(Paper No)

**Ayrshire and Arran NHS Board**

**Monday 11th December 2017**

**The State of Child Health: Spotlight on Child Poverty and Welfare Reform**

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| **Date:** 17 November 2017 |
| **Recommendation: Child poverty is everyone’s business**The Board is asked to receive this report and endorse: 1. that NHS Ayrshire & Arran has a role to play in mitigating the effects of poverty on the health and wellbeing of children in Ayrshire and Arran by working with partners in Local Authority and HSCP, Elected Members, Non-executive Directors, Police, Fire and Rescue, Third Sector organisations, etc
2. that supporting staff to understand the impact of poverty on children’s outcomes and encouraging services to be more poverty-sensitive can improve poorer children’s experience of the NHS and result in better health and social outcomes
3. that efforts to mitigate child poverty by NHS services and those of partner agencies will contribute to reducing health inequalities in Ayrshire and Arran
4. the development of Child Poverty Action Plans jointly with Local Authority partners, which will collate relevant activities and monitor progress against the new statutory income-based targets to reduce child poverty
5. the [Welfare Reform Pathway](#_Appendix_3:) for use by staff and partners across Ayrshire and Arran
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| **Summary:**The Board has agreed that ‘Improving health and social outcomes for infants, children and young people in Ayrshire and Arran is everyone’s business.’Being born into poverty has a profound negative impact on children’s health and well being. A child born into poverty in Ayrshire and Arran today will have: a greater risk of sudden unexpected death in infancy (SUDI); increased risk of long-term conditions; higher rates of hospitalisation; poorer development; reduced educational attainment and chances of meaningful employment, and a shorter life expectancy.It is possible to reduce the impact of poverty on children’s lives. Capturing and sharing the innovative work and expertise in tackling child poverty across Ayrshire and Arran supports the delivery of transformational change, continuous improvement and accelerates the learning from innovative approaches underway and effective use of resources. **Key Messages**:The proportion of children living in relative poverty in Scotland is 26%. The level of child poverty in Ayrshire and Arran local authority areas is generally similar. However, in some electoral wards up to 38% of children live in relative poverty. Almost 23,000 children under the age of 16 live in poverty in Ayrshire and Arran. Child poverty is predicted to increase significantly in Scotland during the life time of the current UK Parliament, largely due to Welfare Reform.As an organisation, NHS Ayrshire & Arran can contribute to the efforts to mitigate child poverty and reduce health inequalities by supporting a number of initiatives, including:* expand joint working with specialised income maximisation services, to allow families to access additional income, following the example of maternity services
* encourage use of locally developed referral tool to enable NHS staff to sign-post families in need to appropriate specialist services, and incorporate this into routine practice
* increase awareness amongst NHS staff about the impact that child poverty has on families and children’s access to health and social care services: encourage appropriate staff to undertake the Health Scotland on-line learning course
* consider service development and provision from a child poverty sensitive perspective
* develop a child poverty impact assessment tool for strategies, policies and service improvement
* lobby, advocate and seek to influence wider change across all systems

The statutory requirement from April 2019 for NHS Ayrshire & Arran to develop Child Poverty Local Action Plans jointly with Local Authority partners will provide an opportunity to collate innovative ongoing work being undertaken locally to mitigate the effects of child poverty, as well as monitor and report progress on reducing child poverty against the new income-based targets for Scotland. Ayrshire & Arran NHS Board is asked to consider how best to support staff and modify service provision to work with partners to undo the negative effects of poverty on children’s health and wellbeing to the benefit of the whole population.More information can be accessed on the Ayrshire GIRFEC webpage [here](http://www.girfec-ayrshire.co.uk/). |

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| **Glossary of Terms**  |
| ACEAHCAMUBHCCPLAPCTCDHPDWPEACFNPFASDHMRCHSCPNACSACSWFSUDIUC | Adverse Childhood ExperienceAfter Housing CostsAyrshire Maternity UnitBefore Housing Costs Child Poverty Local Action PlanChild Tax Credits Discretionary Housing PaymentDepartment of Work and Pensions East Ayrshire CouncilFamily Nurse Partnership Foetal Alcohol Spectrum DisorderHer Majesty’s Revenue and CustomsHealth and Social Care PartnershipNorth Ayrshire CouncilSouth Ayrshire CouncilScottish Welfare Fund Sudden unexpected death in infancyUniversal Credit |

**The State of Child Health: Spotlight on Child Poverty and Welfare Reform**

# Background

The consequences of living in poverty for children are profound, adversely affecting their health and wellbeing in childhood, their educational progress, employment prospects and physical and mental health in adulthood, as well as life expectancy1,2. It is well established that the causes of poverty are driven by structural factors, such as the 2008 recession, Welfare Reform and employment patterns. Being in work was traditionally seen as protective against poverty but recent changes in employment patterns and the benefits system mean this is no longer the case3.

In recent surveys in Scotland, the majority of people felt it was important to tackle child poverty and that this should be done by national and local government, however, they also attributed child poverty to certain characteristics of the parents4. This social attitude presents challenges in equipping staff in the NHS and partner organisations with the necessary knowledge and understanding of poverty to facilitate appropriate engagement with families and children to deliver services in a poverty-sensitive manner to successfully mitigate the impact of poverty.

# What does child poverty look like in Ayrshire and Arran?

The proportion of children living in poverty in Scotland had been steadily decreasing since the late 1990’s, but began levelling off in 2010/2011. This trend has now unfortunately begun to increase again1. The proportion of children in Scotland in 2015/2016 living in relative poverty after housing costs (AHC) was 26%: which equates to nearly 260,000 children3. Small area data6 provides a picture of relative child poverty in Ayrshire and Arran of 30.5% in North Ayrshire, 28.0% in East Ayrshire and 25.7% in South Ayrshire. Child poverty rates vary across local authority areas at electoral ward level, with the highest rate of 38% in Ayr North (see [**Appendix 1**](#_Appendix_1:) for further details).

Child poverty levels are forecast to increase significantly during the course of the current UK parliament7-9. By 2021/22, relative child poverty in Scotland will increase from 26% to 29% and absolute child poverty will increase from 24% to 25%, if current welfare, taxation and income policies remain in force7. It is predicted that by 2021/22 child poverty will be greater than that seen in Scotland before the recession of 2008.

# How are children’s health and wellbeing affected by poverty?

The impact of poverty and socio-economic deprivation on the health and wellbeing of children has been well described in Scotland11and internationally12, and is caused directly by the family environment into which children are born and the increased likelihood of exposure to risks to their health and wellbeing as they progress through childhood. There is unequivocal evidence of a social gradient for many prenatal and postnatal health outcomes, including an increased risk of miscarriage, stillbirth and infant mortality11-13. In addition, children living in poverty are more likely to suffer from poor physical, mental health and development problems when young, which adversely affects their experience of education and access to the workplace, and thus their life chances (**Box 1)**. Evidence continues to emerge about the role that pre-natal stress and the constant exposure to low-level chronic stress for children living in poverty has on brain physiology and DNA markers, resulting in higher levels of cognitive development problems and mental illness in childhood and beyond14.

It is well accepted that exposure during childhood to a range of Adverse Childhood Experiences (ACEs), including direct abuse (mental, physical and sexual) and family adversity (such as parental substance misuse, parental incarceration and domestic abuse) increases the likelihood of developing chronic illness in later life and adopting health-harming behaviours, such as alcohol or drug misuse15 ([**Appendix 2**](#_Appendix_2_Adverse)). The occurrence of the majority of ACEs is greater in people with the highest levels of multiple deprivation. In particular, significantly more people from the most-deprived areas experienced four or more ACEs: the strongest predictor of poor health and wellbeing in adulthood15 (**Box 1**).

The ultimate inequality experienced by poor children in Scotland is that they live shorter lives11, with life expectancy at birth 7 years shorter for baby boys and 5 years shorter for baby girls from the most deprived areas compared to the least deprived areas. This pattern is seen locally in Ayrshire and Arran (**Table 1**). Healthy life expectancy that is, years lived in good health, is also considerably shortened in children from the most deprived communities in Scotland by an average of 17 years11.

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| **Box 1: Compared to a child from an advantaged background, a child growing up in poverty in Ayrshire and Arran1 today is more likely to experience the following harms and adverse events:*** Eight times more likely to be exposed to smoking in utero
* 57% more likely to die as a newborn or infant
* Twice as likely to be bottle-fed and miss out on the protective effect of breast milk
* Three times as likely to have mental health issues
* Twice as likely to suffer accidental death in childhood
* Twice as likely to be hospitalised
* Twice as likely to be obese in childhood, and at risk of type 2 diabetes
* Be 13 months behind in development terms at the start of primary school
* Three times more likely to have 4 or more ACEs
* Eight times more likely to have a pregnancy whilst a teenager
* Half as likely to go to University
* Shortened life expectancy of up to 7 years
* Shortened healthy life expectancy of up to 17 years
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**1**Joint Strategic Needs Assessment Early Years (2017)13

**Table 1: Life Expectancy in years in the most-deprived and least-deprived areas in Ayrshire and Arran Local Authorities compared to Scotland overall. Data are five-year aggregates from 2011 to 2015.**

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| --- | --- | --- |
|  | **Males** | **Females** |
|  | Most Deprived | Least deprived | ‘Gap’ | Most Deprived | Least deprived |  ‘ Gap’ |
| Scotland | 70.8 | 78.1 | 7.2 | 76.8 | 81.8 | 4.9 |
| East Ayrshire | 71.9 | 76.7 | 4.9 | 76.1 | 80.3 | 4.2 |
| North Ayrshire | 69.7 | 77.2 | 7.5 | 77.6 | 81.4 | 3.9 |
| South Ayrshire | 72.9 | 78.6 | 5.7 | 78.5 | 81.3 | 2.8 |

National Records Scotland, <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scottish-areas/life-expectancy-in-scottish-council-areas-split-by-deprivation/2011-15>

# The impact of Welfare Reform on Child Poverty

The impacts of welfare reform continue to be substantial and it is families with children, including lone parents, who face the largest financial losses. In 2013/14 tax credits were worth £2 billion to Scottish households and two-thirds went to low income families with children, whilst only 5% went to households without children16.

Welfare policies introduced between 2010/15 are expected to reduce welfare spending in Scotland by £1.9 billion by 2020/21 and those introduced post 2015 by a further £0.9 billion. Policies introduced between 2015-17, such as: the freeze on benefits; the lower Benefit Cap and the two-child limit to Tax Credits/Universal Credit ‘child element’, will continue to impact on families up to 2020/21 and beyond17.

## Cuts to Child Tax Credits and Universal Credit

Welfare reforms now limit entitlement to the ‘child element’ of Child Tax Credits (CTCs) and Universal Credit (UC) to a maximum of two children in each household. This will affect the third or subsequent child born on or after April 2017. There are some limited exceptions including adoptions, multiple births, teenage parents, kinship care and non-consensual conception (rape).

Children under 16 receiving Disability Living Allowance are eligible for a ‘disabled child element’ in CTCs or a ‘severely disabled child element’ for UC. However, if the disabled child is a third or subsequent child, a reduced element will be paid.

The ‘family element’ of CTCs and UC is paid to all households with children and is worth around £545 per year as of 2016/17. From April 2017, new families who make a CTC claim will not be entitled to the family element. An equivalent change was also introduced to new claims under UC, where the first child is not entitled to a higher child element from April 201717.

The Institute for Fiscal Studies analysis suggests that, due to the two-child limit, households with three children will be £2,500 worse off per year, and families with four children or more will be £7,000 per year worse off18.

The work allowance in UC (a given amount households can earn before benefit is partly or fully withdrawn) was lowered in 2016 from £3,150 to £2,300. However this may be offset by the taper rate as this was cut from 65% to 63% in April 2017 and means in-work families keep more of their UC as their incomes increase17.

## Benefit freeze

The Welfare Reform and Work Act 2016 states that certain social security benefits would be frozen for four tax years starting from 2016-1718 (page 12). This includes the main working-age rates of Income Support, Jobseeker’s Allowance, Employment and Support Allowance, Housing Benefit, Tax Credits (Child and Working) and Universal Credit. These benefits will not be up-rated in line with increases in inflation. Therefore the impact of this policy is dependent on inflation which rose to its highest level in more than five years in August 2017, up from 2.6% in July to 2.9%. It is worth noting that the basis for up-rating benefits was also changed to using the Retail Price Index rather than the Consumer Price Index, a generally lower measure17.

Researchers at Sheffield Hallam University assessed the impact on Scotland of the new welfare reforms and stated: *“The biggest financial losses can be expected to arise from the four-year freeze in most working age benefits (£300m a year) and from reductions in work allowances within Universal Credit (£250m). The on-going changeover from Disability Living Allowance to Personal Independence Payments (£190m) and reductions in Tax Credits (£140m) also result in large losses.”* 19

**Table 2: The estimated impact/overall financial loss to claimants in East, North and South Ayrshire from post-2015 welfare reforms by 2020-21**

|  |  |  |
| --- | --- | --- |
| **Areas** | **Estimated loss £m p.a.** | **Loss per working age adult £ p.a.** |
| North Ayrshire | 33 | 380 |
| East Ayrshire | 27 | 350 |
| South Ayrshire | 22 | 320 |
| Glasgow | 167 | 400 |
| Scotland | 1,040 | 300 |

## Benefit Cap

The benefit cap sets a limit on the amount of welfare payments a claimant can receive. The Welfare Reform and Work Act 2016 lowered the benefit cap from £26,000 to £20,000 per year for couples and lone parents, and from £18,000 to £13,400 for single claimants. Therefore, from 7 November 2016 the cap is:

* £382.62 per week for couples and single parent households, and
* £257.69 per week for single adults

The benefits cap includes: housing benefit, income support, jobseeker's allowance, employment and support allowance, child benefit and child tax credits, bereavement allowance, universal credit (unless unfit for work), maternity benefits and widow's benefits paid by the DWP.

The £20,000 cap now affects households even in low rent areas. In contrast to the benefit freeze that affects benefit recipients across the board, the benefits cap takes a large amount of money from a relatively small number of people20.

‘Policy in Practice’ gave evidence to the Scottish Parliament in May 2017 on the impact of the two-child limit for tax credits. The analysis was based on data from 16 London boroughs and found that the policy would impact over 1m children by 2020, since both the children who would lose out on tax credit support and their siblings are all affected. This means around a quarter of a million children already in poverty will be pushed deeper into poverty. Despite the original aim for tax credits to support better those households in which someone works, these families account for 70% of all households affected by this change. This has implications for Public Health in Scotland as child poverty will increase along with the likely increase of in-work poverty21.

Across Ayrshire and Arran, the relatively high proportion of those affected living in single parent households is notable, particularly in private sector tenancies. The latest figures show that 103 households in East Ayrshire were capped, affecting 363 children with a total weekly cap amounting to £4,104. In North Ayrshire, 155 households were subject to the benefit cap, impacting 533 children and amounting to total loss of £7,642. At the same time in South Ayrshire, 67 households were capped with 222 children affected, giving a total weekly cap of £3,492.

## Universal Credit

Universal Credit is a new single payment for working-age people introduced by the UK Government which aims to: improve work incentives, simplify the benefit system and reduce fraud and error. Whilst UC remains reserved to the UK Government, the Scottish Government has some administrative powers to change payment arrangements for UC.

Universal Credit rolls six benefits into one, with a single monthly payment for working-age people who are out of work, or in work on a low income. The benefits included are Income Support, income based Jobseeker's Allowance, Housing Benefit, income related Employment and Support Allowance, Working Tax Credits and Child Tax Credits. UC was introduced in East Ayrshire in October, and will be introduced in North Ayrshire at the end of November and in South Ayrshire in February 2018.

All applications for UC need to be made online and all claimants need to have a bank account. There have been difficulties for claimants and a wide range of service providers in areas where Universal Credit has been implemented to full service, these include:

* early administrative issues causing delays in claims being processed
* a six-week wait to receive a first payment of Universal Credit (best case scenario)
* money management challenges for claimants of the single monthly payment
* delays in decisions on requests for Alternative Pay Arrangements (Scottish flexibilities)
* difficulties because applying for benefits is now mainly all online and an estimated 20% of users struggle to use the internet 22.

Musselburgh was chosen to pilot the full digital roll-out of UC and a report by East Lothian Council revealed that there was a 22% increase in rent arrears among UC claimants in just three months, with the average amount owed almost £90023. These issues are likely to increase stress and anxiety for many with the potential to cause severe hardship to children and households with insufficient funds for food, heating etc. Tenants, including those with families, could also be at risk of eviction if they are unable to pay their rent and the accumulated arrears.

## Scottish Government Mitigation of Welfare Reform

In 2017/18, Scottish Government has stated it plans to spend £454 million; to mitigate some specific areas of welfare reform and address broader measures to tackle poverty.

Mitigation spending includes spending on the currently devolved benefits of Discretionary Housing Payments (DHPs) and Scottish Welfare Fund (SWF). The DHPs are intended to fully mitigate the Removal of the Spare Room Subsidy (‘bedroom tax’). These are administered by the local authority to claimants on Housing Benefit or Universal Credit considered being in need of further financial assistance with housing costs18. The DHP fund allocated by the Scottish Government in 2016/17 to East Ayrshire was £1,768,599, to North Ayrshire - £2,222,630 and to South Ayrshire - £1,101,21224.

However, it is the discretionary nature of the fund that presents problems and in particular a lack of consistency in administration across Scotland. ‘Children in Scotland’ and the ‘Child Poverty Action Group’ have called for this to be addressed and also to help families understand the eligibility criteria to reduce family stress25.

The SWF provides a safety net for people in extreme hardship through the provision of Community Care Grants and Crisis Grants. From April 2013 to March 2017 awards made by the SWF totalled £132.6 million to 254,000 households of which 84,000 were families with children26.

Early welfare reforms included the abolition of the Council Tax Benefit. This has been replaced by the Council Tax Reduction Scheme and households whose net income is below the Scottish median may be entitled, depending on a range of factors, to exemption from increases to the banding system. In April 2017 the Scottish Government increased the child allowance in the Council Tax Reduction Scheme by 25% thus benefiting up to 77,000 households by an average of £173 per year and assisting almost 140,000 children24.

Whilst the Scottish Government’s measures mitigate the effects of some specific measures within the UK governments’ welfare reforms, families in Scotland are equally affected by all the other substantial changes identified above.

# Reducing Child Poverty at Strategic level in Scotland

The Scottish Government’s recognition of the challenges of child poverty and the approach to ending child poverty is described comprehensively in the Fairer Scotland Action Plan27, and the strategic approach to tackling child poverty is framed in three key outcomes: “Pockets; Prospects and Places” in the Child Poverty Strategy28. Concerns were raised by healthcare, social care and voluntary sectors that since 2010 the removal of national UK targets for the reduction of child poverty caused the improvements in child poverty levels to stall. In response, a Child Poverty Bill was passed in the Scottish Parliament in November 201729, which aims to:

* Reinstate statutory income-based targets to reduce the number of children living in poverty (**see Table 3**)
* Place a duty on Scottish Ministers to develop Child Poverty Delivery Plans at regular intervals, and to report annually on their progress towards delivering those plans.
* Place a duty on Local Authorities and Health Boards to report annually and jointly on action they are taking to reduce child poverty via Child Poverty Local Action Plans (CPLAPs)

Local Authorities and Health Boards are expected to use the child poverty local action plans to drive forward progress against the Scottish income-based child poverty reduction targets, capturing work already underway and taking the opportunity to be innovative and enabling a national step change in child poverty reduction in Scotland. Harnessing the expertise and innovation of Health Board and Local Authority staff is even more crucial now in light of the projected rise of child poverty levels across all UK countries during the course of the current UK parliamentary cycle (**Table 3**).

**Table 3: Current child poverty levels in Scotland, with interim (2023) and final (2030) statutory income-based targets, and predicted increases for 2021/22. All measures are after housing costs (AHC)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Level\*1** | **2023 Interim Target** | **2030 Final Target** | **Future Predictions\*2 2021/22** |
| Relative Poverty | 26% | <18% | < 10% | 28% |
| Absolute Poverty | 24% | < 14% | < 5% | 25% |
| Combined low income and material deprivation | 12% | <8% | < 5% | - |
| Persistent Poverty | 12% | < 8% | < 5% | - |

**\*1**From “Poverty and income inequality in Scotland: 2015/16”4. \*2The institute of Fiscal Studies (2017)8

# Reducing Child Poverty in Ayrshire and Arran

In broad terms, there are two main ways in which child poverty can be tackled at the local level by NHS Ayrshire & Arran and partners: increase the income available to the child though their parents and/or reduce the costs for the families concerned. Activities to reduce child poverty can naturally lead to a reduction in health inequalities for children. The NHS is one of the largest employers in Ayrshire, with around 12,000 members of staff, and therefore actions by our staff body can have a significant effect on reducing the impact of child poverty locally.

## Interventions to maximise income for families with children

There is a good evidence base that partnerships can take actions which have an immediate impact on levels of child poverty locally3,30,31. Income maximisation services can not only improve the income coming to individual families, but can increase the income that enters the local economy within communities, with resultant community-wide benefits. Some examples of local services and initiatives are highlighted in [**Appendix 3**](#_Appendix_3), with innovative and promising highlights detailed below:

### East Ayrshire: Income Maximisation by Financial Inclusion Team

The Financial Inclusion team in East Ayrshire comprises a team of around 6 staff, who supported people in poverty to access benefit entitlements and financial services with a total of £4.25 m secured over the last financial year in income maximisation. The team has recently appointed a dedicated Financial Inclusion Officer with a lead role on Child Poverty issues. The team is working with The Poverty Alliance to further address poverty issues and food bank dependency during 2017.

### North Ayrshire: Investment in an integrated multidisciplinary Universal Early Years’ Service

North Ayrshire Health and Social Care partnership recognised the importance of ensuring that those practitioners most in contact with families of young children require to be able to respond early to needs, preventing complex referral processes for families. Therefore, for families with children under 5 years old, the Health Visitor provides a regular structured home visiting provision, and is in very regular contact with families to provide that support. Often the challenges families face require different skills and knowledge than those the Health Visitor may have in order to proportionately respond. This led to the development of the integrated team, with Early Years Social Workers actually part of an enhanced Universal Early Years team. This integrated co-located team is made up of Health Visitors, Assistant Nurse Practitioners, Health Care Support Workers, and Employability Officers *We Work for Families*, Welfare Officers - *Money Matters*. With the additional recruitment now of a dedicated Speech and Language Therapist, a Mental Health Nurse and 3 Family Nurturers, all responsive without delays to needs, breaking down professional and organisational barriers with no complicated referral process, the team requesting assistance of each other to respond with the right person, right time and without delays all co-ordinated by the Health Visitor. The benefits of this integrated work are being evaluated.

### South Ayrshire: Literacy support for Universal Credit

The Community Learning and Development service is jointly working with the Salvation Army to provide adult literacy support to DWP clients who will be migrating to Universal Credit. This early intervention and prevention approach is ensuring that those who will be applying for benefits online have the skills and knowledge to do this, and maximise income for their families accordingly.

### NHS Ayrshire & Arran

Within NHS Ayrshire & Arran Maternity Services at AMU, midwives are working in an integrated way with income maximisation specialists to increase income for pregnant women and their families. Although not evaluated yet locally, elsewhere this joint working has been shown to increase income from benefits for pregnant women by around £200 per week. It is worth noting that the women were entitled to these benefits, but did not claim them though a combination of being unaware of their entitlement and a perception of stigma associated with making a claim. Midwives support pregnant women to access the maximum amount of income from benefits to which they are entitled, and Health Visitors continue these efforts once the baby is delivered. The Board should consider whether to expand the joint working to other NHS staff groups or services.

## Raising Awareness about The impact of Child Poverty on health and wellbeing

NHS staff are drawn from the local population which they serve. As described earlier, there is evidence that the general population in Scotland are unaware of the true extent of child poverty and the underlying causes of child poverty. NHS Scotland has developed an on-line learning tool called “Child Poverty, Health and Wellbeing”, and this is freely available to NHS staff and staff from partner organisations to access[[1]](#footnote-1). The Board should consider the suitability of this resource in providing general awareness training for all NHS staff and/or provide more tailored training to NHS staff who deal primarily with families and children.

## Referring families and children affected by Child poverty to Specialist Services

NHS Staff are focused on the delivery of direct clinical care. However, as staff encounter children and their families at risk from poverty, it is important to provide appropriate guidance on how best to signpost and refer people to appropriate specialist services that can provide bespoke advice on eligibility for benefits, as well as to local initiatives. A referral pathway, with contact information, has been developed locally ([**Appendix 4**](#_Appendix_4)) to provide NHS staff with the confidence and knowledge to make the necessary referrals. The Board should consider how to support staff to utilise this tool and embed it as part of routine practice.

## Making NHS services poverty-sensitive

At the strategic level, opportunities must be sought to consider service development and provision from a child poverty sensitive perspective: and the utilisation of a child poverty impact assessment tool for strategies, policies and service improvement will have a positive impact. There is an opportunity to develop and utilise a child poverty impact assessment tool for all strategy, policy and service development

# Work Plan

The Infant, Children and Young People’s Transformational Change programme provides a pan-Ayrshire resource that will include a child poverty work stream to benefit health and wellbeing outcomes for infants, children and young people.

# Conclusion

NHS Ayrshire & Arran can help mitigate the effects of child poverty by working in partnership, adopting proven interventions and considering all services strategically from a ‘child poverty sensitive’ perspective. This approach can improve the health and social outcomes of our children and young people, enable them to achieve their optimum potential throughout their life course, and thus benefit the future prosperity of Ayrshire and Arran.

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| **Policy/Strategy Implications** | This paper supports a wide range of strategy, policy and service development across the Board, IHSCP’s and CPP’s. |
| **Workforce Implications** | No current workforce implications. |
| **Financial Implications** |  |
| **Consultation (including Professional Committees)** | Consultation and engagement events with senior partners from across NHS A&A; Community Planning Partnerships; Integrated Health and Social Care Partnerships; Police Scotland and Third Sector was undertaken to agree to extend the children’s change programme and identify priority areas to harness the expertise across Ayrshire. |
| **Risk Assessment** | Not undertaken |
| **Best Value** | Best value is an underpinning principle of all work and the best value themes have been addressed within the paper.  |
| * **Vision and leadership**
 | The Child Poverty work stream has a nominated lead working closely with partners across NHS A&A, HSCPs and CPPs. The Children and Young People’s Change Programme reports to SPOG and Strategic Alliance through the SPOG sub group and agreement has been made for update reports to be a standing item at each of the 3 CPPs strategic children’s meetings. |
| * **Effective partnerships**
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| * **Governance and accountability**
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| * **Use of resources**
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| * **Performance management**
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| **Compliance with Corporate** **Objectives** | This paper complies with all the corporate objectives as we work together to support the delivery of change in the provision of health and social care through improvement and use of innovative approaches which protect and improve the health and wellbeing of the population and reduce inequalities. |
| **Single Outcome Agreement (SOA)** | Partnership working with Local Authority, CPPs, HSCPs is the foundation of the Children and Young People’s Change Programme, and the Child Poverty work stream.  |
| **Impact Assessment**As the workplan is developed, EQIA will be carried out. |

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# Appendix 1: Poverty in Ayrshire and Arran Electoral wards

**Relative Child Poverty (after housing costs) for Wards within Local Authority Areas in Ayrshire and Arran (2015)**

These local poverty rates were developed by Loughborough University for ‘End Poverty Now’ using HMRC data. This measure combines a count of children on ‘out of work’ benefits and children in families on tax credits whose reported family incomes are below 60 per cent of the median. Child benefit data are then used to count the total number of children in each area. There are some caveats around the generalisability of this data over time due to changes in both in-work and out-of-work poverty. The data does, however, allow comparison across local electoral wards at the same point in time7.

# Appendix 2: Adverse Childhood Experiences (ACEs)

**Cumulative Effects**

**Increasing severity of poorer outcomes**

**INEQUALITIES**

Sexual abuse by parent / caregiver

Emotional abuse by parent / caregiver

Emotional neglect by parent / caregiver

Physical abuse by parent / caregiver

Physical neglect by parent / caregiver

Family member in prison

Family member with mental illness

Parent / Caregiver disappeared through abandoning family / divorce

Parent / Caregiver addicted to alcohol / other drugs

Witnessed abuse in the household

**For more information on ACEs, please visit Health Scotland’s dedicated pages:**

[**http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences**](http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences)

# Appendix 3

**Some examples of Services and initiatives to reduce Child Poverty in Ayrshire and Arran**

|  |
| --- |
| **East Ayrshire** |
| * Invest in improvement and early intervention via the early Years Collaborative
* Poverty-proof schools – “the cost of the school day” – school uniform grants, etc
* Develop and build a child poverty impact assessment into all EAC policy development
* Make better use of social media to raise awareness of available support for parents/carers of children
* Promoting access to cheaper shopping and healthy eating across targeted communities
* Co-Establish with community and voluntary sector a baby clothing and school clothing swap shop.
* Provide and promote safe places to play:
	+ ‘Play in Prison’
* Income Maximisation Services: Financial inclusion team of ~6 staff, newly recruited Child Poverty officer.
 |
| **North Ayrshire** |
| * ‘Fair for All’ Strategy
* Child Poverty initiative mapping exercise currently underway
* Early years expansion - pilot with Scottish Government - including Fullarton Futures - covering childcare costs for parents moving into work, training and education
* Child-centred Council - putting children at the centre of Council policy, for example, through ‘Skills for Life’ employability programme which targets lone parents
* Income Maximisation Services
* The Attainment Challenge work to reduce poverty-related attainment gap for children in school
* The Pupil Equity Fund (PEF) will be used to reduce poverty-related inequities in education.
* Professional peer mentorship and Family Firm model being developed to support children who are looked after
* Development of young carers statements as part of Scottish Government pilot
 |
| **South Ayrshire** |
| * Addressing Child Poverty is emerging as one of the main outcomes for the new Local Outcomes Improvement Plan for South Ayrshire.
* A2E provides affordable and flexible childcare to South Ayrshire families to access training, education or employment.
* Financial support to young people from low-income households to remain in education through Education Maintenance Allowances.
* A concerted effort to improve outcomes in literacy, numeracy and health and wellbeing through attainment challenge funding in the schools.
* PEEP has been adopted by SAC as the early intervention universal parenting programme and every early years establishment has been offered a session.
* 7 breakfast clubs providing free breakfasts every day to all children in schools in areas of deprivation (SIMD)
* Work with Nourish Scotland to address food poverty in South Ayrshire has included participation in an Ayrshire wide Food Inquiry.
* Previous work with VASA / Ayr St Columba (Churches) to address ‘Holiday Hunger’ for children who have free school meals during term time in 2016.
* Holiday Hunger’ programme delivered directly by SAC and provided 7,500 meals over 6 weeks in summer 2017 in North Ayr and in Girvan. Repeated in mid-terms breaks in Autumn 2017.
* Summer 2017 – rollout of meal provision in SAC schools – evaluation TBC
* Income Maximisation Services on the Benefits and Advice hub on the SAC website
 |
| **NHS Ayrshire & Arran** |
| * Uptake of the Healthy Start vitamin scheme, which has qualifying criteria based on benefits entitlement, is good in Ayrshire and Arran, with an uptake of circa 70%.
* Joint working between income maximisation specialist services and a range of healthcare professionals working with women and children, including Maternity Services at AMU and in the community, and Health Visitors.
* Family Nurse Partnership (FNP) across Ayrshire and Arran extended for all 14-19 years old expectant mothers which will also include some under 25s expectant mothers with additional needs.
 |

# Appendix 4

**Referral Pathways to advice services for income and fuel poverty (Working Document: subject to change as services alter)**

**No further action required. Remind the patient that if they change their mind they should ask to be referred. *Ask again when the opportunity arises.***

**Find out if your patient/client has concerns about their finances, benefits, fuel bills or cold housing by asking them:
“Do you have any worries about money or affording to heat your house?”**

**No**

**Ask them if they would like you to refer them to advice services in their area**

**Yes**

**No**

**Gain \*consent for referral and refer online to the point-of-contact that will meet their needs**

**Yes**

**Money advice and support services**

**Fuel Poverty and home energy advice**

**North Ayrshire Point-of-Contact**

**Visit:**[**http://northayrshire.betteroff.org.uk/referral**](http://northayrshire.betteroff.org.uk/referral)

 **East Ayrshire Point-of-Contact**

**Visit:**[**https://eamoney.co.uk/how-we-can-help.php**](https://eamoney.co.uk/how-we-can-help.php%20)

**South Ayrshire Point-of-Contact**

**Email:****informationandadvicehub@south-ayrshire.gov.uk**

**Or Phone: 0300 123 0900**

**Ayrshire wide points-of-contact**

**Energy Agency

Email:** [**http://www.energyagency.org.uk/contact.php**](http://www.energyagency.org.uk/contact.php)

**Or Phone: 01292 521896**

**Citrus Energy**

**Email:** **info@citrusenergy.co.uk**

**or Phone: 0800 221 8089**

**What happens next?**

**When patient information is sent to the point-of-contact, with the brief reason for referral, it will be assessed and followed up by the appropriate advice agency who will contact the patient.**

**Some pointers for staff referring patients**

**Why is it important?**

* Living in poverty has a negative impact on health and well being, ill health can trigger a range of worries about money, effect on wages, benefits, paying the rent and food and fuel bills.
* Eight out of ten people living in income poverty live in fuel poverty.
* Fuel poverty is linked to asthma, chest, breathing and mental health problems. In children and young people it can lead to slowed physical growth and impaired cognitive development. For older people, it can increase the risk of circulatory and respiratory diseases, falls and injury and often leads to social isolation.
* By asking a simple question and referring patients to where they can get help, health staff can do a lot to prevent ill health and improve quality of life.

**When to raise concerns about income and fuel poverty**

* Staff should use their own judgement about when and where to raise the issue of money worries.
* The earlier the question is asked the quicker help and support can be provided. Recurrent admissions to hospital, frequent health problems or a cold home could offer important opportunities for the issues to be discussed.
* Patients and carers may have already raised concerns with staff about money worries.

**How to raise: suggestions**

* Would you like information on services that can help you with money worries you might be having?
* Are you finding the house difficult to heat or difficult to keep warm?
* Will you need any help with money issues/concerns, such as paying electricity/gas bills, benefit claims, debts, affording good food?
* Do you have any worries about money for heating and food?
* There are really good services across Ayrshire that offer free and confidential help with money and home heating, would you be interested in me putting you in touch with them?

**How to respond**

People’s individual situations can be complicated and involve the new welfare benefits, debt, rent arrears, prepayment meters and other issues. Health staff do not need to know all the details or try and fix problems for patients because expert help is only a referral away.

**Where patients have money worries, the role of staff is to:**

* reassure that support is available
* gain \*consent for referral
* use the point-of-contact that will meet the patients needs
* a brief summary of the issues when referring is all that is required

**\*Consent** to refer patients via the points-of-contact has been discussed with the Head of Information Governance: and agreed - as long as the individual is agreeing to their information being sent on and you can describe where it is being sent and explain what they can expect the next step to be (see page 3).

**Reference:** *Based on the Money Advice Referral Pathway at the Money Advice Service, Inverclyde HSCP and Inverclyde Royal Hospital*

**Some examples of the range of agencies offered by referring via the point-of-contact are listed below**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **East Ayrshire** <https://eamoney.co.uk/how-we-can-help.php> | **North Ayrshire**<http://northayrshire.betteroff.org.uk/referral> | **South Ayrshire**informationandadvicehub@south-ayrshire.gov.uk or phone 0300 123 0900 | **Citrus Energy**info@citrusenergy.co.ukor phone 0800 221 8089 | **Energy Agency**<http://www.energyagency.org.uk/contact.php> or phone 01292 521896 |
| Financial Inclusion TeamEast Ayrshire Citizens Advice BureauMacMillan Money Matters Home Energy ScotlandCitrus EnergyEast Ayrshire Carers CentreEast Ayrshire Advocacy Services Ayrshire Credit Union Sovereign Credit UnionEast Ayrshire WorksIn Court AdviceShire Housing\*Atrium Homes\* | North Ayrshire Money MattersWelfare Reform Advice Team North Ayrshire CouncilMacMillan Money MattersCommunity Housing Advocacy Project North Ayrshire Citizens Advice ServiceCommunity Led Action and Support Project [CLASP]Citrus Lemon Aid & Citrus Energy1st Alliance (Ayrshire) Credit UnionANCHO Housing Association (Irvine)\*Cunninghame Housing Association\* | Information and Advice HubAyrshire Housing\*MacMillan Money Matters | Citrus Energy is a subsidiary company of Cunninghame Housing Association and offers:Home visit advice service to people in Ayrshire including those with pre-payment metersHelp with resetting pre-payment meters and on how it worksAdvice on an easy switching service helping people to find cheaper energy deals Checking bills and whether people are being billed properlyHelp in applying for services people may be entitled to such as white good schemes and discounts on your energy bills  | The Energy Agency works with Home Energy Scotland and offer:Home visits to vulnerable households to assess energy efficiencyBenefit checks to assess entitlement to grants for help with heatingAssess eligibility for assistance to Home Energy Efficiency Programmes (HEEPS) funded by the Scottish Government to assist fuel poor householdsEnergy tariff advice and advise on how to keep home warmer |
| \*The Council Housing Services and Housing Associations listed here have money advice teams to provide support to their residents  |

1. <https://elearning.healthscotland.com/enrol/index.php?id=523> [↑](#footnote-ref-1)