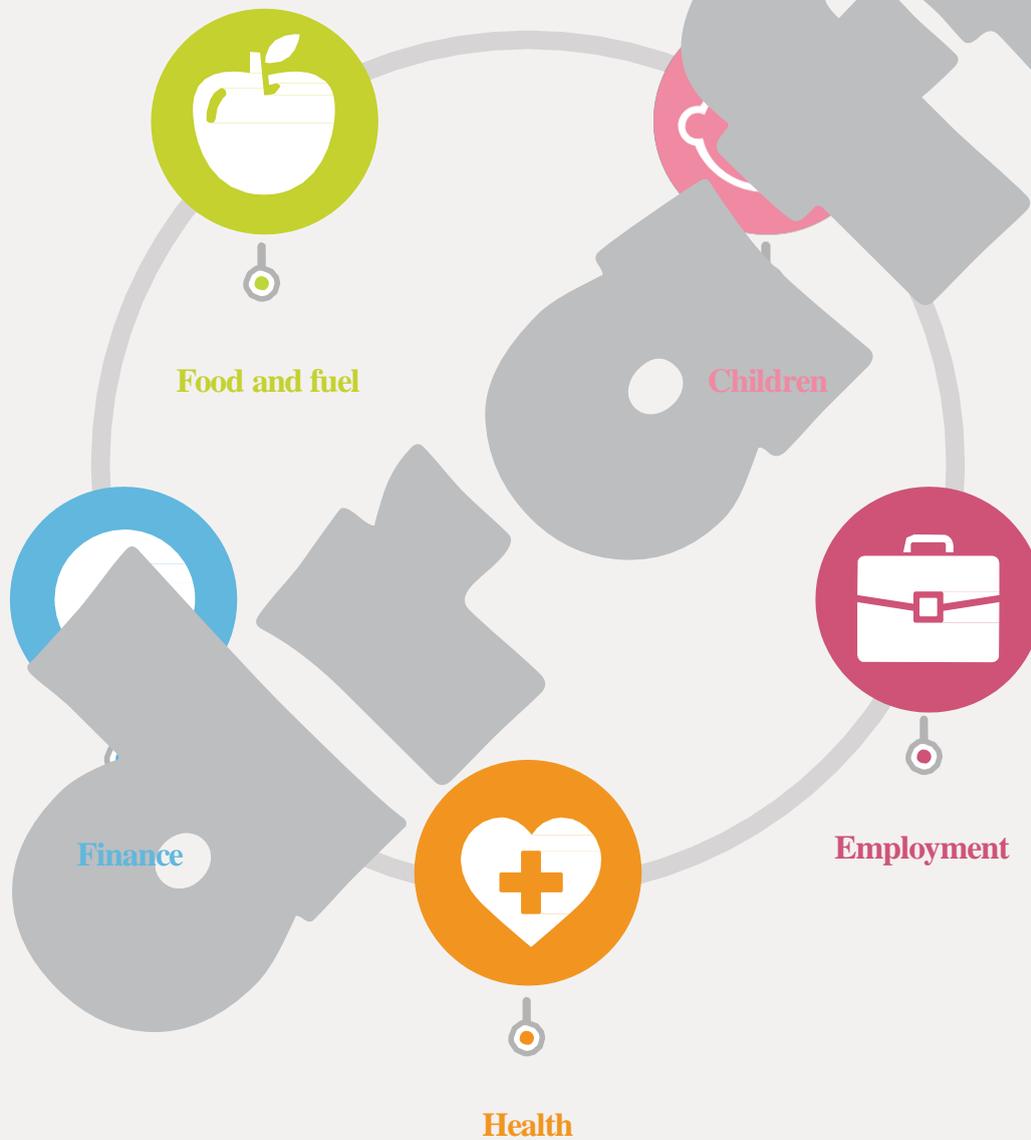


Working together to tackle poverty

A Strategy to Address Poverty in Suffolk 2015-2020

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Finance

Extend financial inclusion and improve people's financial skills

Food and fuel

Reduce levels of food and fuel poverty

Children

Reduce levels of child poverty

Employment

Improve people's skills and employment prospects

Health

Reduce health inequalities

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**Our ambition is to
'Work with partners to
address the effects of
poverty and improve
the quality of life and
opportunities for
people in Suffolk.'**

Introduction

Working together to tackle poverty in Suffolk is nothing new. Today, there is a wealth of established activities undertaken by a range of local partnerships and bodies aimed at improving financial inclusion and financial skills, reducing food and fuel poverty, reducing levels of child poverty, improving people's skills and employment prospects and reducing health inequalities.

No one organisation can tackle poverty in isolation. We need to raise awareness of poverty in Suffolk and co-ordinate work across all statutory, voluntary and business sector partners to ensure that services are joined-up, making poverty everyone's business.

The aim of this strategy is to ensure that we build on work that is already in place to address poverty so that it is embedded in the planning and delivery of all services and in particular for our most vulnerable groups. We hope that the strategy will also help to raise awareness of poverty in our county and the great work that is already taking place and the opportunities to do things differently.

Evidence and research shows us that poverty:

- **can affect anyone:** Life events such as unemployment, illness or family separation can

happen to us all leading to reduced income and potential poverty. Changes in the cost of living, especially higher prices in essentials such as food and fuel, also affect most people. For example, 33% of people experience at least one period of low income in a four-year period, and 11% are in low income for more than half of that time¹.

- **is more likely to affect certain households such as those:**

- Headed by a lone parent
- With three or more children
- With a disabled family member
- From black and minority ethnic (BME) groups
- Living in overcrowded accommodation
- Living in rented social housing
- Living in some rural deprived areas

The County Council has a statutory responsibility to produce a Child Poverty Needs Assessment, and to work with our partners to develop a Child Poverty Strategy. The Suffolk Children and Young People's Needs Assessment State of Children in Suffolk (2013)

¹ Monitoring Poverty and Social Exclusion (2012), Hannah Aldridge, Peter Kenway, Tom MacInnes and Anushree Parekh, Joseph Rowntree Foundation

provided us with a clear understanding of the scale of poverty and deprivation in Suffolk, numbers of children and families in poverty, the characteristics of those families most at risk, the barriers they face, and the other issues associated with poverty and key areas for development. We also wanted to bring together, into one single document, a range of policies, programmes and interventions across the county aimed at mitigating the impacts of poverty on families, and tackling the root causes which are preventing families from moving out of poverty.

However we believe child poverty should not be addressed in isolation, as children (in the vast majority of cases), are part of a larger family group. Children are wholly reliant on the adults that care for them and so it is crucial that we take a holistic approach to addressing poverty. It was decided that we need an overarching poverty strategy that covers all age groups in Suffolk. Therefore, the Health and Wellbeing Board and Suffolk Chief Executives Group agreed to sponsor the development of 'A Strategy to Address Poverty in Suffolk'.

The strategy is looking to address poverty in Suffolk as this is a key factor strongly associated with poorer life chances and poorer health. For the purposes of this strategy we will use the definition of 'relative

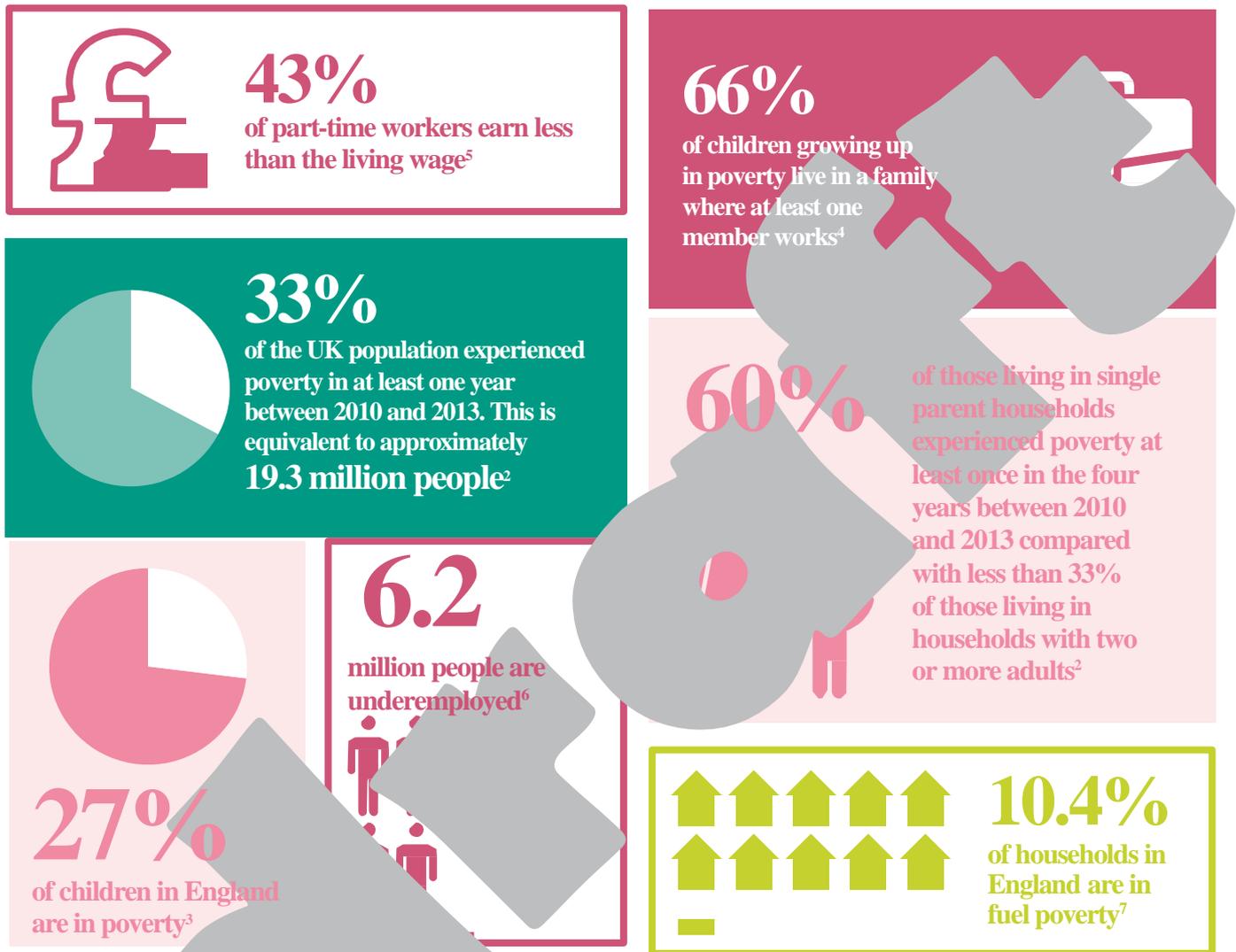
poverty'. Relative poverty defines whether people have the income and resources they require in order to provide basic needs and take part in everyday life. Anyone whose income is below 60% median is said to be in relative poverty.

Relative poverty is also measured using the Index of Multiple Deprivation (IMD), which is based on the concept that whereas poverty means not having enough money to get by on, deprivation relates to wider and more general lack of resources and opportunities. The IMD includes measures of income, employment, health and disability, education, skills and training, housing and services, the living environment, and crime. It is used to give a picture of relative deprivation in small areas across England.

Many households in poverty today are working households where people are struggling to manage their money because they are in jobs that pay minimum wage, are in part-time work that does not provide sufficient hours or in some cases working on a zero hour contract where there are no regular hours. For the first time more working people on low income are living in poverty than non-working people. Poverty can affect anyone - young or old, in a family or alone.

National context

National Key statistics



Welfare Reform

The issue of poverty also needs to be considered in the context of recent changes to the UK's welfare system. April 2013 saw the implementation of

changes to the UK's welfare system, changes that are affecting millions of working age adults and families across the country. Although robust evidence about the impact of the reforms remains limited, one recent study concluded that four out of five households

²Wilson, T., Morgan, G., Rahman, A. and Vaid, L. (2013) *The local impacts of welfare reform*. The Local Government Association, London.

³The Trussell Trust (2013) Biggest ever increase in UK foodbank use. The Trussell Trust, Salisbury. <http://www.trusselltrust.org/stats>

⁴Ipsos MORI (2013) The impact of welfare reform on housing association tenants – baseline report. National Housing Federation, London.

⁵Joseph Rowntree Foundation (2014) Minimum Income Standard 2014

⁶Save the Children (2010) The UK Poverty Rip-off: The Poverty Premium 2010

⁷Child Poverty Strategy 2014-17, Department for Education, June 2014. DfE Child Poverty Strategy

affected by the changes would need assistance from their local authority⁸. There have also been reports of increasing numbers of people using food banks⁹ and social housing tenants facing arrears¹⁰. For example, the impact of welfare reforms for a couple with two children, is their money covers only 57% of what they need¹¹.

The changing face of employment Part time workers, low paid work, an increase in zero hour contracts, short term work contracts and underemployment are all features of the current employment landscape which can have an impact on an individual's ability to earn a consistent income.

Poverty does not affect only those who are on fixed incomes such as people out of work or the elderly and retired. Low pay is increasingly an issue and the concept of the 'working poor' is emerging. The factors behind this are many and varied, ranging from the prevalence of minimum wage jobs, the sustainability of work as people fall into a cycle of in and out of worklessness, or the increase in under employment where people can only find part time work that is insufficient to meet their needs and the cost of childcare.

For families on low income, the costs of food, heating, clothing and other essentials are increasingly unaffordable. Save the Children and the Family Welfare Association¹² have defined what is known as the 'poverty premium' i.e. the higher prices the poor pay for basic necessities such as gas, electricity and banking, and in purchasing other goods and services, which can amount to around £1,290 a year, or 8% of the disposable income of an average family. Save the Children also estimates that nationally, an additional 345,000 children could be pushed into poverty over the next 4 years as a result of the benefit cap.

Child Poverty Strategy 2014-2017¹³

The effects of growing up in poverty can be detrimental to children's outcomes both in the short to medium term and longer term into adulthood.

Children born into poverty are more likely to have:

- a lower birth weight
- higher infant mortality and
- poorer health than better-off children (Barnes et al., 2010; Barnes et al., 2008a; DWP, 2007).

National research puts the total cost of child poverty at £29bn a year, consisting of:

- £15bn spent on the consequences of child poverty, such as increases in health and education costs.
- £3.5bn in lost tax receipts from people earning less as a result of having grown up in poverty.
- £2bn spent on benefits for people spending more time out of work.
- £8.5bn lost to individuals in net earnings.

In addition, the recent Household Below Average Income (HBAI) report¹⁴ identified the following factors associated with child poverty:

- Work status: Children in workless families were much more likely to live in low-income households than those in families with at least one adult in work.
- Family type: Children in lone parent families were more likely to live in poverty.
- Family size: families with three or more children are more likely to live in poverty
- Disability: families where one or more members have a disability are more likely to live in poverty

⁸Households below average income (HBAI) statistics, Department for Work and Pensions, June 2015. Households below average income

⁹Cutting the Cost of Keeping Warm: A Fuel Poverty Strategy for England, DECC, March 2015. DECC Fuel Poverty Strategy

¹⁰Section 1B refers; Act as amended by the Energy Act 2013.

¹¹Hidden Needs; Hidden Deprivation, Suffolk Foundation, 2011

¹²Save the Children (2010) The UK Poverty Rip-off: The Poverty Premium 2010

¹³Child Poverty Strategy 2014-17, Department for Education, June 2014. [DfE Child Poverty Strategy](#)

¹⁴Households below average income (HBAI) statistics, Department for Work and Pensions, June 2015. [Households below average income](#)

- Ethnicity: children living in a household headed by someone from an ethnic minority are more likely to live in poverty.

The Secretary of State for Work and Pensions announced on 1st July 2015 that the government will introduce new legislation to replace the Child Poverty Act 2010. It will use:

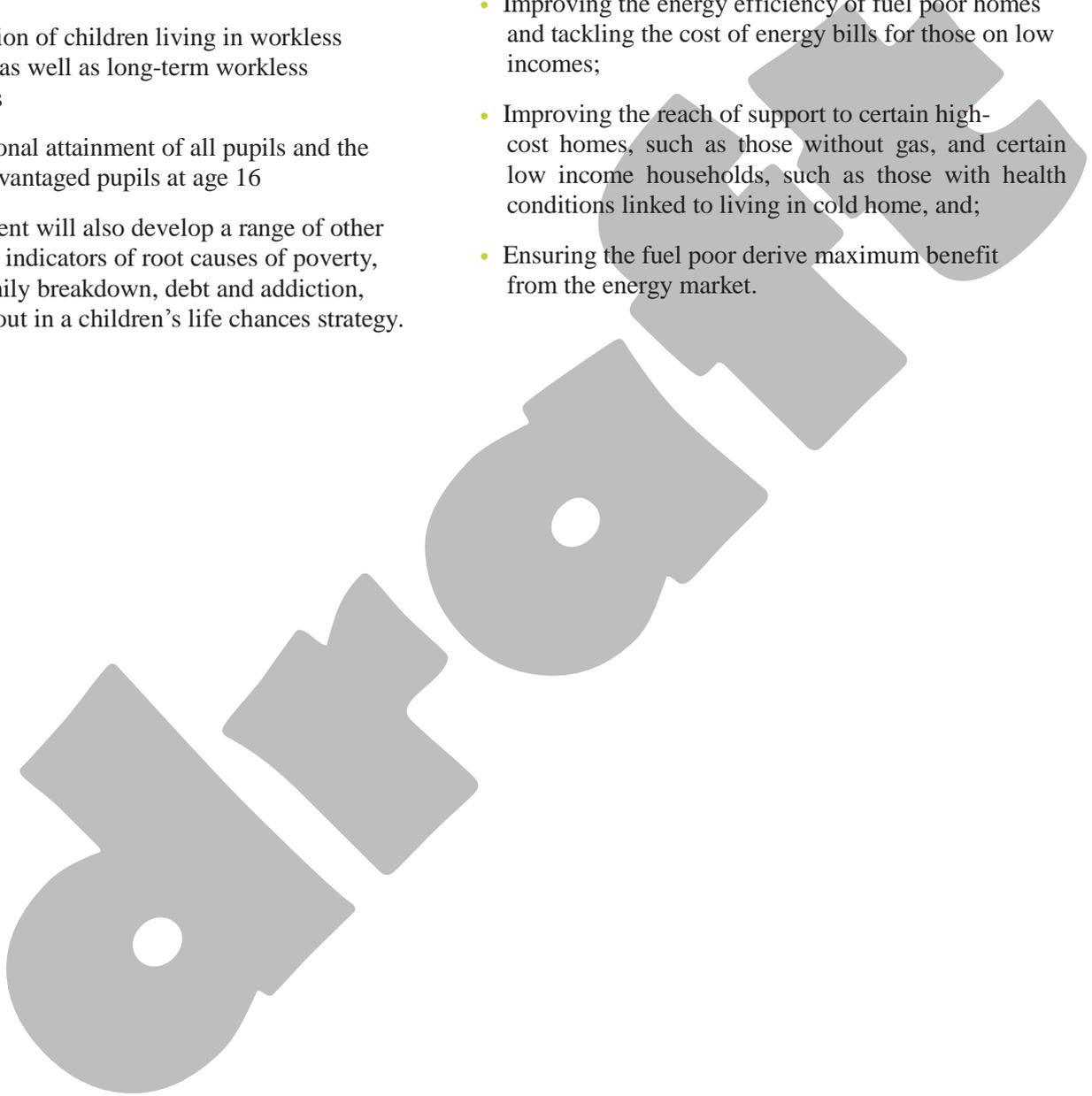
- the proportion of children living in workless household as well as long-term workless households
- the educational attainment of all pupils and the most disadvantaged pupils at age 16

The government will also develop a range of other measures and indicators of root causes of poverty, including family breakdown, debt and addiction, setting these out in a children's life chances strategy.

Fuel Poverty Strategy¹⁵.

The Fuel Poverty Strategy stems from the Warm Homes and Energy Conservation Act 2000¹⁶, which places the government under a duty to define a statutory fuel poverty target. This has been set to aim at:

- Improving the energy efficiency of fuel poor homes and tackling the cost of energy bills for those on low incomes;
- Improving the reach of support to certain high-cost homes, such as those without gas, and certain low income households, such as those with health conditions linked to living in cold home, and;
- Ensuring the fuel poor derive maximum benefit from the energy market.

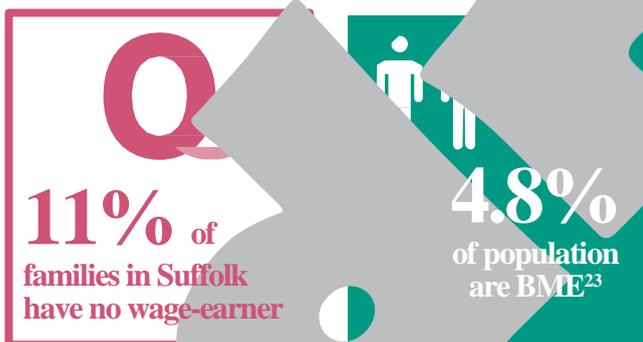
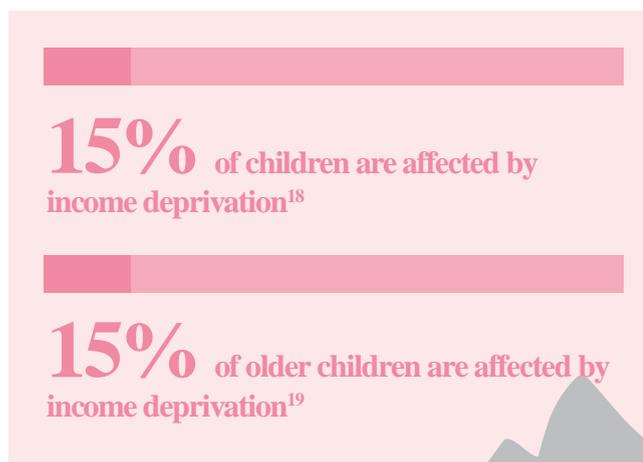
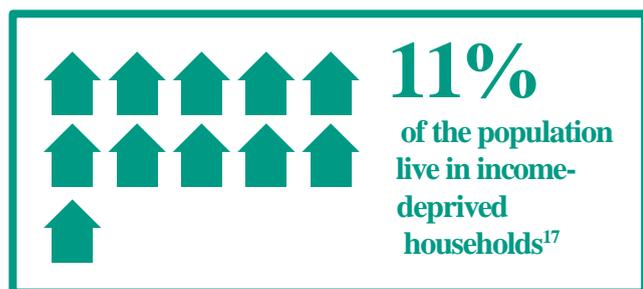


¹⁵ Cutting the Cost of Keeping Warm: A Fuel Poverty Strategy for England, DECC, March 2015. DECC Fuel Poverty Strategy

¹⁶ Section 1B refers; Act as amended by the Energy Act 2013.

Suffolk context

Suffolk – key statistics



¹⁷Hidden Needs: Hidden Deprivation, Suffolk Foundation, 2011

¹⁸ibid.

¹⁹ibid.

²⁰Lord, Anthony; Easby, Jenny, and Evans, Helen (2013) Pupils not Claiming Free School Meals 2013, DfE, December 2013 (data refers to 2012)

²¹Suffolk Observatory, 2012

²²NOMIS Official Labour Market Statistics, May 2014 (based on data provided by DWP)

²³Suffolk Diversity Profile, 2012

Deprivation in Suffolk

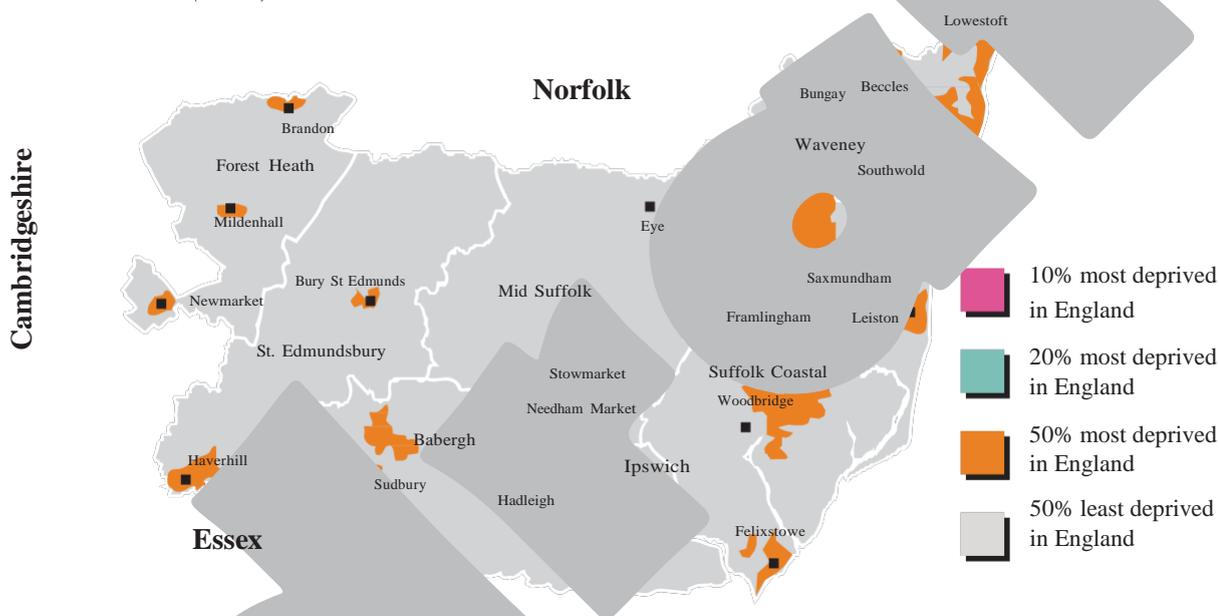
Although Suffolk is perceived as a relatively affluent county, 7.4% of the population live in the 20% most deprived areas in England. This is about 53,000 people, with Ipswich as the most deprived local authority in the county. Deprivation is most widespread along the eastern side of the county, in Waveney, Suffolk Coastal and Ipswich. According to the IMD, Ipswich and Lowestoft are amongst the 10% most deprived areas in England, with over a third of the population living in financial hardship²⁴. Both also have higher than (county) average rates of people

reporting poor health, higher rates of adults without qualifications and higher levels of reported crime.

Elsewhere in the east, deprivation is found in areas to the south of Lowestoft, in parts of, or adjacent to, Beccles, Bungay, Leiston and Felixstowe, and in a larger swathe running roughly north/south from Halesworth to the east of Woodbridge. In the west of Suffolk, deprivation is less widespread and tends to be concentrated in towns such as Sudbury, Haverhill, Bury St. Edmunds, Newmarket, Mildenhall and Brandon²⁵.

Index of Multiple Deprivation, ranking of local concentration of deprivation relative to all England, 2010

Source: DCLG (2011)



Although not experiencing deprivation on the same scale as Ipswich and Lowestoft, the extent of disadvantage in these other areas should not be underestimated, with on average, 16% of the population living in financial hardship. What is more, there are indications that poverty is worsening, as comparisons between IMD 2010 and IMD 2007

show that more parts of Suffolk are becoming more deprived, compared to England as a whole.

There is also strong evidence to suggest a link between higher levels of deprivation and lower levels of educational attainment.

²⁴Hidden Needs; Hidden Deprivation, Suffolk Foundation, 2011

²⁵???

Rural Poverty

Area based information only tells part of the story of deprivation. The majority of deprived people do not live in the most deprived areas, especially so in rural areas. This suggests that focussing our efforts only on the most deprived areas risks ignoring these deprived groups.

There are pockets of rural deprivation in Suffolk, often masked by areas of relative affluence but where the material circumstances of poorer households are coupled with poor infrastructure, long travel distances to shops and services, a lack of public transport and a lack of access to broadband services.

I live in a rural village 18 miles from my workplace so I need a car to get to work. It costs me quite a lot in petrol each week not to mention the costs of parking the car. I don't have access to fast broadband yet and it means I can't always access the best deals on goods and services. It's good that I have a car as without it I wouldn't be able to shop in discount supermarkets as public transport in my village is very limited. We used to have a shop but it closed at the same time as the post office. The post office only opens one half day a week now.

I live in town so I can walk to work meaning I don't have petrol and car park costs. It also means I can keep fit and it only take me 20 minutes each way. I can shop in the local supermarket where food costs are low and I have the luxury of fast broadband meaning I can shop online and get all the best deals on goods and services.

Around 42% of the Suffolk population live in rural areas and so too do significant proportions of deprived groups, as set out below:

Group	Proportion in Rural Suffolk
People with limiting long-term illness	39.7%
Adults with no qualifications	39.0%
Pension Credit claimants	36.6%
Disability Living Allowance claimants	32.1%
Social rented housing tenants	31.1%
Households without central heating	29.8%
DWP 'working age client group'	29.4%
Overcrowded households	26.6%
Households with no car/van	26.5%
Children in workless households	26.1%
IMD measure of children affected by deprivation	24.9%
Jobseekers Allowance claimants	24.0%

Funding for local authorities and their partners

There has been a reduction in funding to local authorities and their partners to provide the support needed to help residents of Suffolk and this creates many challenges. Suffolk County Council has 10 Transformational Programmes that will fundamentally change the way in which services are delivered to customers with some contributing towards the council's savings targets.

One programme is Making Every Intervention Count. The main aim of which is to achieve a vision of safer, happier children and to enable families to create sustainable change for themselves through multi-agency partnership working.

In addition, and in support of this work, the CYP Directorate has agreed its vision in full as follows:

All children and families in Suffolk have the right to:

- Be kept safe
- The best education

- Successful preparation for adulthood and employment
- Help to help themselves
- Excellent health services
- To be part of a strong and inclusive community

Too many children do not have these opportunities and we are committed to changing that. We must be brave and change the way we work to deliver this.

In support of Making Every Intervention Count (MEIC) the Suffolk response to the National Troubled Families programme, Suffolk Family Focus, has been adopted as a key way of working with families. The approach taken is the 'Whole Family' approach of One Family, One Worker, One Family Plan, which is now part of the service transformation and is seen as business as usual for all CYPS staff in the way they work with families.

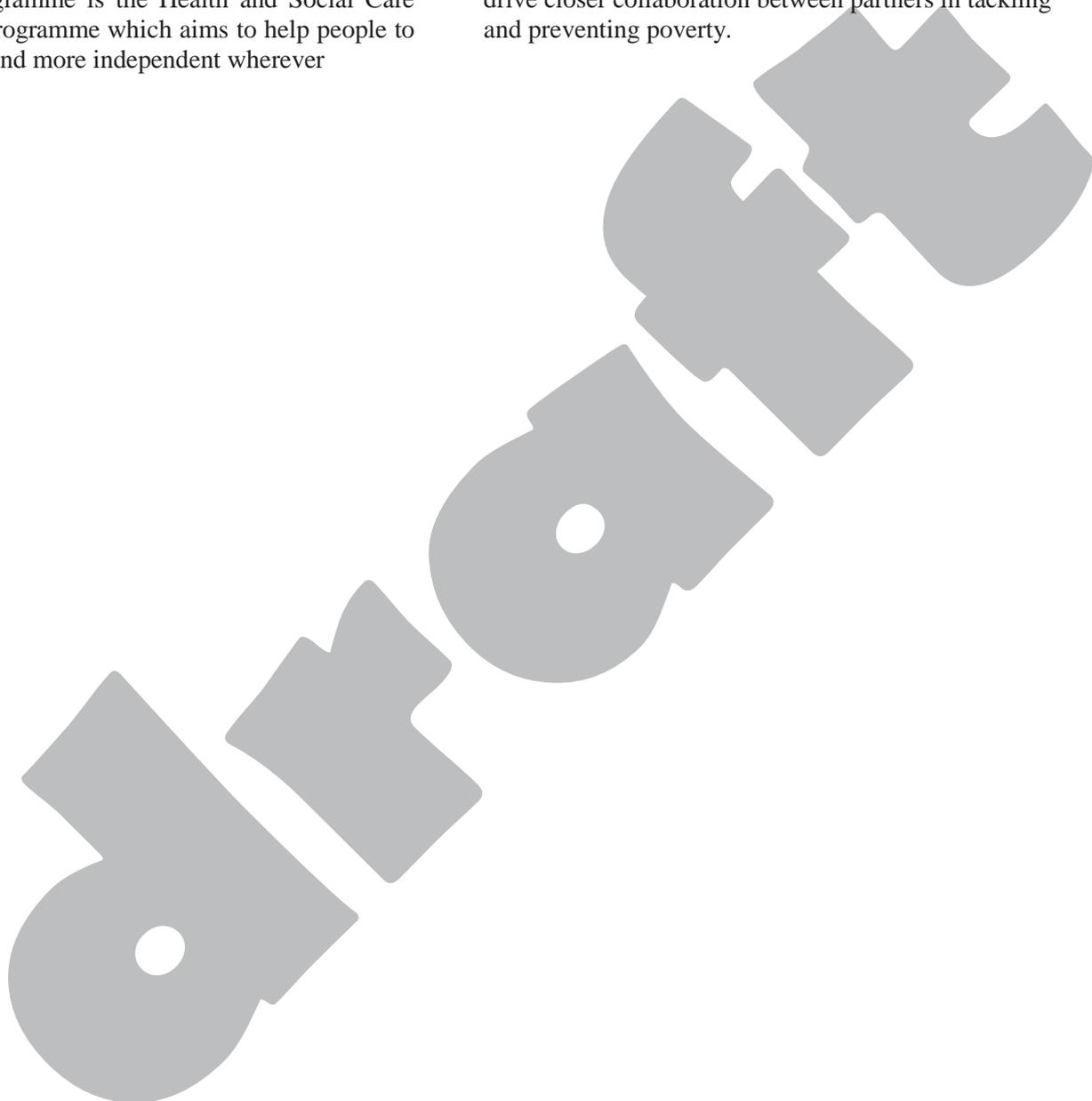
The Suffolk Family Focus outcomes focused approach to measure how a family can be helped to become self-sustaining is important to help some families

move out of poverty. Employment is one of the prime factors to lift families out of poverty and the links with the Department of Work and Pensions (DWP) with families that CYP are working with is now very strong in the county and will provide a sustainable route to help families.

Another programme is the Health and Social Care Integration programme which aims to help people to be healthier and more independent wherever

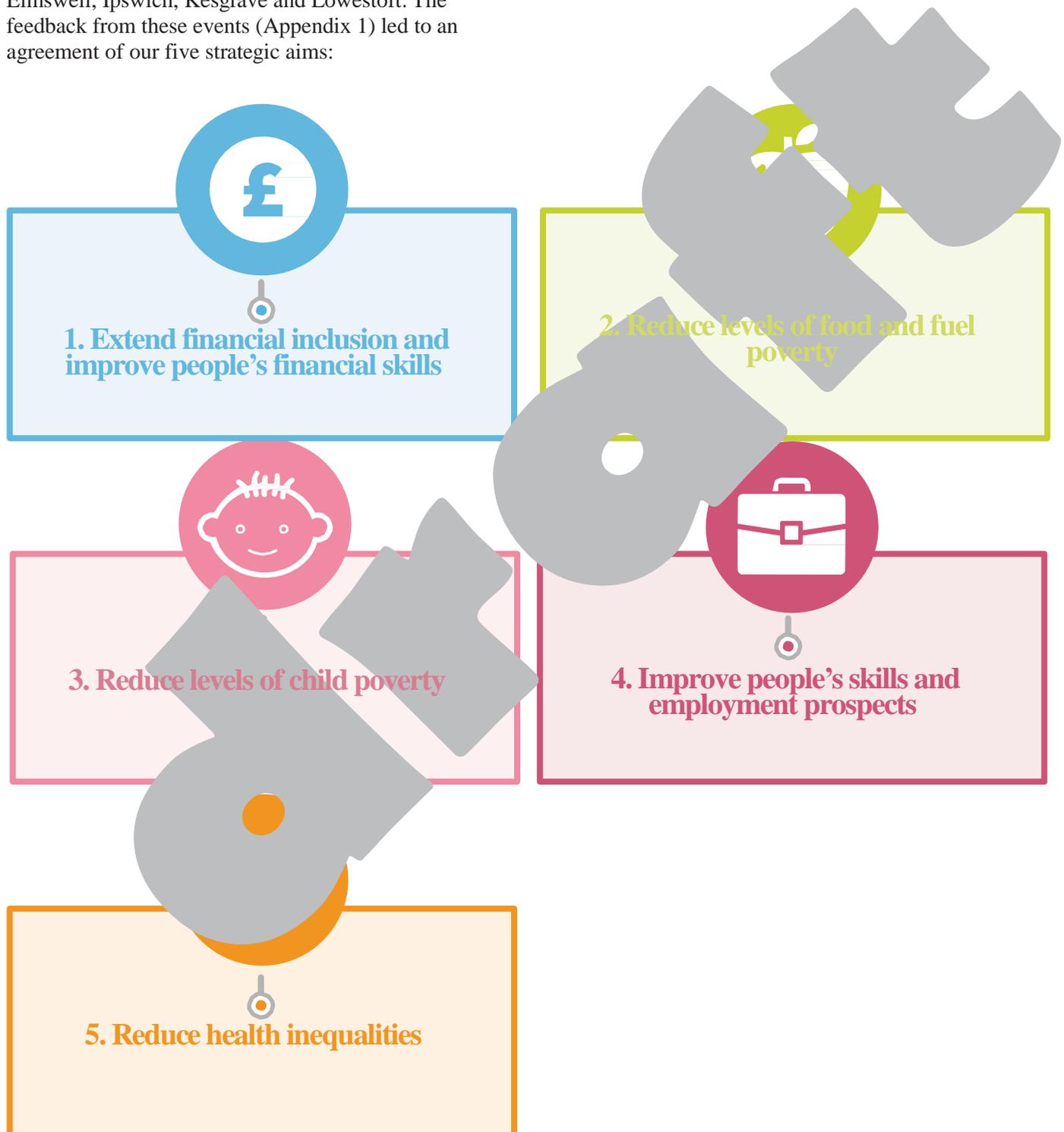
possible and reduce the costs of health and social care. A key feature of the programme is a greater emphasis on preventing long term health problems and health crises happening which can lead to long term financial difficulties.

It is imperative therefore, that this strategy continues to drive closer collaboration between partners in tackling and preventing poverty.



Our strategic aims

The poverty strategy steering group held a series of workshops in December 2014 to inform the development of this strategy. They were held in Elmswell, Ipswich, Kesgrave and Lowestoft. The feedback from these events (Appendix 1) led to an agreement of our five strategic aims:



There is so much work taking place across the county that we are unable to make reference to everything, therefore we have included a small sample to give an indication of what is being done in Suffolk to mitigate the effects of poverty.



1. Extend financial inclusion and improve people's financial skills

Financial inclusion is defined as the ability of an individual, household or group to access appropriate financial services or products. Financial exclusion is when people do not have access to the same services. The causes of financial exclusion can be attributed to a variety of reasons such as becoming unemployed, the breakdown of a relationship, illness, disability or bereavement within the family or a change to benefit entitlement.

There are a number of barriers to financial inclusion including low income, debt problems and poor financial knowledge and skills. These barriers are most likely to affect quite large numbers of people from particular parts of our community, for example, households on low and insecure incomes and / or in receipt of benefits and young adults between 18 and 24. There is a responsibility on all partners to ensure people are made aware of and claim all the income they are entitled to and are equipped with the skills to manage that income as carefully as possible.

What interventions might work

Evidence shows that low-income households are vulnerable to drops in income and peaks of expenditure. Measures that can help include:

- Access to debt advice that is free and impartial
- Greater access to affordable small-sum loans
- Better enforcement of credit regulations, especially tighter affordability assessments
- Appropriate debt solutions as a route into debt relief
- Increasing the uptake of means tested in and out of work benefits

(University of Bristol 2014)

What's happening now (a snapshot)

- Advice and advocacy services
- Financial Inclusion Projects
- Integrated approach through Suffolk Family Focus
- Benefits advice and information services
- Credit Unions
- Budgeting and money management skills with individuals and families
- Housing related support services
- Suffolk Advice Network supporting advice agencies
- Money advice projects

Our commitments:

Babergh and Mid Suffolk Council -The Financial Inclusion Team has two dedicated officers to help tenants with immediate problems and support access to various institutions to help deal with long term financial related problems, this can range from simple benefits issues to extreme financial life implications including bankruptcy and homelessness, and anything in between.

Eastern Savings and Loans will continue to provide support to people who need access to affordable loans, rent deposits, savings schemes and basic bank accounts. They will also continue to operate a Rent in Advance scheme with Ipswich Borough Council.

Financial Inclusion and Advice Service (FIAS) will continue to provide advice and support to ACS service users, Families within the remit of Suffolk Family Focus, and people affected by cancer and their carers to ensure all correct entitlements are in place to enable financial inclusion, as well as supporting the wider advice sector with advice from a specialist Helpline and a comprehensive professional training program.



2. Reduce levels of food and fuel poverty

Food poverty can affect anyone who feels they cannot afford to buy food. There has been an increasing need for food banks where they are able to offer immediate relief for people unable to purchase basic necessities, and usually provide a three day emergency supply.

Fuel Poverty - people in poverty are also more likely to live in poor quality housing which can have a direct impact on people's health. Those people who live in cold, damp homes because they can't afford to heat them properly and where condensation becomes an issue will suffer health problems.

What interventions might work

Households in fuel poverty risk not only having cold homes but cutting back on other essentials to afford to keep warm. Measures to mitigate include:

- Helping people to find the best deals and navigate the complexity of the energy market
- Initiatives to improve home energy efficiency particularly targeted to areas of socio-economic deprivation
- Providing benefit checks to ensure income maximisation
- Give advice on saving energy
- Target interventions at high risk groups

(Joseph Rowntree Foundation 2014)

Food poverty is the inability to afford, or have access to, food to make up a healthy diet. Poor diet is a major risk factor for poor health and affects those on low incomes, increasing inequalities. Evidence shows that effective measures to address food poverty include:

- Working with local public sector service providers, such as schools, hospitals, prisons etc, to develop procurement policies which ensure that good quality, healthy food is sourced locally wherever possible
- Undertaking a food mapping survey to identify those shops where healthy food is affordable and accessible.

- Developing local programmes to promote healthy eating and physical activity including initiatives such as cooking clubs to encourage and develop cooking skills, and increase nutritional knowledge.
- Integrating food poverty with existing local programmes and strategies, such as local obesity strategies.

(Faculty of Public Health 2005, 2014)

What's happening now (a snapshot)

- Community transport schemes
- Community oil schemes
- Warm Homes Healthy People - access to interest free loans for fuel
- Emergency food supplied by Suffolk's food banks
- Surviving Winter Project
- Help with the cost of heating through Local Welfare Assistance and Warm Homes Healthy People
- Local Welfare Assistance – Emergency food and fuel vouchers
- Drop in centres

Our commitments:

Local Welfare Assistance in Suffolk will continue to work with partners to provide food aid, fuel vouchers and essential home equipment to vulnerable people in Suffolk who have no other means of getting help.

The Financial Inclusion and Advice Service (FIAS) will continue to provide advice and support to ACS service users, families within the remit of Suffolk Family Focus, and people affected by cancer and their carers to ensure take-up of energy efficiency grants and other support to reduce fuel poverty in these groups.

Public Health commits to Reducing Health Inequalities by ensuring the Integrated Healthy Lifestyle Service (commencing 1st April 2016) gives targeted support to individuals and families who have the greatest health need; including improving access to healthy lifestyle interventions; supporting individuals to access debt management and fuel poverty.



3. Reduce levels of child poverty

Research suggests that for Suffolk, the cost of child poverty could be as much as £253m a year²⁶. In 2013, Suffolk Children and Young People's Needs Assessment *State of Children in Suffolk* made the following recommendations:

- Addressing deprivation and poverty including 'hidden pockets' in rural areas, with recognition that it is the root cause of poor outcomes for many children and families.
- Ensure that children living in low income families are not materially deprived.
- Support families into employment and improve their financial circumstances.
- Provide support to adults with no qualification (information, advice and guidance) on skills improvement, volunteering and job experience to secure paid employment.
- Improve the living environment for children, young people and families.
- Ensure that all children grow up in decent housing and in safe and cohesive communities.
- Increased access and uptake of universal and targeted, early years and childcare services, particularly for vulnerable groups. Parents and professionals should be enabled to understand and recognise the benefits of these services, and know how to access them.

What interventions might work

Evidence shows that:

- Those children likely to be affected by poverty for longer suffer the worst outcomes and are at greatest risk of becoming poor adults.
- The key factor for improving child poverty now is tackling parental worklessness and low earnings.

- The other main factors include low parental qualifications, parental ill health, family instability and family size.
- There are a range of factors that increase the risk of a poor child growing up to be a poor adult. The most influential factor is child educational attainment.
- Other main factors (all of which act to some extent through educational attainment) are: low parental qualifications, parental ill health, child ill health, the home environment, children's non-cognitive skills and childhood poverty itself (HM Government 2014)

What's happening now (a snapshot)

- Integrated Services delivered locally in particular, Children's Centre Services – now linked with health
- Free early education entitlement of 15 hours per week (to be increased to 30 hours from 2017 for working parents) for some 2 year olds and **all** 3 and 4 year olds.
- Early Years Pupil Premium and Pupil Premium for settings and schools to provide targeted support for disadvantaged children.
- Home Start - helps families with young children deal with whatever life throws at them. We support parents as they learn to cope, improve their confidence and build better lives for their children.
- Suffolk Family Focus – work with families that have multiple issues
- Free school meals – for all children in Reception, Year 1 and Year 2. Older children may be eligible where parents are in receipt of specific benefits. An online applications service is available in Suffolk.
- Healthy Start vouchers
- Breakfast Clubs
- Holiday play schemes funded for some families

- Rope Trust grants
- Focus on supporting children and young people affected by mental health issues

Our commitments:

Children and Young Peoples Services and Education and Learning departments at Suffolk County Council will continue to support and extend multi-agency working to ensure that children, young people and their families are supported in managing issues linked to poverty and to achieve the best possible outcomes through education by raising attainment, aspirations and life chances.

The Financial Inclusion and Advice Service (FIAS) will continue to co-ordinate and facilitate the Suffolk Advice Network, a forum for advice agencies to share best practice and keep up to date with changes to legislation around benefit changes and the impact these may have on families.



4. Improve people's skills and employment prospects

Enhancing the skills of the adult workforce and young people entering the workforce is the first element of our efforts to enable economic growth. Suffolk employers most often cite skills shortages as a barrier to expansion. Businesses considering moving into an area need to be confident that appropriately skilled workers are available. For individuals, having the right skills is the key to their job and financial security.

Low skill levels, and the mismatch between supply and demand has long been a barrier to growth in Suffolk. Nationally, one in five high-growth firms report that getting the right staff is the most important barrier to success that they face, whether due to difficulties in recruitment or shortage of skills. From energy through to tourism, Suffolk's key growth sectors are dependent on a range of specialised skills; a growing number of opportunities – for example, technical jobs in sectors such as ICT, biotechnology, and the energy sector – require high level qualifications.

What interventions might work

Evidence shows that the measures below are effective in helping to tackle poverty:

- Increasing the uptake of means tested benefits by those both in and out of work
- Workless households, low-work households and households with low-wage earners are at higher risk and should be prioritised for any interventions
- Active labour market programmes that include job search services and/or employer incentives (e.g. wage subsidies) have the best employment outcomes whereas training programmes vary in impact. Tailoring to individual needs is more effective than standardised provision
- Investment in paid, work-based initiatives and educational partnerships, similar to those available in apprenticeship schemes can be effective in improving skills
- Targeted and brokered outreach work and training can help counter social disadvantage such as negative prior educational experience

(Joseph Rowntree Foundation 2014)

What's happening now (a snapshot)

- Volunteering roles to help individuals on a path towards employment by assisting in worth/self-esteem and work/relationship skill development
- Apprenticeships Suffolk
- Work Inspiration Brokerage Service - aims to help young people and schools understand the skills needs of employers and the local labour market when they think about their career pathways and opportunities.
- **Lofty Heights** employs young disadvantaged adults to help disabled people to improve their living situation and gives local young people hands on experience and the opportunity to build on skills that would further their future careers.

- All Families identified as being part of Suffolk Family Focus receive an enhanced service via the Job Centres (DWP) in Suffolk where unemployment is identified within the family.
- Raising the Bar
- As part of the Growth strategy – access to broadband across the county
- Lowestoft Rising - We want to build on the work we have started through the Lowestoft Rising initiative to integrate activity, maximise local service and community capacity and make a positive impact on the ground that will encourage independence, reduce demand and deliver better value for money.
- Pupil mentoring projects

Our commitments:

Education and Learning at Suffolk County Council will monitor the take up of the Pupil Premium. This is to be used to provide additional wellbeing support such as Breakfast and study clubs, nurture groups (supporting social and emotional development through access to healthy food and social eating). The County Council will also work with schools to ensure that looked after children make good progress and the Pupil Premium grant is being used effectively.

Education and Learning at Suffolk County Council - Raise educational attainment and skill levels. Everyone, regardless of their background, has a right to a good or outstanding education that gives them the very best chance of fulfilling, or even exceeding, their natural potential. For too long, Suffolk has had a relatively weak educational attainment performance compared to the rest of the country. We need to build Suffolk as a learning county with high expectations and the potential to realise the economic opportunities we are working hard to develop so that our economy has strong foundations for the future and the capacity for growth in the years ahead. By working with employers and education providers we will improve our young people's skills and work readiness so that after leaving education they are able to positively contribute to future economic growth.

Julian Support commits to improve people's skills and employment prospects with their project - Recovery Into

Work. This project is in partnership with ActivLives and has started with 11 week training and work experience programs relating to gardening with a view of increasing people with mental health issues employability. If successful the hope is for Recovery Into Work to become a Community Interest Company with service users employed and leading the company forward with any suitable other activities that could bring in funding, increase the number of paid workers etc.

LA school reviews will be ongoing as part of raising expectations, aspirations and pupil outcomes through Raising the Bar. Schools will be judged on;

- Raising attainment in literacy and numeracy
- Careers guidance and PSHE
- Closing the progress and attainment gap for disadvantaged children
- Support pupils with SEN(D)
- Parental engagement with schools

Raising the Bar

Our aim:

In partnership with families, communities and businesses, we will enable:

- Every child to reach their potential
- Every child to attend a good or outstanding school
- Every child to have the best preparation for life before and beyond school

In order to achieve this Raising the Bar 2015-2017 will focus on four priorities:

- Effective and timely school improvement
- Strong school to school support
- Excellence in leadership and governance
- Developing aspirations with families

These four priorities will be supported by a fifth underpinning priority:

- Clear Strategy and Communications for Raising the Bar

MyGo is a partnership between local authorities in the Greater Ipswich area (led by Suffolk County Council), the Department for Work and Pensions and a range of organisations that support young people (aged 16-24). It creates, for the first time nationally, a single, integrated, youth employment and skills centre for all young residents who want to access work, better work, training or further education. It brings together Jobcentre Plus employment services, local authority services for young people not in education or employment and a new, universal employment and skills offer for young people not served by existing provision. The objective is to halve youth unemployment by 2017.

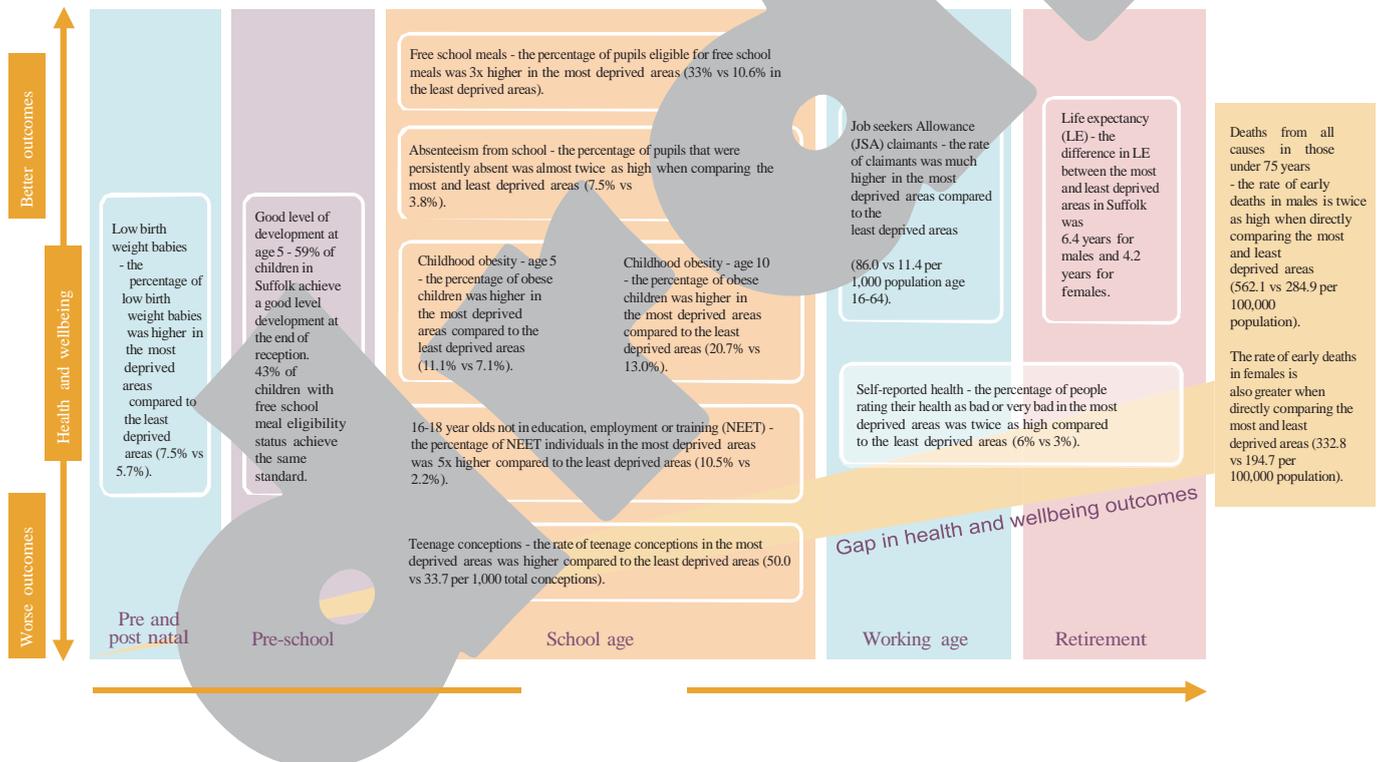


5. Reduce health inequalities

Poverty has been recognised as both a cause and consequence of ill health. A baby born into a home with parents that are well educated and financially well off has a better chance of living longer, without disease or disability, than a baby born to parents who are not. This is largely because the social and economic inequalities in our society help to determine our health outcomes. Housing is also a key determinant of health and is a cross-cutting issue for the strategic outcomes identified in the Suffolk Health and Wellbeing strategy. Therefore, there is a need for all partners to work together to address persistent inequalities that affect people's life chances.

Inequalities through life

Source: Public Health Suffolk, 2014.



What interventions might work

Evidence shows that tackling the wider determinants of health can be key to reducing inequalities; social, health and economic. Key areas include:

- Giving every child the best start in life
- Healthy schools and pupils: delivering better educational outcomes and promoting healthy behaviours among children and families
- Helping people find good jobs and stay in work
- Promoting active and safe travel
- Ensuring warmer and safer homes
- The provision of access to green and open spaces and leisure and recreational facilities
- Developing and supporting strong communities, to improve health, wellbeing and resilience
- Developing the role of spatial planning in improving health

(King's Fund 2013; Bambra et al 2010)

What's happening now (a snapshot)

- Health & Social Care Integration – Integrated Neighbourhood Teams which bring together GPs, social care and community health teams to work as one team covering their patch are being piloted in Sudbury and Ipswich.
- The Housing and Health Charter for Suffolk
- Recovery College – Norfolk and Suffolk NHS Foundation Trust. Empower people with mental health problems to manage their recovery.
- Rural outreach e.g. Rural Coffee Caravan Information Project
- Promote social inclusion - Friends Schemes and Good neighbourhood projects
- Age UK – Silver surfers
- Outdoor Gyms – Haverhill
- Healthy lifestyle programmes

- HERON - Information about NHS services in Waveney
- Health visiting and school nursing

Our commitments:

Babergh and Mid Suffolk Council Financial inclusion team also deals with social issues such as Childcare, Care for older people, Health Care for people with disabilities and mental health care. They have developed strong links with various voluntary organisations to help with issues surrounding various health care issues including child development. This can help enormously with financial issues, as part of this the carer/caregiver can get a better care package to enable them to obtain and hold possible part time employment if that is available.

Education and Learning at Suffolk County Council is committed to ensuring pupils have access to a range of activities to support health and wellbeing such as healthy eating programmes, PSHE (Personal, Social, Health and Education) and sports activities.

Julian Support has started a 12 month pilot for Alternative to Admission for those people in mental health difficulties who are not in need of an admission to a psychiatric ward but need a supportive environment with a view of avoiding an admission by use of a brief stay with focussed support.

Public Health commits to Reducing Health Inequalities by ensuring the Integrated Healthy Lifestyle Service (commencing 1st April 2016) gives targeted support to individuals and families who have the greatest health need; including improving access to healthy lifestyle interventions; supporting individuals to access debt management and fuel poverty.

There are already local strategies in place with their own set of strategic outcomes and delivery plans for the following aims:

- **Improve people's skills and employment prospects** - The Suffolk Growth
- **Reduce health inequalities** - A Joint Health and Wellbeing Strategy for Suffolk

Therefore, for the purpose of this strategy the actions are primarily related to the following strategic aims:

- **Extend financial inclusion and improve people's financial skills**
- **Reduce levels of food and fuel poverty**
- **Reduce levels of child poverty**

Strategic Actions

1. Organisations sign up to include poverty as a consideration of all Equality Impact Assessments (EIA).

We will consider the impact of changes to service policy and planning decisions on our population to ensure there are no unintended consequences in relation to poverty.

How will we measure success?

- Signed commitment from organisations to include poverty as part of their EIA. EIA pro formas include poverty as an element to consider when undertaking EIAs.

2. Taking a strategic approach (i.e. the whole workforce) to supporting individuals and families to take up the assistance to which they are entitled, for example, Blue Badges, Bus passes, Free School Meals, Early Education entitlement, and Healthy Start vouchers.

We have an amazing resource in the county that can make a difference – us. This includes staff in universal services i.e. early years provision, schools, GP surgeries, Health visitors, as well as advice agencies, boroughs and district councils, Suffolk County Council and the voluntary sector. For example, in Suffolk County Council alone we have over 1,600 front line workers in Adult and Community Services and Children & Young Peoples Services that are dedicated to working with and for the benefit of communities in Suffolk. If we were to look at the whole workforce across the county the numbers are significant and can make a difference.

How will we measure success?

- Increased take up of the early education free entitlement and free school meals especially for vulnerable groups, for example, Children who are Looked After and Child in Need
- Increased take up of other assistance in Suffolk

3. All professionals to make the most of the Integrated Teams and Neighbourhood Networks to understand and support the needs of individuals and families.

We will learn from the early adopters such as Lowestoft Rising and Sudbury to inform the future development of working across agencies locally, both in our towns and villages.

How will we measure success?

- Reduced need for interventions by social services, the NHS, the police, the local council and other statutory bodies in areas with Neighbourhood networks.
- Increased numbers of vulnerable adults entering education, training or the workplace thus increasing their economic potential.

Appendix 1

Definitions

What is poverty?

Poverty is a relative concept. It relates to those people who are considerably worse off than the majority of the population. Professor Peter Townsend, a leading authority on UK poverty, defines relative poverty as when someone's "resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities". ([Townsend Centre for International Poverty Research, University of Bristol](#))

Deprivation

Deprivation takes many different forms in every known society. People can be said to be deprived if they lack the types of diet, clothing, housing, household facilities and fuel and environmental, educational, working and social conditions, activities and facilities which are customary, or at least widely encouraged and approved, in the societies to which they belong. (Townsend Deprivation Journal of Social Policy 1987)

Inequalities

Variations in living standards across a whole population.

Inequity

Inequity is when these are not fairly distributed within society.

Appendix 2

Poverty Strategy Steering Group

In Suffolk, the work to combat child poverty is led by the Poverty Strategy Steering Group:

Alison Manning - Head of Early Years and Childcare, Suffolk County Council (Lead)

Angela Haye - Housing Options, Waveney District Council

Christine Abraham - Deputy Chief Executive, Community Action Suffolk

Dr Mark Lim - Ipswich and East Suffolk Clinical Commissioning Group

Financial Inclusion Team - Babergh & Mid-Suffolk District Council

Julia Vernon - Housing Options, West Suffolk District Council

Karen Lodge - Learning Support Children & Young People, Suffolk County Council

Kevin Rodger - Economy, Skills and Environment, Suffolk County Council

Peter Whittall - Housing Advice, Ipswich Borough Council

Sally Hogg - Assistant Director, Public Health Suffolk

Sarah Hyman – Housing, Suffolk Coastal District Council

Sarah Nivison - Financial Inclusion & Advice Service, Suffolk County Council (Lead)

Stephen Singleton - Chief Executive, Suffolk Community Foundation

The role of the members of the steering group is to represent their local area and partners in the development and ongoing work of the Poverty Strategy.

Appendix 3

Feedback from workshops (December 2014)

What are the barriers to addressing poverty?

Individuals

- Stigma
- Dependency culture – need to empower
- Poverty of ambition and expectation
- Lack of access to technology including broadband
- Lack of access and cost of public transport
- Barriers to work – zero hours contracts, low pay
- Social pressures and marketing of goods
 - High levels of debt
- Lack of knowledge about the help available

Organisationally

- Silo working

Others

- Lack of affordable and adequate housing
- Infrastructure – roads, rail,
 - Welfare Reform
- Austerity and rising cost of living

Challenges ahead

Organisationally

- Deciding on strategic priorities in a time of funding cuts
- Understanding what it is that people actually need
- Integrated planning
- Working across boundaries
- Reducing budgets

Other

- Ageing population
- Hidden poverty
- Central government policy changes

What can we do better or differently?

- Agree to become ‘Champions’ to address poverty in Suffolk
- Consider including ‘poverty’ in Equality Impact Assessments
- Share and develop best practice working
- Build links with communities
- More co-ordinated joint working and shared budgets
- Share best practice
- Commitment to long term projects – stability of services
- Shared buildings/HUBs
- Promote community consortiums
- Central information point/Directory of services/ Interactive map
- Listening to residents and coming up with practical solutions to problems
- Flexible approaches
- More local solutions
- Reduce food waste
- Focus on prevention
- Encourage intergenerational contact between young and old
- Work with local business to address poverty
- Systems to support the use of services and reduce social stigma e.g. cashless catering in schools
- Provision of financial skills such as budgeting classes
- Paying a living wage
- Targeted provision according to needs

Workshop contributors

Age UK	Ropes Trust
Avenues East (support services)	Salvation Army – Felixstowe
Babergh District Council	SNAP
The Befriending Scheme	Suffolk Coastal District Council
Citizens Advice Bureau – Mid Suffolk	Suffolk County Council – Young People Services
Citizens Advice Bureau – North East Suffolk	Suffolk County Council – Music
Councillor Bill Mountford	Suffolk Skills and
Councillor Mandy Gaylard	Suffolk Family
Councillor Robin Millar	Suffolk Family
Councillor Sandra Gage	The Suffolk Foundation
Councillor Sara Mildmay-White	W
Disability Advice Service (East Suffolk)	
Disability Information & Advice Line (DIAL)	
East Suffolk Foodbank	
Flagship Housing Group	
Forest Heath District Council	
Foundation Years Project	
Genesis Housing	
Healthwatch	
Indian Community Rep	
Ipswich Housing Action Group	
Ipswich Borough Council	
Ipswich Locality Partnership	
Julian Support	
Matthew Project (The)	
Mid Suffolk District Council	
NHS Suffolk PCT	
Orwell Housing Association	
Public Health Suffolk	
REACH community project	
Realise Futures	

Appendix 4

Case Studies of Good Practice Meeting the Strategic Aims

Extend financial inclusion and improve people's financial skills

Financial Inclusion and Advice Service

Miss L came to this country from Portugal as an EU worker 6 years ago to join her partner with their small child. After domestic violence they split up and Miss L got 2 jobs. FIAS helped Miss L to claim relevant benefits and organise free child care with the local Children's Centre.

Unfortunately she then became ill with a recurrence of kidney cancer. Her GP and consultant at Ipswich hospital told her she must stop work because she was too ill and she would worsen her condition and should not carry to work whilst having treatment. They referred her to the Royal Marsden Hospital in London her cancer was so rare that there had not been another occurrence of it. Her local Children's Centre organised food parcels while FIAS helped her to claim the benefits that she was entitled to including employment and support allowance and disability living allowance. FIAS also accessed charity grants for extra heating

Ipswich Housing Action Group

Mr X was referred to our service by a friend, as he had to permanently leave his employment due to ill health. He was already receiving support from the Disabled Advice Bureau, and successfully claimed both employment and support allowance and personal independence payment. He had £17,000 debt that he was no longer able to repay.

After discussing his options, Mr X agreed that bankruptcy was the most appropriate action given his current situation. The IHAG Adviser successfully applied for a grant to pay the £500 deposit, helped Mr X to complete the necessary

in the house. Miss L was travelling up and down to London for treatment on a regular basis. FIAS helped her make a claim for a Macmillan grant to cover travel costs to and from hospital and also on occasions to organise transport with Royal Marsden.

Because of her illness and treatment she was becoming too ill to climb the stairs to her second-floor flat. Her ex-partner found a small terraced house to rent and helped her move. All ran smoothly for some months until the stairs in the house collapsed, the letting agent found her another property so we helped set up and changeover all the benefits again, we also had to set up a discretionary housing benefit claim because our client now had one extra bedroom.

The help that Miss L received from FIAS and partners meant that she did not have to rely on money from social services, her child did not have to go into care and she did not have to go into emergency housing.

paperwork and accompanied Mr X to the court hearing. The Adviser also referred Mr X for a food parcel via the Local Welfare Assistance scheme, whilst waiting for the Official Receiver to authorise the release of his benefits.

On closure of his case Mr X wrote on the feedback form, "knowing that you have relieved me of my debt has been such a relief and the feeling of starting again with a clean slate is awesome. Thank you all."

Reduce levels of food and fuel poverty

Warm Homes Healthy People (WHHP)

Miss P aged 49 was diagnosed with ME (1996), mitochondrial failure and sleep apnoea. The illness has an impact on the amount of activity that can be undertaken on a daily basis; including standing for any length of time this means that she needs to have significant periods of rest throughout the day.

Miss P's heating had not been working properly for 2 years. The radiator valves were stuck on some of the radiators resulting in radiators only working in the toilet, hall and bedroom. Miss P had no heating in the bathroom which made showering very uncomfortable.

WHHP provided a temporary heater on the day of the home energy survey. Miss P then had heaters in the living room, bedroom and bathroom whilst quotations were sought for the heating system repair. Once quotations were received, WHHP approved the works within one

week and contributed to the cost of the repair. The heating system was power-flushed and the radiator valves were repaired, leaving Miss P with a fully operational central heating system. P also benefited from a £100 winter fuel payment being credited to her energy bill.

Since having the heating repair Miss P has been more mobile around the house with fewer problems moving from room to room, she can also shower comfortably. Miss P feels better physically. The fuel payment was also very helpful, Miss P has not worried about having the heating on and her direct debit has gone down.

Miss P said: "I feel blessed to have had the help, the heating system is functional. It is better than I could have managed on my own. I appreciate this and it feels good, I feel glad getting looked after, each extra bit of help makes me thankful. I appreciate being in a position where this can happen (having the heating done for me),"

Reduce levels of child poverty

Live Well Suffolk

Rob and Lizzie initially came to Live Well Suffolk for stop smoking support when Lizzie was referred by her midwife. They saw Caroline, our Community Health Coach for 1:1 sessions. Both stated they were incredibly nervous before their first session and they nearly didn't make it through the door. After their initial appointment they felt much more at ease and confident about setting a quit date.

Lizzie found that her morning sickness improved a huge amount when she quit, and they both reported how everything tasted so much better. Rob also mentioned that his breathing improved, highlighting the short term benefits of quitting smoking.

Neither Rob nor Lizzie realised how much money they could save by giving up smoking until they actually managed to quit. 'We have saved over £500 and bought everything we need for the baby'.

Not only have they been smoke free for over 3 months but through the 'Get Healthy Get into Sport' project they have both accessed an iSwim card with Ipswich Borough Council. 'We used to just stay in our flat but we now go swimming nearly every day and feel so much healthier'.

Rob and Lizzie both praised the service, and said they were now overjoyed that they will be bringing their baby up in a smoke free home.

Improve people's skills and employment prospects

Greater Ipswich City Deal

Many young people lack an understanding of the range of career opportunities open to them and this often results in narrow aspirations and in some cases a mismatch between the careers that young people want to pursue and the job opportunities available locally. The Work Inspiration Service is

a brokerage service which strengthens the links between businesses and primary and secondary schools and helps young people understand the skills employers need and the local labour market.

Apprenticeships Suffolk

Raises the profile of apprenticeships in schools and supports young people who want to pursue this career pathway. In addition, a business service aims to create more than 2,000 more opportunities

by promoting the benefits of apprenticeships to SMEs on the basis of business growth and helping them navigate bureaucracy in taking on apprentices.

Reduce health inequalities

Family Nurse Partnership

The Family Nurse Partnership (FNP) Programme is currently available in Ipswich and the Waveney area. The programme intensively supports first time mothers aged 19 and under, throughout pregnancy until the child reaches the age of 2 when the health visiting service takes over.

The purpose of the Family Nurse Partnership is to:

- Improve the outcomes of pregnancy by helping women improve their antenatal health
- Improve their children's health and development by enabling parents to provide more competent care for their children
- Improve women's life course by helping them with planning subsequent pregnancies, finishing their education and finding employment

Quotes from people engaged with the programme:

It's the relationship between me and the family nurse that makes the difference, we get to know each other in pregnancy and I can ask her anything once my baby is here and she doesn't look down her nose at me or judge me. I like seeing her every two weeks and feel better after the visit, more positive.

Before I had a family nurse I didn't know a thing about looking after babies...the first time I met my Family Nurse - well - she knew what she was doing. She was really helpful and I feel safe with her. "It has been an amazing experience because she has always been there for me. Without the support they have given me, I know I couldn't cope as well.

In my opinion, our family nurses are really good because they always support you and you can really trust them. I didn't know that much but I've learned a lot and now we're a good family. We support each other and we're doing really well.

Fun with mum

Fun with mum is an intervention group for mums with postnatal depression and their infants, the group is held at Beccles Children Centre and is a joint venture between the Community Educational Psychology Service and Children's Centre staff, with support from health visitors who initially identify participants. Between 4 to 6 mothers and their infants come along to 7 weeks of 1 and 1/2 hour sessions, where they have a chance to talk and to do fun activities that support their

child's development. Each mother and infant is filmed during the group; then clips of successful interactions are shared by the video interaction guider with the mother. Together they explore what they can see, how the baby may be thinking and feeling and how the mother is thinking and feeling. In this way, the mother gains confidence in herself as a parent, by seeing the impact of what she does on her child.

Live Well Suffolk

Stephen started an Adult Weight Management programme with Live Well Suffolk towards the end of 2014.

When Stephen first started the programme with Live Well Suffolk he weighed around 125Kg, he joined the adult weight management course knowing that he should aim to lose 5% of his body weight over the 12 weeks. This is done through 12 sessions, which each incorporate a combination of education around healthy living and basic physical activity; like circuit training. Stephen now weighs only 108Kg and has set his eyes on hitting the 100Kg mark.

One of the most significant changes Stephen has made that has contributed to his success is an increase in his physical activity levels: "I'm enjoying exercise now. I attend three exercise classes a week and have even signed up to parkrun."

Stephen was so pleased with his Live Well Suffolk experience that he has even offered to help those who are less confident in getting active by supporting them around the leisure centre. Stephen finally appreciated the continued support from Terry, even after the course finished:

"It helps me to keep motivated... It's a long term project!"

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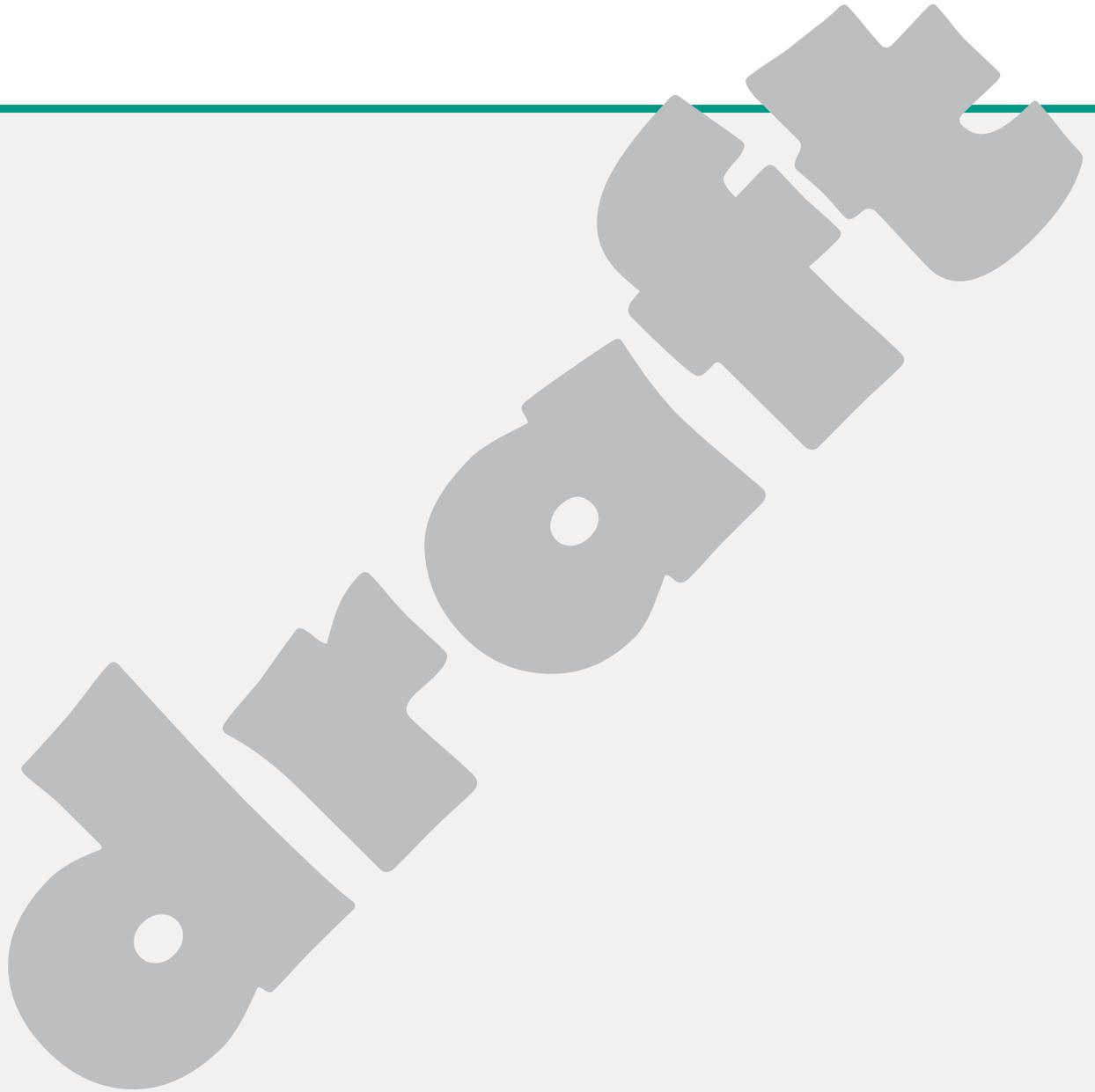
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