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A RAPID SITUATIONAL ANALYSIS ON CHILD AND FAMILY POVERTY IN CHESHIRE AND MERSEYSIDE

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EXECUTIVE SUMMARY

“Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life.”

Nelson Mandela

INTRODUCTION

Cheshire and Merseyside’s Directors of Public Health and Population Health, who work together as the Champs Public Health Collaborative, commissioned a report into child and family poverty in the subregion. The report, published in August 2024, found that child poverty levels in England, and across Cheshire and Merseyside (C&M), are a serious issue of social injustice. Poverty can harm children before they are born, throughout their childhood and into adulthood. It can persist when they have their own children. The consequences impact on every part of an individual’s life, and have a negative impact on society, including the economy, potentially creating an inter-generational cycle of inequalities.

But child and family poverty are not inevitable. Many people do exit poverty, although generally this requires a range of government and local interventions and support. Across Cheshire and Merseyside organisations are taking action to address both the symptoms and the causes of poverty, including for example a C&M Health Care Partnership commitment to prioritise poverty, as well as a sub-regional commitment to being a Marmot community. Some of this has been intensified because of the cost-of-living crisis and the post-pandemic effects.

This report, and others, show that national government policies have been a dominant factor for the rise in child poverty through changes to the welfare system, cuts in funding to local government, and arguably the absence of a cross-government strategy on child poverty. The new government’s ministerial taskforce to work on a Child Poverty Strategy will be seen as a major first step in using *“all available levers ... across government to create an ambitious strategy”*.^a

Notwithstanding the influence of national policies, there is a great deal that can be done at a local and sub-regional level, which this report sets out. And there is more that can be done to advocate for action at sub-regional and national levels, drawing on the positive experience of Cheshire and Merseyside’s Directors of Public Health and Population Health speaking with one voice as the Champs Public Health Collaborative on issues such as COVID-19 policies and smoking cessation.

^a [Ministerial taskforce launched to kickstart work on child poverty strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/ministerial-taskforce-launched-to-kickstart-work-on-child-poverty-strategy)

STATE OF CHILD POVERTY IN C&M: MAIN FINDINGS

- There are 100,300 children aged under 16 years in Cheshire and Merseyside living in relative low-income families.
- Between 2021/22 and 2022/23, Cheshire and Merseyside's position for this measure moved from being significantly better than the England average to significantly worse.
- Local authority-level averages mask very much higher rates of child poverty in smaller local areas within each local authority.
- The distribution of poverty is uneven, with some groups and households having higher than average rates including lone parent families and black and ethnic minority families.
- 6 out of 10 children in C&M in low-income households were in a working household

The association of poverty on virtually all aspects of a child or young person's life is well documented and includes:

- Greater likelihood of low birthweight and risk of dying in the first year of life
- In C&M higher than England averages in the percentage of 5 year olds with visually obvious dental decay.
- 24.0% of year 6 children in C&M were obese compared with the England average of 22.7%, with one area in the sub-region as high as 30.7%.
- In C&M there are higher than England averages for teenage conceptions and hospital admissions for asthma and mental health conditions among under 18s.
- Fewer children eligible for free school meals achieve a good level of development (48.8% in C&M, 51.6% across England) compared with all children at the end of Reception (65.4% and 67.2% respectively).
- Attainment 8 scores for pupils eligible for free school meals are lower than scores for all pupils across C&M, with six C&M local authorities among the worst quintile in England.

Main drivers of policy

The drivers of poverty are complex, interact, and operate at different levels (individual, family, community and national). The drivers include:

- Previous government policies in respect of welfare benefits, tax credits and policies on wages has been a major influence on poverty rates.
- Complex, and sometimes stigmatised, benefits systems that lead to significant levels of unclaimed benefits.
- Long term worklessness in households, level of parental education, low earnings, family instability and family size.

- Cost of living crisis, with 13.8% of C&M households in fuel poverty, and Covid-19 legacy.

Stakeholder Analysis

The main findings

- At a sub-regional level there is an absence of a clearly articulated mission on family poverty that brings stakeholders together to maximise synergies and impact, although there is much activity at local and sub-regional levels that contributes to poverty relief and prevention.
- The Cheshire and Merseyside Health Care Partnership's (HCP) recent commitment on poverty presents a significant opportunity to address this alongside other programmes, as does the commissioning of this report by Cheshire and Merseyside's Directors of Public Health and Population Health.
- In 2024/25 the C&M ICB will be allocating additional investment on prevention to the nine local authorities as well as investment at a C&M level, which provides an opportunity for targeted work on child poverty as a prevention to poor health.
- Opportunities to maximise the impact on poverty by inter-related interventions/programmes/policies may be missed by not having a strategic and coordinating approach.
- All areas are engaged directly with families in poverty, seeking their views on access to services, identifying needs and supporting advocacy with the VCS
- The sharing of research and evidence, best practice, innovation and knowledge mobilisation is not done systematically and therefore opportunities to effect change at scale may be missed.
- Any anti-poverty work should support families who are on the edge of poverty, often described as just about managing.
- There are differences in what data is being used as well as gaps in what data is available. Some of this can be addressed through development of a dashboard, as well as working with government departments on data gaps.

Recommendations

To build on the significant assets in the sub-region and in the North West, as well as the support of other areas and national organisations, this report proposes four recommendations. It should be stressed that the voices of the lived experience of children, young people and families should shape, and challenge, priorities and actions.

Recommendation 1: Set an ambition on child poverty and articulate this widely.

Rationale: Stakeholder feedback highlighted the need for a more concerted voice about child and family poverty at a Cheshire and Merseyside (C&M) level. The co-production of an ambition and a narrative on child poverty provides a very public way

for partners to commit to tackling the causes and symptoms of poverty. The ambition would obviously need to be agreed through the relevant partnerships, but should aim to be aspirational: **to set an ambition that no child in Cheshire and Merseyside lives in poverty.** Central to the shaping of the ambition, and to all the priorities set out in this report, are the views and experiences of children and their families with lived experience of poverty.

Recommendation 2: Agree a governance and oversight system

Rationale: There is a significant amount of work underway in Cheshire and Merseyside that contributes to alleviating and/or preventing child poverty. Generally, these are badged under specific programmes (such as Best Start in Life, cost-of-living crisis programmes, etc). This fragmentation can mean that the opportunity for synergies and greater collaboration and advocacy on child and family poverty is missed. A governance and oversight system could be part of an existing structure (for example in the HCP, with leadership from the All Together Fairer Programme, and aligned to the ICB's work on population health, its Children and Young People's Committee, the Women's Health and Maternity programme, and the Beyond Programme).

Oversight would need to be inclusive of the full range of policy makers and stakeholders that collectively can drive action on poverty. Consideration should be given to the merits of having Champion type roles which can be part of the public facing anti-poverty work at a sub-regional level.

Recommendation 3. Set a plan and have the capacity to implement it

Rationale: Having a shared ambition requires a plan that is owned by the anti-poverty partnership, that sets out the focused areas of work where greatest impact could be made in a timely way. It is evidence from the stakeholder interviews that there is limited capacity to facilitate this and therefore additional resources would need to be quantified and secured. This could be part of an existing programme of work as described above but would need increased capacity to make things happen at pace.

Recommendation 4. Adopt a Framework to set, monitor and drive action.

Rationale: Evidence shows that a Framework can give clarity and structure to a complex programme involving a wide range of stakeholders. The draft Child and Family Anti-Poverty Framework sets out high-level priorities and actions. These will require testing with stakeholders and can then be jointly owned and monitored.

The detail of the Framework is set out in the Appendix; the three priority pillars are based on the areas which evidence shows provide greater protection for people in poverty, as well as building prevention for children now and in the future. Many of these actions are underway to some extent in C&M, but are not shared consistently, and the synergies with other programmes are not always fully exploited.



The list of interventions is intended to set a prioritised set of actions. Finally, it is important to remember that the evidence indicates that whilst individual interventions can be beneficial for children and families, in the context of poverty reduction they generally work most effectively alongside complementary interventions addressing economic and social needs.

Led by evidence and the views of children, young people and families

System leadership and advocacy

- There is a shared and articulated C&M ambition on child and family poverty
- There is a C&M-wide plan and capacity to work towards the ambition

Pillar 1 Priorities

Maximising household income

- Families have more income and other support
- Employers adopt best practices to reduce poverty
- Families have affordable and quality housing, childcare and transport
Households receive help with the cost-of-living crisis

Pillar 2 Priorities

Supporting children, young people and families

- There is targeted support in preconception, early years and school readiness
– Best Start in Life
- There is extra support across school-age particularly attainment and wellbeing
- There is additional support on transition from school to adult life (work/learning)

Pillar 3 Priorities

Building inclusive places

- Families in poverty do not face barriers to access services
- Organisations make full use of Social Value and Anchor capabilities
- The unique role of the voluntary and community sector is supported

Aligned to the C&M HCP/HEC/All Together Fairer and BEYOND priorities

PURPOSE OF THE REPORT, METHODOLOGY AND DEFINITIONS

This report was commissioned by Cheshire and Merseyside's Directors of Public Health and Population Health, who work together as the Champs Public Health Collaborative, because of concerns about the extent of child and family poverty.^b The C&M Health and Care Partnership (HCP) has identified poverty as a priority issue and this is reflected in the work of the integrated care board (ICB), local authorities and the voluntary and community sector.¹

The report

- Summarises the current data and trends across C&M and where appropriate national data
- summarises key evidence on the causes and consequences of child poverty
- captures some of the work being undertaken across C&M to address child poverty through a stocktake exercise
- concludes with a set of four recommendations and a proposed framework by which Directors of Public Health and Population Health, working with partners, can set a mission on child poverty through a strategic approach across C&M and three broad pillars on which to organise and coordinate action. Priority interventions are identified in the three pillars which aim to:
 - meet the current needs of families in poverty
 - reduce exposure to, and the impact of, poverty across childhood
 - build places that use the power of public service to address causes and symptoms of poverty.

Time constraints did not allow for consultation with people with lived experience, but the report draws from the work of local areas. It is important when considering future actions that these views are fully considered and kept under review.

Limitations

This is a rapid situational analysis and not a detailed examination of child and family poverty nor a full account of all anti-poverty work taking place across the sub-region.

Methodology

A steering group provided expert advice and met three times. It included a lead Director of Public Health, a Director of Children's Services, an analyst, a representative from the voluntary and community sector, two leading academics in the field of child health and poverty, the director of the Champs Support Team, an NHSE management trainee and the author.

^b Wherever the term child poverty is used this should be seen in the context of family poverty



Discussions were held with key stakeholders (see [Acknowledgements](#)) A stocktake through public health leads collated examples of family poverty work.

STATE OF CHILD AND FAMILY POVERTY IN CHESHIRE AND MERSEYSIDE

MAIN POINTS

100,300 children aged under 16 years in C&M are living in relative low-income families, 22.3% of all children of this age.

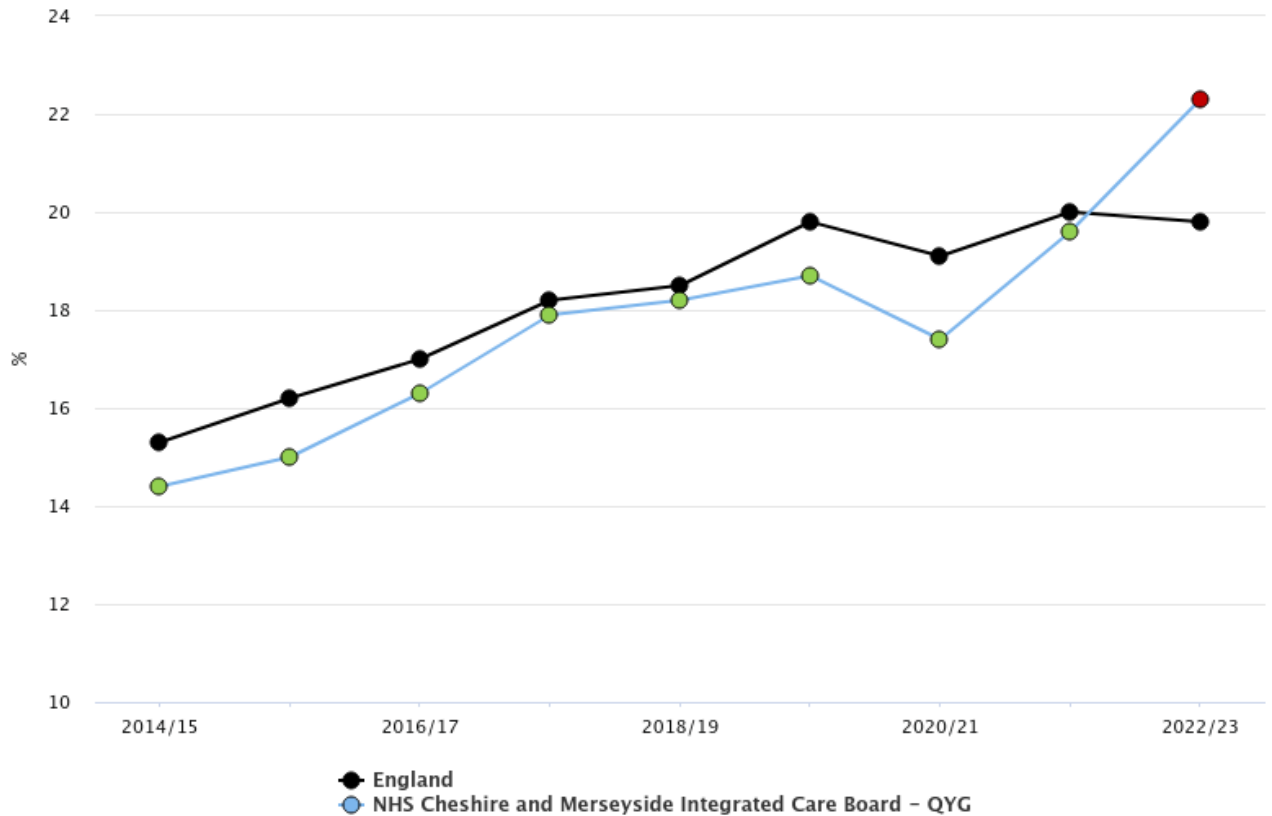
Between 2021/22 and 2022/23, C&M's position for this measure moved from being significantly better than the England average to significantly worse. Local authority-level averages mask higher rates of child poverty in smaller areas.

There are a range of indicators that help us understand and quantify the level of child poverty in an area. Definitions of published measures that are often titled 'child poverty' vary, and so it is important that we fully explain any figures that we use to assess child poverty. The stocktake also identified that there are some differences in what indicators are used across the local authorities in the area. However, there were some excellent pieces of work within areas that drew together both local figures from national data combined with locally held data to help assess and tell the story of child poverty in a locality.

One measure that is widely used is the number and percentage of children aged under 16 years who are in relative low income families. Relative low income is defined as a family in low income (with a threshold of 60% of the UK median) before housing costs (BHC) in the reference year, with the [full definition of the indicator](#) published on [Fingertips](#). A summary of child poverty definitions is given in Appendix A. At a UK level, children are more likely to live in low income households compared with the overall population.²

In 2022/23, [22.3% of children in C&M were in relative low income families](#). This was significantly worse than the England average of 19.8%, although it was significantly better than the North West region average of 26.7%. Between 2021/22 and 2022/23 the percentage of children living in relative low income families in C&M had increased by 13.8% (from 19.6% to 22.3%) and this also shifted C&M's position from being significantly better than the England average to significantly worse in one year.

Children in relative low income families (under 16s) for NHS Cheshire and Merseyside Integrated Care Board – QYG



Source: Fingertips

Of the 100,300 children living in relative low income families in C&M, 29.2% were aged 0 to 4 years, 37.4% were 5 to 10 years and 33.4% were 11 to 15 years.

By local authority area, the percentage of children living in relative low income families varied from 14.7% in Cheshire East to 32.3% in Liverpool. Liverpool, Knowsley, Halton, Wirral and Sefton’s rates were significantly higher than the England average, while Warrington, Cheshire West and Chester and Cheshire East’s rates were significantly lower. In every local authority area, in recent years the percentage had grown.

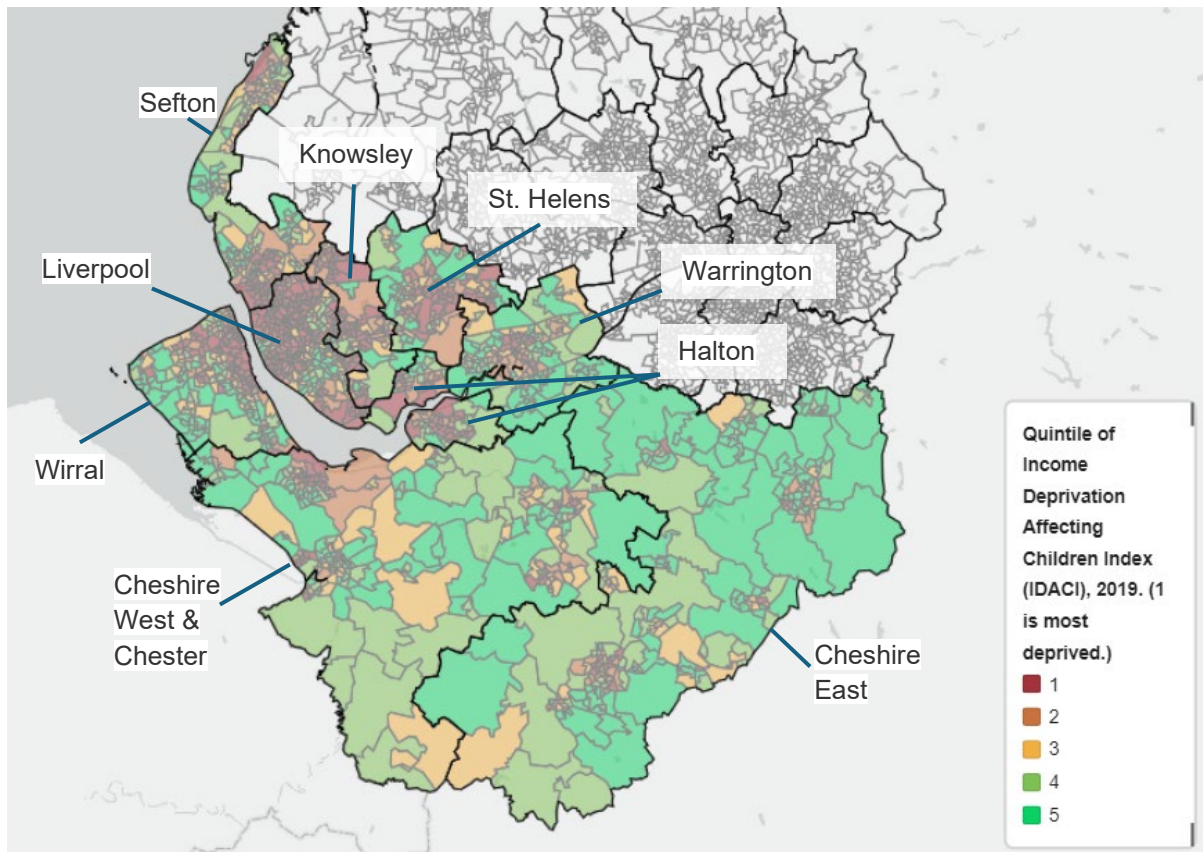
Children in relative low income families (under 16s) 2022/23

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	19.8	19.8	19.8
Cheshire and Merseyside	—	-	-	-	-
Liverpool	↑	-	32.3	31.9	32.8
Knowsley	↑	-	27.8	27.1	28.5
Halton	↑	-	24.1	23.4	24.9
St. Helens	→	-	23.0	22.4	23.7
Wirral	↑	-	22.2	21.8	22.7
Sefton	↑	-	21.0	20.5	21.5
Warrington	↑	-	17.4	16.8	17.9
Cheshire West and Chester	↑	-	17.3	16.9	17.7
Cheshire East	↑	-	14.7	14.4	15.1

Source: Fingertips

Although three local authority areas appear to have lower levels of child poverty than the national average, these averages mask high levels of child poverty concentrated in particular areas of the authority. One way of identifying those areas is by using the Income Deprivation Affecting Children Index (IDACI, 2019) which ranks each lower super output area (LSOA, an average of about 1,500 households) in England. This shows that within Cheshire East there are 16 LSOAs that are among the most deprived quintile in England for this measure, in Cheshire West and Chester there are 32, and in Warrington, 16. The map below illustrates this for C&M.



© Mapbox and © OpenStreetMap

It is well understood that poverty affects different groups of people disproportionately.

Across C&M in 2022/23, 60.4% of children living in relative low income households were living in a lone parent family, while 39.6% were in a couple family (source: Stat-Xplore, DWP). By contrast, the Annual Population Survey 2022 estimates that 20.8% of all children aged under 16 years in C&M live in a lone parent household, while 77.6% live in a couple household.

In total, 60.1% of C&M children living in relative low income households were living in a working household in 2022/23, while 39.8% were not in a working family (source: Stat-Xplore, DWP). Once again, by contrast the Annual Population Survey 2022 estimates that 20.8% of all children aged under 16 years in C&M live in a working or mixed (one adult working and one unemployed/inactive) household, while 8.1% live in a workless household.

Information for the sub-region for certain groups was not available, but drawing on other data:³

- Poverty rates are higher for children in Pakistani and Bangladeshi households, with rates of 61% and 62% respectively.



- 53% of children in households headed by someone from Black African backgrounds and 50% of children in households from Asian backgrounds other than Indian, Pakistani, Bangladeshi or Chinese were in poverty.
- They were therefore all twice as likely as children in white households to be in poverty (the figure for the latter was 25%). Children in Black Caribbean households also had a higher risk of living in poverty (45%).
- 30% of children in Bangladeshi households lived in very deep poverty, compared with 9% of children in white households. Other ethnic groups also have higher rates
- Whilst higher average family size for some minority ethnic groups increases their risk of poverty, rates tend to be lower in white families than in families from minority ethnic groups.
- In 2021/22, the poverty rate for children in families with three or more children was almost twice as high as the poverty rate for children in one- or two-child families (43% compared with 23% and 22% respectively).
- A new poverty measurement by the Department for Work and Pensions found almost half of all individuals in families with at least one disabled child and one disabled adult in the UK were living in poverty by 2021-22.⁴
- In 2022 half of children in single parent households were living in relative poverty compared with 25% for children in two-parent households.⁵

The challenges in obtaining current and trend data on key metrics at a C&M level, that would help inform our understanding of the extent of child poverty, is a concern. Further consideration needs to be given to the development of a data set that provides a more rounded view of child poverty, that enables longitudinal studies, and that highlights gaps which local and sub-regional agencies can work with national government on. Such data should enable population level analysis by local authority and sub-local authority levels, as well as support targeting of interventions.

WHY CHILD POVERTY MATTERS: THE EVIDENCE BASE OF IMPACT

Main points

1. Child poverty impacts both children and their families across all aspects of life and is associated with poor outcomes in adulthood.
2. Certain groups of families experience both higher rates of poverty as well as longer (deeper) periods of poverty, that can continue into adulthood.
3. Poverty has significant consequences on local economies

“I don’t want to just exist, I want to live. I want to live a happy life”

From young person participant in *West Cheshire Poverty Truth Commission*
Community Inspirers

The impact of poverty on the health and wellbeing of children and families has recently led to the Faculty of Public Health, the Royal College of GPs, the Association of Directors of Children’s Services, a coalition of national voluntary organisations, and the Royal College of Paediatric and Child Health calling for government action on child poverty.^{6 7 8 9 10}

High levels of child poverty are explicitly seen as an issue of social injustice by the Scottish and Welsh governments, in their respective child poverty strategies and plans. The new government’s ministerial taskforce on a Child Poverty Strategy will be seen as a major first step in using *“all available levers... across government to create an ambitious strategy”*.

Children experience poverty differently. The size of the family they live in, their ethnicity, age, disability, and where they live are just some of the factors that shape this experience and their capacity to deal with the consequences.¹¹ Strategies and plans to address poverty need to consider this complexity. Amid these challenges, families and individuals also have assets (individually, families and communities), and interventions are more effective when built on these assets.¹² A “poverty premium” can also impact on low-income families compared to families on higher incomes by having to pay more for the same essential goods and services (such as energy, insurance, groceries, and so on).¹³

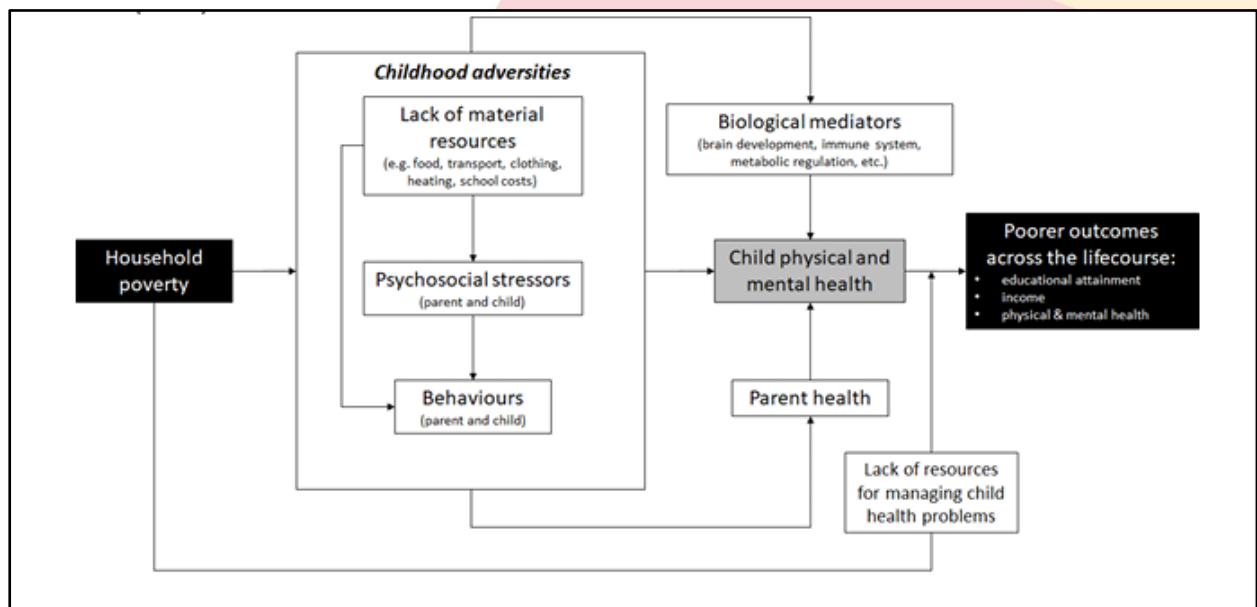
From stakeholder engagement, it was clear that the COVID-19 pandemic continues to have an impact on families living in poverty. Pre-existing financial pressures are exacerbated alongside the emotional and mental health impact on adults and children, which may be present today. Modelling suggests that this will persist for some time for children and families.¹⁴

Childhood poverty is associated with poor outcomes across virtually every aspect of a child’s life.^{15 16 17} For many children the consequences continue into adulthood and can impact on subsequent generations.^{18 19} Children in lower socio-economic groups have a greater risk of experiencing an adverse childhood experience (ACE) and contributes to a significant burden of adverse health developmental outcomes in adolescence.^{20 21} Living in persistent poverty is estimated to triple children’s likelihood of having mental health problems in adolescence.²²

At an individual level the experience of poverty harms children’s friendships as well as their opportunities to enjoy childhood free from “*shame, sadness and the fear of social difference and marginalisation*”.²³

Some of the ways in which money impacts on children’s outcomes include parental stress, anxiety and material deprivation, and the longer children live in poverty the more severe the outcomes.²⁴ In short, the unequal distribution of resources that would otherwise give children the best start in life helps to drive and perpetuate health inequalities.²⁵

The diagram below gives a simplified model to show how poverty impacts children’s health and development.²⁶



Pathways from household poverty

Poverty is not just a lack of financial resources, important though that is. It is also about not having the resources to have good living conditions, amenities and access to things like healthy food and places to live and grow up in.²⁷

Some poor outcomes for children living in households in poverty are summarised below.

HEALTH

The impact of poverty (all age) on the NHS alone is estimated at £34 billion at current prices.²⁸ Some health outcomes particularly affected by child and family poverty include:

- Greater likelihood of low birthweight infants and greater risk of dying in the first year of life.^{73F29} Across C&M in 2021, [525 term babies were born with a low birthweight](#), a rate of 2.3%. And between 2020 and 2022, [there were 291 infant deaths in C&M](#) (an average of 97 a year), equating to a rate of 4.0 infant deaths per 1,000 live births. Liverpool's rate of 5.2 infant deaths per 1,000 live births was significantly above the England average of 3.9. A rise in infant mortality was seen across England between 2014 and 2017, which affected the poorest areas of the country the most, with an estimated 572 excess infant deaths across England.³⁰
- A&E attendances: [in 2022/23 there were 133,245 Accident and Emergency department attendances among children aged 0 to 4 years in C&M](#), a rate of 1,016.7 per 1,000 population, 27.5% higher than the England rate of 797.3. Halton, Knowsley, Liverpool, St Helens, Sefton and Warrington had rates that were significantly higher than the England average, with Halton having a rate 2.2 times higher than the national rate.
- Oral health: [the percentage of 5 year olds with experience of visually obvious dental decay is higher in C&M than England](#). Liverpool, Halton, Sefton, St Helens, Knowsley, Warrington and Wirral have rates that are significantly higher than the England average of 23.7%; Liverpool's rate of 43.5% being one of the highest in the country.
- Child obesity: in 2022/23, [10.4% of Reception year children in C&M were obese](#) (including severely obese), compared with the England average of 9.2%. Knowsley (with the highest rate in C&M at 14.1%), Liverpool, Halton, St Helens and Sefton had rates that were significantly higher than the England average. While Cheshire East's rate was not significantly different to the England average, over the last five data points the rate has increased. In the same year, [24.0% of year 6 children in C&M were obese](#) compared with the England average of 22.7%. Knowsley (with the highest rate of 30.7%), Liverpool, St Helens and Halton had rates that were significantly higher than the England average, and five local authorities – Knowsley, Liverpool, St Helens, Warrington and Cheshire East – had seen an increase in their rates over the last five data points.
- Respiratory illness: in 2022/23, [there were 670 hospital admissions for asthma among children in C&M](#), a rate of 125.2 per 100,000 population of this age, compared with the England average of 122.2. At 163.9 per 100,000, Liverpool's rate was over a third, and significantly, higher than the England average.



- Teenage conceptions: in 2021, [there were 675 teenage conceptions in C&M](#), a rate of 16.6 per 1,000 females aged 15 to 17 years compared with the England rate of 13.1. St Helens (with the highest rate of 25.9 per 1,000), Halton, Knowsley, Liverpool and Wirral had rates that were significantly higher than the England average – the first four over 50% higher than the national rate.
- Mental health: in 2022/23, [there were 505 hospital admissions for mental health among the under 18 population in C&M](#), equating to a rate of 99.6 per 100,000 population of this age, compared with the England average of 80.8. Wirral (144.6) and Cheshire East (106.0) had rates that were significantly higher than the England average. Children and adults in households in the lowest 20% income bracket in Great Britain are two to three times more likely to develop mental health problems than those in the highest³¹; a survey in 2022 of 11-year-olds reported that money worries led to them experiencing stress, anxiety, anger or unhappiness.³² Living in poverty for long stretches of time can intensify mental health issues in the family.³³ In a longitudinal analysis of the UK Millenium Cohort Study, transitioning into poverty for the first time was associated with an increase in the risk of child and maternal mental health problems.³⁴
- A national retrospective study indicated that children from the lowest income households are four times more likely to be regular smokers by the age of 17 years.³⁵ [The Smoking, drinking and drug use among young people 2021 report](#) revealed that 3% of pupils in years 7 to 11 in the North West were current smokers, the same as the national average. The survey does not disaggregate the data to a lower geographical level. However, we know that [adult smoking rates in Liverpool \(17.4%, 2022/23\) and Knowsley \(16.8%\) are significantly higher than the England average \(13.6%\)](#).

Although data is not routinely published or calculable for the above health indicators by level of child poverty within C&M, national data demonstrates inequalities for these measures by overall deprivation level of local areas in England using the Index of Multiple Deprivation (IMD, 2019). The charts hyper-linked below use the smallest and/or most recent geographic boundaries and data available at the time of writing. They provide evidence that these health outcomes have a relationship with area deprivation.



Indicator	Inequalities for England using IMD 2019
Low birthweight of term babies	In 2021, term babies in the most deprived decile of districts and unitary authorities (UAs) in England were 1.5 times more likely to be born with a low birthweight than term babies in the least deprived decile.
Infant mortality	In 2020-22, infants in the most deprived decile of districts and UAs in England were 2.1 times more likely to die within their first year of life than infants in the least deprived decile.
A&E attendances (0 to 4 years)	In 2022/23, the rate of attendance at A&E for children aged 0 to 4 years in the most deprived decile of districts and UAs in England were 1.5 times higher than for children aged 0 to 4 years in the least deprived decile.
Percentage of 5 year olds with experience of visually obvious dental decay	In 2021/22, 5-year-olds in the most deprived decile of lower super output areas (LSOAs) in England were 3.1 times more likely to have visually obvious dental decay than 5-year-olds in the least deprived decile.
Reception prevalence of obesity (including severe obesity)	In 2022/23, Reception year children in the most deprived decile of LSOAs in England were 2.1 times more likely to be obese than Reception year children in the least deprived decile.
Year 6 prevalence of obesity (including severe obesity)	In 2022/23, year 6 children in the most deprived decile of LSOAs in England were 2.3 times more likely to be obese than year 6 children in the least deprived decile.
Hospital admissions for asthma (under 19 years)	In 2022/23, the rate of hospital admissions for asthma for children under 19 years in most deprived decile of counties and UAs in England was 2.5 times higher than for children under 19 years in the least deprived decile.
Under 18 conception rate	In 2021, teenage girls in the most deprived decile of districts and UAs in England were 2.7 times more likely to conceive than teenage girls in the least deprived decile.

HOUSING

Poor quality housing has been identified as a major concern for young people, impacting on their physical and mental health.³⁶

“Bed poverty I think is fairly widespread from what we are hearing with very little resources and young people are really feeling the effects of this”

Youth Focus North West

It is well established that poor housing contributes to physical and mental health harms:³⁷



- Babies, children, older people and those with pre-existing health problems are at greatest risk of health problems because of living in cold homes.³⁸
- Poor mental health amongst children and young people, with the greatest incidence amongst teenagers, and linked to greater social isolation and exclusion because of lower school attendance and attainment.^{39 40}

EDUCATION

School readiness

- In 2022/23, [65.4% of all children in C&M achieved a good level of development at the end of Reception](#), compared with the England average of 67.2%. Liverpool, Halton, Sefton, Knowsley, St Helens and Wirral had significantly lower percentages of children achieving a good level of development than the national average.
- At all geographical areas for the same year, the percentage of children achieving a good level of development at the end of Reception is significantly lower for children eligible for free school meals (FSM) than for all children.
- [At a C&M level, 48.8% of FSM-eligible children were achieving a good level of development, and at an England level, 51.6%](#). Within C&M, St Helens, Cheshire East, Liverpool and Sefton's rates were significantly lower than the England average. Some respondents to the stocktake noted the financial pressure on schools in relation to provision of healthy school meals.
- The [Attainment 8 score](#) for all pupils at the end of key stage 4 is [generally lower in C&M than the England average](#) (46.2), with Knowsley, Liverpool, Halton, Sefton and St Helens having scores that are in the worst quintile of local authorities nationally. [Attainment 8 scores for pupils eligible for free school meals are lower than scores for all pupils across all C&M local authorities as well as England](#). Knowsley, Sefton, St. Helens, Cheshire West and Chester, Liverpool and Cheshire East have Attainment 8 scores for pupils eligible for free school meals that are among the worst quintile of local authorities in England.
- Nationally against key educational milestones, disadvantaged pupils^c consistently have worse outcomes than their peers including:
 - By age 5, they were 4.8 months behind their peers in 2022, a level not seen since 2014 (when it was 4.9 months).
 - by the end of primary school (key stage 2), the disadvantage gap was 10.3 months which reverses a period of decreasing inequalities between 2011 and 2018.

^c The Education Policy Institute define a pupil as disadvantaged if they have been eligible for free school meals (FSM) at any point in the preceding six years, and non-disadvantaged if they have not, using the same definition as the DfE [Covid-19 and disadvantage gaps in England 2021 - Education Policy Institute \(epi.org.uk\)](#)



- by the end of secondary school (key stage 4), disadvantaged pupils were over 18.8 months behind their peers. This gap is at its highest level since 2012. The figures for children who were persistently disadvantaged were worse and no progress in closing the gap for this group has been made over the last decade.⁴¹ The pressure on school staff (not just teachers) was described in a recent report where 79% of staff said they or a colleague have less time for some of their role because of the effects of child poverty.⁴²

“Young people would like to see budgeting on their curriculum or sessions within the community that educates them to deal with money matters. They would like to see increased funding for all students to access activities outside of school, personal annual budget for school trips, sports memberships etc.”

St Helens, REACH engagement (Raising Aspirations)

THE ECONOMY

Poverty damages the economy, and the lack of sufficient investment in measures to prevent poverty impacts on areas such as productivity and unemployment through ill health. The wider societal costs to the UK of poverty have been estimated to be over £39 billion a year.⁴³

The extent of insecure work – both in terms of lower wages and poorer working conditions - is also a source of concern in parts of C&M. A report for Liverpool City Region found that 18.8% of workers are in insecure work a rate slightly lower than the England average but the city region has higher rates of second jobs, low paid jobs and temporary work.⁴⁴

The development of business and employer models that incorporate principles of Anchor Institutions and have a stronger community focus can begin to help address some of these issues.⁴⁵

A recent report for the Royal Foundation estimated that by more effective investment in early childhood across the UK, £45.5 billion in value added could be generated for the economy per annum including £27.5 billion in earnings for UK's workforce.

MAIN DRIVERS OF CHILD POVERTY

Main points

Previous government policies in respect of welfare benefits, tax credits and policies on wages has been a major influence on poverty rates. The drivers of poverty are wide-ranging and interact, leading to worse outcomes for affected families, requiring cross-government, cross-sector responses. In-work poverty and the cost-of-living crisis are significant drivers of family poverty.

Several factors are known to drive poverty. These include household long-term worklessness and low earnings, level of parental education, family instability, family size, risks factors such as drug and alcohol dependency, and mental health.⁴⁶

Other factors that have an impact include government policies on welfare benefits, the impact of funding cuts to local government and organisations they support which compromise efforts to prevent poverty and address its consequences. The most deprived areas in England were most affected by cuts to local government spending.⁴⁷ In this section we briefly consider some of these factors.

HOUSEHOLD INCOME AND POVERTY: STATE BENEFITS

There are three main child-related benefits that families can claim⁴⁸: Universal Credit (UC) for low-income families paid via an additional Child Element in the UC payment; Child Tax Credits to support families with the costs of raising a child, but to be replaced with UC; and Child Benefit, paid to parents or carers responsible for a child until they are 16 (or older in some circumstances), but whose real value has fallen by 20% since 2010 and an estimated 800,000 children in the UK do not receive.^d It is estimated that claims for over 800,000 children worth more than £1.6 billion a year have not been made by eligible families.

In 2017 the previous government introduced a two-child limit on a parent being able to claim additional support for a third or subsequent child through child tax credit or universal credit. The changes are estimated to impact on 1.1 million children living in poverty, with these families losing up to £3,235 per annum.⁴⁹ It is estimated that by increasing the child element of UC by at least £15pw and abolishing the Benefit Cap would lift nearly 320,000 children in the UK out of poverty.⁵⁰

Independent bodies, such as the Joseph Rowntree Foundation, describe the consequences of the cuts to benefits in real terms over recent years *means that for too many people* the basic rates do not cover the cost of essentials.⁵¹ It is estimated

^d Either parent can earn up to £60,000 a year before Child Benefit is repaid in full through a tax charge.

that £22.7 billion a year is unclaimed in all income related benefits and social tariffs.⁵²

Eligible families can also access benefits or schemes towards costs of supporting a child including:

- £500 Sure Start Maternity Grant
- Healthy Start vouchers in the form of digital payment card and free vitamins
- Childcare costs support
- Free school meals and the Holiday Food and Activities Programme
- Support with school transport and uniform costs.

Research indicates that free school meals (FSM) make an important financial relief to families on low incomes, contributing £1,400 pa, a gateway to some other benefits, and a route for schools to claim a Pupil Premium.⁵³ Across the country some £231 million in FSM is unclaimed each year with some areas such as Sheffield and Lewisham successfully developing auto-enrolment so that eligible parents (and schools) do not lose out.

In addition, an estimated 37,500 pupils living in poverty across C&M are not entitled to a free school meal as set out in the table below.^{54 e}

LA	In poverty but don't qualify for any FSM	In poverty but don't qualify for any means tested FSM
Cheshire East	3,500	4,500
Cheshire West and Chester	3,500	4,500
Halton	1,500	2,000
Knowsley	2,000	3,000
Liverpool	6,500	9,000
Sefton	3,000	4,000
St Helens	2,000	3,000
Warrington	2,000	2,500
Wirral	3,500	5,000
Totals	27,500	37,500

Figures taken from CPAG, GMPAG, Hogan Lovells (2024) Free School Meals in the North West

^e Means-tested FSM, which are available to families who meet certain eligibility criteria and universal FSM, which are available to all children in Reception, Year 1 and Year 2. From GMPAG (2024)



Evaluations of the Healthy Start voucher demonstrate its value in helping families access healthy food, although issues around stigmatisation and take-up remain a concern in some areas. The value of the voucher has not kept up with food inflation and consequently has less impact than it would otherwise.⁵⁵ Take up campaigns, in the North West and elsewhere, can increase take-up rates, but should be accompanied with a support programme for registration.⁵⁶

In May 2024, [there were 24,335 eligible beneficiaries of the Healthy Start scheme in Cheshire and Merseyside](#). Of these, 16,439 were on the digital scheme – an uptake of 68%. Cheshire East (61%) and Warrington (62%) had the lowest uptakes.

It is worth noting that although not a direct payment to parents, schools eligible for the national school breakfast programme provide free breakfasts. Schools are eligible if 40% of more pupils in bands A-F of the Income Deprivation Affecting Children Index (IDACI).⁵⁷ Beyond the financial benefits to families, evidence indicates that a healthy breakfast can contribute to increased concentration, improved wellbeing and behaviour.

“We have seen a huge demand in parents needing help with school uniforms and food. School uniforms and PE kits are expensive. Many families can’t afford them – we have been inundated with requests for help with school uniforms over the last 3 years. Poverty is definitely worse than 5 years ago.”

Sefton support agency worker

IN WORK POVERTY

As previously mentioned, in 2022/23 60.1% of C&M children living in relative low income households were living in a working household.

Parents on low income who work full-time are more likely to be in the caring, leisure and other service occupations, and 23% are employed in the health and social care sectors. It is estimated that these families would need an extra £8,736 a year to exit poverty, whilst the average family would need to work 19 hours a week extra.⁵⁸ These figures mask further inequalities for ethnic minority households and where at least one adult is disabled.

The rising cost of childcare and transport contribute disproportionately on those on low wages and can be a barrier to moving from part-time to full-time work. Similarly poor health has a significant impact on the ability to work at all, or part-time.

Parental worklessness and low educational status are also associated with child poverty, and the persistence of poverty for children into adult life.⁵⁹ As we shall see in the stocktake section, the work of local areas with the Department for Work and Pensions including the Job Centre, is important in supporting this group into work and qualifications. Similarly work with health services, particularly primary care, are important measures to reduce unemployment rates.

COST OF LIVING, HOUSING, DEBT AND FUEL POVERTY

The cost-of-living crisis continues to have a major impact. At a UK level:

- 2.8 million of the poorest fifth of households (47%) were in arrears with household bills or behind scheduled repayments
- 4.2 million households (72%) were going without essentials, and
- 3.4 million households (58%) reported not having enough money for food⁶⁰

Across Cheshire and Merseyside in 2021, [13.8% of households were in fuel poverty, compared with the England average of 13.1%](#). Liverpool had the highest rate of 18.0% (which fell into the worst quintile of local authority rates in England), followed by Wirral (at 15.3%, the rate was within the second worst quintile of local authority rates nationwide).

The scale of poor housing conditions and fuel poverty has worsened over the last decade. Some key data includes:

- In 2023 1.17 million households with children in England were in fuel poverty, up from 1.15 million in 2022⁶¹
- 20% of households with children in the UK reported food insecurity, including 3 million children⁶²
- Families living in privately rented accommodation were more likely to experience problems with damp, compared with socially rented accommodation.
- Compared with better-off households, those with the least disposable income spend more of this on heating and fuel. Lone parent households, who are at higher-than-average risk of being in relative poverty, are consequently more exposed to experiencing fuel poverty.⁶³

Evidence shows that there is a link between interparental conflict in the context poverty and economic pressure which has consequences for children and young people's outcomes including emotional, behavioural, and academic.⁶⁴

"I got my first own bed at the age of 8 and it made such a difference to my mood, my social engagement and my schoolwork. I was genuinely a happier and healthier child."

Young person, Merseyside Youth Association

GOVERNMENT POLICIES

Government policies significantly determine the extent of child poverty through measures such as welfare benefits, housing and employment policies, investment in education and funding of local government.

In 2016 the abolition of the Child Poverty Act with the Welfare Reform and Work Act removed the requirement for UK and local authorities to have child poverty strategies. In England, unlike Wales⁶⁵ and Scotland⁶⁶, the socio-economic duty (Section 1 of the Equality Act 2010) requiring public services to have due regard to how their decisions increase or decrease inequalities has never been brought into force, although many local authorities do so as part of committee governance. Unlike Wales and Scotland, England also does not currently have a national child poverty strategy, although the new government has prioritised this through a cross-government ministerial Taskforce.^f

The Association of Directors of Children's Services has recently highlighted that whilst diagnosis of the *systemic challenges faced by children* are well set out, across nine different government departments is leading to an 'implementation gap'.⁶⁷

Between 2010-11 and 2020-21 central government funding for local authorities fell in real terms by over 50%, whilst resources available to deliver services fell by 26% in real terms over ten years.⁶⁸ LGA analysis estimated that by 2024/25 cost and demand pressures to deliver council services will have grown by £15 billion (almost 29 per cent) since 2021/22.⁶⁹ The impact of these cuts at a local level translate to less ability to invest in meeting local need and prevention.

In 1999 the then government set a target to halve child poverty by 2010 as part of a wider English Health Inequalities Strategy – although this target wasn't quite achieved, through a mixture of child benefit rises, child tax credits and policies on low unemployment and the minimum wage contributed to 1.4 million children moving out of poverty in ten years.⁷⁰

^f This places a legal requirement on public bodies to consider how their decisions increase or decrease inequalities that result from socio-economic disadvantage.

CHESHIRE AND MERSEYSIDE STAKEHOLDER ANALYSIS

Main points

- At a sub-regional level there is an absence of a clearly articulated mission on family poverty that brings stakeholders together, although there is much activity at local and sub-regional levels that contributes to poverty relief and prevention. The HCP's recent commitment on poverty presents a significant opportunity to address this alongside other programmes.
- Opportunities to maximise the impact on poverty by inter-related interventions/programmes/policies may be missed by not having a strategic and coordinating approach. The sharing of best practice, innovation and knowledge mobilisation is not done systematically and therefore opportunities to effect change at scale may be missed.

Notwithstanding the absence of a national strategy to tackle child poverty, C&M local authorities, Directors of Public Health and Population Health, the ICB/ICS, NHS trusts, ATF, HEC, the Beyond Programme, the voluntary, community and faith sector, businesses, and academic institutions (to name just a few), are taking action to relieve the impact of poverty on local communities alongside action to prevent poverty.

As part of this rapid review public health teams were asked to summarise work on child and family poverty including definitions, use of data, policies/strategies and plans. The returns should include the broad spectrum of local work and not just that of the local authority.

Some general themes from the stakeholder analysis included:

- There is not sufficient 'noise' at a system level about child poverty, so the work commissioned by Directors of Public Health and Population Health was welcomed.
- Whilst there is much work underway sub-regionally and locally to address child poverty, there was limited structured opportunity for areas to collaborate and share learning through an anti-poverty lens.
- The use of data varied between areas, there was a general view that a consistent approach could help locally as well as with developing sub-regional work.
- Respondents stressed the importance of drilling down to very local levels because local authority level averages hide small areas of (often) long standing poverty.
- Anti-poverty work needs to be more than just surviving, we should consider those on the margins of poverty such as families just about managing.

In the following section, the main findings are summarised on the themes of:

- Strategic approaches
- Use of data and intelligence
- Support to families and prevention work

STRATEGIC APPROACHES ON CHILD AND FAMILY POVERTY

Local areas

All areas describe child poverty specifically, but generally this is seen in the context of family poverty because of the impact of carer/parental poverty. Some areas expressed concern about the number of households that were ‘just about managing’ where a relatively minor setback could push the family into poverty and stress. There was a consistent message that the narrative around poverty should be more ambitious than just surviving, but to be one of flourishing.

All councils had references and commitments to addressing symptoms and causes of child and family poverty across different committees/departments, as well as in corporate plans and strategies – this reflects the need for a multi-departmental approach. Health and wellbeing boards, council committees covering children/social care/education, planning/business and economy, and health, alongside cabinet/portfolio leads were often identified as having different leadership and governance roles relevant to the authority.

Partnership working across a local authority area is seen as essential and each area had examples of this, whilst recognising the resource constraints on funding for example for the local VCS as well as essential front-line council services. The VCS’s role in advocacy and reaching lived experience was valued and critical to shaping local responses. The work of Greater Manchester Poverty Action (now called Resolve Poverty)^g and the C&M-based Poverty Research and Advocacy Network were cited as helpful resources. GMPA have been commissioned by NMS Greater Manchester to support development of a poverty strategy, poverty proofing, data and delivery of poverty awareness training to over 600 frontline staff, the latter which has been well received.^h Costs per head of such training is in the region of £55 dependent on delivery format and numbers being trained. PRAN is a relatively new independent advocacy group bringing organisations and individuals together for collective action against poverty.ⁱ

Examples of specific child poverty strategies include Sefton’s Child Poverty Strategy^j and its accountability process through the health and wellbeing board; Warrington is

^g [Greater Manchester Poverty Action - Greater Manchester Poverty Action \(gmpovertyaction.org\)](http://gmpovertyaction.org)

^h [Optimizing the Role of the NHS in Tackling Poverty.pdf \(greatermanchester-ca.gov.uk\)](http://greatermanchester-ca.gov.uk)

ⁱ [Poverty, Research & Advocacy Network \(pran.org.uk\)](http://pran.org.uk)

^j [childhood-poverty-strategy-2022.pdf \(sefton.gov.uk\)](http://sefton.gov.uk)

in the process of establishing a poverty truth commission^k which will shape a borough wide approach; Cheshire West and Chester's Fairer Future Strategy sets an aim of halving child poverty by 2032^l; and St Helens' Children's Plan which has reducing child poverty and inequalities as a priority.^m

Alongside the use of Marmot Principles and Place model, some areas are using (or planning to use) international frameworks, such as Child Friendly Citiesⁿ, and national models such as Health in all Policies^o and Health Equity Assessment Tool^p to frame approaches that will address underlying causes of poverty. Sefton are working with the LGA to develop a system wide approach using HiaP.

REGIONAL AND SUB-REGIONAL

Discussions with stakeholders often raised the issue of an 'absence' of a strategic, and focussed, anti-poverty strategy whilst recognising that there are significant regional and sub-regional assets (networks, programmes, resources, and so on) engaged in anti-poverty related work. Activities referenced included the NHS C&M's work on health inequalities, Liverpool City Region's Fair Employment Charter, the NHS Prevention Pledge, the C&M NHS Anchors programme, and the work of C&M Directors of Children's Services on vulnerable children and families. The point being made was that these could sometimes be seen as stand-alone programmes of work rather than maximising synergies between them through an anti-poverty lens.

The ICB/ICS leadership and prioritisation of population health and health inequalities was seen as critical and is summarised in the graphic on the next page.

^k [What is a Poverty Truth Commission? | Poverty Truth Network](#)

^l [fairer-future-strategy-final.pdf \(cheshirewestandchester.gov.uk\)](#)

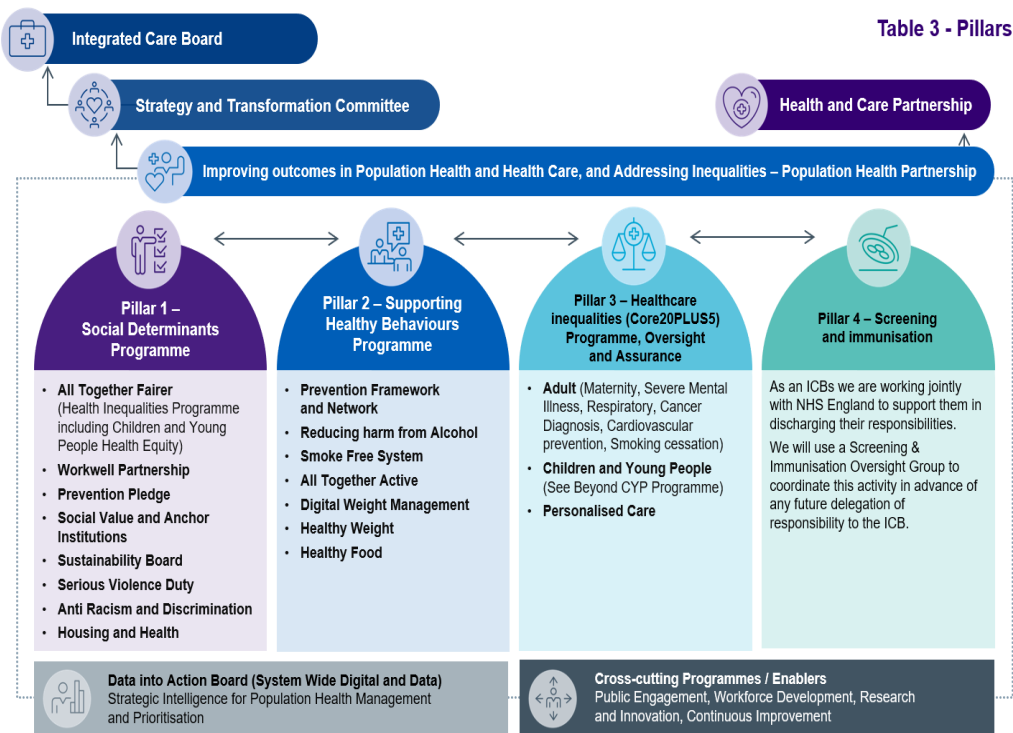
^m [Plan puts children's priorities first - St Helens Borough Council](#)

ⁿ www.childfriendlycities.org

^o [Local wellbeing, local growth: adopting Health in All Policies - GOV.UK \(www.gov.uk\)](#)

^p [Health Equity Assessment Tool \(HEAT\): executive summary - GOV.UK \(www.gov.uk\)](#)

Our Core Strategies – Population Health and Addressing Inequalities



Pillar 1: This describes how we will deliver All Together Fairer: Our Health and Care Partnership Delivery Plan

Pillar 2: supports healthy behaviours is built around a number of priority prevention programmes.

Pillar 3: Outlines our **Core20PLUS5** priorities and Personalised Care approach for Adults and Children and Young People. We have a dedicated Children and Young People Committee with a structured delivery plan.

Pillar 4: this programme will support the NHS England delegation expected by April 2025

C&M ICB Slide Presentation January 2024

The C&M HCP has set poverty as one of its three priorities:

- The All Together Fairer programme - which has joint accountability to Directors of Public Health alongside the ICB/ICS has in development 22 beacon indicators around the 8 Marmot themes which are important metrics around poverty and inequalities and a commitment to being a Marmot community.⁹
- The Beyond Programme - delivering workstreams supporting healthy behaviours including emotional health and wellbeing, healthy weight, respiratory and oral health. The Programme is also working on a 3-year Child Health Equity Collaborative alongside Barnardo's and the Institute of Health Equity (UCL) to improve health equity for children and young people. In Cheshire and Merseyside, the intervention will focus on reducing inequalities in school readiness as part of wider work on best start in life.
- Champs Public Health Collaborative - providing public health leadership across C&M but also influencing regionally and nationally on a range of public health and health inequalities issues, and which commissioned this report.

The work of OHID NW office is valued around data/intelligence, areas such as Healthy Start and Early Years, and the interface with other government departments

⁹ [All Together Fairer | Champs Public Health Collaborative](#)

in the North West. The NW cross-government Children's Partnership consists of OHID NW, Department for Education, Department for Work and Pensions, and Department for Levelling Up, Housing and Communities and is an important route to national policy and local implementation of policy.

The importance of the VCS was stressed throughout the stakeholder engagement, for example the work of Youth Focus NW^r, advice services, food and clothing banks, whilst acknowledging the challenges of under-funding, and short-term funding (usually annual that doesn't allow programmes to embed).

Stakeholders said there are benefits of having a strong academic presence on poverty and adversity through universities and Institute in the sub-region but acknowledged that these are not being fully exploited. Stakeholders described the need to put research and evaluation at the heart of a poverty strategy and plan, including how we translate the evidence into policy and practice. There needs to be a better understanding of the specific pathways through which exposure to adverse childhood socio-economic circumstances, and particularly poverty, affect specific health and social outcomes in particular conditions and contexts. The significant sub-regional academic institutions, civic partnership and data assets (CIPHA, C-GULL etc) provide a unique opportunity to generate evidence to re-orientate systems to act early, on time and together.^{s t u}

There will be other networks critical to anti-poverty work, including around economic development, local authority policy leads, social housing and education, which will need to be included in the development of a C&M anti-poverty programme.

USE OF DATA AND INTELLIGENCE

There is a difference in the use of definitions of child poverty across the sub region. One area used absolute poverty as a benchmark but included relative poverty, whilst most used relative poverty. All areas referenced Government (DWP) definitions and data for both children and households. Sefton have developed a Child Poverty Monitoring Framework which captures in one place some key data, and all areas dynamically used a range of adult and child metrics and platforms (for example social care, education, health, housing, Fingertips, Acorn segmentation tool and Marmot Beacon indicators^v) to build local profiles. Another important difference is the age range covered in analysis locally, with some areas going up to 20. The latter is important to consider because of monitoring progressing from statutory education/training to adulthood.

^r [Home | Youth Focus North West \(youthfocusnw.org.uk\)](https://youthfocusnw.org.uk)

^s [CIPHA -](#)

^t [Children Growing up in Liverpool \(C-GULL\) - Children Growing up in Liverpool \(C-GULL\) - University of Liverpool](#)

^u [Heseltine Institute for Public Policy, Practice and Place - Heseltine Institute for Public Policy, Practice and Place - University of Liverpool](#)

^v [St-Helens-Marmot-Datapack-FINAL.pdf \(Champspublichealth.com\)](#)

Joint strategic needs assessments (JSNAs) are used to identify poverty-related issues within a theme such as housing, whilst in Cheshire East there is a poverty-wide JSNA.^w The reliability of data was generally seen as an issue for some metrics, as were the limitations of being able to drill down to some demographics, and all areas referenced national data in reports. Wirral are developing a detailed suite of data slides that summarise key information on child and family. Although the C-Gull Study’s birth cohort study for Liverpool City Region is at an early stage^x, that and CIPHA, the C&M population health management platform will be critical tools in identifying and targeting need.^y

Within the Beyond Programme, data science is embedded and enables identification of key areas of health inequality to support risk stratification. A consistent approach to measurement has been developed with strong links established with ICB data programmes to ensure interconnectivity. Dashboards ensure that it is easy to access and interrogate, and that data sets are complete, accurate and timely. The data science work of the Beyond Programme aims to influence and enable system change based on insights captured to improve the outcomes for children and young people.



The Paediatric Storyboard has been shared during 2023-24, enabling programme stakeholders to see the consistent information about programme priorities in as real time as possible. This gives stakeholders access to functional and interactive visuals, from over 15 data sources including health and wider data repositories, such as paediatric audits, public health data sets, CENSUS data and patient level insights. Over 174 users have requested access to the dashboard, with 116 users regularly accessing the dashboard. The dashboard continues to be reviewed and updated to ensure that content is up to date and supporting programme delivery.

Outside of C&M some areas have looked at developing poverty dashboards, recognising the above limitations. Greater Manchester Poverty Action (now called Resolve Poverty), working with local authorities and the NHS, has developed a GM Poverty Monitor,^z and Calderdale have a selected statistics resource for the

^w [JSNA Food and Fuel Poverty: Spotlight review \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk)

^x [The C-Gull Study \(cgullstudy.com\)](https://www.cgullstudy.com)

^y [The C-Gull Study \(cgullstudy.com\)](https://www.cgullstudy.com)

^z [Access the Poverty Monitor 2023 - Greater Manchester Poverty Action \(gmpovertyaction.org\)](https://www.gmpovertyaction.org)

borough. The Born in Bradford CYP Outcomes Framework provides a wide-ranging dashboard on key child health outcomes.^{aa}

SUPPORT TO FAMILIES AND PREVENTION WORK

There is a vast range of work taking place to address current needs of families and children in poverty, as well as work to address the underlying causes. Throughout, there are examples of lived experience (across the age ranges and demographics) informing policy and shaping services, including for example St Helen's Inequalities Commission looking at all age poverty, through to Cheshire West and Chester's use of drama workshops by young people to produce a series of short films, How We Live on family poverty.^{bb}

The role of the VCS is clearly central to delivery in all areas, allied to services such as family hubs, children's centres, housing, social care, education, youth provision, and public health commissioned services.

In this section some areas of support and prevention work are highlighted.

Cost of living

"Some [young people] described a healthy home as one with a cupboard of food."

Barnardo's Child Health Equity Framework engagement^{cc}

Nationally funded programmes to relieve some of the impact of the cost-of-living crisis have had some positive impact, but this stakeholder analysis highlighted that the mechanisms for funding generates uncertainty that hampers local planning.

All areas have a blend of direct support such as cash/vouchers/subsidies, furniture and food banks as well as referral to agencies for support, including Citizens Advice and appropriate community organisations. Cash first, rather than vouchers etc, is an issue that a number of areas raised, including Cheshire East as part of their Food Alliance work. Some areas described utilities and food poverty predominate the types of support being given in response to the cost-of-living crisis. Areas are heavily dependent on the Government's Household Support Fund and Holiday Activities Fund to resource much of this, and consistently there was concern over the uncertainty of the future of the Funds with councils not able to plug any gap.

All areas have taken a multi-agency approach for support to families and have galvanised action through strategic leadership alongside a convening role for councils. Wirral for example identified fuel poverty as a 'game changer' in their Health and Wellbeing Strategy. Liverpool public health's part-funding of Feeding Liverpool generates benefits directly to residents in need, as well as an advocacy

^{aa} [Changing-the-way-we-look-at-data_V5.pdf \(borninbradford.nhs.uk\)](#)

^{bb} [West Cheshire Poverty Truth Commission - YouTube](#)

^{cc} [Children and Young People's Insights Report - Child Health Equity Framework.pdf \(barnardos.org.uk\)](#)

platform for good food for all and, as with other areas, considers the role of planning policies around schools to build healthy places. Building community capacity through a Community Shop model with outreach in association with the Bread-and-Butter Thing has been supported by Warrington^{dd}. Halton have tested placement of CAB welfare advisers at foodbanks for benefit take-up. Some of the many examples of building from local assets and/or building capacity in the VCS to reach communities most in need.

More locally, councils across C&M have a range of programmes to support families and children, partly as a response to the cost-of-living crisis as well as anti-poverty measures. These are summarised in the stocktake section and include support direct to families, support to voluntary and community organisations to signpost and assist households for example via food banks and advice surgeries.

To provide accessible and lower cost credit, many areas across the country have developed community-based credit unions. These can be established at a neighbourhood-level by community organisations but can face challenges in meeting the needs of low-income communities and higher risks of default.⁷¹

Benefit take-up, and debt support is provided across areas. Both the VCS and council's Revenue and Benefits departments (or equivalent) work with Job Centres/DWP, to support on issues such as health and transport helping people to stay in work or return to work. Stakeholder interviews highlighted the work of Greater Manchester Poverty Action's (now called Resolve Poverty) benefit take up and debt advice campaign, Money Matters (funded by Kellogg's) which since 2022 gained over £300,000 for families in four local authority areas working in and via schools.^{ee}

Health

Joint working between local authorities and NHS Place leads has created diverse approaches to addressing urgent health needs as well as longer term investment for prevention. These are captured in the stocktake returns. Work around broader services, such as safeguarding, also enhances protection for children living in disadvantage including families in poverty (for example domestic violence, parental substance misuse). An example of primary care's poverty related work is Liverpool's Citizens Advice on Prescription, which provides a rapid response social prescribing service to modify risk factors relating to poverty and mental health and includes a peri-natal team.

The expansion of the nationally funded Early Support Hub programme^{ff} to Warrington, St Helens and Liverpool will contribute to early mental health support for children and young people, whilst all areas have examples of mental health and wellbeing programmes being delivered through education settings and community-based models. Initiatives to increase take-up of vaccinations in areas of low take-up

^{dd} [The Bread and Butter Thing](#)

^{ee} [Money Matters Programme - Greater Manchester Poverty Action \(gmpovertyaction.org\)](#)

^{ff} [Extra funding for early support hubs - GOV.UK \(www.gov.uk\)](#)

were also described, often associated with areas of deprivation. The importance of all these programmes to support children's mental health cannot be understated particularly for children living in poverty.

In the sub-region, Alder Hey are using a Family Hub model, and a Poverty Proofing model to remove barriers to access to health care for all families because of finance. The programme also raises awareness across the organisation of how poverty impacts children and families and has strong clinical support. NHSE NW worked with Children North East who own the to run poverty proofing training sessions for those working with children and young people who have long-term conditions (asthma, diabetes and epilepsy as these are part of the Core 20+5). This was open across the North West.

Poverty Proofing can be extended to other services, for example the model developed in the North East for schools, as well as for employers, culture and the arts.⁹⁹ Poverty Proofing model has three core principles covering the Voice of those affected by poverty, the context of Place and how and why decisions are made, and how structural inequalities lie at the heart of the causes of poverty.^{hh}

The Beyond Programme supports sub-regional delivery of the children and young people's commitments in the NHS Long Term Plan, but also takes a wider population health approach in health outcomes including healthy weight, respiratory, emotional wellbeing and mental health, learning difficulties, disabilities and autism, diabetes, epilepsy and oral health. The targeting of funding and interventions in some of the most deprived areas, for example for diabetes technology, will contribute to improving outcomes for these communities. The Programme's engagement with children is strong and an important asset for the area.

Housing

Poor housing conditions, rent levels and debt, and in some areas growing numbers of families in temporary accommodation, were cited by a number of areas. Knowsley have an established energy efficiency programme with eligibility for children under 5 with a health condition which aims to alleviate one form of poverty. Work is planned with social housing and Liverpool's healthy homes team using CIPHA fuel poverty dashboards to target work.

Although recognised as an issue, the stocktake returns did not consistently describe specific housing and anti-poverty work. Owing to time constraints contact with housing providers was not possible and warrants further work as part of any future anti-poverty work.

Early years and education

⁹⁹ [Nine things you can do to start Poverty Proofing your school - Children North East \(children-ne.org.uk\)](https://www.children-ne.org.uk/nine-things-you-can-do-to-start-poverty-proofing-your-school)

^{hh} [Poverty Proofing@ Services - Children North East \(children-ne.org.uk\)](https://www.children-ne.org.uk/poverty-proofing-services)



Those areas with family hubs and/or Start for Life programmes described the opportunity to reinvigorate early years partnership working and welcomed the guidance reference to poverty. Similarly, multi-agency work across children's services and health services, for example maternity and health visiting services, were seen as essential for early identification of risks and provision of support, although there was a concern that reduced service capacity and information sharing delays can hinder effective partnership working. The Family Nurse Partnership model was recognised as a valuable intervention. Like others, Halton have family hubs that are working to identify and target vulnerable families with the full range of necessary support. This includes the online platform currently being developed which will incorporate referral pathways for poverty support such as discretionary support, citizens advice and foodbanks.

Agencies need to inform people better and communicate better. One section does not communicate with another, never mind communicate with us.

Sefton parent

Most areas could describe some of the impact of early years interventions on families in poverty and how these yielded benefits to other services. For example, Wirral's Family Toolbox offers free information and advice to families which saw a 27% drop in referrals to Early Help services. Liverpool's 24 Magic Months © user-centred app uses behavioural insight to provide accessible content for parents of under two years olds and recently won the Local Government Chronicle's Campaign of the Year 2024.ⁱⁱ

An area of common concern was the take up of Healthy Start vouchers which some areas were tackling through campaigns; Halton's campaign demonstrates the importance of awareness raising as it became amongst the top ten councils for take-up at the time; Healthy Start is an issue which OHID NW is currently working on. Although the value of the vouchers is relatively modest, they do help families in poverty whilst providing a potential route to other advice and support.

Public health investment in the Healthy Child Programme, including mandated checks, was not always explicit in relation to addressing child poverty in the stocktake returns, although the commissioning contracts will certainly require targeting families/children. Some areas described recruitment and retention challenges for health visitors, and stakeholder discussions emphasised significant budget cuts having a major impact on what is being commissioned. Healthy Schools are seen as having an important role on issues such as mental health and healthy weight which can disproportionately impact poorer children.

"It was only when speaking to my health visitor when she asked how I was doing and through her reassuring me - that's what got me the right support, she took her time, and I didn't feel rushed or a tick box."

ⁱⁱ [24 Magic Months free app - Liverpool City Council](#)

Halton parent, Consultation on Family Hubs

Education attainment is recognised as an important outcome for children, but for many children additional support may be necessary that extends beyond the classroom. In Warrington for example, qualitative work with schools and headteachers is being aligned with educational attainment data to identify what are the barriers to children from the most disadvantaged areas reaching their potential.

The engagement of school age children in a wide range of participation programmes is frequently cited, including Sefton's work with schools in informing regeneration programmes. The stocktake encouraged a council-wide response, because of the importance of education as a protective factor for current and future life chances for children and young people. Considering this, more examples of work would have been expected and warrants further consideration with the DCS network where a more complete picture will be available and potential gaps and best practice identified. Particular attention should be given to secondary school pupils, and school-leavers, as part of maximising attainment.

Programmes such as Right to Succeed are also being used in areas such as Wirral and Knowsley, to improve educational outcomes through development of place-based, community engagement working with schools (Cradle to Career).^{jj}

There were some references to groups of children at heightened risk of poverty, both now and in the future, particularly those in care and on the edge of care. The renewal of Halton's housing strategy will look at specific needs of children leaving care, which other authorities are also doing through support packages that extend across the range of needs of these young people. Areas have strategies that describe levels of need and provision for children with disabilities, although progression to adult life and reducing the risks of living in poverty are generally not explicit.

Economy and regeneration

There are examples of where the impact of disadvantage and poverty on an area's economy are described in corporate plans and strategies, for example in relation to employment and business development, as well as regeneration. There were limited examples of the use of socio-economic and Social Value as a means of reducing poverty alongside addressing economic, financial, other social and environmental outcomes, although this may have been implied in the plans and strategies shared in the stocktake. Sefton's work on regeneration and engaging young people stands out as a positive model.^{kk} LCR's Social Value Framework is an important resource aiming to provide a consistent approach across the Combined Authority area.^{ll}

^{jj} [Impact - Right to Succeed](#)

^{kk} [Sefton Social Value and the Growth and Strategic Investment Programme](#)

^{ll} [LCRCA-Social-Value-Policy-and-Framework-2022.pdf \(liverpoolcityregion-ca.gov.uk\)](#)



Further consideration should be given to the use of Social Value and socio-economic duty principles by way of reducing poverty, learning from areas in and outside of C&M. Similarly, considering the impact that low pay has on in-work poverty, the limited references to this warrant further consideration.

A WAY FORWARD FOR CHESHIRE AND MERSEYSIDE - RECOMMENDATIONS

An international evidence review found that effective poverty strategies set out a high-level commitment, a process for accountability, involve and communicate, prioritise, and are able to demonstrate understanding and monitoring of progress.⁷² To enable actions, it is recommended that a framework is used.

To build on the significant assets in the sub-region and in the North West, as well as the support of other areas and national organisations, this report proposes four recommendations. It should be stressed that the voices of the lived experience of children, young people and families should shape, and challenge, priorities and actions.

Recommendation 1: Set an ambition on child poverty and articulate this widely.

Rationale: Stakeholder feedback highlighted the need for a more concerted voice about child and family poverty at a Cheshire and Merseyside (C&M) level. The co-production of an ambition and a narrative on child poverty provides a very public way for partners to commit to tackling the causes and symptoms of poverty. The ambition would obviously need to be agreed through the relevant partnerships but should aim to be aspirational: **to set an ambition that no child in Cheshire and Merseyside lives in poverty.** Central to the shaping of the ambition, and to all the priorities set out in this report, are the views and experiences of children and their families with lived experience of poverty.

Recommendation 2: Agree a governance and oversight system.

Rationale: There is a significant amount of work underway in Cheshire and Merseyside that contributes to alleviating and/or preventing child poverty. Generally, these are badged under specific programmes (such as Best Start in Life, cost-of-living crisis programmes, etc). This fragmentation can mean that the opportunity for synergies and greater collaboration and advocacy on child and family poverty is missed. A governance and oversight system could be part of an existing structure (for example in the HCP, with leadership from All Together Fairer, and aligned to the ICB's work on population health, its Children and Young People's Committee, the Women's Health and Maternity programme, and Beyond). Oversight would need to be inclusive of the full range of policy makers and stakeholders that collectively can drive action on poverty. Consideration should be given to the merits of having Champion type roles which can be part of the public facing anti-poverty work at a sub-regional level.

Recommendation 3. Set a plan and have the capacity to implement it.

Rationale: Having a shared ambition requires a plan that is owned by the anti-poverty partnership, that sets out the focused areas of work where greatest impact could be made in a timely way. It is evidence from the stakeholder interviews that there is limited capacity to facilitate this and therefore additional resources would need to be quantified and secured. This could be part of an existing programme of work as described above but would need increased capacity to make things happen at pace.

Recommendation 4. Adopt a Framework to set, monitor and drive action.

Rationale: Evidence shows that a Framework can give clarity and structure to a complex programme involving a wide range of stakeholders. The draft Child and Family Anti-Poverty Framework sets out high-level priorities and actions. These will require testing with stakeholders and can then be jointly owned and monitored. The detail of the Framework is set out in the Appendix; the three priority pillars are based on the areas which evidence shows provide greater protection for people in poverty, as well as building prevention for children now and in the future. Many of these actions are underway to some extent in C&M, but are not shared consistently, and the synergies with other programmes are not always fully exploited. The list of interventions is intended to set a prioritised set of actions. Finally, it is important to remember that the evidence indicates that whilst individual interventions can be beneficial for children and families, in the context of poverty reduction they generally work most effectively alongside complementary interventions addressing economic and social needs.

Led by evidence and the views of children, young people and families

System leadership and advocacy

- There is a shared and articulated C&M ambition on child and family poverty
- There is a C&M-wide plan and capacity to work towards the ambition

Pillar 1 Priorities

Maximising household income

- Families have more income and other support
- Employers adopt best practices to reduce poverty
- Families have affordable and quality housing, childcare and transport
- Households receive help with the cost-of-living crisis

Pillar 2 Priorities

Supporting children, young people and families

- There is targeted support in preconception, early years and school readiness – Best Start in Life
- There is extra support across school-age particularly attainment and wellbeing
- There is additional support on transition from school to adult life (work/learning)

Pillar 3 Priorities

Building inclusive places

- Families in poverty do not face barriers to access services
- Organisations make full use of Social Value and Anchor capabilities
- The unique role of the voluntary and community sector is supported

Aligned to the C&M HCP/HEC/All Together Fairer and BEYOND priorities

APPENDIX A: DEFINITIONS OF POVERTY

“Individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong.”

Peter Townsend^{mm}

There is no single, universally accepted definition of poverty.ⁿⁿ However, in general the term refers to when people lack the material resources to meet minimum needs.

The UK government publishes two key measures of poverty based on disposable income, broken down further on a before housing costs (BHC) and after housing costs (AHC) basis.

Relative low income refers to people living in households with income below 60% of the median in a given year. This reflects that standards of living change over time.

Absolute low income refers to people living in households with income below 60% of median income in a base year, usually 2010/11, adjusted for inflation. This measure demonstrates whether the proportion of individuals living in poverty is getting better or worse off in absolute terms and does not account for changes in prosperity in society.

The Department for Work and Pensions (DWP) publishes estimates for the number of children living in low income households each year using these measures. It also published its most recent ‘Households below average income’ release on 21 March 2024. The estimates within the release were compiled using data from the annual family resources survey for 2022/23.

^{mm} [What is poverty? | CPAG](#)

ⁿⁿ <https://lordslibrary.parliament.uk/child-poverty-statistics-causes-and-the-uks-policy-response/>

APPENDIX B: CHAMPS CHILDREN AND FAMILY ANTI-POVERTY FRAMEWORK

It is essential that the views of children and families with lived experience of poverty informs and shapes the actions set out here.

System leadership and advocacy		
Priority 1. There is a shared and articulated C&M ambition on child and family poverty		
Actions	Intended impact	Lead/s
<p>With partners, agree a C&M ambition and narrative on child and family poverty (C&M) Year 1.</p> <p>Consider an advocacy model, for example having figureheads such as Child Poverty Champion/s alongside leadership from HCP, LAs, VCS, businesses, academia, CYP&F (C&M) Year 1.</p> <p>Consider areas for advocacy on urgent government action to take families out of poverty including prioritising a nationally funded child and family poverty strategy (C&M/Local) Year 1.</p> <p>Other areas for national advocacy could look to make the case for C&M for: a) a benefit system that takes children out of poverty; b) long-term targeted support for early years and school age children in poverty; c) establish longer-term funding for programmes such as Household Support Fund; and longer term d) national adoption of Real Living Wage (C&M) Years 1-2.</p> <p>Agree oversight and accountability (C&M) Year 1.</p>	<p>The public and stakeholders are clear about the shared ambition that no child in C&M grows up in poverty.</p> <p>A coalition of support is built over time, maximising distributed leadership.</p> <p>There is strong advocacy with Government departments and national policy.</p> <p>The voices of children, young people and families are central to all that we do.</p>	<p>LAs and ICB.</p> <p>Working with NW Government departments, VCS, Business, Academia and others.</p>

System leadership and advocacy

Priority 2. There is a C&M-wide plan and capacity to work towards the ambition

Actions	Intended impact	Lead/s
<p>Use the framework to set early actions for collaboration across C&M (C&M) Year 1.</p> <p>Develop a child and family poverty dashboard, with metrics set to track progress, consider qualitative measures as well (C&M) Year 1.</p> <p>Establish ways to ensure the diversity of CYP&F voices inform actions, learning from existing networks (C&M with local) Year 1.</p> <p>Establish capacity to drive this at pace, complementing existing resources/networks (C&M) Years 1-2.</p> <p>Collaborate with academic institutions to establish areas for collaboration on research and evidence into policy and practice Years 1-2.</p>	<p>There is a shared set of priorities driving progress to ambition across C&M partners, making effective use of existing resources.</p> <p>There are clear plans between government departments and C&M/local organisations on areas for collaboration.</p> <p>The voices of lived experience inform policy and actions.</p> <p>Resources/tools/knowledge are promoted in a structured way to improve use of resources.</p> <p>Innovation is promoted and shared at pace and scale, influencing policy and practice.</p>	<p>Consider embedding the framework in the strategy of the HCP, and under the ATF programme aligned to the work of the ICB/Beyond including the Child Health Equity Collaborative.</p> <p>Other key networks will involve NW Government Departments including OHID, VCSE and academic partners.</p> <p>Voices of lived experiences will draw from local and sub-regional fora, Beyond and HEC, but may require more specific focus as well as the work progresses.</p> <p>Academic partners across C&M.</p>

Pillar 1: Maximising household income

Priority 3. Families have more income and other support

Actions	Intended impact	Lead/s
<p>Establish campaigns to increase take-up of benefits, including Healthy Start (already underway with Beyond), free childcare vouchers, Universal Credit particularly as it affects families with children, widen eligibility for free school meals to all children in poverty, and promote auto-enrolment to free school means wherever possible (C&M) Years 2-3.</p> <p>Consider advocacy for family benefits that are adequate to meet needs, including maintaining parity with cost of living increases (e.g. Triple Lock type arrangements) (C&M) Years 2-3.</p> <p>Consider the use of credit unions and debt relief schemes where these don't exist (Local) Years 2-3.</p> <p>Provide poverty-awareness training to front-line staff in public services to give brief advice and signposting (C&M with Local) Years 2-3</p> <p>Money/benefit advice-type services are available and accessible, including online and in-person (Local) Years 2-3.</p> <p>Establish pathways for referrals for benefits, employment etc and ensure practical support is provided with forms etc (C&M with Local) Years 1-2.</p> <p>Consider how the voluntary sector can be supported to respond to demand (C&M with Local) Years 1-2.</p>	<p>There is an increase in household income through benefit take-up and eligibility for other resources (e.g. food/clothing/furniture grants/banks).</p> <p>Schools will benefit from the Pupil Premium via a child claiming FSMs.</p> <p>Lower levels of debt for families in poverty.</p> <p>Practical help to families for financial and other support including through Family Hubs/Sure Start Centres/Children's Centres.</p> <p>There are no 'advice deserts' across C&M and the advice sector is adequately resourced.</p>	<p>Champs/LAs working with DWP and ICB and relevant government departments/agencies.</p> <p>Connect with the work of the LCR CA's Better Off Support Programme, with national organisations such as Save the Children and Policy in Practice who have developed resources around benefit take-up, as well as North West based organisations including CAB, Resolve Poverty (formerly Greater Manchester Poverty Action) 40F^{oo}</p> <p>Consideration should be given as to what can be done at scale at C&M level and what is best done locally. It may be that some actions, for example developing training/establishing referral pathways, can be commissioned at a C&M level but delivered locally to add value to other work taking place. In the actions column L indicates Local, C&M is sub-regional.</p>

^{oo} [Mayor Steve Rotheram launches £2million scheme to support hardest-hit through cost-of-living crisis \(liverpoolcityregion-ca.gov.uk\)](https://liverpoolcityregion-ca.gov.uk)

Pillar 1: Maximising household income

Priority 4. Employers adopt best practices to reduce poverty

Actions	Intended impact	Lead/s
<p>Consider widening the adoption of the fair employment charter (C&M) Years 2-3.</p> <p>Work towards wider adoption of the Real Living Wage (C&M and local) Year 3.</p> <p>Working with employers, establish targeted training and skills development programmes (Local) Years 2-3.</p> <p>Establish with DWP and ICS programmes to support people in and out of work because of ill health, learning from the pilots of the national WorkWell programme.^{PP} (C&M) Years1-2.</p>	<p>In-work poverty reduces.</p> <p>The number of workless households reduces through increase take up of employment opportunities.</p> <p>Reduction in people leaving work because of ill health, increase in people returning to work from ill health.</p>	<p>LAs, LCR and ICB.</p> <p>For work and health strand, include relevant government departments including DWP, OHID and DHSC and business networks.</p>

^{PP} [New £64 million plan to help people stay in work - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Pillar 1: Maximising household income

Priority 5. Families have affordable and quality housing, childcare and transport

Actions	Intended impact	Lead/s
<p>Develop an assessment of how housing is impacting on child poverty and how this can be addressed (C&M) Year 3.</p> <p>Awareness raising for free childcare (see above Priority 3) Years 1-2.</p> <p>Assessment of the impact of public transport costs on adults and children in poverty (C&M) Year 3.</p>	<p>Housing is less of a barrier to exiting poverty.</p> <p>Increased childcare take-up enables adult to return to work and children to benefit from learning and development in quality childcare.</p> <p>There is an increase in the numbers of people living in poverty who can use public transport.</p>	<p>LAs, LCR's childcare guarantee commission).⁹⁹</p>

Pillar 1: Maximising household income

Priority 6. Households receive help with the cost of living crisis

Actions	Intended impact	Lead/s
<p>Local areas share learning of effectiveness of programmes (C&M) Year 1.</p> <p>Consideration is given to explore if multi-authority commissioning can improve efficiency and reach of Cost of Living interventions (C&M) Years 2-3.</p> <p>At a C&M level advocate for the continuation of government funding for time-limited funding (such as Household Support Fund) (C&M) Year 1-2.</p>	<p>Shared learning leads to use of best practice models.</p> <p>Greater efficiency and reach in delivering programmes.</p> <p>Stability in government support for the longer term.</p>	<p>LAs and ICB.</p>

⁹⁹ [Taking-Back-Our-Future-Web.pdf \(steverotheram.com\)](#)

Pillar 2: Supporting children, young people and families

Context for Pillar 2: The priorities and actions set out here are additional to the services generally provided to children and families through the Healthy Child Programme schedule of interventions and other locally developed plans^{43F}. The intention is to recognise the *additional burden* that living in poverty has on families on children, to identify *as early as possible* when families in poverty require extra support, and to *maintain an enhanced offer* for as long as that is needed. The use of data will be critical to identifying families that need support as well as monitoring progress. Interventions and support build on the assets of the family/children, considering any risk factors to children and parents/carers. Interventions should be seen alongside other measures to support parents' access to work, training and community resources.

Priority 7. There is targeted support in preconception, early years and school readiness – Best Start in Life

Actions	Intended impact	Lead/s
<p>Maternity services provide advice and support to expectant parents on maternal mental health, benefits and employment rights, support from Family Hubs/Sure Start/Children's Centres. (Local) Years 2-3.</p> <p>Identified families receive enhanced support using all 5 HCP mandated reviews and wherever appropriate the 2 suggested contacts are in-person.</p> <p>Interventions, including having appropriate resources in the home, should especially consider the following protective factors for children in poverty in relation to school readiness.⁷³ (Local) Timescale to be discussed with LAs/ICB.</p> <p>Sensitive parent-child interactions and availability of home material learning resources Parents feel able to support learning and literacy in the home.</p> <p>Parents recognise and take-up the benefits of children being in affordable/free quality childcare/nursery care.</p> <p>Positive inter-parental relationship.</p>	<p>Expectant parents can prepare positively for parenthood</p> <p>Children and young people's health, educational and social outcomes across CYP life-stages are equivalent to that of their peers</p> <p>Take up of early years childcare/nursery provision increases</p> <p>There is a reduction in higher-level social care interventions because of early intervention and greater agency in families</p>	<p>Beyond, ICB/DsPH and DsCS</p>

Pillar 2: Supporting children, young people and families

Priority 8. There is extra support across school-age particularly attainment and wellbeing

Actions	Intended impact	Lead/s
<p>Pupils living in poverty can fully take part in school and extra-curricular activities through: (Local) Years 1-2.</p> <p>Extra financial support or cost-free activities (using poverty proof © type approach).</p> <p>Additional cost of living in a low-income household is recognised and supported (e.g. IT).</p> <p>Support for healthy eating is provided through free breakfast clubs.</p> <p>Youth services provide support including reducing isolation, building confidence.</p>	<p>School age health, educational and social outcomes are equivalent to that of their peers.</p> <p>There is a reduction in higher-level social care interventions because of early intervention and greater agency in families.</p> <p>Young people report improved wellbeing.</p>	<p>Beyond, ICB/DsPH and DCSs.</p>

^{rr} [Healthy child programme schedule of interventions - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Pillar 2: Supporting children, young people and families

Priority 9. There is additional support on transition from school to adult life (work/learning)

Actions	Intended impact	Lead/s
<p>There is early identification and targeted support for young people at greater risk of poverty in adult life including those with lower educational attainment, and care experience. Interventions will include: (Local) Years 2-3.</p> <p>Youth Employment and Training support, working with schools, Pupil Referrals Unit and employers/Further Education.</p> <p>Personalised support for children leaving care to live independently, including work/training, housing and life skills.</p> <p>Access to health services to protect and promote health is enhanced by youth friendly health and care services (for example using You're Welcome)^{ss} (C&M with Local) Years 2-3.</p>	<p>Reduction in the numbers of young people who start adult life in poverty.</p> <p>Reduction in inter-generational poverty from one family to another.</p> <p>Health outcomes are equivalent to young people not in poverty.</p>	<p>Champs/ATF/ICB?/DsCS?</p> <p>Working closely with Beyond, including CHEC/ICB CYP Partnership, C&M, NW Government Departments including OHID, VCSE, Businesses.</p>

^{ss} [Establishing youth-friendly health and care services - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Pillar 3: Building inclusive places		
Priority 10. Families in poverty do not face barriers to access services		
Actions	Intended impact	Lead/s
<p>Test implementation of the model of Poverty Proofing (©) public services, or a relevant adaptation, with a view to wider roll-out (C&M) Year 1-2 subject to learning from current work.</p> <p>Social prescribing/primary care, working with benefit agency and Job Centre, can support adults to remain in employment or return to work (C&M) Years 2-3.</p>	<p>More families in poverty can access services.</p> <p>Services report improved engagement (for example, fewer DNAs) and outcomes (for example in health, education and social care).</p> <p>Reduction in numbers of families in poverty because adults are out of work.</p>	<p>ICB and LAs, NHSE NW, Alder Hey and working closely with Beyond.</p>

Pillar 3: Building inclusive places		
Priority 11. Organisations make full use of Social Value and Anchor capabilities		
Actions	Intended impact	Lead/s
<p>Use C&M networks for LA Place and Policy Directors to increase the use of models of social value and to share best practice (C&M) Years 1-2.</p> <p>Regeneration programmes include a poverty lens to improve employment/training, housing and environmental conditions for people in poverty (Local) Years 2-3.</p> <p>At C&M level look to move at pace on the opportunities of Anchor institutions in reducing inequalities (C&M) Years 1-3.</p>	<p>There are long-term benefits to residents on low-income through, for example, skills development and employment.</p> <p>Public resources increase benefits to families in poverty through increased employment/training opportunities.</p> <p>Local areas benefit from having a more diverse workforce and engaged communities.</p>	<p>LAs and ICB.</p>

Pillar 3: Building inclusive places

Priority 12. The unique role of the voluntary and community sector is supported

Actions	Intended impact	Lead/s
<p>Consideration is given to how the strengths of the VCS can be supported across C&M through shared learning and collaboration in respect of family poverty reduction (C&M) Years 1-2.</p> <p>At C&M level stability of funding is considered to allow longer-term delivery of interventions (C&M) Years 2-3.</p>	<p>The VCS can demonstrate increased impact on family poverty.</p> <p>There are mechanisms to engage the diverse lived experience of poverty across C&M to inform policy and for advocacy.</p>	<p>LAs and ICB with VCSE.</p>

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**COLLABORATING
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Working together to improve health and wellbeing in Cheshire and Merseyside

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