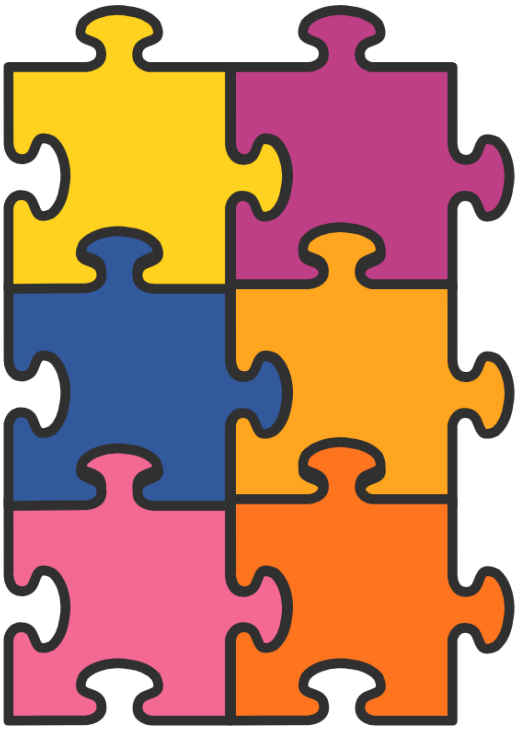
Better Join Up, Better Outcomes for Child Poverty

Why working together matters for families living in poverty

A needs assessment conducted by the Building a Healthier Wales Coordination Group to understand how well collaboration is working to address child poverty in Wales.



Adeiladu Cymru Iachach
Building a Healthier Wales

Acknowledgements

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1. Summary

Being a parent in Wales can mean constantly balancing the cost of food, bills, and school essentials, all while trying to support your family as best you can. When support is needed, families often find themselves facing a complex network of services, each with its own processes, forms, and waiting lists, at a time when clarity and simplicity matter most.

For many families, this is a daily reality. And for the 30% of children in Wales living in poverty, these challenges can create barriers that affect their wellbeing and future opportunities.

We know collaboration works. When organisations join forces by sharing data, pooling resources, and listening to families the impact is real. Collaboration results in quicker access to support, fewer gaps, and better chances for children to thrive.

This report explores how collaboration between organisations can make a real difference for families living in poverty. Through a survey and interviews with people working across the system, we found strong commitment and inspiring local examples of partnership working. But right now, these successes are isolated and there are systemic barriers that hold progress back. Short-term funding, fragmented data systems, and inconsistent involvement of people with lived experience limit the scale and sustainability of impact.

Better collaboration isn't just a process improvement, it's a lifeline. This report sets out practical steps to make that happen. The question is: will we act together to turn good intentions into lasting change?

The message is clear:

- Families need services that talk to each other, not work in silos.
- Partnerships need stable funding and strong leadership to plan for the long term.
- People with lived experience must be involved as co-creators of solutions, using methods of participation that work for them.

This isn't just about better meetings or smarter systems. It's about children having enough to eat, parents finding work without losing childcare, and communities breaking cycles of poverty.

What can you do?

Start the conversation: Share the attached report with your team and ask, *"How well are we working with others?"*. Use the features of effective collaboration as a checklist (see Table 1 p4).

Show what's possible: Highlight local projects which demonstrate that collaboration changes lives and help scale them up.

Champion lived experience: Make sure families are involved in shaping decisions, not just consulted after the fact.

Push for change: Advocate for multi-year funding and shared evidence systems so partnerships can plan, not just survive.

What will we do?

We wanted to hear from people who are working collaboratively to understand what is going well and what could be improved. The recommendations below are intended to guide actions which remove barriers and make collaboration easier. Key stakeholders involved in the design and delivery of this needs assessment will continue to work together to act on the recommendations, and we encourage all partnerships to use these findings and the resources developed to identify ways to strengthen their own collaborative working.

Every organisation has a role to play. Every partnership can do better. Together, we can turn fragmented efforts into a united front against child poverty and give every child in Wales the chance to thrive.

Headline findings from partnerships addressing child poverty in Wales:

- **Partnerships show commitment, trust, and local innovation**, often built on strong pre-existing relationships.
- **Short-term funding cycles** and insecure staffing undermine long-term planning, stability, and impact.
- **Communication and inclusivity** within partnerships are generally good, though strategic clarity is uneven.
- **Evaluation, data sharing, and performance management** are weak spots, often fragmented and inconsistent.
- **Lived experience involvement** exists but is patchy and not systematically embedded.
- **The third sector's contribution** is vital but under-recognised by statutory partners.

2. Recommendations

These recommendations are intended to inform, enable and empower partnership action at local, regional and national levels. Key stakeholders involved in conducting this needs assessment will continue to work together to act on these recommendations.

1. Immediate (0–6 months)

1a. Share good practice, showing how effective collaboration has improved experiences and outcomes for people living in poverty. Identify 3 existing local projects that could be scaled with modest additional funding. Showcase examples using lived experience and impact on individuals as the central theme to tell the story and demonstrate the impact of better collaboration on people's lives.

1b. Actively engage with national, regional and local partnerships to disseminate this report and provide support for self-assessment against the features of effective collaboration. This will lead to actions identified to (a) strengthen collaborative working practices and (b) signal that leadership within organisations and partnerships values collaboration.

1c. Explore models to develop a national lived experience of poverty advisory group, bringing together professional representatives of those actively involved with lived experience groups across Wales to share key feedback on areas of consensus.

1d. Advocate for greater emphasis to be placed on recognition of collaboration and prevention at pan-sector awards categories and events.

2. Short term (6–18 months)

2a. Pilot multi-year pooled funding in one or two areas with matched contributions from LA/Health/third sector to demonstrate value and outcomes, based upon examples of successful implementation elsewhere in Wales and UK.

2b. Procure or build a shared evidence hub lightweight at first; searchable database of evaluated projects, impact measures, contact points and toolkits.

2c. Launch cross-sector training and secondment scheme (3–6 month placements) to increase mutual understanding.

3. Medium term (18–36 months)

3a. Commission an independent evaluation team to assess partnership impact and ROI, with a focus on learning, not audit.

3b. Embed representatives of the voices of those with lived experience of poverty into statutory boards (e.g. PSBs) via poverty subgroups or affiliated user groups, incorporating formal voting/consultative roles and budget to support participation through appropriate methods. Sharing examples of good practice and expert advice for more effective and impactful methods of hearing voices of those with lived experience of poverty, linked to recommendation 1c above.

4. Long term (3+ years)

4a. Advocate for national policy change: multi-year funding packages, clearer national guidance for partnership accountability, and stable core resource for anti-poverty activity through partnerships and for specific interventions.

4b. Embed the shared evidence hub using pooled budgets and commissioning: to synthesise lessons learned, share knowledge and skills, and accelerate scaling of best practice across Wales.

3. Background

Around 30% of children in Wales live in poverty, which has a major impact on their future opportunities. The Welsh Government's Child Poverty Strategy 2024 highlights that support is often fragmented, making it harder for families to access the help they need. To address this, the strategy emphasises stronger collaboration between organisations, in line with The Wellbeing of Future Generations Act 2015.

To support this, Building a Healthier Wales carried out 'Better Join Up, Better Outcomes - a Needs Assessment around Collaboration for Child Poverty'. The aim was to understand what helps or hinders effective collaboration, gather suggestions for improvement, and reflect the voices of professionals working with people with lived experience of poverty. Insights were collected through interviews and surveys, then used to develop practical actions and recommendations at local, regional, and national levels.

The goal is to improve how services work together, so children, young people, and families get the support they need, ultimately helping to reduce and mitigate child poverty in Wales. We would encourage all readers to reflect on the insights included in this report and identify any areas that could be strengthened within their own organisations and partnerships.

4. Aims and Methods

This needs assessment was developed following engagement through Building a Healthier Wales Coordination Group, a non-statutory coalition of strategic leaders representing organisations and strategic perspectives from across sectors in Wales. The work has three aims:

1. Identify the collaboration needs of those working in key partnerships delivering programmes to prevent or mitigate child poverty at national, regional, and local levels.
2. Identify solutions which will form recommendations from Building a Healthier Wales.
3. Enhance the impact of other well-being related programmes and policies, by identifying transferable learning about intersectoral collaboration.

A multiagency national reference group was established to guide and advise the implementation of the needs assessment. Membership ensured equitable geographical and partnership representation to reflect the demographic of the target audience.

At the start of this needs assessment, a pragmatic literature review was conducted to identify features of effective intersectoral collaboration. These features were converted into statements which formed the basis of the survey and interview questions, which aimed to understand how present these features are within formal partnerships where collaboration to address child poverty is key. The literature review can be accessed here, and the features of effective collaboration are displayed in Table 1 below.

The survey was distributed online via national, regional and local networks relevant to formal partnerships addressing child poverty. The partnerships under discussion address all objectives of the Child Poverty Strategy for Wales 2024, demonstrating greatest alignment with ‘creating pathways out of poverty’ and ‘challenging the stigma of poverty’.

Thirty-nine respondents completed the survey, representing local authority, NHS, community organisations, education, childcare and Welsh Government. The survey generated quantitative responses via rating scales and qualitative responses via free text opportunities to expand on the quantitative answer.

A pragmatic and representative sample of professionals working within relevant partnerships and across a breadth of roles and sectors was identified by the Reference Group and invited to take part in an online semi structured interview. Twelve interviews were conducted, transcribed and analysed by three members of Public Health Wales staff.

The survey responses were analysed alongside the qualitative interview, both of which were subject to independent quality assurance to ensure rigour.

The reference group provided critical review and input to the refinement of the final recommendations developed in response to the analysis of the responses.

Table 1. Features of effective collaboration identified in literature review.

Main headings	Subheadings
Strategic buy-in and shared goals	• Strategic commitment to owning the partnership • Declared and shared understanding of issues and common goals • Acknowledgement of shared outcomes by partners • Differing priorities and policy clashes are understood • Identification of win/win strategies by strategic leaders
Partner values, trust and involvement	• Support for equalising perceived structural imbalances, to build trust and ensure partner engagement • Listening and involving all partners in decision making • Including the core values of each sector in planning and implementation • Build on existing working relationships
Shared information, understanding and communication	• Collectively gathering, interpreting and using data and evidence, and sharing practice • Data on need informs delivery and common data sets are identified and used • Regular two-way communication
Citizens engaged, especially those in poverty	• Citizens engaged, especially those in poverty
Activities and management	• Processes and structures designed so that desired outcomes are achieved • Being explicit about partner responsibilities for specific activities • Meaningful and tailored performance management
Resources and staffing	• Sustainable funding models are in place • Collaboration has a dedicated management structure with continuity of staff • Evaluation expertise and capacity • Ongoing and shared workforce development • There is support for shared finance approaches

5. Results: Survey and interview responses to statements derived from features of effective collaboration.

The most consistent evidence of effective collaboration was found within the partnerships themselves, especially at an operational level – effective communication, strong working relationships built on trust and respect, and a willingness to work together to make a real difference.

Responses paint a mixed picture across most of the features of effective collaboration. Strong strategic buy in can streamline collaboration between and within organisations, but where this is absent, significant resource is expended trying to build that commitment to shared goals and resources.

Many respondents cited a lack of infrastructure as a barrier – difficulties in data sharing, short term funding, unhelpful performance management, and limited resources.

Working collaboratively with partners needs to be based on a strong commitment to collaboration within our own organisations. Our findings suggest that there is room for improvement within organisations in committing adequate resource and supporting the necessary skills development, as well as establishing pooled budgets

A summary of responses mapped against the features of effective collaboration main headings is shown below. The full summary of responses can be found in Appendix A.

Main headings	Rating	What is working well/less well
Strategic buy-in and shared goals	Partial	• Some partners highly committed; others constrained by resources or shifting organisational priorities. • Some partnerships have clear shared outcomes (e.g. evidence of "win-win" and shared objectives. Others unclear ("not sure we are all collectively clear on direction").
Partner values, trust and involvement	Present	• Most partnerships report trust and respect between members, building on existing relationships and sharing a willingness to work collaboratively.
Shared information, understanding and communication	Partial Present	• There appears to be inconsistent access to and use of data/evidence. Evaluation expertise is often commissioned from outside the partnership. • Regular two-way communication is evident.
Citizens engaged, especially those in poverty	Partial	• Involvement of those with lived experienced is very inconsistent, often ad hoc, and reliant on the support of third sector intermediaries.
Activities and management	Weak Partial	• Limited evidence of structured performance tracking; focus on outputs not outcomes. • Some have structures tied to clear objectives; others lack clarity or adaptability.
Resources and staffing	Largely absent	• Overwhelmingly short-term, grant-based funding cycles. • Desire for pooled budgets but significant barriers cited. • Few examples of joined up training or workforce development.

6. Analysis of findings

(a) Consistency of findings

We analysed the quantitative survey data, the free text comments, and the interview findings to see where people agreed (convergence) and where their views differed (divergence). Most features of effective intersectoral collaboration showed strong agreement across the different types of data. However, some differences did appear. In these cases, the quantitative survey suggested that a feature was more consistently in place than the qualitative comments and interviews indicated. This happened for topics such as having a corporate plan that includes joint working, involving people with lived experience and their families, and having access to evaluation expertise.

Reasons for these differing views may include:

Sampling: People completing scored questions may be more familiar with formal processes and give more positive ratings than those offering narrative examples.

Framing bias: A direct question ("Do you have X?") may prompt optimistic ticking, while narrative questions elicit more nuanced or critical reflection.

Variation between partnerships: Some areas are clearly better resourced or structured than others. Quantitative averages smooth this out.

Positivity bias in scoring: Respondents may overrate adequacy when given a scale vs. describing practical barriers.

(b) Summary of findings based on the questions in the survey and interviews *including direct quotes from respondents*

Partnership structures & set-up

Many partnerships grew from recognised local needs, for example around food poverty, sport and physical activity, and early help or prevention. Others were nationally initiated but established to support local delivery, such as Sport Wales regional work.

Effective start-ups often built on local assets such as existing networks, trusted relationships, and shared aims.

Leadership & ways of working

'Leadership is not just important it's crucial. You can put a lot of money in but if there is no effort and no understanding of where you want to be, it's not going to make it. It's the biggest thing you have to start with'.

Good leadership was marked by transparency, reciprocity, and shared decision-making.

People told us that they value leaders who take the time to understand the realities of delivering services, and create an environment where staff feel involved and engaged. When leadership is absent, disconnected from the teams around them or under-resourced, this creates barriers to effective collaboration. It is important to get the right people around the table early in the collaborative process, and effective leaders have a key role to play.

Data, evaluation & evidence

'There's always barriers when it comes to sharing information and actually it's really simple when you have consent from the family that you're working with, so we got that in our policy to start with'.

'It is not easy to find stuff … a database that shows where delivery is most needed'.

We found positive examples of using external evaluation, structured data workbooks, and joint reporting. We also heard many accounts of frustrations with incompatible databases and lack of internal evaluation capacity.

Significant emphasis was placed on evaluation being meaningful and designed to identify impact and enable shared learning, not just number-counting.

Lived experience involvement

'We ask what went well, and what didn't go so well? We don't want to do it to them, it's got to be done with them and we make that clear from the beginning'.

We heard strong recognition of the importance of trust-building and using existing community organisations to reach families.

There appears to be varied levels of embedding lived experience: some partnerships report using citizen advice partnerships, others youth engagement approaches.

There are calls for more systematic, ongoing involvement rather than ad-hoc consultation for a specific purpose.

Resources & funding

'We have enough in regards funding as an amount, but we do not have enough as a part of stability. Without knowing if the funding is going to available next year or the year after, I am unable to plan.'

Persistent short-term funding is undermining stability and long-term planning. It creates high staff turnover and loss of expertise, and a lack of leadership continuity inhibits consistent strategic alignment and shared vision.

Even where multi-year funding existed, it was often earmarked for purposes other than prevention.

7. Conclusions

So, what conclusions can we draw about what this means for how we work collaboratively in Wales?

1. **Collaboration works best where relationships and continuity exist.**

Trust, reciprocal leadership, co-location and consistent personnel are repeatedly named as the foundation of effective partnership work.

2. **Funding instability can undermine collaborative working.**

Short-term grants, one-year funding cycles, and precarious contracts create churn, prevent strategic planning and cause burnout.

3. **Data, evaluation and shared information are valued but not always accessible.**

Partners want a usable, up-to-date shared platform for sharing data, examples of evidence, and evaluated practice; current tools are inconsistent and often duplicated.

4. **Third sector role in collaborative working could be valued more consistently.**

Community organisations frequently act as the bridge to lived experience but are sometimes treated as a "partner of last resort".

5. **Lived experience involvement merits a more systematic approach.**

Engagement exists, often via frontline organisations, but is often ad-hoc rather than systematic or resourced.

6. **Leadership and culture matter as much as structure.**

Leaders who share power, understand frontline reality, and support cross-sector working drive improvements. Top-down initiatives that don't fit local contexts create friction.

7. **Practical, local solutions exist but fail to scale.**

Good practice examples (e.g. pan-county panels, coordinated food responses, sport-based engagement) demonstrate impact; barriers to scaling include funding, differing priorities and governance complexity.

We have developed a set of recommendations that aim to remove some of the barriers that we have heard about and support the efforts of those working in collaborative partnerships across Wales. These recommendations are found in section 2 (page 4) of this document.

Research conducted 2025.

For more information, please contact PHW.Determinants@wales.nhs.uk

8. Appendix

Appendix A

The table below shows the full summary of responses to our survey and interviews, mapped against the main headings of the features of effective collaboration.

Within formal poverty partnerships		
Q1. Ways of working and leadership		
Feature	**Rating**	**Evidence from data**
Shared understanding of goals	**Partial**	Some partnerships have clear shared outcomes (e.g., evidence of "win-win" and shared objectives. Others unclear ("not sure we are all collectively clear on direction").
Differing priorities & policy clashes are understood	**Partial**	Recognition of policy clashes (public vs third sector funding priorities) and need to navigate them; little on structured processes to resolve them.
Diversity of organisational cultures acknowledged	**Partial**	Acknowledgement of different sectors' remits and working styles; occasional culture clashes noted, esp. with national bodies.
Core values of each sector reflected	**Partial**	Some examples (sport for resilience; public health evaluation expertise). No systemic evidence that values are embedded across all work.
Trust & equal voice	**Present (but fragile)**	Many cite equal treatment in meetings, trust, and mutual respect; risks noted when leadership changes or partners disengage.
Strategic commitment from each partner	**Partial**	Some partners highly committed; others constrained by resources or shifting organisational priorities.
Clear partner responsibilities	**Partial**	Examples of assigned responsibilities exist; some uncertainty noted in regional partnerships.
All partners listened to & involved	**Present (in most cases)**	Meeting inclusivity and open sharing mentioned repeatedly.
Regular two-way communication	**Present**	Regular, well-organised meetings; updates shared via email even if not directly relevant.
Win-win strategies identified	**Partial**	Some cite "win-win" explicitly; others do not identify mutual benefit formally.
Learning & evaluation culture	**Partial**	Good practice sharing exists; evaluation capacity varies widely; some poor-quality evaluation experiences.
Leadership facilitates collaboration	**Partial**	Strong examples of enabling leadership; also cases of absent or disconnected leadership.

Q2 Set up of the partnership		
Feature	**Rating**	**Evidence from data**
Built on existing relationships	**Present**	Many partnerships grew from existing PSB links, community relationships, or prior projects.
Structures designed for outcomes	**Partial**	Some have structures tied to clear objectives; others lack clarity or adaptability.
Q3 Data and Evaluation		
Feature	**Rating**	**Evidence from data**
Data on population need informs delivery	**Partial**	Some use data workbooks, needs assessments; others cite lack of shared data or incompatible systems.
Access to evaluation expertise	**Partial**	Public health and commissioned evaluation specialists in some areas; others have none.
Meaningful performance management	**Absent - weak**	Limited evidence of structured performance tracking; focus on outputs not outcomes.
Q4 Lived Experience		
Feature	**Rating**	**Evidence from data**
Engagement of children/families	**Partial**	Involvement mainly via intermediaries (e.g., Citizens Advice, family liaison); inconsistent and often ad-hoc.
Q5 Resources		
Feature	**Rating**	**Evidence from data**
Sustainable funding models	**Absent**	Overwhelmingly short-term, grant-based funding cycles.
Dedicated management structure with continuity	**Partial**	Some areas have stable teams; others rely on temporary contracts.
Support for shared finance approaches	**Absent - weak**	Desire for pooled budgets but significant barriers cited.
Shared workforce development/training	**Partial**	Joint training happens in some partnerships but not predominantly evident.

Within individual organisations		
Q6 Organisational leadership		
Feature	**Rating**	**Evidence from data**
Leadership encourages collaboration	**Partial**	Some leaders model collaborative behaviour; others don't prioritise it.
Q7 Collaborative Mechanisms		
Feature	**Rating**	**Evidence from data**
Goals aligned with core business	**Present**	Most partnerships' aims align with member organisations' missions.
Collaboration spans policy–delivery	**Partial**	Some good examples (joint strategies and delivery projects); patchy coverage.
Corporate plan references joint work	**Absent - weak**	Little mention of joint funding/delivery in corporate plans.
Staff receptive to interagency work	**Present**	Strong appetite for partnership working at operational level.
Q8 Training and Development		
Feature	**Rating**	**Evidence from data**
Skills for partnership working supported	**Partial**	Training opportunities vary; some areas rely on learning by doing.

Appendix B

List of contributing teams/organisations:

Aneurin Bevan University Health Board
Cardiff and Vale University Health Board
Children in Wales
Citizens Advice Cymru
Community Housing Cymru
Cwm Taf University Health Board
Flintshire County Council
Future Generations Commissioner's Office
Melin Homes
Mid and West Wales Fire Service
Money and Pensions Service
Pembrokeshire Association of Voluntary Services
Powys County Council
Public Health Wales
Social Care Wales
Sport Wales
Swansea Council
Wales NHS Confederation
Welsh Government National Advice Network
Welsh Government Tackling Poverty and Supporting Families Division
Welsh Local Government Association
World Health Organization (Venice Office)