



Response to the Draft Child Poverty Strategy Consultation

September 2023

Tenovus Cancer Care is a Wales-based charity giving help, hope, and a voice to everyone affected by cancer. Our services offer information, advice, and specialist support to people living with cancer, and their loved ones.

We are committed to listening to the real experiences of people affected by cancer in Wales to drive the changes that make a difference.

We give help, hope, and a voice to everyone affected by cancer. We understand how cancer can impact every aspect of life and how it affects families and friends too.

Our advocacy work plays a critical role in getting the right care and support for everyone. It is informed by Wales-specific cancer data, the services we offer, and the real experiences of people affected by cancer.

Tenovus Cancer Care is here for everyone affected by any type of cancer. We prioritise and focus our campaigning and policy activity on those areas we believe we can have the most impact – including in this instance, the draft child poverty strategy.

Due to the nature of our charitable work and the services we offer, our comments are limited to a couple of areas of interest. Our comments relate to one specific part of the draft child poverty strategy (**essentially, Q3 of the consultation response form**) where we can draw upon our expertise, insight, and evidence.

First, we note with concern, shared with other members of the third sector within the Welsh NHS Confederation Health and Wellbeing Alliance¹ the lack of any mention or reference to health inequalities, and the need to tackle them through a cross-government action plan. We hope that due consideration will be given to this since the causes and determinants of health inequalities span more than just the health and care

¹ <https://www.nhsconfed.org/Mindthegap>

sector. We hope to see this rectified in the final version of the child poverty strategy on publication.

Second, Tenovus Cancer Care provides a welfare benefits advice service for people affected by cancer. A cancer diagnosis can lead to unexpected costs. Being unable to work or having to make changes to your lifestyle, transport or energy usage can be expensive, bills can quickly mount up and children can become affected by their family money issues.

We wish to express our concern, shared with other charities offering welfare benefits advice services, with the proposal within **Priority 1: entitlement (putting money in people's pockets)** to “*work at pace with partners to increase the provision of face-to-face information, advice and support to people on claiming their financial entitlements as part of the wider delivery of our Income maximisation work*”²

This proposal, with a focus on and expansion of face-to-face service provision, potentially at the expense of complimentary remote options, appears to us to run counter to the Welsh Government’s approach in the delivery of other aspects of health and care – for instance, primary care. In a speech to the British Medical Association last year, the Minister for Health and Social Services stated:

*“When it comes to remote consultations – where appropriate – we will be embracing them for the future and there will be no push from this minister unlike others in England to rush back to face-to-face consultations if it is not necessary. we will not be returning to the old ways of working.”*³

Why does the draft child poverty strategy depart from this approach?

Whilst we recognise and agree that face-to-face provision of advice can be beneficial for many families – and may even be popular amongst the majority of people in need, we should not underestimate remote advice provision for many vulnerable people we cannot afford to overlook.

Well promoted and accessible advice services, with a clear and straightforward gateway to accessing support, is critical. The ongoing provision of benefits advice, support and casework can be effectively achieved for many people in need via remote means.

This includes families for whom remote services are safer, more appropriate and compassionate. Families containing individuals with health conditions or disabilities that limit and/or constrain their ability to seek face-to-face advice; making advice via remote means the more viable choice.

² Welsh Government (2023) Consultation on the draft Child Poverty Strategy for Wales 2023 <https://www.gov.wales/consultation-draft-child-poverty-strategy-wales-2023.html#124084>

³ Pulse (2022) Wales to ‘embrace’ remote GP consultations for future, says health minister <https://www.pulsetoday.co.uk/news/wales/wales-to-embrace-remote-gp-consultations-for-future-says-health-minister/>

For example, a parent undergoing cancer treatment may – because of increased outgoings and an inability to work - experience severe financial hardship but may also be at high risk of contracting an infection and need to limit face to face contact with others. The same may be true of a parent with sight or hearing loss, who requires benefits advice, where remote advice provision via an accessible format could be much more helpful than having to seek face-to-face advice.

Tenovus Cancer Care is extremely proud of its achievements in helping those affected by cancer access over £4 million in benefits annually. Since 2020, the Tenovus Cancer Care benefits advice service has been provided solely via remote means. Changes to our service provision, together with the financial impact of the Covid 19 pandemic, forced a change in our service delivery model to accommodate a reduction in headcount leading to remote only advice provision (mirroring reforms across the health and care sector).

We have taken the opportunity to reflect on the period from before the pandemic, when we had more staff giving face-to-face and remote advice, through a necessary restructuring to accommodate changes to income to the last reporting year.

Year	Amount claimed for client	Advice staff FTE
2018/19	£6,931,855.09	10.5
2019/20	£7,315,392.80	10.5
2020/21	£4,740,984.19	10.5 (reducing to 2 then 2.5)
2021/22	£4,098,427.16	2.5
2022/23	£3,736,993.07	2.5 rising to 3.5

Despite fewer staff and shifting to only remote working in 2020/21 our gains per 0.5 FTE have risen from £660,176 in 2018/19 to £1.067m in 2022/23 (in 2021/22 we managed a secure for clients £1.639m per 0.5 FTE staff while working remotely).

We have found that in terms of the impact we have for clients – maximising their income during their cancer experience, putting money in their pockets and minimising severe financial hardship – demonstrates that advice provision via remote means can be as effective as the face-to-face alternative, while also being the safer, more appropriate, and compassionate alternative method of providing support.

We request that consideration is given to removing the emphasis, within the draft strategy, on face-to-face advice provision only.

Based upon the current Welsh Government determination to embrace remote health and care service provision and Tenovus Cancer Care’s own evidence – that remote provision does not come with a financial cost to clients - we conclude that offering choice across Wales when it comes to the provision of benefits advice and support is critically important.

The wider body of benefits advice provision needs to be better reflected within the child poverty strategy in order to extend information, advice and support to all eligible persons, irrespective of their financial means, age or health condition.