From Struggling to Succeeding

Did we achieve the goals we set out in our Child & Household Poverty Strategy?

A reminder of our goals

Sheffield's Child & Household Poverty Strategy 2012-14 set the following overarching goals:

1. Increase understanding of the impact of poverty and what can be done to tackle it
2. Raise aspiration and engagement and attainment in learning for children and young people in poverty
3. Raise the skills and aspirations of parents and carers for themselves and their families
4. Build resilient communities
5. Increase access to employment for disadvantaged groups
6. Reduce health inequalities

Underneath each of these headings, we agreed a set of actions and indicators. We also said that:

> *Throughout all of our interventions, we must maintain a watchful eye on how those groups we have identified as being particularly at risk of poverty are being supported and assess whether interventions designed to meet the specific needs of the 'at risk' groups are required.*

Standard performance monitoring process

The performance monitoring process is for the named leads for the delivery plan to send through the latest available data for their area of accountability along with a RAG rating (Red=off-track/missed, Amber= on-track and Green=complete) and any comments and action being taken to address underperformance.

Evaluation approach

In March/April 2014, a discussion was requested with each delivery lead to reflect on the impact we have had and the effectiveness of our chosen actions in the delivery plan. The agenda for each of these meetings was as follows:

Area for discussion	Discussion and action points
Performance over course of last delivery plan	Do we have all the data we need? If not, when will we? Are areas of underperformance being addressed? How?
Review of actions and targets in last delivery plan	What impact have we had? Were these the right things to focus on? / most effective / important? If relevant, what more would be needed (information, activity, resource etc) to achieve what we set out to achieve?
At-risk groups	Do we have all the data we need? If not, when will we? Do we know whether any of the at-risk groups are under/over performing compared with the average? How has management information been used to ensure reach to these groups? Has there been any differentiation in approach for particular groups? How successful has this been?
Plan for next strategy and delivery plan	Explain broad draft approach What's changed since last strategy? (new evidence, change in legislation etc) and what does this mean for the next strategy / delivery plan? What more could we do next time? What might we stop doing? What should we do differently? Targets

The majority of these discussions have now taken place and this paper summarises the results of them.

Performance report

The latest full performance monitoring report is attached as a separate document. This shows that 71% of all targets are on-track or achieved. There are two targets for which we do not yet have data. This is due to the fact that the measure for Early Years has changed and there is still some discussion about how best to rate our progress towards the original targets.

The sections of the performance monitoring framework that are off-track / have been missed are shown in more detail below, along with explanatory information and any action being taken to address under-performance.

2,000 parents and families to have received advice (through one to one support or courses) per year

This piece of work was not re-commissioned after end of March 2013 and so, although the targets were met for the first year of the delivery plan (2,099 families received advice), they will not be achieved for the second year. The Building Successful Families programme has invested, in a much more limited way, in advice for families and advocacy/advice was also included as a feature in the Big Lottery bid (Best Start Sheffield) which would support families in three wards. Although this bid was unsuccessful, other opportunities to fund the programme of work are being explored.

To reduce the gap between lowest attaining children and the city average in the Foundation Stage by 3 % each year

The gap has narrowed (by 1%) in the first year (2012) but not by as much as we had planned (target was 3% per year). The measure changed in 2013 and will no longer be used in future years, being replaced by an on-entry assessment. For all pupils 52% achieved a good level of development in 2013 compared to 51.8% nationally. These were both significant reductions against 2012 but, as stated above, this was using a completely new measure so comparisons cannot easily be drawn.

Action being taken includes:

- 10 schools are working with Raising Early Achievement in Literacy (REAL) a project developed by the University of Sheffield in collaboration with the National Children's Bureau. Each school will work intensively with 8 families to achieve a greater level of involvement in children's learning and development. Progress of these children is being monitored through a structured framework.
- Achieving Early (Early Years aspect of Achievement for All) 10 schools are working with this initiative and this is funded by the DfE. The focus again is working with families to support parental understanding of children development. Schools will work intensively with 10 families over a period of 2 years and children progress will be monitored.
- My Learning Fun Book. This is a local initiative aimed at increasing parental involvement in the assessment of children's progress through the EYFS. My Learning Fun Book contains a range of accessible activities for parents to do at home with their child. The fun book is intended to link curriculum delivery in school with home learning. Teachers will use the information when tracking children's progress.
- Bespoke support continues to be available to schools through the early years traded service package and city wide EYFS moderation

To reduce the attainment gap at Key Stage 4 between children eligible for FSM and the city average

On the main KS4 measure for all Sheffield's students of 5+ A*-C grades inc Eng / maths the picture improved 2013 with our LA ranking also improving. However the gap between children eligible for FSM and the city average (KS4 5+A*-C inlcu E&M) was 26.8 percentage points in 2013, which was wider than in previous years and Sheffield was ranked 113th nationally. Rankings are influenced by the cohort on entry and it is important to look at their progress from their starting points. 5ACEM for low ability FSM children placed Sheffield 62nd nationally, middle ability placed Sheffield 68th nationally and high ability students were placed 67th nationally; these are all above the city's IDACI

position. The progress which all FSM6 students made in English between KS2-KS4 ranks Sheffield at 66th nationally and 108th for mathematics.

Action being taken includes:

- Sheffield City Council and the National Education Trust working with schools on an action research project (for calendar year 2014) aiming to improve outcomes for children eligible for pupil premium, this includes looking at best practice nationally, The learning from the programme will then be disseminated to other schools across the city.
- An action research project in primary schools aimed at improving reading outcomes, working with a couple of schools in each of the 7 localities to identify what works well, with a view to sharing best practice and then being able to identify if there are any citywide strategies that need to be taken forward.
- CWLB commissioned workshops for schools focusing on best practice.
- Governor briefings held specifically examining this issue.
- Overview and Scrutiny Task and Finish group has focused on this issue.
- Performance challenges undertaken with schools with large gaps.

To provide 90 parenting programmes and improving retention rates so that we achieve an average of 10 attendees per course

This was missed for the first year (69 course were provided with an average of 8 attendees). This was largely due to a reorganisation of the parenting programme and associated staff, including the establishment of a traded offer to schools. A full cohort of senior practitioners is now in place focusing on signing off trained staff. There will also be additional training to continue to increase the number of available practitioners and manage the risk of practitioners moving to new jobs. In addition, a new parenting strategy: Parenting Matters 2013-16 has been developed. This includes commitments to providing universal provision which normalises parenting support and advice, alongside targeted and intensive support for families in greater need, in crisis or with specific needs. All provision will be high quality, evidence-based and focused on the needs of the whole family, The strategy also commits to improving communication about the support that is available and making it easier for people to ask for support.

To reduce the number of 16 and 17 year olds accepted as homeless to less than 20

This is likely to be missed. A new, more realistic target of 40 has been set. Housing Solutions team is reviewing the protocol with children's services and will be jointly commissioning services to achieve target. Figure is artificially being inflated by 16/17 year olds being recorded as homeless when leaving supported housing for planned move to secure housing. This is being addressed. Joint protocol is being reviewed with Children's services. YTD presentations from this age group of 83 is significantly lower than previous year first 3qtrs of 126. Majority of customers are returned home with advice/support.

To insulate 10,000 lofts and cavities

The measures target set was the 'maximum' numbers that the funding would support however, percentage sign-ups in each area were lower in later wards than those supported early on. The final total (5,902) was lower than the maximum originally modelled, but the scheme was in competition with several other initiatives supported by other CERT funders. The overall success of the Free Insulation Scheme should be seen in context of the outputs listed below. These cover the lifetime of the scheme from 2009 until the end of CERT funding in 2012.

- Over 41,000 households signed up for scheme and coverage was over 81% of the city (much higher than expected)
- Completed loft and cavity wall insulation installations - 34,258
- Average saving on bills - £141.42 per year (based on Feb 2013 prices)
- Customer satisfaction survey- 96.2% happy or very happy.

This performance is seen by the Service as a very credible achievement and provides a good base for new energy efficiency schemes, including the new Sheffield Heat and Save ECO scheme that was launched earlier in 2014.

To have reduced the gap in health outcomes between those in our most deprived communities and the city average

The Fairer Sheffield, Healthy Lives – Sheffield Health Inequalities Action Plan 2010-2013 sets out the targets for this area across a basket of indicators, of particular relevance are Infant Mortality and Life Expectancy at Birth. Infant mortality rates in Sheffield are above the national average however the rate is now improving. The way in which the rate is measured has changed so that the count is based on the year of death rather than the year of registration. We set a target of 4.5 based on the old measure, against which the rate in 2010/12 was 5.2. Using either measure the rate was reducing to 2008-10 then rose in 2009-11 before falling again in 2010-12. Infant Mortality Slope index of inequality 2009-11 1.5 Sheffield (improving) no new update since last time. Rates of maternal smoking remain a concern (14.1% against target of 12.5). There is an 8 fold difference at ward level. Breastfeeding rates are good but inequalities between wards continue to widen. The proportion of babies born at low birth weight is relatively low, which provides a good indicator of maternal stress, nutrition and smoking. Male life expectancy 2010-12 78.7yr Sheffield, 79.2 England (statistically worse but improving). Female life expectancy 2010-12 82.4 Sheffield, 83.0 England (statistically worse but improving). Difference in slope index of inequality 2006-10 (lower is better) males: 10.7 Sheffield vs 8.9 England (improving), females: 7.7 Sheffield vs 5.9 England (worsening).

Sheffield's Infant mortality strategy is a key priority for improving health and impacting on inequalities. A stakeholder engagement event will provide the opportunity review themes and establish new targets/new activity. Best Start Sheffield teams are being established to provide a co-ordinated response across services to offer babies, infants and families the support they need to enjoy lifelong wealth and wellbeing. This city-wide work is complemented and informed by the Best Start Sheffield lottery proposal which aims at developing programmes of support in particularly deprived communities which better join up services, are accessible and promote positive parenting. As stated above, although this bid was unsuccessful, other opportunities to fund the programme of work are being explored.

At-risk groups

Our original needs assessment and national evidence showed that children are more likely to live in poverty if:

- they lived in families with more than three children (45% of all children in poverty in Sheffield compared with 16% of all children in Sheffield)
- they lived with only one of their parents (over 50% of all children in poverty nationally live in lone parent households)
- they had a teenage parent (nationally, children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties)
- they were from black and minority ethnic (BME) families (77% of Somali and 61% of Yemeni children in Sheffield are eligible for Free School Meals compared to 18.5% of all children in poverty in Sheffield)
- they lived in a household where a family member has disabilities (Research by IPPR showed that 29% of people with one or more disabled children in the household lived in poverty, compared with 21% of households with no disabled children, DWP data shows that around 25% of all children living in poverty have a disabled parent)
- they had learning difficulties (29% of children with SEN in Sheffield are eligible for Free School Meals compared with 18.5% of all children in Sheffield)
- they lived in a household where one or more parents is in low paid or part-time work (Nationally, among households where the only paid work being done is part time, 40% of children are in poverty)
- they lived in a household where the parent or parents are not in work (The risk of being in low income is 90% for unemployed families, 75% for other workless families).

We have begun to re-assess these groups as part of our needs assessment. The actual proportions have changed but the groups above are still at risk. Two significant changes have occurred. In terms of ethnicity and free school meals eligibility, a high proportion of children from Roma Slovak families are eligible, we did not have data on this last time. The proportion of children identified as White / Black Caribbean, 'Other Black Background', 'Other ethnic

background' and 'other mixed background', White / Pakistani, who are eligible for free school meals have all increased to over a third. The proportion of children identified as White Traveller of Irish Heritage remains high but the actual numbers are small. In addition, people who are affected by benefit changes and especially sanctions will be included. Several delivery leads reported that people in these two categories were already high on their agenda because of their increasing numbers and/or needs.

All of the delivery leads spoken to were aware of the 'at-risk' groups and were monitoring access and outcomes as far as possible. This is a positive outcome of the strategy and in some cases has been directly attributed to links to the strategy. As expected, not *all* services had sufficient data to be able to assess whether people in *all* of these groups were achieving equality of access or outcomes. However, they were all monitoring at least some of the groups and there were some examples of good practice as well as a commitment to continuing to improve in this area for the future. For example, work done to support young people with learning difficulties and disabilities to progress to education, employment and training has been particularly successful and plans are in place to adapt the approach taken to support other vulnerable groups to avoid becoming NEET. A summary of participant numbers on commissioned Employability projects (including dedicated BME projects) up to the end of February 2014 showed that 402 of 1,083 starts were by members of BME communities (37%) as were 143 of 326 people gaining work (44%). Family Nurse Partnership and Doulas have strong evidence of differentiated action leading to improved outcomes, we need to explore options for those not eligible for intensive support. There were many more specific examples which will be used in developing actions in the new strategy.

Key themes from the evaluation discussions

In addition to checking progress against the key performance measures and how well we have been attempting to address the needs of the at risk groups, we also started to consider whether the actions should be continued in the future strategy. This paper does not begin to explore all the possibilities for action to tackle poverty, rather it summarises the themes that emerged from these discussions.

All the actions we had been focused on seemed to fit within the proposed three areas of focus:

- Mitigating the worst effects of poverty and improving living standards
- Tackling some of the root causes of poverty – with a focus on helping people to increase their incomes through decent jobs
- Breaking the intergenerational cycle of poverty – through improving children's life chances

We need to ensure that we think about the **structural changes** we could make and not just individual / household changes. For example, being able to reduce the costs of energy through schemes such as the Big Sheffield Switch, as well as by working with individual households to reduce their use of energy.

The last strategy, probably necessarily, focused quite a lot on access and reach of services. In some cases, for example where interventions are strongly evidence-based, this is a sensible approach. However, looking forward, we should **prioritise outcome measures** with a clear and demonstrable **logic flow from the actions** we are taking to how we will achieve them.

In some areas, we **still need to improve the identification and assessment of poverty** and the referral and support for people experiencing it.

By focusing on outreach and access, we were often able to target people who were in poverty or at risk. We need to maintain this focus in the next strategy so that our **actions clearly lead to one of our three main aims**.

We should **work together across services to achieve outcome measures over a longer time frame** such as improvements in Foundation Stage Profile results, which then give schools a better starting point for the work they do to help children progress and achieve. However, it takes significant resources to measure and monitor and it is harder to hold people to account. We need to make sure we achieve shared accountability for shared outcomes.

What makes a good child poverty strategy?

Although no statutory guidance was provided, there was initially some (non-statutory) guidance produced for local authorities. Other organisations have also given their views about what makes a good strategy. Some of these ideas are shown below along with a brief self-assessment against them which we could complete.

Non-statutory guidance from Child Poverty Unit

The Act states that the joint child poverty strategy for the local area should include measures relating to an area's needs assessment, ensuring a clear link between the needs of residents and the planned actions to address those needs. The Act also encourages those strategies to include specific measures relating to other matters identified by responsible local authorities or their partner authorities as pertinent to child poverty in the local area.

The scope and purpose of joint child poverty strategies for local areas depends very much on what it is that those cooperating locally are setting out to achieve, especially, as noted above, what it is that their local child poverty needs assessments indicate needs to be done. Joint child poverty strategies for local areas should:

(a)   be based on analysis: the local child poverty needs assessments should provide the core base of evidence for the strategies, identifying the distribution of child poverty across the local area, indicating the relationship between child poverty and local services, and providing qualitative insights from children, young people and families;

(b)   identify strategic choices: there may be several courses of action proposed which could usefully be identified and their intended impact assessed against the findings of the local child poverty needs assessments. But the strategies will set out the overall approach for tackling child poverty and the priority issues to be addressed; and

(c)   identify how the strategies will be implemented: what resources, structures and mechanisms will need to be in place to ensure effective implementation, what resources will be allocated and what information systems will be used to measure and/or indicate progress.

Ensuring comprehensive strategies

Joint child poverty strategies for local areas will need to inform and be informed by other strategic and planning material, and there may be initial gaps in strategies which will need filling in due course. Although there is no requirement or prescription for local strategies necessarily to be stand-alone documents in their own right, they should be visible, transparent and accountable in order to comply with Section 23 of the Act.

In general, joint child poverty strategies for local areas should set out the shared vision, based on a clear rationale and strong evidence, for tackling child poverty in their local area. It should be clear at a strategic level how positive outcomes will be achieved; and the strategy should identify the partner authorities responsible for taking action, say how progress will be measured and monitored and identify the resources available to implement the strategies.

In addition, child poverty strategies produced by local authorities should show:

a.   determined commitment to ensure services work in joined-up ways;
b.   overt links to existing and related strategies, such as Regeneration Strategies and Sustainable Community Strategies;
c.   senior management and elected member support for and commitment to the strategy and associated action plans;
d.   how they are informed by and seek to address issues raised by children, young people, parents and carers; and
e.   mechanisms and arrangements for the provision of resources and budgets.

Local authorities and their partners will also want to consider and address the implications of their needs assessments and strategies for the development of their workforces, and ensure that their strategies include the

necessary actions to develop shared understandings of the causes and consequences of child poverty across the workforce and the knowledge and skills to play their part in tackling it.

C4EO

We should create a vision which:

- is based on agreed principles
- encompasses all partners within the local area
- involves families
- is clear and easy to understand

Create an outcomes-based action plan which:

- maximises family income by creating the conditions for people to take up job opportunities, ensuring that local authorities and other agencies act as 'model' employers
- provides back-to-work 'tasters' and other stepping stones, and boosts take-up of working tax allowances and credits
- includes economic regeneration and social inclusion by improving local transport and wrap- around childcare
- provides training based on local needs and including 'soft skills'
- links employment advice with other advice services
- includes clear partner roles and responsibilities, and multi-agency thresholds
- encourages the participation of families, children and young people living in poverty.

Assessing and monitoring the strategy

- Agree with your partners and clients what the outcomes, targets and performance indicators should be
- Use qualitative as well as quantitative measures.
- Ensure the outcomes measured are focused on families and children.
- create strong links between assessment, planning and action
- design monitoring so that it can be used to assess if and how the intervention has worked
- revise following monitoring and assessment
- work with partners to plan and improve data collection.

Facilitators		Barriers	
clearly agreed, understood and shared terminology and definitions		lack of joined-up priorities and direction	
strong and supportive political leadership at both national and local levels		perceiving community action as a possible hindrance	
an appropriate degree of area-level autonomy to design and deliver strategies to meet local needs		consultation fatigue, and tokenistic representation	
a risk-taking ethos to challenge existing practice		child poverty champions becoming isolated	
open channels of communication and trust		assuming that projects, which can address poverty issues, can't do so	
accessible and informative data		lack of robust and highquality data to support decision-making	
community action and citizen-led participation		lack of long-term development time and resource allocation.	
involvement of the full range of services and organisations in the delivery of the strategy			

Centre for Economic & Social Inclusion and Child Poverty Action Group

Essential Strategy elements:

- Effective Partnership Working – all relevant partners are involved at appropriate levels of seniority

- Robust Knowledge Base – of the current position, trends, opportunities and risks
- Realistic Expectations – of the capacity of existing provision to deliver, taking into account good practice and expertise from elsewhere which can be used to develop this further
- Clarity of Purpose - in the setting of priorities, goals, required actions and milestones
- Resourced to Deliver – identifying how and by whom resources will be made available to support required actions
- Effectively Monitored and Evaluated – to inform on progress, learn lessons and feed back into ongoing strategy development

4Children – STAMP of approval
- Strategic Leadership: Clear strategic leadership outlined – a named individual with overall responsibility for the strategy, a detailed outline of the impact of the strategy on three or more departments and the action those departments have taken; strong evidence of 'mainstreaming' into local authority business
- Targeting: Significant targeting evident from strategy, several communities and areas established for particular focus, some details of how this targeting will be delivered
- Accessibility: Child Poverty (and strategy) has its own section on local authority website, the strategy visible on the homepage, or there are clear references throughout other sections
- Mapping/Measurement: Strong evidence of tactics to address/reduce poverty, strong quantitative support for this approach, clear identification of priorities, strong detail of efforts to reduce poverty
- Partnerships: Strong evidence of partnerships, multiple external and internal partners identified, good evidence of functional partnership arrangements

Joseph Rowntree Foundation
To finish, an interesting and slightly more challenging take from Chris Goulden who recently wrote a blog entitled: What on earth is an anti-poverty strategy anyway?

I've been doing a lot of thinking of late about strategies. We seem to love them in UK policy-making and see them as the big answer to complex, long-lived problems. And they are an enticing potential response when governments are asked the question "so what are you doing about it?" – the answer being, "well, we have a strategy!".

In practice, strategies often fail to deliver. One of the main reasons is that they provide an opportunity for governments to list all of the policies they already have or are about to announce that have anything at all to do with the problem that needs sorting out. And then, at the other end of the line, they list a set of ambitious targets alongside somewhat arbitrary end dates by which everything will be fine. We've seen this frequently over the last 15 years on poverty policy across the UK.

The new child poverty strategy consultation from the UK government does fall into some of these same traps. However, there are some welcome improvements in the documents released today. There is a comprehensive review of evidence (drawing on much of JRF's back catalogue) as well as the consultation paper itself.

The measures from the Child Poverty Act have been retained, at least for now, and valuable new areas of policy have been opened up around reducing costs and improving living standards. There is a clear awareness of the role of low earnings and in-work poverty even if the policy responses are not yet developed enough to address this problem sufficiently. There are also indications that more controversial topics such as addiction and family breakdown are being considered as part of the wider context rather than being promoted as the main causes (or consequences) of poverty.

One of the reasons why strategies often have a "missing middle", showing how the policies are likely to lead to the desired outcomes, is that it's really difficult to assess how much needs to be done, by when and what the interactions are across multiple policy areas. But governments really need to try harder to set out what they think the impact of their policies are and justify their actions in terms of meeting their wider targets. Then that would be a strategy worth getting fully behind.