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Transcript

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Jo Peden (Public Health Wales) 0:03

Welcome to children and the cost of living crisis in Wales, what we know and what we are doing about it. As you will know, the cost of living crisis is having and will continue to have a wide ranging and long term impacts on the day-to-day lives of people in Wales, but specific impacts on children.

These impacts are of particular concern given how the experiences of poverty in childhood has long lasting, negative effects on children's development and future health and prosperity. Tackling child poverty is at the heart of securing a better and more resilient future for Wales and is a priority for tackling inequalities.

This webinar will explore current policy, research and practice in Wales, which aims to support children and their families through the cost of living crisis and we're very lucky today to have some excellent speakers and I'm hoping that we're going to have a really good discussion at the end as well with questions.

Jo Peden (Public Health Wales) 1:07

So I'll just introduce you to our speakers and presenters and firstly I'd like to apologize because Abigail Knight from Barnardos is unable to join us. However, we have Manon Roberts who is Senior Policy Officer at the policy team of The Who collaborating Centre in Public Health Wales and Manon's work focuses on the cost of living crisis and healthy housing.

We have Rebecca Hill and Karen Hughes, who work in the policy and International Health Directorate at The Who Collaborating Centre for Investment for Health and Wellbeing, and Rebecca is Program Director and Karen is the Research Capacity Development Manager for specialist projects. And their team runs some really excellent population surveys and research projects on a range of public health areas, but particularly with a focus on adverse childhood experiences and violence prevention

We have Catherine Pape, who is a speech and language therapist working one day a week as Lead for Allied Health Professionals for public health prevention in Health, Education and Improvement Wales, and we also have Amy McNaughton, who's a Public Health Consultant in the Health Improvement Division for Public Health Wales and Works on the First 1000 Days Programme.

We have Sally Hunt and Doctor Sam Clutton, who work in the Welsh Government's tackling poverty team, and their team has led most of the work on mitigating the impact of the cost of living crisis on children and has recently consulted on a refreshed child poverty strategy so they join us today to provide an update on Welsh Government's response to the cost of living crisis and the and impact on children.

I forgot to actually introduce myself as well. I'm Professor Jo Peden from the WHO Collaborating Centre for investment in health and wellbeing, Public health Wales.

Jo Peden (Public Health Wales) 3:10

So just a few housekeeping items. The first one is that there will be a chance for you to ask questions after the presentations and if you just put your question into the chat, it will be picked up from one of the team and I'm imagining we'll have lots of questions so we might have to just pick a few of them so we get a discussion at the end. The webinar is being recorded and it will be made available on Public Health Network Cymru's website after the event and if you are experiencing any technological difficulties, just put that in the chat and someone will be able to help you behind the scenes.

So we will start off with Manon who's going to give us a presentation on their recent report that she and Louisa Petchey have developed from Public Health Wales, which is on children and the cost of living crisis.

Thanks, Manon.

Manon Roberts (Public Health Wales) 4:12

Thanks Joe. Good afternoon, Prynawn Da. As Joe mentioned, I'll be giving a summary of a report that we published back in September on children and the cost of living crisis in Wales. So as Joe mentioned in her introduction, the cost of living crisis is putting the health and well-being of children in Wales at risk, both in the immediate term and as they progress into adulthood.

So the report summarized findings from a literature review of the impact of the crisis on children's health and well-being, which we then drew on to make recommendations across 11 priority policy areas. We're hoping that this report would contribute to the development of the revised Child Poverty Strategy for Wales that the Welsh Government are currently developing and, together with the previous report, that we published last year on the impact of the cost of living crisis on the health and well-being of the Welsh population more generally, we hope that together the two reports provide a framework for prioritizing the health and well-being of children both during this time of crisis, while also setting a course for a healthier and more equal future for Wales.

So why focus on children specifically and put simply, children have the highest risk of poverty of all age groups in Wales. So over a quarter, 28% of children in Wales are living in relative income poverty, according to the most recent reliable data and within this, certain groups of children are at higher risk of living in relative income poverty than others, o they include children who live in larger families particularly with three children or more, and children living in lone parent families who are at the greatest risk, children living with disabilities and children belonging to certain ethnic minority groups, young children living in workless households.

So why are children, families, particularly at risk of the cost of living crisis. So increases in the costs of essential goods and services that have characterized the crisis, have followed a sustained reduction in welfare benefits that are available to families with children since 2010, so changes have included the two child limit and the introduction of the benefit cap, and evidence suggests that these welfare reductions have disproportionately impacted children living in the least well off areas which has led to increased child poverty and worsening health outcomes as a result, including a rise in infant mortality rates. So these real term cuts to family income and welfare interacted with a high prevalence of insecure and low paid work as well as high childcare costs, all of which increased the risk that even children living in working households experience poverty.

Stigma is also a key factor of poverty, which acts as a crucial barrier to support, particularly take up of benefits and support schemes such as the accessing of free school meals. So the cost of living crisis is adding to existing structural drivers of poverty and health inequalities in Wales, which has left children in low income families at particularly high risk of further negative health outcomes as a result of the crisis.

So our evidence review looked specifically at what those impacts on health could be. So not having enough money for the essentials that children need for a healthy life can impact many different aspects of the lives of children on their families. So this figure on this slide conceptualizes some of those impacts on children's physical and mental health, their social, emotional and cognitive development, and their educational outcomes. So it's not intended to be completely exhaustive, but hopefully provides an indication of some of the direct and indirect public health outcomes of the cost of living crisis on children and how they interact with each other as well over the short and longer term.

So for example, if families aren't able to afford their heating electricity bills, that puts families at greater risk of living in cold and damp homes. That has an indirect impact then on children's health and wellbeing. So exposure to damp and mould increases children's risk of developing asthma, which increases in severity as the level of damp and mould increases. And we know that babies are at higher risk of negative health outcomes than children with pre-existing health conditions. Fuel poverty and living in cold homes can negatively impact children's education and they're attainment and through reduced school attendance due to illness, overcrowding in certain rooms and cold temperatures affecting homework and study, as well as impacting their sleep.

So because of this, we can expect the negative physical and mental health outcomes in childhood to continue even after the economic crisis is abated. So, for example, children who would have had their school attendance and attainment affected could potentially then be impacted later on in life, for example through decreased social participation or difficulties in finding work, particularly secure and well paid work that would give them a good quality of life, that can in turn lead to poor mental health in later life which causes an accumulation of disadvantage across the life course and trap people in poverty, including across generations. So to bring that all together and by increasing child poverty and the long term negative impacts on health, the cost of living crisis can be expected to decrease the life expectancy of children growing up in the worst off areas of Wales over their life course to further entrench existing inequalities in health between the least off children and those living in better off areas of Wales and trap some children and families in the cycle of poverty and disadvantage across generations.

So what should we do about it?

The unique policy context of Wales provides an enabling environments for public bodies and other bodies, to prioritize action that protects children in Wales from the impacts of the cost of living crisis both now and in the longer term and for action that tackles the underlying causes of poor health and well-being.

So while the Welsh Government and other public bodies in Wales don't have full power over a lot of the policy areas that are really important drivers of child poverty rates, such as certain welfare payments or tax powers, the policy levers shown on this slide can be drawn on both a national and regional level to improve the lives of children in Wales.

So that includes the Wellbeing of Future Generations Act, the Socioeconomic Duty, United Nations Convention on the Rights of the Child, the Children and Families Measure 2010 and also Welsh Government commitments to a health in all policies approach.

So this year, the Welsh Government is due to consult on proposed regulations on the use of health impact assessments in decision making as set out in Public Health Wales Act 2017, which gives another really unique opportunity to push that health agenda through all policy areas that affect children's health and well-being.

So action is urgently required to mitigate the immediate health and wellbeing impacts and also to avoid a cohort effect where a whole cohort of children have their health affected through a temporary economic squeeze, so this requires clear strategic leadership to tackle the underlying causes of stubbornly high rates of child poverty in Wales and health inequalities that result from it.

And so this slide outlines the 11 priority policy areas for action that we put forward in the report to reduce the impact of the crisis on children.

So these areas aim to support and build on work that's already underway at national and local level to address child poverty and the cost of living crisis, which includes the Welsh Government's revised child poverty strategy for Wales.

So these include things like providing financial support for children and families so maximizing the income available to them and also looking at those specific areas of policy and how families could be supported through it, for example, supporting community food organizations to help tackle food insecurity and improving the energy efficiency of family homes to reduce the impact of fuel poverty.

We also included hygiene poverty as a specific area, which there's a comparatively less focus on in terms of the available literature compared to, say, period poverty but we found there's a real interaction there between stigma and also less provision necessarily compared to, say, things like food and energy support.

We also look at preventative measures so as well as having trauma informed services also aiming to prevent adverse child experiences from occurring in the first place and reducing the stigma and shame around poverty, which, as I mentioned earlier, can be really crucial barriers to support.

Let's bring that all together. As we mentioned in our previous report, the cost of living crisis is well and truly a public health emergency, and while it's likely that most people in Wales will be affected by the crisis to some extent, the impact of children warrant specific and urgent attention, and ultimately these policy priority areas focus on ensuring that families can afford the goods and services that they need for children to live happy and healthy lives. So evidence already exists demonstrating the real significant and wide ranging negative impacts of poverty and children, and particularly extended periods of poverty, and that these negative outcomes manifest themselves not only in childhood, but into adulthood, with disadvantages accumulating.

This multifaceted nature of child poverty means that concerted and coordinated actions are needed to make sure that whole cohort of children do not have the rest of their lives shaped by the current economic crisis and the Welsh Governments child poverty strategy offers a really valuable opportunity to renew efforts to reduce child poverty in Wales that are effective and evidence based and importantly, to ensure that the efforts reflect the other challenges posed by the cost of living crisis.

The crisis also offers a really opportune moment to apply a health in all policies approach to policymaking in all the areas that determine children's health and well-being, that includes education, income, childcare, housing and transport to reduce stubbornly high rates of poverty in Wales. Together with the COVID pandemic before the crisis, these both highlight the critical needs to tackle the underlying causes of poor health and health inequalities in Wales, rather than just focusing on the immediate impacts of the crisis.

So we hope that the two reports together can help inform the development of the child poverty strategy for Wales and together provide a framework for prioritizing the health and well-being of children both during this time of crisis, while also setting a course for a healthier and more equal Wales.

And so we are happy to answer questions at the end of the session, but for now I will stop sharing and pass you on to Karen Hughes and Rebecca Hill.

Thank you.

Rebecca Hill (Public Health Wales) 14:39

Prynhawn Da pawb, good afternoon all, I'm Becks Hill and I'm going to introduce the next section of the webinar and I'm here with my colleague Karen Hughes and we're going to discuss the rising cost of living and health and well-being in Wales and specifically the findings of a national survey.

We have a report that is published today, based on the findings of the survey and the URL is provided in the slide. We conducted a national household survey over a five month period from November of last year to March of this year, and we spoke with over 2000 adult residents in Wales to ask them how the cost of living was affecting them.

So we developed a questionnaire internally that looked for example, asking questions around concerns about rising costs of living, their knowledge and awareness of support that's available and whether they are managing and coping financially and something around the behavioural changes that they might have been making in response to rising costs of living.

We were also able, through the survey, to collect participant demographics so, for example around sex, age and the deprivation quintile and based on where they live and the Welsh index of multiple deprivation, ethnicity which was classified by white or ethnic minority but also additional demographic characteristics. So for example household income, activity limitation, which was based on their responses to questions around whether they're day to day activities were limited due to health problem or disability expected to last for 12 months or more.

But importantly specifically for this webinar, we were also able to ask about whether there were any resident children in the household., so anyone aged under 18 or younger that's enabled us then to develop some population level demographic breakdowns to look at differences in vulnerability according to different population groups and how they've been affected over the rising costs of living.

So I'll hand over to my colleague Karen now, who will run you through these findings and some of these population breakdowns.

Karen Hughes (Public Health Wales) 17:00

Thanks Becks, and hi everybody.

Can I just check are the slides working?

Rebecca Hill (Public Health Wales) 17:06

Yes.

Karen Hughes (Public Health Wales) 17:07

Sorry I can't see them on my screen, so I'm just going to give you a very brief overview of some of the key findings from the survey and some of the information that's presented within the report, starting with how people perceive their household finances to have changed during the cost of living crisis.

So we asked people which of the statements shown in this figure they felt best described how they were managing financially, both now at the time of survey and six months previous to that and we can see the blue bar here, which represents where they place themselves six months ago, 70% felt that they had enough of all the essentials and some extras.

But looking at currently only 38% of them put themselves at this level and the largest proportion said that they had enough for the essentials, but not much else and around well, 16% said that they sometimes have enough of the essentials or usually don't have enough for the essentials.

So you can see quite a big drop off from where people place themselves financially and overall, 43% felt that their financial situation had worsened over the last six months, 55% said it had not changed and only 2% said it had improved. In terms of how worried people were about the cost of living crisis, the vast majority of people expressed some level of worry, with 28% of people saying they were very worried and of course being very worried can impact on your health and well-being.

We asked people whether the cost of living crisis was having a negative, positive or no impact on a range of health and wellbeing areas, and I'm just showing here the proportion who felt the rising cost of living were having a negative impact, so 44% said it was having a negative impact on their mental health, that's almost half of all adults, 19% on their physical health and 17% on their family relationships.

We also asked a range of questions about the behavioural changes that people have made to help them through the cost of living crisis and I know this is quite small, I've just highlighted a few. So the majority of people, about 70%, said that they've started using electrical appliances such as washing machines and ovens less, that they'd had to cut down on non-essentials such as entertainment and eating out.

45% said they had to cut down on the amount of food they buy. Around 1/3 said they'd had to use their savings to cover increasing costs and 23% so just over one in five said that they had to increase borrowing or credit card debt, and finally we ask people how confident they were in their ability to cope financially during the cost of living crisis, so 3/4 of people said

that they believed they'd be able to cope, which is positive, but 23% of people felt that they wouldn't be able to cope.

And for this and many other questions within the survey, we looked at some of the demographic risk factors so for feeling that you wouldn't be able to cope, we found this was independently associated with being younger aged, so less than 50 years of age, living in the highest deprivation quintile, having a low household income, economic inactivity, activity limitations so having a long term health condition or disability, and importantly for today, having children in the household was an independent factor associated with feeling that you wouldn't be able to cope.

And to give an indication of the variation of impact across different population groups we've also created for some questions population profiles because we can say younger adults are at increased risk, but obviously within the younger adult age group, there's going to be very big differences depending on other factors in people's lives. So for example, in 18 to 29 year olds we estimated that 14% of affluent working females would say that they think they wouldn't be able to cope financially through the crisis compared to 80% of deprived unemployed males within the same age group.

And in the older age group 30 to 49 years, we added having children in the home as one of the risk factors we looked at and here you can see for example, 9% of affluent working males aged 30 to 49 with no children in the home would be estimated to think that they wouldn't be able to cope rising to 63% of deprived working females of the same age with children in the home. Obviously we were interested in children today so I've also just pulled out here the other factors where participants were children in the home were increased risk after controlling for other sociodemographic factors, and the pink bar is those with children in the home, the blue bar, those without children in the home.

And these are just raw percentages from the sample but the associations are controlling for the other factors, and so participants with children in the household were more likely to report their financial situation as worsened in the last six months, they're more likely to be very worried about rising costs of living, they're more likely to report a negative impact on family relationships, they're more likely to have cut down on food purchases and on non-essentials and they're more likely to report having increased money borrowing or credit card debt as a result of cost of living.

So actually one in three of the adults that we surveyed with women in the household reported that they'd had to increase their money borrowing.

So a very brief overview of findings, the report as Beck said has been published today and it's available on our website. We hope it's of use to you, and if you do have any questions,

I've put our email addresses there and we're happy to take any later on as well. So thank you very much. I will stop sharing and I will pass you over to Catherine.

Catherine Pape (HEIW) 23:19

Thank you Karen, diolch. Prynhawn da pawb and hello everybody, lovely to see you. My name is Catherine as Joe introduced at the beginning, I job share the role of lead AHP for public health and prevention with my colleague Judith John, and we are doing that in the HP transformation team in HEIW.

I'm just going to share my slides, so give me a second. So I'm going to talk to you today about what allied health professionals or AHP's can contribute to tackling the impact of poverty on children and young people in Wales, and for those of you who aren't AHP's and aren't sure what that means, that's 13 different professions in Wales. It does vary in terms of the definition between UK nations and just to include a few examples, art therapists, dietitians, speech and language therapists, physiotherapists, so wide range of different professions. We make up the second largest workforce in the NHS and I'll talk to you a little bit more about why that means that we have the potential to impact on this really important work.

Just to be clear, we're not talking about AHP's who have got a specific role in tackling health inequalities or in public health necessarily, what we're aiming to do is get this on the agenda of all allied health professionals so that they can consider public health within the day-to-day work that they do and monitor the public health and population outcomes of all of their work.

There's quite a few links in the slides and some of the slides are quite wordy.

I'm not going to go through absolutely everything, but I just wanted you to have access to the resources mainly after today's presentation. So I'm going to go through a few different things today, first of all, how AHP's can contribute to this agenda and increase the awareness of a few different resources, including the strategic framework that we're working to and a really lovely resource that we have recently developed in HEIW and a couple of networks that you might be interested in getting involved in.

So our role in HEIW, I'm not sure if you can read the goals on that slide, I can't because the slides are tiny on my screen and but we're working towards 5 different goals on the UK AHP Public Health Strategic Framework.

These documents are all linked from the slides, so if you're interested in knowing a little bit more, do look at them yourselves later.

So this is our broad public health and prevention agenda and we do also have a specific focus on early years in particular, but children and young people within this piece of work, and that's what I'm going to talk to you a little bit more about today.

For those of you who haven't seen it, there's also a really lovely framework published by the King's Fund, which looks at a wide range of different areas that health professionals can look at when they're considering how they can contribute to tackling health inequalities more broadly. This resource isn't specific to children and young people, but it's really useful, so do have a look at it.

What I want to talk to you a little bit more about is a resource that my colleague Lucy's developed based on this King's Fund framework that is specific to children in the early years. So first of all, what I'm going to just talk about is a few examples of things that are already going well in Wales. As I mentioned, AHP's are very well positioned to have an impact on the health inequalities experienced by children and young people, and many of these health inequalities are going to have been exacerbated by the cost of living crisis and we know that AHP's have got around 4,000,000 patient contacts per week across the UK so really well positioned to make the most of those contacts with families and to promote public health messages and make sure we're signposting families to the right services to support them. A few examples of activities that are going on in Wales that AHP's are already involved in, so as Joe mentioned, I'm a speech and language therapist, the rest of my week is spent in Welsh Government as lead national SLC coordinator and that is looking at promoting the speech language development of young children, we're focusing on age 0 to 5 at the moment.

And what we do in that role, lots of speech language therapists are employed in flying start, but increasingly so outside flying start part of some of the earliest pathfinder work is we're really trying to promote responsive interactions between parents and their children, but also training the wider workforce in terms of early years practitioners so that children can be identified early if they're in need of support and supported by the right people at the right time.

Catherine Pape (HEIW) 28:16

Dietetics colleagues are also really heavily involved in upskilling the workforce, in particular the childcare workforce, to promote positive nutrition messages and there's a piece of research going on that a colleague, Lisa, who I think is on the call today, is involved in, in terms of looking at the impact of some of that work.

So as well as promoting the fact that this work is going on, what we're really trying to do in HEIW is support colleagues to demonstrate the impact of that work because we know how hard that is from a public health and prevention point of view.

We've got a music therapy colleague working in the parent infant relationship team in Aneurin Bevan Health Board.

She's also promoting that attachment and responsive interaction as well as training some of the childcare workforce in how to use music to support children's development.

We've got some really lovely case study examples which are included in the resource which I'm just about to share with you and another really lovely example includes Podiatry colleagues in Cardiff who are working with schools to increase daily physical activity in schools. So loads of really, really lovely examples of things that are already going on.

What we're really keen to do is to support colleagues who maybe aren't already focusing on this work or who needs some support to do so, to think of practical ways that they can do that. So this is a recently published resource that my colleague Lucy Smothers, who I think is also on the call today, has developed as part of her clinical fellowship year in HEIW. It was co-produced with the workforce.

The bulk of our work is with allied health professionals because obviously that's our remit, but we are also collaborating closely with other colleagues outside of AHP professions so we've worked closely with Amy on lots of work in relation to First 1000 days, we've linked with Manon on the report that she's just presented on and we're really keen to make sure that we take that learning from other areas and incorporate it into our work, but also that we promote the work of AHP's and make sure that others know what we've got to contribute in terms of these strategic priorities.

So we do things like organizing for AHP's to contribute to the health information for parent's resources that Public Health Wales are producing, so all sorts of different collaborative work going on.

The toolkit is a really, really lovely practical resource. As I said, it's based on the King's Fund framework, so it takes you through a series of stages in terms of looking at your own practice and seeing what else you can contribute and then sign posting to resources that will help you with that.

There's a really helpful checklist at the end of that that you can do to sort of audit your own practice and how your service is doing, so I really encourage you to either have a look at that if it's relevant to your own work, or to raise awareness of it with colleagues if people aren't already aware of it.

We've also got two Wales wide networks that meet on a regular basis.

We've got an AHP health inequalities network open to anybody with an interest in that area, and Lucy also set up an early years version of that network while she was in her clinical fellowship here and that's been really well received. We've got a very high engagement with that network. We're really pleased with how it's going.

We're using that to help with our co-production of resources like the toolkit, but also to find out what our priorities need to be in this area.

If anybody is interested in joining that network, my email is on the last slide do get in touch and we will add you to our mailing lists and the priorities that this group set initially were predominantly around collaboration and sharing good practice as well as with help demonstrating the impact of our work. So those are the areas that we've been focusing on.

We also have guest speakers come along to that network and we've learned about all sorts of amazing work that's going on in Wales in this area. That group has also responded to the child poverty consultation, so that will link into what Sam and Sally are going to talk about later, so it's a really lovely network to be involved in that encourage you to join if you are interested.

So a lightning tour of the work that we're doing, but as I said, do have a look at some of the resources on the slide or get in touch with me if you'd like to know more, I will put my email in the chat as well.

And so in terms of take home messages, Allied Health Professionals are really well positioned to tackle health inequalities in the early years and throughout childhood, and the toolkit that was launched last month is available to everybody to use so please do share that widely if you are an allied health professional, please get involved in this work. Get in touch if you'd like to know more or join the networks if you're not, find an AHP and involve them in the work that you're doing.

So thank you ever so much for listening.

I am going to hand over to Amy McNaughton.

Amy McNaughton (Public Health Wales) 33:26

Thank you, Catherine. I will just try and get my slides up. My name is Amy McNaughton, I'm a Public Health Consultant in the Health Improvement Division and my colleague Sue Wing is also on the call today, and she's going to pop a link to the report we are going to talk about into the chat for you, so you can follow that through.

But what we wanted to talk to you today about was some work we've done to develop a public health approach to supporting parents, and what that might mean for improving

outcomes in Wales.

So before I run through that, I thought it would be helpful to start by just explaining why the first thousand days are so important.

So the first thousand days refers to the time during pregnancy and up to a child's second birthday, and there was a strong body of evidence that this is a critical time of childhood with the origins of many inequalities and health across the life course arising at this time. So early development is important because it's the foundation which underpins future relationships, learning and wellbeing, and so it can continue to affect children as they grow up.

However, it's really important to remember that while experiences at this time have a key role in helping children get the best start in life, it does not mean that children's experiences at this time set an unchangeable trajectory for their future life chances.

But it is a time when if we can increase baby's experiences of positive and protective factors, we can have a significant and highly cost effective impact on children's lives for the better.

So when we talk about improving outcomes for babies, children and young people, we often talk a lot about the best start in life. But what do babies and toddlers need to get the best start? We have always recognised the importance of keeping children safe and healthy, but more recent evidence that's been captured in UNICEF nurturing care framework emphasizes the importance of care that also nurtures brain development and this includes emotionally supportive relationships, responsive interactions and opportunities for early learning. So when we talk about early brain development, we're not just talking about future academic ability. We're also talking about the brain as our bodies control centre and the core of our social emotional skills and our early cognitive development, and that forms our foundations for learning, managing challenges and living well throughout our lives. And this clarity is really important because our insight work found when we spoke to parents that how we frame brain development is important. So parents want their children to be happy and healthy, but they don't necessarily like the idea of pushing their baby to be clever.

So unfortunately we know too many babies in Wales don't get the best start in life and the First thousand Days program has done a lot of work to understand why to identify the root causes of poor outcomes for babies and toddlers. And we found a complex system of factors relating to the child, their parents, family and the context in which they live, and the approach we want to share with you today brings together a lot of learning over the last few years from several pieces of work that we've been doing.

So we've drawn on research and the views and experiences of parents and professionals to understand the whole system around families and the conditions that enable families to thrive and how we can work together to create them.

And it was notable that what we found in our academic theory and research agreed with what parents told us about their experiences in Wales. So our work with families has also shown that pretty much every parent wants the best for their child.

And this work describes how a public health approach to supporting parents builds on that by focusing on how we can create the conditions that enable parents to thrive in their parenting role by addressing the social and economic factors that can make their lives harder.

We began by developing this framework to try and make sense of the roots through which the complex system of factors were identified, influence outcomes for children.

It's included within the full report and it will be easier to see all of the detail within in that report, and I'm not going to unpack it in too much detail now, but I wanted to highlight two key points.

The first is that how our wider context in which families live. So this blue section of the model, impacts on babies, which are the yellow section at the heart of the model, primarily through that influence on parents. And the model also highlights the importance of psychosocial factors, which is the green section.

These psychosocial factors are the psychological and social factors that have a positive or negative influence on what we think, feel, and do. So for example, our self-esteem or our social networks and we saw during the pandemic how people experience the same challenges very differently.

So positive psychosocial factors like good mental health and social support act as a buffer helping parents manage challenges and minimize the negative impact on their children.

And we've used this framework to be the supporting structure on which we can build a model that describes the public health approach to supporting parents.

And this is the final model which sets out the role of we all have in creating the conditions that enable families to thrive. So it places the child at the centre in yellow and then the next pink layer describes what babies need from their parents to get the best start. So what could be described as the active ingredients of parenting?

Then our green layer of the model describes the resources parents need to draw on, and the individual and community psychosocial factors we talked about earlier to enable them to provide these active ingredients. So these include a range of personal, financial, environmental and social resources, as well as knowledge, skills and confidence. And there's often a complex relationship between these factors, and they often cluster together. So

parents that are struggling financially, for example, are more likely to have health and housing issues.

And then finally, the outer blue layer of the model describes how policy decisions at a local and national level impact on parents, the environments they live and work in, and the resources they have for parenting.

And they create these conditions that shape people's lives in positive and negative ways.

So to help us communicate this work, we've created a short animation which shares some of the key themes and is aimed to act as a conversation starter with stakeholders, and this has just been published on the Public Health Wales website, so I'm going to try and share it with you now if the technology allows.

The first thousand days, the time during pregnancy and up to a child's second birthday is very special. Babies brains and bodies develop at an amazing rate, laying the foundations for future health and happiness and who they will grow up to be. Early experiences, the love, care and attention babies receive, shapes their development for life. A good start in life is important, as early inequalities tend to persist and widen over time. Prevention is better than cure.

The first thousand days is the best opportunity to take action to prevent problems arising, improve outcomes and reduce inequalities.

Parents and caregivers have a central role, but system wide action is also needed.

A public health approach to supporting parents shifts the focus from what individuals should do towards creating the conditions that enable families to flourish.

Parenting is important, but it is not easy. Circumstances mean that it can be much harder for some parents than others. Parents want the best for their children, but worrying about making ends meet or juggling work and family responsibilities or struggling with health, housing or relationship issues can, for example, make parenting more difficult.

The conditions in which families live, work and socialize influence how parents think and feel, and the resources, time and energy they have for their children.

Good mental well-being and social support can act as a buffer, helping parents minimize the impact of life challenges on their children.

A society that supports parents offers Fair Work homes that are safe and warm, affordable transport, strong communities and easy access to supportive services when they are needed.

Everyone has a role to play, personally and professionally, in workplaces and communities, in policies, practices and decisions.

Small changes can make a big difference, reducing the challenges parents face and helping

to support their wellbeing. All children in Wales deserve to have the best start in life. Let's think about what we can do to help, how we can work together to create a happier, healthier and fairer future.

Amy McNaughton (Public Health Wales) 42:59

I'll just bring my final slide back up, which just runs us through some of the key messages we identified for policy and practice as a result of the piece of work.

So I think at a very fundamental level, it's a reminder that reducing inequalities in the first thousand days matters for our children. It also reinforces how interrelated the lives of babies and their parents are and the importance of approaches that consider babies and families as a unit.

Secondly, we need to take a whole system approach to supporting parents that recognizes that the context in which families live is important, and this means that we consider families in the development of wider policies, such as the built and natural environment and the economy and employment.

It also means ensuring that services that wrap around families are able to provide a strong universal offer, enhanced with additional targeted support where that need is identified and in addition, this work highlights the key role of structural psychosocial factors. So it's not just about what we do, it's about how we do it.

We need to consider the impact of policy, practice and interventions on parents, feelings, resources and their support networks.

And finally, of course, we need to be able to monitor the impact of our action.

So we can keep learning and improving.

So hopefully you'll find those resources helpful in your work, and I'm now going to hand over to Sally Hunt and Doctor Sam Clutton from Welsh Government to talk about tackling child poverty.

Thank you.

Hunt, Sally (Welsh Government) 45:11

Thank you to Public Health Wales for inviting Sam and I to provide you with an update on the cost of living crisis and the Welsh Government's response to date and also the work that's being taken forward to develop a refreshed child poverty strategy for Wales. I'll talk through the Welsh Government's work to mitigate the impact of the cost of living crisis, and my colleague Doctor Sam Clutton will follow with an update on the development of our new

child poverty strategy.

So 2023 has seen the biggest inflation shock in four decades. The Bank of England has raised its interest rates 14 times in a row and the consumer price index was 6.8 in July, and that's down from 7.9 in June. The annual rate of food inflation increased to 19.1% in the 12 months to March this year, and it's the fastest pace for over 40 years.

And the increasing cost of food continues to be a key driver of inflation, and this is particularly detrimental for low income households that spend more of their income on essentials like food and fuel. Their options for trading down when buying their groceries are also limited, as often they're already buying valued products.

The Trussell Trust reported in August that 24,000 people claiming Universal Credit in Wales turned to food bank banks in August. And predictions using the Welsh fuel poverty measure show that potentially 614,000 households in Wales will be pushed into fuel poverty following energy price rises since April last year and Ofgem has set the price cap for domestic industry bills at just over £1900 a year for the quarter from 1st of October to the end of December and then in the first quarter of next year, Cornwall Insight predicts bills will rise again, but from April the first, they say the price cap will fall again to around about £1800 for the average household bill, which is still significantly higher than pre pandemic levels.

The Welsh ministers have called on the UK Government to urgently bring forward a social tariff to support households most in need of support and additional measures such as removing environmental costs from bills and meeting them through general taxation, which would also make a more socially just system. And they've also called on suppliers to follow the example set by the water industry, where companies are prohibited by law from disconnecting or restricting water supplies to households who owe them money.

So according to the Office of Budget Responsibility, real household disposable income is expected to fall by 5.7% over the next two years, and that's the biggest fall on record, and the Resolution Foundation is predicting a 3 year stagnation in household incomes, and an extra 300,000 people falling into absolute poverty.

Those on benefits, the Institute for Fiscal Studies has found that despite benefits being uprated by inflation, the real value is equivalent to almost £500 a year below their pre pandemic levels for the average person who is out of work.

So where are we now?

The National Institute for Economic and Social Research has projected that 23/24, a quarter of households will have negative budgets and that's energy and food bills that exceed their disposable income and this is up from the current rate of 1 in five households. And we'll see a rise in destitution.

Citizens Advice report that in June this year over 50% of their clients had a negative budget before the cost of living crisis. They say that average debt client had £33 left after paying all essential living costs each month, and now the average shortfall is £36 a month. So those people on average have deficit budgets. The Money and Pension Services reported that in a survey of around two and a half thousand people who used buy now pay later in the UK, 21% of those who are least financially resilient have used it to pay for essential items such as groceries, bills or fuels and 34%, so just over 1/3 have said that they would use buy now pay later in the future to pay for essential purchases.

The number of people approaching Citizens Advice services across Wales for debt advice is now above pre pandemic levels, with 3000 people seeking debt advice during May this year alone, and this accumulation of debt perpetuate the impact of the crisis for those households affected. In addition, the evidence shows a negative and long lasting impact on mental health and wellbeing of the most vulnerable people who were facing problem with debt.

So there is the whole government focus on action to tackle the crisis and we do continue to deliver programs and policies that support people who need it most.

As with the pandemic, ministers are prioritizing those activities that support households in the here and now to help them through this difficult period.

So to help inform our actions, we're engaging with stakeholders to better understand the challenges that people and organizations are facing as a result of the crisis. A cost of living Cabinet subcommittee is being established which focuses on Welsh Government efforts to support people through the crisis and it involves key social partners. And an expert group on the cost of living has also reported with recommendations for action, and that was published on the 26th September.

So many of the recommendations made or already being taken forward, so in terms of things like income maximization, simplifying access to Welsh benefits and ensuring that people are able to access all the financial support that they're entitled to, reducing the cost of the school day and action on energy efficiency and affordability. However, given the extreme financial situation that we currently face, there are some actions which will be

more challenging and which will only be realised if significant additional funding becomes available. These more challenging recommendations will continue to be considered by ministers as they prepare for next year's budget.

So since the start of the crisis, the Welsh Government has invested £3.3 billion of funding in a range of initiatives to support those who are worst affected.

We've supported 2 fuel support schemes which provided eligible households with a non-repayable £200 payment towards their bills and more than 380,000 households benefited from the last scheme which ended in February this year.

We also allocated £4 million funding to the Fuel Bank Foundation to help households that prepay for their fuel and are at risk of disconnection including those on prepayment meters and those off grid households.

The organizations, like the Trussel Trust told us that they were now preparing cold food parcels for people who haven't got food, but also had no gas or electric to cook any food that they were given.

Overall support for the discretionary assistance fund this year is £38.5 million, which will support an increase in the number and frequency of awards, people experiencing extreme financial difficulties. However, many of the initiatives that supported people in the last financial year with cost of living pressures, were only possible because significant funding was allocated through the 22/23 budget at the inflation shocks since last October means that the Welsh Government settlement is up to £900 million lower in real terms than expected at the time of the 2021 spending review.

And this will significantly impact on the level of support that the Welsh Governments are able to offer vulnerable households affected by the crisis.

Nevertheless, despite the financial pressures, we continue our support for the social wage in Wales and that is those programs which help keep money in the pockets of Welsh citizens, such as our council tax reduction scheme, the childcare offer, help with the costs of the school day and free school meals, and there are also longer term programs that help reduce our energy consumption and reduce costs in the future, such as the warm homes program and the new Welsh housing quality standard which will improve the fabric of housing stock.

So alongside their commitment to the social wage one of our key levers for supporting low income households is helping ensure they can find out about and access all the financial support that they're entitled to.

In December, we launched our third benefits take up campaign to raise people's awareness of their entitlements. In the last 12 months, the Claim What's Yours advisors have helped over 32 and a half thousand people with over 76,000 issues and over 5800 of those issues

were relating to debt. People were supported to claim over £11.1 million in additional income, and additional funding has recently been approved that will keep 71 Claim What's Yours advisors in post now until March next year, and this means that the successful campaign will be going live again this winter.

Alongside the campaign, we produced a toolkit which has been shared with stakeholders to promote benefit take up amongst specific groups they support and we've also developed best practice guidance for local authorities to help streamline and simplify the application process for Welsh benefits.

Hunt, Sally (Welsh Government) 56:34

Colleagues are also working with stakeholders on a charter for the delivery of Welsh benefits, which includes a set of principles that underpin the delivery of a coherent and compassionate Welsh benefits system.

We're also funding a program of training for frontline workers that will help them support their service users to claim the financial support they're entitled to and I can put a link to that in the chat.

This year we've made £11 million grant funding available to the single advice fund services. Last year, the services helped nearly 84,000 people deal with more than 390,000 social welfare problems, and these were helped to claim support of an additional income of more than £49 million and had debts totalling £10 million written off. It's also allocated 2 and a half million pounds to support the development of cross sector food partnerships that will help build resilience in local food networks through the coordination of local food related activity, which tackles the root causes of food poverty, and a further £1 million was allocated in March this year to support food banks to manage and increase in demand as a result of the cost of living crisis.

That's it from me, as I've mentioned the First Minister has called this the toughest financial situation that Welsh ministers have faced since devolution and they have some very difficult choices to make to these pressures on the budget.

So decisions about where limited funding will be allocated will be based on Welsh Government principles, which include protecting frontline public services as far as possible and targeting support to those in greatest need, and we hope to be able to be in a position to share these details with colleagues in Public Health Wales and wider in the coming weeks.

Thank you for your time and if you would like to feedback about how the crisis is affecting people that you work with or you have any questions for us, put your contact details in the

chat?

Thank you, over to Sam.

Clutton, Sam (Welsh Government) 59:12

So Sally's set out the context, which means that essentially there's never been a more important or a more challenging time in which to refresh the Child Poverty Strategy for Wales and I'm going to talk a little bit about that in terms of the engagement and consultation work we've done and the objectives and priorities of the draft strategy.

So very quickly because I'm aware of time, the Children and Families Wales Measure 2010 requires that Welsh ministers published a child poverty strategy. The current strategy was published in 2015, and we're also required to report on progress once every three years. The latest progress report was published last December.

In view of the situation that we're in, as Sally has just described and in collaboration with external partners, there was a view that the child poverty strategy should be renewed at this time and revised, and the Minister for Social Justice and Chief Whip was keen that we worked with those with lived experience of poverty and those who support them to inform what we did and where we prioritized. And we looked at a large body of international review evidence from the Wales Center for Public Policy in terms of thinking about what we would engage on. The Wales Center for Public Policy published a number of reports, culminating in an overview report last September.

We worked in a number of ways. We held workshops ourselves as Welsh Government, with organizations working with and representing our families with lived experience of poverty, and we also commissioned and grant funded various third sector organizations and local councils for voluntary action via the WLJA to go and engage with children and people themselves and with their parent carers, grandparents were involved as well, and community members, and through that we engaged with 3358 people and 1953 of those were engaged as a result of a grant, which had a criteria to engage with those with protected characteristics.

1402 and two of those were children and young people, and over 1300 were parent carers and 319 were grandparents and great grandparents. And then we also engaged ourselves or via other organizations with 222 representatives of organizations directly or indirectly, including health colleagues.

We engaged on 4 areas of discussion which were formulated from the Wales Center Public Policy evidence and I'll speak a little bit about Objective 5. So to reduce costs and maximize the incomes of family so that in a nutshell, is what Sally has just presented, the work that is already happening there and the considerable investment Welsh Government has put into recognizing that the cost of living crisis is affecting everybody but for families in poverty, they are much less resilient, financially and otherwise, to cope with the cost of living crisis. And then thinking about the longer term, creating pathways out of poverty for children and young people and for their families, because obviously children are economically dependent on their parents and carers, and so assisting parents and carers into work and having a strong economy is part of the solution. Supporting child and family well-being, coming back to one of the main themes of the draft strategy, insofar as this is a cross cutting piece of work. It involves policies across government, ensuring children and young people and their families are treated with dignity and respect. The Wales Centre for Public Policy are doing some follow up work at the moment on what they call the mental burden of poverty. We know that poverty has a direct impact on mental health of children, young people and parents, carers and which can impact on their capacity to parent, among other things. But we also know that stigma is also part of that as well as the obvious stress of not having enough financial resources.

And then from our engagement with organizations, what came through as an overall message was that we have the right policies and programs, but we need to get stronger integrating work across the Welsh Government and that that will support better collaboration at the regional and local levels so that the funding and work that does go in is more effective.

And so objective five came out of the engagement. We also had an external reference group made up of members of the Young Child Poverty Network which has a lot of third sectors chaired by Children in Wales, Children's Commissioners Office was an observer on that group as well.

The Minister conducted a series of visits over the summer to speak to people about the consultation and I should have said the consultation was actually launched in June and it closed on 11th September and we had 155 consultation responses. We are working through those at the moment and we're working on the summary of responses, but also on redrafting and I'll return to that in a minute.

I am not going to read out all the contents on these slides for obvious reasons, but part of the guidance we got from the Wales Centre for Public Policy was around the need for us to think about how we prioritize where we focused and accelerated our work to respond and tackle child poverty, and so priority one is rounded entitlement putting money in people's

pocket and essentially that's reducing costs and maximizing income. The work that Sally's talked about, like the Welsh benefits system, but also things like making education a cost neutral experience.

So we heard a lot about the cost of the school day and the cost of the school year from those that we spoke to and who engaged and taking forward work under our income maximization work, that includes things like making sure that everybody that families come in to contact has at least sign posting information on how to get support with financial issues because we need to make sure that people can claim everything they are entitled to and because there's evidence that some support is still going unclaimed and people told us that face to face advice and information is what they value from those workers they trust and because of things like digital exclusion, transport as a barrier to get to central places of advice.

Priority two, Creating a Fair Work Nation, leaving no one behind. So that's about work where we will focus on Fair Work, decent working conditions and fair wages.

Looking at the plan for employability and skills and a wide range of work around there to think about those who are furthest from the labour market or who are disadvantaged through discrimination, so women, we know that 90% of lone parents are women and minority groups, et cetera. And those where family members are disabled as well.

Clutton, Sam (Welsh Government) 1:07:46

And then these are all high level, there are a lot of programs underneath them and plans underneath them that are set out in more detail on the draft and then what came through very strongly so these are largely reflect what the Public Health Wales report has found and the report we're talking about today focus work across government to find affordable solutions to childcare and transport costs.

So recognizing that in all kind of ways, including access to education, employment, training, but also to play, sporting activities, etcetera, and a lack of transport access is barrier and also access to affordable childcare is essential for parents and can be particularly difficult for lone parents in terms of making work pay.

And there are no simple affordable solutions here, but it's something that we are going to be focusing on moving forward.

Building communities so looking at that, how we support well-being, what came through very strongly in the engagement was that people value local community based support and that needs to be joined up and that we need to have community based offers for play, sports and youth opportunities as well. Low cost family activities, families recognizing that

was important for wellbeing and as we are developing our communities policy, we need to think about doing things with communities are not for communities, and that includes children and young people.

Inclusion, kind, compassionate and non-stigmatizing services and children and young people in particular talked about being stigmatized in school, because of the way in which things can operate within schools. Children's rights is very important here and thinking about the children and young people's plan and how equalities and children's rights needs to underpin everything that we do across all these programs and plans in government that can contribute to child poverty, also thinking about the fact that the trauma informed Wales framework will support a kinder and compassionate services in terms of the schools work. Urgently working with Estyn and partners on way stakeholders to think about implementing poverty proofing approaches in schools. There are already many very good practice examples, but that's not consistent enough.

And then priority five, strengthening our approach internally to integration of policy and funding across Welsh Government, working with public bodies to share innovative examples of good practice, looking at a communities of practice approach and borrowing from the good work that's already being done under regional partnership boards in relation to that and looking at the best way we can support working with our partners to look at how we can better support collaboration at the regional and local levels so that everybody is working together.

We've got a lot of common aims, but there was some evidence that that isn't translating into joint action always.

Thank you, I will end by saying I'm going to stop sharing because Sally's already shared these slides. I will just end quickly by saying that at the moment a new draft of a final strategy will be going to our Minister next week. It will then go to the First Minister before being considered by the full cabinet and we are aiming to publish by the end of this calendar year. So I can't share or talk about any of our responses to what's being brought up in the consultation at the moment because the Minister needs to consider them first, so apologies for that and but I can say that the priorities overall and objectives were thought to be the right ones. Thank you.

Jo Peden (Public Health Wales) 1:12:10

Thanks, Sam. Well, I think we've had some really, really interesting speakers this afternoon and I don't know, just listening here, it's actually really upsetting listening to some of those statistic. We heard the action that's needed to address the root causes of poverty and I

probably want to really stress that from being a public health person that I think, you know, unless you take a really long term approach to this, we can put a sticky plaster on it, but we've got to really get upstream and get that prevention in place.

The survey we heard about the data around how people are struggling, how they're not coping and particularly the risk groups around those people who are not struggling. Really great presentation, Amy, about the first thousand days in the importance of parenting and you know if we've got to invest in one thing, you know parenting is and really focusing in on the first few years of life giving the best start of life so important and that prevention. Then having the update on the Welsh Government actions and the forthcoming strategy which we really hope will help address some of these issues that we've been talking about today. So thank you for joining us today. We haven't been inundated with questions, but we have had a few so I'll start with one from April and this one is for Sally. Workless family children are particularly vulnerable. What is the government doing about high childcare costs, e.g. increasing more childcare services?

And I don't know whether Sally or Sam were able to answer that one.

Hunt, Sally (Welsh Government) 1:13:56

OK, yes, so we don't lead on childcare but I know that the childcare offer has been expanded to enable more parents to benefit, it's including now parents who are enrolling in higher and further education courses and also it's been rolled out to parents of two and three year olds, I believe. I know that about £120 million has been allocated to improve childcare availability and that includes Welsh language provision and the funding of free part time places. The question asks about workless families and their children are particularly vulnerable. I think the childcare offer is specifically to help parents into work and into education. Wales isn't the same as Scotland in that the support it provides for workless families who are on benefits, we are at risk of them having that deducted from benefits because it's seen as an in kind support, I can definitely get more from child care colleagues on that though.

Jo Peden (Public Health Wales) 1:15:31

Thank you, Sally.

And one more question is, given the access to the internet are now essential to children and families functioning in all aspects of life, do you think that Welsh Government should move to include broadband as a free, markedly reduced utility for families? In my experience, where social tariffs are offered, they don't necessarily allow for those to benefit from reduced costs and this one is for Sam.

Clutton, Sam (Welsh Government) 1:16:04

Sorry, I was quickly searching for some stuff on childcare.

Can you repeat? Sorry Joe.

Jo Peden (Public Health Wales) 1:16:10

Yes so it's a question about do you think that access to the Internet including broadband should be free and or a reduced utility for families, as it's so important.

Clutton, Sam (Welsh Government) 1:16:24

Digital inclusion is very important and we've got a body of work on that, which again it doesn't sit with our team. I suppose in the context of what Sally said about budgets, it's about affordable solutions and actually, because of things like language barriers and literacy, what we heard through the engagement was that people are not really interested in more online information. I acknowledge that for education etcetera is very important and that there are some assumptions in school about access to the Internet etcetera, but actually what people want is a face that they trust to be giving them their information. And so it is definitely on our agenda and Sally's just posted something on social tariffs, but in terms of the affordability of providing free brought broadband and that would be a difficult decision to make.

Hunt, Sally (Welsh Government) 1:17:32

Yes and just to say, the Minister of Social Justice held a couple of tackling poverty summits last year and Ofcom attended, and said that actually take up of social tariffs is really quite low for broadband, so that's if you'd like to share that with stakeholders, need more take up.

Jo Peden (Public Health Wales) 1:17:51

Thank you and another question, this one for Amy.

Amy very important topic area on supporting parents. How can we ensure that investment goes in this area? How can we raise the importance of in the long term prevention of poverty, why it's so important? What needs to be done?

What more can be done?

Amy McNaughton (Public Health Wales) 1:18:14

That's a really good question. I think there's something about really focusing on getting the fundamentals of what we already have, right?

We know from all the work of Marmot that if we're going to address inequalities, what we need are universal services that are able to build up additional support proportionate to need. In the early years, what's really core there is our midwifery and health visiting

services, we know that they are struggling.

So it's looking at how we make the case for those services to get the level of investment that they need within health boards because they are going to be key to starting to address inequalities when we talk about how do we help families know what they're entitled to, health visitors have a key role in making those connections, linking families into their communities and wider support networks.

So personally, if I was going to focus on one thing, it would be in that space.

I think the other thing that comes through from our work on the model though is how we start to use that framework to describe the impact the wider determinants of health have on families. So how can we start to engage sectors that maybe haven't traditionally seen themselves as having a role in this space to get involved, to think about families more broadly, so potentially thinking in terms of, for example, housing that influences a child's home learning environment, it influences their risk of accidents and how safe they are in the home. We've seen a lot in the press around indoor air quality and around mould etcetera. You know, there's a huge, world to be played in safe housing and I think the other thing that's really important to remember that is people's houses place them within a community, it's not just a house it's a home and having that opportunity to grow up in a safe community with access to green space and the opportunity to play and be a child is really key.

Jo Peden (Public Health Wales) 1:20:22

Thanks Amy. The final question that we can do. There is one in the chat about learning from other countries and I was thinking that's a really good topic for another webinar, so maybe we can look at that, you know what can we learn that other countries have done? But a final question, and I think really to Sam and Sally to ask them how I think priority five is about joining up the action and picking up on what Amy said about those wider determinants how can we make sure that the work is across those wider determinants when it comes to the child poverty strategy going forward?

Clutton, Sam (Welsh Government) 1:20:59

I'm sorry, I'm going to look at the question as I don't quite understand the question.

Jo Peden (Public Health Wales) 1:21:11

The question is at a government level how can we join up the action so making sure that everybody from all the government departments are involved in the child poverty strategy.

Clutton, Sam (Welsh Government) 1:21:17

So I mean, at the very basic level that kind of sits with the fact that the strategy will be going back to cabinet to all ministers, it went to them twice during getting the strategy together

for the consultation phase and as part of that work it is about getting agreement at the cabinet level and then how we feed that in as a cross cutting piece of work across all the work of Welsh Government.

There's obviously a number of pieces cross cutting work, but with the socio economic duty and the well-being act, there are obviously loads of levers and hooks for that to be given across lots of work and which is not to say that there isn't some work to do with in some areas of Welsh Government in recognizing that when we talk about child poverty, we're not just talking about children because children live and grow up in families, but that work is ongoing but all I can say is at short notice there is strong buy-in at the highest level in terms of across cabinet and the ministers within the Welsh Government.

Jo Peden (Public Health Wales) 1:22:35

Thank you, I think that's all we've got time for today. I think we've got a couple more questions, but maybe if anyone of our speakers can pick those up directly with the people that would be great.

Thanks so much for your time and for speaking so well on this topic.

We're really pleased we could host this and have these discussions because I think it really important. There is a short evaluation which will come in the chat which we ask if you could kindly fill in for us and also if you're not already a member of the network, of Public Health Network Cymru, please join up because we've got some really great different topics that are covered and quite regular webinars that you can dial into. And also if you have any future webinar topics, please let us know as well, and just want to say thank you and hope you have a good rest of the afternoon.