Report Title:	Sefton Child Poverty Strategy:		
Date of meeting:	5 September 2024 11 September 2024		
Report to:	Cabinet Health and Wellbeing Board		
Report of:	Executive Director (Operations and Partnerships)		
Portfolio:	Cabinet Member - Public Health and Wellbeing Cabinet Member - Children Schools and Families		
Wards affected:	All wards		
Is this a key decision:	Yes	Included in Forward Plan:	Yes
Exempt/confidential report:	No		

Summary:

The purpose of this report is to provide Cabinet with an update on the progress and next steps of the <u>Sefton Child Poverty Strategy</u>¹, by reporting on the following.

- A brief overview of the child poverty strategy's goals, priorities, and suggested actions.
- A review of progress using the accountability framework.
- Overview of findings and recommendations of the LGA Health in All Policy Team (July 2024).
- Discussion on arrangements for implementation, governance, and monitoring.

A communications plan to raise the profile of the Child Poverty Strategy.

Recommendation(s):

Cabinet

(1) Recognise the progress made to date and support plans to further progress action on child poverty in Sefton.

(2) Note the plans set out in this report to raise the profile of the Sefton Child Poverty

¹ Childhood Poverty Strategy 2022 (sefton.gov.uk)

Strategy and strengthen governance.

Health and Wellbeing Board

That the report be noted.

1. The Rationale and Evidence for the Recommendations

Cabinet has a governance role to provide oversight and support for the delivery and progress of Sefton Council priorities². This report sets out information about progress in the year and a half following its launch and plans for its further implementation in 2024 and beyond, including feedback from an independent review by the Local Government Association, and a communications plan.

1.1 Introduction.

The purpose of this report is to provide Cabinet with an update on the progress and next steps of the <u>Sefton Child Poverty Strategy</u>³, by reporting on the following.

- i. A brief overview of the child poverty strategy's goals, priorities, and suggested actions.
- ii. A review of progress using the progress and accountability framework.
- iii. Overview of findings and recommendations of the LGA Health in All Policy Team (July 2024).
- iv. Discussion on arrangements for implementation, governance, and monitoring.
- v. A communications plan to raise the profile of the Child Poverty Strategy.

1.2 Brief overview of the child poverty strategy's goals, priorities, and suggested actions.

The Council declared a poverty emergency in 2021. The Sefton Child Poverty Strategy was developed during 2022 and launched that December. Staff in the public health team led and coordinated the development process, which brought together a broad range of evidence and experience. A more detailed description of the strategy's background and development is provided in a recent report to the Health and Wellbeing Board.⁴

² Sefton Council Corporate Plan 2023 to 2026

³ Childhood Poverty Strategy 2022 (sefton.gov.uk)

⁴ (Public Pack)Agenda Document for Health and Wellbeing Board, 06/03/2024 14:00 (sefton.gov.uk) Item 7, page 49, 1.1

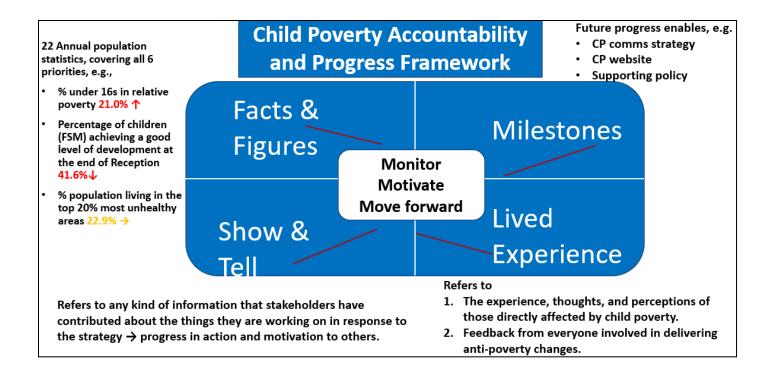
	GOALS Big wins that inspire and drive our efforts.		
Reduce the level of poverty an time spent in poverty now.	d 2. Minimise the harmful effects of poverty on educational achievement, health, and wellbeing now and later in life.	3. Prevent future poverty for today's children and young people.	
PRIORITIES What we need to work hard on.			
POCKETS Maximise financial resources of families on low incomes.	PROSPECTS Improve the life chances of children in poverty	PLACES Create connected, inclusive, distinctive environments where everyone can enjoy the good things in life.	
Increase the number of households who can access employment which provides an acceptable standard of living.	Act early and focus on the needs of parents to c the best possible support for children's learning development at home.		
Act where we can to reduce the cost of living and to remove financial and other barriers which stop families making the most of beneficial opportunities and support.	 Narrow the educational attainment gap betwee children from low income families and their bette peers. 		
	ACTIONS How we create change in Sefton.		

The image above shows the goals, themes, and priorities in the Child Poverty Strategy and how these relate to the suggested actions listed under each of six priority areas. Important points to note are:

- The **goals 1-3**, address prevention of both root causes and unequal effects of child poverty, in the present and future lives of today's children.
- The **pockets**, **prospects**, **and places themes**, used to group the **six priorities** were inspired by Scottish strategy on child poverty and help to structure a complex issue.
- The strategy has a long lifespan (to 2030) in keeping with the scale and range of changes
 that are needed, but this does not rule out necessary updates. The temporal context for
 child poverty reduction is often (rightly) described as being 'inter-generational'. However,
 many meaningful improvements in the lives of children can be achieved more quickly than
 this.
- The intended audience for the strategy is not limited to Sefton Council.
- The actions that were suggested and endorsed during the drafting process are presented in more general, rather than specific terms. They do not constitute a true action plan since they are not tied to specified timescales or action owners.
- The strategy has been developed with a focus on assets-based changes that can be initiated and driven by partners working at a Sefton level.

1.3 Review of progress using the progress and accountability framework.

The Child Poverty Strategy is monitored and driven forward using its own progress and accountability framework, which comprises four domains that help reflect the complexity of the challenges. The graphic below serves to illustrate the complementary nature and purpose of each domain.



1.3.1 Facts and figures

This element of the framework is currently comprised of 22 quantitative indicators (appended to this report), linked to the strategy's six priorities, which are sourced from the Cheshire and Merseyside Marmot indicator dashboard, Fingertips data profiles from the Office of Health Improvement and Disparities (OHID), and the Thriving Places Index. Due to the lag in data collection and reporting no data is yet available to describe changes in year one of the strategy (2023/24). This highlights the importance of including other sources of information to help develop a picture of need and progress.

1.3.2 Milestones

In a paper presented to health and wellbeing board in March 2024, the following year two milestones were identified:

Year two milestone	Progress report
Develop a year 2 communications strategy, including Sefton.gov micro-site, and topic plus timing for the next child poverty 'conference' event or alternative.	See Communications plan (appendix). A further topic for a learning or conference event has not been decided upon. The strategy has a dedicated webpage. The communications plan will include proposals
	for developing this function.
Identify and share simple tools to enable frontline and other services to systematically mitigate disadvantages associated with child	Members of the public health team and education excellence have commissioned a poverty-proofing© intervention from Children North East, aimed at education

and family poverty. settings and cultural settings (see appendices for a summary). This will involve training, and Consider funding a Poverty Proofing © audit learning about practical low or no-cost for school/s or another frontline Council changes organisations can make to limit the service. effects of growing up in a low-income household. Consider commissioning practically focused training to support more equitable design and If the two-year pilot is successful, this will be delivery. mainstreamed across all settings. The public health team has had some initial discussions about the potential to commission training resources that could be included as part of the CLC's offer. Identify one or two other policy changes, e.g., Initial support and insight from the LGA introduction of a health impact assessment Health in All Policy Team has been the first policy. step towards achieving this milestone.

1.3.3 Show and Tell

The 'Show and tell' section refers to any kind of information that stakeholders have contributed about the things they are working on or intending to work on in response to the strategy. Sharing innovation and good practice, which is gathered as part of progress monitoring also has a role to play in spurring others to act. A short 'Your Sefton, Your Say' online survey was distributed ahead of the most recent Place themed event on 18 January 2024. Some of the achievements shared by Council staff and partners are listed below:

- New group set up to work on housing needs of young care leavers
- The Atkinson **Young Curators Programme** engages young people in art and culture as audience member and active participant
- Multi-agency pilot to reduce risks of lung illness in childhood cold, damp, pollution etc
- **Library service** pioneering a digital programme and issuing free data at 3 libraries
- Council departments and NHS, local business are working with the Caring Business
 Charter and Sefton@work to provide training and employment opportunities to our young people in care.
- Sefton@work and others are helping people overcome barriers to accessing work, e.g. back to work starter pack
- From Jan 24, people with care experience who apply for a job with Sefton Council have been eligible for a guaranteed interview if they meet the essential criteria of a job post and reference their care experience in their application form.
- The council has recruited an affordable living officer

⁵ Poverty Proofing© Services - Children North East (children-ne.org.uk)

- Free and discounted leisure services are available to vulnerable children and families, including our children in care.
- **Sefton housing services** have set up the Sefton Strategic Housing Commissioning **Group** as part of the new housing strategy.
- Progress made in bringing public health, communities, NHS and voluntary sector partners together to address infant food insecurity
- NHS Cheshire and Merey Integrated Care Board have signed up to the care leaver covenant, amongst other things this facilitates care experienced young people into NHS careers.
- Alder Hey Children's Hospital have committed to mitigate the impact of poverty on children
 and families. This includes the mobilisation of **Sophy's legacy** which addresses hunger in
 siblings of those children using services and targeted free parking for families living with low
 income.
- Elevate have been working with care experienced young people to enhance awareness of employment and training opportunities. This includes work experience, finding bespoke placement.
- Housing associations are supporting families, signing posting to sources of advice and practical assistance.

1.3.4 Lived experience

Below, are some examples of quotations and themes from the in-depth 'Understanding Child Poverty in Sefton' commissioned from Drs Rust-Ryan. A formal proposal for changes to the strategy resulting from this important information needs to be developed following the publication of the report. The essential importance of understanding and listening to the priorities and experiences of children and families is emphasised in the findings of the LGA report.

Theme	Example evidence (direct quotations and report extracts)
Trade-offs	"The taxi to the community pantry costs £5."
Poverty awareness.	"Some people have more money than they know what to do with, some manage and are okay, some struggle, and some have nothing. It's those with too much money who make the rules and don't know what it is like for everyone else. It shouldn't be like this. Everyone should be okay."
Fear and safety.	"We don't play out at the front – Mum says it's not safe. It's not safe here. People drive fast and there are gangs. There're nice places around here, but some people start trouble and some smash things." 'Only two of the 20 families could afford household insurance.'

Sacrifice and guilt.	Children spoke about wanting to relieve their parents of the challenge of living on a too low income. "I want to be a member of the government so that I can change how they are doing things Then people like my mum won't have to struggle and worry about money anymore."
Gratitude.	Children were often keenly aware of the things their parents went without to give them the things they need. 'They spoke about how their parent(s) wanted them to do well at school because it would help them secure a good future for themselves despite their family's current situation.'
Money and influence.	'Parents felt that growing up in a family facing financial hardship clearly impacted on children's life-chances. Having sufficient money was regarded as being an important determinant of future success as it 'opened doors' in relation to education, training, and employment. Also, where families live was regarded as determining opportunities.'
Shrinking world.	'She talked about how families with more money can afford to go on holiday and enjoy leisure activities. This meant that families with more money could go places and do more, while poorer families are limited to places such socialising at home or at family or friends' houses.'
Change and ideas.	'[One] child said that she would like to see families giving away things they do not need to people who might need them: "whatever you don't want in your house, you could give it to them". "Financial struggles not only have financial impacts on children and adults, but also on people's mental health – adults need help as well as children." [Sefton child]

1.4 Overview of findings and recommendations of the LGA Health in All Policy Team (July 2024).

Below is a summary of the key findings reported.

- There is a strong consensus amongst Council Members, officers and leaders, and partners who were interviewed that child poverty is a priority for Sefton.
- Elected members acknowledged the value of the strategy but want to see more evidence of action leading to impactful change.
- Council leaders were not clear about the leadership, governance and monitoring arrangements for the strategy.
- The launch, prospects and places conferences were very well received and enabled partnership working and relationship building.
- There was widespread recognition that public health has achieved a lot with a small team, but that no team can effectively deliver the strategy on its own.
- Partners identified the influence of the strategy, including adopting child poverty as a priority in the Children and Young People's plan, and a respiratory pilot with Alder Hey clinicians, which works on poverty-proofing this pathway.

In the comments on areas for further development the LGA noted the Council should,

- Decide who is best placed to lead on the continued development, coordination and implementation of the Strategy and provide the necessary resources and support for them to do so.
- Agree which priorities will have the biggest impact on children living in poverty and should provide the focus for partners over the next few years.
- Consider whether the strategy should be more of an overarching document, aligning strategy, influencing and shaping policy and activity, and driving change through doing things differently,
- Or, whilst not mutually exclusive, consider whether the strategy needs a delivery plan with clear actions, initiatives, targets, outcomes and performance reports to assess impact.
- Identify how people experiencing or at risk of child poverty could be more effectively
 engaged and involved in the strategy, so their experience and insight can be utilised to
 develop and target interventions and assess impact.
- Continue with the pockets, prospects and place network conferences on a regular basis, using them to report on progress, maintain momentum, nurture engagement, review the strategy and ensure efforts to tackle child poverty remain aligned and visible to partners and residents.

1.5 Discussion on arrangements for implementation, governance, and monitoring.

1.5.1 Implementation

To date, public health has led and co-ordinated implementation and monitoring of the strategy from within its own financial and staffing resource. This work has been positively supported by other Council and partnership leaders. In the future, public health's leadership on improving health determinants and inequalities will be supported by a Public Health Advanced Practitioner for wider determinants, whose role will include programme development and management for child poverty reduction.

1.5.2 Governance

Previously, updates on the progress of the child poverty strategy were received by the Cabinet Member Reference Group and the Health and Wellbeing Board. Now, oversight and reporting will be linked to the Children and Young People's Board, which has identified addressing child poverty as one of its priorities, and thereby to the Health and Wellbeing Board. A child poverty steering group will be created to co-ordinate the delivery of an annually agreed set of priority milestones, and to ensure that work is conducted in line with the principles of good governance and good quality. The Director of Public Health will report progress to the Children and Young Peoples Board.

1.5.3 Monitoring

As briefly described in section 1.3 of this report above, a multi-dimensional framework has been developed that is appropriate to the needs of the strategy. This approach was designed with the following qualities in mind, to

- Enable progress that is flexible and responsive rather than becoming overly and rigidly focused on numerically measurable outcomes.
- **Minimise duplication** of established reporting and monitoring. Use information that is already collected, or which can be collected incidentally through activities that also support dissemination and delivery of the strategy, e.g., stakeholder events.
- **Be lean** monitoring processes and activities are adequate and sufficient; not unduly burdensome or liable to pull focus away from driving anti-poverty changes.
- Add value by acting as an invitation to others to share things that they are doing
 differently to tackle child poverty, the framework can act as an exchange, taking in valuable
 learning and inspiration that can be used to promote change elsewhere. In time, this can
 become a visible and meaningful way of holding one another to account.
- Monitor progress as well as outcomes.
- Capture the voice of the child and families and reflect what matters.
- Demonstrate dimensions of quality⁶.

It is important to recognise that outside of a research study, it is not possible to definitively attribute changes in the level of child poverty or young people's health and educational outcomes to actions initiated by this strategy. It is still appropriate and important to monitor child poverty statistics, but it is also necessary to look to other types of information that can reflect where progress is and is not being made and how this is being felt in the lives of local families and communities.

1.6 Communications plan to raise the profile of the Child Poverty Strategy.

The initial impetus to develop the child poverty strategy came from a rapid review of child poverty in Sefton in the context of the Coronavirus pandemic. Sefton's local child poverty strategy has been positively received, including by staff from the Institute of Health Equity and the membership of the Cheshire and Merseyside Marmot Communities Steering Group.

On 19 July 2024, a draft report – 'A rapid situational analysis on child and family poverty in Cheshire and Merseyside', prepared by staff from the public health collaborative, Champs, was presented to Directors of Public Health. Sefton's leading work on developing a child poverty strategy and commitment to tackle poverty as a whole system issue, was mentioned in the report and acknowledged at the accompanying workshop.

The Government has recently announced the creation of a new Child Poverty Task Force, led by ministers for education and the department of work and pensions, and a Child Poverty Unit in the Cabinet Office which will begin work on developing a Child Poverty Strategy for England.

This context shows there is an important opportunity to promote and share Sefton's learning and experience of developing a local child poverty strategy at a regional and national level, and potential to influence policy decisions. A summary communications plan for the child poverty

⁶ Quality in public health: a shared responsibility - GOV.UK (www.gov.uk)

strategy is included in the appendices of this report and addresses how the Sefton Child Poverty Strategy will be promoted and publicised. Aside from identifying external routes of influence, the plan also covers more operational aspects of communications that are inherent to the delivery of largescale action and change. For example, change-makers must,

- Understand they can act on child poverty.
- Know about options for what they can realistically do.
- Be sufficiently motivated to act.
- External change-makers must be able to access the knowledge and know-how to select and implement pro-equity, anti-poverty changes in how they work or deliver services. (An element of information self-service e.g., via an online micro-site needs to be supported).
- Council-based change-makers must know what tackling child poverty means for their role and day to day work. (Communicating about training and learning options, recognising successes, and supporting change in practice)
- Everyone, including children and family themselves must be able to see (and have others see) how small and bigger changes benefit low-income families and the community more widely. This 'show and tell' element of communications is important to motivate and sustain new anti-poverty ways of operating.

2. Financial Implications

There are no new significant revenue costs associated with the contents of this report. There are no new capital costs associated with the contents of this report.

3. Legal Implications

There are no legal implications arising from this report.

4. Corporate Risk Implications

No corporate risk has been identified.

5 Staffing HR Implications

The actions and intentions in this report are intended to be achieved from within the existing resources of the Council and its partners. Implementation of actions to achieve the goals of the Child Poverty Strategy is founded on an assets-based approach.

The strategy proposes changes that are achievable through adjustments in practice stemming from greater awareness of child poverty and simple actions to mitigate impacts.

6 Conclusion

There is a strong case for consolidating the strategy and enabling all departments to take responsibility and action on the issue of child poverty.

Alternative Options Considered and Rejected

An alternative was not considered. The Council's vision and core purpose demonstrate its continued commitment to support the most vulnerable, reduce poverty and its short- and long-term impacts, and to foster prosperity and good prospects for all. Advancing strategic and co-ordinated action on the issue of child poverty is aligned with the Council's responsibilities towards children and has co-benefits across the priorities expressed in our Core Purpose and Council Values

Equality Implications:

The equality implications have been identified and risk remains. Inequality is inherent in the subject matter of this report concerning child poverty. An equality impact assessment was completed alongside the current child poverty strategy, and mitigations to maximise inclusivity and diversity are ongoing considerations in the implementation of the strategy.

Impact on Children and Young People:

Set out in full in the report.

Climate Emergency Implications:

The recommendations within this report will have a neutral impact.

There are no direct climate emergency implications arising from this report. However, implementation of Place actions and priorities as set out in the Child Poverty Strategy are considered supportive of the Council's work to reduce the scale and impact of climate change, particularly unequal impacts on health.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7737/24) and the Chief Legal and Democratic Officer (LD.5837/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Local Government Association (LGA) were engaged to review the ongoing development and implementation of the Sefton Child Poverty Strategy, specifically,

- Awareness of the strategy, its purpose, priorities and actions amongst partners
- Commitment from partners to the Strategy and working together to ensure its implementation and delivery
- Understanding what partners are doing to support the implementation of the strategy

• Identifying any opportunities and barriers to successful implementation

The LGA team's findings and recommendations are included in section 1.4 in the main body of this report.

Implementation Date for the Decision:

Immediately following the Committee meeting.

Contact Officer:	Helen Armitage
	Anna Nygaard
Telephone Number:	07816066317
	07971623438
Email Address:	Helen.armitage@sefton.gov.uk
	Anna.nygaard@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

Summary of communications plan

LGA report

Synopsis of poverty-proofing proposal

Child poverty annual data tracker

Background Papers:

There are no background papers available for inspection.

The Sefton Child Poverty Strategy with supporting documents is published on the Sefton Council website Sefton Child Poverty Strategy.