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Consultation response: Draft child poverty strategy for Wales 2023

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Draft child poverty strategy for Wales 2023

The Royal College of Physicians (RCP) welcomes the opportunity to respond to the draft child poverty strategy for Wales 2023. We are a registered charity and professional body. Our fellows and members work across [30 medical specialties](#) based in hospitals and in the community.

Key points

- There should be a greater focus on the links between poverty and health inequalities.
- There should be clear milestones, timelines and targets set out in the strategy.
- There should be a separate health-focused priority and objective in the strategy.
- There should be a cross-government approach backed by clear strategic leadership.

The RCP is calling for a cross-government delivery plan that sets out milestones, timelines and clear targets detailing what every Welsh government department is doing to tackle inequalities, and how ministers are working together to reduce the impact of poverty.

Our response

'Poverty causes ill health, drives inequality in health outcomes and increases use of health services.' – [The King's Fund](#)

Poverty causes ill-health on a massive scale: Audit Wales has called it the [single major challenge](#) facing all tiers of government. While we welcome the publication of this draft child poverty

strategy, especially objective 5 ('to ensure that effective cross-government working at the national level enables strong collaboration at the regional and local level'), we have serious concerns that it fails to consider the prevention of ill-health across all areas of government, the impact of child poverty on health, and particularly on health inequalities.

'Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical health, and mental health problems. The health impacts of growing up in poverty are significant and follow children across their life. The current cost of living crisis will only exacerbate this by pushing more families into poverty. It is essential that health inequalities driven by poverty are addressed to improve child health outcomes, as well as reduce costs to the NHS in the long term.' – [Royal College of Paediatrics and Child Health](#)

Families in poverty are less likely to be able to afford essentials such as food and heating, yet this draft strategy misses an opportunity to set out the clear link between the impact of poverty, the cost-of-living crisis, children's health and wider health inequalities. It doesn't even mention the 2020–23 COVID-19 pandemic and its impact on our health and wealth. None of these can be considered in isolation. The public health crisis that is being exacerbated by a tough economic climate will last for generations, causing a knock-on effect for education, skills, income and rates of deprivation. This is a [wicked problem](#) that needs a long term, cross-government approach.

'Poverty also expends emotional resources and affects people's ability to comprehend the future. Poverty also limits people's ability to invest in the future and thereby improve their future health prospects. Tackling poverty requires cross-sectoral action. Education and skills, good work, a benefits system that responds to need, debt support, and tighter gambling laws all have their part to play.' – [The Health Foundation](#)

The Welsh government should consider how best to apply a health in all policies approach to this work, especially where recommendations and commitments are made in the policy areas of education, transport, housing, childcare, income and skills. A comprehensive health impact assessment of the strategy would be helpful.

The draft strategy does not consider in enough detail how Wales will close the educational attainment gap and help all learners to reach their potential. The educational attainment gap is a key driver of intergenerational poverty and health inequalities, but reducing inequalities between children cannot be tackled by the educational system alone. Neither is employment always a route out of poverty. There should be more of a focus on fair and fulfilling work.

There is not enough focus on the first 1000 days of a child's life. The impact of child poverty on babies and toddlers should be considered in far more detail, and more of a focus placed on supporting these families and helping them out of poverty, especially with high quality childcare. The expansion of Flying Start will only be successful if we have enough trained health visitors to deliver it. Does the workforce exist?

We strongly support the fifth priority and objective on collaborative working. However, given the current difficult economic climate, and without clear national guidance and support for local implementation, it seems unlikely that any of this will happen or make a difference on the ground. [As recommended by the Wales Centre for Public Policy](#), 'any effective anti-poverty strategy in Wales must prioritise and focus on delivery' and 'cannot be effectively addressed through single-step solutions or parallel policy 'silos': an intentionally collaborative, multi-dimensional, flexible and integrated approach is required.'

Clear milestones, targets and deliverable actions are needed. Simply monitoring and reporting against the national milestone of tackling wider inequalities is too vague. Delivery of the strategy should be more regularly and specifically monitored to improve accountability.

Indeed, the relatively narrow scope of this document, focusing as it does on a handful of policy areas such as income, education and skills, risks missing the chance to bring together the huge amount of work that is happening across Welsh government departments.

The strategy should have a sixth priority: 'health outcomes' and an accompanying objective: 'reducing the impact of health inequalities,' and it should discuss the link between child poverty, early years development and wider health outcomes. In contrast, not once does the minister mention 'health' in her foreword and in fact, there is only one mention of the phrase 'health inequalities' in the whole document – yet there are 16 mentions of the phrase 'UK government'.

It is easy to blame the UK government for poverty in Wales, but health, housing and education are all devolved to the Senedd. The Welsh government should focus on what it *can* do to alleviate the impact of poverty and inequalities: there is a huge amount of work to be done in implementing the legislative framework that the government has introduced – the Wellbeing of Future Generations Act, the Public Health Act, the Social Services and Wellbeing Act. Instead, the Welsh government should place an emphasis on where ministers *do* have the levers to make change and reduce the impacts of poverty. For example, in our 2021 paper with the Welsh NHS Confederation Alliance, [Mind the gap: what's stopping change?](#), we called on the Welsh government to:

- consolidate commitments on reducing inequalities and map out existing activity on public health, inequalities, poverty reduction and social security in one delivery plan to improve accountability
- provide more detailed national implementation guidance to local delivery bodies and introduce health impact assessment regulations as a priority
- develop a shared set of performance measures focused on reducing inequalities and improve access to high-quality, robust data for evaluation
- improve access to prevention programmes based in primary and community care, especially for those living in poverty, and invest in innovation, including screening programmes, vaccines and wearable technology
- ensure that funding encourages collaboration and is linked to tackling inequalities and require regional partnership boards (RPBs) and public service boards (PSBs) to tackle inequalities.

Health inequalities and poverty

‘Poverty is a major driver of poor health and health inequalities in Wales. Poverty and its impact on children’s health is not a new problem in Wales but it is one that the cost-of-living crisis has made worse, pushing more families into crisis. Supporting children and families to give every child the best start in life is key to building a healthier and more equal future for Wales. Action is needed now to protect the health and well-being of our children today and the adults that they will become.’ – [Public Health Wales, 2023](#)

The links between poverty and ill-health are well documented. Most recently, [Public Health Wales \(PHW\) has found](#) that the cost-of-living crisis is harming the health and well-being of children in Wales, and without an urgent, cross-policy response, the crisis will not only impact children now, but will continue to cast a shadow as they progress into adulthood. Maintaining a focus on children and prevention will help to ensure that limited resources are able to make the greatest impact on reducing patient and service demand in the long term.

Clear strategic leadership is required to tackle the underlying causes of stubbornly high rates of child poverty in Wales and the health inequalities that result from it.

- Children are one of the population groups whose health and well-being are most affected by the cost-of-living crisis, both directly and indirectly.
- Direct impacts of the cost-of-living crisis on children’s health include a higher risk of asthma and other health conditions as a result of living in a cold home, and a greater risk of obesity as a result of missing out on nutritious food.
- Indirect impacts include being at higher risk of exposure to adverse childhood experiences, such as abuse, increased risk of chronic illnesses in adulthood and poorer employment prospects due to lower educational attainment. – [PHW, 2023](#)

The pandemic highlighted the widening gap in inequalities and sharply demonstrated the link between poverty and poor health outcomes. This is not new. It is [well known and acknowledged in Wales](#), especially in the [context of the pandemic](#). As the everyday cost of living rises too fast for wages to keep up, this is leading to a drop in living standards for many people, especially families with young children. The rising cost of groceries and energy combined with staff shortages and supply chain disruptions have driven up inflation, pushing more people into poverty which will continue to exacerbate health inequalities, trapping children into poverty for generations to come.

28% of people report their physical health is negatively affected by their financial position.

The Bevan Commission [snapshot of poverty in summer 2023](#) report found that 15% of households in Wales sometimes, often or always struggle to afford essential items, including food, and that people’s health is being negatively affected by their financial position. 45% of people report this in respect of their mental health and 28% report this in respect of their physical health.

The [Future Generations Commissioner and Public Health Wales](#) have found that those who were already living in poor health, poverty or in marginalised communities in Wales were the hardest hit

by the pandemic. The Institute for Public Policy Research [has found](#) more than half (51%) of British adults with a life-limiting health condition have struggled to access healthcare in recent years; 71% of those affected said this had directly undermined their wellbeing and economic prospects.

‘Income determines people’s ability to buy health-improving goods, from food to gym memberships. Managing on a low income is a source of stress, and emerging neurological evidence suggests that being on a low income affects the way people make choices concerning health-affecting behaviours. Children from households in the bottom fifth of income distribution are over four times more likely to experience severe mental health problems that those in the highest fifth.’ – [The Kings Fund](#)

The [UK government recognises](#) there is a social gradient in health: the lower an individual’s socioeconomic position, as defined by their job, qualifications, income, wealth, and where they live, the worse their health. Health is a major determinant of economic performance and an important contributor to economic prosperity.

Between 2011 and 2020 [the child death rate was 70% higher in the most deprived areas](#) of Wales compared with the least deprived areas.

The [Bevan Foundation has set out](#) how not having enough money to cover the costs of everyday needs has impacted on households during the pandemic, with households cutting back on food and clothing for adults; essentials such as heating, electricity and water; and on transport costs.

‘The problem will not go away by itself – it’s time to step in and do what we can to weaken the links between poverty and ill-health. None of us should be pulled into poverty because we are unwell, and none of us should be put under such pressure and strain by poverty that we become sick.’ – [Joseph Rowntree Foundation](#)

The [Health Foundation](#) says that governments in the UK must address the root causes of poor health and invest in people and their communities – their jobs, housing, education and communities. The pandemic had an impact across unmet health needs and mental health problems to education gaps, lost employment and financial insecurity.

[Professor Sir Michael Marmot’s framework for how to reduce health inequities and build back fairer from the pandemic](#) calls for a focus on children and young people, increased spending on prevention, minimum standards for healthy living across employment, the environment, transport, housing and clean air, changes to anchor institution spending, new accessible equity targets and the devolution of more powers over the labour market.

[Public Health Wales has found that](#) the economic impacts of the pandemic have had a particularly negative effect on those on a low income, women and young people. Some women, children and young people have also been at greater risk of harm from, or exposure to violence and abuse.

Foothold Cymru has said "in work poverty" is the worst it has been for 25 years: 'people are working hard and still can't make ends meet. The hidden poverty in our communities is horrendous ... the connection between struggling, poverty and suffering, and mental health is huge.'

The Wales Centre for Public Policy says poverty in Wales is being deepened by rising costs, high inflation and the price of energy. It has suggested greater collaboration between organisations working separately to provide support: 'while the Welsh government and Welsh public sector are really active across a range of different areas to try and support people in different ways, those interventions ... aren't particularly well joined up around the people they are trying to support.'

From the Kings Fund, poverty causes ill health, drives inequality in health outcomes and increases use of health services. In addition to the personal stresses it causes, poverty is also expensive, in direct costs to the state and in lost opportunity and productivity. The health and care system treats the consequences of poverty, and can be a powerful tool to help mitigate, reduce and prevent its effects on people's health. The impact of poverty on education attainment is huge. It is a key driver of intergenerational poverty and health inequalities, yet there is very little in the draft strategy about what the Welsh government will do to reduce this attainment gap in Wales.

The cost-of-living crisis – which is pushing more people into poverty – is a public health emergency. Public Health Wales has considered the ways in which a public health response could lead to a healthier and more equal country. This includes action on income, fuel poverty, social isolation, mental health support, homelessness, fair work and support for parents – demonstrating strong links with the anti-poverty agenda.

Our work on health inequalities

The RCP convenes and chairs the Welsh NHS Confederation Health and Wellbeing Alliance sub-group on health inequalities which brings together more than 30 organisations across health, social care, early years policy and housing to campaign for a cross-government approach to tackling health inequalities. Together we have published the following papers:

- Endorsed by 50 organisations, *Mind the gap: What's stopping change?* sets out the case for a cross-government plan on health inequalities, considers how to close the implementation gap, and looks at the role of governments in tackling poverty and entrenched inequalities.
- *Everything affects health* describes how organisations from across Wales are working to reduce poverty, ill health and inequalities by breaking down barriers across health, social services, housing, the arts, benefits and welfare advice, transport, loneliness and isolation, climate change, air pollution and much more.

Educating, improving, influencing

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. We represent 40,000 physicians and clinicians worldwide – educating, improving and influencing for better health and care. Over 1,600 members in Wales work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

Key reports and briefing papers

[Rebalancing care and support programme](#). RCP, 2023

[The people who care](#). RCP, 2023

[Social care workforce delivery plan 2023 to 2026](#). RCP, 2023

[Supporting people with chronic conditions](#). RCP, 2023

[How are Welsh government ministers working to reduce the impact of inequalities?](#) RCP, 2023

[Under pressure: Collaboration, innovation and integrated care in Wales](#). RCP, 2023

[Driving change together: A clinically led, patient centred NHS executive for Wales](#). RCP, 2023

[Workforce data: Welsh RCAP-HEIW joint workshop](#). RCP, 2023.

[Cancer care at the front door: the future of acute oncology in Wales](#). RCP, 2023.

[A poverty action plan to fight health inequalities](#). RCP, 2022.

[Thinking outside the box: Innovation in west Wales](#). RCP, 2022.

[Everything affects health: How collaborative working can reduce inequalities](#). RCP, 2022.

[When will Welsh government publish the national health and care workforce plan?](#) RCP, 2022.

[Positives from the pandemic: Innovation in north Wales](#). RCP, 2022.

[RCP Cymru Wales response to NHS Executive for Wales stakeholder questionnaire](#). RCP, 2022.

[Setting up an NHS executive for Wales](#). RCP, 2022.

[Bringing the clinical voice to the conversation: A new advisory group](#). RCP, 2022.

[Mind the gap: The cost-of-living crisis and the rise in inequalities in Wales](#). RCP, 2022.

[No place like home: Tackling the pressures on urgent and emergency care](#). RCP, 2022.

[Response to Welsh government's health and social care winter plan 2021 to 2022](#). RCP, 2022.

[Response to Senedd inquiry on hospital discharge and patient flow](#). RCP, 2022.

[Ending the postcode lottery: the case for an independent NHS Wales executive](#). RCP, 2021.

[Snowed under: Winter pressures in Wales](#). RCP, 2021.

[Response to 'A Healthier Wales: A workforce strategy for health and social care'](#). RCP, 2019.