

Derby Child and Family Poverty Strategy: A call for evidence							
DCC/PARTNER ORGANISATION	CHILD POVERTY: AREAS OF ACTION RESPONSIBLE FOR	ACHIEVEMENTS FROM 2011 - 2014	KEY OUTCOMES (What difference has been made to child poverty in the city?)	WHAT HAVE BEEN THE KEY CHALLENGES OF THIS WORK AREA/PROGRAMME?	WHAT AREAS OF WORK COULD BE IMPROVED?	ARE THERE OTHER AREAS/THEMES OF WORK THAT THE 2015 - 2018 STRATEGY NEEDS TO ADD/FOCUS ON?	HOW CAN THE COMMISSION IMPROVE THE WAY IT OPERATES?
Customer Management	<ul style="list-style-type: none">Welfare, Housing and Council Tax BenefitsAssessments for free school mealsDigital inclusionLocal Support Services FrameworkFuel povertyAffordable bankingDoorstep and pay day lendingImprove financial literacyFood poverty	<ul style="list-style-type: none">On on-going high profile campaign to inform/improve people's awareness of benefit rights and increase take up.	Take up Campaigns have been run throughout the year and targeted at all families affected by the welfare reforms. Discretionary schemes to support families affected by the welfare reforms have been reviewed in light of feedback from Joseph Rowntree Trust, YMCA and NSPCC as well as local providers, landlords, elected members and internal staff. This has ensured that the schemes are accessible to a wide range of families & individuals and that award values are as high as possible within the financial boundaries of the Council's allocation.	Capacity in the HB service to process the additional claims remains an on-going challenge which will be exacerbated by the 2015/16 cuts	Work has been extremely comprehensive with every family impacted by benefit reductions receiving a take up notice. The discretionary schemes have been reviewed on many occasions in light of feedback both locally and nationally.	This should continue to be a theme	It needs to understand the reducing budget of the Council and subsequent staffing reductions. More work by the none Council members needs to contribute in this area
		<ul style="list-style-type: none">A multi-agency, partnership hub is now based at the Council House bring together all forms of advice and support services.	Pilot began Sept 2014 and is in its early stages. There are strong links with the Local Assistance team who deal with families in crisis. As a result the needs of the families claiming crisis support are assessed and they are referred to the multi-agency partnership so that relevant advice and support can be provided to address route causes of crisis, this includes financial inclusion and debt advice.	Customer take up has been lower than expected. The case management system is proving to be a really valuable tool for sharing info and tracking activity. It is being suggested by DWP as being a prototype for a national solution.	Continued partnership working	How the voluntary and faith sectors can support families in Poverty through collaborative working both together and with the City public sector organisations	Suggest the Commission track progress on the understanding that this is a national pilot being evaluated by the Centre for Social Inclusion. The Commission can support any bids to extend this work in Derby whether it is as part of a national agenda or local one
		<ul style="list-style-type: none">A permanent energy switching option is now built in the Council's telephone number. It gives potential customers full details of how to switch to the scheme.	Please Note: This is run by the Corporate Comms Team with Customer Management involvement being the telephony service provided. The switch scheme runs regularly (every 6 months). We offer access to collective buying of energy which drives down the price to the end user.		To drive up overall impact on low income families (because take up is low) we need to promote the concept of collective buying to engender more trust and understanding. Currently the scheme is run by Internal Communications team but greater mileage might be gleaned if it were run by Money Advice/Derby Homes.	To build up the volumes needed to get better discounts through collective buy in the Council should run the scheme with 3rd sector and other stakeholders, for eg. landlord specific scheme; build into the money advice process to build a cohort of people to switch - this should be done in advance of the next scheme to build a database of interested people.	Visiting pilots such as this to get a real sense of understanding on what is being done to help people
		<ul style="list-style-type: none">Looking at jam jar accounts and payment cards. Customer management contribute financial support to food banks in the city.	Please separate out these points they are not linked. Jam Jar accounts should sit in line 7 with CU. The local assistance scheme continues to support food banks involved by paying more for a food parcel than it costs to deliver. This ensures that money is available for food parcels for those not eligible to local assistance				
		<ul style="list-style-type: none">Derby Credit Union and Erewash Credit Union and ethical lending.	Please include the part about jam jars in above point here. Ethical Banking - products are available for Credit Unions to offer a full range of banking products (compliant with Universal Credit). This includes jam jar accounts. However this requires investment by the credit unions. Customer Management & Derby Homes are considering ways in which to support with the funding necessary (£35k). Ethical Lending - Customer Management have agreed funding to enable MCF to run a Furniture & White Goods lending scheme for financially excluded residents. The SLA is being finalised and the scheme should be launched before the end of March 2015. Clear links will be made between the Council's Local Assistance scheme; Support already offered by the Council in AHH/CYP (for furniture & white goods) & MCF. This will join-up the support offered to residents by the Council to further enhance financial inclusion.	Funding			What are other commission members doing to drive this agenda. The financial investment needed in this area has been stymied by reliance on the Council to fund it
		<ul style="list-style-type: none">Customer management has successfully bid and obtained funds to run a pilot scheme to support local citizens to get ready for Universal Credit.	This is the same as 4 it would help if you join the 2	see 4	see 4	see 4	see 4
		<ul style="list-style-type: none">The introduction of the 'Digibus' via the Local Support Services Framework.	This was not included in the bid				
		<ul style="list-style-type: none">Claimants with children are made aware of eligibility for free school meals.	1. We have maximised the number of children receiving free school meals. 2. Processing of applications for free school meals has been prioritised so that children who are entitled receive free school meals as soon as possible.	Ensuring that promotion work has been effective. 2. Convincing some schools that we take processing of free school meals seriously and that we do prioritise them.	Promotion of free school meals		
		<ul style="list-style-type: none">Financial Inclusion	Customer Management providing financial advice in the Universal Support delivered locally pilot.		Customer Management is exploring joining a financial inclusion consortium (led by Rural Action Derbyshire) which offers the Council and our residents scope for bidding for LEP funding		
Work readiness, Apprenticeships	<ul style="list-style-type: none">Improving work readiness of young people	The Education Business Brokerage Project has been established within Economic Regeneration team to broker education business relationships		<ul style="list-style-type: none">Strategy to be developed.			
		Brokering relationships between schools and Business in the Community, National Careers Service and Princes Trust					
		Developing plans for an Employability Passport across the City		Gain employer endorsement and school buy in for the Employability Passport			
	<ul style="list-style-type: none">Creating opportunities for work experience and apprenticeships.	Establishment of an Apprenticeship hub - and associated work streams					
		Commitment to the doubling of the apprenticeship numbers within the council	Increased number of places available. Focus on increasing the number of apprentices from the most deprived wards. Currently 25% are from the 6 most deprived wards. Increased from 13% in April 2014	Expanding apprenticeships during a time of funding cuts is challenging	Council commitment to providing traineeships to create pre-apprenticeship opportunities for those who are not yet apprenticeship ready	Traineeships	
		Plans to offer 6 apprenticeships to looked after children	2 care leavers were employed as apprentices in 2014	Lack of referrals of care leavers to the apprenticeship programme. Lack of apprenticeship places in the council			
		Many schools still offer work experience with an increasing number offering this at post 16	43 work experience places offered to schoolchildren from Apr 2014 - Dec 2014 from 11 schools but no specific focus on children or schools in deprived areas or in poverty.	Work related learning is now not statutory for schools to deliver pre 16	More places made available. More referrals from specific schools		

AGREE WHO IS RESPONSIBLE FOR THESE WORK AREAS AND HOW THEY REPORT/LINK TO THE CHILD POVERTY COMMISSION	• Childcare Sufficiency Assessment			• The city needs to assess the demand, quality and availability of childcare provision in the city.			
	• Broadband expansion and Surf City			• Digital inclusion through expansion of broadband and surface now sits with the ICT and Regeneration Team			
Hope Centre	• Tackling food poverty through Food bank schemes.	• Has set up a Food bank sub group as part of the commission's work to assess food need in the city. Also to build a city wide coordination of food storage and distribution					
		• To work with all food bank providers to prevent dependency and empower food bank users.					
Housing and homelessness	• Review the impact of DCC homelessness strategy	• Strategy to be reviewed.					
	• Rogue landlords project/supporting private sector tenants	• Rogue Landlords have been dealt with through a series of inspections, enforcement and building regulations and controls.	Since the project started in October 2013 over 300 inspections have taken place in the Arboretum and Normanton wards of the city. As a result hazards to health and safety are continuously being removed from privately rented dwellings. Over 260 dwellings have been improved in some way because of these interventions by the housing standards team. Whilst this in itself does not increase family income there are potential savings to households in that energy bills may well be less if heating and insulation has been improved (excess cold is the most common hazard found). Occupiers absence from work may also reduce because of increased health and wellbeing.	The sheer number of hazardous dwellings within the inner city wards will present a challenge for many years.	Whilst officers on the project are trying to liaise with other agencies (Building Control, Planning Enforcement, HB fraud, Tenancy Relations Officers, Social Care, Fire Service , Police etc.) the co-ordination and interaction could be better. It is often difficult to get other services to engage.		
Inner City Project	Investigate and understand why there is persistent/recurring poverty in certain neighbourhoods/wards/areas of Derby.						
Policy	• Child Poverty Needs Assessment • Local Information Project • Coordination of commission, including provision of relevant policy information and good practice standards • Government policy and consultation review • Food Bank Sub Group	• Updated the Child Poverty Needs Assessment					
		• Pooled policies, strategies and profiles in the Local Information System.					
		• Supported the Child and Family Poverty Commission through the three year period including the original assessment and strategy development.					
		• Established a Child and Family Poverty Commission Food Bank Sub Group and provide on-going support and secretariat duties.					
				• Introduction of a community shop - what is the evidence of need?			
				• Ensuring strategic 'buy-in' and support from other parts of the Council.			
				• Resource and capacity issue to fully develop the work required to facilitate and direct the commission and its work.			
Public Health	• Health inequalities and early years	• Incorporate health inequalities and public health agenda to all DCC strategies and policies.	Work has started in these areas regarding obesity, with a strategy being approved at Health and Wellbeing Board in Nov 14. This consists of three main approaches - to work with local food establishments to increase the nutritional value of food offered; to develop planning policies which pay due regard to potential health impact; to encourage a whole systems approach whereby access to green space and active travel is made easier. We know that obesity levels are higher in areas of higher deprivation, and so we are utilising the approach of proportionate universalism as advocated by Sir Michael Marmot. Although the aim is to roll this approach out to all of Derby City, we will be targeting areas where deprivation and obesity are most prevalent. It is important that Public Health also influence the work and policies of partners, including the local CCG. Here, PH have influenced maternity services provided by Royal Derby Hospitals Trust to consider development of an approach which increases smoking cessation rates in pregnant women. Discussions will be held with the Trust before April to finalise these negotiations. In due course, if smoking cessation rates can be reduced, it should impact on certain indicators such as stillbirth rates in the City.	Resource within council departments (trading standards, planning and environmental health) have meant that it has not yet been possible to implement the strategy, although officers are keen to support as much as they can. Public Health has responded to this by submitting a bid to Public Health England for funding to help the City both implement and evaluate a system wide approach to tackling obesity.	It would be helpful to have an understanding of the contracts that currently sit within the council in order that public health could start to prioritise which other areas we could work with to influence their contents, and ultimately, outcomes for people of the city.	1)The CPC should have a remit to work with all stakeholders in the City's health and social care economy; where the strategy considers raising aspirations for working, consideration of support to areas where NEET is higher (see developing well outcomes dashboard) 2)with respect to school readiness (an indicator for later school success, entering higher education and securing better paid work), pre school support is an important contributor - consideration that the CPC gives to monitoring flying start uptake of nursery places in the city.	1)Having a presence at the HWB where key stakeholders are present and can be held to account on how they are tackling health inequalities within the City 2) CPC should be used as a lever to offer support where policies/organisations are not committing to tackling Health Inequalities.
		• Work has been underway to develop an up-to-date and interactive on-line JSNA. This is a key deliverable of the Local Information System and is now near completion. This will sit beside the Poverty Needs Assessment and will allow the review of health and poverty information in a joined-up dynamic way.	This work is only just coming towards completion and the impact on child poverty is therefore yet to be seen. Wider determinants of health, such as poverty, are however, being recognised and are incorporated within the Health and Wellbeing Strategy.	Capacity and capability: it has been challenging to gain sufficient dedicated and technical expertise to drive forward at pace. There have also been a range of technical challenges to delivery.	Pace of development and wider and more in-depth involvement and inclusion of partners/ partner information.	On-going development and integration of relevant data to allow sophisticated understanding of poverty and its impact.	
		• Best start planning and coordination group meeting regularly and work programme agreed.	The Best Start Group has been meeting on 2 monthly basis. Key work areas are around: 1) developing an integrated approach to health and education assessments for 2-2.5 yr. olds using a settings based approach. The aim of this is to obtain a better quality assessment and one which reduces the need for families to be seen more than once. 2) Family Nurse Partnership are working with Health Visitors to share their approaches and tools in delivering the Healthy Child Programme. 3) Developing stronger links between maternity and LivedwellA key strength of the group has been around information sharing. One example is making key workers aware of access to support for families in most need through the expanded priorities families programme. Currently the group is considering the specification for an integrated 0-19s public health nursing service, which again will focus on outcomes related to childhood poverty such as obesity prevention, risky behaviours and school readiness.	Members of the group have struggled to give regular updates as to how work is developing.	Given the direction of travel to move towards an integrated 0-19 service, developing well and best start should consider the potential strengths of having joint meetings as issues affecting 0-5s are also likely to be pertinent to 5-19s e.g. access to support from Priority Families.		
		• Developing Well Planning and Coordination Group to identify priorities for improving health outcomes for 5 -19 yr. olds.	The Developing Well Group has been meeting bi-monthly. Six key priorities have been agreed and task groups established to progress the work in these priority areas, which cover universal and targeted services. The priority areas are: universal health service offer for 0-19 years; developing sustainable model for whole-school approach/Healthy Schools; identifying priorities for parenting across the City; engaging with schools to influence how to identify and address health needs; develop approach to risky behaviours; promote understanding of early help systems and processes in the city.	The breadth of the agenda is large and it is taking time for partners to progress the work. Members of the group have struggled to give regular updates as to how work programmes are developing. Although work is on-going, this is not always reported. The number of priorities may have to be reduced.	Given the direction of travel to move towards an integrated 0-19 service, developing well and best start should consider the potential strengths of having joint meetings as issues affecting 0-5s are also likely to be pertinent to 5-19s e.g. access to support from Priority Families.		

		<ul style="list-style-type: none">Health Outcomes Dashboard developed - target resources and reduce inequalities.	Both developing well and best start have outcome dashboards which highlight particular wards with greater areas of need. These have been presented at both groups, but further work is needed to embed this into practice. The dashboards will be used as part of the recommissioning of 0-19s PH services so that providers understand particular issues faced in areas of the city.	Data has not always been available - especially maternity data relating to smoking and breastfeeding. We have persisted in following this up within the trust, and they have agreed to start making this available. Further discussion is likely around the level of detail which will be provided in order to make the dashboard more informative for targeting resource and support to families.	We should consider making this more available to other directorates within the council - potentially CYP, to help inform social care about where they may need to plan targeting their resource.		
		<ul style="list-style-type: none">Oral Health Project being piloted, targeting 3 - 5yr olds in 6 schools in the most deprived quintiles of the city.	This pilot has been successful at raising the awareness of poor oral health in the City, as well as ways in which oral health promotion messages can be shared across the health and social care economy. As a result of the pilot, we have altered the service specification for the OHP service so that there is more focus on training of key workers who work with children, and a more formal rolling programme of supervised tooth brushing programmes. Access issues for dental services for children were identified through the pilot, and this has resulted in 7 practices in Derby City being awarded extra recurrent funding from NHS England to provide oral health care for more of the population. Given that poor oral health is a potential indicator of neglect, we have also started work to identify local mechanisms for information sharing between dental health and the wider health workforce. We know that poverty is one of the main indicators for child neglect and so we anticipate better information sharing practices will better safeguard children in this vulnerable group.	General oral health promotion faces challenges with respect to working with some schools/ early years settings. Also sharing information such as ethnicity which schools routinely collect is also a challenge.	Working with schools around general health issues has been identified as a key issue for universal services to achieve their potential. This needs further work and PH will be meeting with CYP education to discuss how this can be addressed.		
		<ul style="list-style-type: none">School food - Food for Life Partnership is to work with schools where school meal take-up is below the national average.National Universal Infant Free School Meals.	Related to school food, Public Health have also been supporting the CYP directorate in considering the role of breakfast clubs. We have completed an evidence review, and designed a survey that can be sent to schools to understand the current position in the City before making recommendations to CYP on what could be done next. DfE funded national support to help infant and primary schools prepare to provide free school lunches to all infant pupils.	Key challenges around rolling this work out further has been around policy officer support/ resource to drive this project forward.	Recommendations to be developed following the results of the school survey.		
		<ul style="list-style-type: none">Public health is looking into the potential for establishing Early Years Framework for 2 year olds child care providers in the city through a city wide partnership approach.	A draft partnership approach will be discussed by the Best Start Planning & Coordination Group. Potential areas of framework could include healthy eating, oral health, physical activity, emotional health and wellbeing, etc. Similar frameworks exist in other areas of the country.	Hasn't been implemented yet. The framework, implementation and the resource to drive forward is to be discussed with partners. Experienced some challenges in relation to the procurement of associated resources and training in our original planning. Re-designing potential approach.	Early days as this is yet to be implemented.		
Ripplez	Family Nurse Partnership	<ul style="list-style-type: none">Developed parent participation in Ripplez ensuring good feedback from parents in the programme. As a consequence, we have facilitated the development of 'Footsteps' - a parent and toddler group run by young parents.	Recruited a Housing Worker with the YMCA. Our aim is to support young parents with housing issues such as debt management, financial responsibility and managing rent payments etc.	Obtaining referrals from midwifery in the required time of the programme: <16 weeks gestation.	Having access to more services, particularly welfare support, which will enhance the ability for the Family Nurses to deliver the Family Nurse Partnership programme effectively. This will enable the best outcomes of the programme.	Housing and welfare rights support for vulnerable teenage parents.	Ensuring the continuation of the programme.
		<ul style="list-style-type: none">Graduated over 150 clients since the programme started and we have the capacity to deliver the three-year programme to 255 teenage parents: Around 40% of teenage pregnancies.	Working on a programme to evaluate the first 100 graduates from Family Nurse Partnership programme in order to explore outcomes such as EET targets.	Receiving increased referrals for non-English speakers as we only have limited interpreter resources and capacity. In particular Eastern Europeans.			Ensuring an effective referral process between midwifery and Family Nurse Partnership.
		<ul style="list-style-type: none">Scored excellent in Care Quality Commission inspections.	Working with over 350 vulnerable teenage parents in Derby City. This has impact upon enhancing antenatal health and pregnancy outcomes; smoking cessation, reducing criminality; improved school readiness of the child; and reduced welfare benefits.	As we are only funded for limited numbers occasionally we can't offer our services to vulnerable teenage parents.			Raising awareness to all agencies of the Family Nurse Partnership programme.
		<ul style="list-style-type: none">Secured social investment to further enhance Ripplez activity and increase the numbers of young parents on the programme.		Engaging clients and delivering the programme in an environment where other services are being cut is sometimes an issue. Family Nurses often have to deviate from the programme content in order to address other matters that should be picked up by other services.			
		<ul style="list-style-type: none">Recognised in national awards as one of the first 100 social enterprises focused on health and social care					