

# Sefton

Bespoke support – Development and implementation of the Sefton  
Child Anti-poverty Strategy

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# Approach

- The scope agreed for bespoke support to Sefton MBC and partners is to review the ongoing development and implementation of the Sefton Child Anti-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
- We held non-attributable conversations with leaders and other key stakeholders
- We agreed to provide initial feedback to senior executives
- We agreed to provide a final report and feedback a presentation containing key messages, areas for consideration and next steps



# Key Messages

- Everyone we spoke to was aware of the Strategy, its priorities and principles. People recognised that poverty is complex and multi-faceted, but the strategy has a lot in it, and it may be beneficial to initially focus on the priorities that would deliver the greatest benefit to children in poverty.
- People said they were committed to tackling child poverty and to implementing the Strategy. However, the level of commitment varied and more could be done taking a whole system approach with partners to align planning, decision making and investment with the Strategy.
- It is not clear where leadership of the Strategy sits. Some felt that it is a corporate responsibility, others that the Council's public health team was best placed to lead and coordinate delivery.
- Most people were unable to say what had been delivered and achieved as a direct result of the Strategy. Is it a compendium of existing activity, or a catalyst for new initiatives to tackle child poverty? Some said this didn't matter, that the Strategy should influence as a driver for change and doing things differently. Others wanted a delivery plan with actions, metrics and performance reports.
- People recognised that no one organisation can successfully implement the Strategy. Whilst many were acutely aware of the constraints posed by national policy and funding restrictions, they identified opportunities for the Council and its partners to work together more effectively in key areas such as jobs, skills, housing and health.
- People were very positive about the work done in raising awareness of the Strategy, most notably the network conferences, but more could be done to directly engage with people living in poverty.



# Awareness of the Strategy

- Most people both within and external to the Council said they are aware of the Strategy and understood its purpose. We heard a consistent articulation of its priorities and principles and examples of where different Council departments are responsible for the delivery of actions. We heard support for the public health team and their leadership in developing the Strategy.
- Several people said that the Strategy recognised that poverty is complex and multi-faceted, but consequently there is a lot in it with too many priorities. It might benefit from a focus on those that would deliver the most impactful and tangible benefits to children and their families.
- People generally recognised that the Strategy is very ambitious, intentionally given the scale of the challenge. Also, that strategies had sometimes been developed in silos and this Strategy needed to cut across and be embedded in organisations' core business if it was to make a difference and deliver change.
- We heard that the focus on pockets, prospects and places sought to avoid stigmatising and blaming people for being in or at risk of poverty, instead demonstrating a commitment to developing pathways out of poverty into employment, education, skills and training.
- Many people said that the priorities were well-evidenced, had benefitted from extensive consultation and had been well-communicated amongst partners and communities. However, others said that careful consideration should be given as to what is communicated to whom and why, as high-level strategy will have no relevance to those most affected by poverty and we need to demonstrate the difference it is making.
- We heard from some that there needs to be a greater connection between the Strategy and children's services, which are rated inadequate, and the children's improvement plan. The work to improve children's services is seen as somewhat separate, understandably focussed on immediate improvements and would benefit from a longer-term strategic approach to prevention.



# Commitment to the Strategy

- We heard clear commitment to tackling child poverty from people and organisations, and that the Strategy is integral to that. However, we heard that commitment varied across and within sectors and that the links to it are not always made when planning and investment decisions are made, children's services being an area mentioned by some people. Also, that more needs to be done to capture activity and local interventions making a difference, e.g. third sector initiatives around warm spaces, food security and the cost of living; schools around free meals and clothing.
- We heard that many partners are very committed to the Strategy and its implementation. The Council's Corporate Plan is being refreshed, the Strategy and its priorities will be embedded within it and reflected in executive's objectives and responsibilities. The ICB has protected its inequalities funding and is investing in line with local priorities in Sefton.
- We were given examples of work across partners, departments and portfolios to a joined-up approach to tackling immediate issues and longer-term strategy, and its impact on core business, e.g. action with partners to address air quality and damp and mould in houses and the consequent respiratory conditions and illness; PCN primary care hubs.
- Some people questioned where the leadership of the Strategy is coming from. We heard that whilst child poverty is everyone's business, someone needs to lead on it, coordinating delivery and reporting on progress. Some saw this as the responsibility of the public health team. Others that this was a shared, corporate leadership responsibility of executives. Others that this sits with elected members, specifically cabinet members and portfolio holders, ensuring linkages across jobs, training, education, housing, etc. Some people suggested that it should sit with the DCS and be closely linked to the children services improvement plan, to raise its profile and embed it in core services.
- We were told by some that recent changes in political leadership could impact commitment from the Council. Others that elected members remain committed, tackling child poverty was at the heart of Council decision making and that the changes present an opportunity to refresh that commitment and relaunch the Strategy.



# Action to support implementation

- Whilst we heard that the Strategy and approach to tackling child poverty is widely supported, some people questioned whether anyone was doing anything different as a result. We heard very few examples of actions taken as a direct result of the Strategy.
- Some people said that existing activity and initiatives had largely been rebranded and presented in line with the Strategy. That the Strategy has become a compendium of existing activity rather than the Strategy being a driver of change resulting in new, impactful initiatives. For example, that initiatives aimed at getting people into employment would have happened with or without the Strategy. Likewise, the development of integrated care teams in the PCNs.
- Some people questioned whether this mattered, as rather than delivering specific, new actions, the Strategy is about doing things differently, influencing through its priorities and principles, ensuring they were considered when setting policy, making decisions and committing investment, e.g. refresh of the Council's housing strategy.
- Other people did want a specific action plan for the Strategy that was performance managed, with a delivery dashboard of key output and outcome metrics that is reported to the Council and partners.
- We heard that while the Strategy was well-understood, it could have more impact and influence, acting as a vehicle to challenge the Council and its partners around 'are we doing enough and what more could we do?'
- Most people are clear that the Council can't deliver the Strategy on its own and while some areas were more within its control, e.g. social care, housing, planning and economic development, other areas such as health were not, and the contribution of partners is key to implementation and delivery.
- We heard examples where this is happening, such as collaboration with health partners to identify children and families in or at risk of poverty, a social prescriber to address housing issues, and early intervention to support people to stay away from the front door rather than escalating through pathways into services and long-term care.



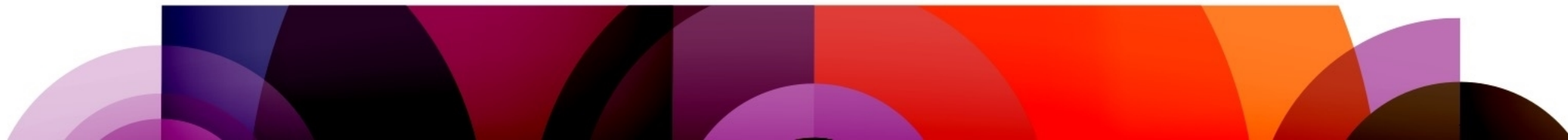
# Action to support implementation (cont.)

- We heard support for the development of a child poverty unit, led by the public health team, with a post in the VCSE, as some thought partners need to do more to support the implementation of the Strategy. The public health team is small, and we were told that the approach to date has been somewhat piecemeal given competing priorities.
- Some felt there should be more interaction with schools as anchor institutions, whilst being mindful about how much they can sustainably commit in terms of capacity and resource. We were told that support is offered by multi-disciplinary teams working with clusters of schools. Family hubs were also mentioned by several people, delivering one stop services, signposting and referrals to debt, food and family law advice. Both services could be better aligned with the Strategy, as well as collecting data and reporting on outcomes that contribute to its priorities.
- We heard general support for 'poverty-proofing', but more needs to be done to ensure there is a shared understanding across partners.
- Some people said that whilst communication and celebrating achievements is important, more important was that ward councillors and front-line staff are advocates for the Strategy and develop and maintain ongoing conversations with local people and communities to support implementation. We heard that the VCSE sector is key to this with their existing networks and links with communities and service and support offers.
- We heard that NHS organisations were very involved in the Sefton Partnership and a lot of work has gone into understanding the needs of children and families in poverty and working with partners to integrate and tailor services to better meet their needs.



# Opportunities and barriers

- We heard that there are wide-ranging opportunities for the Strategy, its priorities and principles to influence and shape initiatives and investments, even if this wasn't explicit in its action plan or a direct consequence of the Strategy.
- People said that the Strategy has been used to influence the Children and Young People Partnership with child poverty as one of the five priorities in its plan. Partners are actively considering what more they can do to support implementation of the Strategy, e.g. understanding why people do not engage with services or access appointments and assessments due to factors such as the cost of transport and providing outreach services as alternatives.
- We heard about opportunities in health and care, making connections with child poverty priorities, such as tackling poor air quality which disproportionately impacts disadvantaged communities with a higher incidence of children living in or at risk of poverty.
- We heard about opportunities to influence the City Region around job creation and skills development, e.g. garnering support for Sefton's Cradle to Career initiative, which is hyperlocal and focussed on developing skills in target wards in line with the Strategy.
- Some people said that the Council and its partners could do more to listen to the people most impacted by child poverty, using a 'you said, we did' approach to communicate progress and impact. This could engender greater involvement that could inform the development of the Strategy and Council's Corporate Plan, and those of partners.
- The network conferences were cited as examples of where this is happening and should continue, raising the profile of child poverty and the Strategy amongst residents, staff and partners, and actions agreed as a result.
- Most people said that action to tackle child poverty was constrained by budgets, investment and cuts in public spending, e.g. 75% of the Council's budget now goes on adults and children's social care, leaving less to invest in employment, skills and other areas that would have a real impact on developing routes out of poverty.





# Opportunities and barriers (cont.)

- We heard that there are untapped opportunities to develop a greater role for the VCSE. This could be through better alignment of pathways into services and integrated care using asset-based approaches. We were told that more localised pilots to understand the impact and illustrate benefits of interventions, along with examining how work around families supports anti-poverty outcomes would add value. The use of external grants accessible only to the VCSE to match and maximise the impact of public sector funding was cited as a missed opportunity. People said that some VCSE contracts were relatively dated and a review of how the VCSE is commissioned in line with the strategy was due.
- People are clear that this needs to be a long-term Strategy. We heard that more could be done to engage partners to ensure a whole system approach, to embed the Strategy's priorities and principles and better align partners' strategies, plans and core business with the Strategy. This would help facilitate the bold steps required to change cultures and shift investment to drive sustainable improvements and change for children living in or at risk of poverty.
- We heard about the crucial role that high quality, affordable housing plays in tackling child poverty. Also, that whilst many of the barriers to meeting housing demand result from national policy, people said that the Council re-entering the social housing market as a provider is important and will help to replace lost privately rented supply. Working closely with people in poverty impacted by poor housing quality and supply to better understand and meet their needs provide a tremendous opportunity to effect change and positively impact their day-to-day experience.
- The role of ward councillors, front-line services, workers and volunteers is seen by some as a clear opportunity to implement the Strategy and understand its impact. We heard that using workforce development to support new roles and making ways of working more sensitive and supportive of children and families in poverty is important, e.g. participation workers, connector posts, local community panels and the use of community assets (services and buildings).



# Areas for further consideration

From the conversations we have had, we suggest you:

- 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.
- 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.
- 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.



# Next Steps

- Feedback to the public health team
- Wider sharing of our initial feedback, e.g. with execs, cabinet/elected members and other stakeholders
- Discuss with the LGA any further support that may be required once the report has been shared

