

# Councillor Trish Hardy

**Cabinet Member - Communities and Housing**



Welcome and Introductions

# Margaret Jones

**Director of Public Health, Sefton Council**

# Angela White

**Chief Executive, Sefton CVS**



# Dr Ian Sinha

**Consultant Respiratory Paediatrician, Alder Hey Children's Hospital**

Impact of poverty on children's health

The NHS logo, consisting of the letters 'NHS' in a white, bold, sans-serif font inside a white square, set against a blue background.

**Alder Hey Children's**  
NHS Foundation Trust

# Dr Tammy Boyce



INSTITUTE *of*  
HEALTH EQUITY

**Senior Research Associate, Institute for Health Equity**

Child poverty: effects and causes

**ALL TOGETHER FAIRER:**  
HEALTH EQUITY AND THE SOCIAL  
DETERMINANTS OF HEALTH IN  
CHESHIRE AND MERSEYSIDE



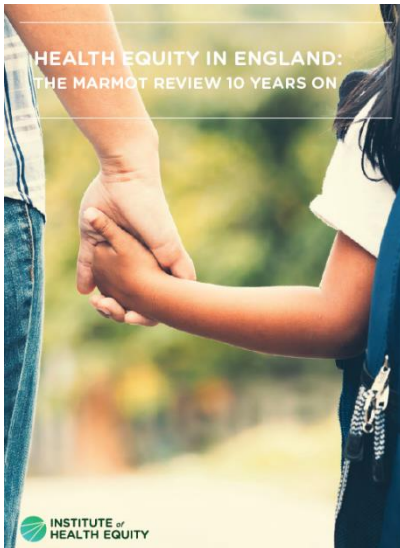
# Child poverty: effects and causes

**@tamboyce**

<http://www.instituteoftheequity.org>

**November 2022**

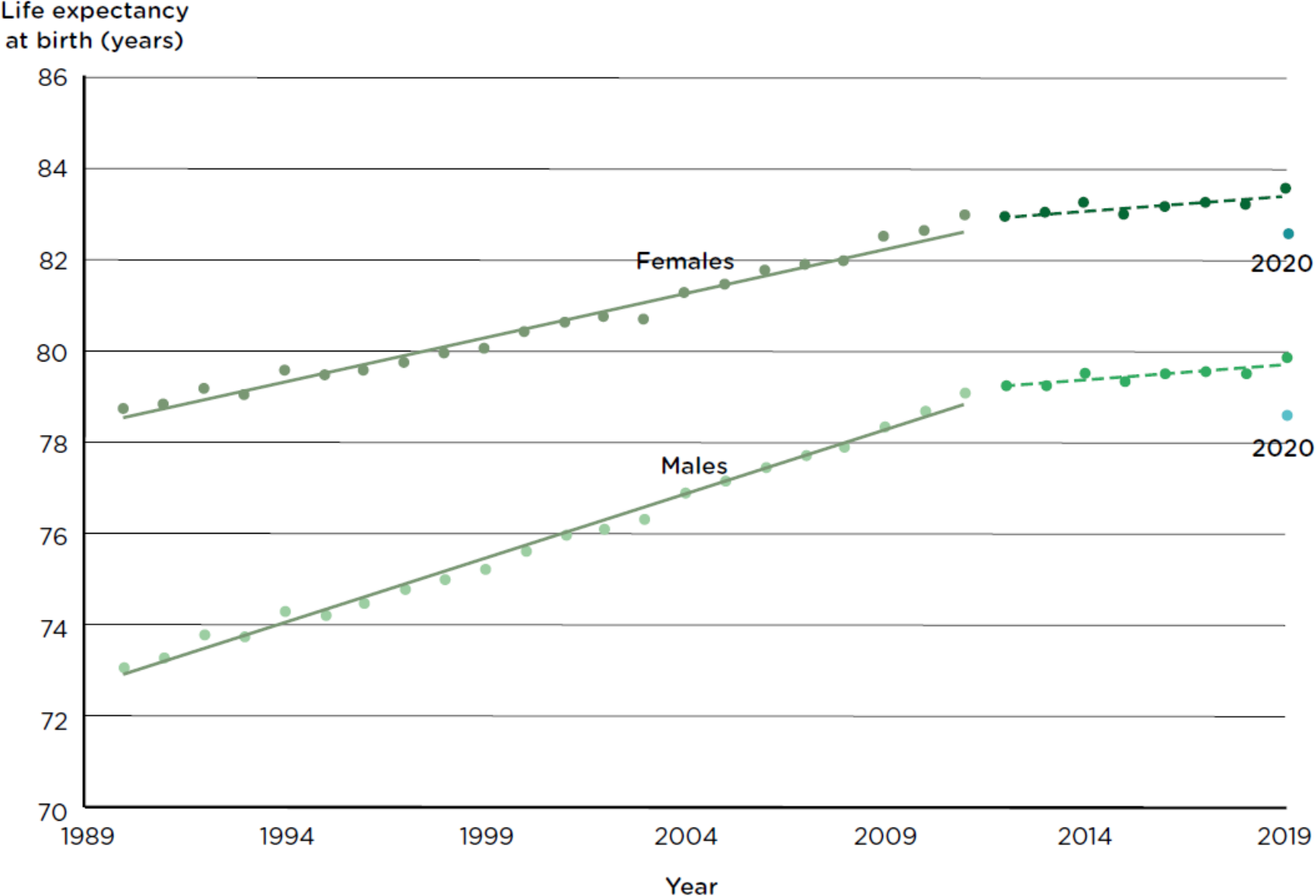
# Marmot Principles



1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

National and local context

# Increases in life expectancy at birth stalling in England

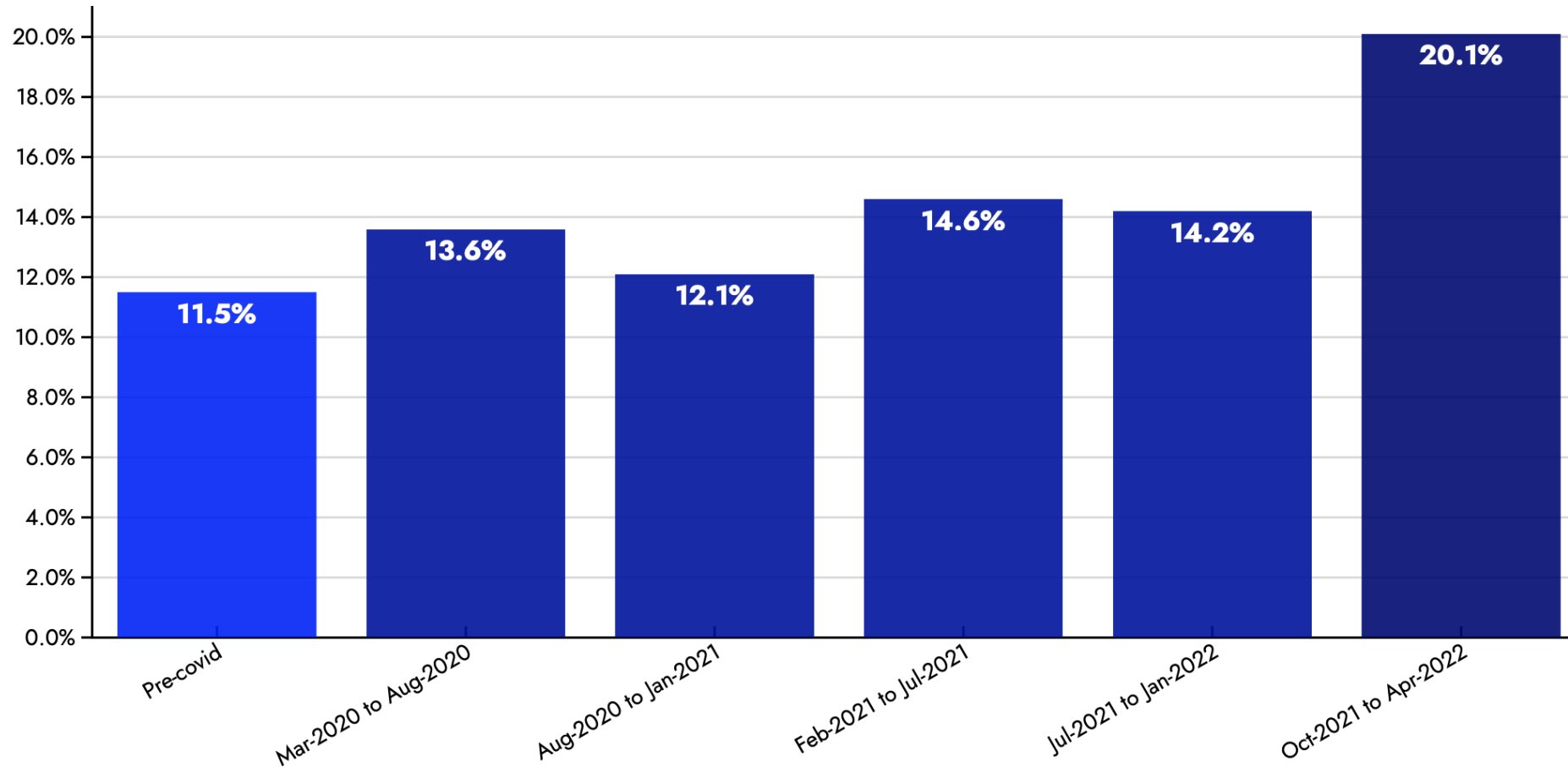


Source: Office for National Statistics



## 1 in 5 households with children have experienced food insecurity in the past six months

Percentage of households with children experiencing food insecurity\*:



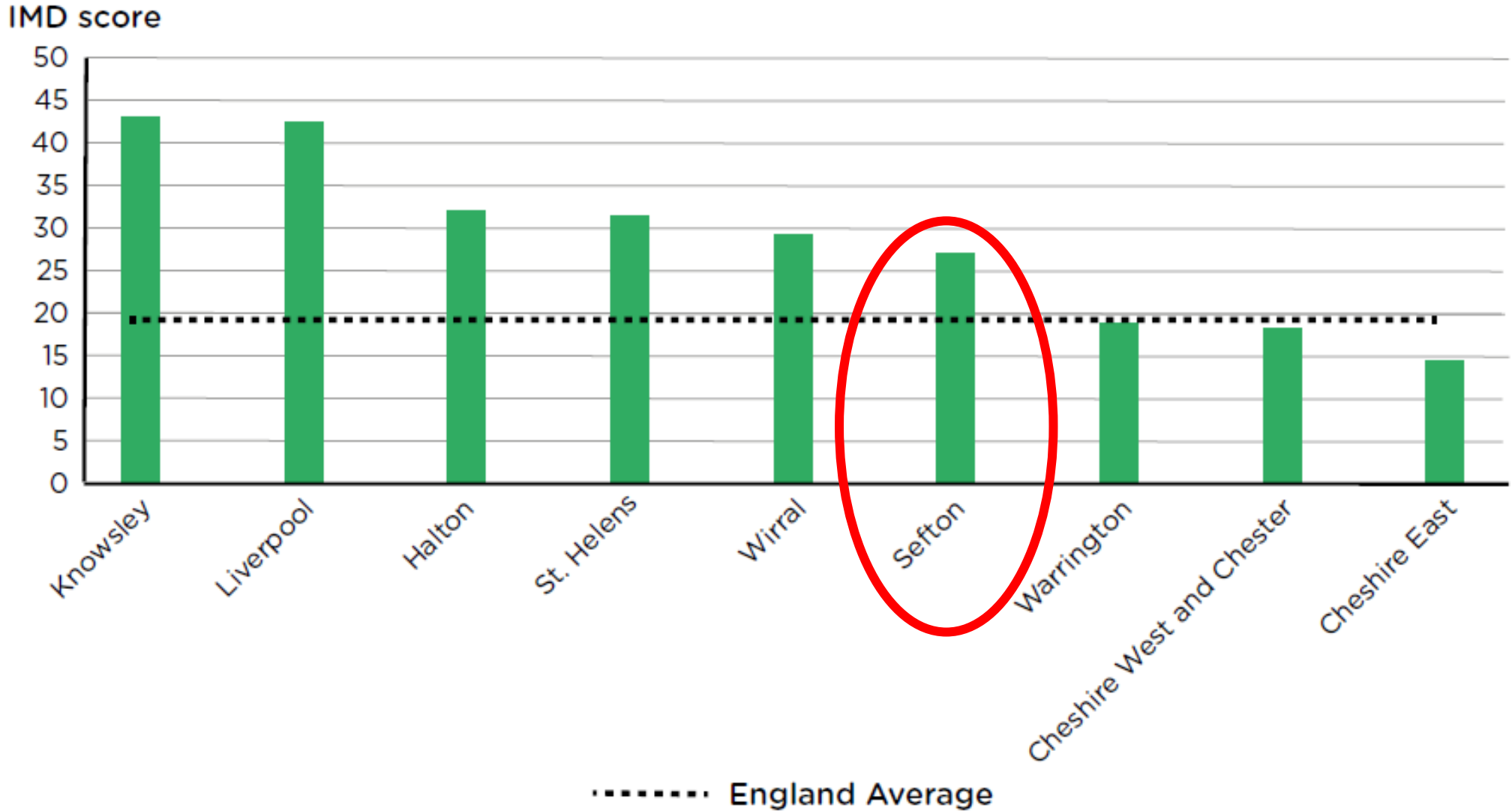
\*6-month recall period

Pre-covid source: Food Standards Agency, Food and You Survey 2018. Re-analysed (to allow direct comparison).



Source: Food Foundation  
May 2022

# Index Multiple Deprivation score, Cheshire and Merseyside lower-tier local authorities and England, 2019



Source:  
Ministry of  
Housing,  
Communities  
and Local  
Government

Effects and causes

# Effects of child poverty: UK Millennium Cohort Study

10,652 children - mental and physical health and relative poverty at:  
9 months, and at 3, 5, 7, 11 and 14 years of age.

**Any** period of poverty, from few months to persistent poverty (over many years), **associated with**

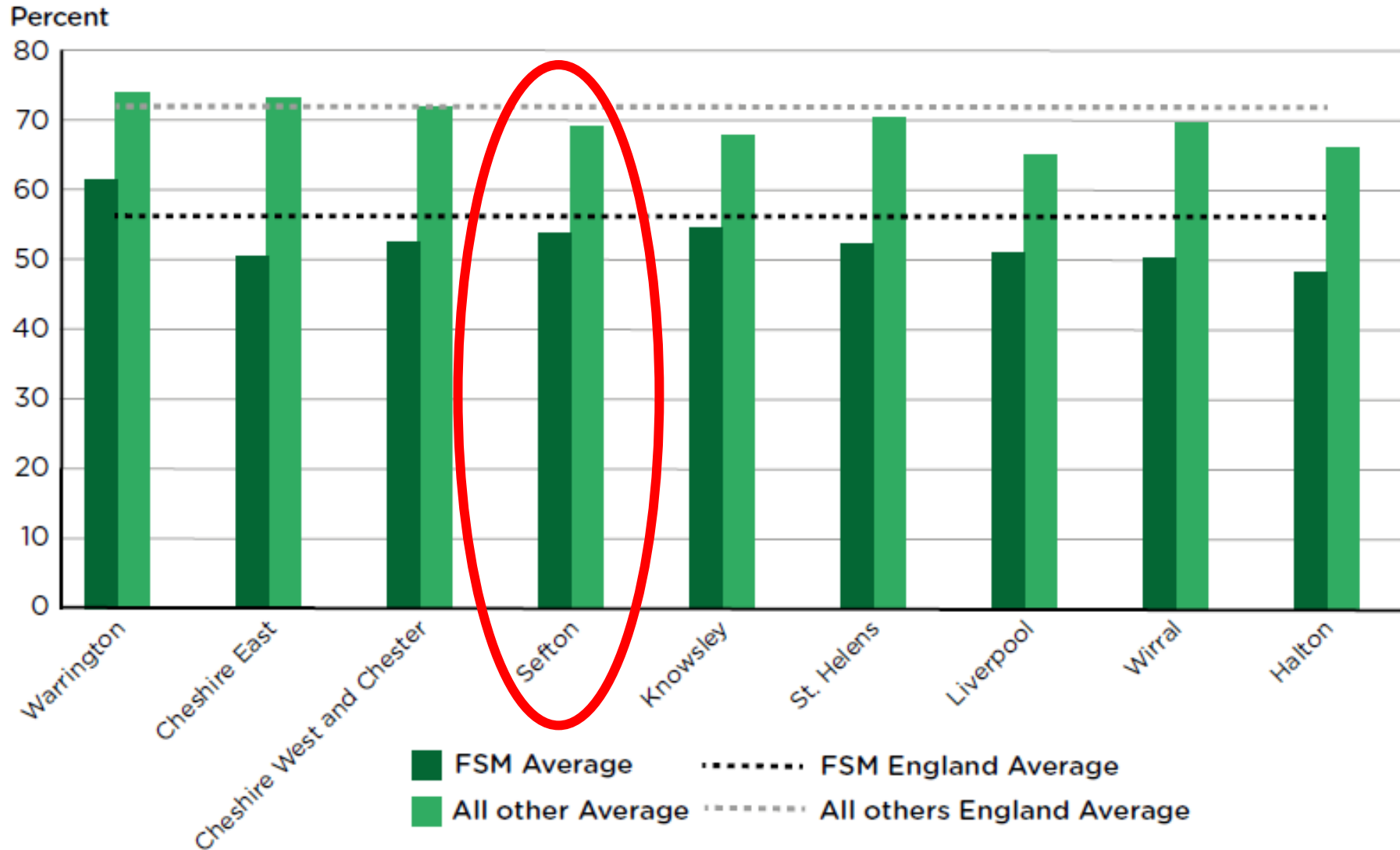
- worse physical health
- worse mental health in early adolescence (after adjusting for the mother's education and ethnicity).

Living in **persistent poverty** (compared to children who've never been poor) (3/4 years)

- greater risk of mental ill health
- greater risk of obesity
- double the risk of early (at age 14) longstanding illness

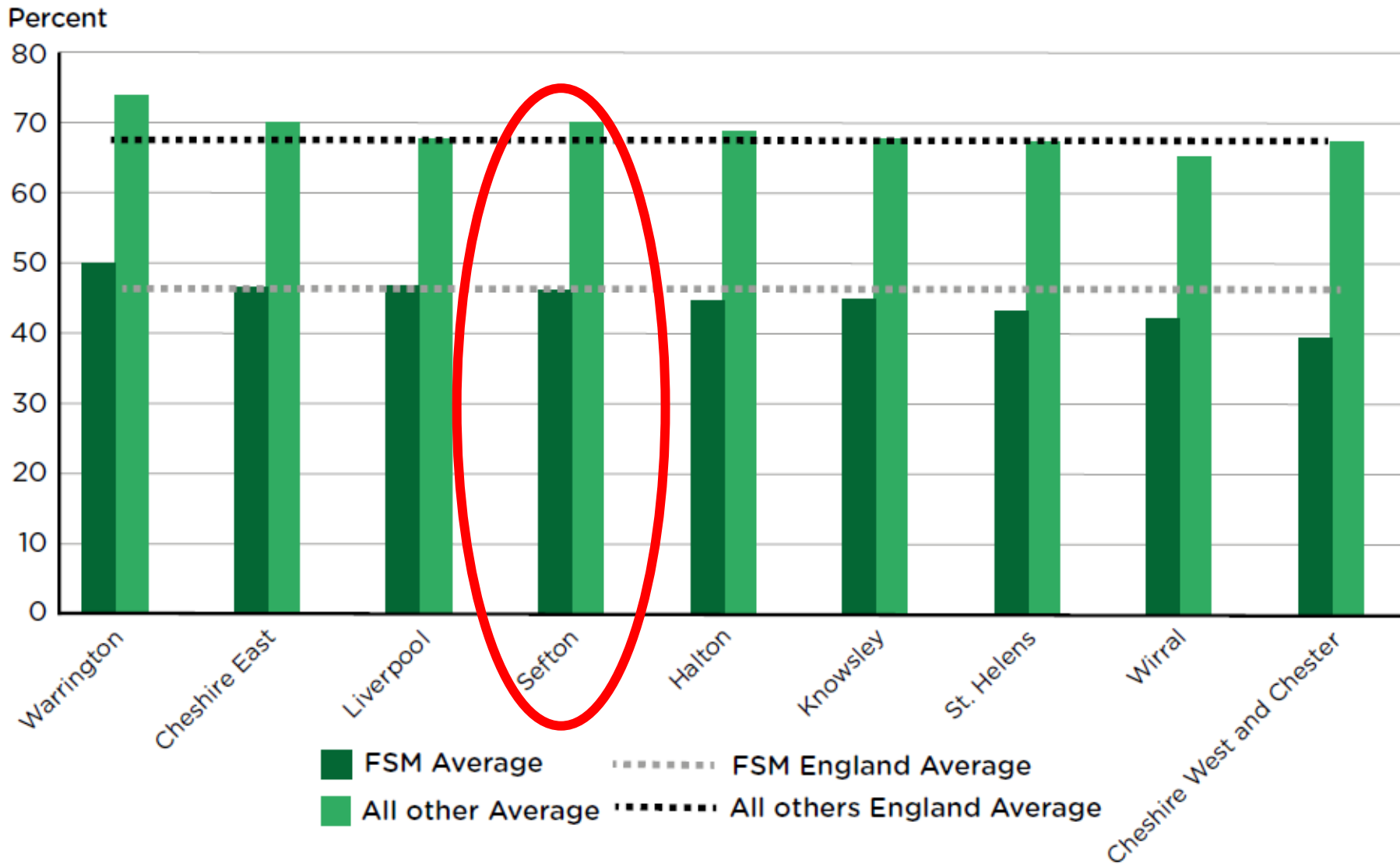
**Source:** Lai, Wickham, Law et al. 2019

# Effects: Children achieving a good level of development at the end of reception, percentage, 2018/19



Source:  
Department for  
Education

# Effects: Pupils reaching expected standard at the end of Key Stage 2 in reading, writing and maths by free school meal eligibility, 2018



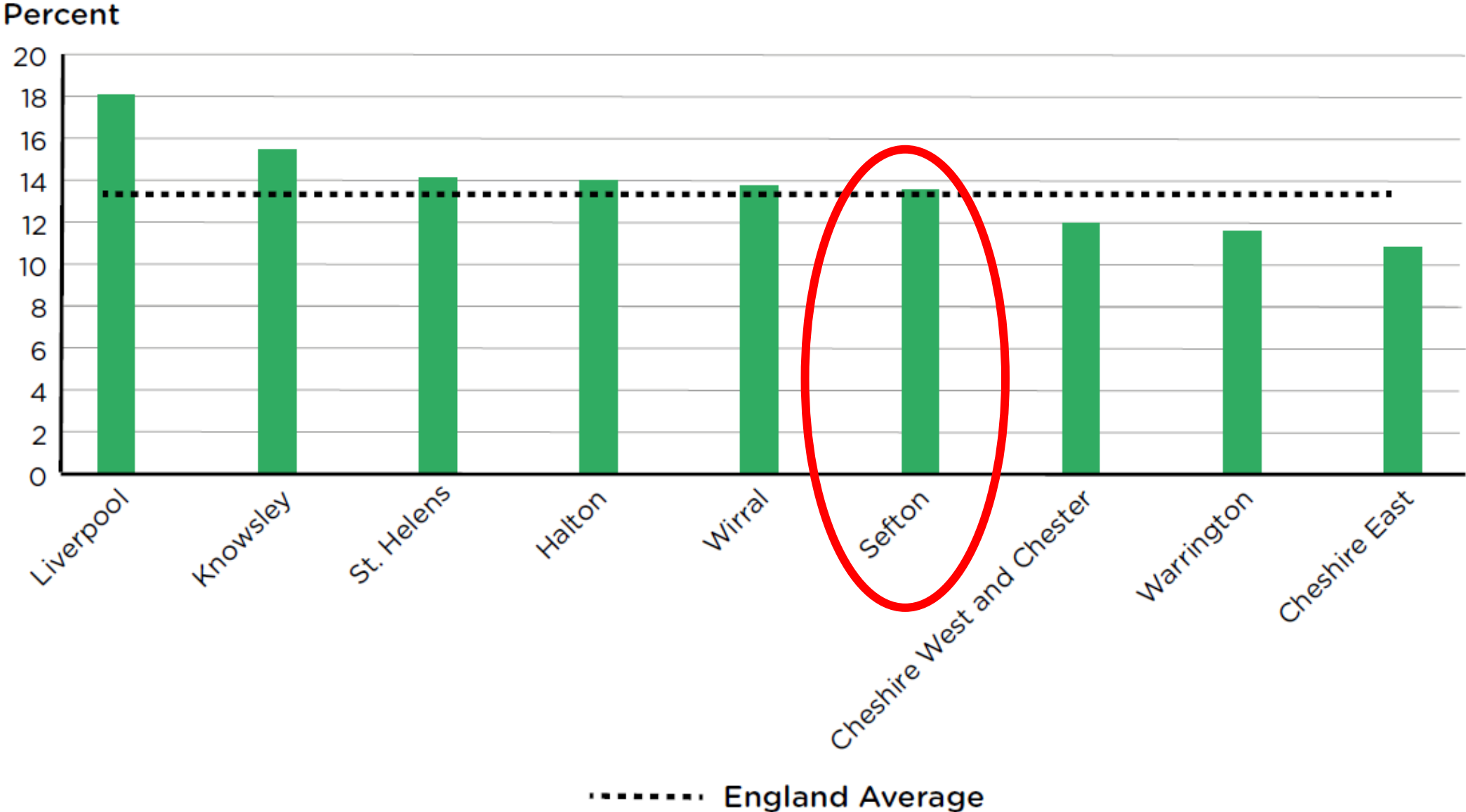
Source:  
Department for  
Education

# Effects: Average Attainment 8 Score mean score by free school meal eligibility, 2019/20



Source:  
Department for  
Education

# Effect: Fuel poverty, 2019

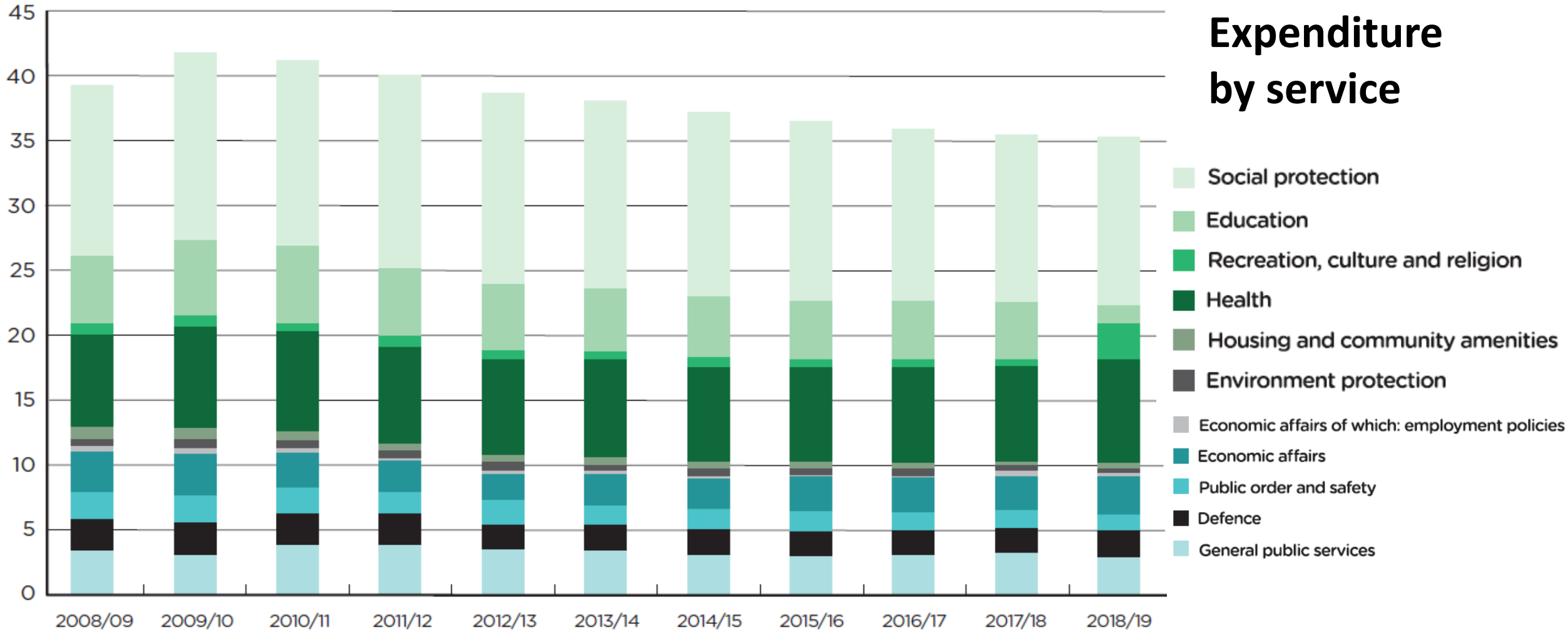


Source: Office for National Statistics

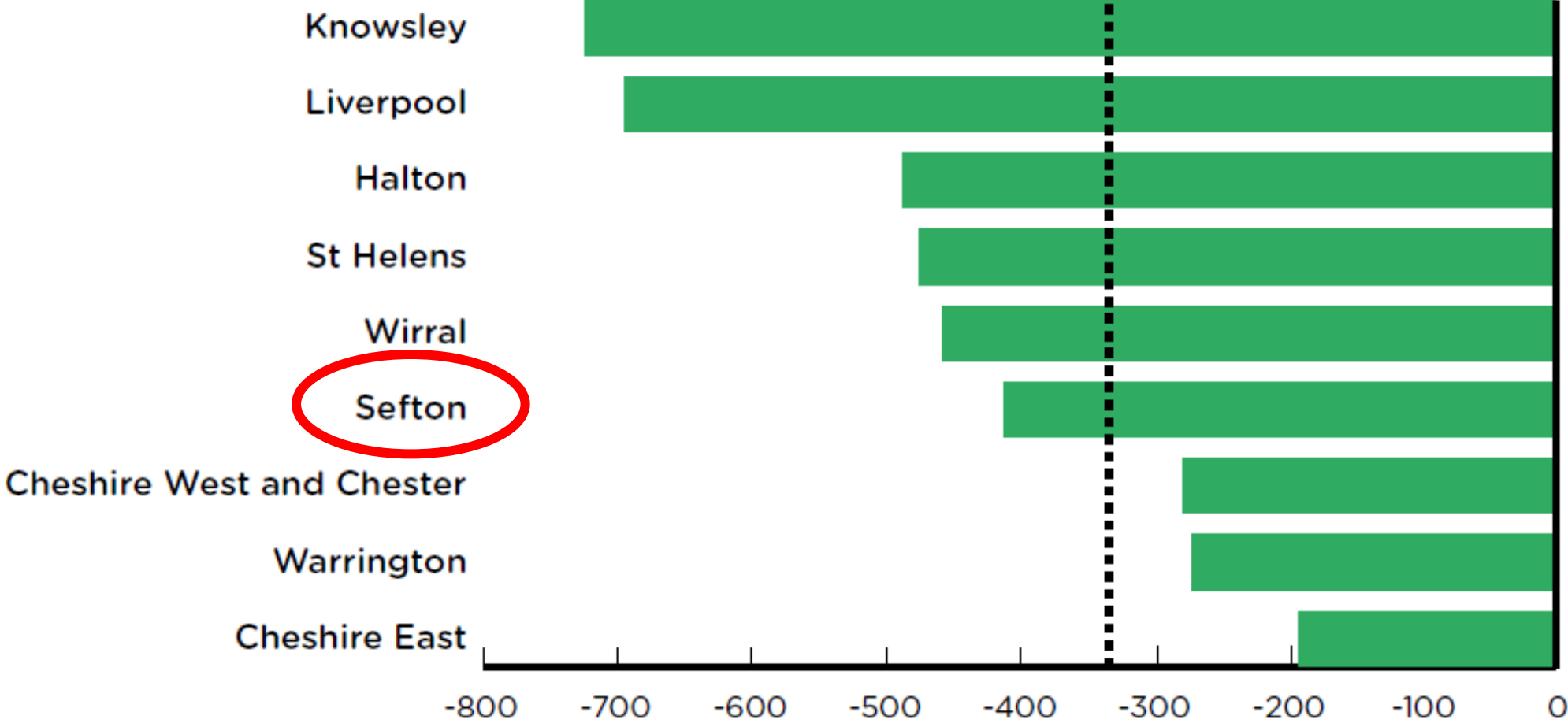


# Cause: Public sector expenditure declined in the UK

Percent of GDP



# Cause: Change in local authority spending power (real terms), per head of population, 2010-18

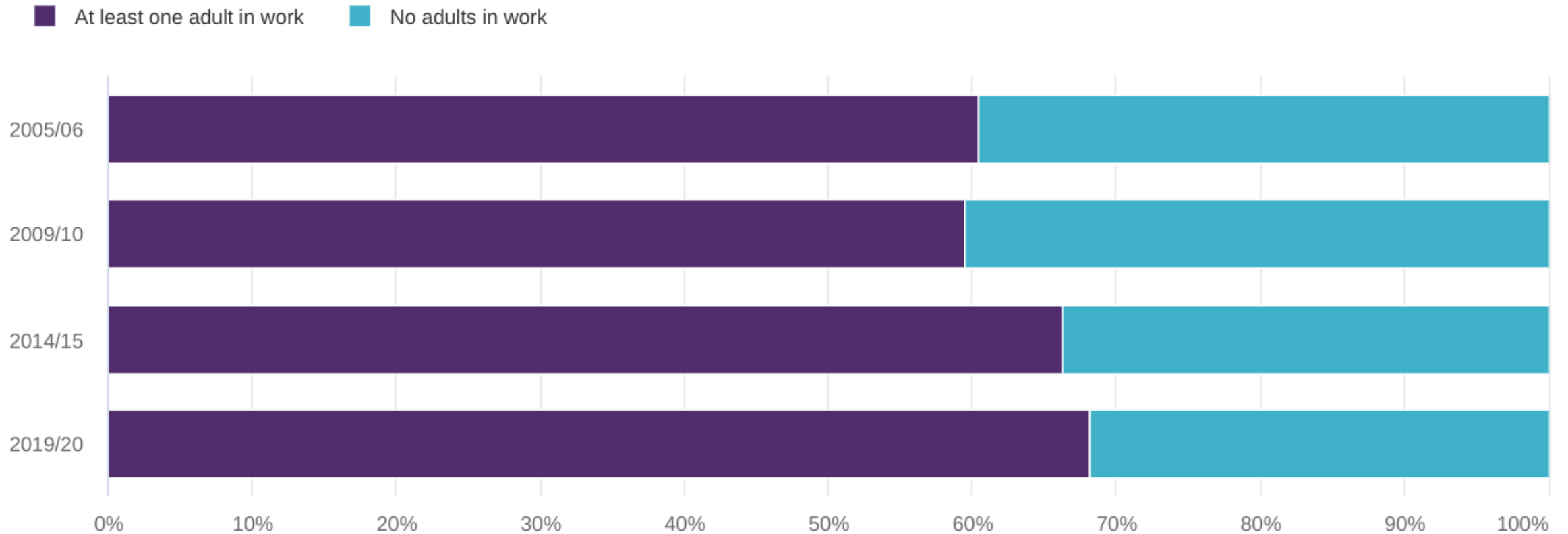


Source: Ministry of Housing, Communities and Local Government

..... England Average

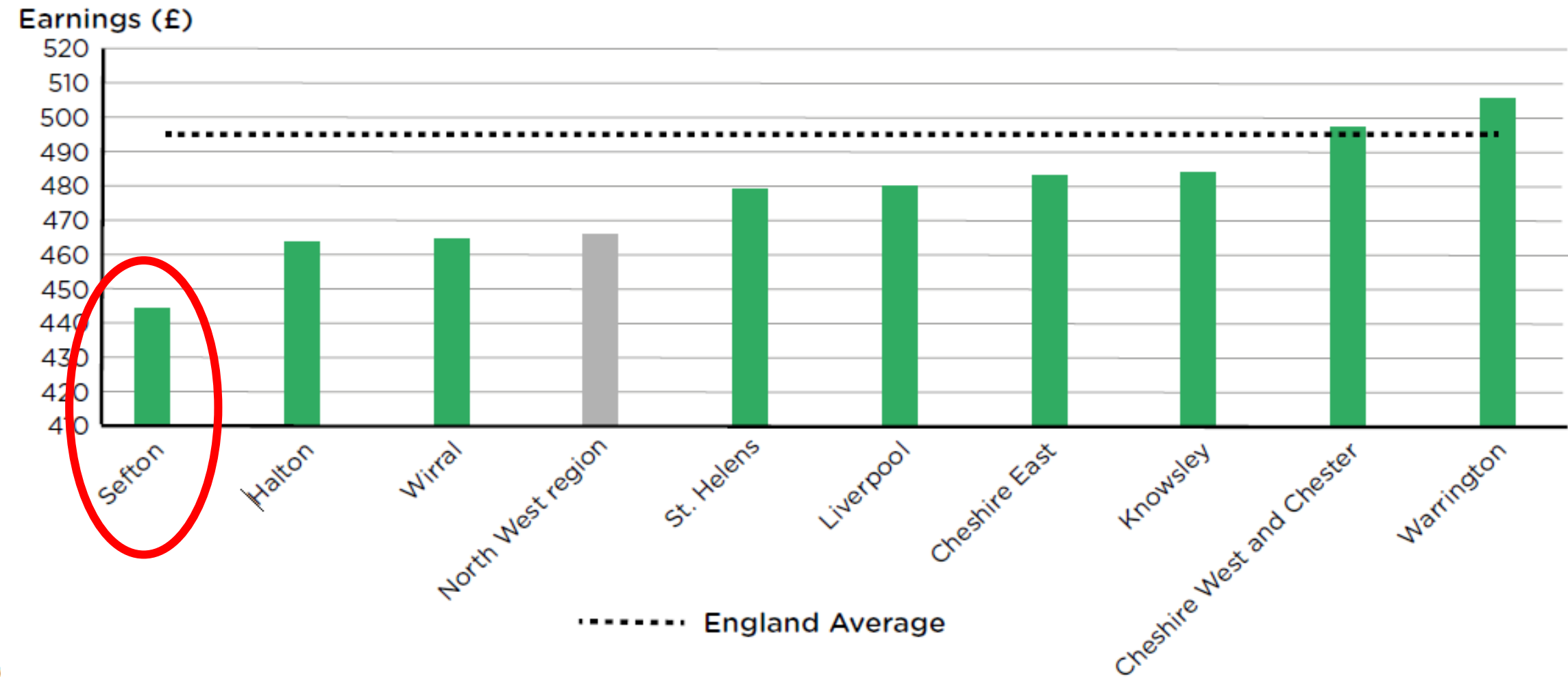
# Cause: Working-age adults in working families in poverty

The percentage of working-age adults in working families in poverty is at its highest since records began

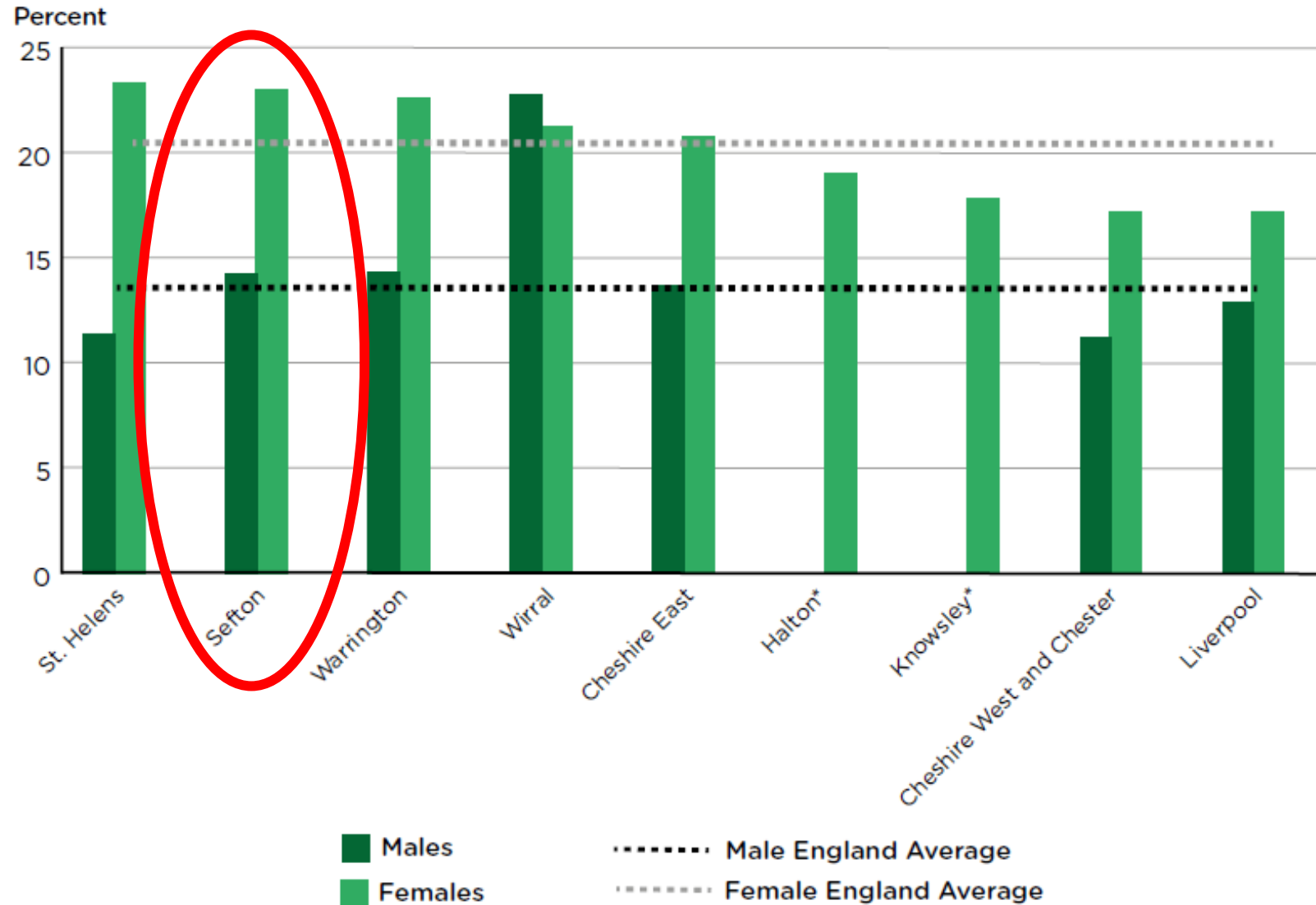


Source: Households Below Average Income, 2019/20, DWP

# Cause: Average weekly earnings, (aged 16 and over), pounds (£), 2020



# Cause: Earning below *real living wage* rates, percentage, 2021

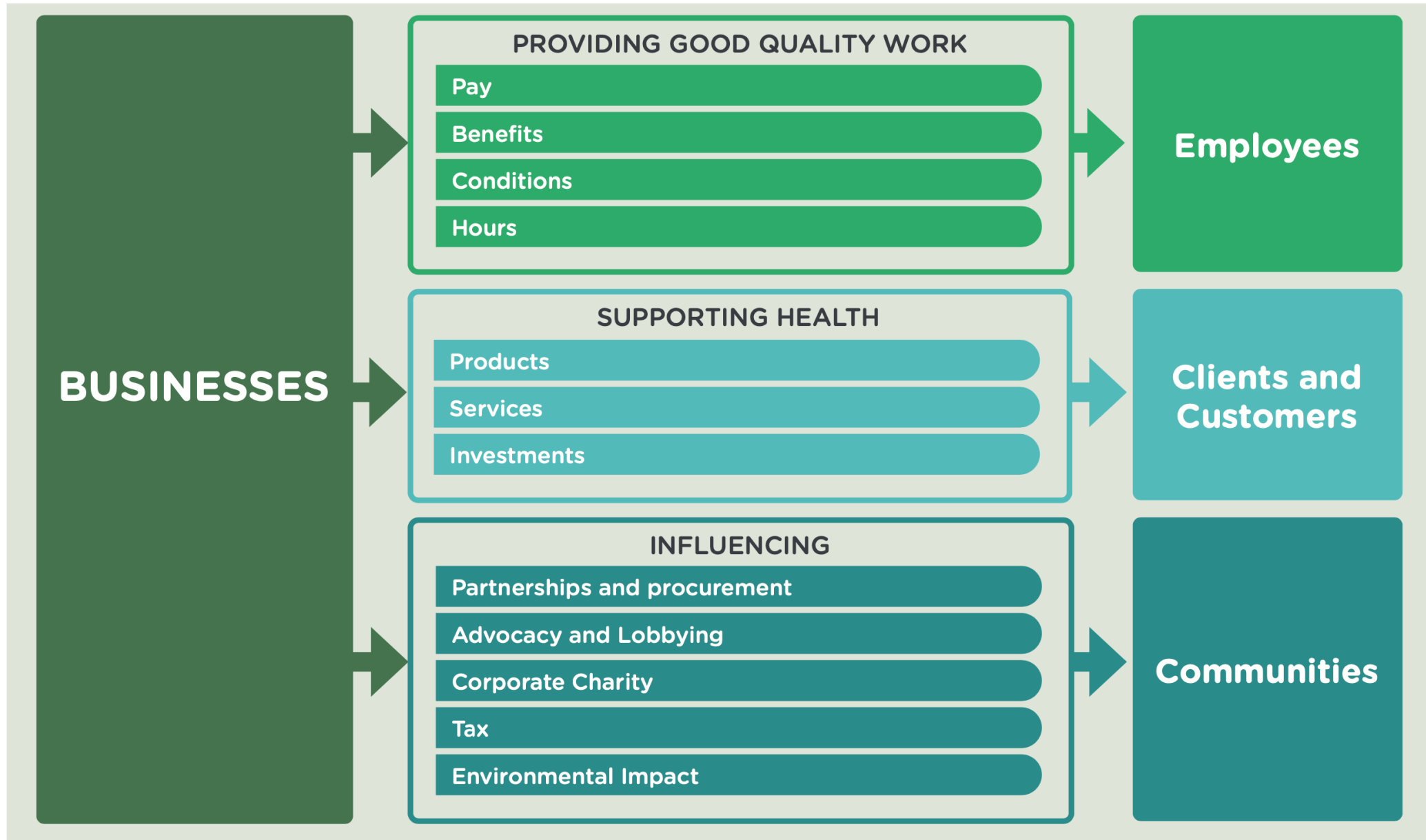


Note: \* Data not available  
Source: Annual Survey of Hours and Earnings



**THE BUSINESS OF HEALTH EQUITY:  
THE MARMOT REVIEW FOR  
INDUSTRY**

## How businesses shape health: the IHE Framework



# Regeneration

## Strand shopping centre to be re-imagined as the beating heart of Bootle in new vision set out by Council.

🕒 24 March 2022

📁 Categories: [Business and Economy](#), [Front Page](#), [Latest News](#)



*“Our vision for Bootle aims to create a thriving town centre that works for all people, brings investment and interest to an area filled with opportunities and builds a happier, healthier, more resilient population.”*

**- Cllr Ian Maher, Leader of Sefton Council**

Source:

<https://mysefton.co.uk/>



# Anchors

- UK Living Wage as an annual salary might be £10.90 x 37.5 x 52 = £21,255

## Telephonist

Speciality: Telephonist  
Salary: £20,270 - £21,318 pro rata per annum  
Weekly working pattern: Part time - 15 hours per week (2 on 4 off 24/7)

## Switchboard Operator/Receptionist

Liverpool Womens NHS Foundation  
Trust **3.7** ★  
Liverpool

£20,270 - £21,318 a year Permanent

## Telehealth Call Handler

Speciality: Administration and Clerical  
Salary: £20,270 - £21,318 pro rata  
Weekly working pattern:

- Full time
- Other

37.5 hours per week (Monday-Sunday 8am to 8pm)

## Receptionist

Speciality: Administrative Services  
Salary: £18,870 - £19,918 per annum pro rata  
Weekly working pattern: Part time - 22.5 hours per week (Monday to Wednesday 9am-5pm)

## Admin Clerk

Speciality: Admin & Clerical  
Salary: £20,270 - £21,318 per annum pro rata  
Weekly working pattern: Part time - 30 hours per week (Work pattern over 7 day period including evenings.)

## Leisure Attendant Bootle Leisure

Bootle  
Grade C SCP 3+4 £18,887 to £19,264 per annum, plus enhancements.  
07/12/2022 (14 days)  
Posted 29 days ago

## Theatre Assistant

Southport and Ormskirk Hospital NHS  
Trust **2.4** ★  
Ormskirk L39

£20,270 - £21,318 a year Permanent +2

## Administrator

Mental Health Matters **3.3** ★  
Bootle

£20,270 a year Permanent +1

## Housekeeper

The Clatterbridge Cancer Centre NHS  
Foundation... **3.8** ★  
Liverpool

£20,270 - £21,318 a year Permanent

# Quiet revolution

## **Box 20. Healthier Fleetwood**

Fleetwood is an area of widespread social disadvantage and life expectancy is lower than the average for England. In Pharos ward, life expectancy is 76 years for women (England: 83 years) and 74 years for men (England: 79.8 years), while healthy life expectancy is 55 years for men and 56 years for women, compared with the English average for both men and women of 63 years (136). Fifty-three percent of Fleetwood's population are in England's most deprived quintile.

In 2016 local healthcare services in Fleetwood were struggling. There was a severe shortage in GPs, with the three GP practices missing half of their 16 GPs. This staffing crisis, and the need to address local health inequalities, prompted one local GP, Mark Spencer, to reach out to local partners to establish a cooperative solution. It was agreed that mobilising partnerships and working collaboratively offered the best chance of success, so Fleetwood, a strong partnership of residents, healthcare providers, local government, housing organisations, the VCFSE sector and other groups, was established.

The GPs have moved from managing illnesses to helping people to improve their lifestyles and preventing illnesses from developing. The partners meet weekly and work collaboratively, making it easier to identify who is needed to solve problems – for individual residents and the community as a whole. Healthier Fleetwood has had many successes in supporting positive changes in the town. Partners have listened to residents and worked to facilitate activities that enable them to improve their health and wellbeing. Activities connect people, address social isolation, improve diet, increase physical activity and promote better community cohesion. GPs have extended the surgery room to work with residents in community wellbeing projects. The local Health and Wellbeing Centre organises events such as free sports lessons, mental health support classes and drop-in sessions to engage residents with new programmes. Over 100 clinicians, including GPs, nurses and mental health teams, now work together to support Fleetwood residents in a range of areas from mental health to drug abuse. Local schools are also partners, providing mental health support and, after listening to parents, including more actions to build resilience and ambition in Fleetwood's school children.

**ALL TOGETHER FAIRER:**  
HEALTH EQUITY AND THE SOCIAL  
DETERMINANTS OF HEALTH IN  
CHESHIRE AND MERSEYSIDE



**Thank you**

<http://www.instituteoftheequity.org>

# Anchor Institutions - Recruitment

John Mcluckie



**Southport and  
Ormskirk Hospital**  
NHS Trust

# Current Outlook

- **Inflation rose by 11.1% in the year to October. This is the highest rate of inflation for 41 years.**
- **Cost of living crisis**
- **Pressure on public sector budgets**
- **Difficulty with public sector recruitment**
- **Focus on EDI, and health inequalities**

# Rowntree/Bevan review in Wales

- **Increase Household Income**
- **Evidence shows that increasing household income increases children's educational attainment – an extra £7,000 a year closes the attainment gap at age 16 by half**
- **Support Parental Relationships**
- **Better Parenting**
- **Develop early years (pre-school) education**
- **Better primary and secondary education**
- **Post-16 learning**
- **Leadership and Commitment**

# Marmot Principles

- **Giving every child the best start in life**
- **Enabling all children, young people and adults to maximise their capabilities and have control over their lives**
- **Creating fair employment and good work for all**
- **Ensuring a health standard of living for all**
- **Creating and developing sustainable places and communities**
- **Strengthening the role and impact of ill-health prevention**



# Anchor Institution

- **are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and well-being and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use.**





# NHS Plan

The [NHS Long Term Plan](#) and [2020/21 NHS People Plan](#) both outlined ambitions for the NHS to create new opportunities for people from more deprived areas to enter employment within the health sector by:

- expanding apprenticeships.
- providing routes into employment for volunteers.
- working more closely with schools, colleges and universities.
- creating new opportunities for local employment could bring benefits for people most at risk of the negative health effects of long-term unemployment, while also helping the NHS address workforce shortages.

# Recruitment Issues – S & O

- **NHS jobs, whilst well established, is not necessarily well known by those outside of the NHS**
- **Problems in attracting technical craft based staff, e.g. joiners, electricians etc**
- **Large number of vacancies had built up for several reasons – needed a targeted response to fill large number**
- **NHS jobs very lengthy process – especially challenging to those with numeracy & literacy issues**



# Solution – S & O

- **Recruitment days arranged**
- **Extensive marketing & promoting in advance using various social media platforms & partners, e.g. Twitter, Job Centre**
- **Cut out the need for an application form**
- **Potential candidates asked to book a slot via telephone or email to recruitment team prior to the recruitment days**
- **Interviews held on day**
- **Employment offers made within days (40 out of 50 vacancies filled)**



What next?



Southport and  
Ormskirk Hospital  
NHS Trust

# Stephen Watson

**Executive Director – Sefton Place**

Growth and Strategic Investment, Placemaking and the 3Ps

# Growth and Strategic Investment, Placemaking and the 3Ps

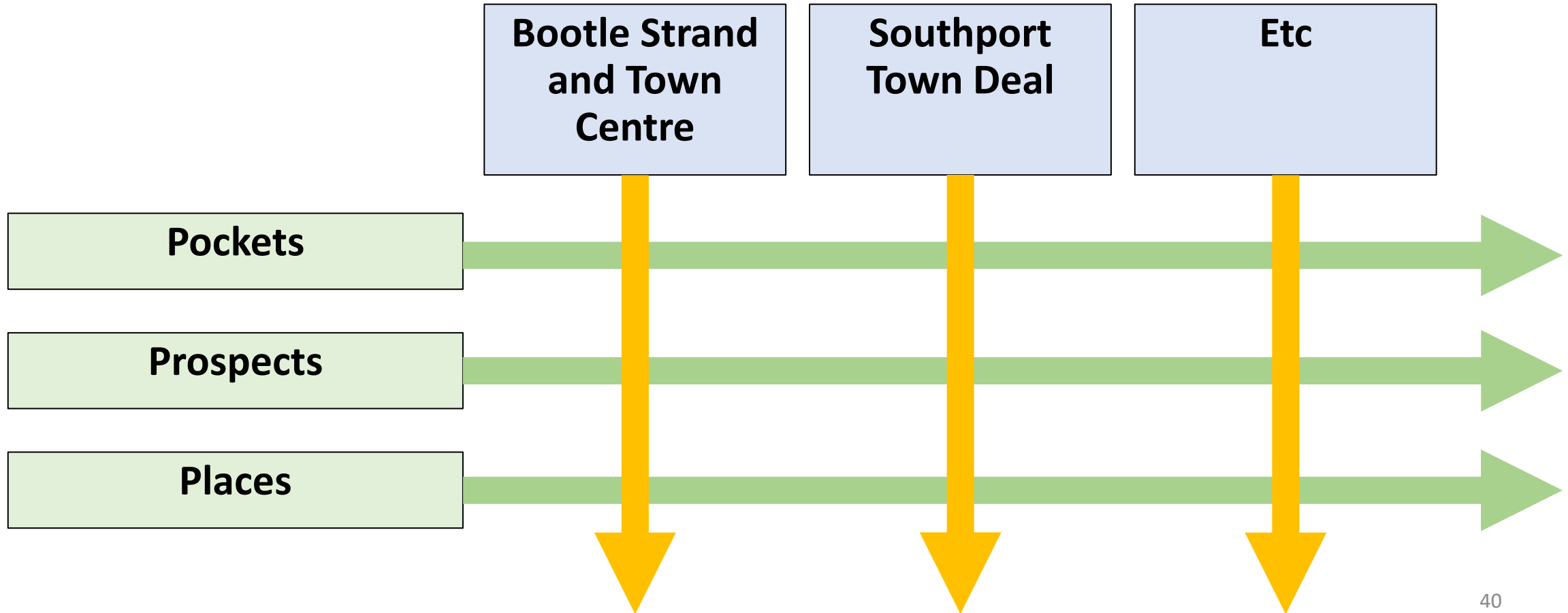
Stephen Watson, Sefton Council





# Growth and Strategic Investment

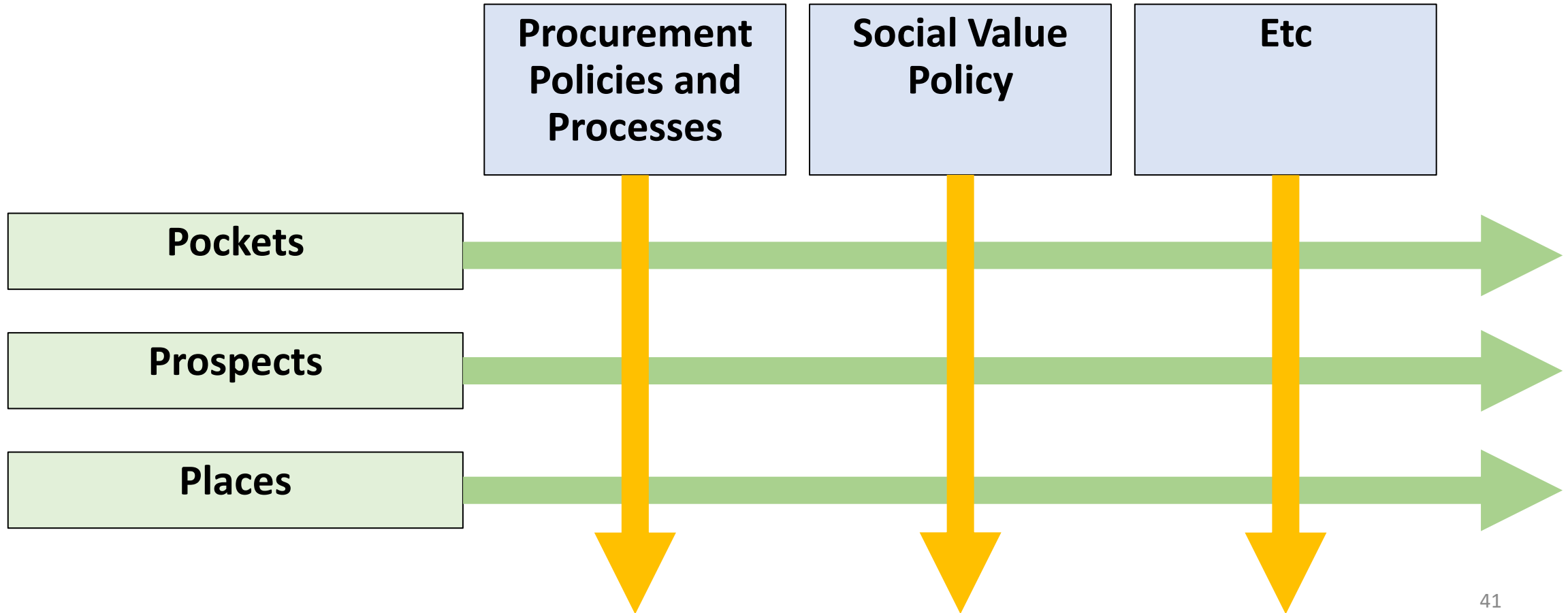
## Alignment of Strategy, Policy and Action





# Growth and Strategic Investment

## Alignment of Strategy, Policy and Action



# RRR Consultancy

Dr Kate Rust-Ryan

Dr Alan Rust-Ryan

Insight and understanding childhood poverty in Sefton

# Insight and understanding of childhood poverty in Sefton

*Dr Alan Rust-Ryan & Dr Kate Rust-Ryan*

***RRR Consultancy***

# Contents

1. Aims and objectives
2. Methodology
3. National context
4. Local context
5. Stakeholder consultation
6. Interviews with households

# 1. Main aims and objectives

- \* **evidence-based** approach to understanding and tackling childhood poverty
- \* enable working more closely with **partners**
- \* understand what **poverty means** for children and families in Sefton
- \* in what ways does living on a low income affect **day to day experiences** for children and families
- \* uncover what **gets in the way** in term of help and support for low-income families

## 2. Methodology

- \* Literature review
- \* Analysis of secondary data
- \* Stakeholder consultation
- \* Interviews of families with children experiencing financial hardship
- \* Policy recommendations

## 3. National context

- \* **3.9 million children** living in poverty in the UK in 2020-2021 – **27%** of children or **8 in a classroom of 30**
- \* **49%** children living in **lone-parent families** in poverty
- \* **46%** of children from **BAME** groups are more likely to be in poverty compared with **26%** of children in **white British** families
- \* **75%** of children growing up in poverty live in a household where at least **one person works**
- \* **Pandemic** and **cost of living crisis** exacerbated issue

# 4. Sefton – Indices of Deprivation

Type	Rank	Decile
IMD	45	8
Income Deprivation	46	7
Employment Deprivation	21	9
Education, Skills and Training Deprivation	77	5
Health Deprivation and Disability	24	9
Crime	95	4
Barriers to Housing and Services	149	1
Living Environment Deprivation	58	7
Income Deprivation Affecting Children Index (IDACI)	77	5

(out of 151 upper-tier LAs: 1 = the most deprived, 151 = least deprived)



## 4. Sefton – child poverty rate

Year	No.	%	North West
2014/15	12,640	26.9%	29%
2015/16	12,866	27.4%	30%
2016/17	13,705	29.0%	31%
2017/18	14,320	30.2%	32%
2018/19	13,466	28.1%	31%
2019/20	13,095	27.1%	31%
2020/21	12,055	25.6%	30%
<b>Avg.</b>	<b>13,349</b>	<b>27.7%</b>	<b>30.6%</b>

# Stakeholder consultation

- \* **Factors** leading to child poverty in Sefton:
  - **Cost of living crisis** esp. in terms of increasing food and fuel prices, and utility bills ('eating or heating')
  - **Low incomes** in terms of both paid work and benefits
  - Low **educational** attainment
  - Families with **complex issues**
- \* **Increase** in child poverty in Sefton over the **last 5 years**
- \* Increased demand for **community pantries**, help for **school uniforms** etc.

# Stakeholder consultation (cont.)

- \* Impact of **Covid-19 pandemic** on childhood poverty

- Loss of **employment**
- Exacerbated **inequality**
- Family **breakdowns**
- **Mental health** issues – feelings of isolation
- Some support services still **limited**
- More difficult for children in households facing **financial hardship**

# Stakeholder consultation (cont.)

- \* **Barriers** to families accessing support:
  - **Lack of knowledge** regarding support services
  - **Confidence** to access support
  - **Stigma, shame, fear of being judged**
  - Lack of **trust** in services
  - **Health and mental health** issues
  - **Time** to seek help

# Interviews with households

- \* Around **20 interviews** with families with children experiencing financial hardship
- \* **Semi-structured** interviews using qualitative questions
- \* **3 sets of research questions:**
  - questions for **adults** regarding their experiences of financial hardship;
  - questions for **children aged 6-11 years**;
  - and questions for children aged **12-16 years**
  - **7 households identified – please help us recruit!**

# Any Questions?



**RRR Consultancy**  
High Quality Social Research & Training

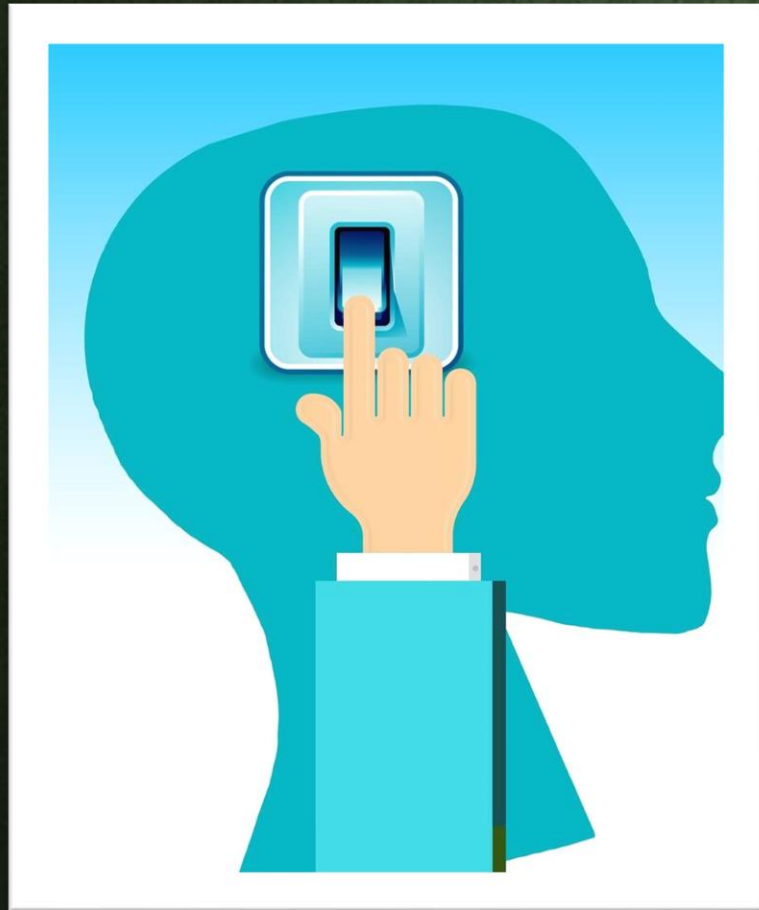
# Dr Rory McGill

**Public Health Consultant  
Sefton Council**

*Chair of the North West Behavioural Science and Public Health  
Network*

The behavioural and social science approach to  
supporting people through poverty

55



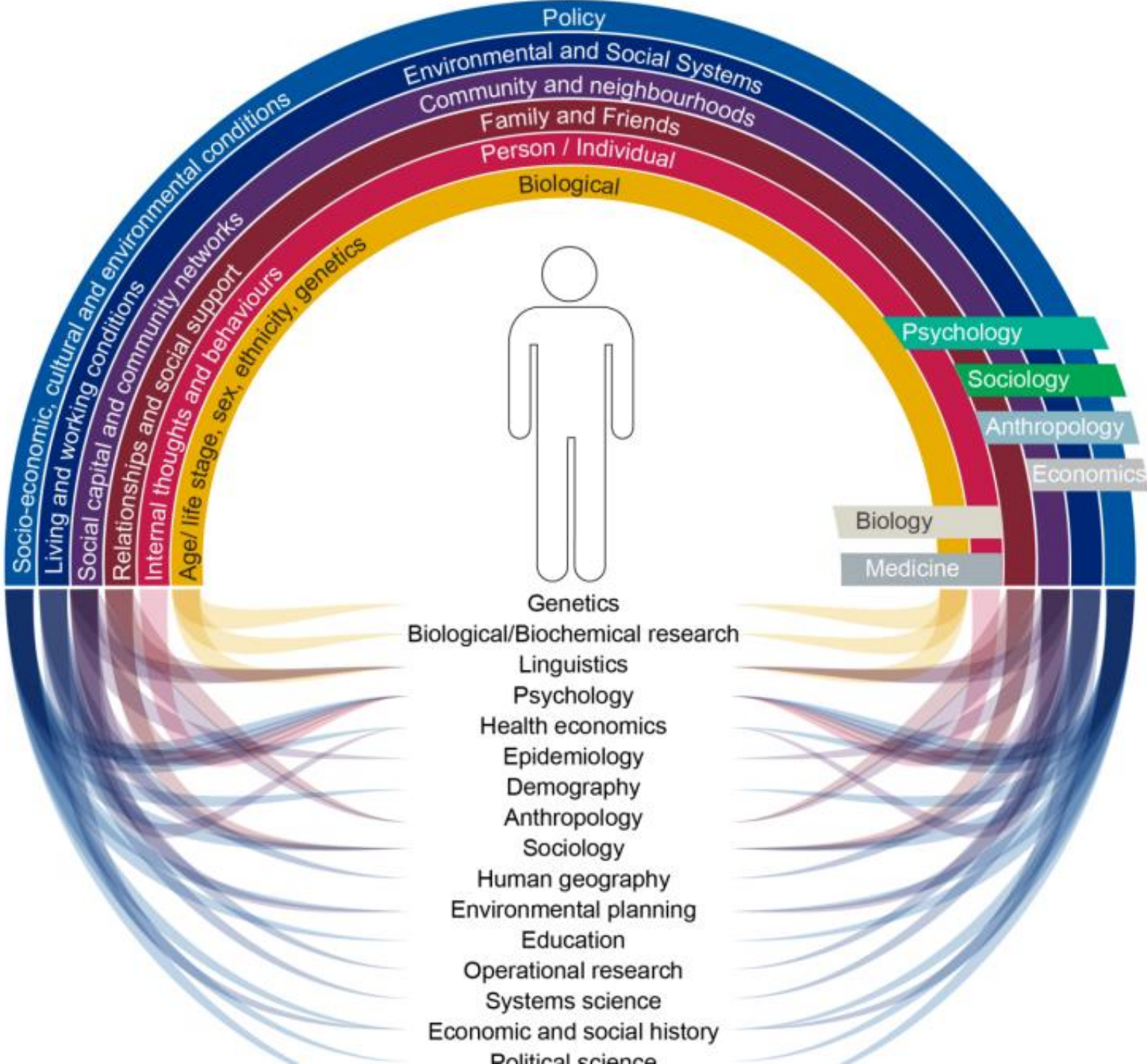
# **THE BEHAVIOURAL AND SOCIAL SCIENCE APPROACH TO SUPPORTING PEOPLE THROUGH POVERTY**

*Dr Rory McGill*

*Consultant in Public Health; Sefton Council*

*Chair of the North West Behavioural Science and  
Public Health Network*





# WHAT DO WE MEAN BY BEHAVIOURAL AND SOCIAL SCIENCE?

- Multi disciplinary
- Umbrella term
- Different tools for different issues to approach
- Not just behavioral insights
- Moved away from “nudge”
- Not just individualistic – has to consider the social environment and can make structural recommendations

# ENDORSED AS BEST PRACTICE



Public Health  
England

Protecting and improving the nation's health

## Improving people's health:

Applying behavioural and social sciences to improve population health and wellbeing in England



FACULTY OF  
PUBLIC HEALTH



Behavioural Science and  
Public Health Network



Local  
Government  
Association

- Improving Peoples Health: Applying behavioural and social sciences to improve population health and wellbeing in England
- *“The behavioural & social sciences are the future of public health” (Duncan Selbie 2018)*
- COVID response (what to do and what not to do)
- World Health Organisation (2022): *Behavioural and social sciences are critical for pandemic prevention, preparedness and response.... we propose that experts in behavioural and social sciences should be included as members of the Intergovernmental Negotiating [for public health]*

# MYTH BUSTING



- Nudge theory
- Downstream and individualistic
- Widens health inequalities
- Too theoretical
- Need to be an expert to use it
- Just “common sense”
- Silver bullet



## INCREASING POVERTY – IMPACTS ALREADY HAPPENING

- National surveys have shown cost of living has now eclipsed public concern over the impacts of COVID
- Behaviours have already changed - July 2022, 50% of adults said they shop less when buying groceries (ONS, 2022); impacts of chronic stress = population level impacts!
- **Food poverty**
  - Food Standards Agency (2022) showed that the cost of food is a major concern for three out of four people in the UK. The groups of people most affected by rising food prices were people with long-term health problems, women and members of ethnic minorities
  - Food banks usage increased by 14% to 2.1 million between April 2021 and March 2022 compared to that same period in 2019-20 (The Trussell Trust, 2022)
- **Fuel poverty**
  - In July 2022, nearly half (46%) of adults in the UK found it somewhat or very difficult to pay their energy bills, representing an increase from 43% in the previous month (ONS, 2022).
  - National Energy Action estimates that more than 10,000 deaths occur annually because of health conditions that arise or worsen due to living in a cold or damp property, thus affecting some of the most vulnerable sections of our population (NEA, 2021)



# WIDENING INEQUALITIES

Low-income households with children - exposure to poverty at an early age can have significant negative educational, psychological, and health consequences, which can contribute to poor health and reduced life chances in adulthood

People with long term health conditions – unavoidable expenses associated with transport for care; nutritional food and good quality living conditions essential for recovery from illnesses longer term

Older adults - many of whom are vulnerable to malnutrition and cold temperatures. More than one million older people who qualify for Pension Credit miss out on vital help such as Cold Weather Payments and the Warm Home Discount Scheme, mostly due to their lack of knowledge about them (Age UK, 2022).

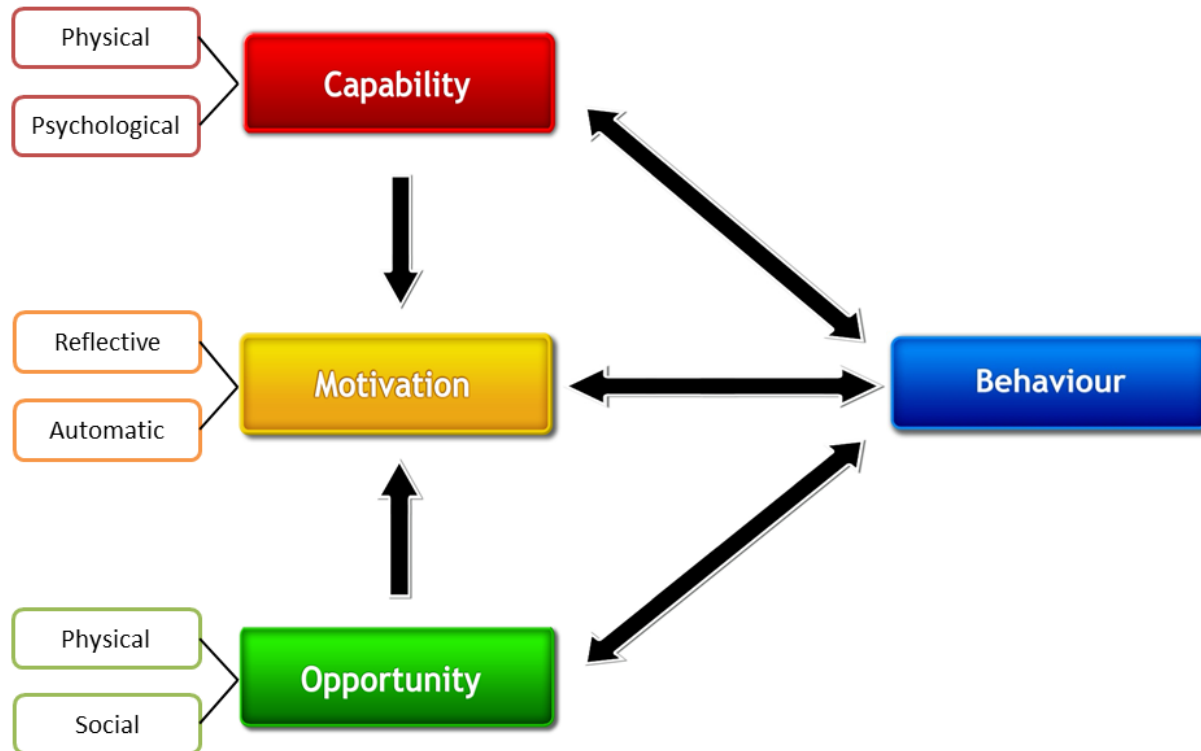
People from black, Asian and minority ethnic communities – white people seeing a 5% increase in outgoings associated with cost of living translates to 8% for BAME people (NEA, 2022).

People with a disability – more than twice as likely to live in a cold house and three times as likely to be unable to buy food (Scope UK, 2022). Hidden additional costs e.g. insurance, equipment, treatment etc.

People living in deprived areas - The inflation rate for the richest quartile of the population in June 2022 was 8.5% but for those in the poorest quartile it was 10.8%; less energy efficient housing, reliance on energy dense cheap foods, benefits not increased to match inflation

People who are just about managing – People who would otherwise be more financially stable will face hardship. It is estimated that more than half of those unable to pay their bills in the upcoming months are ineligible for means-tested benefits (Citizens Advice Hart, 2022).

The COM-B model: Behaviour occurs as an interaction between three necessary conditions

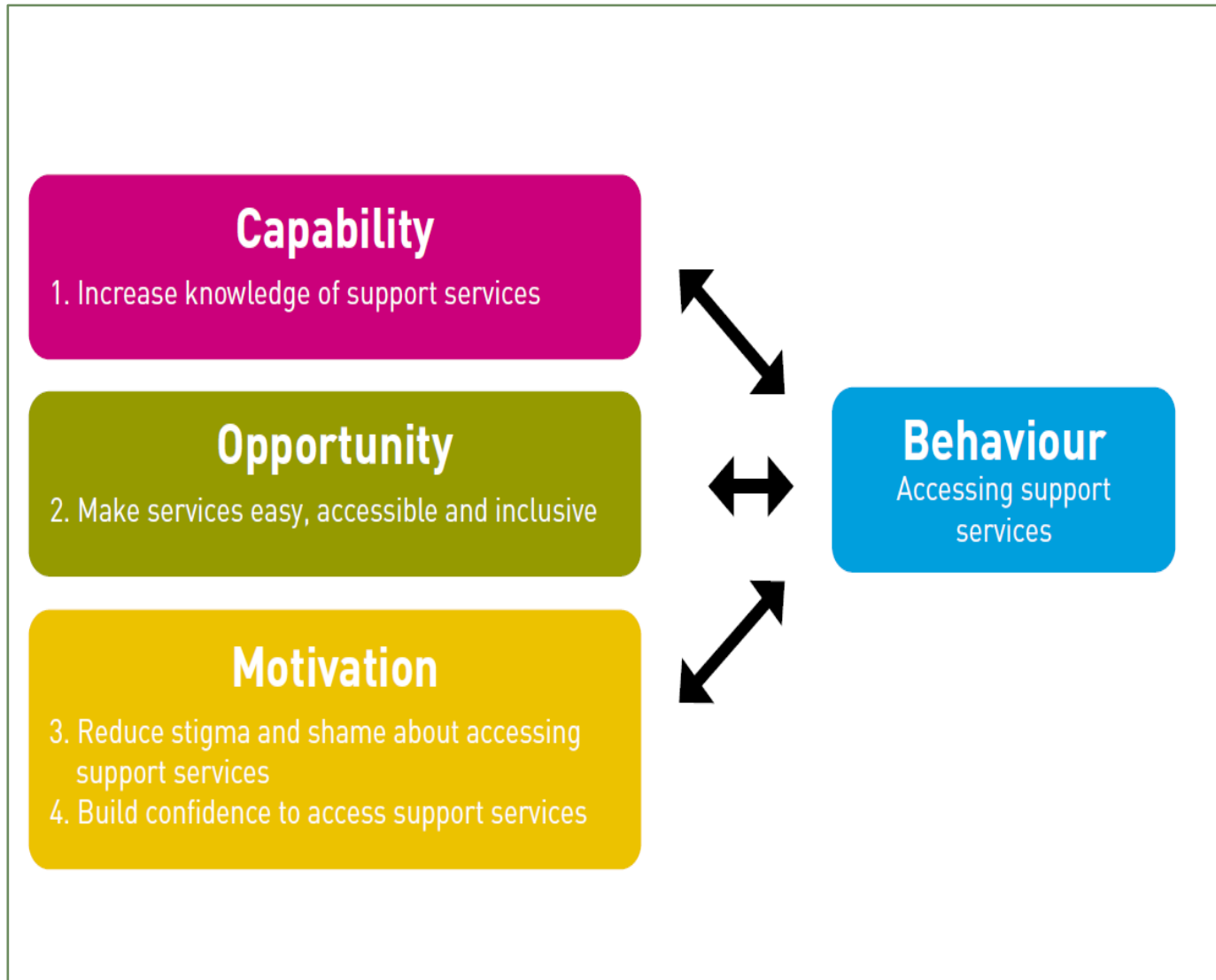


Michie et al (2011) Implementation Science

**WE NEED TO  
UNDERSTAND  
THE  
BEHAVIOUR**

## WHAT ARE THE BARRIERS TO INCREASING SERVICE UPTAKE?

- We cannot change the national predicted contextual impacts of the cost of living crisis
- Multi-agency response required – whole system approach!
- Need to focus on what we can have impact on by identifying barriers e.g.:
  - Stigma
  - Lack of awareness
  - Confidence



# CAPABILITY

- Residents are more likely to access support services if they have the psychological capability (knowledge and skills) and physical capability (strength and stamina) to do so.
- **INCREASE KNOWLEDGE OF SUPPORT SERVICES**
- People miss out when things aren't properly promoted or they haven't access before. Those with low literacy skills may be disproportionately affected
- **Need to develop clear, understandable communications (relatability, readability, simplifying complexity)**
- **Need to produce evidence based communicatins with target groups (addressing concerns, addressing culture, informed by barriers)**





# OPPORTUNITY

- Residents are more likely to access support if the environment around them allows them to do so. The environment includes physical influences (e.g., time and resources) and social influences (e.g., cultural norms and social cues)

- **MAKE SERVICES AND PROCESSES EASY, ACCESSIBLE AND INCLUSIVE**

- If services are difficult to use and processes are complicated, residents may become frustrated or discouraged, leading them to disengage. The anxiety about financial insecurity places an additional strain on people's mental energy

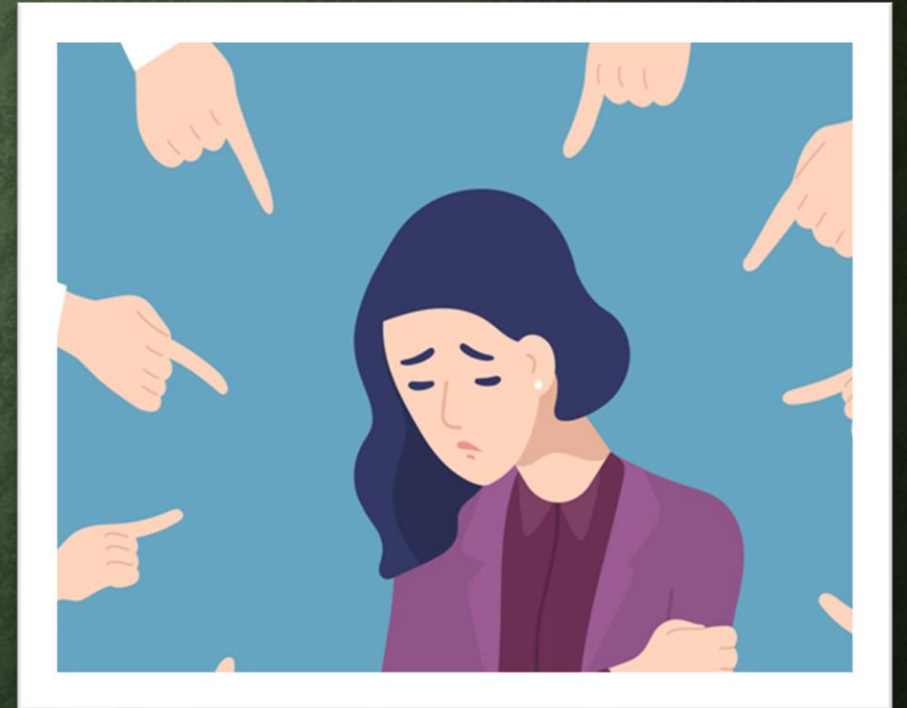
- **Need to reduce steps needed to access support and engage with target groups to assess usability**

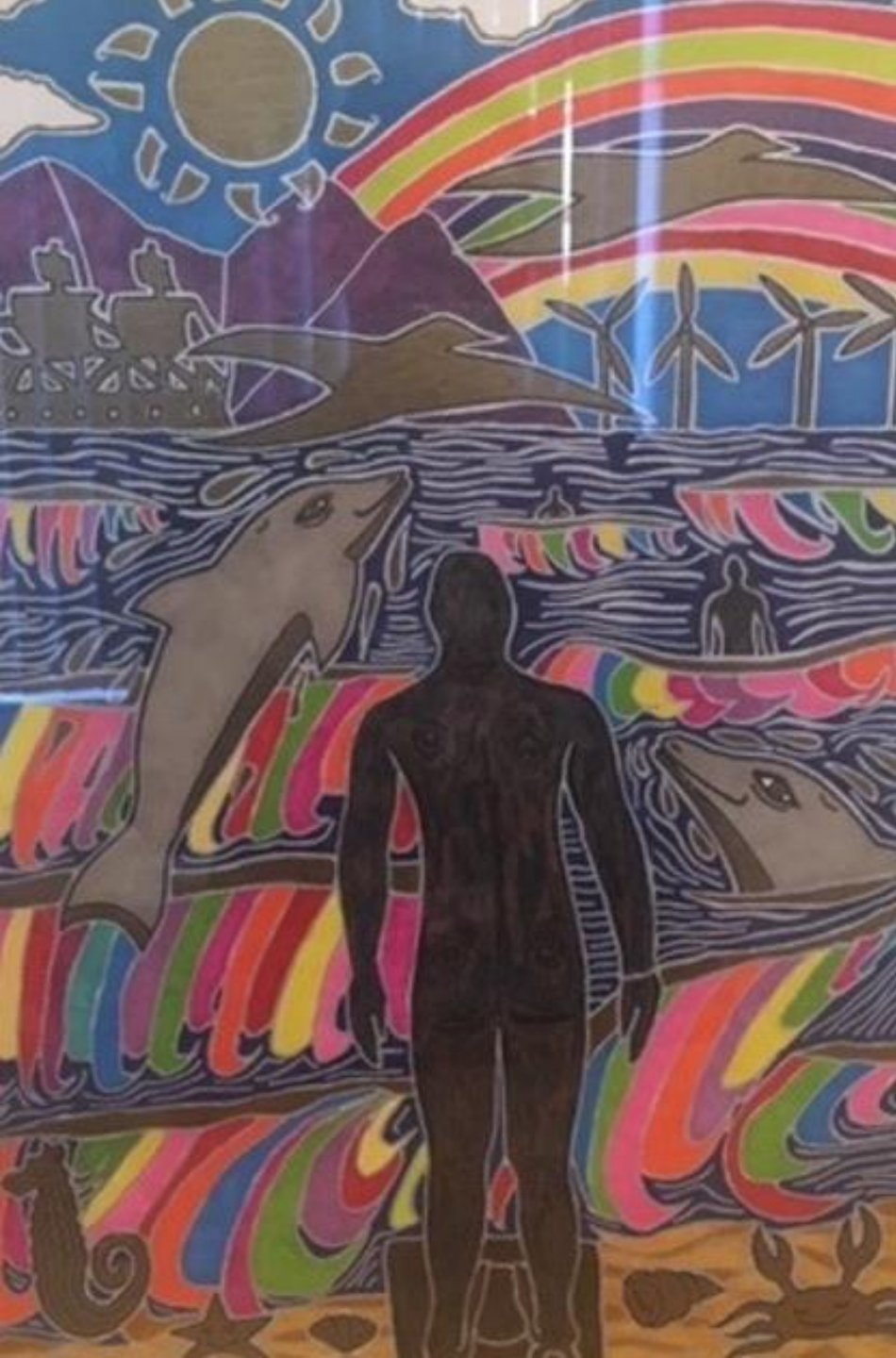
- **Need to consider groups who may not have means to access e.g. digital poverty and ensure services are community based and well resourced to cope with demand**



# MOTIVATION

- Motivation refers to the reflective processes (beliefs and intentions) and automatic processes (emotions, wants and needs) that drive behaviour. People are more likely to access support if it is consistent with their identity, values, and beliefs.
- **REDUCE STIGMA/SHAME**
- Money has been found to be a particularly shameful topic for people in need of help, which makes them less likely to access services (Strong et al., 2020). People are more likely to seek help if they see other people like them accessing services
- **We must ensure language we use doesn't create feelings of stigma by normalising seeking help, focusing on the solutions rather than the crisis and avoiding sensational language**
- **We must be person centred and not define those seeking help by this action and must avoid using controlling language e.g. this is what is available to you rather than this is what you should do**





# CONCLUSION

- Adopting a behavioural and social science informed approach is easier than you think
- There are people in Sefton struggling and are worried that they will not have enough money to buy food and heat their homes, particularly over the winter months
- The use of simple behavioural science insights and tools can increase the uptake of support services.
- When working with stakeholders to develop action plans or initiatives, partners should engage with communities and incorporate the COM-B based recommendations presented here into their planning
- Understanding the knowledge, beliefs, and motivations held by residents, both across the borough and specific groups, will help organisations to target their support offer for those most in need of support

# Q&A Session

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# Helen Armitage

Public Health Consultant  
Sefton Council



# Self-assessment and evaluation tool

# Overview

- Plans for tracking our progress and staying motivated
- **Introduction to the self-assessment and evaluation tool**
- Implementation

# Tracking progress on what?

- **3 Goals**
  1. **Reduce the level of poverty and time spent in poverty now**
  2. **Minimise the harmful effects** of poverty on educational achievement, health, and wellbeing **now and later in life**
  3. **Prevent future poverty** for today's children and young people
- **3 Key areas each with 2 main priorities**
- **35 Suggested actions**
- **8 Years**



## Tracking progress on what?

- The **scale and impacts of measurable challenges** over time and if getting better or worse, faster or slower than comparator areas
- Whether **direct and supporting actions** that support strategic goals are taking place to good effect and on time
- **Engagement** across different parts of strategy
- Growth of **shared responsibility and accountability** for tackling child poverty

# How?

## Child Poverty Accountability and Progress Framework

- **Quantitative indicators** – How... many/big/small/fast/slow/different/similar/here/there/this group/that group?
- **Calendar of milestones** – Are the right things happening at the right time in the right way to keep the strategy alive? If not, why not? Fix
- **Qualitative and case study** – Voice of those with lived and close experience. What happened? Where? Why? Who benefited? Who didn't? How did it feel? What was it like? What did we learn?
- **Self-assessment** – What am I doing? What could I change? Who can help? How will I do it?

Organisation name	Date completed				
BASELINE ASSESSMENT					
POCKETS - Maximising financial resources of families on low incomes					
1. Increase the number of households who can access employment that provides an acceptable standard of living					
What change is recommended?	Recommendation met?	Local lead partners	Action taken	Action required	Deadline
i. Promote Sefton 'Caring Business Charter' this will help care experienced and other vulnerable young people prepare for access the world of work.					
ii. Strengthen social value added and corporate social responsibility in policies linked to investment and commissioning decisions					
iii. Encourage Sefton partners to sign-up to become an accredited social value award partner: <a href="https://www.livingwage.org.uk/accredited-living-wage-employers">https://www.livingwage.org.uk/accredited-living-wage-employers</a>					
iv. Link our work with the Carer's strategy to address barriers to employment for those with caring responsibilities					
v. Sefton partners take a prominent role in the development of the Cheshire & Merseyside Anchor Institute Charter, which has a strong focus on creating sustainable employment opportunities for local people					
vi. Co-produce guidance for employers with people who experience hidden income-related barriers to poverty					
vii. Establish closer inter-agency working to prevent benefits sanctions					

Use recognised pro-equity frameworks

Co-produce local guidance with involvement of those of lived and close experience of child poverty

# Self-assessment and evaluation tool

- 'Inspired' by NICE Public Health Guidance
- Baseline assessment allows diverse organisations to see themselves in the strategy
- To select a realistic change/s to start or build on
- To identify partner organisations

POCKETS - Maximising financial resources of families on low incomes

2. Do what we can to reduce the cost of living and to remove financial and other barriers that lower the benefit low income families get from local opportunities and support on offer

What change is recommended?	Recommendation met?	Local lead partners	Action taken	Action required	Deadline
i. Action to protect adequate access to affordable childcare – continue to promote access to and knowledge of funded places					
ii. Research and pilot community wealth re-distribution initiatives					
iii. Develop and adopt a simple framework to poverty proof design and delivery of services and support					
iv. Address barriers to uptake of free school meal offer and Healthy Start Vouchers					
v. Providing reduced cost or discretionary access to positive leisure activities and programmes that benefit the physical and mental wellbeing of families living in poverty					
vi. Promote those services already providing access to free resources and activities key to improving life chances such as libraries and arts venues.					

• Helps to produce a picture of who is working on what, where

Promote and explore local solutions

3. Acting early and focusing on the needs of parents to create the best possible support for children’s learning and development at home

What change is recommended?	Recommendation met?	Local lead partners	Action taken	Action required	Deadline
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i. Conduct a poverty-proof audit to ensure the design and delivery of services and support minimises hidden barriers to participation and maximises benefits

ii. Create more equitable opportunities for pre-school socialisation for parents and infants to enhance language development, social skills, and social support, e.g., toy libraries – and pre-school socialisation as supported in local libraries

iii. Promote universal positive parenting, attachment and bonding messages, underlining shared experiences of parenting

iv. Assess support needs linked to home learning environment as early as possible through more integrated working between employment, housing, welfare, early years, and health services

v. Support inclusion by addressing education attainment gap where children have a lower literacy age than their chronological years, particularly in alternative provision

vi. Support educational attendance and access to the full school offer, for example greater utilisation of Education Welfare Officer or develop a Family Mentor offer

• Identify areas of strength and weakness to build on

Systematic identification of potential for further ‘poverty-proofing’

Breakdown exclusion and stigma  
Build-up inclusion and esteem

Community development

4. Narrow the educational attainment gap between children from low income families and their better off peers

What change is recommended?	Recommendation met?	Local lead partners	Action taken	Action required	Deadline
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i. Work with educators and employers to enhance learning and development using a whole family approach. This should include enabling children and parents to learn about different employment and education routes that are open to them as early as possible and consistently across their time in school

ii. Ensure all children and families get to share in positive experiences that broaden children's horizons, enrich learning, and positively influence expectations of the future

iii. Give more attention to supporting children, families and carers to gain confidence in literacy and communication skills and adopt communication policies that lessen the impact of lower literacy skills or additional communication needs.

iv. Promote digital inclusion so that children and families have access to the IT equipment that can support home learning.

v. Adopt a social mobility accreditation framework e.g., the Social Mobility Index from the Social Mobility Foundation <https://>

- Helps to produce a picture of who is working on what, where

Bring training and employment opportunities closer to children and families.  
Begin early

Work on social and language skills and making processes and information simpler

5. Ensure the places where we live and spend time are strong on the fundamental, universal things everyone needs to live well

What change is recommended?	Recommendation met?	Local lead partners	Action taken	Action required	Deadline
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i. Incorporate evidence planning tools and frameworks into policy and process to support meaningful community engagement and pro-health and pro-equity schemes.

- Identify areas of strength and weakness to build on

ii. Continue action to increase active travel amongst car-owners

Open up to inter-disciplinary/cross-sector design led by equity and wellbeing principles

iii. Create healthy living spaces e.g., by greening public realm, active travel infrastructure, reducing emissions, reducing out-sourcing in favour of supporting home-grown employers.

iv. Ensure stronger connectivity between housing, health, and other providers as part of the governance arrangements for the Sefton Partnership

6. Create more connected, accessible and inclusive spaces, that support social cohesion, diversity and participation

What change is recommended	Recommendation	Local lead partner	Action taken	Action required	Deadline
i. Lobby strategic transport authority to ensure poverty is not a barrier to accessing and freely using the public transport network					
ii. Use active travel networks to connect into areas of higher deprivation and offer children and adults safe routes between different areas of the borough, including community and					
iii. Explore options to create equal opportunities for low income families to participate socially on an equal footing, for example using social investment or community enterprise models to develop business initiatives that offer skills development, reduce isolation and allow everyone					
iv. Continue to make best use of culture, arts, leisure and community development initiatives to challenge the way we see different places and neighbourhoods and to bring people together					
v. Utilise our community assets (public, voluntary and private) and their potential to act as community hubs, allowing opportunity for community					
vi. Work with external funders including private sector to bridge the digital divide children from low income homes often					
vii. Provide high quality housing in locations close to local amenities, including family housing					

- Helps link partners with experience with those just embarking on a similar change

Create enriching opportunities and places

Create more connection and inter-connection



# Implementation

- Child poverty has big, complex causes and consequences. Delivering meaningful, locally driven change is a big, complex challenge
- Real-world change happens when staff, volunteers, and the public start doing some things differently and begin to release poverty-proofing potential
- The biggest possible improvement in poorer children's health and life chances comes from making as many of the right changes in as many different contexts and organisations as possible and keeping them going as long as they are needed and effective

# Implementation support

- Communications and connectivity strategy including web page, 'brand', plan for online or in-person events
- Accountability and progress framework
- Supporting resources: self-evaluation tool, strategy plan-on-a-page, understanding child poverty model and poverty-proofing framework, links to quality guidance and information

# Anna Nygaard



**Head of Inequalities and Strategic Partnerships  
PH Sefton Council**

Table Top Discussion – Getting Started

# Final Reflections of the day.....





# Next Steps...

Thank you

