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Public Health Wales

Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage:

A guide to using the Socio-economic Duty in policy and practice in Wales.

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Mae'r adroddiad hwn ar gael yn Gymraeg / This report is available in Welsh

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Foreword

Achieving a More Equal Wales is one of the seven goals set out in the Well-being of Future Generations (Wales) Act 2015. The act provides public sector bodies in Wales with the five ways of working that will support us to make better decisions today for a More Equal Wales tomorrow. The Welsh Government's Socio-economic Duty came into force in 2021 and aims to deliver better outcomes for those who experience socio-economic disadvantage.

Public Health Wales supports these important policy levers which will act to enable better decision making to ensure that services are accessible and fair to everyone, leading to another goal set out in the Act; A healthier Wales.

This document, which sits alongside the Welsh Government's Statutory Guidance, aims to establish the population health benefits of successfully implementing the Duty.

Summary

The aim of this Guide is to help public bodies in Wales apply the Socio-economic Duty so that it can act as a powerful lever to improve the health outcomes for people and communities who experience socio-economic disadvantage. Public bodies have an opportunity to embed the Duty into their systems and approaches to ensure that the Duty makes a systematic difference and is not just a tick-box exercise.

This Guide outlines and describes:

- **The requirements of the Socio-economic Duty;**
- **Inequalities of outcome as a result of socio-economic disadvantage;**
- **The need for strong and visible leadership;**
- **Practical checklists to help embed the Socio-economic Duty into systems and processes;**
- **Data sources for implementation;**
- **Principles and approaches for working in partnership with people with lived experiences, ensuring their voices are heard;**

  and
- **Understanding how you have made a difference.**

Introduction to the Duty

What is the Socio-economic Duty?

The overall aim of the Socio-economic Duty is to support public sector bodies in Wales to make better decisions that will improve outcomes for people and communities who experience socio-economic disadvantage.

Public bodies covered by the Duty

- The Welsh Ministers;
- A County Council or County Borough Council;
- A Local Health Board;
- An NHS Trust;
- Special Health Authorities (which operate on a Wales only basis);
- A Fire and Rescue Authority;
- A National Park Authority;
- The Welsh Revenue Authority.

Both Wales and Scotland have a Socio-economic Duty in place under the Equality Act 2010. The Socio-economic Duty came into force in Wales on the 31st of March 2021 and places a legal responsibility on particular **public bodies** when they are taking **strategic decisions** to have **due regard** to the need to reduce the **inequalities of outcome** resulting from **socio-economic disadvantage.**[1]

Definitions within the Duty

What is a strategic decision?

Strategic decisions are those which affect how the public body fulfils its intended statutory purpose (its functions in regard to the set of powers and duties that it uses to perform its remit) over a significant period and will not include routine 'day-to-day' decisions.[1]

For some public bodies, such decisions may only be taken annually, but in other cases they will come up more often. For example, these may be medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans) or major procurement and commissioning decisions.[1]

Referring to a review of Equality Impact Assessments, Audit Wales found that there is "scope for confusion about which type of policies and practices must be subject to an assessment for their impact on the public sector equality duty".[2] As a pre-emptive measure, organisations can support the implementation of the Duty by clarifying the scope of the Duty on its own policies and practices.

What does it mean to have due regard?

Due regard is an established legal concept in equalities and public law which means *"Giving weight to a particular issue in proportion to its relevance."* For the Socio-economic Duty this means ensuring that 'Due Regard' has been given to the **need to reduce the inequalities of outcome resulting from socio-economic disadvantage**.[1]

The Welsh Government also encourages bodies to find new and innovative ways to improve the extent to which social and economic disadvantage is considered.[1]

What are inequalities of outcome?

Inequality of outcome

Inequality of outcome relates to any measurable difference in outcome between those who have experienced socio-economic disadvantage and the rest of the population.

Source: A More Equal Wales, 2021[1]

To live well, we all need the basic building blocks for good health – safe, warm homes, access to services, and money for clothes, healthy food and energy bills. However, when we are affected by socio-economic disadvantage it means we may no longer have these things. People affected by socio-economic disadvantage are more likely to live in unsuitable or overcrowded housing, to have poor air quality in their neighbourhoods and to struggle to access services. These are what are referred to as inequalities of outcome, and they make it significantly harder to live healthy lives.

What is socio-economic disadvantage?

Socio-economic disadvantage

Living in less favourable social and economic circumstances than others in the same society.

Source: A More Equal Wales, 2021[1]

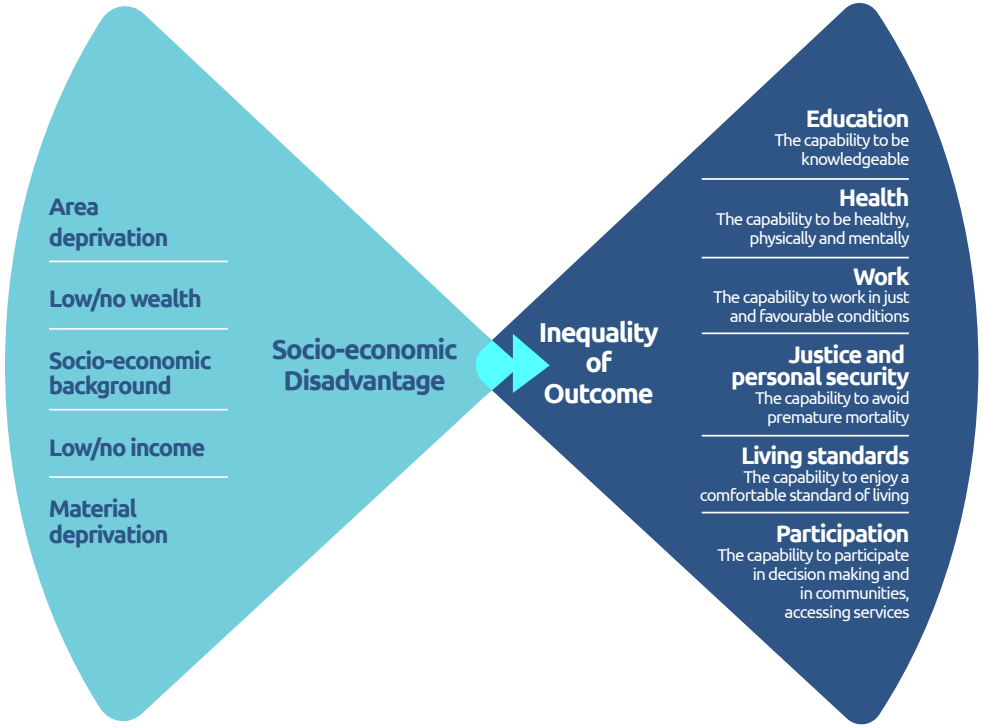
In broad terms, socio-economic disadvantage means living in less favourable social and economic circumstances compared to others in the same society, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services.

Socio-economic disadvantage involves a complex interaction of a wide range of factors from poverty to health, education, limited social mobility, housing and a lack of expectations. Someone who experiences socio-economic disadvantage may be income deprived, live in a deprived area or belong to a community that disproportionately experience poverty and social inequality, for example, lone parents or some larger ethnic minority families. The Socio-economic Duty in Wales asks us to view socio-economic disadvantage through three lenses: communities of place, communities of interest and intersectionality.

The inclusion of intersectionality into the Socio-economic Duty places a duty on us to explore the ways in which different aspects of someone's identity, such as female lone parents or young black care leavers, overlap. It is often the case that these overlapping identities are hidden within the data, but making a conscious decision to identify and understand these issues by listening to those with lived experience will help to develop policies and processes which better meet their needs.

Socio-economic disadvantage		
Community of place	Community of interest	Intersectionality
Shared geographical locations, for example where people work or live.	A shared identity, for example lone parents or care leavers.	The way in which characteristics such as gender, race or class can interact and produce unique and often multiple experiences of disadvantage.

The diagram below illustrates socio-economic disadvantage as a determinant of inequality of outcome.



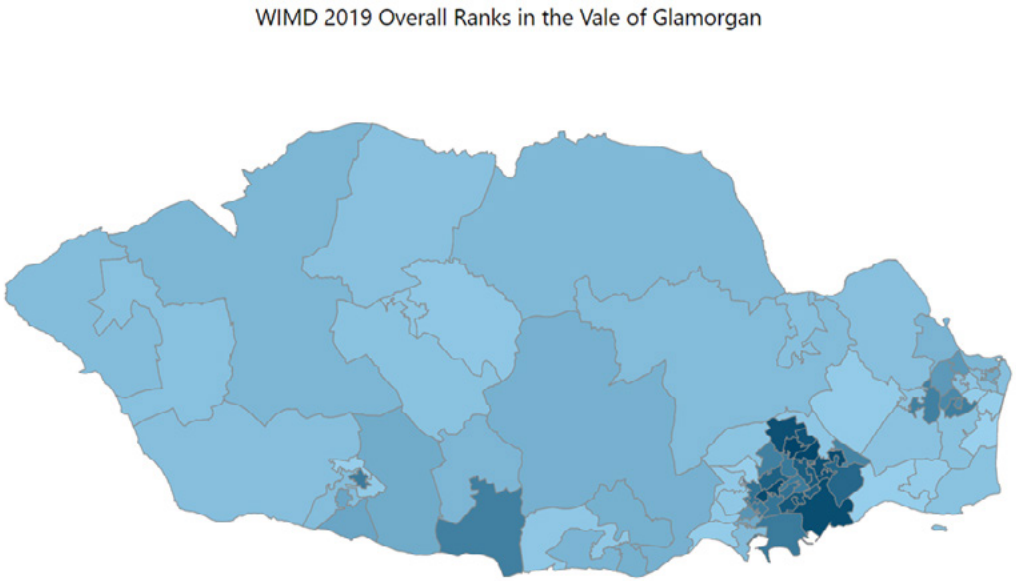
(Source: A More Equal Wales, 2021)[1]

The section below provides further evidence of the relationship between socio-economic disadvantage and inequality of outcome, with a focus on health.

Area deprivation

There is evidence that demonstrates that more deprived areas are correlated with poorer health and social outcomes.[3] These can include poorer physical and mental health,[4] poorer educational attainment,[5] housing related problems such as condensation, damp, draught and mould,[6] and neighbourhood problems such as pollution and unsafe streets.[7]

The most deprived areas of Wales tend to be the most densely populated areas, such as the South Wales valleys, areas within cities and some coastal and border towns of North Wales.[8] An example of this is shown in the 2019 Welsh Index of Multiple Deprivation map below where all ten of the most deprived Lower Super Output Areas in the Vale of Glamorgan are all located in Barry.[9] Areas of deep-rooted deprivation (those small areas that have remained within the top 50 most deprived in Wales for the last 5 publications of the Welsh Index of Multiple Deprivation rankings) are also mainly found in the South Wales Valleys.[8]



The most deprived LSOAs in the Vale of Glamorgan are highlighted in the darker shading (Source: Vale of Glamorgan Public Services Board, 2019)[9]

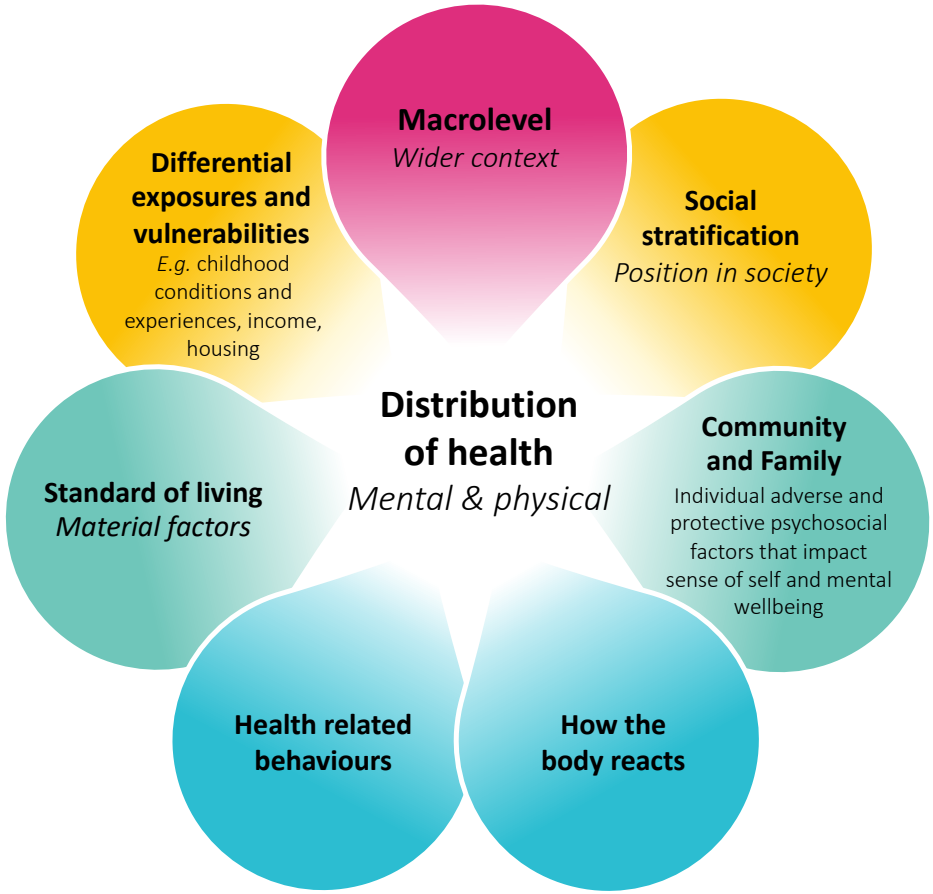
Stark contrasts exist between geographical boundaries. Figures released by Public Health Wales for 2018-2020 show that Monmouthshire had the highest healthy life expectancy for men and women in Wales, whilst neighbouring Blaenau Gwent and Torfaen had the lowest healthy life expectancy for men and women, respectively.[10] However socio-economic disadvantage will not always be experienced in distinct and recognisable communities and area based measures have been found to be limited in identifying individuals that are income and employment deprived.[11] Area measures may also hide rural deprivation, due to favorable averages and the differing experiences of deprivation. When developing policies and interventions, it is therefore important to link data sets and interventions that recognise the social and economic relationships between communities.[11]

Low/no wealth

Wealth is linked to health[12] and there are suggestions that wealth inequality may be of greater importance as a driver of population health than income inequality,[13] and that wealth may be the biggest socio-economic advantage in terms of healthy life expectancy.[14] Wealth can include for example investments, bank accounts, property, possessions and non-marketable assets such as pensions.[12] It can be conceptualized as a pool of resources which serves as a source of financial security when there are emergency expenditures such as home and vehicle repairs or unforeseen changes in income as a result of ill health, disability, unemployment or family break-up.[15]

Wealth is found to be associated with for example educational attainment, employability and earnings,[15] healthy life expectancy[12] and mental health as measured by psychological distress.[16]

The diagram below illustrates the mechanisms by which inequalities in health and health related behaviours are driven by the wider determinants, including the conditions in which people are born, grow, live, work and age.



The psychosocial interconnected contributors of health (Adapted from: Public Health England, 2018)[17]

A recent analysis of household wealth in the UK conducted by the ONS found that median net household wealth has risen in Wales between 2018 and 2020 and has shown year-on-year recovery since 2012.[18,19] The figure for Wales however remains below the UK average[18] and wealth inequality in the UK increased after this period.[20] A recent model of the wealth inequality implications of the recession resulting from the COVID-19 pandemic show that for short and long term recession scenarios there is expected to be a decrease in wealth accumulation and severe wealth loss, respectively, for economically active lower income households, and a large increase in wealth inequality.[21]

Socio-economic background

How socio-economic background is defined varies but generally takes account of a combination of social and economic factors such as parental education, parental occupation, household income and reliance on government income support and whether students receive free school meals.[22]

There is evidence of generational transmission of socio-economic position and health and therefore inequalities.[23] Empirical evidence also suggests that there is a strong correlation between a parent's and child's earnings,[24] and educational attainment.[25]

A recent study of children in Wales investigated the association between Potential to Leave Poverty (PLP) (indicator measuring completion of Key Stage 4, no mental health conditions, no substance misuse and no alcohol abuse) and household level deprivation (eligibility of Free School Meals (FSM)).[5] There were 22% of FSM children who achieved PLP compared to 55% of non-FSM children. For over 75% of FSM children who did not achieve PLP this was due to poor educational attainment. Other research in Wales shows that a child's socioeconomic position within their secondary school is significantly related to wellbeing.[26] Children in Wales from poorer families and those attending more deprived primary schools were also more likely to worry about the transition to secondary school.[27]

Wales has the highest child poverty rates in the UK.[28] Data from Loughborough University on behalf of the End Child Poverty Coalition show that over one third of children in Wales are living in poverty, which is consistently high across all 22 local authorities.[28] There was a marked increase in child poverty in Wales between 2019-2021 and in-work poverty was an important factor in explaining the high poverty rates.[29] Due to the cost of living crisis and subsequent fall in real incomes, absolute child poverty is set to rise in the UK by 2.9% between 2021/22 and 2023/24.[30]

Low/no income

Income inequality is one of the most commonly used metrics when measuring inequality and is generally related to inequalities in disposable income.[31] Figures by the ONS show that in 2020 Wales had the third lowest disposable household income of all UK countries and English regions and the third lowest growth since 1999.[32] Variation in disposable income by local authority followed a similar pattern to other measures of disadvantage; Monmouthshire had the highest and Blaenau Gwent had the lowest.[33]

Low income is highly correlated with poor health and mental health.[34] Higher average incomes have also been found to be associated with longer time expected to be spent in good health or without a limiting long-standing illness.[35] A recent estimate found that over one quarter of low-income households in the UK had been unable to adequately heat their home during winter 2022.[36] A number of serious health conditions are known to be associated with cold homes.[37] Furthermore, due to the recent cost of living crisis, it has been forecast that real household disposable income per person in the UK between 2022/23 and 2023/24 will see the largest two year fall since records began.[38] The budgets of low-income households are most affected by the rising cost of living.[39]

Those on the lowest income are less likely to own a car and are for example more likely to make bus trips and walking trips.[40] In Wales, many who do not have access to a car rely on bus services to access basic necessities.[41] In the past decade, fuel prices have risen by less than 10% while rail, coach and bus ticket prices have increased by between 33% and 74%.[42] Higher fares have a greater impact on people who rely on public transport as well as people on lower incomes[43], and a lack of transport can lead to harmful isolation that negatively influences well-being.[40]

Material deprivation

Material deprivation refers to the inability of individuals or households to afford particular goods, services and activities that are typical in society at a given time, irrespective of whether they would choose to have these items, even if they could afford to have them.[44] Such items (and the exclusion from) can be used to identify the prevalence of poverty and people whose resources are so low that they are excluded from ordinary standards of living.[45] Material deprivation captures the consequences of long-term poverty on households, rather than short-term financial strain.[46] In the UK the rising costs of living have meant there has been an increase in absolute poverty and material deprivation.[47]

Across Europe material deprivation is found to have a significant negative association with healthy life years at age 50,[48] and in Wales the prevalence of self-reported negative health outcomes, including low mental wellbeing, are found to be at least twice as high in those who report being in material deprivation compared to those who do not.[49]

In a model produced by Public Health Wales,[49] Social and Human Capital and Income Security and Social Protection account the most for the health gaps observed and can be explained by the model, in the majority of health outcomes explored, between those materially deprived in Wales and those not.

System leadership

Tackling socio-economic disadvantage needs a co-ordinated approach at national and local levels. The Socio-economic Duty provides a lever to help organisations think how they can do this in a systematic way. A systems approach helps to understand the drivers for socio-economic disadvantage and to co-ordinate a joined up response to tackling it.

What is it and why do we need it?

System leadership refers to the skills and capacity of an individual or an organisation to lead change across boundaries, whether these are internal or external to the organisation. To successfully implement the Socio-economic Duty, and to achieve its overall goal of improving the lives of people and communities experiencing socio-economic disadvantage, we need to adopt an approach which recognises the complexity and breadth of issues at play.

The Socio-economic Duty provides an opportunity for organisations to **change** the way they think, act and deliver services to the **most deprived** groups. The Duty can be used as a **lever** to routinely embed thinking about the impact of decisions on this group into the processes within the organisation. To achieve this, it is likely that there will need to be a shift in culture away from seeing the Socio-economic Duty as a tick-box exercise and recognising its ability to deliver a seismic shift in the way we work. Whilst the statutory focus of the Duty is at the strategic level, the ultimate aim should be for consideration to be mainstreamed; it has the potential to have a major impact on the way in which other practical or day to day operational decisions are made.

This requires leadership and 'systems change'.

Addressing the causes of health inequalities and socio-economic disadvantage is a complex challenge and requires leadership across public services. A key aspiration is that organisations can work effectively together to improve the public's health and reduce health inequalities.[50]

This needs a collaborative and system wide approach to leadership, supporting everybody to work together more effectively. Understanding the system landscape will look different for each area, but might inlcude working with elected members such as Local Councillors or through Public Services Board to ensure that everyone has the same understanding of the issues and challenges and is bought into working differently to achieve better outcomes for people in Wales.

The leadership skills required for a whole system approach to addressing health inequalities are illustrated in the adjacent table.

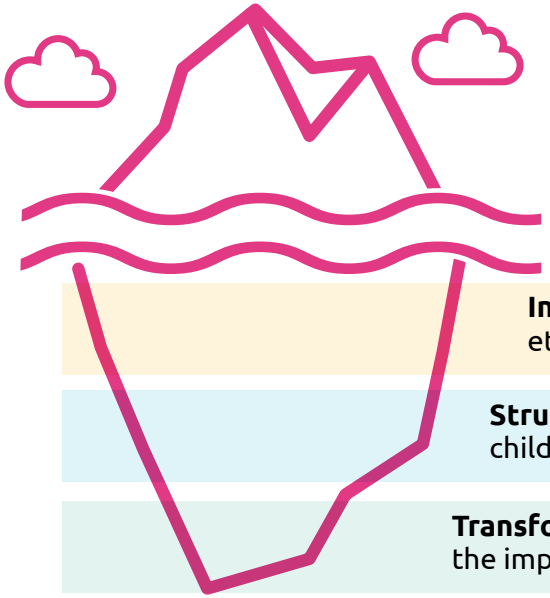
Leadership skills for a whole system approach

- Understanding the system landscape and political awareness
- Building relationships and meaningful collaboration
- Seeking different perspectives
- Influencing change
- Understanding change
- Leading change
- Transformation innovation

System change can be defined as:

> ***'Confronting root causes of issues (rather than symptoms) by transforming structures, customs, mindsets, power dynamics and policies, by strengthening collective power through the active collaboration of diverse people and organisations. This collaboration is rooted in shared goals to achieve lasting improvement to solve social problems at a local, national and global level'.*** [51]

The iceberg illustration below illustrates the different levels at which systemic change can take place: 'deeper' changes tend to result in greater impact but less dramatic shifts can pave the way towards these deeper changes.



Incremental change: Improving quality of data collection in GP practices on ethnicity

Structural change: Enabling parents to avoid up front nursery deposits for childcare

Transformational change: Shifting mind-sets to routinely embed thinking about the impact of decisions on those experiencing socio-economic disadvantage

There is mounting evidence to suggest that a complex systems approach can be of practical assistance in both explaining mechanisms driving adverse health outcomes, system behaviour and also determining where and how to intervene through optimal leverage to achieve positive population health outcomes.[52]

A system change approach is not a new discipline and has a strong body of evidence behind it. More recently, it has been applied to public health issues as it is particularly suited to problems which are complex, multidimensional and comprise of various interrelated actors and components. The benefit is that it tries to understand and map the interactions among various elements within a complex system, rather than on the role and contribution of those elements in isolation. This helps us to focus on new solutions and working collaboratively to solve problems and change systems.

A system change approach can be used within an organisation to embed the Socio-economic Duty into systems and processes. Additionally, a system change approach can be extended to the 'wider system' to encourage and involve stakeholders to work collaboratively across the wider determinants of health to improve health outcomes for people and communities who experience socio-economic disadvantage.

Check-list of questions to enable internal system change

- Is there an understanding and awareness from Board level to delivery teams in your organisation of what the Socio-economic Duty is and what is needed to meet the duty?
- Do you have a process to ensure strategies are reviewed in light of the Socio-economic Duty?
- Do you have an integrated impact assessment process?
- Is the impact of strategies on lower socio-economic groups and other inequalties in health highlighted on Board paper templates?
- Do you have an authentic process to ensure co-production and the voices of people who are affected by deprivation are heard?
- Can you be assured that the Socio-economic Duty is not just a tick box exercise but genuinely being used to embed improving health inequalities in the work your organisation does?
- Do you have champions for the Socio-economic Duty across your organisation including at Board level?

Research from Leeds Beckett University highlights the need to create a map of moving and interactive drivers and the need to recognise that tackling a single driver in isolation will not work.[53] There is a need to examine the contributions of individual organisations but also how the whole system works together and can be 'more than the sum of its parts'.[53] One feature of system working is being able to have the flexibility to change and adapt plans when needed as the approach evolves. Actions should be aligned, monitored, reviewed and adjusted on a regular basis to: assess their effectiveness against agreed goals; incorporate any new learning; address changes in the needs of the local population or resource-base.

A flexible approach is needed with a willingness to try new methods and to be prepared to alter plans to circumvent obstacles or issues. A cross-sector range of actions may be implemented – this involves identifying areas of activity where a local area can take action and creating a range of short, medium and long-term actions around these areas. Recognising the current financial and resource constraints, it is a good idea to focus on those areas of activity which are likely to have the greatest impact.

Questions to consider for System Wide Change[54]:

- How do we orient our efforts more purposefully from small experiments and single point solutions and quick fixes to system transformation?
- How do we share and link data more effectively between organisations?
- Are you involving and co-producing change with those who are experiencing healthcare inequalities through engaging communities in design, implementation and evaluation?
- How do we create robust mechanisms for *collective* learning and reflection?

Case study

Building a Fairer Gwent

There are many factors within society, the economy and the environment that influence peoples' health and wellbeing. Inequalities within these factors – the social determinants of health - such as unequal distribution of wealth and resources, drive the conditions in which people live and create unfair and unjust differences within societies. These differences can be seen in Gwent where there are significant inequities in health, education, housing, income and employment across the local authority areas. In June 2022 to help address some of these issues, Gwent Public Services Board (PSB) commissioned the Institute of Health Equity (IHE) as global experts in the field of health inequalities, to come up with ideas and recommendations for the region.

This complex task requires an agile approach and involvement from diverse partners for systems change. In September 2022 to help drive change, the Building a Fairer Gwent (BAFG) team within Aneurin Bevan University Health Board local public health team was established for 12 months to work alongside the IHE and Gwent Public Services Board (PSB) to implement the first 'Marmot region' in Wales. In October 2022, the BAFG team brought leaders from across Gwent together at a launch event in which Professor Sir Michael Marmot spoke about tackling inequity and experiences from working with other Marmot regions. This was the first real opportunity to gather momentum for the programme and gain the support required for system change.

Case study

Building a Fairer Gwent (continued)

Working through Gwent PSB - a coming together of five previously separate local authority PSBs, not only offers opportunities for collaboration across local authority areas, but also provides an opportunity to influence the new Gwent Well-being Plan. The Wellbeing Plan is a key document, detailing how the PSB will improve the region for its residents over the next five years. Ensuring this plan applies a health equity lens throughout, as well as a life-course approach through inclusion of the eight Marmot principles, has been a key task for the BAFG team and is a valuable mechanism for systems change.

Access to stakeholders across Gwent through an organised workshop in each local authority area to discuss a draft of the Well-being Plan, provided further opportunities to connect with partners and discuss needs within their work areas, get to know the Gwent system, and discuss aims of the Marmot programme. On the back of these events, a further housing-specific workshop was held in March 2023 with housing association leaders, to discuss what actions need to be taken to address inequities and inadequacies in social housing in the Gwent.

The Well-being Plan workshops showcased the desire within the partnership space for collaborative, systems working. To enable collaboration, a Gwent-specific group is being set up in the newly established Health Equity Network, launched by IHE in January 2023. The network will provide a platform for partners across Gwent to connect, ask for advice, request support and connect with other Marmot regions and professionals working in the health inequality and social determinants arenas.

Although necessary and beneficial to spend time getting leaders and partners on board, the team are now speaking with professionals and citizens about their experiences and what's important for them. Feedback from these conversations will influence the IHE's Gwent Marmot region report, due for publication in June 2023, and will help determine next steps with a view to co-producing initiatives with communities. With five local authority areas to cover, a small programme team and a tight timescale, getting a broad perspective of needs locally will be a challenge. This work will need to be taken forwards post-September 2023, and a key mechanism for affecting positive change will be commitment from leaders, partners and communities but also strong monitoring and evaluation practices that encourage flexibility and progression for action.

Implementing the Duty in practice

The Statutory Guidance provides a 5-stage approach to paying due regard to the Socio-economic Duty. The 5-stage approach outlines the steps of identifying the need to carry out an assessment, how to complete an assessment, the cycle of then reviewing the policy or intervention, and then reporting to senior decision-makers or Board members.

Carrying out an impact assessment				
Plan	**Evidence**	**Assessment and improvement**	**Strategic decision makers**	**Recording**
Is the decision a strategic decision?	What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this decision? Have you engaged with those affected by the decision? Have you considered both places and communities of interest?	What are the main impacts of the proposal? How can the proposal be improved so it reduces inequalities of outcome as a result of socio-economic disadvantage?	This stage is for decision makers to confirm that due regard has been given, for example executives and non-executive directors, board and committee members. They must be satisfied that the body has understood the evidence and likely impact, and has considered whether the policy can be changed to reduce inequality of outcome as a result of socioeconomic disadvantage.	This stage is the process of evidencing and recording how 'due regard' has been given. At this stage changes to the decision should be made and recorded.

Source: Adapted from A More Equal Wales[1]

The points below are a helpful guide to ensure there has been consideration of key evidence and the impact of strategic decisions on inequalities for people who experience socio-economic disadvantage.

The impact assessment processes applied by public bodies for the Socio-economic Duty has risked becoming a 'tick-box' exercise, as described by the Equality and Human Rights Commission.[56] Inequality of outcome as a result of socio-economic disadvantage should be a focal point in the policy making process. This requires a cultural and leadership change within the organisation (see chapter 'System leadership') and a shift from a defensive standpoint in the impact assessment to an opportunistic standpoint of improving equality of outcome and adding value.

The impact assessment can be viewed as a participatory tool that provides an opportunity to include the perspectives of those with lived experience (see chapter 'Meaningful engagement') at the earliest possible stage of the decision-making process and analysed in conjunction with other available high-quality data (see chapter 'Using data effectively'). To assess whether decisions have mitigated impact or added value, the impact assessment should include recommendations on how they are monitored and evaluated (see chapter 'How do we know if we have made a difference?') which will also be used to identify whether there were any unanticipated impacts.

Meaningful Impact Assessments – key questions to consider[55]:

- What are the potential impacts of the proposal/decision as we currently understand them?
- Are there any unintended consequences of the proposal/decision on people experiencing poverty and at the sharp end of inequality?
- How could the proposal/decision be improved so it reduces or further reduces inequalities of outcome, with a particular focus on socio-economic disadvantage?
- How will this policy or service assist us to reduce inequality in outcomes overall?
- How can we ensure the views and experiences of people in poverty and at the sharp end of inequality inform decisions and service design?
- How will actions and outcomes be monitored?
- [If planning to adjust a proposal/decision], can we adjust our decision further to benefit particular communities of interest or of place who are more at risk of socio-economic disadvantage?

It is important to note that the Socio-economic Duty is not a stand-alone duty but relates to a series of duties in Wales that all play their part in enabling public bodies to work towards progressing equality and addressing inequality. In particular, we need to be aware of the overlapping but distinct duties with the Public Sector Equality Duty, and the forthcoming Health Impact Assessment (HIA) regulations under the Public Health (Wales) Act 2017 – and their relationship to the "Healthier" and "More Equal" Wales wellbeing goals in the Well-being of Future Generations (Wales) Act 2015 – see table below.

Mapping the duties and expected health and equality outcomes

	Equality Act 2010: The Socio-Economic Duty	Equality Act 2010: Public Sector Equality Duty	Public Health (Wales) Act 2017 HIA Regulations
Scope of the duty	• Socio-economic disadvantage	• Individuals and groups with protected characteristics	• Whole population • Population groups who experience health inequalities • Wider Determinants of Health
Required application of the legal duty	• Strategic decisions	• Proposed policies and practices	• Yet to be published
Outcomes in relation to equality	• Reduce inequalities of outcome related to socio-economic disadvantage	• Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations	• Reduce inequalities related to the wider determinants of health (including socio-economic factors) • Achieve health equity
Outcomes in relation to health and wellbeing	• Reduce inequalities in health and wellbeing outcomes related to socio-economic disadvantage • Remove barriers to access to health services linked to socioeconomic disadvantage	• Prevent negative impacts on health arising from discrimination • Remove barriers to access to health services and other opportunities that influence health and wellbeing outcomes	• Improve population health and wellbeing outcomes • Prevent harm • Reduce inequalities in health and wellbeing outcomes
Well-being of Future Generations (Wales) Act 2015 A Healthier and More Equal Wales			

All of these Acts work together to ensure that public sector bodies consider the potential impacts of decision making. They each require public sector bodies to involve those with lived experience and to be transparent about the way decisions are made. There are differences in scrutiny and reporting however, they all include a requirement to be accountable, and therefore to record the decision-making process.

HIA is a public health tool and approach which can identify potential, and where observed, actual health, wellbeing and equity impacts of a policy, plan or project across a population and on specific population groups. HIAs enable identification of whether those impacts are positive or promote opportunities or if they have negative, or unintended negative consequences and for whom.[57] HIAs can help to identify evidence-based actions and mitigation to diminish or remove negative impacts and maximise positive ones.[58]

HIA uses a framework of the wider determinants of health and population groups to make an assessment of impact, and HIA can be used to demonstrate due regard in relation to the legal duties discussed above. Examples of how the HIA framework and the scope of the legal duties align is provided in both tables below.

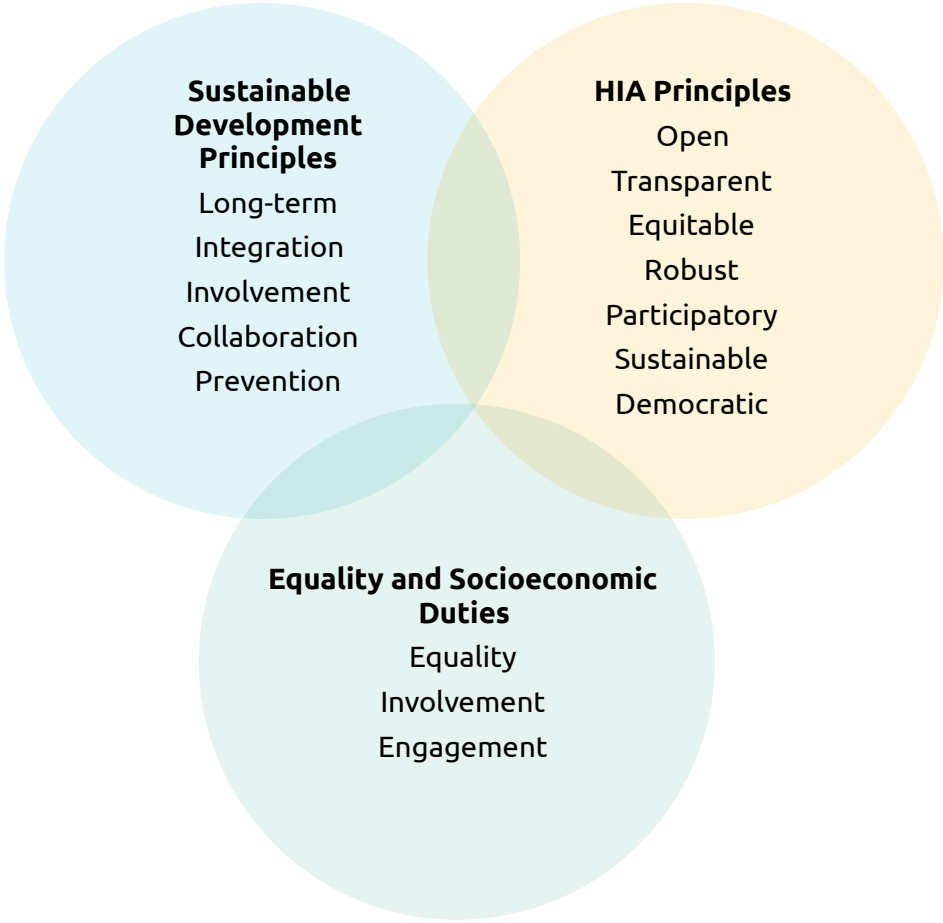
Mapping the HIA Assessment Framework to the legal duties 1

Wider determinants of health	Wellbeing Goals	SED and Equality considerations
Behaviours affecting health	• Healthier Wales	• Food poverty • Gambling • Smoking • Physical inactivity • Alcohol
Social and community influences	• Cohesive Communities • Healthier Wales • Vibrant Culture and Welsh Language • Equal Wales	• Neighbourhood wellbeing • Community cohesion • Discrimination • Social support
Mental health and wellbeing	• Cohesive Communities • A Healthier Wales	• Social participation and inclusion • Sense of control
Living and environmental conditions	• Resilient Wales • Healthier Wales • Equal Wales • Cohesive Communities	• Housing • Community safety • Access to green space
Economic conditions	• Prosperous Wales • Equal Wales	• Employment • Income • Debt • Material assets
Access to services	• Healthier Wales • Cohesive Communities • Resilient Wales • Equal Wales • Prosperous Wales • Vibrant Culture and Welsh Language	• Internet access • Transport • Accessible services
Macro-economic, environmental and sustainability factors	• Equal Wales • Healthier Wales • Resilient Wales • Prosperous Wales • Globally Responsible Wales	• Cost of living • Economic development Trade • Climate change • Biodiversity

Mapping the HIA Assessment Framework to the legal duties 2	
Population groups considered in HIA	**SED and Equality considerations**
Age related groups	• Age (protected characteristic)
Sex and gender related groups	• Sex (protected characteristic) • Gender reassignment (protected characteristic) • Pregnancy and maternity (protected characteristic)
Groups at higher risk of discrimination or other social disadvantage	• Race (protected characteristic) • Sexual orientation (protected characteristic) • Disability (protected characteristic) • Religion, belief or non-belief (protected characteristic)
Income related groups	• Economically inactive • Unemployed • People on low-income • People who are unable to work due to ill health • Disability (protected characteristic) • Materially disadvantaged • Benefit claimants • Insecure employment
Geographical groups and/or settings	• Area disadvantage
Other groups	• Marriage or civil partnership (protected characteristic)

The process of HIA can also support meeting the legal duties. There is a strong alignment between the principles of HIA with the Sustainable Development principle, and expected approaches to meeting the Equality Act[59] - see diagram below.

Alignment of principles across the legal duties



Using data effectively

Considering the evidence available on socio-economic disadvantage and inequality of outcome

Public bodies will have numerous and unique sources of existing quantitative and qualitative data available to them on socio-economic disadvantage and inequality of outcome. Before collecting new data to inform the assessment of impact of a strategic decision being taken, the existing evidence base should be reviewed, which if there are dedicated resources and staff that exist in the organisation in maintaining and working on internal sources, they should be consulted. In addition to reviewing quantitative data, this review should also include qualitative data that may have been collected through service feedback loops and/or consultation processes.

In Autumn 2022, Public Health Wales established 'Time to Talk Public Health', a nationally representative panel of residents aged 16 + years in Wales, as a mechanism to enable regular public engagement to inform public health policy and practice. The panel administers regular surveys on a wide spectrum of public health related topics, for example, the cost of living, vaccine hesitancy, mental well-being, screening, food environments and climate change; topics all in line with Public Health Wales long-term strategy. Reports are published on each survey administered. The datasets are also available for additional interrogation to provide further valuable insights to inform action.

External sources of existing evidence can cover a large and varied range of material from local, national or international organisations. Often these external sources have been produced for the very reason of being used by public bodies and other stakeholders for policy development, planning services and funding allocation. A benefit of using this data is the breadth and scale of this work, and its accuracy. This will save time as this data can be available immediately.

Many public bodies will not be able to complete this level of work due to resource constraints. Examples of such data sources available to public bodies in Wales has been included in a table in the following section. Additional data sources can be found in the resource section at the end of this report.

What are the actual or likely impacts?

It will also be important to consider a wide range of evidence. This will include evidence on what are the actual or likely impacts that the decision might have on those experiencing socio-economic disadvantage and to consider evidence of options that could provide a greater benefit. This information can come from evaluations of similar policies in other public bodies, from internal monitoring and evaluation data when updating a policy, academic research, and communities of interest.

Addressing evidence gaps

It is likely that when reviewing the evidence, there will be gaps that need to be addressed. It is possible and often necessary to generate new evidence, which should include directly engaging with those with lived experience. There must not be, however, a closed window of opportunity for people and communities to leave feedback/experiences relating to services, programmes and functions. To aid this a system of routine data collection and monitoring should be established. Other methods might include conducting surveys, questionnaires, focus groups and interviews. To identify gaps and guide this further data collection it will be important to distil the existing evidence through methods such as literature and systematic reviews and further analysis of the existing data.

Data skills and capacity within our organisations

For data and intelligence to be effectively and efficiently used to improve data-driven and evidence-based decision making, proficient data skills amongst all staff members should be valued as a key resource and prioritised for improvement. This will not only allow capacity for managing and maintaining databases, for the use by the public body and their partners but will also allow high quality data to be presented when strategic decisions are to be made.

Ensuring data sharing

Public bodies will have access to varying degrees of quality and relevant evidence. For example, Local Health Boards will have rich data available to them on key health related inequalities of outcome, whilst local councils will have access to key measures of socio-economic disadvantage in their area, such as free school meal entitlement.

For these reasons it is therefore important to work in collaboration, sharing learning of approaches used, good practice examples and pooling resources. Data sharing agreements already exist between public bodies in Wales that have been facilitated by the Wales Accord on the Sharing of Personal Information (WASPI). Public bodies can also gather evidence through their Public Service Board membership, established under the Well-being of Future Generations (Wales) Act 2015 to undertake assessments of local wellbeing to inform the development of local wellbeing plans.[1]

Ultimately having high quality data will help ensure the most effective decisions are being made to not only avoid further inequality but to maximise the benefit to outcomes of those experiencing socio-economic disadvantage.

Case study

A data-driven city

Cardiff Council have embodied much of this good practice as part of their mission towards solving the City's challenges. The aim is to become a data driven city by succeeding in four key areas: using data more effectively, investing in and developing data skills, making data more openly available, and developing trust in the sharing of data. There are actions the council has set itself within these areas.

The Council are ensuring leaders and senior managers are supporting a data culture where data and analysis are used to inform decisions and policy making. They are prioritising the linking of high value datasets to improve service delivery and will strive to prevent and reduce the duplication of data through investigating a central integrated account. In recognising they have a skills gap in using data, they are looking to identify staff for training and development and look to demonstrate to employees the benefits of working with data.

Value is being placed on knowledge sharing with public sector organisations and wider organisations on how to use data to their advantage, and internally will showcase where data has been used to make an impact. The Council intends to publish open data, and views it as a way to engage and empower citizens as well as becoming more transparent and accountable. This will also be helpful for other organisations in how they develop their services and products, who they encourage to contribute their data. The Council aims to gain public trust and show that it is transparent with its collection, use and sharing of data, on top of the processes already in place that comply with GDPR laws.

Source: Cardiff Smart City. Mission 2: A data-driven city[60]

Quantitative data sources available to public bodies in Wales and how they may be used in measuring socio-economic disadvantage and inequality of outcome.

				Measure of Socio-economic disadvantage					Measure of Inequalities of Outcome					
Data source[1]	**Frequency**	**Description**	**Area level**[2]	**Area deprivation**	**Wealth**	**Socio-economic background**	**Income**	**Material deprivation**	**Education**	**Work**	**Living standard**	**Health**	**Justice and personal security**	**Participation**
Census	2021 (every 10 years)	[3]	OAs, LSOAs, MSOAs	✓	×	✓	×	×	✓	✓	×	✓	×	×
Welsh Index of Multiple Deprivation	2019 (every 4-5 years)[4]	[5]	LSOAs	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓
Public Health Outcomes Framework	2022[6]	[7]	LSOAs, MSOAs, USOAs	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓

1 More information on each data source can be found in the resource section.
2 More information on each area level can be found in the resource section.
3 The census is a survey of the entire population of England and Wales providing a detailed account of the people and households at that time.
4 Individual indicators can be updated annually.
5 The Welsh Index of Multiple Deprivation (WIMD) is an index (combination of separate measurements) designed to identify small areas in Wales with the highest concentrations of several different types of relative deprivation.
6 Collection of data sources that are updated. Additional data sources will be added through 2023.
7 The Public Health Outcomes Framework (PHOF) sets out a shared understanding of the health outcomes that are important to the people of Wales, with each outcome having individual indicators from a range of data sources.

Meaningful engagement

Listening and working with communities for better outcomes is a corner-stone of the **Socio-economic Duty**, the **Public Sector Equality Duty** and the **Well-being of Future Generations Act**. It is therefore good pracice for organisations to take a long term view of how the organisation engages, involves and consults with people to ensure that a cohesive approach is developed.

Although this is not a guide on how to effectively engage with communities, socio-economic disadvantage cannot be understood in isolation. Insight about how to best tackle poverty and inequality is held in communities with lived experience. Meaningful engagement is not about gathering many stories or case studies, but about understanding the collective perspective, and ensuring that it is accurately and truthfully represented. Meaningful engagement should result in practitioners developing more nuanced understanding of an issue and for participants to feel that they have been heard and understood. This guide therefore provides an overview of the key principles of engaging with those with lived experience.

For further support and advice engaging people and communities, resources can be found on the Co-production Network for Wales.

What is lived experience?

One definition of lived experience is the experience of people on whom an issue, or combination of issues, has had a direct impact. Within research and engagement, it refers to the knowledge and representation of these experiences.

How can meaningful engagement help me?

Meaningful engagement with people and communities that experience socio-economic disadvantage will help public bodies to reduce health inequalities. There is considerable evidence that people who experience socio-economic disadvantage are often those with the highest need for services but are less likely to receive them.[61]

Engagement with people and communities will support public bodies to improve population health, the quality of services and their efficiency and sustainability. The expertise and insight that people with lived experience bring to our work is unique and valuable, providing authentic and often powerful narratives that can challenge assumptions and shed light on barriers to services.

How can meaningful engagement help?

Population health	Quality services	Efficiency and sustainability
• Qualitative data and insight can help us build knowledge of the impact of the wider determinants of health. • Better understanding of communities will allow us to better unerstand the strengths and assets within them.	• Engaging with communities will lead to services that are better designed to meet their needs.	• Understanding the barrier to access will allow us to deliver more efficient and sustainable options. • A better understanding of community need can support us to prioritise areas based on needs.

Adapted from Guidance on working in partnershp with people and communities p.19

Principles of effective engagement

There are four key principles to effectively engaging with people and communities: engaging from the outset, committing to the process, triangulating data and analysing and acting on data.

Involving people from the outset
Representative users, not simply user representation

Committing to the process
Including time and resources

Triangulating data
Exploring how diverse forms of evidence can inform policy and service design

Analysing and acting on feedback
Closing the loop by communicating back to those that were engaged

Committing to the process

Engagement will take time and energy. This must be factored into planning at the beginning of a project or initiative and as far as possible engagement must start before too many details of the plans have been laid out, to give opportunity for the planning to be truly influenced by the engagement activity.

Those with lived experience can be considered expert by experience and the opportunity for engagement is also an opportunity to demonstrate commitment to the Duty by treating representatives in the same regard as any other expert that would be consulted. Where appropriate this can mean remunerating the representative for their time given to the engagement.

Involving people from the outset

To ensure the lived experience is faithfully captured, it cannot be reduced to single case studies or user stories – these must be representative of a wider population group. Public bodies will need to consider how best to ensure you have representative voices 'around the table'.

Triangulating data

The lived experience should be considered alongside other forms of data, enhancing the public bodies overall understanding of the area that it wants to impact.

Analysing and acting on feedback

Crucial to sustainable and effective engagement is 'closing the feedback loop'. This means telling people what impact their feedback had, such as changes to a planned initiative. The public body must close the loop even if ultimately the feedback did not change how the service or programme is delivered. This might be due to other evidence which makes a compelling case for an alternative course of action. The rationale for this decision-making should be communicated back to those that were engaged with, ensuring that they are aware that they have been listened to and not ignored.

Different ways of engaging with communities

There are different tools that can be used to engage with people and communities, but there are also different levels of engagement. The Spectrum of Public Participation is a recognised model which helps to make informed choices on the amount of influence communities have over the decision-making process.

It is important to be clear about the purpose of engagement at the outset to inform the right approach, skills, desired impact and how we can measure and evaluate.

Different ways of engaging

Inform	**Consult**	**Engage**	**Collaborate**	**Co-production**
Sharing information, for example through e-mails, flyers and social media.	Engaging with communities will lead to services that are better designed to meet their needs.	Speaking and listening to people and communities to understand the issues, for example through patient forums, citizen panels or focus groups.	Working with people and communities to include their ideas, for example through iterative co-design sessions.	An equal partnership from start to finish, using a combination of tools such as asset mapping, community conversations and co-design sessions.

In most scenarios public bodies should strive to be as far to the right of this spectrum as possible.

However, it is not always best to aim for the highest level of community engagement, particularly when, for example it is likely that expectations are raised beyond the capacity to deliver, or decisions must be based on complex facts requiring a great deal of time or expertise to understand. Making an informed choice and communicating clearly with people and communities is an important element of the feedback loop, ensuring that expectations are understood and met.

Case study

Embedding Cultural Awareness in Maternity and Neonatal Care

For over 10 years, the East of England Local Government Association via the Strategic Migration Partnership has been delivering a wide range of engagement and integration projects with ethnic minority groups in the East of England.

They understand the challenges health and care staff can experience when supporting a wide range of culturally diverse and dynamic groups. This can include language barriers, a reluctance to engage with professionals and a mistrust of the NHS system because of past relationships with authorities in countries of origin. They also understand that for many ethnic minority groups, healthcare in the UK can be seen as confusing and often inaccessible due to a lack of appropriate information and a reliance on people having access to digital devices.

In response to the challenges faced by the healthcare professionals and ethnic minority groups, they have worked to create cultural awareness workshops, which are both effective and efficient at ensuring the development of sustainable maternity and neonatal care pathways for different groups across the region.

The workshops were an opportunity to identify engagement issues specific to the East of England and delivered by members and advocates of ethnic minority groups considered hard to engage with across the region, including LGBTQ+ groups, African groups, Orthodox Jewish groups, Gypsy and Traveller groups, Roma groups, South Asian groups, Eastern European groups, Asylum Seekers and Refugees.

Source: Guidance on working in partnership with people: Statutory Guidance, NHS England[62]

How do we know if we have made a difference?

It is important to ensure that organisational records are kept to demonstrate how you have complied with the Socio-economic Duty for audit purposes.

Collecting evidence about the impact of implementing the Duty can support the creation of an evidence base for the public body and other organisations about what works when it comes to tackling unequal outcomes that are the result of socio-economic disadvantage.

Evaluation of the Socio-economic Duty can be done at three levels: process, impact and outcome.

Process evaluation enables us to look at *how* we have implemented the Duty, to identify processes or systems where it works well or areas that could be improved. The focus of a process evaluation is on the activities delivered, who was involved, the resources needed to deliver the work, what problems were encountered and how they were resolved. As an organisation, process evaluation also allows you to monitor compliance with the Duty and highlight areas of best practice.

Public bodies may also utilise Welsh Government's progress tracker tool as a way of monitoring their progress towards meeting the requirements of the Socio-economic Duty. This is a useful tool for assessing gaps in an organisations ability to meet the Duty. It is important to ensure there is governance in place to support the use of the tool and that any assessment is fed back at Board level.

An **impact evaluation** provides information about the impact the Duty had on the policy or service design, which can be positive or negative.

An **outcome evaluation** of the Socio-economic Duty would be to measure the effectiveness of our policy or design in addressing inequality of outcome for people and communities who suffer socio-economic disadvantage. This should take place after the policy or service has been implemented.

The table below illustrates the type of questions that could be asked at each evaluation level for the Socio-economic Duty.

Type of evaluation questions		
Process	**Impact**	**Outcome**
• On what decision-making processes have impact assessments been conducted? • What engagement activity took place? • What data was used? • What were the barriers to conducting an impact assessment?	• Did the impact assessment change the direction of the decision making? • How did the impact assessment change the direction of the decision making?	• Did the implementation of the policy or service have a positive impact on the outcomes for people and communities that experience socio-economic disadvantage? • Did the implementation of the policy or service have any unintended outcomes (positive or negative) on people or communities that experience socio-economic disadvantage?

It is important to note that not every policy or service requires all three levels of evaluation. The level of evaluation should be proportionate to the scale of the intervention.

Tracking and reporting on impact is important in enabling organisations to learn from its practice. Although there are different reporting mechanisms for the Socio-economic Duty, the Public Sector Equality Duty and the Well-being of Future Generations Act to transparently report on your organisation's progress.

References

1. Welsh Government. *A More Equal Wales. The Socio-Economic Duty, Equality Act 2010. Statutory Guidance.*; 2021. https://www.gov.wales/sites/default/files/publications/2021-03/a-more-equal-wales.pdf
2. Audit Wales. *Equality Impact Assessments: More than a Tick Box Exercise?*; 2022. https://www.audit.wales/sites/default/files/publications/Equality_impact_assessment-english_0.pdf
3. Marmot M. *Build Back Fairer: The COVID-19 Marmot Review - The Health Foundation.*; 2020. https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review
4. Piro FN, Næss Ø, Claussen B. Area deprivation and its association with health in a cross-sectional study: Are the results biased by recent migration? *Int J Equity Health.* 2007;6(1):1-15. doi:10.1186/1475-9276-6-10
5. Bandyopadhyay A, Whiffen T, Fry R, Brophy S. How does the local area deprivation influence life chances for children in poverty in Wales: A record linkage cohort study. *SSM - Popul Heal.* 2023;22:101370. doi:10.1016/J.SSMPH.2023.101370
6. Poortinga W, Dunstan FD, Fone DL. Neighbourhood deprivation and self-rated health: The role of perceptions of the neighbourhood and of housing problems. *Health Place.* 2008;14(3):562-575. doi:10.1016/J.HEALTHPLACE.2007.10.003
7. Stafford M, Marmot M. Neighbourhood deprivation and health: does it affect us all equally? *Int J Epidemiol.* 2003;32(3):357-366. doi:10.1093/IJE/DYG084
8. Welsh Government. *Welsh Index of Multiple Deprivation (WIMD) 2019 Results Report.*; 2019. https://www.gov.wales/sites/default/files/statistics-and-research/2019-11/welsh-index-multiple-deprivation-2019-results-report-024.pdf
9. Vale of Glamorgan Public Services Board. Welsh Index of Multiple Deprivation in the Vale of Glamorgan. Published 2019. Accessed December 4, 2022. https://www.valepsb.wales/en/Our-Evidence/Our-Evidence.aspx
10. Public Health Wales. Health expectancies in Wales with inequality gap. Published 2022. Accessed December 5, 2022. https://publichealthwales.shinyapps.io/PHWO_HeathExpectanciesWalesProfile_v2a/
11. Richardson E, Fenton L, Parkinson J, et al. The effect of income-based policies on mortality inequalities in Scotland: a modelling study. *Lancet Public Heal.* 2020;5(3):e150-e156. doi:10.1016/S2468-2667(20)30011-6
12. Nowatzki NR. Wealth inequality and health: A political economy perspective. *Int J Heal Serv.* 2012;42(3). doi:10.2190/HS.42.3.c
13. Pollack CE, Chideya S, Cubbin C, Williams B, Dekker M, Braveman P. Should Health Studies Measure Wealth?: A Systematic Review. *Am J Prev Med.* 2007;33(3):250-264. doi:10.1016/J.AMEPRE.2007.04.033
14. Zaninotto P, Batty GD, Stenholm S, et al. Socioeconomic Inequalities in Disability-free Life Expectancy in Older People from England and the United States: A Cross-national Population-Based Study. *Journals Gerontol Ser A.* 2020;75(5):906-913. doi:10.1093/GERONA/GLZ266
15. Braga B, McKernan S-M, Ratcliffe C, Baum S. *Wealth Inequality Is a Barrier to Education and Social Mobility | Urban Institute.*; 2017. https://www.urban.org/research/publication/wealth-inequality-barrier-education-and-social-mobility
16. Carter KN, Blakely T, Collings S, Gunasekara FI, Richardson K. What is the association between wealth and mental health? *J Epidemiol Community Heal.* 2009;63(3):221-226. doi:10.1136/JECH.2008.079483
17. Public Health England. Health matters: reducing health inequalities in mental illness - GOV.UK. Published 2018. Accessed March 27, 2023. https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness
18. Office for National Statistics. Household total wealth in Great Britain: April 2018 to March 2020. Published 2022. Accessed December 10, 2022. https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/totalwealthingreatbritain/april2018tomarch2020
19. Office for National Statistics. National balance sheet estimates for the UK - Office for National Statistics. Accessed April 1, 2023. https://www.ons.gov.uk/economy/nationalaccounts/uksectoraccounts/bulletins/nationalbalancesheet/2021
20. Broome M, Leslie J. *Arrears Fears: The Distribution of UK Household Wealth and the Impact on Families.*; 2022. https://www.resolutionfoundation.org/publications/arrears-fears/
21. Angelopoulos K, Lazarakis S, Mancy R, Schroeder M. *Briefing Note: Medium-Run Wealth Inequality Following COVID-19.* University of Glasgow and Lancaster University; 2021. https://eprints.gla.ac.uk/232684/1/232684.pdf
22. Thomson S. Achievement at school and socioeconomic background—an educational perspective. *npj Sci Learn 2018 31.* 2018;3(1):1-2. doi:10.1038/s41539-018-0022-0
23. de Neubourg E, Borghans L, Coppens K, Jansen M. Explaining Children's Life Outcomes: Parental Socioeconomic Status, Intelligence and Neurocognitive Factors in a Dynamic Life Cycle Model. *Child Indic Res.* 2018;11(5):1495-1513. doi:10.1007/s12187-017-9481-8
24. Mazumder B. Fortunate Sons: New Estimates of Intergenerational Mobility in the United States Using Social Security Earnings Data. *Rev Econ Stat.* 2005;87(2):235-255. doi:10.1162/0034653053970249

25. Davis-Kean PE, Tighe LA, Waters NE. The Role of Parent Educational Attainment in Parenting and Children's Development. *Curr Dir Psychol Sci*. 2021;30(2):186-192. doi:10.1177/0963721421993116

26. Moore GF, Littlecott HJ, Evans R, Murphy S, Hewitt G, Fletcher A. School composition, school culture and socioeconomic inequalities in young people's health: Multi-level analysis of the Health Behaviour in School-aged Children (HBSC) survey in Wales. *Br Educ Res J*. 2017;43(2):310-329. doi:10.1002/BERJ.3265

27. Moore G, Angel L, Brown R, van Godwin J, Hallingberg B, Rice F. Socio-Economic Status, Mental Health Difficulties and Feelings about Transition to Secondary School among 10–11 Year Olds in Wales: Multi-Level Analysis of a Cross Sectional Survey. *Child Indic Res*. 2021;14(4):1597-1615. doi:10.1007/s12187-021-09815-2

28. Loughborough University. 1-in-4 children living in poverty set to worsen during cost of living crisis | Criminology, Sociology and Social Policy | Loughborough University. Published 2022. Accessed December 14, 2022. https://www.lboro.ac.uk/subjects/social-policy-studies/news-events/news/2022/children-poverty/

29. Stone J. *Local Indicators of Child Poverty after Housing Costs, 2020/21*.; 2022. https://endchildpoverty.org.uk/wp-content/uploads/2022/07/Local-child-poverty-indicators-report-2022_FINAL.pdf

30. Brewer M, Fry E, Try L. *The Living Standards Outlook 2023*.; 2023. https://www.resolutionfoundation.org/publications/

31. International Monetary Fund. The IMF and income inequality: introduction to inequality. Published 2022. Accessed December 18, 2022. https://www.imf.org/en/Topics/Inequality/introduction-to-inequality

32. Office for National Statistics. Regional gross disposable household income: all ITL level regions - Office for National Statistics. Published 2022. Accessed December 20, 2022. https://www.ons.gov.uk/economy/regionalaccounts/grossdisposablehouseholdincome/datasets/regionalgrossdisposablehouseholdincomegdhi

33. Welsh Government. Regional gross disposable household income: 2020 | GOV.WALES. Published 2022. Accessed December 20, 2022. https://www.gov.wales/regional-gross-disposable-household-income-2020

34. Benzeval M, Taylor J, Judge K. Evidence on the Relationship between Low Income and Poor Health: Is the Government Doing Enough? *Fisc Stud*. 2000;21(3):375-399. doi:10.1111/j.1475-5890.2000.tb00029.x

35. Whynes DK. Deprivation and self-reported health: are there "Scottish effects" in England and Wales? *J Public Health (Bangkok)*. 2009;31(1). doi:10.1093/pubmed/fdn089

36. Schmuecker K, Earwaker R. *Not Heating, Eating or Meeting Bills: Managing a Cost of Living Crisis on a Low Income | JRF*.; 2022. https://www.jrf.org.uk/report/not-heating-eating-or-meeting-bills-managing-cost-living-crisis-low-income

37. Geddes I, Bloomer E, Allen J, Goldblatt P. *The Health Impacts of Cold Homes and Fuel Poverty |Marmot Review Team*.; 2011. https://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf

38. Office for Budget Responsibility. *Economic and Fiscal Outlook*.; 2023. https://obr.uk/docs/dlm_uploads/OBR-EFO-March-2023_Web_Accessible.pdf

39. Francis-Devine B, Orme S. *Income Inequality in the UK*.; 2023. https://researchbriefings.files.parliament.uk/documents/CBP-7484/CBP-7484.pdf

40. Titheridge H, Christie N, Mackett R, Oviedo Hernández D, Ye R. *Transport and Poverty: A Review of the Evidence Transport and Poverty*.; 2014. https://www.ucl.ac.uk/transport/sites/transport/files/transport-poverty.pdf

41. Welsh Government. *Public Service Vehicles (Buses and Taxis): April 2019 to March 2020 | GOV.WALES*.; 2021. Accessed January 4, 2023. https://www.gov.wales/public-service-vehicles-buses-and-taxis-april-2019-march-2020-html

42. RAC Foundation. Transport price index. Published 2022. Accessed December 19, 2022. https://www.racfoundation.org/data/cost-of-transport-index

43. Sustrans Cymru. *Making the Connection: Why Wales Must Act Now to Tackle Transport Poverty and Ensure Access for Everyone*.; 2022. https://www.sustrans.org.uk/media/10425/transportpovertypaper-sustrans_eng.pdf

44. Welsh Government. Poverty related statistics | GOV.WALES. Published 2022. Accessed December 20, 2022. https://www.gov.wales/poverty-related-statistics

45. Deutsch J, Guio A-C, Pomati M, Silber J. Material Deprivation in Europe: Which Expenditures are Curtailed First? *Soc Indic Res*. 2015;120(3):723-740. doi:10.1007/s11205-014-0618-6

46. Hafferty C. *What Factors Are Linked to People Living in Households That Are in Material Deprivation?*; 2020. https://www.gov.wales/sites/default/files/statistics-and-research/2020-03/what-factors-are-linked-to-people-living-in-households-that-are-in-material-deprivation.pdf

47. Francis-Devine B. *Poverty in the UK: Statistics*.; 2022. https://researchbriefings.files.parliament.uk/documents/SN07096/SN07096.pdf

48. Fouweather T, Gillies C, Wohland P, et al. Comparison of socio-economic indicators explaining inequalities in Healthy Life Years at age 50 in Europe: 2005 and 2010. *Eur J Public Health*. 2015;25(6):978-983. doi:10.1093/EURPUB/CKV070

49. Allen J, Dyakova M, Cotter-Roberts A, Darlington O, Masters R, Bellis MA. *The Welsh Health Equity Status Report Initiative (WHESRi) Influencing the Health Gap in Wales: Decomposition Analysis Discussion Paper*.; 2022. https://phwwhocc.co.uk/wp-content/uploads/2022/07/2022_whesri_influencingthehealthgapinwales_e.pdf

50. Public Health Scotland. Leadership overview - Leadership - Reducing health inequalities - Improving health. Published 2021. Accessed April 3, 2023. https://www.healthscotland.scot/reducing-health-inequalities/leadership/leadership-overview

51. Catalyst 2030. What is systems change – Catalyst 2030. Accessed April 3, 2023. https://catalyst2030.net/what-is-systems-change/

52. Hulme A, Thompson J, Brown A, Argus G. The need for a complex systems approach in rural health research. *BMJ Open*. 2022;12(10):e064646. doi:10.1136/BMJOPEN-2022-064646

53. Peden J, Stürup-Toft S, Bath R, Jesurasa A. *Collaborative Approaches to Preventing Offending and Re-Offending in Children (CAPRICORN) | Public Health England.*; 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/828228/CAPRICORN_resource.pdf

54. Begovic M, Vester Haldrup S, Quaggiotto G, Colville J, Sadiku L, Oprunenco A. Innovation at UNDP: changing ourselves, asking different types of questions. Published October 2020. Accessed February 6, 2023. https://innovation.eurasia.undp.org/innovation-at-undp-changing-ourselves-asking-different-types-of-questions/

55. Scottish Government. *The Fairer Scotland Duty. Guidance for Public Bodies.*; 2021. Accessed April 6, 2023. http://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/pages/4/

56. Smith EW, Rodriguez DG, Brawner J. *Evaluating the Socio-Economic Duty in Scotland and Wales | Equality and Human Rights Commission.*; 2021. https://www.equalityhumanrights.com/en/publication-download/evaluating-socio-economic-duty-scotland-and-wales

57. European Centre for Health Policy. *Health Impact Assessment: Main Concepts and Suggested Approach (Gothenburg Consensus Paper).*; 1999. https://web.archive.org/web/20061007033923/http:/www.who.dk/document/PAE/Gothenburgpaper.pdf

58. Green L, Ashton K, Azam S, Dyakova M, Clemens T, Bellis MA. Using health impact assessment (HIA) to understand the wider health and well-being implications of policy decisions: the COVID-19 'staying at home and social distancing policy' in Wales. *BMC Public Health*. 2021;21(1):1456. doi:10.1186/s12889-021-11480-7

59. Welsh Government. *A More Equal Wales: Mapping the Duties.*; 2021. https://www.gov.wales/sites/default/files/publications/2021-04/a-more-equal-wales-mapping-guide.pdf

60. Cardiff Council. Mission 2: A Data-Driven City - Cardiff Smart City. Accessed April 6, 2023. https://www.smartcardiff.co.uk/mission-overview/mission-2-a-data-driven-city/

61. Appleby J, Deeming C. Inverse Care Law. *Health Serv J*. 2001;111(5760):37. https://pureportal.strath.ac.uk/en/publications/inverse-care-law

62. NHS England. *Working in Partnership with People and Communities: Statutory Guidance.*; 2022. Accessed April 6, 2023. https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/

Resources

General

A more Equal Wales: The Socio-economic Duty

The Socio-economic Duty: statutory guidance

A More Equal Wales: Mapping the Duties

Socio-economic Duty: progress tracker tool

Systems Leadership

Leadership Framework for Health Inequalities Improvement | NHS Confederation

Board Assurance Tool - Leadership Framework for Health Inequalities Improvement. pdf (nhsconfed.org)

Board reporting Template

A More Equal Wales - Mapping the Duties (gov.wales)

Using Data Effectively

Welsh Government statutory guidance: A More Equal Wales: The Socio-economic Duty. Examples of inequalities of outcome due to socio-economic disadvantage and COVID-19

Evidence review: socio-economic disadvantage and inequalities of outcome

Census

Main page for Census at Office for National Statistics: https://www.ons.gov.uk/census

Census interactive map: https://www.ons.gov.uk/census/maps

Welsh Index of Multiple Deprivation (WIMD)

Main page stats Wales: https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation#:~:text=It%20is%20a%20National%20Statistic,index%20was%20published%20in%202019.

WIMD 2019 interactive tool: https://wimd.gov.wales/about/domains?lang=en

WIMD 2019 guidance: https://www.gov.wales/sites/default/files/statistics-and-research/2022-01/welsh-index-multiple-deprivation-2019-guidance.pdf

WIMD 2019 results report: https://www.gov.wales/sites/default/files/statistics-and-research/2020-06/welsh-index-multiple-deprivation-2019-results-report.pdf

Public Health Outcomes Framework

Main page PHW: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/public-health-outcomes-framework/

2022 Public Health Outcomes Framework: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/public-health-outcomes-framework-2022/#phof_technical_report

Technical guide: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/publication-documents/phof/phof-technical-guide-pdf-english/

Other high level data routinely updated as used in the Welsh Government Statutory Guidance[1]:

The Equality and Human Rights Commission measurement framework for equality and human rights setting the indicators for Is Wales Fairer?

The Equality and Human Rights Commission's report Is Wales Fairer?

Annual employment data published under the public sector equality duty

The Welsh Government's Future Trends report

The Welsh Government's Well-being of Wales Report

Chwarae Teg's Gender Equality Review

Older Peoples Commissioner for Wales State of The Nation Report

Children's Commissioner for Wales Reports

Statistics available from StatsWales and the Office for National Statistics

Relative Income Poverty (Households Below Average Income)

Persistent Poverty

Wellbeing and Finances, including Material Deprivation (National Survey for Wales)

Office for National Statistics Income and Wealth data

Joseph Rowntree Foundation Poverty in Wales Series

Area levels

https://www.healthmapswales.wales.nhs.uk/geographies/

https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeographies/census2021geographies

Meaningful engagement

The National Principles for Public Engagement in Wales

The National Participation Standards for Children and Young People

The Future Generations Commission Involvement Journey Tool

5 Principles of Co-production from Co-production Network Wales

Guides on the requirements of the Public Sector Equality Duty Specific Duties

Principles of Community Engagement for Empowerment