

From Struggling to Succeeding

Sheffield's Child and Household Poverty Strategy

2012-14

FINAL version 2.0

The partners to the Strategy are:

- Charities
- Faith Groups
- Financial Inclusion Services (Yorkshire)
- Job Centre Plus
- Social Landlords including Sheffield Homes
- NHS Sheffield
- Schools
- Sheffield Advice Centres
- Sheffield City Council
- Sheffield NHS Foundation Trusts
- South Yorkshire Fire and Rescue Service
- South Yorkshire Passenger Transport Executive
- South Yorkshire Police
- South Yorkshire Probation Service
- Voluntary Organisations

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1. Aims

We aim to create a fairer Sheffield and we want to do this by improving the life chances of those children, families and households who are already living in, or who are in danger of falling into poverty.

We will do this:

- by tackling poverty today - mitigating its worst effects
- by addressing some of the root causes of poverty through
 - improving life chances for children and adults - reducing the divide in the social, economic, educational and health outcomes that currently exist between the population as a whole and those who are living in poverty
 - strengthening individual and family resilience as a prerequisite for breaking the cycle of intergenerational poverty.

We recognise that, in most cases, poverty has multiple causes and manifestations and we will, therefore, adopt a personalised, holistic, and coordinated approach to meeting need. We call this the whole household approach.

2. Introduction

In the UK, 4 million children live in poverty and around 27,000 of these live in Sheffield. This means that in our city a quarter of children under the age of 16 are growing up in households where there isn't always enough money to pay for what most people would consider the essentials such as a healthy diet, a decent, warm home, a winter coat or the opportunity for children to take part in school trips and activities.

It is self-evident that tackling poverty adequately means addressing income inequality and that the best route out of poverty for any household is for those of working age and who are able to secure well paid and sustainable employment. Those who have grown up poor have been shown, in many cases, to have worse employment prospects and will, as adults and parents, earn less than the average over the duration of a working life thereby perpetuating the cycle of intergenerational poverty.

However, poverty is not exclusively about money. It is also about health and education, community and aspiration, good parenting and resilience. There is a growing body of evidence demonstrating that income inequality results in a range of poorer outcomes for everybody. However, a reduction in income inequality, as well as being largely outside the scope of local government, is not in itself enough to close the gap between the life chance of the haves and the have-nots. The Joseph Rowntree Foundation has shown that children from deprived households have lower educational attainment and worse health outcomes than those who have had a better start in life. By the age of seven, substantial gaps have, in general, opened up in the self-esteem, cognitive, behavioural and health outcomes between children from poor and better off homes and these gaps continue to widen as children progress through school.

The Review of Poverty and Life Chances, commissioned from Frank Field by the Coalition Government, asserted that poverty is both the cause and the effect of poor outcomes across a whole range of areas and it is this that traps people in a cycle of intergenerational deprivation. Field drew on research from the Effective Provision of Pre-School Education (EPPE) longitudinal study to demonstrate the strong correlation between child poverty and educational attainment where, by the age of 16, just over a third of children living in poverty are likely to get five or more good GCSEs

compared to over 80% of the richest quintile. He goes on to observe that ‘Policies to improve poorer children’s outcomes are more likely to be successful if they target a wide range of issues – such as parents’ education, positive parenting, relationships and the home learning environment as well as physical and mental health.’ He concludes ‘The key to improving outcomes for children lies in addressing issues associated with the educational and home environments’

Poverty can blight lives and prevent both children and adults from fulfilling their potential. The Child Poverty Act 2010, as reaffirmed by the Coalition, placed a duty upon local authorities to undertake both an assessment of need and to produce, with other agencies, a local strategy for tackling child poverty.

In Sheffield, we are already committed to this agenda. One of the City Strategy’s five key ambitions is to be: Inclusive; a city which ensures that everyone has a chance to succeed and fulfil their potential, and where people feel welcomed, valued and can fully participate in the life of the city. The Child & Household Poverty Strategy will contribute directly to this ambition. Tackling Poverty & Increasing Social Justice is at the heart of Sheffield City Council’s latest corporate plan and this strategy is a critical part of that approach. Sheffield’s Fairness Commission has been set up to look at the nature, extent, causes and impacts of inequalities in the City and to make recommendations for tackling them.

Sheffield recognises that child poverty cannot be addressed in isolation and we seek therefore to go further by re-stating our commitment to promoting fairness and tackling poverty as experienced by not only the city’s children, but by the families and households in which they live. As Field concludes ‘The key to improving outcomes for children in the long-term lies in addressing issues associated with the educational and home environments through a ‘whole family support programme’.

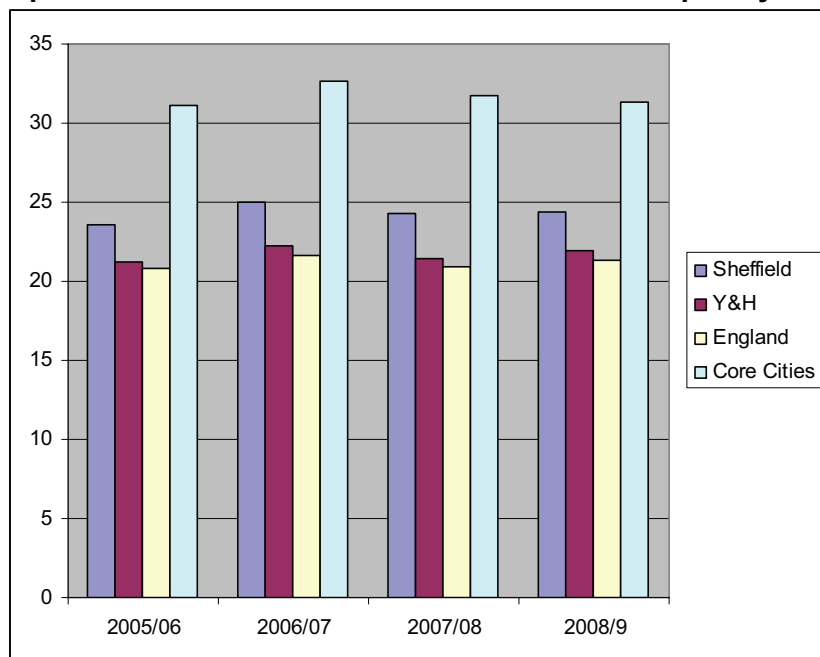
However, we also recognise that there are those resident in the city, including single people, childless couples and older people who also experience poverty and their needs must be met in any strategy we develop. These people are encompassed by our whole household approach to poverty.

3. The scale of the challenge

The scale of the challenge involved in meeting the aspirations expressed in the Child Poverty Act and the targets set out in the National Strategy cannot be underestimated (for more information on the National Strategy see the appendix). There are both long-term factors and more immediate reasons why the achievement of these goals will require extraordinary efforts at a national level:

- The proportion of children living in poverty in the UK has doubled in the past generation and the UK has proportionally more children in poverty than most rich countries. Child poverty did fall by almost a quarter to 2004-5. This was largely as a result of improving levels of household income, historically low price levels and the introduction of tax and benefit changes, including initiatives such as tax credits, but the recession and the measures taken to reduce the deficit have subsequently resulted in falling household incomes, significant changes in the fiscal system and the benefits regime and accelerating food and fuel price inflation which has led the Institute of Fiscal Studies to conclude that the gains made in beginning to reduce child poverty in recent years will be reversed by 2013 at the latest.

NI116 - proportion of dependent children in a Local Authority who live in households whose equivalised income is below 60% of the contemporary national median



Source: Nomis (2010) / HMRC 2011

	2005/06	2006/07	2007/08	2008/9
Sheffield	23.6	25	24.3	24.4
Y&H	21.2	22.2	21.4	21.9
England	20.8	21.6	20.9	21.3
Core Cities	31.1	32.7	31.7	31.3

Source: Nomis (2010) / HMRC 2011

- In the same way, the buoyant labour market before 2007 and consecutive annual falls in unemployment helped reduce child and household poverty but the onset of the recession and rapidly rising levels of joblessness have neutralised this effect. However, even in the best of years, whilst there were significant falls in those who were seeking work and claiming Jobseekers Allowance, the number of adults in receipt of other work-related benefits such as Incapacity Benefit, fell much more slowly. The result was that even in the most buoyant economic period, at least one fifth of the working age population nationally was in receipt of some form of out of work benefit and a majority of these recipients had not been in work for more than two years. This was and remains the source of much inter-generational poverty.
- Moreover, whilst parental employment is important, this alone cannot eradicate child poverty. In-work poverty has been on the increase over the last decade and this increase has not been dampened by the recession. The proportion of poor children living in working households increased to 61 per cent in 2008/09, up from 50 per cent in 2005/06¹.

4. Poverty in Sheffield

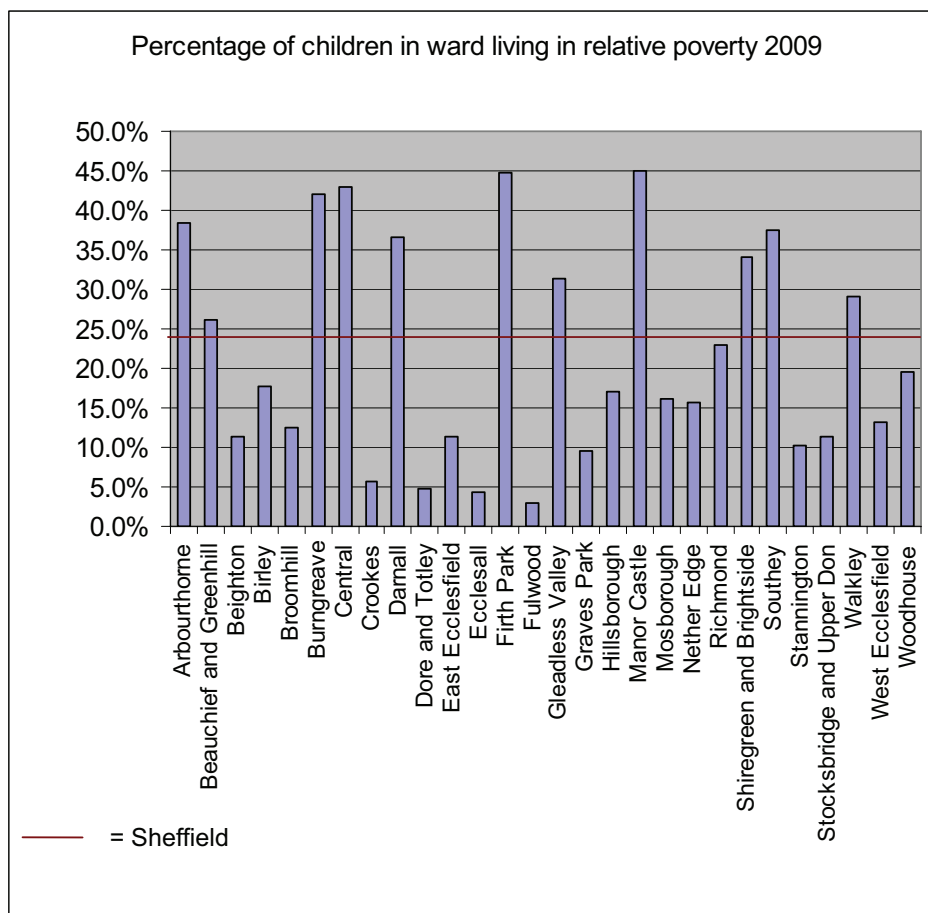
The statutory Child Poverty Needs Assessment for Sheffield was undertaken by the City Council in partnership with key stakeholders including NHS Sheffield, Jobcentre Plus, SYTPE, SY Police and relevant organisations in the voluntary, community and faith sectors.

¹ In-work poverty in the recession, a briefing paper by the Institute for Public Policy Research, 2010

Children in the UK are officially considered to be living in poverty if they are in a household with an income less than 60% of the national average (median). More information about definitions of poverty is contained in the appendix. Using this measure of relative poverty, 24.4% of children under the age of 19 were living in poverty in Sheffield in 2009. This is the latest date for which we have verified data. This is higher than the figures for both England (21.3%) and the Yorkshire & Humber region (21.9%) but a proportion that is second lowest, after Leeds (22.7%) when compared to the core cities.

Poverty is unevenly distributed across Sheffield. In a city where the geographical distribution of income is so markedly different, there are seven wards with noticeably higher levels of child poverty:

- Central (43%)
- Firth Park (45%)
- Manor Castle (45%)
- Burngreave (42%)
- Darnall (37%)
- Southey (38%)
- Arbourthorne (38%).



However, poverty affects children and households in all parts of the city. Our needs assessment and national evidence show that children are more likely to live in poverty if:

- they live in families with more than three children (45% of all children in poverty in Sheffield compared with 16% of all children in Sheffield²)

² CLG (2010) using data from 2008

- they live with only one of their parents (over half of all children in poverty nationally live in lone parent households³)
- they have a teenage parent (nationally, children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties⁴)
- they are from Black and minority ethnic (BME) families (77% of Somali and 61% of Yemeni children in Sheffield are eligible for Free School Meals compared to 18.5% of all children in poverty in Sheffield)
- they live in a household where a family member has disabilities (Research by IPPR showed that 29% of people with one or more disabled children in the household lived in poverty, compared with 21% of households with no disabled children⁵, DWP data shows that around a quarter of all children living in poverty have a disabled parent⁶)
- they have learning difficulties (29% of children with SEN in Sheffield are eligible for Free School Meals compared with 18.5% of all children in Sheffield⁷)
- they live in a household where one or more parents is in low paid or part-time work (Nationally, among households where the only paid work being done is part time, 40% of children are in poverty)
- they live in a household where the parent or parents are not in work (The risk of being in low income is 90% for unemployed families, 75% for other workless families⁸).

Clearly, not all children living in households with these characteristics experience poverty, but their chances of so doing are that much higher if they do. Additionally, there is a significant body of evidence to demonstrate that multiple disadvantage (normally measured simply in terms of a count of a number of risk factors present) results in compounded problems. For example, a recent study considering multiple risk factors in terms of young children's development found that 59% of children whose family income was higher lived in families with at least one risks and 27% with two or more risks whereas for children in low income households, 80% experienced at least one risk and nearly half lived with two or more risks. This study also demonstrated that the greater the number of risks experienced by the child, the greater the problems that the child will face during their lifetime⁹

The life chances diagram below that was drawn up as a result of the city's child poverty needs assessment provides some illustrations of the inequalities that children and young people living in poverty in Sheffield face. The life chances of any individual or group are not pre-determined. It is possible, as many case histories demonstrate, for an individual or group to break free from the circumstances that they inherit, to overcome obstacles and to achieve their potential. This spiral does not show those examples where people have broken the trend, but it is important that we remember them and do not allow this to become deterministic. Partners to this strategy can help break the cycle of inequality and disadvantage at any number of points over an individual's life time and our strategy is aimed at giving us the best chance of doing just that.

³ Department for Work and Pensions. 2010. Households Below Average Income 2008/2009

⁴ Mayhew E and Bradshaw J (2005) 'Mothers, babies and the risks of poverty' Poverty, No.121 p13-16

⁵ DISABILITY 2020: Opportunities for the full and equal citizenship of disabled people in Britain in 2020. This data is from 2003-3. The paper was written in 2005 and uses the most up-to-date information that was available at the time.

Permission to publish from the Disability Rights Commission was received in 2007.

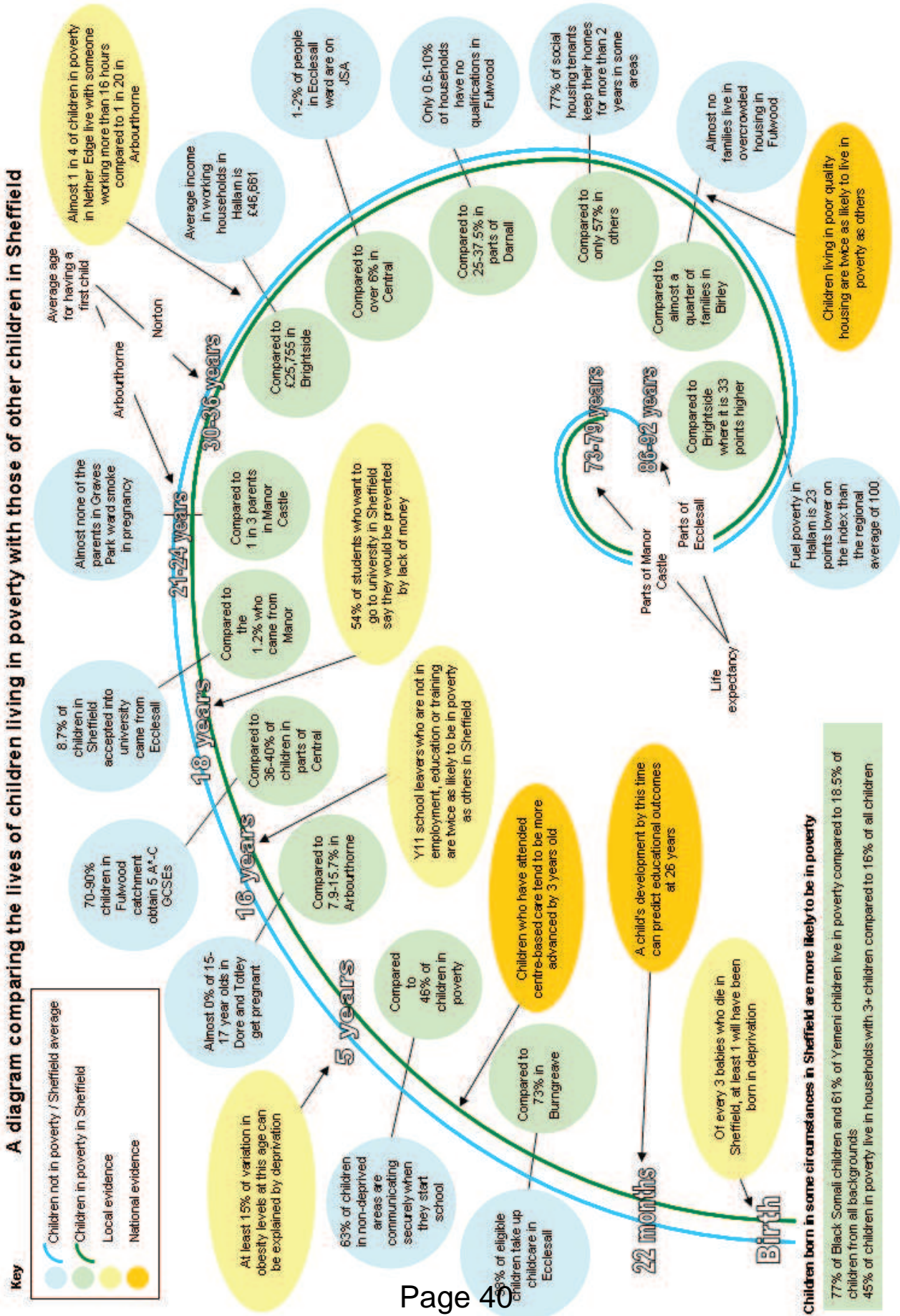
⁶ DWP 2006, Households below average income. London: Corporate Document Services. Indicates that after housing costs 24% of the 3.4 million poor children in Great Britain (around 816,000 children) lived with one or more disabled adult in 2004/05.

⁷ SCC, January School Census 2010

⁸ Department for Work and Pensions. 2010. Households Below Average Income 2008/2009

⁹ Sabates, R. and Dex, S. (2012). Multiple risk factors in young children's development. CLS Working Paper 2012/1. London: Centre for Longitudinal Studies.

A diagram comparing the lives of children living in poverty with those of other children in Sheffield



Whilst children remain more likely than adults to live in low income households, there are still large numbers of adults experiencing poverty. A third of all people in low-income households are working-age adults without dependent children. This is the only group in poverty where the percentage has risen over the last decade.

Some older people, particularly when they are reliant on the state pension and pension credit are more likely to be in poverty. Similarly, we know that women working full time are paid, on average, 15.5% less an hour than men for doing work of equivalent value. Women pensioners also therefore tend to be poorer than their male counterparts.

Women are at greater risk of poverty than men¹⁰ and more likely to experience recurrent and longer spells of poverty¹¹. This can in part be explained by lower earnings (both in terms of per hour rates and due to the fact they are more likely to work part-time). This is important in terms of the impact on themselves and their children. Economic dependency has been linked to domestic violence, which is in itself linked to an increased likelihood of poverty¹².

Sheffield is an unequal city with some of the most affluent communities in the country and also some of the most severely deprived. Of 326 local authorities Sheffield is now the 56th most deprived, a very minor deterioration on the previous position, and inequalities in the city appear to be worsening. Between 2007-2010 more parts of Sheffield have become more deprived - of 339 separate small areas in the city 48 are now in the 5% most deprived in the country, however there are now only 2 small areas in the most deprived 1%, down from 7 in 2004.

5. What works in tackling child and household poverty

International evidence shows that the only countries that have achieved a significant reduction in the link between family background and children's outcomes are the Nordic countries. They have achieved this through a combined approach, involving measures to both narrow gaps in children's early years experience... and efforts to achieve reductions in economic inequality... through a combination of financial transfers and active labour market strategies.

G. Esping-Andersen, *A Welfare State for the Twenty-First Century*

The critical drivers of child poverty were considered through the Needs Assessment and subsequent consultation, along with the evidence base for action that could be taken locally and which would have a positive impact on these drivers. This information has fed into the development of our strategy. The responses to the consultation on our draft Strategy have also now been fed into this final version. A summary of changes made as a result are shown in the appendix.

Evidence base by life stage

This section summarises the areas where evidence indicates we should focus if we are to address child and household poverty. More detail is provided in the appendix.

Pre-natal:

- Improved maternal health including nutrition and reductions in smoking
- Sensitive and responsive interactions with primary care giver
- Increased income levels

¹⁰ Bradshaw et al. 2003

¹¹ Ruspini, 1998, 2001; DWP, 2004a

¹² HM Treasury, 2004

Early years:

- High quality home learning environment
- Sensitive and responsive interactions with primary care giver
- High quality early years provision
- Childcare as an enabler for parents to access learning and employment

School years:

- Solid foundations (at each stage, the gap between those who are not achieving and the average widens, the more we can do earlier on, the more effective subsequent provision is)
- Interventions to improve educational attainment (in particular parental engagement in learning)
- Effective school provision
- Interventions that specifically 'narrow the gap' rather than just driving up attainment across the board, in particular consideration of particularly vulnerable groups

Adulthood and Family life:

- Improving skills and qualification levels for all
- Improving parents' skills
- More secure employment with routes for progression and decent pay
- Increasing income and reducing outgoings
- Improving housing quality
- Improving health including mental health
- Reducing risk factors and multiple disadvantage (including substance misuse, domestic violence)

Cross-cutting themes

Several cross-cutting priorities were identified from the consultation, which have been built into our strategy:

- Workforce development
- Whole household approach
- Home learning environment
- Building on strengths within communities
- Working together to intervene earlier.

In addition, the priorities that were ranked highest by respondents to our consultation have all been included within this strategy. Sheffield's Parents' Assembly consulted with parents and families living in Sheffield about their experiences of poverty in Sheffield as well as their priorities for action in the Strategy. Professionals working across the partnership were also asked about priorities for the strategy. The results (in alphabetical order) were:

- Improving benefit and tax credit take up
- Improving educational achievement for all children and young people
- Improving health outcomes: parents & children
- Improving housing quality and options
- Increasing numbers of parents in employment (including lone parents and 2nd earners in household)
- Improving parental skills (including practical skills such as budgeting, parenting, employment related skills and academic)
- Reducing NEET levels

6. Sheffield's approach to tackling child and household poverty

Macro-economic factors including the performance of the global economy and the impact of British fiscal and benefit changes are very likely to lead to a continued rise in child and household poverty for some years to come. Many critical factors, such as the performance of the global economy and the impact of national policies from fiscal and benefit changes to education reform and the Work Programme, might be well outside the influence of the Council and its partners in the city but it is within our power to intervene to address some of the barriers that prevent people from enjoying rewarding lives such as poverty, poor education and skills, unhealthy and damaging behaviours, underdeveloped social and emotional skills, lack of aspiration and, for some, discrimination. In this situation it is important to develop local interventions that seek to mitigate the impact of these on those individuals and households that are most affected whilst also seeking to give children exposed to poverty a fairer start in life. To do this we need to make sure that both children and adults are equipped with the skills, support, self-belief and aspiration to take advantage of those opportunities in education, employment and active citizenship that will help them to break the cycle of intergenerational poverty and despair. However, we do not believe that it is possible to sustain improvements made at an individual level without also improving wider economic, environmental and social conditions. It is therefore important that 'place-based' work continues and is explicitly focused on tackling poverty. It will take longer to address entrenched neighbourhood poverty and therefore, although these are longer term ambitions, will need to progress in tandem with our work with individuals.

As part of our strategy we have drawn on the conclusions of our own needs assessment and national research including the most recent reports from Graham Allen and Frank Field, as well as detailed work on child poverty undertaken by the Joseph Rowntree Foundation, Barnados, Save the Children and Lisa Harker in London. This body of evidence points to what works in tackling child and household poverty and from it we have developed a strategic plan for Sheffield that details not only what partners, working together, can do immediately to tackle the pernicious effects of poverty on both children and adults but also the mid to long term interventions needed to break the cycle of intergenerational impoverishment. These include:

Short term – tackling poverty today through maximising income and reducing outgoings

We will do this by:

- raising awareness of those actions that can be taken to alleviate poverty
- maximising the take up of benefits and entitlements
- offering support to improve money management
- raising awareness of lower tariff rates
- providing access to affordable credit
- supporting progression into and within work for the most vulnerable including those furthest from the labour market

Medium term - improving life chances for children and adults

We will do this by:

- supporting the aspirations and self-belief of *all* children and adults
- focusing on family literacy, numeracy, communication and family learning for those who need it most
- strengthening parenting skills and the quality of the home learning environment
- improving attendance and attainment at school and preventing disengagement from education, employment and training
- helping adults acquire the skills and qualifications they need to secure sustainable, well paid work

- ensuring that early intervention and prevention services (including health) provide enhanced support to people living in poverty to support healthy lifestyles in relation to smoking, breastfeeding, healthy eating and exercise
- supporting people to have more housing choice, maintain quality and reduce the numbers of people leaving tenancies within the first two years
- creating family-friendly jobs for those with caring responsibilities

Long term - breaking the cycle of intergenerational poverty

We will do this by

- targeted work to reduce youth offending, levels of young people not in employment, education or training
- aligning plans and resources to support those most at risk of poverty through appropriate whole household approaches, this includes the Successful Families & Communities project, which will improve further the effectiveness and efficiency of services, using a 'community budget' methodology and focused on five key principles: working in a more multi-agency way, working with the whole family / household, working with key workers, intervening earlier before outcomes deteriorate and costs escalate, and personalising budgets, where appropriate / making budgets work in a more co-ordinated way
- school and partners' roles in preparing children for their futures
- early intervention through better targeting of those most at risk of being parents of children living in poverty in the future (including specialist support for teen parents)

Throughout all of our interventions, we must maintain a watchful eye on how those groups we have identified as being particularly at risk of poverty are being supported and assess whether interventions designed to meet the specific needs of the 'at risk' groups are required.

7. Translating Policy into Action

We are not starting anew. The extensive, city-wide consultation for the child poverty needs assessment highlighted much good practice both in statutory agencies and in local communities. We need to harness this expertise and experience and build on it. We have also learnt from previous experience, including the city's *Progress Together* employability model, that individuals facing fundamental social and economic challenges such as worklessness and poverty often experience connected and multi-faceted issues including personal, financial, behavioural, learning, housing and health issues that require an holistic approach to meeting their needs those of other family members. We describe this as the whole household approach and it underpins all that we will do to tackle poverty.

No single service, agency or organisation can deliver this approach in isolation. Strong and coordinated partnership working is required to deliver interventions and support tailored to the needs of the person and the individual household.

Tackling Poverty & Increasing Social Justice partnership group

Overseeing work in this area is a partnership of organisations coming together as the Tackling Poverty & Increasing Social Justice Group. This group has four overarching aims

- To maintain strategic oversight and ensure delivery of the Tackling Poverty and Increasing Social Justice business framework
- To address some of the root causes of poverty and social exclusion and to be responsible for implementing the recommendations of the Fairness Commission

- To oversee key strands of work including the Whole Household and Key Worker approaches and the Child and Household Poverty Strategy. To oversee any Community Budget approaches in Sheffield around work with families with complex needs and other priorities.
- To take a lead on issues of equality and social justice, including becoming a Guarantor of Equality for the city.

This group has responsibility for the governance of our Child & Household Poverty Strategy as well as the implementation of Sheffield Fairness Commission recommendations, overseeing the whole household approach and community budget plan, the Advice Services review, work to understand the impact of national welfare changes for Sheffield, overseeing the introduction of new duties under the Equality Act and links to the draft City wide Unemployment Strategy. The Fairness Commission has been set up to look at the nature, extent, causes and impacts of inequalities in the City. Future strategies and action to tackle poverty will take account of its recommendations. This governance structure will ensure that all of these areas are joined up. It will be the vehicle for exploring how we could implement ambitious options. Critically, it provides strong senior leadership from across the key partners and reflects the commitment that all partners have made to maintain their focus on this vital area of work.

Interventions must be framed so that they can be delivered at critical points and in key areas that impact on people's life chances. We have therefore organised our strategy around six critical themes which require action to improve the resilience and wellbeing of children and adults living in poverty.

Challenge1: Increase our understanding of poverty and what can be done to tackle it

What is the problem?

Poverty can be invisible and too often agencies and institutions do not fully take into account the far reaching impact it can have on the life chances of children and adults when they are planning provision, delivering services and acknowledging the needs of individuals. Tackling poverty necessitates a change of culture that requires partners to place fairness at the heart of all they do.

What is more, individuals and families living in poverty often find it hard to determine those steps they can take for themselves to begin to break free from its constraints. For instance, one of the most significant pressures faced by those who are poor but living in one of the most affluent societies in the world is the costs of borrowing to pay for those things which most of us would consider essentials e.g. white goods. Those without ready resources or a strong credit rating often borrow to pay for these goods at a rate of interest that only compounds their impoverishment. In this situation the provision of impartial advice, support for financial literacy and access to fairer means of borrowing, such as credit unions, is all important.

What will we do?

We will improve our awareness and understanding of poverty in order to mobilise staff to take action to tackle it and we will develop an effective and accessible infrastructure capable of helping individuals and families to help themselves. We will do this by:

- locating leadership and responsibility for delivering this strategy and its targets in Tackling Poverty and Increasing Social Justice Strategic Core within the Council
- ensuring that future strategies to address poverty in the city take on board the recommendations of the Fairness Commission
- working to understand the impact of national welfare reforms for Sheffield, what the mitigating actions might be, and to look at the opportunities these changes present

- establishing a checklist and accompanying toolkit (including some sector-specific work, for example, working with schools to look at how they can make best use of the pupil premium) that helps partner organisations to assess and then 'poverty proof' the services that they deliver. This means helping agencies redesign services to take into account the impact of poverty and to maximise opportunities to improve the lives of those who live with it, including particular emphasis on the groups identified as being most at risk
- developing a set of training modules that the whole partnership can embed in their standard staff induction to promote an understanding of household poverty and to identify those at risk (for example embedding economic status into assessments) – through improved understanding of the interrelatedness of issues surrounding poverty, we will support work to make every contact count
- maximising people's income – through ensuring that families have easy access to information and advice on all their rights and entitlements- from maternity pay, housing rights, and minimum wage to in and out of work benefits as well as benefits for families where there are long-term health problems including children with disabilities and support with debt management
- refreshing the financial inclusion strategy and reviewing advice services to ensure they are effective in tackling poverty and increasing social justice by being accessible to people wherever they live and whatever their access needs may be and targeting the most intensive advice support at those people with the most complex problems who are the least able to resolve the issue themselves and continue to improve people's financial capability, giving them the life-skills to participate in the economy, as well as greater self-esteem and mental wellbeing
- extending the availability of alternative, robust, accessible fair sources of lending, including credit unions

How will we measure success?

We will measure our success through the following indicators:

- demonstrating how training is included in workforce development / induction processes of 0-19 partnership organisations
- creating a culture where poverty proofing is integral to service planning and redesign, by March 2013
- 2,000 parents and families will have received advice (though one to one support or courses) annually (dependent on funding contract renewal)

Challenge 2: Improve the aspiration, participation and achievement of children and young people

What is the problem?

The social gradient in attainment between children living in poverty and those who do not increases and becomes more entrenched at every key stage:

- by age 3, national research indicates, that children who have attended centre-based care tend to be more advanced but children from disadvantaged backgrounds are less likely to be in formal childcare
- by age 5, only 46% of Sheffield children who are living in poverty are communicating securely compared to 63% of children resident in the rest of the city
- by age 16, the gap between the proportion of children who are eligible for free school meals that achieve five good GCSEs and the cohort as a whole is 27 percentage points. Those school leavers who live in poverty are then twice as likely to not be in education, employment or training (NEET) as those 16 year olds in better off households
- by 19, the gap between level 3 achievement for young people who were previously eligible for free school meals and the cohort as a whole is 26.8%

This growing differential in performance by age group is both symptomatic of and contributes to the poverty of aspiration and serial underachievement that destroys the self-esteem and blights the life chances of too many of those young people who should and could be the city's greatest resource. Targeted intervention, particularly in the Early Years is crucial if this differential is to be successfully addressed. Moreover, access to affordable childcare is key to reducing child poverty by enabling parents to work. High quality childcare also boosts the life chances of the most disadvantaged children and helps prevent poverty in the next generation.

What will we do?

We will focus on individual learner progress, identifying the needs of those children and young people who are at risk of falling behind and taking action to address their underachievement. We will do this by:

- linking with the review of Early Years, which will contribute significantly to this agenda, in particular through the development of innovative childcare support and new ways of working, including ensuring children centre delivery services integrate with other key strategies and focus on early engagement to inspire, support and enable parents to improve their child's life chances and their own by being involved in local governance, planning and implementation of services
- offering child care to the parents and carers of some of the most disadvantaged two year olds along with a wrap-around package of support for them to embed a high quality learning environment at home and a campaign to increase the numbers taking up free early years places - both in terms of the targeted places at age 2 and the universal offer at ages 3 and 4
- making available through contact with childcare providers and housing officers, 'Sheffield's Talking' training to improve communication language and literacy in early years settings and the home
- adopting recovery strategies to help children and young people close their performance gap e.g. Reading Recovery and English as an Additional Language
- building on the city-wide Family Time campaign to ensure that its messages are targeted at those most at-risk of poverty
- make effective use of the pupil premium to improve the life chances of children in poverty through consideration of the needs in Sheffield, evidence informed spend and opportunities to link the work of schools and partners
- working with selected schools, through the Multi-Agency Support Teams to improve attendance
- focusing on a learner entitlement in support of smooth transition between all Key Stages and post-16 transfers up to the age of 19
- developing a vulnerability matrix (Risk of NEET Indicator) to identify and intervene early in support of those young people at risk of not progressing to post-16 education, employment or training.

How will we measure success?

We will measure our success in the following ways:

- Communication Language and Literacy practice in Early Years settings will have improved as measured through the Charter for Quality and through the Early Years Foundation Stage Profile (EYFSP) results for Communication Language & Literacy Development (CLLD) at the end of Foundation stage on an annual basis
- reducing the gap between lowest attaining children and the city average in the Foundation Stage by 3% each year for the next two years
- reducing the attainment gap at Key Stage 4 between children eligible for free school meals and the city average on an annual basis
- 500 families will have been targeted in disadvantaged areas / at risk groups through the 'Family Time' campaign

- ensuring the proportion of 16-19 year olds who are NEET is no more than 1% above the national average
- reducing the gap in the achievement of Level 3 (equivalent to two or more A level) between those students who would previously have been eligible for free school meals and the cohort as a whole so that it is on track to be at least in line with the national average by 2017

Challenge 3: Raise the expectations and skills of adults both as individuals and as parents and carers

What is the problem?

Too often the cycle of inter-generational poverty is self-perpetuating. Research has shown that those who live in poverty as children are most likely to have their life chances limited, as measured by almost all of the key indicators of well-being. They are more likely to suffer periods of prolonged worklessness and although over 60% of children in poverty live in a household where one adult is in work, this is too often fragile, low paid and sometimes casual or part-time employment. The same adults are more likely to suffer ill health and to die earlier. Crucially, they are least likely to have the skills, qualifications and expectations necessary to break the cycle of deprivation for themselves or for their own children when a major determinant of success at school is the quality of support given to learning in the home.

As the number of low skilled jobs continues to reduce, skills and qualifications become increasingly important in giving our citizens access to sustainable employment yet in the most disadvantaged parts of the city a quarter of households have no adult with a qualification¹³. In turn, in many of these households, the next generation is subject to a life of underachievement and impoverishment but it doesn't have to be like this. In every generation children grow to defy the pre-determination of their limiting circumstances and virtually every parent wants the best for their children.

What will we do?

Our aim therefore is to equip adults, as individuals and as parents, with the self-belief, skills and expectations for their children that are necessary to break the cycle of intergenerational poverty. We will do this by:

- adopting intelligent commissioning so that adult and community learning opportunities, including English for Speakers of Other Languages, better target the most disadvantaged communities and those individuals with the lowest skills levels
- recruiting and training volunteers as Language and Literacy Champions to support families, linked to the work of the Early intervention and Prevention strategy and the MAST teams.
- developing a partnership with housing in a targeted area of the city, offering literacy awareness training and helping housing officers support literacy in the home
- organising parenting courses and broader Family Learning tied to good parenting and home learning for those who need it most as well as ensuring that brief interventions more suited to universal services can make every contact count in terms of opportunities to improve parenting and home learning environment and identify those with greater levels of need, we will implement the recommendations of the parenting review and deliver and embed the new Baby Incredible Years programme
- adopting the whole household approach to identify the multi-dimensional needs of the family and the key worker to connect individuals and families to the required services and support.

¹³ Axicom 2010 (using 2009 data)

How will we measure success?

We will measure our success by:

- reducing the proportion of the working age population with no qualifications to below 10% by December 2014
- providing ninety parenting programmes and improving retention rates so that we achieve an average of 10 attendees per course by March 2013
- organising 245 family learning courses in target communities with an average of 9 learners per course by 2013 as well as bespoke courses targeted at grandparents for 100 learners per year to 2015

Challenge 4: Build resilient communities

What is the problem?

Access to decent housing is another key determinant of life chances for both children and adults. Homelessness, living in overcrowded conditions or in unfit housing are factors that are closely correlated with the incidence of poverty. In some areas of Sheffield almost a quarter of children are living in overcrowded conditions and housing 'churn', where families move from one property to another, can disrupt the education of children and cause instability in local communities. The correlation between poverty and other aspects of social fragmentation are also evident. As is the case across the country, it is those areas of the city with the highest levels of poverty that also experience, amongst other things, the highest levels of crime, domestic violence, child protection concerns and sexual exploitation. It is by no means the case that every person who is poor or living in a disadvantaged community is the victim or perpetrator of unacceptable and damaging behaviour but it is the case that poverty is corrosive and militates against social stability and successful neighbourhoods.

What will we do?

Our goal therefore must be to strengthen the resilience of individuals and the communities in which they live. We will do this by:

- creating sustainable tenancies, reducing high turnover in social housing and preventing homelessness through improved housing support
- reviewing the lettings system so that it is 'poverty proofed' (assessed in terms of its impact on child and household poverty)
- improving standards in social and private rented accommodation used to house vulnerable people, including support to reduce fuel bills, such as practical approaches to energy efficiency in the home – both physical measures and how we use the energy we pay for, fuel bills, fuel debt and switching suppliers and the Free Insulation Scheme
- targeting prevention and early intervention services at our most disadvantaged families to reduce the link between poverty and offending, domestic violence, child protection concerns and sexual exploitation. This including our Successful Families & Communities project, which will improve outcomes for families including: reducing crime and antisocial behaviour, improving educational outcomes, including attendance and attainment, improving health, including mental health, increasing numbers of people in work and with the skills for work, reducing poverty, improving access to and quality of community facilities and housing, increasing individual and family resilience and family functioning and increasing customer satisfaction and engagement with services (moving people towards universal services where appropriate).
- improving the accessibility of transport and awareness of transport options for households subject to poverty
- supporting the creation of a cadre of youth and adult community leaders who will spearhead the drive to strengthen individual and community resilience.

How will we measure success?

We will measure our success by:

- reducing the proportion of Sheffield Homes' tenants moving during their first two years of tenancy from 35% to 30% by 2014
- increasing homelessness prevention from 3.5 to 5 preventions per thousand households by 2013
- reducing the number of 16 and 17 year olds accepted as homeless to less than 20 by 2013
- making 39,000 homes decent by March 2014
- insulating 10,000 additional lofts and cavities by December 2012
- increasing the take up of early intervention and prevention services focused on offending, domestic abuse and child safeguarding at a faster rate in our most deprived communities than the city average
- making 100 relevant staff aware of poverty proofed transport options by 2013
- identifying and supporting community leaders in the seven most disadvantaged wards

Challenge 5: Improve access to good quality jobs for those facing the greatest barriers to work

What is the problem?

Worklessness remains a major cause of poverty and is set to become even more of a factor in acute household impoverishment as a result of planned changes to the national benefits system. In Sheffield more than 29,000 adults are not in work and for them access to employment is critical in improving their material circumstances. At a time when the labour market has tightened following the recession and its aftermath it is:

- young people without a work history, many of whom are set to become new parents
- those in middle age who are being made redundant for the first time
- those from vulnerable groups, such as job seekers with mental health problems and learning difficulties and disabilities
- as well as those facing specific barriers to employment such as ex-offenders, lone parents and residents from some of our BME communities
- who are finding it most difficult to secure work and who are therefore the target of our efforts.

However, unemployment, although a very significant factor, isn't currently the major cause of poverty. Over 60% of those households experiencing poverty include at least one individual who is in work. The problem is that this work is low paid and low skilled, usually fragile and often casual or part-time.

What will we do?

We will seek focus on improving the employability of those facing the greatest barriers to work and equipping those in low paid, fragile employment with the skills to get better jobs by:

- using the Sheffield 100 apprenticeship programme to provide to jobs with training for the most vulnerable and disadvantaged young people
- commissioning bespoke provision to address the barriers to employment faced by our target groups
- developing more integrated support and framework around opportunities for volunteering to develop skills and experience
- organising around the Work Programme and the ESF Support for Families Programme, a range of support services provided within the city e.g. 'better off' calculations, debt advice, substance misuse support etc
- providing key worker support

- engaging local employers through Opportunity Sheffield to provide entry to work and 'family friendly' flexible opportunities for our most vulnerable and disadvantaged job seekers
- promoting 'it's good to work' message and improve awareness of benefits changes and job opportunities for disadvantaged families
- connecting to the city's skills strategy to ensure those in low skilled, low paid work are encouraged to pursue lifelong learning in key sectors of the local economy as route to career progression and better jobs.

How we will measure success?

We will measure our success by:

- creating an additional 100 new apprenticeships targeted at those most in need by 2013
- Reducing the number of lone parent households dependent on out-of-work benefits by 10% (which equates to 565) by August 2013
- Maintaining a gap of not more than 10% between the Sheffield BME employment rate and the national average
- Maintaining a gap of not more than 5.5% between the Sheffield adult employment rate and the national average
- Engaging 3,000 employers, providing at least 12 hours of support to 1,800 employers, safeguarding 865 jobs and creating 20 jobs through Opportunity Sheffield
- Increasing the proportion of the working age population holding at least level 2 qualifications to 76.7% by December 2014

Challenge 6: Reduce health inequalities

What is the problem?

The Marmot Review made clear that tackling the causes of social inequality is critical to a reduction in health inequalities. There are significant health inequalities between different communities in Sheffield including life expectancy, obesity and infant mortality. These health inequalities have a strong correlation to social and economic inequalities, especially poverty.

The link between having better health and a higher socioeconomic position in society is known as the social gradient in health. Marmot stated that

“There is a social gradient in health – the lower a person’s social position, the worse his or her health. Action should focus on reducing the gradient in health.”

Maternal health is a critical factor in child development. Maternal health and nutrition and behaviour, such as not smoking during pregnancy, are critical factors affecting foetal development and low birth weight. Birth weight decreases steadily in relation to the social class of the mother and the effects of being born underweight stay with the child and tend to have an adverse effect health attainment and future earnings.

Although maternal health requires a particular focus, improving health in general can contribute to an individual's or a family's ability to move out of poverty through improved wellbeing leading to improved earnings potential.

What will we do?

We will maintain a focus on addressing health inequalities through Fairer Sheffield, Healthy Lives – Sheffield's Health Inequalities Action Plan 2010-13. This plan, with its commitment to reduce teen pregnancy and smoking, provide mental health support and to tackle alcohol and substance misuse,

complements and supports the strategy, the whole household approach and the actions set out here to address poverty in Sheffield.

How we will measure success?

The Fairer Sheffield, Healthy Lives – Sheffield Health Inequalities Action Plan 2010-2013 sets out the targets for this area across a basket of indicators. The targets for infant mortality and life expectancy at birth are indicators of particular significance for this area of work and so should be monitored to assess the success of the strategy in this area of work. The fundamental and overarching target is to have reduced the gap in health outcomes between those in our most deprived communities and the city average.

8. Appendix

8.1. The National Child Poverty Strategy

In April 2011, the Coalition published the National Child Poverty following its reaffirmation of the commitment made in the Child Poverty Act a year earlier to seek to eradicate child poverty by 2020 (see below for the targets by which eradication is defined). It commits to breaking intergenerational cycles of poverty by tackling the root causes. The strategy has five core principles:

- strengthening families
- encouraging responsibility
- promoting work
- guaranteeing fairness
- supporting the most vulnerable.

The focus of the strategy is to reduce and then eliminate child poverty by:

- making work pay
- reducing welfare dependency
- providing specific support to help the most vulnerable back into the labour market, including families with multiple problems
- encouraging economic growth and employment opportunities
- improving financial capability
- delivering educational success from the early years through to further and higher education
- increasing educational opportunities for disadvantaged children and young people
- supporting good parenting and strong family relationships
- narrowing health inequalities
- addressing welfare dependency.

The success of the strategy will be measured through a range of indicators:

- Family resources –income-related indicators linked to families living in poverty
- Family circumstances - indicators measuring levels of worklessness, in-work poverty and 18-24 participation in employment and training
- Children's life chances – measures of birth weight, development, attainment, progression, teenage pregnancy and young offending

The current national targets are that by 2020:

- Less than 10% of children will be in relative poverty (this has been set because it is the lowest level of relative poverty recorded in a European country)
- Less than 5% of children will be in absolute low income
- Less than 5% of children will experience material deprivation (see appendix for definitions of poverty)

8.2. Definitions of poverty

In the UK, a child is officially considered to be living in poverty if s/he:

- lives in a household with relative low income: this measures whether the poorest families are keeping pace with the growth of incomes in the economy as a whole. This indicator measures the number of children living in households below 60 per cent of contemporary median equivalised household income;
- lives in a household with absolute low income: this indicator measures whether the poorest families are seeing their income rise in real terms. The level has been fixed as equal to the

relative low-income threshold for the baseline year of 1998-99 expressed in today's prices but is to be updated to 2010/11 prices as soon as these become available;

- lives in severe poverty: proportion of children who experience material deprivation and live in households where income is less than 50 per cent of median household income;
- lives in material deprivation and low income combined: this indicator provides a wider measure of people's living standards. This indicator measures the number of children living in households that are both materially deprived and have an income below 70 per cent of contemporary median equivalised household income;
- lives in persistent poverty: this means that his or her family has had its equivalised net income for the year at less than 60% of median equivalised net household income for the past 3 years

Equivalised income takes account of variations in the size and composition of the families in which children live. This reflects the common sense notion that, in order to enjoy a comparable standard of living, a family with, say, three children will need a higher income than a single person living alone.

In monetary terms, less than 60% of median income is currently £19,000 per year for a family with two adults and two children before any housing costs are taken off – or £365 per week before any bills for housing or other expenses are paid.

8.3. Evidence base by life cycle stage – additional detail and references

Pre-natal:

Improved maternal health including nutrition and reductions in smoking

Poor nutrition is most frequently associated with family poverty, little or no parental education, and unstable working conditions or unemployment for families (Karp, Cheng, & Meyers, 2005). Poor nutrition affects fetal health outcomes in developed countries (Chapin et al, 2004) where rising rates of obesity are observed amongst poor and uneducated populations that can be traced back to maternal fetal nutritional habits (Drewnowski & Specter, 2004).

Mothers who smoke during pregnancy will have smaller babies – typically 5.4% (6.5oz) lighter than other babies. The effects of being born underweight stay with a child throughout its life, affecting its health, education and earnings potential (see Behrman and Rosenzweig, 2004, and Black et al, 2007). Maternal Smoking During Pregnancy and Early Child Outcomes' by Emma Tominey¹⁴, shows that in order to lower the incidence of underweight births, stopping a mother from smoking must be combined with helping her to be healthier in other areas of her life. It also shows that the harm to the baby is essentially reduced to zero if the mother quits by month five of the pregnancy.

Sensitive and responsive interactions with primary care giver

The process of development is influenced not only by a child's nutritional and health status but also by the kind of interactions - beginning in utero - an infant/child develops with care givers in their environment¹⁵

Increased income levels

Studies have consistently shown that birthweight decreases steadily with decreasing social status. This decrease in birthweight between the most privileged and the most deprived socio-economic groups can be shown among babies born in 2000 enrolled in the UK Millenium Cohort Study. Mothers living in the most privileged socio-economic group had an average birthweight 200gm heavier than those living in the most disadvantaged households (workless households). Because of the close association of birthweight with infant mortality, a reduction in mean birthweight of the

¹⁴ CEP Discussion Paper No. 828 (<http://cep.lse.ac.uk/pubs/download/dp0828.pdf>).

¹⁵ Analytic and Strategic Review Paper: International Perspectives on Early Child Development, prepared for World Health Organization's Commission on the Social Determinants of Health, December 2005

magnitude of 200 gm is associated with higher rates of perinatal death (stillbirths and deaths in the first week of life). In a study of more than half a million births in the former Trent health region of England in the ten years from January 1994 to December 2003, the rate of very pre-term birth was 16.4 per 1000 births in the most deprived tenth compared with 8.5 per 1000 births in the least deprived tenth.³⁰ Thus, infants living in poor areas were twice as likely to be born very early. Had all infants had the same risk of very pre-term birth as the most privileged ten per cent, the overall rate of very pre-term birth in the former Trent health region would have been reduced by 35% (2513 births).

Poverty and low socio-economic status have a profound effect on child health. Infants of poor women are at a disadvantage before they are born and are more likely to be stillborn or born too early or too small. They are more likely to die within the first week of life and in infancy¹⁶.

We know that poverty is associated with increased risk of infant mortality. In Sheffield, depending on the definition of deprivation between c.30-48% of Sheffield's infant deaths occur in deprived families¹⁷.

Early years:

High quality home learning environment

There is a clear link between improved achievement for children and the quality of the home learning environment¹⁸ and this extends into school years. This is critical because it has been shown that this can counteract the effects of disadvantage.

Sensitive and responsive interactions with primary care giver

'The bottom line message from developmental psychology and developmental neuroscience is that the most important feature of the care children receive in early childhood is its sensitivity and responsiveness.'¹⁹

High quality early years provision

High quality early years provision has been shown to improve outcomes for children (particularly those facing disadvantage)²⁰. Staff qualifications have been shown to have the biggest impact on the quality of settings and therefore on children's outcomes²¹.

Childcare as an enabler for parents to access learning and employment

Childcare plays a vital role in enabling parents to work and increase household income. This is important because of the links between education, work and poverty. See later sections on adulthood / family life. We know that in-work poverty is a significant problem: over half of all children in poverty live in a household where at least someone is working some of the time.

An IPPR report²² using Households Below Average Income 2008/09 data considered the breakdown of households in poverty including children. It showed that couple families with children where both partners are working have a very low risk of poverty. This risk is higher for families with children where only one adult is working; and half of couples where no one works full-time are poor. Less than

¹⁶ Health consequences of poverty for children, By Professor Nick Spencer published by End Child Poverty with the support of GMB

¹⁷ NHS Sheffield Public Health Analysis Team 2010

¹⁸ The Effective Provision of Pre-School Education (EPPE) a longitudinal study funded by the DfE 1997-2003, 2003-2008, 2008-2011 and the final study will cover 2008-2013

¹⁹ Waldfogel, What Children Need, 2006

²⁰ Waldfogel, What Children Need, 2006 quoting various studies and The Effective Provision of Pre-School Education (EPPE) a longitudinal study funded by the DfE 1997-2003, 2003-2008, 2008-2011 and the final study will cover 2008-2013

²¹ Goddard and Knights, 2009

²² In Work Poverty and the recession, 2010, IPPR

10 per cent of lone parents who are in full-time work are below the poverty line, but this doubles to 20 per cent for lone parents working part-time.

School years

Solid foundations (at each stage, the gap between those who are not achieving and the average widens, the more we can do earlier on, the more effective subsequent provision is)

The cognitive and non-cognitive skills developed throughout childhood are strongly associated with how children do at school and with their prospects of employment²³. The EEPSE study found that variations in children's social/behavioural outcomes in Year 6 (i.e., 'Selfregulation', 'Pro-social' behaviour, 'Hyperactivity' and 'Anti-social' behaviour) can still be accounted for by Child, Family and Early years Home Learning Environment (HLE, when children were ages 3-4) characteristics. The results are broadly in line with findings on the influence of these factors when children were younger.

Interventions to improve educational attainment (in particular parental engagement in learning)

A Joseph Rowntree Foundation report due to be launched in April is due to cite parental engagement in learning (defined more specifically by characteristics of interventions that do this successfully) is the area with the strongest evidence base behind it in driving educational attainment. Peer mentoring and extra curricular interventions show promising signs but require more rigorous evaluation. Activities designed to raise aspiration are shown to be unsuccessful – rather this research demonstrates that children already have high aspirations but require the support and opportunities to realise this.

Effective school provision

Effective school provision has been demonstrated to be important in continuing the positive impact of high quality home learning environment and effective early years provision in terms of social and behavioural and cognitive development (thus far in the EPPE study – up to KS2). It also has a significant positive impact on variation on children's attainment in reading and mathematics at age 10. Whilst it has not been demonstrated to have a statistically significant impact when considered alone in terms of the social / behavioural aspects, it does prevent the fall-off of positive impacts achieved through earlier positive experiences and is therefore critical to the sustainability of these.

A statistically significant impact of attending an academically effective primary school was evident for certain groups of children: those who were identified as having SEN during primary school and children of mothers with low qualifications.

Interventions that specifically 'narrow the gap' rather than just driving up attainment across the board, in particular consideration of particularly vulnerable groups

Despite average overall improvements in test scores, large differences in educational achievement according to socio-economic status persist, with family income and status by far the most significant indicator of success in the school system (Mongon and Chapman 2008; Strand 2008). Because the majority of interventions to improve attainment work for most children, it can be difficult to reduce inequalities in outcomes.

²³ Marmot, M (2010) 'Fair Society, Healthy Lives' Baroness Newlove (2011) 'Our vision for safe and active communities' Feinstein, L and Duckworth, K (2006) 'Development in the Early Years: Its Importance for School Performance and Adult Outcomes' Carneiro, P et al. (2006) 'Which Skills Matter.' Centre for the Economics of Education. Discussion Paper 59 Carneiro, P et al. (2007) 'The impact of early cognitive and non-cognitive skills on later outcomes.' Centre for the Economics of Education. Discussion Paper 92 Blanden, J. Gregg, P and McMillan, L (2006) 'Explaining Intergenerational Income Persistence: Non-cognitive Skills, Ability and Education' Centre for Market and Public Organisation

Adulthood and Family life

Improving skills and qualification levels for all

Higher qualifications have two important effects: one from the associated lower risk of poverty, irrespective of other factors, and the other through their impact on the employment rate²⁴

Success in education and training is an increasingly important route to well-paid and more secure jobs. With the decline of the traditional craft apprenticeships, the labour market opportunities for those young people who gain little or no educational qualifications are often low paid and insecure. There is evidence of increasing polarisation between those who stay on in education or training and gain qualifications and those who do not²⁵.

Improving parents' skills

Improved parental / primary carers' skills (in their widest sense including parenting ability, financial, academic and softer skills) can have an impact in the following ways:

- Parents' / Carers' ability to provide a high quality home learning environment²⁶ as well as their educational level²⁷ have significant effects on children's outcomes
- Increased skills improve opportunities for employment and progression within employment²⁸

More secure employment with routes for progression and decent pay

Employment and pay are important both for their immediate impact on household income (explored in more detail below) and their impact on the future earning potential of children. Around half of children's earning levels can be explained by parent's earnings²⁹.

A systematic review commissioned by the Department for Work and Pensions showed that across 18 separate studies in the UK, the USA, Germany, Sweden and Australia, wages/household income, employment participation and working hours have the greatest potential to reduce in-work poverty³⁰

Moving between core and peripheral labour markets is difficult and this greatly reduces the effectiveness of work as a ladder out of poverty – we need to prioritise strategies that focus on support to move people from peripheral to core labour market. Low paid jobs do not act as stepping stones to better paid jobs and instead result in a low pay no pay cycle, consistent with dual labour market theory (Cappellari and Jenkins, 2008; Dickens, 1999; Ray, et al., 2010; Stewart, 1999; Stewart and Swaffield, 1999).

It is important to remember that increased per hour wages help those in full time work more than those working part time or not at all. This has a potential impact on equality bearing in mind the issues raised earlier about the greater risks of poverty for those working fewer hours or not at all.

Increasing income and reducing outgoings

Maximising income is ultimately what moves children and families out of poverty albeit in some cases they may not move above the threshold for relative poverty. This can be achieved through:

- Parental employment - for a child in a workless household, the risk of being in relative poverty (59%) is far higher than the risk for children in families where all adults work (8%) . Recent research showed that households are lifted out of poverty when someone gets a job in 56% of cases; this rises to 66% if it is a full-time job. When looking only at households in persistent poverty, 28 per cent are lifted out when someone gets a job and 42 per cent if it is full-time .

²⁴ Modelling work for the Joseph Rowntree Foundation in 2008 by Andy Dickerson and Jo Lindley

²⁵ Routes out of poverty, Joseph Rowntree Foundation

²⁶ The EPPE study quoted in Frank Field and Graham Allen

²⁷ De Coulon et al. (2008). 'Parents' Basic Skills and their Children's Test Scores.' National Research and Development Centre for Adult Literacy and Numeracy

²⁸ Modelling work for the Joseph Rowntree Foundation in 2008 by Andy Dickerson and Jo Lindley

²⁹ Inequality and the State, Hills, 2004 using information from NCDS and analysis by Machin (1998)

³⁰ Tripney, J. et al. (2009) *In-work poverty: a systematic review*. London: Department for Work and Pensions

- Progression through employment - in-work poverty is rising: the proportion of poor children living in working households increased to 61% in 2008/09, up from 50% in 2005/06.
- Take up of entitlements – by ensuring families are aware of and accessing all the benefits, grants and social rate tariffs etc that they are entitled to

In addition to maximising income, reducing outgoings will improve the amount of money available to spend on necessities. Some families may have enough money coming into the household to manage on - but after outgoings (some of which could be reduced) there is not enough left over.

Improving housing quality

Children who are homeless, living in overcrowded conditions and unfit housing are more likely to be in poverty, suffer poor health and have reduced educational opportunities³¹

Improving health including mental health

We know that improving health can contribute to people's ability to move out of poverty through:

- Increased earning potential
- Improved wellbeing leading to improved outcomes³²

Reducing risk factors and multiple disadvantage (including substance misuse, domestic violence)

There is a significant body of evidence to demonstrate that multiple disadvantage (normally measured simply in terms of a count of a number of risk factors present) results in compounded problems. Some examples of this (specifically in relation to income deprivation where possible) are outlined below.

Of those children whose family income was higher than £10,400 per annum in 2001, 59 per cent lived in families with at least one of these risks and 27 per cent with two or more risks whereas 80 per cent of the children living in low income households (less than £10,400 p.a.) experienced at least one risk and nearly half lived with two or more risks.

Some studies have suggested that income may be more important for cognitive outcomes than other features of the family. We found that both low income and the experience of other risks in the family are important for child development, but more important are the problems associated with compounding risks. The greater the number of risks experienced by the child, the greater the problems that the child will face during the lifecourse³³.

Offending behaviour in families negatively impacts on children's life chances with evidence showing that children who have a parent in prison have twice the risk of developing behavioural problems and poor psychological health than children who have not had a parent in prison³⁴. Ex-offenders (in terms of children, young people and their parents / carers) have reduced employment prospects.

Families and couples in poverty may be more likely to experience domestic violence, due to increased stress and conflicts about finances and other aspects of life within poverty³⁵. In Sheffield the wards with the highest rates of domestic violence coincide with the wards with the highest rates of child poverty.

³¹ Natcen research for Shelter 2006, Shelter, Temporary Accommodation Survey 2004, Shelter, Against the Odds, 2006, Harker, L (2006) 'Chance of a lifetime: The impact of housing on children's lives'. London: Shelter

³² HM Government (2011) 'No Health Without Mental Health,

³³ Sabates, R. and Dex, S. (2012). Multiple risk factors in young children's development. CLS Working Paper 2012/1. London: Centre for Longitudinal Studies.

³⁴ Murray J, et al (2009) 'Effects of Parental Imprisonment on Child Antisocial Behaviour and Mental Health: A Systematic Review.' Campbell Collaboration.

³⁵ Jewkes, Rachel (April 20, 2002). "Intimate partner violence: causes and prevention". *Lancet* 359 (9315): 1423–9

Children who have experienced the care system do worse on average than their peers³⁶. Young people who have been in care are at greater risk of not being in employment, education or training³⁷, which we know puts them at greater risk of poverty. In terms of safeguarding, there are significantly higher numbers of referrals to the Multi Agency Allocation Meetings from the most deprived wards in the city, suggesting a greater need amongst children in these areas for support in order to live successfully within their families and communities.

³⁶ See <http://www.poverty.org.uk/29/index.shtml> for a variety of indicators demonstrating this also Department for Education (2010) 'Outcomes for Children Looked After by Local Authorities in England, as at 31 March 2010'

³⁷ Department for Children, Schools and Families (2009) 'Children Looked After in England (including adoption and care leavers) year ending 31 March 2009'

8.4. Performance management plan and governance

The Child & Household Poverty Strategy will be governed by the Tackling Poverty & Increasing Social Justice partnership group. We will monitor progress and performance through the following action plan and monitoring framework

Challenge	What will we do?	How we will measure success	By when	Who will deliver this	Lead officer for reporting purposes
Increase our understanding of poverty and what can be done to tackle it	<ul style="list-style-type: none"> support key services and organisations to make use of the set of training modules developed to promote understanding of household poverty and to have the skills to identify those at risk establish a checklist and accompanying toolkit that helps partner organisations to assess and then 'poverty proof' the services that they deliver. 	<ul style="list-style-type: none"> training included in workforce development / induction processes of 0-19 partnership organisations creating a culture where poverty proofing is integral to service planning and redesign 	March 2013	Sheffield City Council and all partners	Anna Brook, Sheffield City Council
	<ul style="list-style-type: none"> maximise people's income – through ensuring that families have easy access to information and advice on all their rights and entitlements improve people's financial capability extend the availability of alternative, robust, accessible fair sources of lending, including credit unions. 	<ul style="list-style-type: none"> 2,000 parents and families will have received advice (through one to one support or courses) 	Annual target (dependent on funding contract renewal)	Sheffield City Council, Advice Sheffield and partners (including in particular making use of landlords, health staff, schools, specialist services etc to promote)	Frances Potter, CLASSY

Challenge	What will we do?	How we will measure success	By when	Who will deliver this	Lead officer for reporting purposes
<p>Improve the aspiration, participation and achievement of children and young people</p>	<ul style="list-style-type: none"> offer child care to the parents and carers of some of the most disadvantaged two year olds along with a package of support adopt strategies to help children and young people close their performance gap make available 'Sheffield's Talking' training to improve communication language and literacy in early years settings and the home build on the city-wide Family Time campaign to ensure that its messages are targeted at those most at-risk of poverty 	<ul style="list-style-type: none"> reducing the gap between lowest attaining children and the city average in the Foundation Stage by 3 % each year Communication Language and Literacy (CLL) practice in Early Years settings will have improved as measured through the Charter for Quality and through the Early Years Foundation Stage Profile results for CLL Development at the end of Foundation stage 500 families will have been targeted in disadvantaged areas through the 'Family Time' campaign 	<p>Annually</p>	<p>Sure Start Implementation Board (SSIB) Children and Young People and Families (CYPF) workforce development team, MAST, Early Years department and providers, Voluntary and Community Sector, private sector, schools, parents and young people</p>	<p>Maureen Hemmingway and Helen Fidler / Catherine Ellison, Sheffield City Council</p>
	<ul style="list-style-type: none"> work with selected schools, through the Multi-Agency Support Teams to improve attendance focus on a learner entitlement in support of smooth transition between all Key Stages and post-16 transfers up to the age of 19 	<ul style="list-style-type: none"> reducing the attainment gap at Key Stage 4 between children eligible for FSM and the city average reducing the gap in the achievement of Level 3 between those students who would previously have been eligible for FSM and the cohort as a whole to be in line with the national average 	<ul style="list-style-type: none"> Annually 2017 		<p>Alex Sutherland, Sheffield City Council</p>
	<ul style="list-style-type: none"> develop a vulnerability matrix (Risk of NEET Indicator) to identify and intervene early in support of those young people at risk of not progressing to post-16 education, employment or training. 	<ul style="list-style-type: none"> ensuring the proportion of 16-19 year olds who are NEET is no more than 1% above the national average 	<p>Annually in January</p>		<p>Dee Desgranges, Sheffield City Council</p>

Challenge	What will we do?	How we will measure success	By when	Who will deliver this	Lead officer for reporting purposes
<p>Raise the expectations and skills of adults both as individuals and as parents and carers</p>	<ul style="list-style-type: none"> adopt intelligent commissioning so that adult and community learning opportunities, including English for Speakers of Other Languages, better target the most disadvantaged communities and those individuals with the lowest skills levels recruit and training volunteers as Language and Literacy Champions to support families, linked to the work of the Early intervention and Prevention strategy and the MAST teams. develop a partnership with housing in a targeted area of the city, offering literacy awareness training and helping housing officers support literacy in the home adopt the whole household approach to identify the multi-dimensional needs of the family and the key worker to connect individuals and families to the required services and support. organising parenting courses and broader Family Learning tied to good parenting and home learning for those who need it most 	<ul style="list-style-type: none"> the proportion of the working age population with no qualifications will be below 10% 	December 2014	Sheffield City Council, Voluntary and Community Sector (ZEST, MCDT), training providers, Skilled in Sheffield, Adult and Community Learning, Family Learning, parents, mentors, Childrens Centres, Volunteers, Community Centres, Community Groups	Matthew Teale, Sheffield City Council
	<ul style="list-style-type: none"> organising parenting courses and broader Family Learning tied to good parenting and home learning for those who need it most 	<ul style="list-style-type: none"> providing 90 parenting programmes and improving retention rates so that we achieve an average of 10 attendees per course organising 245 family learning courses in target communities with an average of 9 learners per course as well as bespoke grandparents' courses for 100 learners 	Annually (subject to continuation funding)		Tracy Watson and Karen Hanson, Sheffield City Council

Challenge	What will we do?	How we will measure success	By when	Who will deliver this	Lead officer for reporting purposes
Build resilient communities	<ul style="list-style-type: none"> create sustainable tenancies, reducing high turnover in social housing and prevent homelessness through improved housing support review the lettings system so that it is 'poverty proofed' improve standards in social and private rented accommodation used to house vulnerable people, including improved insulation to reduce fuel bills 	<ul style="list-style-type: none"> reducing proportion of Sheffield Homes' tenants moving during their first two years of tenancy to 30% increasing homelessness prevention from 3.5 to 5 preventions per thousand households reducing the number of 16 and 17 year olds accepted as homeless to less than 20 making 39,000 homes decent insulating 10,000 lofts and cavities 	<ul style="list-style-type: none"> 2013-14 2011-14 December 2012 	FirstPoint, Sheffield Homes, RSLs, Housing Solutions and Private rented sector team (SCC), Homelessness and housing support providers in VCS, private landlords SYEC, Place portfolio, Children's Centres, Schools, community centres, Multi-Agency Support Teams, Domestic Abuse Partnership (including helpline, outreach and IDVAS), Community Youth Teams, Police	Dean Butterworth, Sheffield Homes, Viv Wright and Jenny MacPhail, Sheffield City Council
	<ul style="list-style-type: none"> target prevention and early intervention services at our most disadvantaged families to reduce the link between poverty and offending, domestic violence, child protection concerns and sexual exploitation 	<ul style="list-style-type: none"> increasing the take up of early intervention and prevention services focused on offending, domestic abuse and child safeguarding at a faster rate in our most deprived communities than the city average 	ongoing	Gail Gibbons / Sally Willoughby / Alison Higgins	Gail Gibbons / Sally Willoughby / Alison Higgins
	<ul style="list-style-type: none"> improve the accessibility of transport and awareness of transport options for households subject to poverty support the creation of a cadre of youth and adult community leaders who will spearhead the drive to strengthen individual and community resilience. 	<ul style="list-style-type: none"> making 100 relevant staff aware of poverty proofed transport options by 2013 identifying and supporting community leaders in the seven most disadvantaged wards 	2013	Gill Greensitt	Gill Greensitt

Challenge	What will we do?	How we will measure success	By when	Who will deliver this	Lead officer for reporting purposes
<p>Improve access to good quality jobs for those facing the greatest barriers to work</p>	<ul style="list-style-type: none"> use the Sheffield 100 apprenticeship programme to provide to jobs with training for the most vulnerable and disadvantaged young people commission bespoke provision to address the barriers to employment faced by our target groups organise around the Work Programme that range of support services provided within the city e.g. 'better off' calculations, debt advice, substance misuse support etc providing key worker support promote 'it's good to work' message and improve awareness of benefits changes and job opportunities for disadvantaged families engage local employers through Opportunity Sheffield to provide entry to work and 'family friendly' flexible opportunities for our most vulnerable and disadvantaged job seekers connect to the city's skills strategy to ensure those in low skilled, low paid work are encouraged to pursue lifelong learning in key sectors of the local economy as route to career progression and better jobs. 	<ul style="list-style-type: none"> creating 100 new apprenticeships per year targeted at those most in need We will reduce number of lone parent households dependent on out-of-work benefits by 10% (which equates to 565) Maintaining a gap of not more than 10% between the Sheffield BME employment rate and the national average Maintaining a gap of not more than 5.5% between the Sheffield adult employment rate and the national average Engaging 3,000 employers, providing at least 12 hours of support to 1,800 employers, safeguarding 865 jobs and creating 20 jobs through Opportunity Sheffield Increasing the proportion of the working age population holding at least level 2 qualifications to 76.7% 	<p>June 2012 and March 2013</p> <p>August 2013</p> <p>March 2012</p> <p>December 2014</p>	<p>Sheffield City Council, Colleges, SCC adult learning, Voluntary and Community Sector, employers, private sector, employers in Sheffield</p>	<p>Laura Hayfield, Sheffield City Council</p> <p>Matthew Teale, Sheffield City Council</p> <p>Laura Hayfield, Sheffield City Council</p> <p>Matthew Teale, Sheffield City Council</p>

Challenge	What will we do?	How we will measure success	By when	Who will deliver this	Lead officer for reporting purposes
Reduce health inequalities	Continued focus on addressing health inequalities through Fairer Sheffield, Healthy Lives – Sheffield's Health Inequalities Action Plan 2010-13.	The Fairer Sheffield, Healthy Lives – Sheffield Health Inequalities Action Plan 2010-2013 sets out the targets for this area across a basket of indicators, of particular relevance are Infant Mortality and Life Expectancy at Birth. The fundamental and overarching target is to have reduced the gap in health outcomes between those in our most deprived communities and the city average.	2013	NHS Sheffield, Sheffield City Council, Sheffield NHS Trusts, Voluntary and Community Sector	Sue Greig

8.5. Consultation on the draft strategy

We would like to thank all those who responded to the consultation on the draft strategy, including:

- 0-19+ Partnership Board
- CLASSY
- Domestic Abuse Partnership
- Great Places Housing Group
- Heeley City Farm
- Foxhill & Parson Cross Advice Service
- JobcentrePlus
- Maternal & Child Health Planning & Commissioning Group
- Scoopaid
- Sheffield City Council's: Sustainable Development Team, Early Intervention & Prevention Service, Early Years Service, Executive Management Team, Policy, Partnerships & Research team
- South Yorkshire Energy Centre

The priorities and general approach were welcomed by those who responded and changes that we have made as a result of the consultation related to:

- ensuring greater joining up between strategies and pieces of work, for example clarity over the relationship with the Fairness Commission
- reflecting the contribution of some additional pieces of work / partners to the agenda and giving more detail about others, for example volunteering and affordable warmth
- giving greater emphasis to certain at risk groups
- updating some information including forward targets and indicators.

8.6. References for 'life spiral' diagram:

Ethnicity and free school meals comparison statistic - SCC, January School Census, 2010
3+ children statistic - HMRC, Families receiving Child Benefit in each local authority, August 2008 and CLG 2010 (using 2008 data)
Infant mortality statistic - from 2005-2009 reference NHS Sheffield Public Health Analysis Team 2010
22 months – 26 yrs prediction reference Millennium Cohort Study 1997
Centre based care reference - Jane Waldfogel: What Children Need, 2006 quoting various studies
Childcare stats - SCC 2010
Communication at school start – ref
Obesity and deprivation – Public Health analysis team 2010 (data from National Child Measurement Programme 06/07-08/09)
Teen pregnancy statistic - 06-08 data produced by Public Health analysis team 2010
NEET school leavers statistic - SCC and Sheffield Futures 2009
A*-C GCSEs statistic – SCC 2010
Aspiration around university compared with what would prevent people – ECM consultation 2009
Smoking in pregnancy - 09/10 data from ??Public Health Analysis team
Average age of Mother at first delivery - 06-08 data from Public Health Analysis team 2010
Working more than 16 hours statistics - CLG 2010
Average household income information - axicom ltd research opinion poll 0608 from Yorkshire Forward Local Area Briefing 2009
JSA statistics - ONS 2010
No qualifications data - Yorkshire Futures/Acxiom 2009
Social housing data – Sheffield Homes Tenancy Strategy 2010
Overcrowding data - Housing Market Assessment 2007 & English House Condition Survey 2007
Poor quality housing risk – Natcen for Shelter 2006
Fuel Poverty Indicator - the index is built up from Super Output Area level, and takes account of five key factors: total household spend on fuel bills, total household spend on other fixed costs e.g. mortgage, water, council tax etc, household debt, unemployment and the proportion of retired households living in poverty. These factors are built into an overall composite fuel poverty indicator which allows comparison of each area to the overall figure for the Yorkshire and Humber region.
Life expectancy taken from Total Life Expectancy at Birth 2004-2008, Public Health Analysis Team 2009

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