



Cwm Taf Morgannwg University Health Board Director of Public Health Report 2024 - 2025

Starting Well, Living Well: Working together to support the Early Years of Life



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Foreword

I'm pleased to present this year's annual report as Executive Director of Public Health for Cwm Taf Morgannwg University Health Board. This year we focus on the early years of life, a critical window where the foundations for lifelong health are laid.

In this report we give an overview of some of the key issues relating to the early years, and just a few examples of some of the excellent work taking place throughout Cwm Taf Morgannwg (CTM) to give children a better start in life.

The early years are complex, but full of opportunity. Across our health board, three local authorities of Rhondda Cynon Taf, Bridgend and Merthyr Tydfil, and numerous voluntary and community organisations, there is a wealth of positive work underway to improve outcomes for children and families in CTM.

While there are many positives, it's difficult to get away from the persistent inequalities in our region. A majority of our families live in the 40% most deprived areas of Wales. As a result, we see higher rates of maternal smoking, low birth weight, reduced breastfeeding, and increased tooth decay. Disparities such as these mean a child born in our most challenged communities can expect 11 fewer years of good health than one born in the most affluent areas.

In our report we look at key areas for giving children a better start and reducing health inequalities. We begin with preconception and the first 1000 days, including maternal health, family bonding and breastfeeding. We then focus on vaccination and core aspects of health improvement in the early years, including healthy weight and oral health. Underpinning the long-term health of our children are the foundations of health – here we examine the impact of child poverty, and opportunities for working together between health and education.

By highlighting some of the brilliant work going on in CTM, we show some of the many opportunities for building on success and sharing learning across the region. It may be a cliché, but children are the future of our society. Investing in their health and wellbeing now is essential if we want a healthy and prosperous future.

Philip Daniels
Executive Director for Public Health

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Acknowledgements

Thank you to the following teams and organisations for their support in bringing together this report, and for all the work that they are undertaking to improve outcomes for children and families in Cwm Taf Morgannwg: CTMUHB, including Public Health, Primary Care, Strategy and Planning, Dietetics, Health Visiting and Maternity colleagues
Bridgend County Borough Council
Merthyr Tydfil County Borough Council
Rhondda Cynon Taf County Borough Council
Our Community and Voluntary Sector partners across CTM
Cwm Taf Morgannwg Regional Partnership
Public Health Wales

Introduction

Purpose of this report

This report aims to give an overview of key issues relating to public health and the early years, alongside some examples of the excellent work being undertaken across the region to give children a better start in life.

This report is not an exhaustive account of the early years; capturing the breadth of work being undertaken in CTM, across a wide range of issues is beyond the scope. We aim to show the vital importance of prioritising the health of our very youngest members of society, and some of the ways in which we already do this.

The recommendations from the report do not constitute an Early Years strategy but are a series of pointers for us to consider as a system. More important than specific recommendations is the system wide prioritisation of work on the early years for the long-term gains of improving health and wellbeing and reducing inequalities.

Taking a life-course approach, we start at the point of preconception, highlighting the importance of good parental health, and support to plan pregnancies to give babies the best start. We then look at the importance of establishing our babies within the family unit, from infant feeding, maternal mental health and the parent infant relationship.

Following on, we look at key public health topics through an early year's lens, including healthy weight, immunisations and oral health. Finally, we consider those wider building blocks of health, focusing on education, from pre-school to school readiness and taking a look at the wider impact of poverty on children growing up in CTM.

What's missing?

We are mindful that there are many areas that we could have covered in more detail. A range of professionals and programmes play a vital role in giving children a better start. Community midwives, health visitors, speech and language therapists and other health professionals play an essential part in the early years, as do local authority commissioners, social workers and family support workers and more.

There are established national programmes, such as Healthy Child Wales, and the Flying Start programme which are delivered locally, and form important parts of our early years system. This report touches on these but is not a detailed review. We also do not look in depth at significant agendas, such as the Adverse Childhood Experiences (ACEs) agenda.

Early Years Definitions

In this report we are looking at the early years as the period from birth to the start of full-time schooling, between the ages of 4 and 5. We also include the concept of the first 1000 days – from conception to 2 years old, recognising the importance of a healthy pregnancy (and the impact of our health before conception).

Welsh Government defines the early years as the period of life from pre-birth to the end of Foundation Phase, or 0 to 7 years of age.

To give a flavour of key areas in the early years we structure our report around three themes:

- Preconception and the first 1000 days
- Improving and protecting health
- Working on the wider determinants

Data and our children in CTM

This report gives an overview of some of the key data relating to the early years in CTM. This shows that:

- We have a higher birth rate than many areas of Wales.
- Our children are born into higher-than-average levels of deprivation.
- Parents are affected by higher rates of risk factors for ill health, such as obesity and smoking.
- As a result, more children are born at a low birth rate (indicating a higher risk of a range of outcomes)
- By the age of 5 we can already see health inequalities, with higher rates of tooth decay and childhood obesity.

Beyond these highlighted figures routinely available data on the early years is limited, often with significant time lags. However, there is a wealth of data collected around the system, presenting an opportunity to improve our understanding of issues across the early years.

Spotlights on work in the Early Years

Throughout the report we highlight some of the great work underway around CTM, looking at the vital roles played by partners from our local authorities, voluntary sector and across the health board. Each one of these case studies has a lesson for our system.

St David's Baby Bank in Merthyr Tydfil show the value of hyper-local community action in mitigating the impact of the poverty too many of our children grow up in. Our CHOICE service shows the value in tailoring services to the needs of underserved groups as we work to reduce health inequalities. The work undertaken through the Sarn Flying Start Scheme shows how we can bring local partners together to take a holistic view of family needs and work with families whatever their challenges. These examples show the importance of coming together collectively.

Investing in the Early Years

Investing in early years and family support programmes is one of the most effective ways to improve population health, reduce inequalities, and generate long-term savings across public services. The Heckman Curve (Figure 1) shows the potential value of investing in the early years. A recent Public Health Wales review on investing for health, identified the following key areas:

Key areas for investment

- Support for pregnant women, new mothers, and young families, including social and health protection.
- Breastfeeding and nutrition programmes that improve health outcomes and reduce demand on services.
- Affordable, high-quality childcare, education, and health services, with a focus on universal access.
- The first 1000 days as a critical window for intervention.

What the evidence tells us

- All UK vaccination programmes are highly cost-effective.
- Consistent delivery of early years programmes, such as the Healthy Child Wales Programme, is essential.
- Parenting programmes can return £15.80 for every £1 invested.
- Enhanced mental health screening by midwives has delivered £490 million in net benefits over ten years.
- Breastfeeding promotion could save the NHS around £50 million annually.
- Early years education, especially for low-income families, returns £1.31 for every £1 spent.
- School and community programmes that support physical activity, nutrition, oral health, and mental wellbeing are cost-saving.
- Reducing exposure to unhealthy food advertising and non-educational screen time can help reduce obesity risk.
- Integrated programmes involving schools, communities, and parents show promise in preventing early alcohol use.

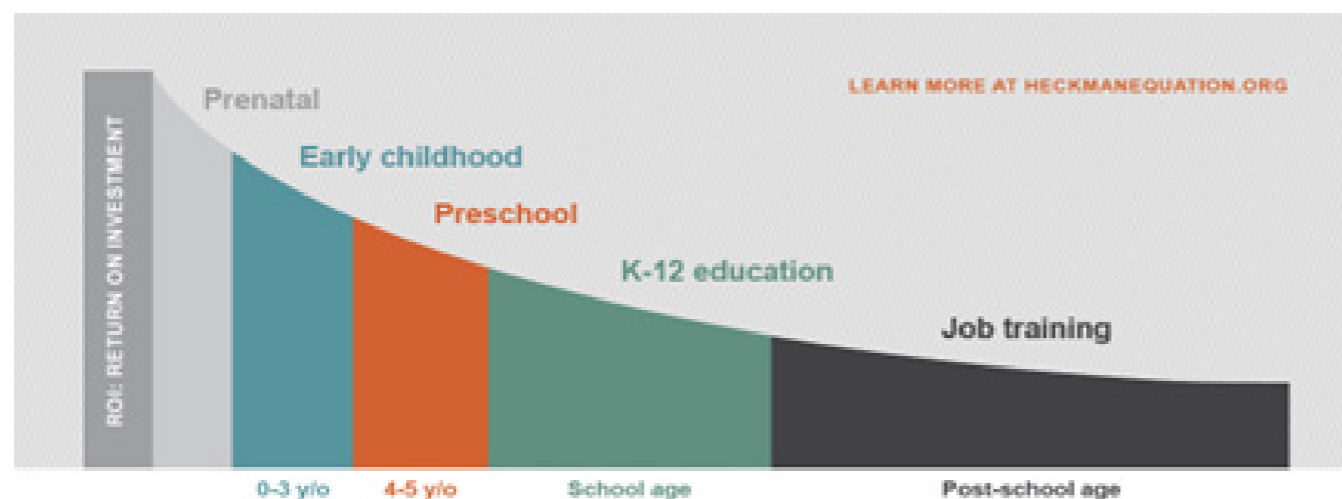


Figure 1: The Heckman curve shows the potential value of investing in the early years

Strategic Links

There is no current national strategy specifically covering the Early Years. However, a range of policies and strategies stress the importance of a co-ordinated approach to take preventative action in the early years for lifelong health and wellbeing benefits.

Key Policies & Strategies and Frameworks include :

- Well-being of Future Generations Act (WCFG) (Welsh Government 2015)
- The United Nations Convention on the Rights of the Child (UNCRC, 1990)
- Child Poverty Strategy (Welsh Government, 2024)
- Collaborative Healthcare in Wales (RCPCH Report, 2025)
- Mental Health and Wellbeing Strategy 2025 to 2035 (Welsh Government)

A number of national programmes operate to improve child health and reduce health inequalities. These include:

- The Healthy Child Wales Programme (HCWP): a core universal health visiting programme.
- Childcare and Early Years Capital Programme (2025–2028): funding to local authorities to improve childcare facilities.
- Flying Start & Families First: a national early years programme for families in our most disadvantaged areas.



The Best Start in Life: A Framework for Action

Public Health Wales's framework sets out a vision for improving outcomes for babies, young children, and families in Wales by strengthening the early years system.

Developed collaboratively with professionals, parents, and carers, the framework defines what “the best start in life” means: a society where babies are safe, loved, and able to play and explore, supported by nurturing relationships and inclusive environments.

The framework identifies three foundational components:

1. A society that values and listens to babies, children, and families
2. Shared vision, strategy, and leadership
3. Enabling structures and ways of working

It also outlines seven thematic building blocks essential for reducing inequalities:

- Family-friendly, safe, and sustainable environments
- Safe and suitable homes
- Supportive communities and networks
- High-quality play, learning, and care
- Maximised family income and fair work
- Family-focused services
- High-quality universal and enhanced health services

Each component includes benchmarks for local, regional, and national action, offering a structured guide for identifying gaps and prioritising improvements.

Implementation is flexible, allowing different sectors to use the framework according to their context. It encourages collaborative leadership and cross-sector accountability. The framework also calls for an updated outcomes framework to measure progress and ensure alignment with shared goals.

A call to reinvigorate local action

In 2023 the national Early Years Integration and Transformation Programme closed, leaving a gap in national direction and regional co-ordination of work across the early years. In related work to look at ambitions to support Starting Well the following draft set of system ambitions was produced:

Ambition 1: Infants and children reach their full health and wellbeing potential

Ambition 2: Families are resilient and are able to access the advice and support they need in the right place at the right time

Ambition 3: A regional multi-agency vision for Early Years provision is in place that is focused on positive outcomes for children

Ambition 4: Children are ready for entry into Nursery at age 3 and have confidence in their own abilities

The new Children and Young People's strategy for CTM, produced by the CTM Children's Board offers an opportunity to reinvigorate collaborative working on the early years, with an existing set of local ambitions as a starting framework.

Inclusive Language

The language we use in this report reflect that most pregnant and post-natal people identify as women. In practice this means that most commonly we use the terms “woman” or “women” to refer to these service users in the information we produce. However, we also recognise diverse gender identities, and the importance of inclusivity and inclusive language and will use gender neutral language as well.



Recommendations

Recommendations here give a sense of work and approaches that could be taken forward for a better start.



Cross Cutting



Pre-conception and the first 1000 days



Health Improvement and Protection in the Early Years



Foundations of Health - Child Poverty and Education

Cross Cutting

- Reinvigorate and prioritise system-wide work across the early years, focusing on co-production, collaboration and integration.
- Match collaborative action with joint commissioning and sustainable models of funding.
- Advocate for national action, where levers lie beyond CTM.
- Maximise long term benefits by considering early years in wider programmes (e.g. smoking cessation in pregnancy).
- Explore better sharing and utilisation of existing data across the early years, linking data to system priorities.

Health Improvement and Protection in the Early Years

- Take a whole system approach to healthy weight, working alongside the PIPYN programme to understand the lives of young families.
- Work to expand access to healthy, affordable food for children and families.
- Continue to work for high levels of vaccination for mother and child in CTM, with a focus on reducing inequalities.
- Learn from Designed to Smile access to dentistry pilots, sharing progress with educational colleagues.

Pre-conception and the first 1000 days

- Develop a Public Health & Maternity plan to take a systematic approach to prevention and equity.
- Review provision of long-acting reversible contraception across CTM to improve access, focusing on priority groups.
- Learn from the preventative approaches developed by the CHOICE and Local Authority pre-birth programmes to build sustainable models of preventative care in the first 1000 days
- Deliver the CTM infant feeding strategy and ensure that breastfeeding rates are monitored at a strategic level.

Foundations of Health - Child Poverty and Education

- Prioritise action on child poverty as part of regional collaborative working on the early years.
- Consider how system wide efforts to benefits maximisation can work with families with young children.
- Strengthen partnership working between health and education and consider how data can be better used to understand challenges such as school readiness.
- Continue to lobby for clear national and UK level commitments to action on child poverty, including the lifting of the two-child benefit limit.

Early Years in CTM: Rapid Data Overview

Our rapid data overview gives some context to the health of our communities in CTM, where our babies will grow up. We are working as a team to publish more in-depth health profiles.

449,346
people living
in CTM

Age

There are 449,346 people living in CTM – 26,400 are aged between 0-5 years. CTM has a similar proportion of 0-5-year-olds (5.9%) to the Welsh average (5.7%). CTM has a slightly higher birth-rate, with more than 4,000 babies born in CTM every year, making up 14.6% of all births in Wales.

Life expectancy

Healthy life expectancy is lower in CTM than the Welsh average.

Life expectancy is lowest in our most deprived areas (7 years less for men, 5 years less for women). Healthy life expectancy is lower in our more deprived areas (10 years less for men, 12 years less for women).



Deprivation

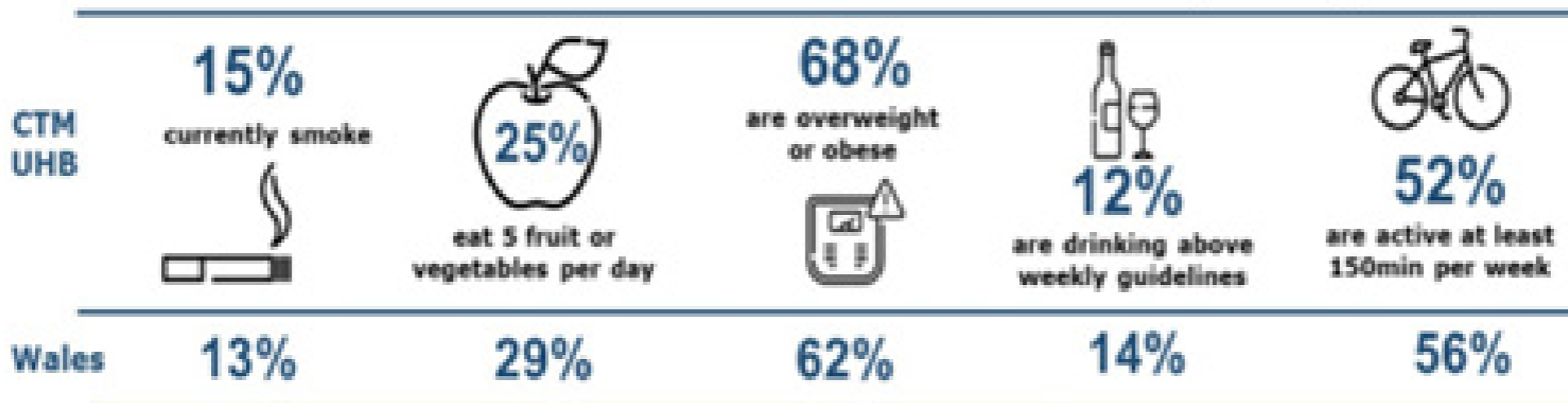
Cwm Taf Morgannwg University Health Board serves some of the most deprived populations in Wales. 56.5% of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019).

Risk factors and healthy behaviours

In CTM there are significantly higher proportions of people who smoke, live with overweight or obesity or struggle to meet activity recommendations.



Risk factors for disease in Cwm Taf Morgannwg



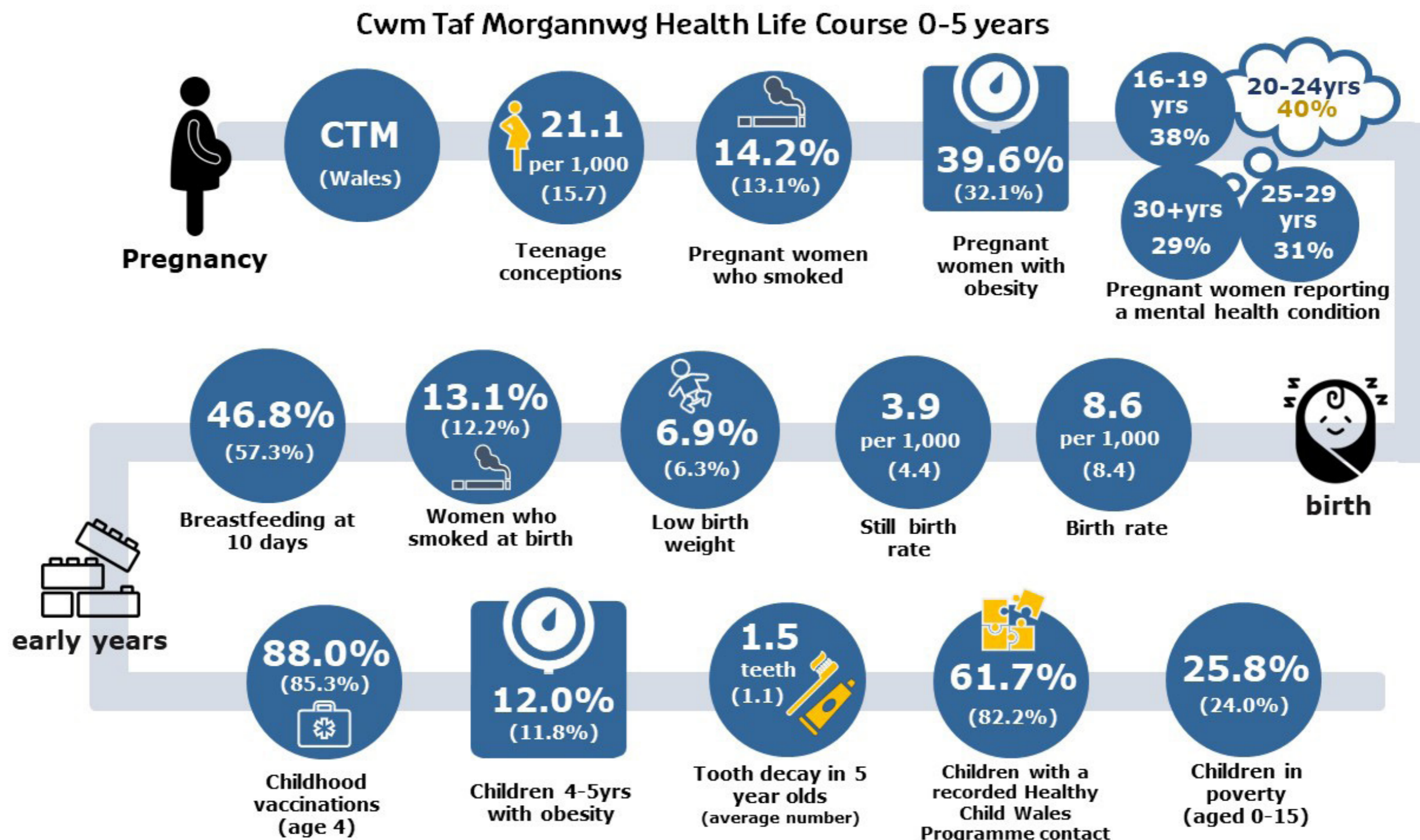
Health in the Early years

CTM has poorer outcomes on a number of measures of a healthy pregnancy such as high numbers of teenage conceptions, high numbers of pregnant people who smoke, or living with obesity.

CTM also has higher than the Welsh average numbers of babies born with low birth weight, and some of the lowest levels of breastfeeding in Wales.

CTM encounters many challenges around the health and wellbeing of under five-year-olds with high rates of childhood obesity, poor oral health and those living in poverty.

Our infographic below shows some of the key data for babies being born in CTM.



Preconception and the First 1000 Days

Good maternal health and wellbeing before conception, support around pregnancy planning, and health in pregnancy are all important staging posts in giving a child the best start.

This chapter covers the period before conception, and the first 1000 days of a child's life. These are critical windows for improving long-term health outcomes.

This includes looking at:

- Preconception health
- Planning for pregnancy, and ensuring access to contraception
- Case studies to show how we can support vulnerable families
- The importance of parent infant relationships, and giving babies a voice
- Infant feeding

There are many opportunities to improve individualised support. A whole system approach; better prioritising and integrating work across the system to improve the foundations of health with pre-conception and perinatal health, will be the most effective.

Preconception health

Preconception refers to the period before pregnancy begins. Health in this phase strongly influences pregnancy outcomes and has lasting effects across generations.

Preconception health is impacted by a range of factors such as maternal weight, smoking, alcohol and substance use, folic acid intake, immunisation status, long-term conditions, previous pregnancy complications, age, and exposure to domestic violence. In CTM UHB, these factors are more prevalent due to higher levels of deprivation.

Even among those planning a pregnancy, few make health-related changes beforehand. Improving preconception health means identifying and supporting those considering pregnancy, while also addressing wider population health, especially among people of childbearing age.

Improving maternal health offers a wider opportunity for population health gains, with long-term benefits for families and economic returns. For example, reducing smoking in pregnancy (currently 14%) and supporting healthy weight (40% of pregnant women live with obesity) could yield significant impact.

Planning for Pregnancy and contraception

A planned pregnancy is likely to be a healthier one, as unplanned pregnancies represent a missed opportunity to optimise pre-pregnancy health. Data on unplanned pregnancies and teenage conceptions is limited in Wales, but research from England found that 45% of pregnancies and one third of births are unplanned. While many unplanned pregnancies lead to positive outcomes, some can have lasting health impacts for mothers and babies.⁴

National data shows a 39% rise in terminations between 2016 and 2022, with around half of under-18's pregnancies ending in termination. CTM UHB has the highest rate of terminations in this age group across Wales, indicating a high level of unplanned pregnancies.⁴

At school level, nearly a quarter of 15/16-year-olds in CTM report having had sex – the highest rate in Wales. Over half did not use a condom during their last intercourse, and 12.5% used emergency contraception.⁴

Currently 15 of our 43 General Practices are unable to provide a full range of long-acting reversible contraception (LARC) – the most effective forms of contraception.

Early intervention is vital to prevent unintended pregnancies. Support around reproductive health, access to contraception, and preconception care should be prioritised. Helping individuals prepare emotionally and physically for pregnancy is key to giving children the best start in life.

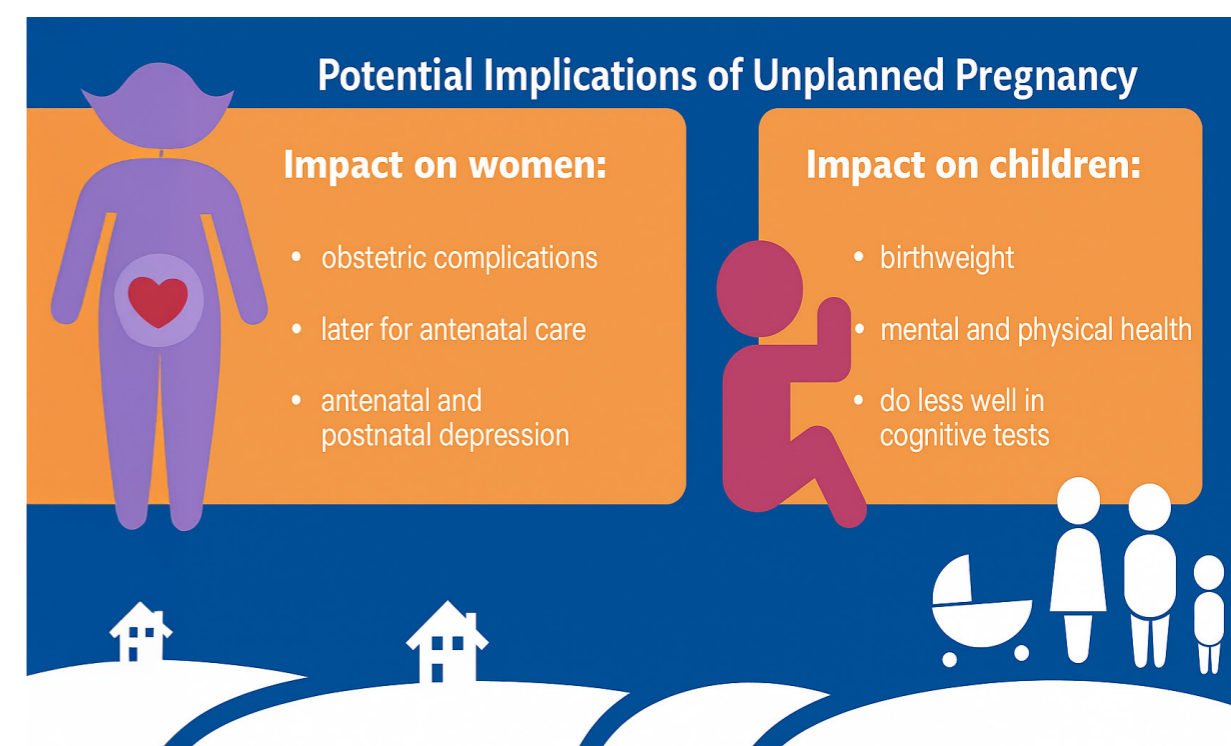


Figure 3: Potential Implications of Unplanned Pregnancy, PHE

The CHOICE service shows the importance of helping people plan their pregnancies, helping to reduce the number of children taken in to care and giving people control over their lives.

Maternal Health in Cwm Taf Morgannwg

A healthy pregnancy is one in which both the mother and baby experience good physical and mental health & wellbeing.

Supporting maternal health improves outcomes through pregnancy and delivery, ensuring babies have the best possible start in life.

However, in Cwm Taf Morgannwg, the impact of deprivation and inequality on family circumstances is reflected in poorer maternal and infant health outcomes. These challenges are evident across a range of indicators.

There is a range of work across CTM to support women's health and wellbeing during their pregnancy, starting with our universal community midwifery programme.

The Flying Start programme provides an enhanced community midwifery service to families in greatest need, with different models in operation across our three local authorities.

Our Help Me Quit for Baby service helped 354 pregnant people to make a quit attempt in 2024/25, while the Bump Start programme provides additional support to women with a BMI of 40+.

Primary care work hard to ensure pregnant people receive key vaccinations in pregnancy, however system challenges to vaccinate at every opportunity remain. Reducing rates of whooping cough vaccination across the UK have seen incidents of child death in recent years.

However, as shown in our infographic on page 16-17 we have significant challenges, associated with higher levels of deprivation.

- Women living with obesity make up the largest group of expectant mothers in CTM - 2 in 5 mothers have a BMI over 30.
- Women with obesity are 3 to 4 times more likely to develop Gestational Diabetes (GDM) than those of a normal weight.
- 37% of pregnant women in CTM reported a mental health condition at booking (approx. 1,800 out of 5,000), compared to 32% across Wales.
- 14.2% of women smoked at initial booking assessment (13.1% in Wales).
- CTM has a high rate of teenage pregnancy (21.1 per 1,000 women <18 years in 2022).
- Many women do not receive key vaccinations in pregnancy, with 58.1% being vaccinated against whooping cough, and 46.5% against RSV.

Poorer maternal health leads to increased risk of poor birth outcomes, and longer-term poorer health for mothers and children. Low birth weight is a key indicator of a healthy pregnancy. Since 2011, CTM has consistently reported the highest percentage of babies born with low birth weight across Wales.

System wide work to support maternal health will be essential to giving children a better start.



Case Study: CHOICE: Supporting Vulnerable Women to Plan their Pregnancies and Protect their Health

The CHOICE service was established in 2020 to deliver a ‘clinic in a box’ approach to sexual health care for women and their partners in priority groups across CTM. The service aims to help vulnerable women who find it difficult to access mainstream services plan their pregnancies and control their reproductive and sexual health.

CHOICE is a collaboration with CTMUHB Integrated Sexual Health and Public Health, focusing on education, support and access to preventative interventions by working with community partners and building trusted relationships.

‘Being local and helping you with a time that is best for you. Seeing the same person and being comfortable within your appointment.’

Impact

Prior to its introduction, there was no dedicated pathway to meet the often-complex sexual health needs of underserved populations, exacerbating existing health and social care inequalities.

‘Lots of our clients would not have been able to access routine clinics or treatment and having a direct route through CHOICE has made the difference to so many clients’ (CHOICE Nurse)

In 2024/25 key activity included:



Receiving referrals for 548 clients



Providing 845 contraceptive items



58 episodes of cervical screening



164 STI screens completed.

Case Study: The Magu Project



The Magu Project was developed by Rhondda Cynon Taf County Borough Council in support of the Welsh Government’s strategy to keep families together and reduce the number of Looked After Children in Wales. The name “Magu” (Welsh for “to nurture, raise”) reflects the long-term support needed to improve outcomes for children and families.

Magu provides an integrated care pathway for pregnant women and families, focusing on early intervention and edge-of-care services. It aims to build skills and resilience, reduce risk, and prevent children from entering care at birth. Support begins from 12 weeks of pregnancy and continues until the child turns one, even if the child is removed from parental care. The service aims to:

- Reduce the number of babies under one becoming looked after.
- Minimise parent-child separations and their duration.
- Increase rehabilitations of separated babies back to parental care.
- Reduce repeat care proceedings and care-experienced parents having children removed.
- Enhance father involvement and parental resilience.

Early outcomes from the first year (as of June 2024) show promising results:

- 22% reduction in under-1s entering care.
- 10% reduction in reliance on parent-child placements.
- Only 1 of 9 placements ended in separation (previously 30-40%).
- 41/ 46 babies supported remained or returned to parental care.
- High father involvement (53 of 78 families).
- 100% reported improved wellbeing and resilience.
- 90% of cases resulted in children remaining with parents.

One parent commented,

“Magu has been an incredible support for me during a challenging period in my life. I truly feel that my thoughts and feelings have been acknowledged.”

Supporting Parent Infant Relationships

The first 1000 days of life, from conception to age two, is a time of unique opportunity and vulnerability for babies and toddlers. They are growing rapidly, and this is a time when the foundations for their later health, well-being, relationships, behaviour and development are established.

During this time babies' brains are shaped by their environment, experiences, relationships and interactions they have with the trusted grown-ups who care and look after them. When early experiences are optimised, children are able to acquire a secure early skill base and are better enabled to go forward in life, gaining further skills and becoming more successful at managing and undertaking the core activities of daily life.

Around one in five babies born in the Cwm Taf Morgannwg region are likely to experience a parent-infant relationship difficulty sufficient to risk their later mental and physical health, social relationships, progress at school and in work. The scale of need is high due to local communities experiencing high levels of trauma and adversity which contribute to increased pressure on the parent-infant relationship.

In recognition of these challenges, a regional Parent-Infant Relationship (PIR) service across the CTM region has been developed addressing a significant gap in support for families with children under two experiencing serious PIR difficulties. The service is designed to:

- Promote good emotional health and wellbeing in babies, infants, and their caregivers.
- Deliver preventative interventions to reduce the need for late-stage services like CAMHS and children's social care.
- Support families to stay together safely, particularly those at the edge of care.
- Direct support: Specialist casework for families with serious parent-infant relationship difficulties.
- Upskilling staff: Training and consultation for early years professionals to embed knowledge across health, social care, and education.
- Integrated working: Multi-agency collaboration with a 'no wrong door' approach, ensuring families can access support wherever they present.
- Regional consistency: Common service offer across CTM's three local authorities

The development of the CTM Parent-Infant Relationship service is an important example of how we can work across regional partners to maximise resources across a shared challenge.

Case Study: Baby and Toddler Voice

Regional partners working across health, the three local authorities, third sector, parents and parents-to-be have worked together to co-produce the CTM Baby and Toddler Voice statements to bring into focus the needs of the infant across the first 1000 days.

The CTM Baby and Toddler Voice statements aim to promote the United Nation Convention on the Rights of the Child (UNCRC), an international agreement that protects the human rights of children up to the age of 18.

Some examples of these statements include:

- I need you to understand that my experiences now will impact my future.
- I need my trusted grown up to look after my, and their health before, during and after my arrival and to reach out for help if things are not right.
- We need important people to understand how vital my early years are for me to reach my full potential and reflect this in all documents related to me and all little ones.

There are 15 statements in total, covering a range of needs for young children as they grow. They provide a useful guide for thinking about how we centre services around the needs of



Infant Feeding in CTMUHB: Why It Matters

Infant feeding is a cornerstone of early childhood health and development. Breastfeeding offers an important opportunity to strengthen mother-baby bonding. It also offers lifelong health benefits for both infants and mothers, helping to reduce health inequalities and prevent conditions such as obesity, diabetes, and infections.

Breastfeeding rates in CTMUHB remain among the lowest in the UK. The 2024 data shows 56% of women in CTMUHB are breastfeeding exclusively at birth, which is lower than the average in Wales of 61.9%.

Breastfeeding rates are no longer part of the NHS performance framework, reducing the visibility of this key public health indicator.

Spend on specialist infant formula in primary care in CTM has increased from £487,000 in 19/20 to £742,000 in 24/25, suggesting parents are not getting the support they need to maintain chosen feeding methods.

An overview of the CTMUHB breastfeeding data is outlined on page 27 in Table 1. As can be seen, rates of breastfeeding are consistently below the Welsh average at every stage, with only 1 in 6 women breastfeeding for the recommended 6 months.

Table 1: Breastfeeding data for CTM and Wales, Stats Wales 2024.

	At birth (exclusive)	10 days (exclusive)	6 weeks (exclusive)	6 months (exclusive)
Wales	61.9	38.7	30.7	23.2
CTM	56.0	29.6	23.0	16.7

While breastfeeding has many important benefits, there are lots of reasons why a person may not be able to breast feed their baby or may choose not to.

Regardless of feeding method, it is important that people get the support they need to make an informed choice and develop a healthy feeding relationship with their baby.

Infant Feeding Strategy

The CTMUHB infant feeding strategy aims to create a culture where breastfeeding is normalised, visible, and supported across all communities. Through a whole-system approach, we are working to ensure every family receives consistent, compassionate, and informed support—regardless of how they choose to feed their baby.

Key objectives include increasing breastfeeding rates, enhancing parent-infant relationships, reducing childhood obesity, and supporting safe and responsive formula feeding.

Key initiatives involve enhancing antenatal resources and parent education, incorporating user feedback to provide individualised care, improving digital resources, and offering targeted support for feeding difficulties.

Through these efforts, the strategy aims to create a supportive environment that prioritises the health and wellbeing of infants and their families, leading to improved nutritional outcomes and stronger community health.



Case Study: Breastfeeding Network

Insights on women's experiences and support needs relating to breastfeeding were needed to develop a meaningful infant feeding strategy for CTM.

Through appreciative enquiry, mums shared their experiences in safe, familiar spaces online or in local coffee shops. These stories revealed:

- The critical importance of early support and quality information in the first hours and days after birth.
- A strong desire for peer support, especially networks that had collapsed during the pandemic.
- The need for accessible, culturally relevant resources, including Welsh language support and better awareness of the National Breastfeeding Helpline.

This work has led to the development of the breastfeeding network which looked to rebuild the peer supporter networks. In 2024-2025 peer supporters were active in their local communities, creating local, empathetic connections that bridge mums with support systems they need to breastfeed.

The emphasis of the peer support network is focusing on changing the culture around infant feeding, making breastfeeding support visible, normalised, and community driven. It's about creating environments where mums feel heard, supported, and empowered to breastfeed their baby.



Health Improvement and Health Protection in the Early Years

Many of our children grow up in families with low incomes, facing significant barriers to living healthy lives. We start to see the impact of deprivation before children reach primary school, with inequalities in vaccination rates, levels of obesity and tooth decay.

Working to reduce these inequalities is at the heart of our approach to health improvement and protection in the early years. Here we look at three key areas:

- Healthy Weight
- Oral Health
- Vaccination and Immunisation

Our healthy weight work focuses on understanding the barriers families face, listening to them and taking an upstream, equity focused approach to reduce levels of obesity. Our vaccination programmes focus on maintaining high population levels of vaccination, while working hard to reduce inequalities. Oral health initiatives, such as Designed to Smile, contribute to long-term wellbeing and reduce inequalities.

While these programmes often focus directly on the early years, it's important to recognise the potential impact we can have with wider programmes. Tailoring smoking cessation support, or work to reduce substance use to the needs of young families is essential to giving these children a healthier start.

Supporting Healthy Weight from the Earliest Years: A Whole System Approach in CTM

Breastfeeding has an important preventative role in working as a system to reduce rates of obesity. As a health board we spend between £98.5 million and £205.2 million on treating the consequences of obesity each year.

1 in 8 children aged 4-5 in CTM are living with obesity

1 in 4 children aged 4-5 are overweight

The Healthy Weight: Healthy Wales strategy is a national framework for tackling obesity, working as a system to build healthier environments, healthier settings and provide support to individuals and families at risk of, or living with obesity. In CTM, we're aligning this with local priorities and exploring how we can place the early years at the heart of our approach to healthy weight.

Early childhood is a critical time when lifelong habits around food, movement, sleep, and emotional wellbeing are formed. Children are highly influenced by their surroundings, whether it's the food offered in childcare, opportunities for active play, or the messaging from caregivers.

Focusing on the early years also helps address health inequalities before they become entrenched. Listening to families, we have learned that children are growing up with limited access to good quality food and safe outdoor spaces.

Our learning has shown the importance of taking a whole system approach to healthy weight. The causes of obesity are complex, and potential levers are held by many disparate individuals and organisations. Figure 5 shows us some of what our families have told us.

Unless we work as a system with shared beliefs and goals around the causes and solutions to obesity, we will not be successful in giving our children the best chance for a healthy weight.

This work reflects the whole system approach, recognising that no single intervention is enough. Using tools like appreciative enquiry and human learning systems to understand what works and why, and to support communities in designing their own solutions based on lived experience is required.

Ultimately, this is about more than preventing obesity. By working to create healthier environments in the early years, we're improving outcomes for children today and shaping healthier futures for generations to come.

Case Study: PIPYN – Working with Families for Healthier Lives



The PIPYN programme is a key part of our work to improve healthy weight in the early years, supporting families with children aged 3-7. Since the launch in February 2023, over 470 families, with over 750 children have engaged, to share their challenges around food, activity and wider supporting behaviours such as sleep and screen time.

What makes PIPYN unique is the combination of family focused, tailored interactive sessions and work on the wider factors that make it hard for them to access good quality food or stay active. PIPYN empowers families to build healthy habits around food, play, and wellbeing and works within our wider whole system approach to start to create a better environment for children to grow up in. The project's emphasis on upstream change ensures that children grow up in environments where healthy choices are easy, equitable, and sustainable, laying the foundations for lifelong wellbeing.

What our families tell us:



- Lack of transport can make it almost impossible to get to supermarkets where fresh fruit and vegetables are more affordable.
- Working long hours and multiple jobs can make it difficult to find the time or energy to prepare healthier meals for families.
- Transitioning to solids can be daunting, and there isn't always the support that's needed.
- Antisocial behaviour means people don't feel safe playing with their children outside.
- Constant promotion of unhealthy options, or takeaway leaflets through the door puts pressure on families to eat unhealthily.

Immunisations

Childhood immunisation provides essential protection against serious illness, disability, and death from vaccine-preventable diseases. Ensuring children are fully immunised before starting school protects individual health, supports early educational engagement and reduces health inequalities.

In 2024/25, immunisation uptake by four years-old in Cwm Taf Morgannwg (CTM) remained relatively high but varied across the three local authority areas (Table 2):

Area	Number of Children	Coverage (%)
Bridgend	1,255	90.8%
Rhondda Cynon Taf	2,095	87.3%
Merthyr Tydfil	528	84.5%
CTM UHB Total	3,878	88%
Wales Average	25,674	85.3%

While these figures reflect strong efforts across the region, they remain below the national target of 95%. Achieving this target is critical to prevent outbreaks of vaccine-preventable diseases and protecting our most vulnerable.

Despite overall high immunisation uptake among young children in Wales, children in the most deprived areas consistently have lower uptake than those in the least deprived areas. Since the COVID-19 pandemic, a gradual decline in uptake has been seen across all groups, likely influenced by post-pandemic challenges. Addressing these disparities is vital to ensure that all children are equally protected, regardless of where they live.

Improving Immunisation Uptake Among Children and Young People

CTM aims to ensure fair and equal access to vaccines for all children and to improve immunisation uptake rates using a combination of approaches. Key developments include:

- **Targeted School Support:** School Health has adopted a universal, enhanced, and intensive model to provide tailored input to schools. This approach ensures that support is proportionate to need.
- **Universal Offer Through HCWP 2:** The Healthy Child Wales Programme 2 continues to provide school-aged immunisations to all children and young people. This ensures equitable access and consistent delivery across the population.
- **Engagement with Electively Home Educated Families:** Work is underway to map children and young people who are electively home educated and develop engagement strategies to ensure this equitable immunisation access for this group.
- **Supporting GP practices:** We continue to support GP practices by facilitating one-off mop-up clinics, offering Making Every Contact Count training and providing Bank staff to cover workforce absences.

Looking Ahead

- **Digital and Communications Investment:** School Nursing has invested in digital infrastructure and communications support to deliver vaccine-literate, targeted information to parents and carers.
- **Expansion of e-Consent:** Phase 2 of the e-consent pilot will be launched in Merthyr and Bridgend schools to support the school nasal flu programme. The initial pilot demonstrated improved uptake through increased return of positive e-consents compared to paper forms. The aim is to transition to a fully paperless system by January 2026.

From July 2025 and January 2026, the childhood vaccine schedule will be simplified to provide earlier protection for children and greater convenience for families. Pilot areas trialling the revised schedule have reported an increase in uptake of the second dose.

Increasing uptake of Live Attenuated Influenza Vaccination (LAIV) in two-year-olds: A pilot intervention in CTM UHB

The Live Attenuated Influenza Vaccine (LAIV) protects two-year-old children against influenza and serious illness. Uptake across Wales is below Welsh Government targets. We piloted providing set appointment times to parents when they were notified their child was due for the vaccine to investigate impact on uptake of LAIV.

Parents/guardians of two-year-olds in pilot practices were sent a personalised letter, a scheduled vaccination appointment and an evidence-based Frequently Asked Questions (FAQ) sheet. For comparison, children in non-pilot practices received only a general letter and FAQ sheet, without a scheduled appointment.

Compared to the previous year, pilot practices saw a median increase in LAIV uptake amongst two-year-olds of 30.4%, while non-pilot practices saw a median decrease of 4.7%. Uptake increased for 100% of the pilot practices, but for only 35% of non-pilot practices, compared to the previous year. Qualitative feedback noted advantages including saved administration time and improved planning but also disadvantages including wasted clinical time from appointments that were not attended.

The findings indicate that issuing appointment dates and times should be considered as part of a range of measures to improve LAIV uptake in two-year-olds in GP practices with low uptake. However, the pragmatic, unblinded nature of the study design and the within practice annual comparisons are limitations, and mean results should be interpreted with caution.

Further evaluation, including assessment of lost time due to appointment non-attendance and feasibility of scaling up this approach is required.

Designed to Smile: Improving oral health for children in CTM

Tooth decay (dental caries) is the most common oral disease in childhood and is strongly associated with deprivation. It is a key predictor of poor adult dental health and a leading cause of hospital admissions among children, often requiring extractions under general anaesthetic (GA).

Although largely preventable, tooth decay begins early. Teeth start forming during pregnancy, making maternal nutrition a critical factor. In early childhood, barriers to good oral health include limited access to dental services, low parental awareness, and insufficient resources to support healthy habits.

CTM has the highest rates of childhood dental caries in Wales. The average number of decayed, missing, and filled teeth (dmft) among children in CTM is 1.5, compared to the Welsh average of 1.1.

As of Sep 2025, there are 494 children waiting for GA assessment. With current waiting times it is estimated that 75% of these children (371) will go on to require GA for dental treatment. However, if children can be assessed and treated sooner, we can reduce the number of children needing these costly, invasive procedures. A return to pre-Covid levels of 47% of children assessed needing dental treatment under GA would prevent around 120 procedures.

To reduce dental decay in CTM we need to continue to work on:

- Promoting breastfeeding and healthy infant feeding
- Reducing consumption of sugary foods and drinks
- Increasing parental education and engagement
- Ensuring regular access to dental care and daily tooth brushing



Case Study: Designed to Smile (D2S) Programme

Designed to Smile is a national oral health improvement programme targeting children aged 0-7. Delivered by our Community Dental Services, it operates in partnership with education and early years professionals to reduce tooth decay.



The core components of Designed to Smile include :

- Distribution of toothbrushes and fluoride toothpaste
- Encouragement of dental visits before age one
- Daily supervised tooth brushing in schools and nurseries
- Twice-yearly fluoride varnish application

In CTM, 70% of eligible primary schools and 91% of nurseries participate in daily brushing, while 99% of schools take part in fluoride varnish application.

The D2S team also engages with families through breastfeeding groups, Language and Play sessions, and baby massage groups, working alongside Health Visitors. Partnerships continue to expand, involving community-focused schools, family liaison officers, ALN specialists, primary care teams, and the PIPYN team.

In 2024, 2,136 decay cards were issued during fluoride varnish visits. In response to our high need, and listening to feedback from parents and schools, a new care pathway will be piloted in autumn 2025. This pathway prioritises children with decay cards for allocation of an NHS Dentist, tackling one of the barriers to good oral health experienced by families

Foundations of Health: Child Poverty and Education

The health of children is affected by how and where they live, including family relationships, income, housing type and quality, neighbourhoods, environment, education and care.

In this report we focus on poverty and education as two of the fundamental building blocks of health, giving children the best chance of happy, healthy lives. Beyond these, systems work is being undertaken with registered social landlords to build healthier communities, improve neighbourhoods and better listen to the priorities of residents. While this work doesn't focus directly on the early years, if successful the impact will be felt by future generations.

Child Poverty

Child poverty can mean going hungry, not sleeping on a bed, missing out on fun, play and activities. Poverty can affect children before they are born, throughout childhood and beyond. Children born into and living in poverty are:

- More likely to have a low birth weight and less likely to survive the first year of life
- More likely to suffer from diseases in childhood like asthma, and poor health later in life
- More likely to have poor mental health
- Less likely to do well in education and have poorer future job opportunities¹

The percentage of children aged under 16 living in relative low-income families (2023/24) varies by local authority within CTM.

Percentage of Children living relative low income families (2023/24)

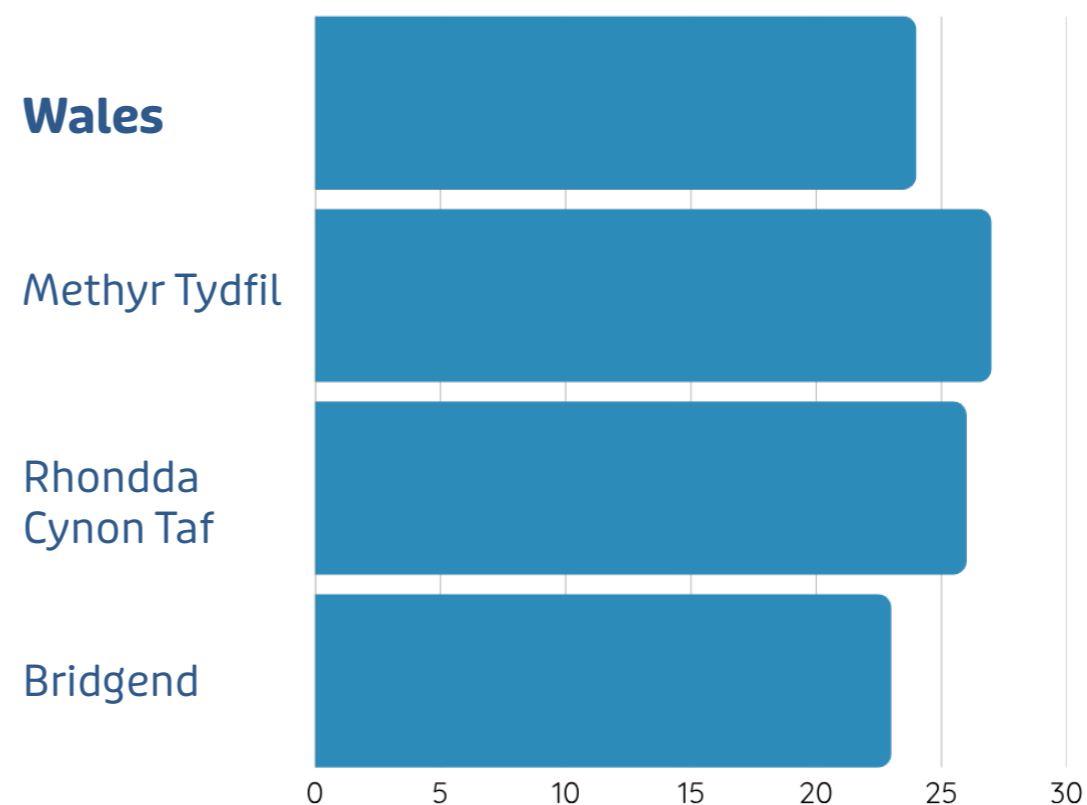


Figure 6: Child poverty rates in CTM

It has been estimated that the total cost of raising a child to the age of 18 is £259,000 for a couple, and £290,000 for a lone parent. Different family types including those out of work and those working full-time can struggle to meet the minimum cost of living. Seven in ten children who are living in poverty have at least one parent who is in paid work.

Child poverty is affected by the two-child limit to means-tested benefits, with End Child Poverty, Child Poverty Action Group and others calling for this limit to be scrapped.

Services in CTM

There are many different services available to families with young children across CTM, aiming to improve access to necessities including food and clothing, and to help with the cost of living. The supported childcare scheme in Bridgend is an excellent example of linking health and social support with wider support such as employment. St David's Baby Bank in Merthyr shows the power of voluntary action to help families in need.

Case study: Bridgend's supported childcare scheme

Bridgend's Supported Childcare Scheme, managed by the local Early Years and Childcare Team and funded through Families First, is an example of impactful targeted support. The scheme enables low-income households with children under three to access free, high-quality childcare.

The success of the scheme lies in its joined-up working with professionals across services, including Basic Skills for speech and language, Employability Bridgend, Early Help, and Perinatal Mental Health. In 2024-2025, the scheme supported nearly 90 families, with 100% of parents reporting satisfaction with the service. The scheme continues to expand across Bridgend with an emphasis on early, tailored support enabling children and their families to flourish.



Case Study: St David's Baby Bank

Started in 2021, St David's Baby Bank supplies clothes for children in Merthyr Tydfil from new-born up to three years of age. Run by a group of volunteers, donated, preloved baby clothes and other necessary items and equipment are sorted into packages for families. Packages are arranged to cater to the needs of local families referred to the service from local providers.

St David's Baby Bank serves about 100 families every year and has provided more than 425 packages since its inception.



Healthy start scheme

The Healthy Start scheme involves payments to eligible pregnant women and parents of children under 4, to help buy milk, fruit, vegetables, pulses, formula milk and vitamins.

Not all who are eligible receive these payments, meaning that there are families missing out. The estimated value of unclaimed payments is shown below, with CTM totalling an estimated £422,419.40.

Local authority	Average uptake of Healthy Start	Estimated value of unclaimed payments ¹²
Bridgend	64%	£134,180.28
Rhondda Cynon Taf	68%	£223,633.80
Merthyr Tydfil	70%	£64,605.32

Recent work to increase uptake of pension credits shows how the CTM system can work together to maximise the incomes of our residents.

Responding to child poverty in Wales and CTM

In the past few years there have been a variety of thinking and frameworks for action to reduce and mitigate child poverty in Wales. From a Welsh Government perspective there is the 2024 national 'Child Poverty Strategy for Wales', and the intention for Wales to become a Marmot nation, alongside the Well-being of Future Generations Act. Public Health Wales have similarly undertaken an analysis of child poverty in Wales.

All of these highlight the significant impact of child poverty on our society, and on children and families themselves.

There is a broad consensus on the required actions to reduce and mitigate child poverty:

- reducing costs and maximising incomes of families,
- creating pathways out of poverty,
- supporting child and family wellbeing,
- challenging the stigma of poverty and ensuring children and families are treated with dignity and respect

The Children's Commissioner for Wales has called for a clear action plan, targets and measurable outcomes.¹⁵

Tackling child poverty is essential but will require action and changes from all organisations working in partnership.

Education in the early years: Learning as we grow and getting ready for school

Early years education is key to a child's development and lifelong learning. Quality early years education is an important part of getting ready for school. School readiness reflects a child's ability to thrive in formal education and is linked to long-term health and wellbeing. It includes physical, emotional, social, cognitive, and language development, as well as curiosity and attitudes toward learning.

There is currently no national data collected on school readiness, but school leaders report widespread concerns with children entering primary school with an increasing range of challenges hindering their learning.

This concern is echoed nationally. A UK-wide survey found that many children are entering school already behind, struggling with basic skills such as sitting still, following instructions, communicating, interacting with peers, and being toilet trained.

Research in Wales has identified several factors that negatively impact school readiness, including poverty and deprivation, unemployment, low birth weight, poor child health, maternal smoking and alcohol use, poor parental physical and mental health, inadequate housing, and limited access to childcare.

Although there is currently no system-wide approach to understanding and improving school readiness, there is a range of good practice around the system that could provide a foundation for such an approach.

Colleagues in Health Visiting are due to work with a selection of schools and families to understand what they can do to better to support children getting ready for school, while the Early Years Language Project in RCT focuses on strengthening support for speech, language and communication needs. Work to embed outdoor learning in Bridgend is improving physical fitness, gross motor skills and emotional wellbeing.

Pre-school settings offer an important opportunity to help children get ready to learn, and our Healthy and Sustainable Pre-School Scheme help settings to improve health and wellbeing across a range of domains. Flying Start Sarn is a particularly strong example of working together as a local system to improve outcomes for children and families in the early years.

Case Study: Tackling Health Inequalities Through Outdoor Play in Bridgend

The Bridgend Early Years and Childcare Quality and Impact Team has actively supported early years settings to embed outdoor learning as a strategy to improve physical fitness and emotional wellbeing.

Bridgend includes 19 non-maintained early education settings and 48 maintained nursery classes. A 2024 baseline assessment revealed:

- Low levels of physical activity, with some children reluctant to play outdoors
- Overreliance on fixed equipment, limiting challenge and creativity
- Disproportionate impact on children from more deprived areas

To address these inequalities, the team allocated Early Education funding to improve outdoor spaces. Through a scored application process, 19 schools/settings received targeted investment to create inclusive, movement-rich environments.

“Our children are more active and more settled. Outdoor play has become our most powerful tool for supporting their health.”

Evaluation in July 2025 showed:

- Increased vigorous activity (running, climbing, building)
- Improved balance, coordination, stamina, and motor confidence
- Better emotional regulation and calmer transitions
- Greater practitioner enthusiasm for outdoor learning

Outdoor play promotes movement, wellbeing, and readiness to learn. Investing in outdoor spaces helps reduce inequality, ensuring all children benefit from active, exploratory play.

Case Study: The Early Years Language Project (Rhondda Cynon Taf)

The Early Years Language Project (EYLP) helps schools and settings to identify speech, language and communication needs through universal Wellcomm screening, and support and train staff to deliver high quality Speech, Language and Communication Needs (SLCN) interventions.

The pilot project saw the participation of 9 schools and 8 early years settings. Phase 2 of the EYLP consisted of 52 schools and early years settings. Sixty-four schools and early years settings participated in the final phase rollout of the project, from September 2024.

The Early Years Language Project has continued to grow in strength as it is rolled out across RCT, showing clear evidence of improvement in early language provision. Practitioners now feel more confident in identifying SLCN and better supported in addressing needs within their settings. Parents have been engaged in the programme through the Talk With Me/Siarad Gyda Fi initiative, reinforcing the home to school connection and improving effectiveness of interventions.

The combination of universal screening, staff training, collaborative support, and community involvement has led to measurable improvements in practice. Continued investment in this approach will be essential to sustaining its impact.



The Healthy and Sustainable Pre School Scheme in CTM

The Healthy and Sustainable Pre School Scheme (HSPSS) is a national initiative designed to put health and wellbeing at the core of early years settings. In CTM we focus on settings that offer Flying Start places to best reach families on lower incomes.

The scheme emphasises early intervention and prevention, aiming to instil lifelong healthy habits that positively influence health outcomes. It provides a quality assurance framework to guide settings in implementing health-promoting activities across topic areas such as:

- Nutrition and Oral Health
- Physical Activity and Active Play
- Mental and Emotional Wellbeing

Current Delivery In CTM, HSPSS supports 108 pre-school settings, primarily in areas of deprivation. These include Flying Start childcare, nurseries, Cylchoedd Meithrin, childminders, and playgroups.

Settings by Local Authority

- Merthyr: 22 settings signed up to the scheme (9 accredited)
- RCT: 56 settings signed up to the scheme (23 accredited)
- Bridgend: 30 settings signed up to the scheme (7 accredited)

The local scheme priorities link to our wider public health ambitions, maintaining and promoting a healthy weight, increasing physical activity, and promoting emotional and mental wellbeing.

The team support early years settings through tailored self-assessment, accreditation and peer learning. Additional support includes newsletters, annual training plans, menu advice, and collaboration with local authority leads.

Future plans focus on supporting all 108 settings toward accreditation, reducing attrition, piloting virtual training, embedding strengths-based approaches, and sharing best practice regionally to ensure consistent, high-quality health promotion across the sector.

The HSPSS is a key tool in maximising the long-lasting health and wellbeing benefits of early years childcare and giving children the best chance for a successful transition to primary school.

2 The national Flying Start Scheme helps families in disadvantaged areas with free places at pre-school settings.

Case Study: Flying Start Sarn: A Targeted, Integrated Approach to Reducing Health Inequalities



In Bridgend, Flying Start Sarn has become a vital support hub for local families, offering an innovative integrated approach to early childhood health and wellbeing.

The Sarn setting exemplifies collaborative working—bringing together health visitors, midwives, speech and language therapists, dietitians, psychologists, and social services to provide coordinated support from pregnancy through to school transition.

The HSPSS lead has helped Sarn embed health promotion in daily practice, including healthy snacks, physical activity, and supervised toothbrushing, alongside promotion of breastfeeding, immunisation and emotional wellbeing.

Recent reaccreditation by HSPSS highlighted Sarn as an example of excellence, recognising innovation, including participation in the 'Do Be Mindful' pilot. Staff wellbeing is also prioritised through work towards the Small Workplace Health Award.

What makes Flying Start Sarn exceptional is its commitment to tackling the wider determinants of health through a whole-setting approach, demonstrating how a place-based, collaborative approach can address the wider determinants of health, improving outcomes for children and families in areas of greatest need.

Conclusions

This report has highlighted the importance of the early years as a foundation for lifelong health and wellbeing. From preconception through to school readiness, we have explored the challenges faced by families in Cwm Taf Morgannwg and the opportunities for system-wide action to improve outcomes.

The evidence is clear: investing in the early years delivers long-term benefits, not only for individual children and families, but for our communities and public services. The persistent inequalities in our region demand a coordinated, compassionate response. We must continue to work together across sectors, including health, education, local government, and the voluntary sector to give more children a better start.

Throughout this report, we have seen examples of innovation, collaboration, and impact, from targeted support services like CHOICE and Magu, to community-led initiatives such as St David's Baby Bank. These case studies show what is possible when we listen to our residents, work across boundaries, and focus on what matters most.

As we look ahead, our challenge is to build on this momentum. We must embed early years as a strategic priority, strengthen our partnerships, and ensure that the voices of babies, toddlers, and their families are central to service design and delivery.



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