious to some, has highlighted new opportunities for providing services to ‘hard to reach’ individuals and groups. Indeed, some are more comfortable using on-line methods e.g. web chats. The way people access public amenities has also changed with reduced use of motor vehicles and therefore the associated pollution, and an increase in walking and cycling. Several groups were affected negatively by COVID-19 and the associated lockdowns. Children and young people’s services were closed, meaning they were isolated, as was access to sports. Asylum seekers faced additional pressures around shared accommodation that is overcrowded and lacked privacy – particularly an issue with a highly communicable disease. It was also noted that community cohesion / integration could be negatively affected by lockdowns.

Macro-economic, environmental and sustainability factors – The Renting Homes (Amendment) (Wales) Act 2021 provided additional eviction protections for tenants. There are also opportunities to address decarbonisation and reducing household costs with insulation, etc. Also noted were problems for new parents accessing support in the home, and not being able to leave the home to do so. Institutional settings e.g. prisons, care homes have also been ‘closed off’, and there is a need to know what is happening in these environments.

Summary of Qualitative (virtual) Interviews with Stakeholder Organisations

Introduction

In addition to the workshops, four interviews were conducted. These were with personnel from organisations who, via the nature of their respective remits, were engaged in work associated with housing security prior to the pandemic, campaigning and advocating for those in need of support and facing issues to do with housing, health, and homelessness. COVID-19 has added a complex layer to their existing (already complex) work, with stakeholder organisations undertaking work such as influencing housing policy, engagement with other organisations, obtaining feedback from service users, to obtain a greater understanding of the pandemic’s impact on households (INTs 1, 2 and 3). Below is a summary of what they told us.

Key Issues

COVID-19 has highlighted the importance of the consistency of a safe and secure home to an even greater extent. The pandemic has compounded existing housing issues and presented increased challenges in accessing safe and secure housing. Key issues raised by interviewees, which the pandemic and response measures implemented has shone a spotlight on and exacerbated include:

- Security of tenure, in particular for private tenants (INTs 1, 2, 3 and 4)
- Right to housing for all (INT 1), the importance of home (INTs 2 and 3), and of

- accommodation that is safe and secure (INT 2)
- Affordability of a safe and secure home - ability to pay rent / household bills (INTs 1, 2, 3 and 4)
- Debt (INTs 2, 3 and 4)
- Poverty, in particular fuel poverty (INTs 2 and 3)
- Impact of individual's circumstances on their mental health and well-being – mostly negative impact with the positive effect of support services noted (INTs 1, 2, 3 and 4).

Population Groups

The section below captures and summarises the population groups that were identified by the interviewees as being potentially or actually affected by housing security / insecurity and / or homelessness and why.

- **Children and Young People** – particularly the impact of lack of space in households / homes (INT 1).
- **Households living in temporary accommodation** – households placed in temporary accommodation during the pandemic are at risk of becoming homeless again once temporary accommodation ends (INT 4). These are mostly, but not exclusively, single people on a low-income (INT 1). Temporary accommodation is let under licence and evictions can be carried out without a court process and at short notice (INT 1).
- **Households living in the private rented sector** – these households are affected positively by housing related support measures, such as the increase in the notice period for evictions, stay on evictions, and support schemes such as the Tenancy Saver Loan Scheme (INTs 1 and 4). However, they can be at risk from the use of 'no-fault' evictions (INTs 1 and 4) and illegal evictions (INT 1). Households with complex circumstances, who have lost previous accommodation and ended up in the private rented sector, where there is a risk of this failing, are extremely vulnerable to becoming homeless as a result (INT 2).
- **People experiencing homelessness** – there has been a rise in street homelessness as a result of a lack of availability of temporary and permanent accommodation (INT 1).
- **Households living on a low-income (INT 2)** – These households are less likely to be able to work from home during the pandemic, presenting additional challenges (INT 3). These households, especially those with no savings, will be at greater risk of eviction once the stay on evictions ends (INT 4).
- **People who identify as transgender** – A fear of discrimination and transphobic experiences may mean that such individuals may not come forward for support when they are homeless, if they feel there are not services to meet their needs (INT 1).
- **People with unmet support needs** – People in this group are experiencing eviction from temporary accommodation and becoming street homeless (INT 1).
- **People with health conditions** (including mental health conditions, diagnosed and undiagnosed) (INTs 1, 2, 3 and 4).
- **People unable to work due to ill health** – linked with mental health (INT 2).
- **Care leavers** (INTs 1 and 2).
- **BAME** – People in BAME groups are disproportionately at risk of contracting COVID-19 (INTs 1 and 3), and could be more exposed to the virus through use of shared facilities in private rented sector (INTs 1 and 2).
- **People placed on furlough / who have lost their job** – Pre-COVID-19 people in this group would not normally have needed support, however with lower or no income, now find themselves in need of financial support to pay household bills (INT 2).
- **Lone parents** – Are more likely to be living on a low income and suffer from the related issues (INT 2).

- **People living in rural areas** – This cohort faces challenges in terms of accessing, and providing support due to mobile phone signal problems. Also, most rural households are not on the gas network and therefore energy costs are more expensive (INT 2).
- **People who are self-employed** – Individuals need to provide evidence the last three years of earnings in order to be eligible for government support, which excludes those who have begun self-employment more recently (INT 4).
- **Landlords** – Some will be reliant on rent for income, therefore impacted where tenants are unable to pay their rent (INT 4).

Determinants of Health and Well-being:

Behaviours affecting health:

- **Coping mechanisms** – under stress people may be increasing alcohol use (INTs 2 and 4).
- **Social media use** – this has increased, with social media platforms being used to connect with and communicate with others, and to access information – it has given and enabled support during the restrictions (INTs 2 and 4).
- **Use of substances** – One interviewee noted how access to supply of recreational drugs had been disrupted, with shortage in supply (INT 4). Impact of this is positive in terms of less harm to individuals, and negative due to individuals seeking unfamiliar substitutes or loss of coping mechanism affecting mental health and well-being.

Social and community influences on health:

- **Belonging and community** – type and quality of housing has an impact on an individual's interactions with the world and their ability to put down roots, plan their life and move forwards (ontological security), poor security of tenure challenges a person's ability to do this (INT 1). People and households can get trapped in a cycle which presents a barrier for individuals accessing housing – build-up of rent arrears leads to eviction from their accommodation, resulting in a black mark against their name, which means they struggle to get into secure accommodation in the future (INT 1).
- **Community resilience** – There has been significant community responses to the pandemic; communities have come together to ensure people are supported and not isolated (INT 2).
- **People experiencing homelessness** – there have been positives in the sense that accommodation has been found for individuals in some areas, although negatives for others who have experienced long waiting lists and have had to wait for temporary accommodation to become available (INT 1). There is also a risk of those who have been placed in temporary accommodation becoming homeless again (INT 4).
- **Neighbourliness** – Existing neighbour issues can be exacerbated as a result of spending more time at home due to the restrictions in place – but can be limited using strategies to address / avoid anti-social behaviour displayed by neighbours due to restrictions. This could impact on individuals' ability to work from home (INT 4).
- **Domestic violence** – there has been an increase in this (INT 4).
- **Social isolation** – there has been an increase in this (INT 4).

Mental health and well-being:

- There has been a negative impact on some people's mental health and well-being caused by their individual situation during the pandemic, increasing stressors (INTs 1, 2, 3 and 4). In particular:
 - Stress / risk of being evicted (including 'no-fault' / illegal evictions, where tenants can feel intimidated by landlords) (INT 1).

- Anxieties around duration of the temporary increase in notice periods and whether these will be extended or not (INT 1).
- Children and young people not having the space for privacy, study and play in households (INT 1).
- Mental health conditions exacerbated by circumstances people experience as a result of the pandemic (INT 4).
- Insecurity of work, businesses and homes plus fear of COVID-19 and the impact of potentially losing loved ones (INT 4).
- Positive impacts have been identified through service user feedback of their experiences accessing support, demonstrating the impact of support on improving mental health and well-being (INT 2). There are also opportunities to identify those who previously have not experienced mental health issues but now do, in order that support can be provided (INT 4).
- **Adverse Childhood Experiences (ACEs)** - if home is not 'right', this has an impact on children's / young people's ability to deal with other things such as housing problems e.g. affordability issues, debt or existing mental health issues. The trauma builds up, having a negative impact on mental health and well-being (INT 2).
- **Sense of control:**
 - Positive impact – individuals have been able to take more control of their lives as a result of being at home with their children more. They have had to take more control over the situation and what is happening at home and support has got better (INT 2).
 - Landlords are frustrated as unable to go through the accelerated procedures to evict tenants, this may result in illegal evictions (INT 1).
 - Loss of sense of control for those individuals having to make the choice of whether to heat their home or eat, which may induce anxiety. The consequences of this decision could be risk of debt or under-heating homes, and therefore living in cold and damp. This has an impact on how safe and secure individuals feel (INT 3).
- **Anxiety:**
 - Individuals worried about ability to pay rent / household bills (INTs 1 and 2).
 - High anxiety levels recorded at the point at which individuals seek support, with individual's well-being improved following the support provided (INT 2).
- **Feeling safe** – home is seen as a place of safety, however this is not always the case and pandemic has reinforced this (INT 4).
- **Participation in economic life** – individuals having to decide whether to stay at home or alternatively go out to work in order to pay the bills (INT 4).

Living and environmental conditions affecting health:

- **Indoor environment:**
 - People are spending more time at home as a result of COVID-19 – although heating was not needed during summer, this is now needed in winter – there are known links between housing and health (negative impact on health from under heating home and living in a damp and cold home) (INTs 2 and 3).
 - The impact of living in a cold and damp home on individual's health (effect on respiratory and cardiovascular systems) may place individuals at greater risk of severe illness from COVID-19 and affect mental health and well-being through causing them further worry (INT 3).
 - The condition of homes affected by being unable to afford energy bills, resulting in individuals living in cold and damp homes – individuals may feel isolated due to this (INT 3).

- **Housing tenure:**
 - There is a need for an increase in affordable / social housing (INTs 1 and 4).
 - There is a need to improve conditions in the private rented sector and security of tenure for private tenants. There is a need to ensure that all landlords are licenced and comply with Rent Smart Wales, in order that the majority of those who are in private rented accommodation are able to stay in their homes without the risk of the accommodation not working out and becoming homeless (INTs 1 and 2).
- **Housing stock** – Wales has a high proportion of old and inefficient houses. Risk of fuel poverty can be affected by the energy efficiency of homes, fuel / energy prices and income. There is an increased possibility of living in an inefficient home and, as a result of the pandemic, experiencing reduced income, plus spending more time at home resulting in increased energy consumption, significantly increasing the risk of fuel poverty (INT 3).

Economic conditions affecting health:

- People have spent more time in their homes during the pandemic – the impact of this includes an increase in energy consumption, resulting in increased costs for households, which not everyone can afford. This situation is exacerbated by job losses and reduction in incomes, and presents increased challenges for those in debt (INTs 2 and 3).
- **Debt:**
 - Those with debt are more vulnerable in terms of being at risk of eviction from their housing (once the stay on evictions ends) (INT 4) and experiencing, or at risk of experiencing, fuel poverty (INTs 2 and 3).
 - Individuals may be unable to afford to top-up gas and electricity pre-payment meters, which can result in getting into more and more debt, rationing of energy usage or self-disconnecting as they cannot afford to pay for it (INTs 2 and 3).
- **Income** – one example provided by an interviewee was that due to relationship breakdown an individual had moved out of their accommodation, which had meant all benefits had stopped (INT 2).
- **Poverty:**
 - Social housing is not always affordable, above inflation rent increases pushes social tenants into poverty (INT 1).
 - Individuals having to choose what to pay for - whether to heat their homes or buy food to eat (choice to heat or eat) (INTs 2, 3 and 4).
- **Affordability** – unaffordable rents resulting in tenants being in rent arrears (INT 4).

Access and quality of services:

- **Advice and support services / third sector:**
 - There has been an increase in collaborative and partnership working across organisations – working together in order to help people and increase awareness of the support that is available from organisations – taking a holistic approach to aid effective provision of support (INT 2).
 - Some people have experienced service disruption during the pandemic (INTs 2 and 4), with challenges in accessing some support services - some have closed, or staff placed on furlough (INT 2) and also issues with not being able to access essential services within 5 mile radius (INT 1).
 - Demand for services is high (INTs 1 and 2). COVID-19 (and its impacts such as reduction in income, being furloughed etc.) has caused those individuals who previously would

- have been able to afford household bills, to now need support (INTs 2 and 3).
- COVID-19 has identified where there are gaps in support (INT 2). One interviewee advised that individuals in housing association and council accommodation, where support is usually in place, are seeking wider support also – it is not just those in owner occupied and private rented sector (INT 2).
 - There are challenges associated with organisations using different methods of engagement (alternative to face-to-face) to reach individuals – not everyone has access to digital services / technology (INT 3).
 - There is a need to increase awareness of support services available for individuals in order they can access these as appropriate – lack of awareness is a barrier to accessing support (INT 3).
 - One interviewee explained individuals are already at crisis point when they get to their organisation for support, and the organisation is therefore firefighting, the aim should be for individuals to seek and access support earlier than this (INT 2).
- **Health services** – access is reduced, in particular more difficult to access GP services, especially face to face (INT 4).
 - **Training** – through a rise in illegal evictions it was identified there was a need to increase landlords’ awareness and understanding of how not to illegally evict, which has led to updated training for licenced landlords and agencies delivered by Rent Smart Wales (INT 1).

Macro-economic, environmental and sustainability factors:

- **Government policies:**
 - Positive – response measures have been introduced to provide support and mitigate the impact of the pandemic (INTs 1, 3 and 4). For example, the temporary uplift in Universal Credit has helped individuals to meet essential household costs (INT 3). However, these are temporary measures and support needs to be extended over the longer-term (INTs 1, 3 and 4). Additional concerns expressed included: feeling that responsibility lies with tenants to take up schemes such as the Tenancy Saver Loan Scheme (TSLs), rather than landlords (INT 4); and increased vulnerability of those individuals who are ineligible for support schemes (INTs 1 and 4). In particular those who are falling between the TSLs and other sources of help, and at risk of becoming homeless (if they cannot afford to repay the TSL and not on benefits that qualify them for access to other sources of help) (INT 1). One interviewee said it appears some individuals have been turned down for TSLs due to their credit rating even though they could afford to repay the loan (INT 1).
 - **Housing First** – gaining traction in Wales, opportunity for those who are homeless to access permanent housing and have security of tenure from the start, as opposed to moving into temporary accommodation; first on a journey towards gaining secure housing (INT 1). This will have a positive impact on ontological security.
- There needs to be broader alignment between the area of fuel poverty with other agendas such as public health, decarbonisation etc. – the closer these areas can be aligned the better (INT 3).

Section 7 – Case Study

The following case study gives an example of how elements of housing security (feeling safe and secure at home and having a sense of belonging) can significantly impact on a person's health and well-being, and how services can provide the relevant support and advice to enable this to happen through working in partnership with other organisations and providing a holistic person-centred approach.

This case study is based upon the experiences of an inpatient within a mental health ward of a hospital.

The author is a member of the clinical support team, a group of professionals with a focus on the recovery, treatment, and well-being of those within mental health services. The role of the author is to support the wider team in considering the discharge pathway and return of clients / patients to the community to ensure that social determinants have an equal consideration in their care planning. Also, to try to ensure that services have a continuity to home and that the possibility of re-admission is minimised by addressing the social issues that may have caused the deterioration in mental state and to support clients / patient well-being in the future.

A is a woman who is 68 years old and has always lived independently, she lives in her own home in a small community in North Wales.

A was admitted to hospital in the summer of 2020 during the first wave of the COVID-19 pandemic and found herself in contact with Mental Health services for the first time. A had found that her mental state had declined, and she found herself depressed and anxious about her situation, in particular her home.

The admission to hospital was difficult, in that A had considered herself to be independent in many ways as she lived a life that was self-sufficient and did not often seek help.

Through assessment and discussion, it was clear that aside to the medical issues that needed attention, A was struggling with her accommodation, its condition and her lifestyle. A stated that her home no longer felt like a home and that she had become isolated, this had not been a choice, as she followed the COVID-19 guidance to social distance from others, other than to access food and other essentials.

Being at home had allowed A to focus on her sense of isolation and that her home no longer felt secure and safe, repairs were also needed, and she felt that she could not afford these and could see no hope for the future.

A consultant psychiatrist offered an appropriate treatment and the care team focused on the home and how A could get better with the provision of relevant support, but without feeling overwhelmed. A was referred to Shelter Cymru and Mental Health Advocacy Service and to local authority colleagues to help find a solution and give activities to A to complete, to help build her confidence and resilience as she recovered.

A also had very limited income, so the care team helped to maximise her income and benefits to make the journey back home more realistic and manageable.

There was reluctance to consider a discharge plan, as A felt that she would not have access to support services and would struggle to engage with the services who could offer help with her home.

However, hospital services were under considerable stress and once the client / patient became better, there was pressure in the system to help A home and she was made a Delayed Transfer of Care (DTOC) which added extra urgency to A's situation.

Services worked together to:

1. Assess her home condition and consider access to home improvement loans that were affordable and in keeping with her future plans as to where she would live in the future.
2. Refer to the Community Mental Health Team for ongoing support and access to Community Practice Nurse to manage and monitor A's mental state.
3. Assist to complete all the relevant applications for housing and financial help and for an assessment for alternative housing due the condition of A's current home.

This process put a considerable pressure on hospital services as many of the issues were social and not medical – but there was a clear connection between her ability to 'live at home' and her mental state, which was linked to her perception of home, safety, belonging in the community and getting help.

What was learnt by the services?

1. The services involved were able to identify the link between wellness and home security and a sense of what home should be and how it should feel.
2. A was a good example of many 'new' patients the services have met during the pandemic. Much of their mental state is linked to isolation and a feeling of belonging in their community, and the difficulty has not been in treatment, but in getting people back home in a timely and supported manner.
3. Being isolated has allowed people to recognise that their home is a source of anxiety to them and that they are not living in the 'right place'.
4. Admissions into services have been longer than normal, as many services (such as housing) have been 'frozen' and so resources to help people move on have been limited.
5. There are many people in the community that mental health services are not currently in touch with, who have issues similar to A and Community Mental Health Teams are now becoming overwhelmed by such presentations.
6. As a care team the services recognised that some of the issues regarding housing and its suitability are not always quickly resolved and have to be balanced with maintaining wellness in people and their families.

Actions taken

Experiences such as the above has highlighted the need for strong relationships with community services, in this case housing services and the local authority, without whom the actions that have been initiated in hospital could not have continued to home.

Staff reflected that having a member of the team that prioritises the social determinants for recovery is essential and provides robust outcomes, over and above that of medical need and treatment.

Acting on social needs reduces the time which people are in hospital, by supporting the individual to seek appropriate help, through community partners, to get people home safely and to support their independence and enable them to remain in a safe and secure home.

Section 8 – Tables of impact

The tables below depict the key impacts that have been identified from housing insecurity and homelessness and the population groups affected. **Please note that only those described as Major or Major-Moderate have been included in the Summary Report**, which does not include any analysis of those groups or determinants where more research has been identified as a requirement.

Table 3

Population group	Intensity i.e. minimal; moderate; major	Likelihood i.e. probable; possible; confirmed	Duration i.e. short / medium / long term	Intensity i.e. minimal; moderate; major	Likelihood i.e. probable; possible; confirmed	Duration i.e. short / medium / long term
	Positive / opportunities			Negative / unintended negative impacts		
Refugees and Asylum Seekers				Minimum - moderate	Probable	Short – long term

Rationale i.e. positive / opportunity or negative / unintended consequence

Negative: There is a shortage of any accommodation for this group meaning that they may struggle to obtain accommodation or get stuck in temporary housing as there is no 'move-on' accommodation. There are also issues with overcrowding and housing safety for this group. There are particular issues for asylum-seekers and refugees from LGBTQ+ communities (more research is needed about the impacts on this group).

Those living on low incomes		Major	Confirmed	Short – long term
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Rationale i.e. positive / opportunity or negative / unintended consequence

Negative: People with low-incomes are more susceptible to homelessness and fuel poverty due to high housing and energy costs coupled with inefficiently insulated homes.

Poor housing conditions also present a threat to health and well-being due to potential overcrowding and the poor physical condition of housing e.g. damp.

The economic crisis caused by COVID-19 will also impact most strongly on people with low-incomes. The impacts of COVID-19 on the labour market have been concentrated on low-earners and the young.

See Summary Report, Section 3.3.1 for analysis.



Private tenants and renters		Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence				
<p>Negative: Private tenants and renters may be susceptible to a range of negative effects that social renters and owner occupiers are not. Social rent properties are covered by the Welsh Housing Quality Standard which ensures that properties in the social sector meet standards of decency. Adequate housing may be more difficult to afford during an economic crisis; evictions rose during the last recession; this means some households may be forced to live in poorer conditions.</p> <p>Lack of space and overcrowding has been shown to have a negative impact on the mental health and well-being on tenants, rates of respiratory disease, tuberculosis, meningitis, and gastric conditions are also higher in overcrowded households; private tenants and renters may also have greater levels of exposure to damp and cold. Overcrowding can also have a negative impact on children's education and prospects, family relationships and physical, mental, and emotional well-being.</p> <p>See Summary Report, Section 3.1.2 for analysis.</p>				

People experiencing homelessness	Major	Confirmed	Short - long term	Major	Confirmed	Short - long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: A modelling study in England suggested that people experiencing homelessness were protected by general interventions such as infection controls in hostels, closing 'dormitory style' accommodation and the broader 'Everyone In' initiative. However, if these measures are lifted, outbreaks in homeless settings could result in larger numbers of infections and deaths, even where there is low incidence in the general population.</p> <p>Negative: There has been an impact on the mental health and well-being of people experiencing homelessness, many already have chronic mental health problems and are more likely to die from suicide. People experiencing homelessness are also more likely to be in poorer physical health than the general population, combined with complex longer- term health needs.</p> <p>See Summary Report, Section 3.1.3 for analysis.</p>						

Children and Young People		Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence				
<p>Negative: Overcrowding and the inability to access outdoor space can negatively impact children's education, future prospects, family relationships, and physical and emotional well-being. The closure of schools has also had a negative impact on some children. Some will have lost the respite they had from living in an abusive home and now be trapped in their home with an abusive parent(s). Services delivered to those children may also have been interrupted by the pandemic. There may also have been interruptions in access arrangements for some children and parents due to fears about them transmitting COVID-19 (Bagwell-Gray, 2020) (see also 'digital implications' below).</p> <p>Also, child poverty rises during recessions and the negative effects of COVID-19 on the economy have been concentrated on low-earners and the young. Lone parent households are a group particularly at risk. There is also a risk that children may witness increased controlling behaviour between parents (mainly fathers to mothers).</p> <p>See Summary Report, Section 3.1.4 for analysis.</p>				

Home workers	Major - Moderate	Possible	Short-long term	Moderate-Major	Possible	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: Homeworking has protected those people able to do so from the pandemic and allowed many to spend more time at home with families.</p> <p>Negative: Homeworking has increased during the pandemic and cuts across all three areas of housing security. More time spent in the home has resulted in increased energy consumption presenting affordability issues.</p> <p>See also 'A COVID-19 pandemic world and beyond: The public health impact of Home and Agile Working' (Green et al, 2020).</p> <p>See Summary Report, Section 3.1.5 for analysis.</p>						

Women			Moderate-Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence					
<p>Negative: Women are more likely to head lone-parent households, which have been shown to be one of the groups more at risk during the pandemic. Women are also more likely to be subject to 'intimate partner violence' especially from controlling behaviours from men. Women living with an abuser may have lost the respite that going to work provides and this is compounded by being trapped in their home with an abusive partner. They may have also lost access to both formal and informal sources of support, and a 'hold on daily living' exacerbated by uncertainty over employment and housing status – this may also limit their ability to escape.</p> <p>See Summary Report, Section 3.1.6 for analysis.</p>					

LGBTQ+ Groups			Moderate	Possible	Short-medium term
Rationale i.e. positive / opportunity or negative / unintended consequence					
<p>Negative: Young people whose families are not accepting of them may be forced to return home or be stuck in temporary accommodation. There is a shortage of accommodation for these groups. There is a lack of access to services and a lack of acceptance. Some people who identify as LGBTQ+ may also be refugees or asylum seekers – who are fleeing persecution. Further research is needed to understand the impact on asylum seekers and refugees from LGBTQ+ communities.</p>					

Social tenants and renters			Moderate	Probable	Short - long term
Rationale i.e. positive / opportunity or negative / unintended consequence					
<p>Negative Renters may have poor relationships with their landlord and be falling behind with housing costs – meaning they must cut back on other things. Being evicted for non-payment of rent may result in being classified as 'intentionally homeless'. Compared to owners, renters tend to have less in savings, and are therefore more vulnerable to economic shocks.</p>					



People with mental health conditions	Minimal-moderate	Probable	Short-long term	Minimal-moderate	Possible	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: The impact of a mental health conditions may be lessened where housing is secure. Warm Wales have a holistic approach to providing support to people in this group. They will also have been protected by the new rules and regulations introduced by Government in response to COVID-19.</p> <p>Negative: There is a link with homelessness. Many people experiencing homelessness have a higher risk of experiencing mental health problems; and are at greater risk of premature death by suicide. They also have higher rates of substance use including alcohol, tobacco and other drugs.</p>						

Older people	Minimal	Probable	Short-long term	Minimal	Possible	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: Older people (50+) are more likely to work in roles where they can work from home, thus protecting them from COVID-19, and enabling them to continue to receive their household income.</p> <p>Negative: There is evidence that older people (60+) are more likely to lose their jobs, and be unable to regain employment.</p>						

Table 4

Determinants of health and well-being	Intensity i.e. minimal; moderate; major	Likelihood i.e. probable; possible; confirmed	Duration i.e. short / medium / long term	Intensity i.e. minimal; moderate; major	Likelihood i.e. probable; possible; confirmed	Duration i.e. short / medium / long term
	Positive / opportunities			Negative / unintended negative impacts		
Mental health and well-being	Major	Probable	Short-long term	Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: People have been seeking support with their health and well-being and social housing providers have responded to the need by introducing support programmes for people that need them. The government mandated stay on evictions has also been important in reducing the stress and anxiety people face when at risk of losing their homes (Workshop 2), although the measure is temporary.</p> <p>Negative: The negative impacts of poor quality, expensive housing have been made worse by the pandemic and associated lockdowns. Being locked-down in cold, damp homes, especially in the winter months, impacts on both physical and mental health and on children’s educational attainment.</p> <p>There are also negative psychological effects associated with housing insecurity. The presence of rogue landlords and threat of receiving an eviction notice threatens both mental health and ontological security. The presence of informal support networks is associated with better mental health, lockdown may well have severed access to some of these informal networks.</p> <p>See Summary Report, Section 3.2.1 for analysis.</p>						

Behaviours affecting health						
Risk taking behaviours	Moderate-Major	Probable	Short-long term	Moderate-major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: Smoking may have decreased due to an increase in quit attempts in response to the pandemic. Social media has played a positive role in bringing people together and enabling communication, and homeworking. There has also been an increase in people taking exercise in response to the lockdown.</p> <p>Negative: Individuals hospitalised with COVID-19 are more likely to live in deprived neighbourhoods and had less favourable health behaviours, for example, a higher prevalence of physical inactivity and cigarette smoking. Cases were, however, less likely to consume alcohol. Addiction is also a factor that presents increased risk for those experiencing homelessness or housing insecurity during the pandemic.</p> <p>People experiencing homelessness are also more likely to have a higher risk of physical and chronic mental health problems and engage in 'health harming' behaviours.</p> <p>See Summary Report, Section 3.2.2 for analysis.</p>						

Social and community factors on health					
Violence against women, domestic abuse and sexual violence			Moderate-Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence					
<p>Negative: The pandemic may have exacerbated VAWDASV in several ways. For example, male partners experiencing loss of control economically may assert greater control in another area, their relationship with a female partner. Mothers who experience economic hardship are more likely to be victims of violent or controlling behaviour (also Schneider et al, 2016). The pandemic and associated lockdowns mean that people still living with an abuser have probably lost access to both their formal and informal support networks and ability to leave.</p> <p>See Summary Report Section 3.2.3 for analysis.</p>					

Sense of belonging	Moderate-Major	Probable	Short-long term	Moderate-Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: Communities have come together to support one another and volunteered to help others – this may well have increased a sense of security and belonging for some.</p> <p>Negative: Secure housing plays a key role in our sense of ontological security and continuity and the ability to establish networks and roots. The loss of this sense of security can have a significant negative impact on mental health.</p> <p>The economic impact of the pandemic will have reduced many households' ability to pay their rent or access secure housing. Being in rent arrears or facing eviction can be perceived as a mark against your name that can act as a barrier to accessing secure accommodation and can lead to a cycle of living in insecure housing.</p> <p>See Summary Report, Section 3.2.3 for analysis.</p>						



Social isolation	Minimal-moderate	Possible	Short-long term	Minimal-moderate	Possible	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: Access to social media has enabled many people to keep in touch with friends and family, and the outside world during lockdowns.</p> <p>Negative: Lockdowns have increased loneliness and isolation for some. Particularly for refugees, asylum seekers and older people. Many households will have limited access to laptops, broadband etc. making schoolwork difficult. Social support networks have also been disrupted – strong social networks are associated with better mental health.</p> <p>See Summary Report, Section 3.2.3 for analysis.</p>						

Living and environmental conditions affecting health				
Overcrowding		Moderate-Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence				
<p>Negative: Overcrowded housing is a particular problem during a pandemic involving a highly communicable disease. Lower living standards have been linked to poor nutrition and therefore increased opportunities for the spread of disease. This is especially true of homelessness shelters, where there are many people in close proximity with little ability to socially distance or isolate.</p> <p>Overcrowding has been shown to negatively impact upon children’s education, future prospects, family relationships and physical, mental and emotional health (Bloomer et al, 2012). This can also be exacerbated by inappropriate housing for a household’s composition e.g. lone-parent or multi-generational households.</p> <p>See Summary Report, Section 3.2.4 for analysis.</p>				

Age of housing and housing need		Moderate-Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence				
<p>Negative: Older housing is often in poorer condition with lower levels of sound and heat insulation and may also have lower space standards making overcrowding more likely and social distancing impossible. It may also lack sufficient (or any) green, outdoor space making spending time outdoors more difficult – especially during lockdown. Older housing is also more likely to be privately rented meaning that issues caused by lack of space are intersected with issues of condition and security.</p> <p>See Summary Report, Section 3.2.4 for analysis.</p>				

Economic conditions affecting health				
Unemployment		Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence				
<p>Negative: Unemployment and the related loss of income presents a clear threat to well-being. Households where there is a loss of income face an impact on their standard of living generally as well as the risk of not being able to afford their home – leading to a risk of homelessness where welfare benefits do not cover their housing costs. They may also not be able to access a ‘Tenancy Saver Loan’ where they have no income to pay it back.</p> <p>Households who could previously pay their energy bills may also face fuel poverty if they have lost their income due to the pandemic.</p> <p>See Summary Report, Section 3.2.4 for analysis.</p>				

Reduced or low income		Moderate-Major	Probable-Confirmed	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence				
<p>Negative: As well as increased unemployment, (see above) many households will have seen their incomes reduced significantly as a result of the government furlough scheme (that pays 80% of an employee’s wages whilst they are furloughed) (INTs 1,2&3). Whilst this will not be a problem for some, it has the potential to cause real hardship for others (JRF, 2020b). Other workers who are not furloughed but paid on an hourly basis, may have seen a reduction in hours and therefore income. The impact of this will be greater for some groups than others.</p> <p>See Summary, Section 3.2.4 for analysis.</p>				

Access and quality of services						
Support services	Major	Probable	Short-long term	Major	Probable	Short-long term
Rationale i.e. positive / opportunity or negative / unintended consequence						
<p>Positive: There have also been some positive impacts from the pandemic. There has been increased collaborative working within organisations to provide services and take a more holistic approach to support; and work together to target where needs are greatest. Housing Associations have acted as community anchors and provided additional housing for those experiencing homelessness.</p> <p>Negative: The need and demand for support services across a range of factors will have increased during the pandemic, in order for people to cope with its effects. For example, there has been an increase in referrals for support with energy bills across tenures – the expected support from housing associations and local authorities for their tenants has not always been forthcoming. Accessibility to other support services has also been limited with some services closing completely whilst others have moved from face to face to virtual delivery.</p> <p>See Summary Report, Section 3.2.5 for analysis.</p>						

Digital implications		Minimal	Possible	Short-medium term
Rationale i.e. positive / opportunity or negative / unintended consequence				
<p>Negative: Lack of access to digital infrastructure, particularly in rural areas, makes it challenging to access online housing and support services. People who are digitally excluded also had lower awareness of what support and services are available to them. This highlights the need to speed up roll out of high-speed internet access – especially in rural areas.</p> <p>See Summary Report, Section 3.2.5 for analysis.</p>				



Macro-economic, environmental and sustainability	Major	Confirmed	Short-long term	Major	Confirmed	Short-long term
<p>Rationale i.e. positive / opportunity or negative / unintended consequence</p> <p>Positive: On a positive note, some of the measures enacted in response to the pandemic have been welcome. The suspension of evictions, rent holidays and £20 per week uplift to Universal Credit have been essential in keeping households in their homes – these measures are currently extended until April 2021.</p> <p>Negative: Since 2010 the UK government (first as a coalition, then majority Conservative) has made significant cuts and reforms to the welfare budget and policies in response to the economic crisis that began in 2008. These reforms have and will continue to reduce incomes of many benefit recipients, restrict access to benefits for some e.g. restrictions to the previously universal Child Benefit. These ‘austerity’ policies impact most heavily on the most vulnerable, reducing incomes at a time when basic living costs are rising rapidly. There is also evidence that significant numbers of people are still being made homeless during the pandemic.</p> <p>See Summary Report, Section 3.2.6 for analysis.</p>						

Our Priorities 2018-2030

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

Influencing the wider determinants of health

Improving mental well-being and resilience

Promoting healthy behaviours

Working to Achieve a Healthier Future for Wales

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

Protecting the public from infection and environmental threats to health

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

Our Values:

Working together with trust and respect to make a difference



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Public Health Wales
Number 2 Capital Quarter
Tyndall Street
Cardiff CF10 4BZ
Tel: +44 (0)29 2022 7744

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