



Champs
Public Health
Collaborative



**COLLABORATING
SINCE 2003**

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

EXECUTIVE SUMMARY

August 2024



Eustace de Sousa

Independent Consultant
in Public Health
Hon. Fellow RCPCH

Analysis by Lynn Deacon

Principal Public Health
Intelligence Analyst
OHID North West

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.

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.

^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)



- 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 worse quintile in England.

Main drivers of poverty

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 are:

- 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.



Framework

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