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Children and the cost of living crisis in Wales

How children's health and well-being are impacted and areas for action

September 2023



Purpose of the report

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.

This report summarises findings from a literature review of the impact of the cost of living crisis on children's health and well-being. We drew on the findings to make recommendations across 11 priority policy action areas.

Public Health Wales hopes that this report will help inform the development of the revised Child Poverty Strategy for Wales. Together with our [previous report](#), this report aims to provide a framework for prioritising the health and well-being of children during this time of crisis while also setting a course for a healthier and more equal future for Wales.

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'The circumstances in which carers are trying to raise children impacts on early child development. Such impact sets life-course trajectories: education, qualifications, the kind of job one has, the neighbourhood one lives in, income; all of which affect health and health inequalities.'

(Professor Michael Marmot)¹

Summary

Ensuring every child has the best start in life is a core foundation for building a healthier and more equal future for Wales, but the **cost of living crisis is harming the health and well-being of children in Wales.**

Without an urgent, cross-policy response, the crisis will not only impact children now, but will continue to **cast a shadow on their health and well-being as they progress into adulthood, transferring across future generations.**

A review of the literature conducted as part of this report looked into the health and well-being impacts of the cost of living crisis and poverty on children. It found that:

- 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 (ACEs)**, such as abuse, increased risk of **chronic illnesses in adulthood** and **poorer employment prospects** due to lower educational attainment.

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. Our analysis highlights **eleven priority policy action areas:**

1. Providing **financial support** for children and families
2. Improving **parental employment and income**
3. Supporting **community food organisations**
4. Improving the **energy efficiency** of family homes
5. Reducing **hygiene poverty**
6. Increasing the availability and reducing the cost of **childcare**
7. Increasing the availability and reducing the costs of **public transport** for children
8. Reducing the **cost of school attendance**
9. Preventing **adverse childhood experiences (ACEs)**
10. Improving **mental well-being support** for children and families
11. Reducing **stigma and shame** around poverty

Public Health Wales hopes that this children-focused report, along with our [previous report](#) which looked at the public health implications of cost of living crisis across the whole population,² can help **inform the development of the revised Child Poverty Strategy for Wales** and provide a **framework for prioritising the health and well-being of children** during this time of crisis while also setting a course for a **healthier and more equal future for Wales.**

1. Introduction

The cost of living crisis has had and continues to have **significant and wide-ranging impacts on the health and well-being** of people in Wales. These impacts are discussed in Public Health Wales's report [Cost of living crisis in Wales: A public health lens](#).²

This report focuses on the impact of the cost of living crisis on children in Wales. While we can expect the cost of living crisis to impact most people in Wales, **children are consistently at the highest risk of being in poverty** of any age group.³ We also know that **poverty disproportionately impacts children**, driving health, social and financial inequalities which have a lasting negative effect on their future outcomes.⁴

We can expect the cost of living crisis to **push an even greater number of children into poverty**, with significant public health implications that will worsen and further entrench existing inequalities in Welsh society.

The impact the crisis has on the health and well-being of parents also has a negative knock-on effect on children's outcomes.⁵ These negative outcomes impact children's development and persist into later life.⁴ They also overlap and compound each other, leading to an **accumulation of disadvantage across the life-course**.⁶

Not having enough money for the essentials needed for a healthy life can affect different aspects of the lives of children and their families. [Figure 1](#) conceptualises the impacts of the cost of living crisis on **children's physical and mental health, their social, emotional and cognitive development, and their educational outcomes**. It is not intended to be comprehensive but provides an indication of the direct and indirect public health outcomes and how they interact with each other over the short and longer term.

We already know that people living in the poorest parts of Wales die over six years earlier than those in the best off areas – 7.5 years for men and 6.3 years for women – and spend a greater number of years in poor health.⁷ Without urgent action that puts the health and well-being of children front and centre, **the cost of living crisis will further cement the path of those children living in the worst off households in Wales towards a future of poor health and avoidable early death**.

The following sections will present literature review evidence on the health impacts of the cost of living crisis on children, followed by proposed areas for action that take a public health lens (see the [Annex](#) for detail on the method).

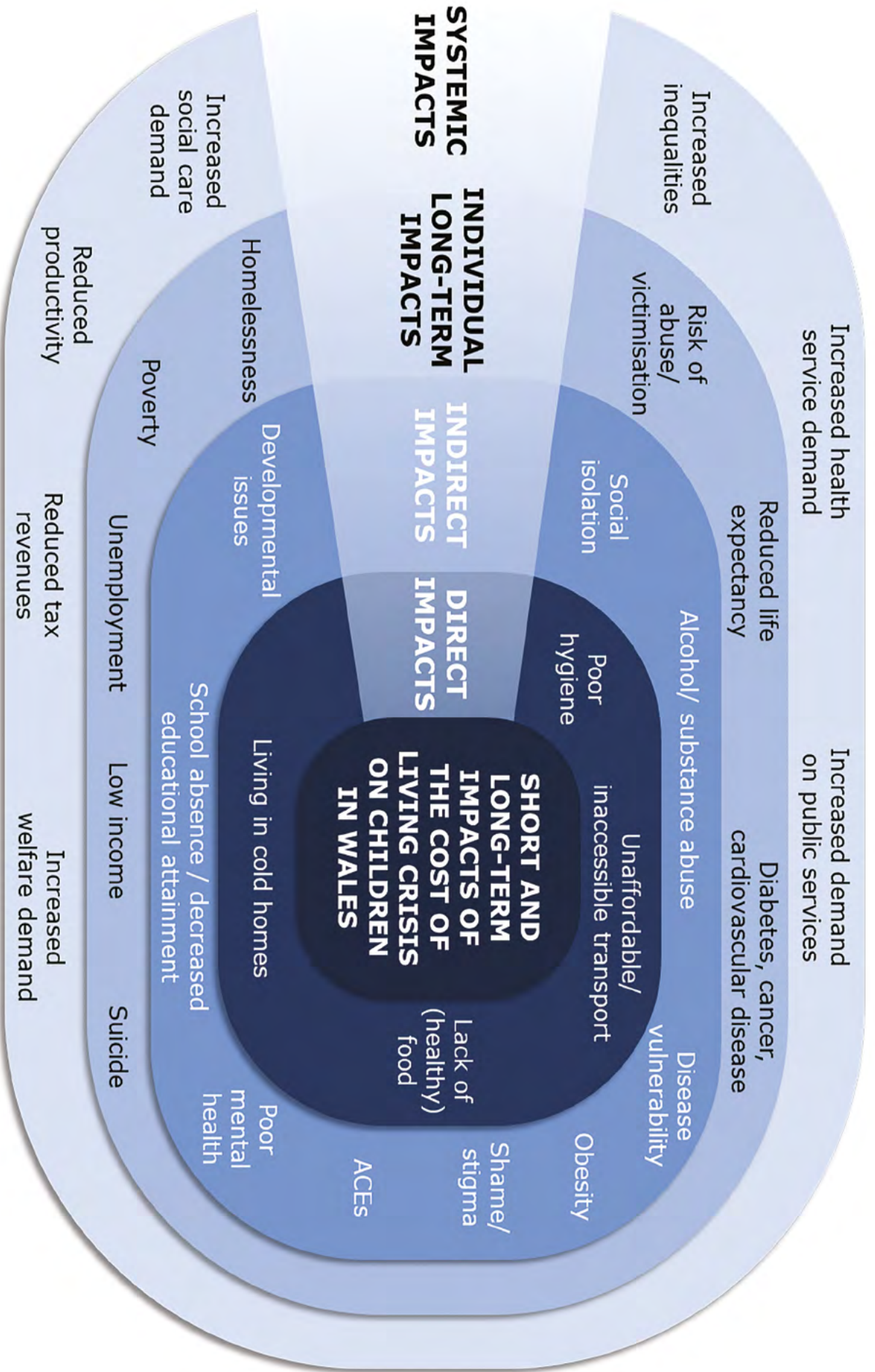


Figure 1. Conceptualisation of the public health impacts of the cost of living crisis on children in Wales.

2. How is the cost of living crisis impacting children and their families financially?

Key points

- Children have the **highest risk of poverty of all age groups** in Wales, with single parent families at highest risk.
- The cost of living crisis follows a **sustained reduction in welfare payments** available to families with children, leaving children at greater risk of poor health and well-being due to financial pressures – particularly those living in the least well-off areas of Wales.
- **Insecure work and high childcare costs** are compounding the risk that increases in the cost of living pose to children's health and well-being.
- **Stigma** is an important dimension of poverty and affects take-up of support.

The cost of living crisis has significantly impacted the ability of families to afford the essentials needed to ensure a healthy life for children. A recent survey (January 2023) found that **households with children are twice as likely to be in debt as a result of the cost of living crisis** compared to households without children (23% of households with one child and 22% of households with two or more children compared to 10% of households with no children).⁸

'But, really, the most striking and shocking [...] findings relate to the proportion of children and young people who feel worried about getting enough food, and who feel worried about their families being able to afford the things that they need [...] I think it really shows, overall, that a large proportion of children and families who would have been in the just-about-coping category a few months ago are really no longer coping and don't know how they're going to get through the next few weeks and months.'
(Children's Commissioner for Wales in a meeting with the Children, Young People and Education Committee)⁹

However, while the cost of living is pushing more families into crisis in Wales, **the challenges posed are not new**. Poverty rates have remained stubbornly high in Wales over the past two decades (see [Figure 2](#)), with children consistently at the highest risk of living in poverty of any age group (see [Figure 3](#)).³

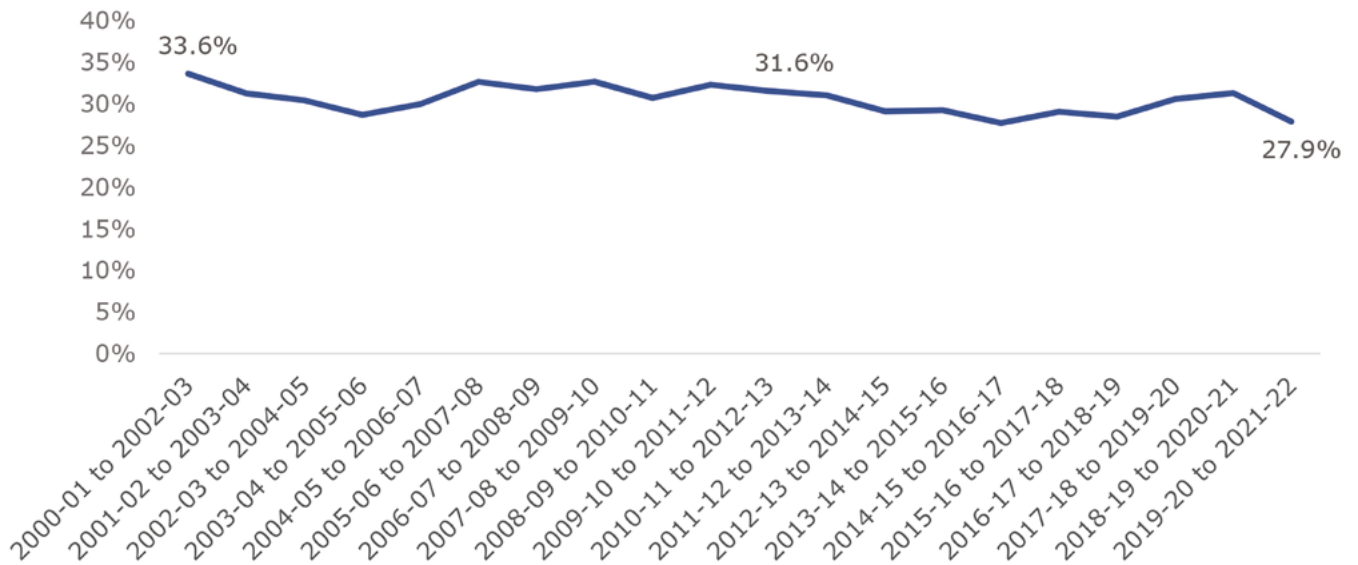


Figure 2. Percentage of children living in relative income povertyⁱ in Wales between financial year ending (FYE) 2001 and FYE 2022 (averages of 3 financial years)¹⁰

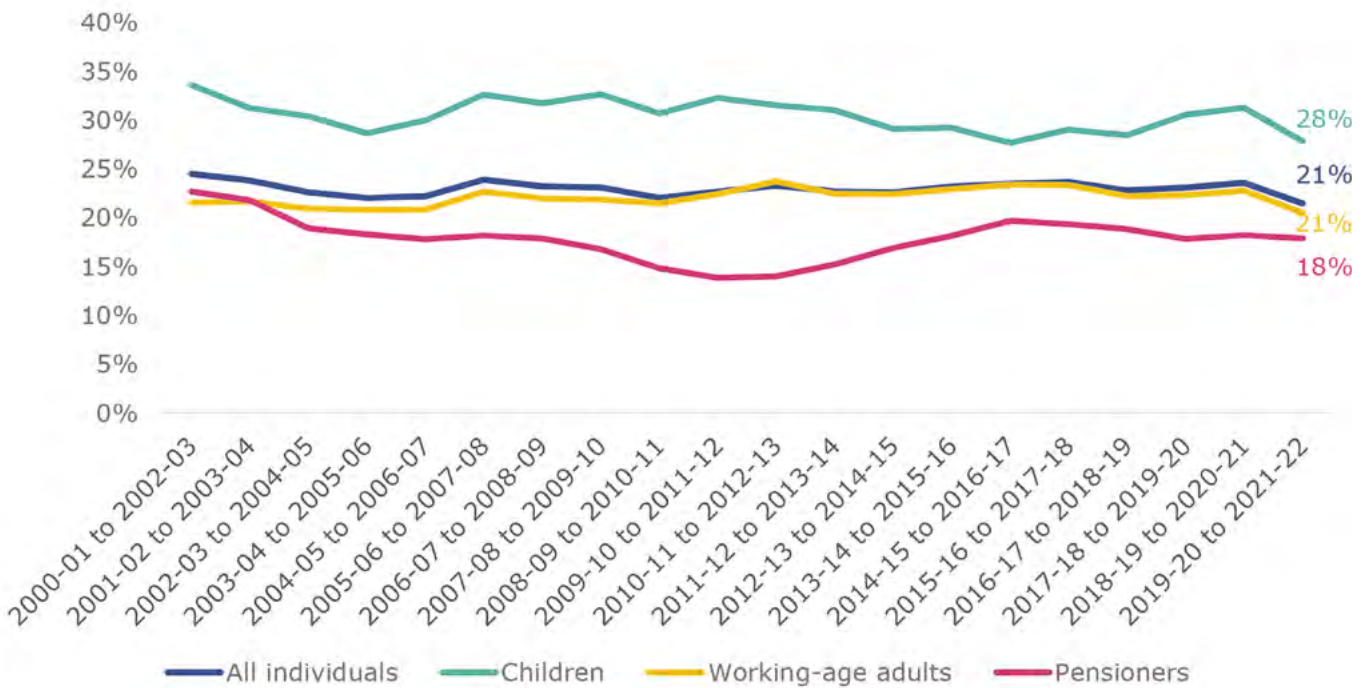


Figure 3. Percentage of all individuals, children, working-age adults and pensioners living in relative income poverty in Wales between financial year ending (FYE) 2001 and FYE 2022 (averages of 3 financial years)¹⁰

This section explains how the cost of living crisis is worsening what were already high child poverty rates in Wales, the policy context that forms the backdrop for the current crisis, as well as what factors make certain children and families at higher risk of living in poverty and its associated health impacts.

ⁱ Relative income poverty is defined as living in households that earn below 60% of the median UK household income (after housing costs). In this report, ‘poverty’ refers to relative income poverty unless otherwise defined.

2.1 Why are children and families particularly at risk?

Increases in the costs of essential goods and services that have characterised the cost of living crisis have followed a **sustained reduction in welfare benefits available to families with children since 2010**.

Changes have included the two-child limitⁱⁱ and the introduction of the benefit cap.^{11,12} Evidence suggests that these **welfare reductions have disproportionately affected children living in the least well-off areas**, leading to increased child poverty and worsening health outcomes in these areas, including a rise in infant mortality rates.⁶

Real-term cuts to family income and welfare payments interact with a **high prevalence of insecure, low-paid work, and high childcare costs**, all of which increase the risk that even children living in working households experience poverty.^{13,14}

Half (50%) of households with children where some but not all adults work live in poverty. Even where all adults work, more than one in ten households with children are living in poverty (13%).³ High levels of child poverty in working households indicate that **employment does not always offer a route out of poverty**.

Evidence also suggests that parents' low-quality working conditions can negatively impact children's health and well-being.¹⁵ High childcare costs also make it difficult for parents to 'afford to work', particularly for those on low incomes and/or those who are reliant on Universal Credit.¹⁶

Stigma is a key factor of poverty, acting as a crucial barrier to support, particularly take-up of benefits and support schemes.^{17,18} For example, stigma can prevent children from accessing free school meals, and therefore the option of sufficient food and/or better nutrition, which has negative knock-on effects on children's health and well-being.¹⁹

The cost of living crisis is therefore **adding to existing structural drivers of poverty and health inequalities** in Wales, leaving children in low-income families at particularly high risk of further negative health outcomes as a result of the crisis (see [section 3](#)).

ⁱⁱ The two-child limit refers to the removal of child benefit and child tax credit for the third child or more.

ⁱⁱⁱ The benefit cap refers to the limit on the total amount households can get from benefits, even if the total amount of individual benefits households are entitled to is higher than the cap amount.

2.2 Which children are more at risk?

Nearly one in three (28%) children in Wales are living in relative income poverty according to 2019/20 and 2021/22 data.³ **Certain groups of children are at higher risk of living in relative income poverty** (see [Figure 4](#) and below). The health and well-being of these children are likely to be harder hit by the cost of living crisis.

Children at higher risk of living in relative income poverty include:³

- **Children in larger families:** children living in households with three or more children are more likely to live in poverty (40%) compared to households with two children (24%) or one child (19%).
- **Children in lone-parent families:** two in five (38%) children in lone-parent families live in poverty in Wales – this is the family type most likely to be in poverty.
- **Children living with disabilities:** children in families that include someone with a disability are more likely to live in poverty (31%) than counterparts with no disabilities in the household (26%).
- **Children belonging to some ethnic minority groups:** evidence shows that households where the head is from an ethnic minority group are at higher risk of poverty. It is important to note, however, robust data on children in Wales by ethnic group are lacking.
 - The experiences of children from ethnic minority backgrounds intersect with experiences of exclusion and discrimination, intensifying negative health outcomes as a result of the cost of living crisis.¹⁴
- **Children living in workless households:** children living in households where no member of the family is in work are more likely to live in poverty (43%) compared to children living in working households (26%).

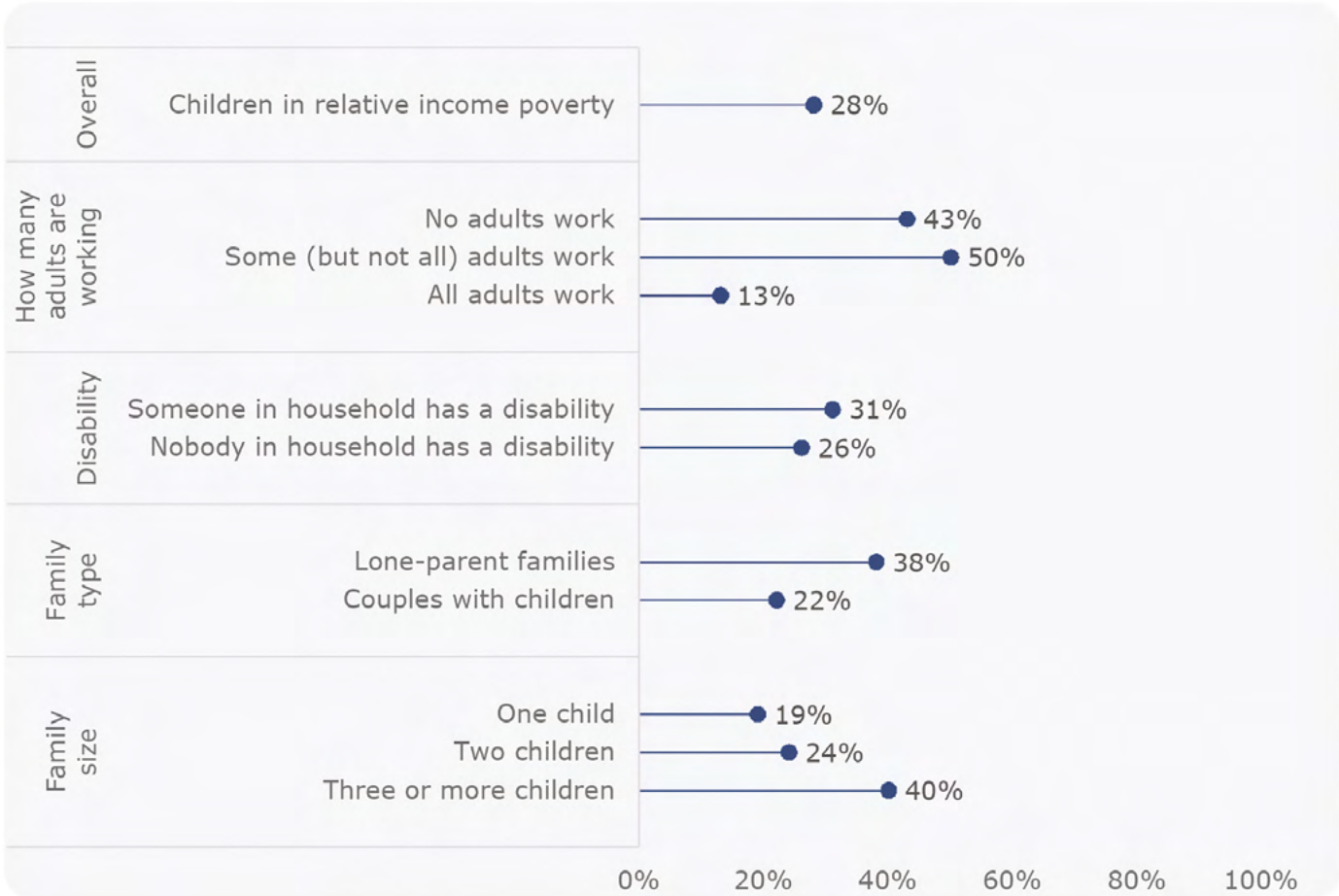


Figure 4. Children’s risk of being in relative income poverty in Wales (FYE 2020 to FYE 2022)³

3. How is the cost of living crisis impacting the health and well-being of children in Wales?

Public Health Wales's previous report [Cost of living crisis in Wales: A public health lens](#) makes clear the link between not being able to afford the essentials and negative health outcomes.²

The following sections examine the direct and indirect impacts of the cost of living crisis on the health and well-being of children specifically, and the ramifications of these health and well-being impacts in the longer term and at a systemic level (see [Figure 1](#) for a summary).

3.1 Direct impacts

Key points

- A reduction in household income means the everyday essentials needed for children's health and development become harder to afford.
- Children's experiences of **different types of poverty tend to interact** with and compound each other.
- Recent statistics indicate that a **significant proportion of children in Wales are being directly impacted** by the cost of living crisis.
- For example, families are being forced into difficult decisions such as whether to provide nutritious food for their children or to heat their homes.

A reduction in household income means the everyday essentials needed for children's health and development become harder to afford. Statistics detailed below and in [Figure 5](#) indicate that a significant proportion of children in Wales are being directly impacted by the cost of living crisis, in particular due to an increased risk of:

- **Fuel poverty:**^{iv} living in cold, damp homes, lack of privacy/overcrowding in certain rooms.
- **Food insecurity:** lacking access to enough (nutritious) food.
- **Transport poverty:** reducing journeys due to transport becoming less affordable.
- **Period or hygiene poverty:** being unable to afford menstrual products or products needed for basic care and cleanliness (e.g. soap, laundry detergent).

These are generally not experienced in isolation; children's individual experiences of, for example, food insecurity or fuel poverty, interact with and compound each other.²

^{iv} A household is defined as being in fuel poverty by the Welsh Government if they are required to spend more than 10% of their income on a 'satisfactory heating regime'

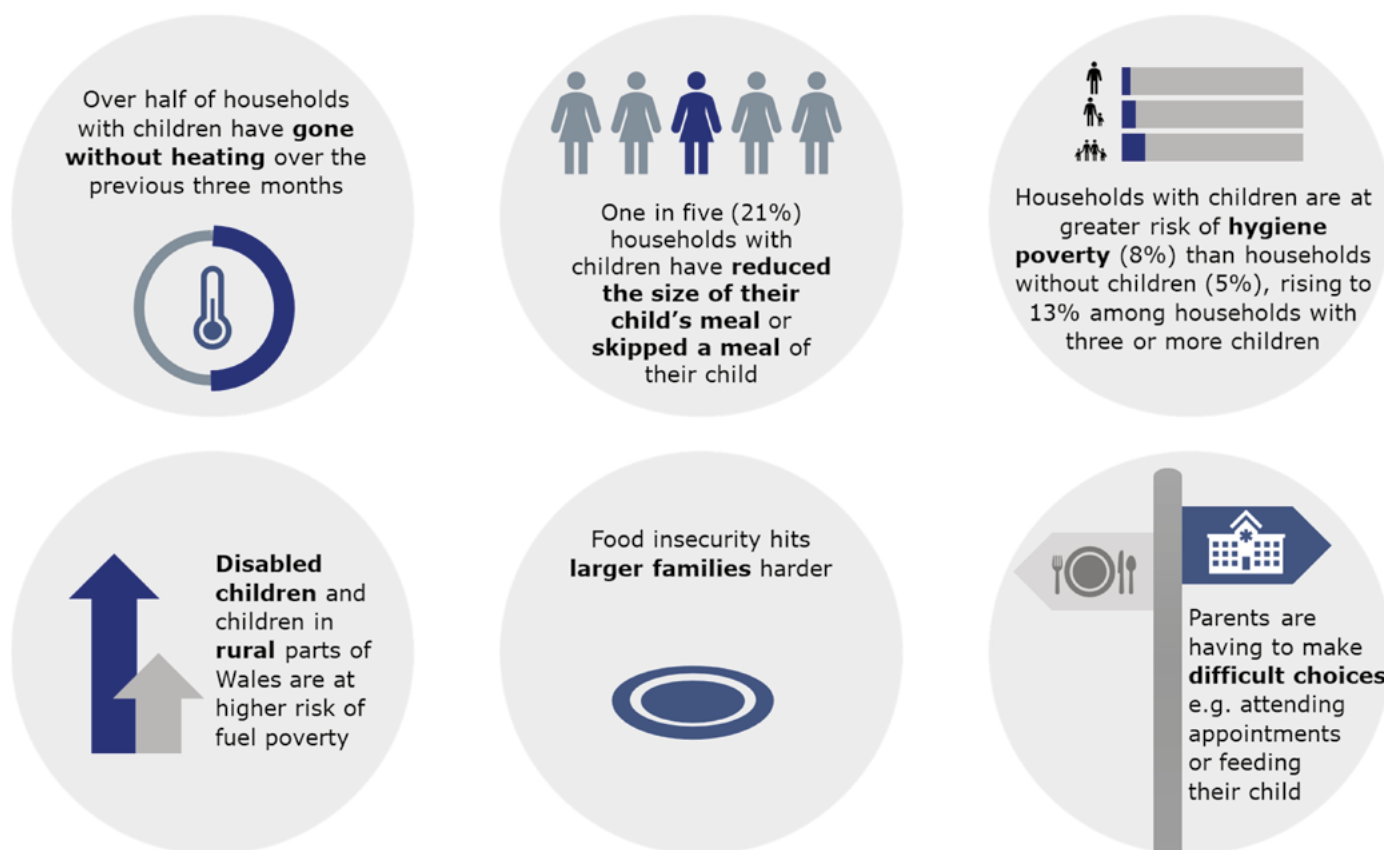


Figure 5. Key evidence on the direct impacts of the cost of living crisis on children's health and well-being

Over half of households with children in Wales surveyed in January 2023 reported going **without heating** over the previous three months, with higher rates seen in households with disabled people or with more than one child.⁸ **Disabled children are at higher risk of fuel poverty** partly as they have additional energy needs (for example, the need for additional heating to manage their condition or the need for more electricity for medical equipment).²⁰ **Energy costs tend to be higher in rural areas**, meaning children living in rural parts of Wales may be at higher risk of fuel poverty.²¹

In the same survey, one in five (21%) respondents living in a household with children reported **reducing the size of their child's meal** or their child being forced to skip a meal.⁸ Food insecurity hits families on low incomes harder, especially those with three or more children,²² who spend a greater proportion of their household budget on food.²³ Food insecurity is also resulting in families having to make very difficult choices, such as **choosing between heating their homes adequately or providing a nutritious meal**,⁸ or **watering down baby milk** to make it last longer.²⁴ Professor Michael Marmot describes an inability to buy nutritious food as 'one of the clearest and most immediate impacts of being in poverty'.^{14(p84)}

Household budgets being squeezed as a result of the cost of living crisis means transport has also become harder for many families to afford. **Children are at higher risk of transport poverty** than other age groups, as are children living in rural areas.²⁵ An annual survey on child and family poverty saw a significant increase in the number of respondents commenting on rising petrol/diesel costs and a lack of public transport in 2022 compared to previous years.²⁴ The same survey showed that transport poverty associated with the cost of living crisis is forcing parents into difficult situations, such as **choosing between attending appointments**

or feeding their child, or getting into debt as a result of paying for higher transport costs to get their children to school.²⁴

UK-wide research conducted in October 2021-March 2022 showed that households with children are at greater risk of **hygiene poverty** than households without children (8% compared to 5%), rising to 13% among households with three or more children.²⁶ This impacts people's ability to buy a range of items needed for basic care and cleanliness. For example, half (50%) of respondents to a UK-wide survey in February 2023 thought **suncream was too expensive**, with 10% not using it at all due to the cost.²⁷

The evidence above highlights the **difficult choices families are consistently asked to make** because of the cost of living crisis, with significant implications for the health and well-being of their children. It also shows how rising costs of a specific good has implications for a family's ability to afford other essentials: even if price pressures ease in one area, family finances may still be squeezed if other costs remain high. This adds to the **mental load of parents**, worsening their health and well-being as well as that of their children.

3.2 Indirect impacts

Key points

- The direct impacts of the cost of living crisis have indirect, **knock-on consequences** for children's physical health, mental health, development and social well-being.
- There is a clear and long-standing connection between **poverty and poor mental health** in children.
- Children growing up with food insecurity are more likely to be **obese**.
- Exposure to damp and mould due to living in a cold home increases children's risk of **asthma, respiratory illness, poor lung function** and increased circulation of viruses.
- The cost of living crisis impacts children's **educational attainment** and increases the risk of exposure to **adverse childhood experiences (ACEs)**.

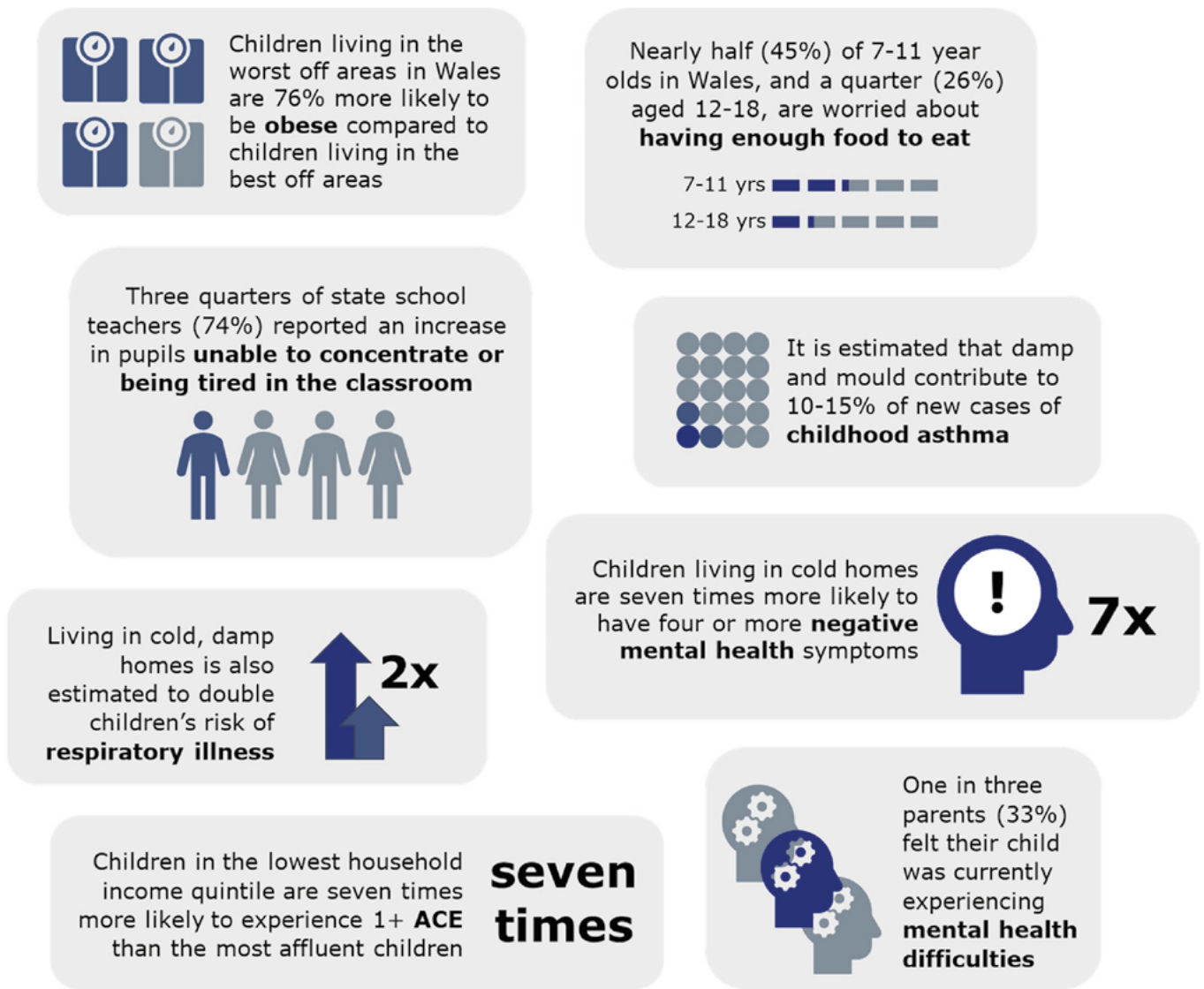


Figure 6. Key evidence on the indirect impacts of the cost of living crisis on children's health and well-being

Poor mental health

There is a **clear and long-standing connection between poverty and poor mental health in children**.²⁸ Prior to the cost of living crisis, children in the worst off households were over four times as likely to have a severe mental health problem compared to those in the most well off households (17% vs 4%).²⁹ The crisis follows the challenges of the COVID-19 pandemic, a key driver of the already precarious state of children and young people's mental health in Wales.³⁰

Statistics show that **children are aware and worried about the impact the cost of living crisis is having on their family finances**. Almost two-thirds of children aged 7-11 in Wales are worried about their families not having enough money for essentials, as are more than half (52%) of 12-18 year olds.³¹ Nearly half (45%) of all 7-11 year old children in Wales, and a quarter (26%) aged 12-18, are worried about having enough food to eat.³¹

Children being aware of financial problems within the family is associated with depression among girls and alcohol abuse in adolescent boys, as well as feelings of helplessness, shame and inferiority.³² In addition, being unable to help parents deal with money issues can

negatively impact children's confidence and their feelings of self-worth.³³ Debt, **family hunger and strained family relationships are all detrimental to children's mental health.**²⁴

A poll of UK parents of 5-17 year olds in September 2022 found over one in three (34%) parents thought the rising cost of living could **affect the mental health of their children a great deal**, while seven in ten parents (72%) said it could affect their children's mental health at least a little over the coming months.³⁴ One in three parents (33%) felt their child was currently experiencing mental health difficulties. The symptom or behaviour parents noticed most commonly in their children was anxiety (68%), followed by depression or low mood (37%).³⁴

The **risks the crisis poses to mental health are not felt by all children equally**. For example, older children are more likely to experience poor mental health and more severe mental health issues as a result of the crisis compared to younger age groups.^{30,34} The percentage of parents who felt their child was currently experiencing mental health difficulties increased as the child's age increased, rising to 43% among parents with children aged 16-17.³⁴ In addition, chronic exposure to poverty is associated with more severe mental health outcomes than short-term experiences.⁴

Developmental issues

Experiences of **stretched household budgets and poverty also have a marked impact on children's physical health.**¹⁴ Poverty is a stressor, and experiencing stressors during early development can change children's stress responses.³² These changes can have a negative effect on children's physical health, including via their **immune system, heart function, respiratory system and brain.**³² This contributes to various unequal health outcomes between better and worse off children.

The first 1000 days – during pregnancy and up to a child's second birthday – represents a critical developmental period, where we see the most rapid phase of brain growth and development.²

Obesity

Children growing up with food insecurity are more likely to be obese, with the risk increasing as food insecurity increases.³⁵ This is because healthy foods are more expensive than unhealthy foods per calorie, which means when household income is low, families are more likely to have to buy cheaper, less nutritious food that is more filling.³⁵ Children living in the worst off areas in Wales are **76% more likely to be obese** compared to children living in the best off areas (14% compared to 8%).³⁶

Households in fuel poverty are less likely to be able to heat their homes adequately, which increases the risk of living in cold homes.³⁷ Infants living in houses that are too cold expend calories to avoid hyperthermia and hypoglycaemia.³⁸ This reduces the amount of energy available to them for healthy growth and development.³⁸ As a result, children living in fuel-poor and cold homes are at **greater risk of reduced infant weight gain**,³⁸ suffering from **under-nutrition** and of being **overweight**.^{39,40}

Disease vulnerability

Households in fuel poverty are also more likely to suffer from damp and mould issues, which have several negative effects on children's health and well-being.³⁷ **Exposure to damp and mould increases children's risk of developing asthma and acute asthma attacks**, increasing in severity as the level of damp and mould in the house increases.^{41,42} It is estimated that damp and mould contribute to 10-15% of new cases of childhood asthma.⁴³

Living in cold, damp homes is estimated to double children's risk of **respiratory illness** and contributes to **worse lung function**.^{41,44} It is also associated with an increase in the **circulation of viruses**, negatively impacting children's **immunity** and increasing their **vulnerability to disease**.⁴⁵ **Babies are at higher risk** of negative health outcomes from living in a cold home, as are **children with pre-existing health conditions**.⁴⁶

School absence and decreased educational attainment

Fuel poverty has a further detrimental effect on children's health through the significant impact it can have on their education.³⁷ **Fuel poverty negatively impacts children's education attainment** via reduced school attendance due to illness,³⁷ increased truancy and bullying,³⁸ overcrowding in certain rooms and cold temperatures affecting homework and study,³⁸ and by impacting the quality of children's sleep.⁴⁷

Practitioners working with children and their families reported in a survey that **the negative impact of the cost of living crisis on children's education is being driven by poor mental health, bullying, stigma and hunger** in particular, and that **each of these interact with each other** to shape children's experience of education, as opposed to occurring in isolation.²⁴ A cost of living and education survey of state schoolteachers in England found that:⁴⁸

- three-quarters (74%) reported an increase in pupils unable to concentrate or being tired in the classroom;
- two-thirds (67%) reported an increase in behaviour issues;
- over half (54%) reported more children coming into school without adequate winter clothes; and
- two in five (38%) reported an increase in children coming into school hungry.

These issues were all more common in schools that had a higher proportion of pupils from deprived or disadvantaged backgrounds.⁴⁸

Adverse childhood experiences

Experiences of poverty, growing up in worse off areas and belonging to a lower socioeconomic group all increase the risk of children being exposed to adverse childhood experiences (ACEs).¹⁴ Data from Scotland suggest that **children in the lowest household income group are seven times more likely to experience one or more ACEs** than children in the most affluent group (8% of children in the top income quintile experienced no ACEs

compared to 53% of children in the bottom income quintile).⁴⁹ The data also show that **children in low income households are much more likely to experience multiple ACEs**, with 11% of children in the bottom income group experiencing four or more ACEs compared to 1% of children in the top income group.⁴⁹ A wealth of evidence also makes clear the link between family poverty and rates of abuse and neglect.⁵⁰

This link is partly explained by poverty and deprivation putting pressure on families, which increases the likelihood of mental health issues, substance abuse or domestic abuse in the household.⁵¹ For example, fuel poverty increases the risk of parental mental health issues,⁵² which is categorised as an ACE.³⁷ Evidence also shows a **link between mental health issues in parents and worse mental health and more behavioural problems among children**.^{37,53,54} The close relationship between ACEs, what happens within a family, and the context in which these happen in adverse community environments is also important to consider.⁵⁵ The impact of ACEs will usually be exacerbated for children and families who live in adverse community environments, partly as they are less likely to have access to things that help boost their resilience.⁵⁵

Social isolation

The accessibility and affordability of transport can impact children's health and well-being through several mechanisms. For example, it affects children's access to the natural environment, which is inextricably linked to health across the life-course.¹⁴ It also impacts children's access to healthcare, leisure or cultural activities, social networks, education and employment or training opportunities,^{14,56,57} all of which contribute to widening inequalities (see [section 3.4](#)).⁵⁸

Parents who took part in an annual survey on child and family poverty in April-June 2022 spoke of being **unable to take children to hospital appointments** due to the cost of transport being unaffordable, which has obvious negative effects on health.²⁴ In terms of children's responses, **increases in the cost of transport meant they would often be unable to meet up with friends**, leading to social isolation and loneliness.²⁴

Hygiene poverty also has a significant, negative impact on children's health and well-being, including on their confidence, ability to participate in hobbies and sports, and mental and physical health. It also impacts children's ability to perform well at school and form and maintain friendships.²⁶

Interactions between different impacts

It is important to consider how these different **health outcomes can interact** with each other. For example, fuel poverty and food insecurity both contribute to a higher risk of childhood obesity, compounding the risks for children who live in low-income households. In addition, **poorer mental health can lead to poorer physical health**, creating a vicious cycle:⁵⁹ children living in cold homes are seven times more likely to have four or more negative mental health symptoms compared to those who live in warm homes (28% vs 4%).³⁷

3.3 Individual long-term impacts

Key points

- Negative physical and mental health outcomes in childhood as a result of the cost of living crisis are likely to **continue after the economic crisis ends**.
- **Disadvantages can accumulate** as children progress to adulthood and transfer across generations.
- Poverty is associated with poorer socioeconomic outcomes as well as mental health and well-being **issues in later life**.
- Being unable to afford one essential good or service can contribute to a **cycle of poverty and disadvantage**.

We can expect negative physical and mental health **outcomes in childhood driven by the cost of living crisis to continue even after the economic crisis has abated**, with disadvantages accumulating as children progress to adulthood and across future generations (see [Figure 7](#)).^{2,6}

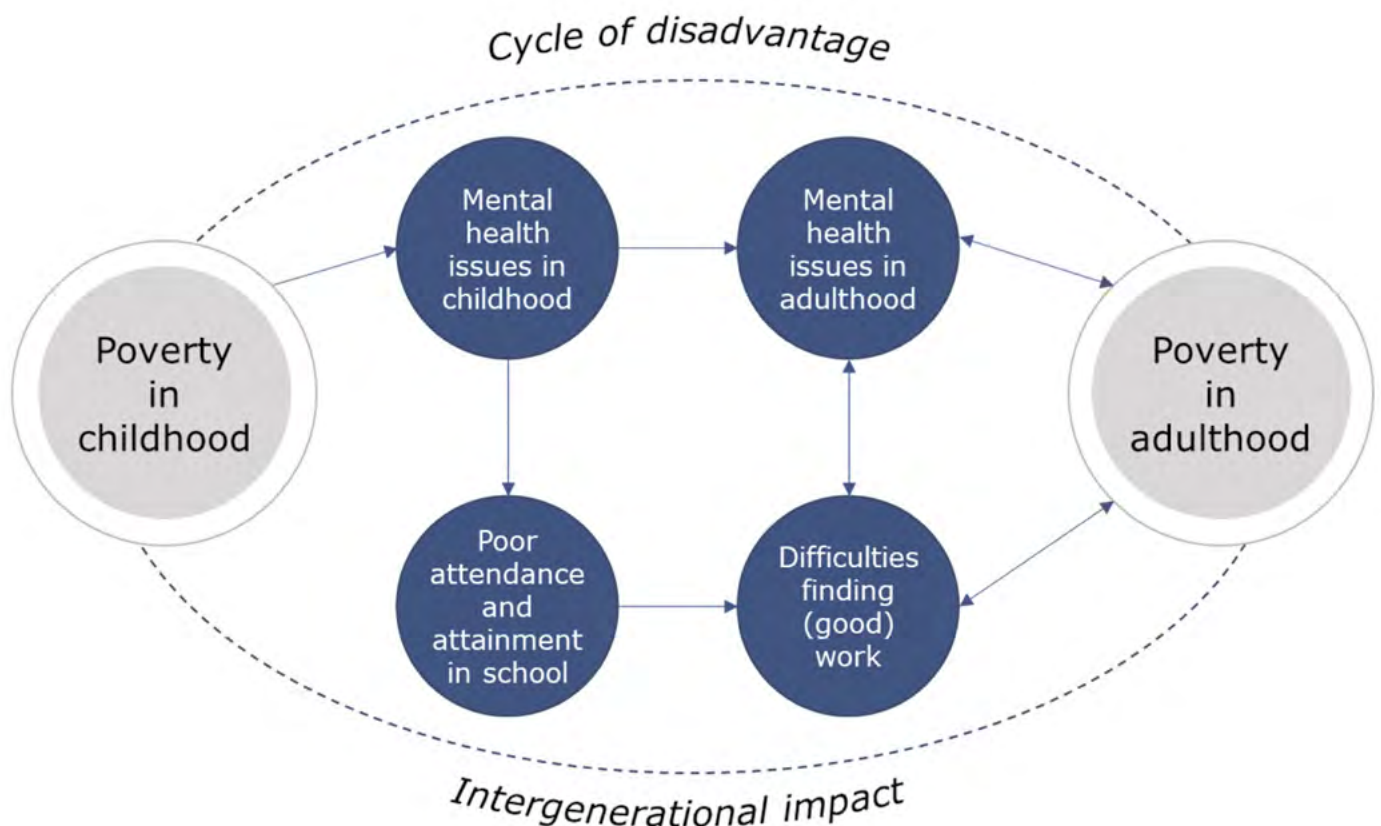


Figure 7. Example of how disadvantages can accumulate, transfer across generations and cause a cycle of poverty and disadvantage

Poverty is associated with poorer socioeconomic outcomes as well as poorer mental health and well-being in later life.^{5,60} For example, mental health problems driven by poverty in childhood can negatively impact concentration, participation and attainment in school (see [section 3.2](#)).⁶¹ This can be compounded by hygiene and period poverty, which can also reduce attendance at school, with experiences of stigma and bullying exacerbating negative educational outcomes.^{26,62} This can result in decreased social participation and difficulties in finding work, especially secure and well-paid work which allows for a good quality of life. This can in turn lead to poor mental health in later life, **causing an accumulation of disadvantage across the life-course and trapping people in poverty** (see [Figure 7](#)).³² It also shows how being unable to afford one essential good or service can contribute to a **cycle of disadvantage**.

Other examples of how the cost of living crisis can have negative health and well-being impacts on children that continue into adulthood include:

- Living in cold homes can affect **lung development** at an early, vulnerable stage, with potential lifelong consequences, including **reduced life expectancy**.⁴⁵
- Poor nutrition and being overweight in childhood as a result of food insecurity is associated with **obesity** in adulthood, as well as other chronic conditions such as **type 2 diabetes, cardiovascular disease, high blood pressure, some cancers, osteoarthritis and mental health conditions** such as depression.⁶³
- High petrol/diesel costs prohibit children from accessing **extracurricular activities**, which are associated with positive health and well-being benefits in adulthood by improving access to **higher education and jobs**.⁶⁴
- Not applying or applying less sunscreen due to its cost increases the risk of sunburn in children. Sunburn in childhood is associated with **increased risk of melanoma** (a type of skin cancer) in adulthood.⁶⁵

'Experiencing food insecurity as a child has long-term consequences. Lack of sufficient nutrition (either quantity or quality) during critical periods in early life may cause irreversible changes to a child's development, and therefore increase the risk of chronic disease in later life.'

(The Childhood Trust)^{66(p5)}

The cost of living crisis will also put children at greater risk of the long-term impact of exposure to ACEs. ACEs can negatively affect the development of children's brains, immune systems and hormone systems.^{49,67} The health risks increase as the number of ACEs children experience increase, and **multiple ACEs have a cumulative negative effect** on physical and mental health in childhood and adulthood, meaning their long-term impact can be substantive.^{49,67} For example, children who experience ACEs are more likely to develop health-harming behaviours, including smoking or drinking alcohol to excess.⁶⁷ These behaviours increase the risk of ill-health and disease, including cancer and heart, liver or lung diseases as well as mental health issues.⁶⁷ Ill-health or health-harming behaviours in childhood can also affect school attendance, impacting educational attainment and economic outcomes across the life-course.⁶⁸ Evidence also points to cycles of ACEs, whereby children who experience ACEs are more likely to demonstrate or perpetrate behaviours as adults that exposes the next generation to ACEs.⁶⁹

Social and emotional development in the early years builds the foundation for future health and well-being across the life-course. There is strong international evidence indicating that **the first 1000 days is a critical time**.² Positive influences can have a lasting impact and improve outcomes across the life-course, while susceptibility to negative influences means that the origins of many inequalities in health lie in early childhood and before birth.²

In 2011-2020 (before the cost of living crisis), **the child death rate was 70% higher in the worst off areas of Wales compared with the best off areas** (41.4 per 100,000 compared to 23.6 per 100,000).⁷⁰ Children in worse off areas are also more likely to be admitted to hospital, to be diagnosed with a serious illness and to have a long-term disability.^{14,71} Therefore it is likely that, by increasing child poverty and the long-term negative impacts on health that result, the cost of living crisis will:

1. **decrease the life expectancy** of children growing up in the worst off areas of Wales over their life-course;
2. **further entrench existing inequalities** in health between these least off children and those living in better off areas of Wales; and
3. **trap some children and families in a cycle of poverty** and disadvantage, across generations.

3.4 Systemic impacts

Key points

- The impacts of the cost of living crisis **will not stop at the individual level**.
- We can expect the crisis to also impact **communities**, the **services** that support children, and **government**.
- These impacts will be **felt across society** and will further **entrench existing inequalities** (for example in health, educational attainment and income) in the long term.

The previous sections have outlined the direct and indirect negative health outcomes of the cost of living crisis on children, in the short and longer term. However, the impacts of **the cost of living crisis will not stop at the individual level**: we can expect the crisis to be felt across communities and society, and to have an impact on the economy, in ways that may entrench inequalities and persist across generations (see [Figure 8](#) for an example).

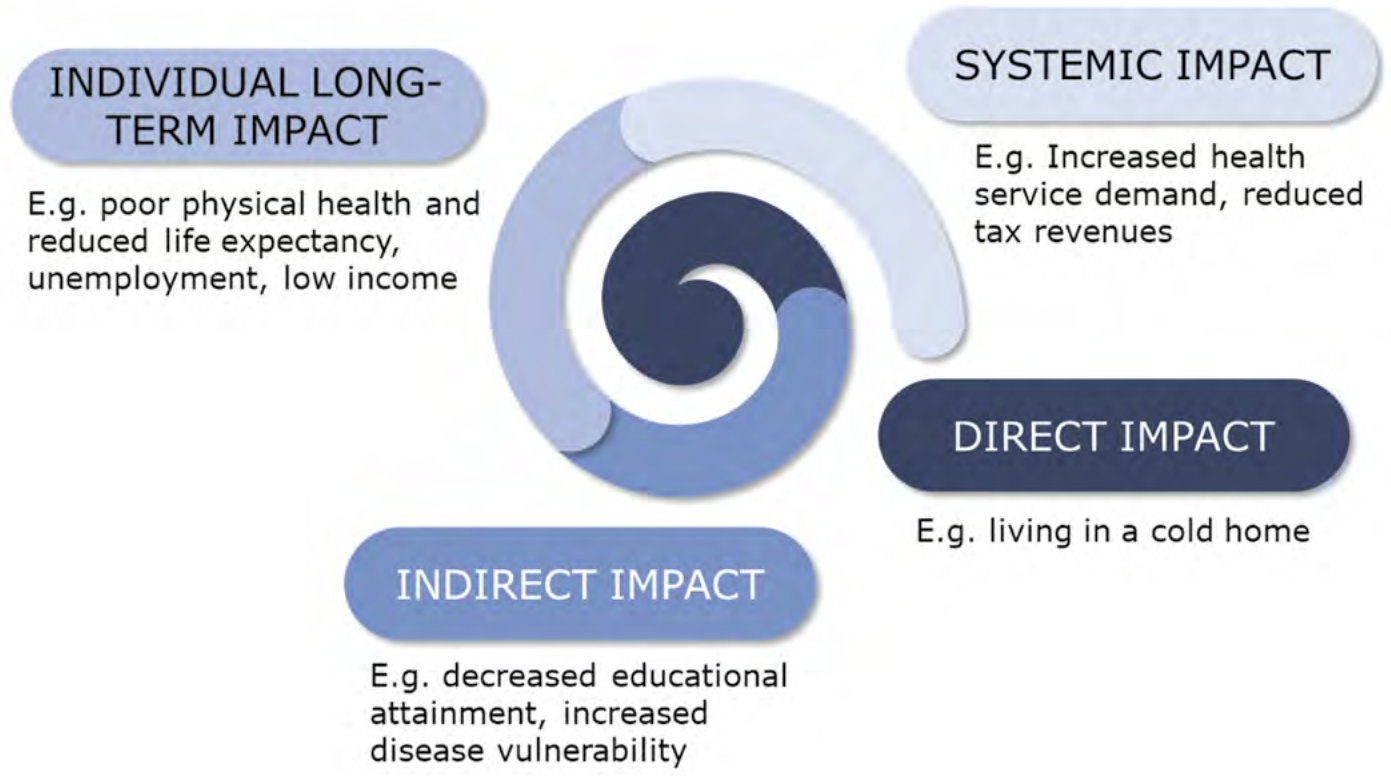


Figure 8. Example of how an increase in the cost of an essential can create long-term and systemic impacts

As outlined in sections [3.2](#) and [3.3](#), when children’s physical and mental health needs are not met – for example, due to living in a cold home, not eating enough nutritious food, or living with the strain of household debt – this has broader implications for society.

For example, two-thirds of teachers in England (67%) stated that the cost of living crisis and its impact on children would **widen the attainment gap** at their school. Three-quarters (72%) of teachers in the most deprived state schools said the same.⁷² These inequalities increase as children progress through school and into adulthood,⁷³ **affecting employment opportunities and lifetime earnings.**⁷⁴

Reduced earnings due to lower educational attainment will have an impact **on income tax revenue**, at a time of **increased demand** on the health and social care system, education system and welfare state. For example, poor health driven by food insecurity decreases workforce productivity, as well as quality of life, educational attainment and family relationships.^{14,63}

Given the cost of living crisis will push more families in Wales into poverty or financial insecurity, **action needs to be taken to stop the crisis accelerating a negative cycle of inequalities in Wales.** The COVID-19 pandemic showed us that economy and health need to be viewed together if we are to have a thriving society; when people do not have the money they need to live healthy lives, they are less able to participate fully in society, resulting in lost productivity and reduced tax revenues.⁷⁵ The cost of living crisis offers a crucial opportunity to ensure social justice, health and sustainability are at the heart of all policy and decision-making.

4. Potential policy responses: what should the guiding principles be?

4.1 Policies to guide the response

The unique policy context of Wales provides an enabling environment for public bodies (and others) to prioritise action that protects children in Wales from the impacts of the cost of living crisis now and into the future, and action that tackles the underlying causes of poor health and well-being.

Whilst the Welsh Government and other public bodies in Wales do not have full power over many policy areas that are important drivers of child poverty rates in Wales (such as certain welfare payments or tax powers), the policy levers listed below can be drawn on at national and regional level to improve the lives of children in Wales.

1. The **Well-being of Future Generations Act 2015** calls on public bodies to maximise their contribution to each of the seven well-being goals set out in the Act. Each well-being goal mirrors an underlying cause of poor health and well-being. The Act is also helpful in that it calls on public bodies to orientate themselves to the long term and consider decision making in terms of future generations.
2. The **Socio-economic Duty** requires public bodies to consider the impact of their strategic decisions on those living in or at risk of poverty to improve their experiences and outcomes.
3. The Welsh Government is committed to the **United Nations Convention on the Rights of the Child**. It specifies that children have the right to be safe, to play, to have an education, to be healthy and be happy, and acknowledges that specific consideration is needed due to children and young people's particular care and protection needs.
4. The **Children and Families (Wales) Measure 2010** provides a legislative framework to drive the Welsh Government's commitments to reduce child poverty.
5. The Welsh Government has committed to a **'health in all policies' approach**. This calls on decision-makers to consider how policies and actions could affect population health and well-being, as well as how population groups (including children) may be differently affected. This year (2023), the Welsh Government is due to consult on proposed regulations on the use of **Health Impact Assessments (HIAs)** in decision-making, as set out in the **Public Health (Wales) Act 2017**. HIAs would be a valuable tool for informing how best to respond to the cost of living crisis. At a minimum, it would serve to safeguard health and well-being, and at best, provide an opportunity to improve health and well-being in the longer term.⁷⁶

4.2 Strategic oversight

Child poverty and its impact on health and well-being are complex and cross-cutting issues with multiple drivers. A cross-government plan is therefore required to reduce poverty and the health harms that come from it.

At the time of writing, the Welsh Government is consulting on a revised Child Poverty Strategy for Wales. This provides an opportunity to renew efforts to reduce child poverty in ways that are effective and evidence-based, and importantly, to ensure that these efforts reflect the added challenges posed by the cost of living crisis. Doing this will require the strategy to **address the long-standing underlying drivers of child poverty** in Wales as well as the specific health and well-being impacts on children caused by the current cost of living crisis. The strategy will also need to work alongside and take advantage of the other enabling policy frameworks set out in [section 4.1](#).

A review of what makes anti-poverty strategies effective concluded that an anti-poverty strategy should 'bring about action on poverty within a context in which those who want action are not always the same people and organisations as those who can take action'.^{77(p4)} Other characteristics of an effective anti-poverty strategy include offering a framework that enables action; being clear on objectives and outcomes for success; only including actions that drive towards those objectives; recognising the importance of the planning and implementation phases; and the strategy falling under the responsibility of a senior minister.⁷⁷ The revised Child Poverty Strategy for Wales will therefore need to set out how the collaborative, cross-sector work that is required will be undertaken, overseen, and evaluated.

4.3 Partnership working

The cross-cutting nature of child poverty means **a multi-agency approach is needed**. To mitigate the impact of the cost of living crisis on the health and well-being of children, a range of partners, including Welsh Government, local authority partners, voluntary and community organisations, housing agencies, landlords, health and social care services, education, mental health and well-being services, and the private sector, will need to work together. This needs to be underpinned by a shared understanding of how child poverty and the cost of living crisis harms the health and well-being of children, and the priority actions needed to address it now, in the immediate crisis, to create a healthier and more equal future for children in Wales.

5. Potential policy responses: what are the priority areas for action?

Action is urgently required to not only mitigate the immediate health and well-being impacts of the cost of living crisis on children, but to avoid a 'cohort effect':

'what we want to avoid is what we call a cohort effect, where there's a particular insult dealt to a generation and those vulnerabilities follow them through in the long term. So, it really is about leveraging protections and services and access to care.' (Professor Ann John, Swansea University)⁷⁸

This section outlines priority areas for action to reduce the impact of the cost of living crisis on children both now and into the longer term. This aims to **support and build on work that is already underway at a national and local level** to address child poverty, the cost of living crisis and their impact on children's health and well-being. For example, the Welsh Government is currently consulting on a revised Child Poverty Strategy for Wales. The following section aims to support the development of the strategy by highlighting evidence-based potential policy responses. Further research and evaluation of policy and practice interventions in the areas below would be welcomed, so that the effectiveness of any response or combination of responses can be reviewed and refined.

5.1 Providing financial support for families and children

Low household income is associated with poorer physical and mental health in childhood, with disadvantage accumulating across the life-course.⁴ Consequently, **financial interventions should be focused on maximising the income available to families** with children, especially families with more children and those on the lowest incomes, as this will benefit children's health and well-being both during the current crisis and as they progress into adulthood. For example, evidence has shown that additional income in the form of welfare benefits reduces the likelihood of child abuse and neglect.⁵⁰



Evidence shows that interventions focusing on increasing household income have a greater positive effect on families' mental and physical health compared to interventions that target specific areas of health.⁷⁹ Targeting support towards higher risk households also protects health more effectively.⁸⁰

The COVID-19 pandemic saw emergency financial and housing support schemes swiftly implemented, including the Coronavirus Job Retention Scheme (CJRS) and an extension of the minimum notice period for tenants. Given the public health impacts of the cost of living crisis are likely to be on a par with or more significant than the COVID-19 pandemic,² financial support on a similar scale and of similar urgency could be considered for the cost of living crisis to mitigate its impacts on children in Wales.

While the Welsh Government does not administer the majority of benefit payments, it does have control over some benefit types. In the context of the cost of living crisis and children, **support to reduce the cost of healthier food** (including fruit and vegetables), such as an extension of Discretionary Assistance Fund flexibilities, could help address food insecurity.² Approaches such as **extending/increasing the Council Tax Reduction Scheme; maximising Discretionary Housing Payments; and extending the Tenancy Hardship Grants** could be considered to increase children's housing stability and the amount of disposable income available to families.² It has been argued that poverty could be reduced if the existing devolved schemes were pulled together into a coherent, effective and fair **Welsh Benefits System**.¹⁹

Increasing take-up of benefits for which families are eligible is one way of maximising income. Campaigns to raise awareness of the support available, simplifying the application process, and/or applying auto-enrolment could all help drive increased take-up of benefits.² Local government, health professionals and social landlords have a crucial role to play in enhancing awareness and accessibility of relevant support.

Attempts to reduce inequalities across the life-course, including by reducing costs and maximising the incomes of families, **must start as early as possible to have the best of chance of succeeding**. For example, evidence suggests that financial support during pregnancy (rather than after birth, which is from when child benefit can be claimed) can lead to significant improvements in babies' health, with positive knock-on effects for inequalities.⁸¹ Such approaches have a key role to play in **ensuring families' psychological resources are optimised to focus on building strong parent-infant relationships** rather than worrying about making ends meet.



Between 2009-2011, the UK Government provided a lump-sum £190 payment for all pregnant women, with the aim of helping them afford nutritious food during pregnancy and decrease stress. A study found that babies born to mothers who received the grant were 3-6% heavier and 11% less likely to be born prematurely. A larger effect was seen among babies born to low-income, younger mothers. These improvements in babies' health were likely to have been due to the grant reducing stress for pregnant women. The findings show that there are clear health gains to be made from starting universal child benefits in pregnancy. It also shows that small, early interventions have the potential to reduce inequality in the long run, with high returns on investment.⁸¹

Learning can be taken from previous interventions to inform the response to the current crisis. For example, the Welsh Government's Child Poverty Income Maximisation Action Plan (IMAP)⁸² reflected the multidimensional nature of child poverty and its impacts by setting out practical actions across a number of different policy areas, including education, transport and social security, to help maximise the incomes of families living in poverty in Wales and build their financial resilience. The Welsh Government's basic income pilot for young people leaving care in Wales⁸³ could also offer valuable insight into the feasibility of a broader scheme that responds to the impact of cost of living crisis on children and young people.



Evidence suggests that a universal basic income scheme provided to all individuals in Wales could reduce child poverty rates in Wales by two-thirds⁸⁴ and would have a greater impact on low-income families, contributing to a reduction in health inequalities.⁸⁵

5.2 Improving parental employment and income

Each child is part of a family, and the nature and wage of parents or carers' work are key levers for pulling families out of poverty and protecting them from its impacts. Our previous report, *Cost of living crisis in Wales: A public health lens*, explores priority policy areas associated with improving parental employment and income, such as promoting fair work and the Real Living Wage.²

5.3 Supporting community food organisations

While support that maximises income overall is most effective, **interventions in specific areas of child poverty, such as food insecurity, are still important** and can deliver significant improvements for health and well-being outcomes, particularly for those most acutely affected.

As described in [section 3](#), food insecurity has significant implications for children's health, educational attainment and future employment prospects. Reducing food insecurity is also key to delivering the Well-being of Future Generations Act's seven well-being goals.⁶³



Investment in voluntary and community services, particularly those that offer advice and support, offers a high return on investment.⁸⁶

The Welsh Government has provided significant funding for community food organisations and tackling food insecurity, including an additional £1 million announced in October 2022 on top of £3.9 million already allocated in 2022/23.⁸⁷

Food security is considered to have four 'pillars': availability, access, utilisation and stability.⁸⁸ In the context of the cost of living crisis, **access, stability and utilisation are important drivers of food insecurity among children in Wales**. Any support or interventions would need to focus on these factors to maximise impact.



The Scottish Government, in response to evidence that emergency food aid 'is not a long-term solution to food insecurity', set up the Fair Food Transformation Fund (FFTF). The fund aims to encourage a move away from emergency food aid to provide community-led, long-term solutions to food insecurity. A review of FFTF concluded that most of the 19 case study projects successfully broadened their emergency food provision offer into community-based 'food justice' projects that embrace the social value of food.⁸⁹

High quality provision is essential for interventions addressing food insecurity, including free school meals.² Quality should be considered non-negotiable.

5.4 Improving the energy efficiency of family homes

Increases in the cost of gas and electricity have been significant, with households paying almost twice as much for their energy bills in October 2022 compared to October 2021.⁹⁰ Price increases have hit those on the lowest incomes hardest, particularly families with children, leaving less money in household budgets for other essential goods. The wide-ranging and long-term impacts of fuel poverty on children's health and well-being mean interventions in this area are urgently needed to protect children in Wales now and in the future.

Interventions in the short-term include **targeted energy bill support and training for health and care staff** to identify children most at risk of fuel poverty and its negative health impacts, in line with the NICE quality standard for reducing health risks (including preventable deaths) associated with cold homes.⁹¹ There may be opportunities for people in contact with children and families in other settings, such as education settings, to also identify those at risk of cold homes.

Insulating homes and improving their **energy efficiency** will be key for protecting health in the longer term by reducing fuel poverty and carbon emissions.



Energy efficiency interventions provide the most direct way of reducing fuel poverty and its negative impacts on physical and mental health.⁹² Greater positive outcomes are seen for low-income households, children and other vulnerable groups.⁹³

5.5 Reducing hygiene poverty

When presented with difficult decisions on how to spend limited household budgets, hygiene products are regularly not prioritised over essentials such as food, despite clear negative impacts on health and well-being.²⁶ The cost of living crisis is likely to have increased the proportion of children currently in or at risk of hygiene poverty, with significant ramifications for educational attendance and attainment.

The prevalence of hygiene poverty among children and its impacts are **comparatively less well understood and receive less focus** than food and fuel poverty. The cost of living crisis therefore presents an opportunity to **raise awareness of and provide additional support to**

children experiencing hygiene poverty and to ensure that hygiene poverty does not present a barrier to children's education.

A variety of partners and support services who come into contact with children could provide support for hygiene poverty, including schools, healthcare workers, GPs, social workers, local authorities, foodbanks or voluntary and community organisations.

The Welsh Government's Period Proud Wales Action Plan, launched in 2023, outlines the government's plan to end period poverty in Wales.⁹⁴ Learning from the plan could be applied to take a **broader approach that includes hygiene poverty**.

An **understanding of needs** could help inform such a plan, for example, by working with schools to carry out an 'audit' of hygiene need and meeting this need with hygiene products provided alongside period products in schools and/or via existing community and third sector organisations.

5.6 Increasing the availability and reducing the cost of childcare

Good quality and equally accessible childcare can reduce the risk of poverty and its impact on children's health as it makes it **easier for parents to find work or increase their working hours** (particularly low-income parents, who often cannot afford to work), and promotes a broad range of positive outcomes.⁹⁵

The Co-operation Agreement between the Welsh Government and Plaid Cymru included a commitment to expand free childcare to all two-year-olds, backed up by a £100 million investment.⁹⁶ Evidence suggests that **focusing funding on both the quality of childcare provision and inequalities in access is most effective** at promoting good health and well-being among children. International evidence also shows that universal services, guaranteed places and generous subsidies (particularly for disadvantaged families and those with more children) are most effective at **increasing the access of disadvantaged families to childcare** and reducing inequalities as a result.¹⁶ Universal provision can address inequalities over the entire population as opposed to just at the extremes of need, and also address inequalities by reducing stigma. Addressing disparities in costs between urban and rural areas is also key to tackling inequalities.

For childcare policies to be effective in reducing inequalities, **emphasis must be placed on the importance of implementation**. Implementation priorities could include ensuring provision is available for all but with a higher intensity for those with high needs, whilst also ensuring:

- high-quality provision;
- co-production is supported when implementing locally; and
- that children are seen as individuals in the process, as opposed to focusing on their future economic contributions.

The affordability of childcare is dependent on the benefits families receive and how these interact with wages and childcare payments. For example, **removing the requirement for childcare fees to be paid in advance, or allowing payments to be made within Universal**

Credit in advance, would improve the accessibility of childcare for low-income families in Wales and remove barriers to work.⁹⁷

Employers also have a role to play in improving the accessibility of childcare and making it easier for parents to work, to maximise household income. This can include offering flexible working for both parents as standard, or other innovative ways of helping parents cope with the cost of childcare, such as childcare deposit loan schemes and providing on-site nurseries.⁸⁶

5.7 Increasing the availability and reducing the cost of public transport for children

Lacking access to transport has far-reaching consequences for children's health and well-being, both during childhood and in later life. The impact that the cost of living crisis is having on families' ability to afford transport for their children adds fresh urgency to the need for **increased access to public transport for children and young people**, especially in rural parts of Wales.

Interventions could include **making transport cheaper or free for children**. For example, the My Travel Pass scheme reduces bus fares by one-third for 16-21 year olds, and Transport for Wales allows under 16s to travel for free on their trains when accompanied by a fare paying adult, under 11s can travel for free any time, and under 16s are able to travel for free off-peak. Extending these schemes or introducing a similar scheme to under 16s for bus travel could significantly increase children's access to school, extra-curricular activities, local services (such as medical and dental appointments) or social and family networks.



In London, children under 11 years old travel for free on buses, trams, the tube, DLR and overground when travelling with an adult, with discounted fares for older children and students. This is associated with significant self-reported benefits for health, well-being and participation in society.⁹⁸

As well as being cheaper, **transport networks need to be reliable and accessible** to reduce transport poverty. Assessing how provision compares to need in rural areas and areas of high deprivation in particular would help ensure that children who would benefit the most from better transport links are supported.

As well as direct benefits for children, accessible and affordable transport helps **boost household income and well-being**, by better connecting parents to childcare and employment opportunities, as well as improving social connections, all of which have positive knock-on effects for children, particularly in disadvantaged areas.⁵⁷

5.8 Reducing the cost of school attendance

Children's education should not be disrupted by financial barriers. However, the cost of the school day is a key contributor to worsening educational attendance and attainment.

Statutory guidance published in May 2023 by the Welsh Government includes guidance on the cost and affordability of school uniform to reduce the financial burden on families – for example, by ensuring that branded items of uniform are not compulsory.⁹⁹ The Welsh Government also offers a schools essentials grant^v for families on lower incomes, to help with buying uniforms and equipment.

Given the significant and sustained increase in inflation that has characterised the cost of living crisis,⁹⁰ **up-to-date figures on the cost of the school day** (including transport, school uniforms, school trips and extra-curricular activities) are required to better understand the scale of the issue and the support that is required for schools and families.

A number of schemes exist in Wales to reduce the cost of the school day, such as those that provide free second-hand uniforms to families.^{vi} **Supporting these types of schemes to expand across more areas of Wales** would help reduce the financial burden of children's education.



In Glasgow City Council, families who are eligible for school uniform grants are given the payments automatically, based on their eligibility for housing benefit and council tax. An automatic opt-in system would also be possible in Wales, as local authorities hold the necessary eligibility information.¹⁰⁰

5.9 Preventing adverse childhood experiences (ACEs)

Exposure to poverty can increase the risk of ACEs, which in turn, increases the risk of poverty in later life.¹⁴ Given the clear interconnections between ACEs (including child abuse and neglect) and poverty, and the wide-ranging, lifelong, intergenerational effect they can have on mental and physical health, **any action that prevents ACEs will be of clear benefit to the health of people in Wales now and for generations to come.**

Social and emotional development in the early years builds the foundation for future health and well-being across the life-course. There is strong international evidence indicating that the first 1000 days – during pregnancy and up to a child's second birthday – is a critical time. Positive influences can have a lasting impact and improve outcomes across the life-course.



Evidence shows that parental support, early social skills development and pre-school enrichment interventions can reduce the risk of ACEs, as can integrated and trauma-informed public services.⁶⁸

^v <https://www.gov.wales/school-essentials-grant>

^{vi} See for example: [School Uniform Bank \(dewis.wales\)](#); [School uniform | Newport City Council](#); [County Voice - \(denbighshire.gov.uk\)](#).

The adults in a child's life, especially their parent or guardian, play crucial roles in childhood development. **Support to enable them to fulfil those roles to the best of their ability** and build resilience can range widely in terms of intensity, focus (for example, strengthening links with other family members or developing decision-making skills) and provision (for example, universal provision or specific provision for at-risk groups).⁶⁸

Providing **more family support services and interventions in school** can improve early years outcomes and help break the association between poverty and poor outcomes.¹⁴ **Whole-school approaches** that involve children, staff, parents and communities have also been shown to improve mental health and well-being.¹⁰¹

Many different types of interventions, particularly those focusing on early years, have shown positive returns on investment by improving children's developmental outcomes.¹⁰²



Investing in asset-based community development can reduce the harm of ACEs for those who have experienced them and increase the resilience of community members in general. Investment in such interventions is likely to show significant returns on investment, via short-term improvements in children's health and well-being, and longer-term returns from improving health across the life-course.⁶⁸

Raising awareness of ACEs and their impact within public services is key to reducing the negative outcomes associated with ACEs, and improving the safeguarding of children, with positive long-term effects on health outcomes in adulthood.⁶⁷

The **Wales National Trauma-Informed Framework**¹⁰³ takes a human rights and children's rights based approach to set out an all-society framework that recognises:

- social and other factors affecting our living conditions may cause distress;
- the structural inequality, discrimination and social determinants of health that mean for some, access to support is not equitable or fair; and
- the close relationship between adverse childhood experiences, what happens within a family, and the context in which these happen in adverse community environments.

The framework aims to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales and providing the best possible support to those that need it most. The framework sets out:

- The five practice principles of a Wales trauma-informed approach, namely an approach that is (1) universal and does no harm, (2) person-centred, (3) relationship focused, (4) resilience and strengths-focused, and (5) inclusive.
- Four trauma practice levels from the universal 'trauma aware' to 'trauma skilled' and 'trauma enhanced' and 'specialist interventions' that together provide an integrated framework for services and the workforce.
- Practical tools and resources to implement the framework.

5.10 Improving mental well-being support for children and families

Public Health Wales conducted a mental well-being impact assessment (MWIA) that examined the impacts of the COVID-19 pandemic on children's mental well-being.¹⁰⁴ The learnings for current and future policymakers are even more pertinent in the face of the compounding effect the cost of living crisis is having, and will continue to have, on children's mental health in Wales.

Overall, the MWIA concluded that a **cross-governmental and whole of society approach to address the social, environmental and economic factors that contribute to child mental health issues** is needed. The engagement of young people and the care, resources, assets, and opportunities available within schools, families and communities (as opposed to solely relying on clinical models of mental health services), are also important. Identified areas for action included:

- The **systematic application of MWIA** across health, education and social care to enable a refocusing of systems and services towards approaches that promote well-being and resilience.
- Improving the **provision of information** to young people on how to seek help for emotional and mental well-being issues and to increase their confidence in accessing help.
- Expanding **accessible mental health support** in educational and other settings, in particular for young adults aged 16-24, black and ethnic minority groups, speakers of languages other than English, and those who are not in education.
- Support the **well-being of parents** and address key sources of stress for families such as financial problems, poverty and working conditions and provide **guidance and information for parents** to help them with maintenance and promotion of mental health and well-being in the family.

5.11 Reducing stigma and shame around poverty

Shame and stigma can be significant barriers to families and children receiving support. To ensure that children in Wales receive all the support for which they are eligible and are entitled, **the stigma and shame surrounding poverty and its many interrelated impacts need to be tackled.** Methods to reduce stigma and shame include:

- **Integrating social contact approaches within anti-stigma initiatives:** This type of approach refers to positive interaction between people with lived experience of poverty and those who do not.³²
- **Positive framing of services:** For example, Coventry describes its approach to supporting people on lower incomes as 'positive selectivism', that is, offering additional services based on people's different needs as opposed to 'targeting'.¹⁴
- **Designing and coordinating services *with* people rather than *for* them:** This has been shown to increase the reach and effectiveness of services, particularly when they utilise existing and trusted relationships in the community.¹⁰⁵
- **Considering how services are delivered:** For example, using electronic payment cards or fingerprint technology rather than paper tickets can reduce stigma associated with free school meals.¹⁰⁰
- **Tackling debt issues appropriately:** The use of bailiffs by creditors and debt collectors can significantly impact feelings of shame and stigma around poverty.³³ Steps should be taken to avoid the use of bailiffs wherever possible, particularly for families with children.



The Children's Commissioner for Wales has developed a resource called 'Revolve' which provides a lesson plan to describe the environmental impact of clothing waste, which can be linked with schools' efforts to encourage children to recycle uniforms.¹⁰⁰ Associating second-hand uniforms with the environmental benefits reduces stigma.

6. Conclusion

The cost of living crisis is a public health emergency. While it is likely that most people in Wales will be affected by the crisis to some extent, **the impact on children warrants specific and urgent attention.** Families need to be able to afford the goods and services required for children to live healthy and happy lives.

A wealth of evidence already exists that demonstrates the significant, wide-ranging negative impacts of poverty on children – particularly extended periods of poverty. Negative outcomes manifest themselves not only in childhood, but into adulthood, with disadvantages accumulating as children progress through life.

Concerted and coordinated action is needed to make sure that a cohort of children do not have the rest of their lives shaped by the current economic crisis, and to avoid the significant ramifications this would have on society more broadly. The Welsh Government's revised Child Poverty Strategy for Wales offers an opportunity to renew efforts to reduce child poverty in ways that are effective and evidence-based, and importantly, to ensure that efforts reflect the added challenges posed by the cost of living crisis.

The current crisis offers a particularly **opportune moment to apply a health in all policies approach to policy making** in the areas that determine children's health and well-being, including education, income, childcare, housing and transport, and to reducing stubbornly high rates of child poverty in Wales.

The cost of living crisis, as well as the COVID-19 pandemic before that, both highlight the critical need to **tackle the underlying causes of poor health and health inequalities in Wales.** Recent evidence also suggests that public opinion is looking increasingly favourably at taking longer-term, preventative actions to address these issues.^{106,107} This includes a greater investment in public services and towards raising tax and spending on health, education and welfare.^{106,107}

As we argued in our [previous report](#), which looked at the public health impacts of the cost of living crisis in general, there are a number of key principles that should underpin a public health approach to the crisis.² These include putting social justice, health and sustainability at the heart of all policies, with an **overriding priority of giving every child the best start in life**, ensuring their needs and rights are met and recognising that disadvantage can start before birth and accumulate over the life-course.

Public Health Wales hopes that this report, along with our previous report, can **help inform the development of the revised Child Poverty Strategy for Wales** and together provide a **framework for prioritising the health and well-being of children during this time of crisis** while also setting a course for **a healthier and more equal future for Wales.**

References

1. Marmot, M. (2017). [The health gap: doctors and the social determinants of health](#). *Scandinavian Journal of Public Health*, 45(7), 686-693.
2. Roberts, M., Petchey, L., Challenger, A., Azam, S., Masters, R., and Peden, J. (2022). [The cost of living crisis: A public health lens](#). Cardiff: Public Health Wales.
3. Welsh Government. (2023). [Relative income poverty: April 2021 to March 2022](#). 23 March 2023. Cardiff: Welsh Government.
4. Wickham, S., Anwar, E., Barr, B., Law, C., and Taylor-Robinson, D. (2016). [Poverty and child health in the UK: using evidence for action](#). *Archives of disease in childhood*, 101(8), 759-766.
5. NHS Health Scotland. (2018). [Child Poverty in Scotland: health impact and health inequalities](#). Edinburgh: NHS Health Scotland.
6. Otero-Rodríguez, A., León-Muñoz, L. M., Banegas, J. R., Guallar-Castillón, P., Rodríguez-Artalejo, F., and Regidor, E. (2011). [Life-course socioeconomic position and change in quality of life among older adults: evidence for the role of a critical period, accumulation of exposure and social mobility](#). *J Epidemiol Community Health*, 65(11), 964-971.
7. Office for National Statistics. (2022). [Health state life expectancies by national deprivation quintiles, Wales: 2018 to 2020](#). 25 April 2022.
8. Bevan Foundation. (2023). [A snapshot of poverty in winter 2023](#). Merthyr Tydfil: Bevan Foundation.
9. Senedd Cymru. (2022). [Children, Young People and Education Committee: 3. Scrutiny of Children's Commissioner for Wales Annual Report 2021 – 2022](#). 17 November 2022. Cardiff: Senedd Cymru.
10. StatsWales. (2023). [Percentage of all individuals, children, working-age adults and pensioners living in relative income poverty for countries and regions in the UK between financial year ending \(FYE\) 1995 and FYE 2022 \(averages of 3 financial years\)](#). Cardiff: Welsh Government.
11. Broome, M., Hale, S., Cominetti, N., Corlett, A., Handscomb, K., Murphy, L., Slaughter, H., and Try, L. (2022). [An intergenerational audit for the UK](#). 14 November 2022. London: Resolution Foundation.
12. Taylor-Robinson, D., Lai, E. T., Wickham, S., Rose, T., Norman, P., Bambra, C., Whitehead, M., and Barr, B. (2019). [Assessing the impact of rising child poverty on the unprecedented rise in infant mortality in England, 2000–2017: time trend analysis](#). *BMJ open*, 9(10), e029424.

13. Cominetti, N., Costa, R., Datta, N., and Odamtten, F. (2022). [Low Pay Britain 2022: Low pay and insecurity in the UK labour market](#). London: Resolution Foundation.
14. Marmot, M., Allen, J., Boyce, T., Goldblatt, P., and Morrison, J. (2020). [Health Equity in England: The Marmot Review 10 years on](#). London: Institute of Health Equity.
15. Alma Economics and Public Health Wales. (2021). [COVID-19 and employment changes in Wales: Promising interventions to improve health and health equity](#). Cardiff: Public Health Wales.
16. Bucelli, I., and McKnight, A. (2022). [Poverty and social exclusion: review of international evidence on early childhood education and care](#). Cardiff: Wales Centre for Public Policy.
17. Carter, I., Hill-Dixon, A., and Roberts, M. (2022). [Poverty and social exclusion in Wales: Review of lived experience evidence](#). Cardiff: Wales Centre for Public Policy.
18. Roberts, M. (2022). [Lived experience of poverty and social exclusion in Wales](#). Cardiff: Wales Centre for Public Policy.
19. Bevan Foundation. (2020). [Lifting children out of poverty, the role of the Welsh Benefits System](#). Merthyr Tydfil: Bevan Foundation.
20. George, M., Graham, C., and Lennard, L. (2013). [The Energy Penalty: disabled people and fuel poverty](#). Leicester: University of Leicester.
21. Thomas, G., Baxter, J., Corbyn, C., and Henderson, E. (2022). [How is the cost of living crunch affecting heating, eating and housing in Wales?](#). 10 March 2022. Cardiff: Senedd Cymru.
22. The Food Foundation. (2022). [New data show 4 million children in households affected by food insecurity](#). 18 October 2022. London: The Food Foundation.
23. Office for National Statistics. (2022). [Family spending in the UK: April 2020 to March 2021](#). 18 July 2022.
24. MacFarlane, K. (2022). [Report on the 6th Annual Child and Family Poverty Surveys 2022](#). Cardiff: Children in Wales.
25. Sustrans Cymru. (2022). [Making the Connection: Why Wales must act now to tackle transport poverty and ensure access for everyone](#). Cardiff: Sustrans Cymru.
26. Gunstone, B., Gosschalk, K., Stoker, M., Owen, M., Zabicka, E., and Harmer, L. (2022). [Hygiene Poverty 2022](#). London: The Hygiene Bank.

27. Melanoma Focus. (2023). [Concerns that cost of sunscreen is increasing skin cancer risk](#). May 2023. Cambridge: Melanoma Focus.
28. Watkins, P. (2022). [Poverty and mental health: it's a two-way street](#). Cardiff: Senedd Research.
29. Morrison Gutman, L., Joshi, H., Parsonage, M., and Schoon, I. (2015). [Children of the new century: Mental health findings from the Millennium Cohort Study](#). London: Centre for Mental Health.
30. Page, N., Angel, L., Ogada, E., Young, H., and Murphy, S. (2023). [Student Health and Wellbeing in Wales: Report of the 2021/22 Health Behaviour in School-aged Children Survey and School Health Research Network Student Health and Wellbeing Survey](#). Cardiff: School Health Research Network, Cardiff University.
31. Children's Commissioner for Wales. (2022). [Children worried about having enough to eat](#). 16 November 2022. Port Talbot: Children's Commissioner for Wales.
32. Elliott, I. (2016). [Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy](#). London: Mental Health Foundation.
33. Pinter, I., Ayre, D., and Emmott, E. (2016). [The Damage of Debt: The impact of money worries on children's mental health and well-being](#). London: Mental Health Foundation.
34. Simonoff, E. (2022). [A third of parents think the cost of living crisis will significantly affect their children's mental health](#). 12 October 2022. London: King's College London.
35. MacKean, C., Gurung, I., and Tobi, R. (2022). [The State of the Nation's Food Industry: Where are UK businesses in supporting a shift towards more sustainable, healthy diets?](#). London: The Food Foundation.
36. Welsh Government. (2021). [Welsh Index of Multiple Deprivation 2019: deprivation analysis relating to young children](#). Cardiff: Welsh Government.
37. Lee, A., Sinha, I., Boyce, T., Allen, J., and Goldblatt, P. (2022). [Fuel poverty, cold homes and health inequalities](#). London: Institute of Health Equity.
38. Tod, A.M., Nelson, P., de Chaves, A.C., Homer, C., Powell-Hoyland, V., and Stocks, A. (2016). [Understanding influences and decisions of households with children with asthma regarding temperature and humidity in the home in winter: a qualitative study](#). *BMJ open*, 6(1), e009636.

39. Cook, J. T., Frank, D. A., Casey, P. H., Rose-Jacobs, R., Black, M. M., Chilton, M., D. Appugliese, S. Coleman, T. Heeren, C. Berkowitz, and Cutts, D. B. (2008). [A brief indicator of household energy security: associations with food security, child health, and child development in US infants and toddlers](#). *Pediatrics*, 122(4), e867-e875.
40. Bhattacharya, J., DeLeire, T., Haider, S., and Currie, J. (2003). [Heat or eat? Cold-weather shocks and nutrition in poor American families](#). *American Journal of Public Health*, 93(7), 1149-1154.
41. Baker, W., Ambrose, A., Brierley, J., Butler, D., Marchand, R., and Sheriff, G. (2020). [Stuck at home in a cold home: the implications of Covid-19 for the fuel poor](#). *People Place and Policy*, 14(1), 2-5.
42. Gray-Ffrench, M., Fernandes, R. M., Sinha, I. P., and Abrams, E. M. (2022). [Allergen Management in Children with Type 2-High Asthma](#). *Journal of Asthma and Allergy*, 381-394.
43. Gehrt, D., Hafner, M., Grollov, S. T., and Christoffersen, J. (2021). [Impacts of the indoor environment in our homes and schools on child health: A novel analysis using the EU-SILC Database](#). In *Healthy Buildings 2021–Europe. Proceedings of the 17th International Healthy Buildings Conference 21–23 June 2021*. SINTEF Academic Press.
44. Liddell, C., and Morris, C. (2010). [Fuel poverty and human health: a review of recent evidence](#). *Energy policy*, 38(6), 2987-2997.
45. Barrett, C., Lee, A. R., Abrams, E. M., Mayell, S. J., Hawcutt, D. B., and Sinha, I. P. (2022). [Eat or heat: fuel poverty and childhood respiratory health](#). *The Lancet Respiratory Medicine*, 10(3), 229.
46. Dyakova, M. Knight, T., and Price, S. (2016). [Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales](#). Cardiff: Public Health Wales.
47. Marmot, M., Sinha, I., and Lee, A. (2022). [Millions of children face a “humanitarian crisis” of fuel poverty](#). *BMJ*, 378, 2129.
48. The Sutton Trust. (2022). [Cost of living and education 2022](#). London: The Sutton Trust.
49. Marryat, L., and Frank, J. (2019). [Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study](#). *BMJ Paediatrics Open*, 3(1), e000340.

50. Bywaters, P., Skinner, G., Cooper, A., Kennedy, E., and Malik, A. (2022). [The relationship between poverty and child abuse and neglect: New evidence](#). London: Nuffield Foundation.
51. Lacey, R. E., Howe, L. D., Kelly-Irving, M., Bartley, M., and Kelly, Y. (2022). [The clustering of adverse childhood experiences in the Avon Longitudinal Study of Parents and Children: are gender and poverty important?](#). *Journal of interpersonal violence*, 37(5-6), 2218-2241.
52. Institute of Health Equity and Public Health England. (2014). [Fuel poverty and cold home-related health problems](#). London: Institute of Health Equity.
53. Meadows, S. O., McLanahan, S. S., and Brooks-Gunn, J. (2007). [Parental depression and anxiety and early childhood behavior problems across family types](#). *Journal of Marriage and Family*, 69(5), 1162-1177.
54. Schepman, K., Collishaw, S., Gardner, F., Maughan, B., Scott, J., and Pickles, A. (2011). [Do changes in parent mental health explain trends in youth emotional problems?](#). *Social science & medicine*, 73(2), 293-300.
55. ACE Hub Wales. (2022). [Adverse childhood experiences: A short guide to understanding Adverse Childhood Experiences and a Trauma and ACE \(TrACE\) informed approach](#). Cardiff: ACE Hub Wales.
56. Cooper, E., Gates, S., Grollman, C., Mayer, M., Davis, B., Bankiewicz, U., and Khambhaita, P. (2019). [Transport, health, and wellbeing: An evidence review for the Department for Transport](#). London: NatCen Social Research.
57. Bucelli, I., and McKnight, A. (2022). [Poverty and social exclusion: review of international evidence on transport disadvantage](#). Cardiff: Wales Centre for Public Policy.
58. Gates, S., Gogescu, C., Grollman, C., Cooper, E., and Khambhaita, P. (2019). [Transport and inequality: An evidence review for the Department for Transport](#). London: NatCen Social Research.
59. O'Loughlin, R., Hiscock, H., Pan, T., Devlin, N., and Dalziel, K. (2022). [The relationship between physical and mental health multimorbidity and children's health-related quality of life](#). *Quality of Life Research*, 31(7), 2119-2131.
60. Wickham, S., Whitehead, M., Taylor-Robinson, D., and Barr, B. (2017). [The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study](#). *The Lancet Public Health*, 2(3), e141-e148.

61. National Education Union [NEU]. (2022). [State of education: child poverty](#). 4 April 2023. London: National Education Union.
62. In Kind Direct. (2022). [The Human Right to Hygiene: Understanding how we can change the systems that stop people living well](#). London: In Kind Direct.
63. The South Wales Food Poverty Alliance. (2019). [Food Poverty in South Wales: A Call to Action](#). Cardiff: The South Wales Food Poverty Alliance.
64. Social Mobility Commission. (2019). [An unequal playing field: extra-curricular activities, soft skills and social mobility](#). London: UK Government.
65. Peconi, J., O'Neill, C., Fegan, G., Lanyon, K., Driscoll, T., Akbari, A., Watkins, A., and Abbott, R. (2022). [Sunproofed study protocol: A mixed-methods scoping study of sun safety policies in primary schools in Wales](#). *Plos one*, 17(5), e0268141.
66. Pauwelyn, M., Krasniqi, P., and McClain, C. (2022). ["It's like a chronic illness": A report on food insecurity impacting school aged children in London](#). London: The Childhood Trust.
67. Boullier, M., and Blair, M. (2018). [Adverse childhood experiences](#). *Paediatrics and Child Health*, 28(3), 132-137.
68. Bellis, M. A., Hughes, K., Ford, K., Hardcastle, K. A., Sharp, C. A., Wood, S., Homolova, L., and Davies, A. (2018). [Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with child health and educational attendance](#). *BMC Public Health*, 18(1), 1-12.
69. Asmussen, K., Fischer, F., Drayton, E., and McBride, T. (2020). [Adverse childhood experiences: What we know, what we don't know and what should happen next](#). London: Early Intervention Foundation.
70. Public Health Wales. (2020). [Patterns and trends of child deaths in Wales, 2011-2020](#). Cardiff: Public Health Wales.
71. The Lancet Child & Adolescent Health. (2023). [The high cost of living for children in the UK](#). *The Lancet Child & Adolescent Health*, 7(1), 1.
72. The Sutton Trust. (2022). [Cost of living and education 2022](#). London: The Sutton Trust.
73. Welsh Government. (2022). [Wellbeing of Wales, 2022: children and young people's wellbeing](#). Cardiff: Welsh Government.

74. Office for National Statistics. (2022). [Overview of human capital estimates in the UK: 2004 to 2020](#). 25 April 2022.
75. Naik, Y., Abbs, I., Elwell-Sutton, T., Bibby, J., Spencelayh, E., Shafique, A., Burbidge, I., Antink, B., Alanko, L. and Anttila, J. (2020). [Using economic development to improve health and reduce health inequalities](#). London: Health Foundation.
76. Backhaus, I., Hoven, H., Di Tecco, C., Iavicoli, S., Conte, A., and Dragano, N. (2022). [Economic change and population health: lessons learnt from an umbrella review on the Great Recession](#). *BMJ open*, 12(4), e060710.
77. Kenway, P., Ayrton, C., Chandran, C., and Tortajada, I. (2022). [What makes an anti-poverty strategy effective?](#). Cardiff: Wales Centre for Public Policy.
78. Watkins, P. (2020). [Mental health, young people and the pandemic](#). Cardiff: Senedd Research.
79. Cooper, K., and Stewart, K. (2017). [Does money affect children's outcomes? An update](#). London: Centre for Analysis of Social Exclusion.
80. Broadbent, P., Thomson, R., Kopasker, D., McCartney, G., Meier, P., Richiardi, M., McKee, M. and Katikireddi, S.V. (2023). [The public health implications of the cost-of-living crisis: outlining mechanisms and modelling consequences](#). *The Lancet Regional Health–Europe*, 27, 100585.
81. Reader, M. (2023). [The infant health effects of starting universal child benefits in pregnancy: Evidence from England and Wales](#). *Journal of Health Economics*, 89, 102751.
82. Welsh Government. (2020). [Child poverty: income maximisation action plan 2020 to 2021](#). Cardiff: Welsh Government.
83. Welsh Government. (2022). [Basic income pilot for care leavers: overview of the scheme](#). Cardiff: Welsh Government.
84. Frayne, D., Goodman, C., Jones, P., Kellam, J., Khurana, I., Kikuchi, L., Lansley, S., Muldoon, J., Reed, H., and Stronge, W. (2021). [A Future Fit for Wales: A basic income for all](#). Hampshire: Autonomy.
85. Ruckert, A., Huynh, C., and Labonté, R. (2018). [Reducing health inequities: is universal basic income the way forward?](#). *Journal of Public Health*, 40(1), 3-7.
86. Munro, A., Allen, J., and Marmot, M. (2023). [The rising cost of living: A review of interventions to reduce impacts on health inequalities in London](#). London: Institute of Health Equity.

87. Welsh Government. (2022). [Written Statement: Funding for Tackling Food Poverty](#). Cardiff: Welsh Government.
88. Food Agriculture Organization [FAO]. (2016). [An introduction to the basic concepts of food security](#). Rome: FAO Food Security Programme.
89. Hammond, C. (2018). [Review of the Fair Food Transformation Fund for Scottish Government](#). Edinburgh: Scottish Government.
90. Office for National Statistics. (2023). [Consumer price inflation, UK: May 2023](#). 21 June 2023.
91. National Institute for Health and Care Excellence [NICE]. (2016). [Preventing excess winter deaths and illness associated with cold homes. Quality standard \[QS117\]](#). 4 March 2016.
92. Grey, C. N., Schmieder-Gaite, T., Jiang, S., Nascimento, C., and Poortinga, W. (2017). [Cold homes, fuel poverty and energy efficiency improvements: a longitudinal focus group approach](#). *Indoor and Built Environment*, 26(7), 902-913.
93. Jones, A., and Davies, L. (2021). [The importance of household energy efficiency for health and well-being: Discussion paper](#). Cardiff: Public Health Wales.
94. Welsh Government. (2023). [Period Proud Wales Action Plan](#). Cardiff: Welsh Government.
95. Malcolm, A., Silva, L., Couzens, L., Ezenwugo, G., Cooklin Urbano, S., Clark, E., and Dyakova, M. (2022). [International horizon scanning and learning report: Early childhood education and care](#). Cardiff: Public Health Wales.
96. Welsh Government. (2022). [Children in Wales to benefit from £100 million investment in childcare](#). Cardiff: Welsh Government.
97. Crunden, O., and Kearton, L., (2021). [Roadblock to recovery: Why the rules in Universal Credit are creating barriers to work](#). 9 June 2021. London: Citizens Advice.
98. Walsham, M. (2020). [“Free transport means everything to me”: Understanding the impact of the suspension of free travel on under-18s](#). London: Partnership for Young London.
99. Welsh Government. (2023). [School uniform and appearance: policy guidance for governing bodies \(WG23-17\)](#). Cardiff: Welsh Government.

100. Children's Commissioner for Wales. (2019). [A charter for change: Protecting Welsh children from the impact of poverty](#). Port Talbot: Children's Commissioner for Wales.
101. Jamal, F., Fletcher, A., Harden, A., Wells, H., Thomas, J., and Bonell, C. (2013). [The school environment and student health: a systematic review and meta-ethnography of qualitative research](#). *BMC public health*, 13(1), 1-11.
102. Di Lemma, L., Davies, A. R., Ford, K., Hughes, K., Homolova, L., Gray, B., and Richardson, G. (2019). [Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course](#). Bangor: Bangor University.
103. ACE Hub and Traumatic Stress Wales. (2022). [Trauma-Informed Wales. A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity](#). Cardiff: ACE Hub Wales.
104. Edmonds, N., Morgan, L., Thomas, H., Fletcher, M., Parry-Williams, L., Evans, L., Green, L., Azam, S., and Bellis, M. (2022). [Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term. A Mental Wellbeing Impact Assessment Approach. Main Findings Report](#). Cardiff: Public Health Wales.
105. Bristow, D., Skeels, A., Roberts, M., and Carter, I. (2022). [Poverty and social exclusion: A way forward](#). Cardiff: Wales Centre for Public Policy.
106. Finch, D., Wilson, H., and Bibby, J. (2023). [Leave no one behind: The state of health and health inequalities in Scotland](#). London: The Health Foundation.
107. Cebula, C., Collingwood, A., Earwaker, R., Elliott, J., Matejic, P., Taylor, I., and Wenham, A. (2023). [UK Poverty 2023: The essential guide to understanding poverty in the UK](#). London: Joseph Rowntree Foundation.

Annex: Literature review method

A literature review was undertaken to explore the impacts of the cost of living crisis on the health and well-being of children. The literature review was conducted in March 2023. Academic literature and grey literature were included in the literature review.

Key search terms

Child/ren, young people, youth, family, single parent, lone parent, cost of living, poverty, in-work poverty, income, inequality, Wales, Welsh, UK, life chances, education, housing, homeless, food, nutrition, health, mental health, physical health, social care, care experienced children, looked after children, disabled/disability, LGBTQ+, welfare, benefits, domestic violence, abused, abusive, community, childcare, obesity, vulnerable, learning difficulties, rural, deprived, deprivation, destitute, destitution, fuel, energy, transport, child development, stigma, Welsh language, children's rights, school, un/employment, hygiene, adverse childhood experience, ACE, heating, ethnic, short term, long term, economic, social, debt.



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