

Child Poverty in the East Midlands

Identifying what works

Summary



If you are serious about ending child poverty, you also have to tackle poverty now, or the problems of one generation are inherited by those that follow.

James Purnell, Work and Pensions Secretary¹



This booklet summarises findings from exploratory research to identify what is working in tackling Child Poverty within the East Midlands. It also contains the seven case studies of effective practice produced as part of this research. The research was commissioned by Intelligence East Midlands (IEM), the East Midlands Regional Assembly (EMRA) and Government Office for the East Midlands (GOEM). The main findings are contained in the accompanying document which provides the full overview of current activity in tackling Child Poverty within the region, summarises a review of relevant literature and introduces conclusions and recommendations to inform future action planning.

The findings of the research are based on a representative review of the literature and practice in the region, and whilst not exhaustive they represent an invaluable starting point for further analyses and investigation. The research was a necessary attempt to understand how local activity is being delivered, its effectiveness at reaching target client groups and the impact of this activity on the target communities and families.

The research was commissioned with the following key objectives:

- Identify regional and local policy areas and levers that are known to be clearly linked to tackling and reducing child poverty.
- Identify and provide evidence of current effective practice in tackling child poverty regionally and best practice from regional pilots and pathfinders addressing child poverty.
- Make recommendations as to how partners can learn from and build upon existing good practice in addressing child poverty within the East Midlands.

The case studies cover a range of geographical areas within the region and map across the four key themes identified as central to tackling child poverty, as set out in 'Tackling Child Poverty: Everybody's Business'. They include data for Local Area Agreement (LAA) indicators which were selected both for their relevance to the case study's objectives and target groups but also wherever possible for their relevance to their area's LAA.

Policy background

Children are classified as living in poverty when their family income is below 60% of contemporary median income, equalised by household type. This definition² is widely recognised to reflect the point when families' incomes fall significantly below those of others in society, and they suffer from inequality of opportunity. Across the UK 2.9 million children live in poverty before housing costs, one of the worst rates in Europe.

In 1999 the Government made the ambitious promise to halve child poverty by 2010, and eradicate it by 2020. As part of the Comprehensive Spending Review in 2007 (CSR) the government set out this objective as Public Service Agreement 9 (PSA 9³) and HM Treasury has responsibility for achieving this. The national PSA target to halve the number of children in poverty is measured by the number of dependent children who live in households whose equivalised income is below 60% of the contemporary national median. Since the 1999 pledge, 600,000 children have been lifted out of poverty. In October 2007, the government announced the creation of a new Child Poverty Unit, bringing together experts from Department for Work and Pensions (DWP) and the Department for Children, Schools and Families (DCSF) with the remit of coordinating and developing policy with HM Treasury and across Whitehall to support the ongoing work to end child poverty.

Measures in the 2007 pre-budget review and the £1 billion pledged in the last budget are estimated to reduce child poverty by 500,000 children but this still leaves a large gap to meet to reach the 2010 target. A new package of initiatives was announced in June 2008, to help families, and end child poverty as part of a drive to increase social mobility. The announcement came immediately prior to a speech on social mobility by Gordon Brown. The package of initiatives and pilots will build on already successful initiatives, such as offering new services in children's centres as well as testing new approaches to improving families' incomes.

Findings

Local policy context

The LAA was identified in this research as a key policy tool for local authorities and Local Strategic Partnerships (LSP's) to use in setting out priorities and mechanisms for taking forward collaborative action to tackle child poverty. There is one primary indicator for child poverty, NI 116 and work is underway to create a basket of related indicators. The Child Poverty Unit is leading the development of alternative sources of data for an income based measure which may lead to a revised indicator being introduced in the future. Within the East Midlands only one LAA includes NI 116 as a priority. Issues influencing take up of NI 116 seem to include the lack of appropriate data at a

local level and concerns regarding the use of the current proxy.

Progress towards targets

The number of children in low-income households before housing costs in the UK fell from 3.4 million in 1998/99 to 2.9 million in 2006/07⁴. However this reduction of 600,000 children since 1998/99 includes a rise of 100,000 since 2005/06⁵. The latest rise means that a 1.2 million reduction needs to take place in four years to meet the 2010 target.

In 2004/05–2006/07⁶, approximately 200,000 children were living in poverty in the East Midlands⁷. The risk of living in households with less than 60% of contemporary median household income, before housing costs, was reduced from 26% in 1998/9–2000/01 to 24% in 2004/05–2006/07⁸. However, the headline reduction also disguises an increase between 2003/04–2005/06 and 2004/05–2006/07, when the risk rose slightly from 23% to 24%. Between 1998/99–2000/01 and 2004/05–2006/07 in England as whole, the risk of living in relative low income poverty before housing costs fell from 24% to 22% respectively.

Our research explored two measures of child poverty at a local level, the percentage of children dependant on out of work benefits and Income Deprivation Affecting Children Index (IDACI) data. During the period of 2004 to 2007 the number of wards which exceeded the

national average of children dependant on out of work benefits increased from 15 to 18. Only one ward which had been at or at least twice the national average in 2005 decreased to below this level by 2007 and this was Killisick. Four wards which had in 2005 not been at least twice the national average or higher increased to this level by 2007 these were: Bilborough, Bulwell, Devon and Eyres Monsell.

The IDACI showed similar patterns to the Indices of Multiple Deprivation (IMD) and the NI 116 data. It revealed that in the East Midlands child poverty is concentrated in Nottingham, Leicester and to a lesser extent in Derby, as well as the former coalfield districts such as Mansfield, Bolsover, Ashfield, Bassetlaw and Chesterfield and the Lincolnshire coast⁹. Within the region, children in Nottingham are three times as likely as the average to live in an area with a high proportion of income deprived households and the data suggests that levels of child poverty in Nottingham remain on the increase.

Determinants and drivers of child poverty

Worklessness amongst parents was found to be a key determining factor for child poverty; a child in a household where no one works can be up to seven times more at risk of living in poverty than a child in a working family. However, in recent years there has also been increasing awareness of the existence of 'in work' poverty.

Kenway¹⁰ has argued that the steady upward trend and number of children involved mean that it should be seen as a higher priority.

Activity aimed at addressing the need for financial and material support was found to be primarily delivered through the tax and benefit system. Despite reforms to the tax and benefit system since 1999/00, which is the first year that the DWP began to publish breakdowns on the poverty rates and characteristics of children in poverty, there are ongoing debates about the need for further reforms to this system to alleviate child poverty. In addition to the recognised need for tax credits, it has also been acknowledged that 'had the Government done nothing other than simply uprate the tax and benefit system, there might have been 1.7 million more children in poverty than there are today'¹¹.

Over the past decade the New Deal for Communities (NDC) and the Neighbourhood Renewal Fund (NRF) have tackled the problems faced by some of the most deprived communities. The challenge is to isolate the links with and demonstrate the impact of such programmes on child poverty. This is particularly difficult as many projects funded through area based initiatives do not themselves isolate the spending or impact of their work specifically geared to children and families, therefore further work is required to explore and demonstrate both the

outcomes and impact of such activity.

Children growing up in poverty are likely to have limited life chances in adulthood, and this disadvantage is likely to transmit itself to their children¹². A key aspect of tackling the issue of child poverty is to address this generational cycle of disadvantage, and break the links between poor housing, education and child poverty.

Activity in the East Midlands

A high level of activity was identified in Leicester and Nottinghamshire, followed by Derbyshire, Derby, Nottingham and Leicestershire. Most activity identified was led by a voluntary or community sector organisation or a local authority. A significant proportion of the remaining activity was led through a multi-agency approach.

Improving children's life chances was undoubtedly the most prevalent area of activity aimed at tackling child poverty in the East Midlands overall. A significant proportion of the total projects also addressed the need to increase employment and raise income, reflecting awareness that unemployment is a key determinant of being in poverty. The activity to increase employment and raise income was well targeted at areas of employment deprivation including: Nottingham, Lincolnshire coast, Derby and deprived wards in Leicestershire. Providing financial and material support

and ensuring communities are safe, sustainable places where families can thrive were lesser drivers in the activity identified. This reasonably low proportion of overall activity is probably reflective of the fact that activity aimed at addressing the need for financial and material support is predominantly delivered through the tax and benefit system. The identification of a limited number of area based regeneration initiatives targeted at deprived communities and impacting on child poverty highlights a gap in the research, not in activity being delivered.

Effective practice and lessons learnt

Many of the projects included in the research only evaluated user outcomes and thus further work is needed to encourage projects to demonstrate impacts and outcomes rather than solely documenting outputs. The seven projects identified as case study examples of effective practice in reducing child poverty in the East Midlands represented a range of geographical areas, target groups, and delivery methods. There were found to be features of effective practice which were consistent throughout many of the projects and which may well have contributed to their success.

Examples of these synergies include:

- Flexible ways of communicating with clients including use of text messages and visiting families outside of working hours
- Effective partnership working especially in regards to referrals; with many projects engaging with organisations such as the police, the fire brigade and Connexions who regularly have contact with their target group
- Empowering the individual to take responsibility for their future, agreeing objectives at the start of the engagement and providing the client with a sense of personal achievement at the end
- Using recruitment methods such as secondments and hiring those who had prior experience as project beneficiaries in order to establish teams who have: a diverse range of experiences and knowledge; understanding of the contexts in which they were operating and an ability to provide peer mentoring or education.

Recommendations

The report highlights recommendations and next steps which include:

- Increasing take up of Child Poverty indicators within LAAs
- Improving the availability of appropriate local data to ensure baselines can be set and trends monitored
- Encouraging a shared understanding of the issues and a common language
- Sharing of best practice in performance management so any impact is documented
- Strategic and integrated collaborative working amongst agencies and partners

Webster Stratton Positive Parents Derbyshire

Theme

Improving children's life chances.

Clients groups served

Families including those at risk of negative outcomes, teenage mothers and lone parents.

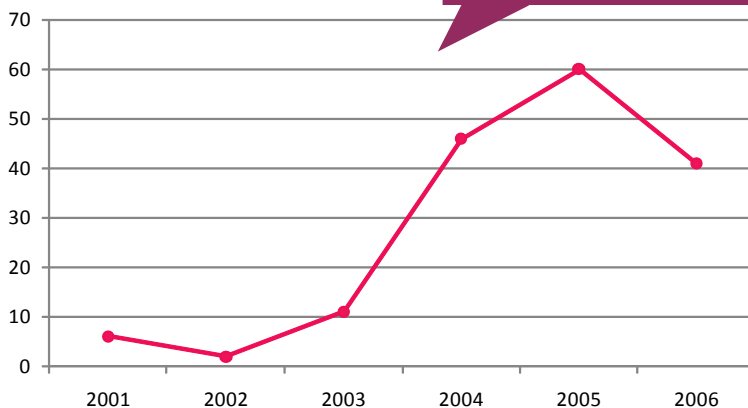
Population and context

Derbyshire, excluding Derby City.

“Certainly, in the south of the county the Positive Parenting programme has become embedded”

Local authority representative

- The number of ASBOs issued in Derbyshire steadily increased between 2002 and 2005 from 2 to 60.
- Prior to the commencement of the Positive Parents programme the number of ASBOs issued in Derbyshire peaked at 60 in 2005 declining to 41 in 2006.



Number of anti-social behaviour orders issued at courts in Derbyshire, as reported to the Home Office by the Court Service by year

(<http://www.crimereduction.homeoffice.gov.uk/asbos/asbos2.htm>)

What did we do?

What happened

The programme uses the Webster Stratton Incredible Years parenting group materials and can be used preventatively and as a therapeutic intervention with parents and carers. It is currently offered as a 12 week programme which uses group discussions, videotapes, modelling and rehearsal intervention techniques.

In Derbyshire the programme aims to increase support for the parents of 2-8 and 8-13 year olds at risk of negative outcomes and ensure that they receive an earlier, more effective, coordinated package of relevant support.

There are no specific targets or goals set for all parents, instead “it is crucial that we work to the parent’s agenda, it’s no use being a top down programme where we’re just delivering a set structure which is the same for everybody, it’s got to be tailored, otherwise you’re not going to engage parents, get them on board and get that change process that you’re hoping for”

[Derbyshire Group Leader].

The programme is shaped by parents’ own goals and parents are encouraged to reflect on these on a weekly basis. Feedback from parents is also gained using evaluation sheets at the end of each week.

“Basically I needed some new strategies to deal with my daughter’s behaviour”

[End beneficiary]

How client groups are reached

Centralised information on the programme is put out by Derbyshire County Council Children’s Trust; it is also included in the local authority’s publicity and leaflets and posters are produced to promote the programmes locally. These are made available through local services such as doctor’s surgeries, schools and children’s centres.

Demand has proved to be quite high, with waiting lists in some areas; however in other communities it initially proved more difficult to recruit parents. Ways to increase recruitment that have been considered are longer lead in times and training group leaders who are local staff, such as family resource workers, and who families and communities are already familiar with.

Since the programme began in January 2007, 80 facilitators have been trained and more than 200 parents had completed the 12 week course by July 2008. With regard to attracting new parents, often the best recommendations come from parents who have been through the programme themselves telling their stories.

“There’s something very powerful about word of mouth”

[Local authority representative]

“There is a universal element to it, but within that universal element there is a targeted approach”

(Local authority representative)

“Local contacts are important and we were very strong advocates in the early days”

(Local authority representative)

How well did we do it?

Partners

Local community groups, doctors surgeries, Children’s Centres, schools, Derbyshire PCT and Derbyshire Children’s Trust, Barnardos, Council for Voluntary Service (CVS), Child and Adolescent Mental Health Service (CAMHS).

“For us what has been a strength has been having the framework of the children’s centres, because we’ve had access to parents who are harder to reach, and they’ve got committed innovative staff who are prepared to work in a different way”

(Local authority representative)

“For early years it’s having the trust of parents who are struggling without stigmatising them but building on their strengths; that makes it really powerful in the children’s centres”

(Local authority representative)

Customer satisfaction

As part of the evaluation process, feedback was gathered from 31 parents who participated in the parenting courses, this was collected through a structured questionnaire within the post-course booklet and analysis of this provides the following data:

- 100% of parents surveyed rated the courses as ‘helpful’ or ‘very helpful’, with 20 parents (65%) rating it ‘very helpful’.
- 74% of parents felt the parenting programme helped them ‘a great deal’ to cope with the problems they had before it began.
- When asked how their child’s behaviour was now, compared to how it was when they started the course, 75% felt it had improved, with 25% reporting that it was ‘much better’.
- 100% of parents surveyed felt understood by the group leaders.
- All parents felt that the group leaders made them feel good about themselves either ‘a little’, ‘a lot’ or ‘very much’, with just over 50% of parents in this final category.
- All parents felt that the group leaders were interested in what they had to say, with 81% rating the group leaders as ‘very interested’.

“Some parents go onto adult education courses, giving them new found confidence and the ability to lead previously disruptive children who could not be cared for by others”

[Delivery Manager]

“The main difference between this and other parenting programmes I’d been on before was the big thick handbook we were given, and the fact that they use videos to show how to deal with different situations”

[End beneficiary]

“They were so welcoming and they really put you at your ease”

[End beneficiary]

Staff training

Group facilitators need to have extensive experience of working with parents or children, and preferably a relevant level 3 equivalent qualification or above – many facilitators are qualified professionals as well as being parents themselves. The initial training is for three days and six supervisory sessions are offered each year, with additional training modules offered where new aspects are added to the programme.

Staff to client ratio

There are always at least two leaders for a group of approximately 8 parents. The professions of the group leaders vary and include: educational psychologists, health visitors, teachers and nursery nurses. Wherever possible staff are paired so

that someone who has run three or four courses works with someone who is newly trained and thus skills continue to be developed.

Is anyone better off?

Skills

The Webster Stratton Incredible Years parenting programme has a 20-30 year internationally recognised research base. In the case of Derbyshire, statistically significant results were shown in a number of areas, and notably in relation to tackling Child Poverty for parents whose income is below £250 per week. Thus demonstrating that the programme has an impact on generational cycles of disadvantage and improving the life skills of today’s 5-20 years olds who are already or who will become parents in the next 15 years.

Behaviour

Statistical analysis using Paired Sample T-Tests to assess perceptions of behaviour showed:

- A statistically significant difference ($p > 0.05$) between parents’ perceptions of their children’s behaviour (as measured by the Eyberg Child Behaviour Inventory, Intensity Score) before and after the parenting programme.
- Parents’ perceptions of children’s**

behaviour were better at the end of the course than they were at the start.

- A statistically significant difference ($p > 0.05$) between parents' perceptions of how much of a problem their children's behaviour was (as measured by the Eyberg Child Behaviour Inventory, Problem Score) before and after the parenting programme. **Parents' perceptions of children's behaviour as a problem were lower at the end of the course than they were at the start.**
- There was a trend suggesting that parents' perceptions of their children's conduct (as measured by the Strengths and Difficulties Questionnaire, Conduct Scale) improved from before to after the parenting programme.
- A statistically significant difference ($p > 0.05$) between parents' perceptions of their children's total difficulties (as measured by the Strengths and Difficulties Questionnaire, Total Difficulties score) before and after the parenting programme. **Parents' perceptions of children's difficulties were lower at the end of the course than they were at the start.**

Wellbeing

Statistical analysis Using Paired Sample T-Tests to assess mental wellbeing showed:

- There was a trend suggesting that parents' mental well-being (as

measured by the Warwick Edinburgh Mental Well-Being Scale) changed during the parenting programme, but the difference observed did not reach statistical significance.

- A statistically significant difference ($p < 0.001$) in the severity of depression measured by the Beck Depression Inventory before and after the parenting programme was obtained for the following groups: parents whose income is below £250 per week, for biological parents and for female parents. **The average score on the Beck Depression Inventory decreased from 13.9 to 6.1 indicating improvements in the mental health and well being of the parents who attended the course.**

Links with policy and child poverty targets

The project actively meets LAA indicators through its collaboration with the Children and Young People's Partnership Group. This has been established in each district to link together and ensure effective communication and practice transpires between relevant projects that are working towards the key child poverty targets. This is the mechanism for bringing people together and forging multi-agency approaches, and is a way of devolving the Derbyshire Children's Plan into the districts.

Each district develops its priorities from the Trust's Children's Plan, taking a partnership approach to delivering these. All of the children's centres have advisory groups, creating another route for multi agency partnership and discussing ways to address poverty and its impacts.

"The Local Area Agreement has been a real driver"

(Local authority representative)

"Even though NI 116 hasn't been selected as a strategic priority for Derbyshire, it certainly is a driver locally, because what we're finding is that a number of the families that we do outreach work with will then come in to the citizens advice bureau around benefits and financial advice and they will often be the parents who are signposted to the positive parents programme"

(Local authority representative)

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Action for Young Carers Lincolnshire

Theme

Improving children's life chances.

Clients groups served

Young carers.

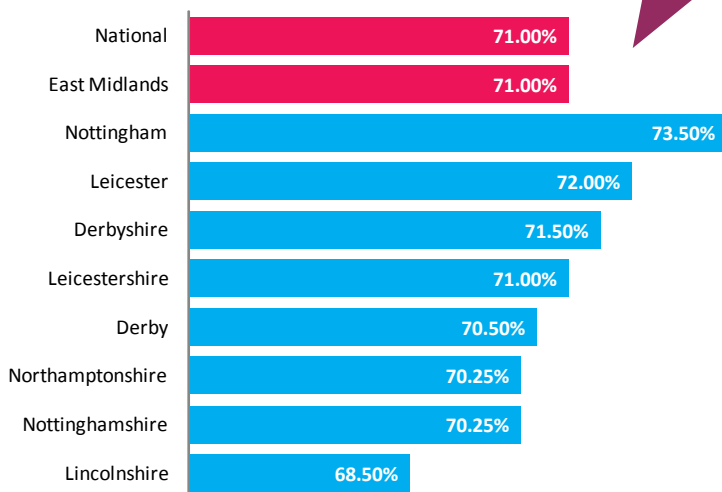
Population and context

Lincolnshire.

“ I feel that the service AYC provides to young carers in Lincolnshire is so important to enable them to 'escape' from their caring role and enable them to be a child again. ”

Health Visitor

- Lincolnshire has the lowest level of young people that feel they have good relations with family and friends.
- Action for Young Carers helps support carers in continuing to develop their relationships with family and friends.



Percentage of young people that have good relations with their family and friends.

TellUs Survey 2008

What did we do?

What happened

The Action for Young Carers (AYC) project provides a programme of support providing respite for young carers between 5 and 18 years old. It seeks to identify, support, inform and empower children who care for parents/carers, relatives, siblings with a physical or sensory disability, mental health difficulty, substance misuse, learning disability, ill health or by effects of the ageing process. Support includes specialist one to one support, education liaison, life skills, counselling, groups and group based activity in order to relieve and prevent difficulties experienced by young carers, including protecting health, relieving sickness, distress or poverty.

“Some of our young people have some complex needs where they need counselling...we built in a counselling service using trained professional counsellors that provide that service to young people”

(Project Manager)

All young people involved in the project have an assessment and agree outcomes with their case worker for the work that they do together. The young people decide the issues they want to discuss on specific courses which are then tailor made for the groups' needs.

“It's not just about that young person;

it's often about the family situation, what support they get from school, and what support they get from their siblings.”

(Youth Service)

How client groups are reached

Young carers are often overlooked as a group, AYC stands out as it identifies their need as a group.

“As an organisation they do some tremendous work with some very needy young people...they do feel very isolated”

(Youth Service)

Young people are referred through a variety of sources including social workers and doctors. If there are other young people in the household they will also engage with them. They also work to raise awareness in schools; as a result of the project there is now a teachers' resource pack, and good practice guidance for all schools in Lincolnshire recommending a named contact in the school to support young carers.

The project was based in South and East Lincolnshire from 2001 until 2008, in October 2008 the service was extended to cover the whole of Lincolnshire. They have had a high recruitment rate with over 760 referrals and work with approximately 450 young carers at any time.

“If they think you've got a problem and need some one-to-one support they'll ring

you and arrange a meeting at your house or go out for a meal and talk, also you can ring them and have a talk”

(End user)

How well did we do it?

Partners

Feedback was gathered from 23 professionals.

92% of the professionals surveyed felt their service worked successfully in partnership with AYC.

“Having access to quality young carer support has made it easier for us to offer support to carers looking after someone with mental illness. Reduction in high expressed emotion for all family members is beneficial as is ‘respite’ time away from home”

(Professional)

There was real benefit from the Youth Service’s point of view as they were able to meet some of their priorities by supporting the AYC through providing venues and transport.

Customer satisfaction

Feedback on the project was gathered from 49 parents and 99 young carers:

- 94% of parents surveyed said they would recommend AYC to other families

with a young carer

- 96% of the young carers surveyed thought the information they had received from their support worker was helpful

“AYC has helped him to feel more confident about himself – just by meeting children in similar positions helps him to feel he is not the only one doing this. It has also helped him remember he is still young”

(Parent)

“AYC is a good scheme and I am glad I have the opportunity to be in it.”

(Young Carer)

Ongoing feedback is also gained from individual events in order to develop the service offered on a yearly basis.

Staff training

“We’re all better for more information and training”

(Project Manager)

Staff come from a variety of backgrounds including social work. In house training is provided by the Carers Federation and from the local authority (child protection, risk assessment, health and safety).

“Having staff with a variety of life experiences is helpful to the services they deliver”

(Project Manager)

Ongoing awareness is developed regarding multi agency working and understanding

the role of other professionals in providing support for young people.

“This allows us to work in partnership to expand the services we offer”

(Project Manager)

Is anyone better off?

Skills

- 66% of the parents surveyed felt their child was better prepared for life outside of school as a result of the AYC project

Confidence

- 100% of the young carers surveyed said they felt the support worker made them feel better about themselves
- 69% of parents surveyed believed their child had made friends with other young carers through AYC
- 70% of parents surveyed felt their child had gained confidence about their own abilities through the AYC

Wellbeing

- 96% of the young people surveyed felt their support worker had helped them to make things better
- Over half (53%) of parents believed their child had benefited from attending a learning session such as First Aid,

cooking, self protection, and fire awareness

Links with policy and child poverty targets

This project helps contribute to Lincolnshire’s NI 58 target to ensure the emotional and behavioural health of children is looked after.

“We are proud that we hit our targets”

(Project Manager)

The project has done a lot of work around the Every Child Matters agenda empowering families and young people to access education and employment opportunities to improve their long term prospects. The project also reflects Youth Service priorities and targets and supports their aims in terms of supporting young people in rural isolated locations.

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Family Intervention Project

Nottinghamshire

Theme

Sustainable places, safe communities and improving children's life chances.

Clients groups served

Families at risk of negative outcomes.

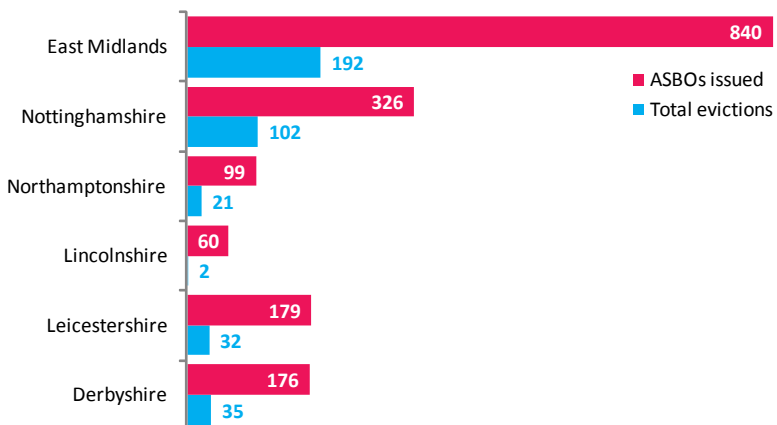
Population and context

Ashfield and Mansfield, Nottinghamshire.

- In Nottinghamshire the total number of evictions and the number of ASBOs issued is the highest in the East Midlands.
- Nottinghamshire had over twice as many evictions than other areas in the East Midlands.
- Nottinghamshire accounts for 39% of the total number of ASBOs issued in the East Midlands between October 2003 and December 2006.

“ Anti-social behaviour is often the catalyst used for many families who find themselves in complex situations. Intensive family support has shown to be effectual in that it prevents individual family members becoming marginalised and encourages access to voluntary and statutory services.”

Mansfield Family Intervention Project,
Evaluation Report, April 2008.



CDRP Survey including ASBO statistics, from October 2003 up to December 2006
(<http://www.crimereduction.homeoffice.gov.uk/asbos/asbos2.htm>)

What did we do?

What happened

The Family Intervention Project works with families who could be facing eviction as a result of anti-social behaviour. Project workers work with families to sustain tenancy and decrease anti social behaviour before the children's behaviour becomes entrenched and difficult to change.

The project provides guidance and early support to families who experience difficulties in caring for their children. It focuses on improving parenting skills and dealing with recurring issues like getting children to attend school regularly, setting limits, respecting neighbours and understanding roles and responsibilities.

"She asked me what I wanted help with... she says that whatever she can do she'll do it"

(End beneficiary)

The families experience a diverse range of needs including alcoholism, anti social behaviour and drug misuse. Therefore families will have one key worker but this worker will also involve other professionals and agencies on the basis of the needs of the family. This project is different from many of its contemporaries as it doesn't simply target the young person or parent but the family as a whole.

The programme also runs a series of parenting courses for families to train and learn the skills they need, the courses include 'Strengthening Families' and 'Incredible Years'.

"This type of project creates a different kind of tradition between families, children and social care...in the probation service we deal with people as individuals"

(Probation Service)

The success of the project in Mansfield and Ashfield has led to further roll out across Nottinghamshire.

How client groups are reached

The Family Intervention Project (FIP) only take referrals for crisis end families who have failed to engage with other agencies, are at risk of losing their tenancy, have an agreed behavioural contract or an anti-social behavioural order.

Referrals can come from police, anti-social behaviour team, private housing associations and self referral. The agency ask the family if they are willing to engage with the project. Once a family has agreed, a date is arranged for the project worker to go to their home and assess their needs.

"The social worker referred us to them, but we'd heard of them before through a friend who had a case worker"

(End beneficiary)

How well did we do it?

Partners

The FIP works with over 25 local partners, who became involved through an initial project steering group. The project has strong communication with these organisations (including Connexions, Probation Service, Jobcentre Plus and Sure Start family centres) in order to achieve their mutual aims.

Customer satisfaction

"I can't fault her on anything at all, she's been brilliant"

(End beneficiary)

The service has successfully engaged with the groups it has targeted and exceeded the expectations of those it's engaged. The majority of end users have kept their homes with 84% of tenancies being stabilised, preventing homelessness and the potential of children being placed or referred to the Children and Young People's Department and helping children get on better in school.

"I didn't think she'd be able to do all that she has done...we've had meetings with the council and other agencies, I didn't expect it"

(End beneficiary)

Staff training

Staff are all on secondment for this project

from a variety of areas including social workers and housing officers and exhibit a variety of skills such as experience working with families, health, and housing law. Staff have received training since the project inception including: parenting skills, mental health, and safeguarding children.

Staff to client ratio

One full time worker handles four or five families so enough time can be allocated to families with complex needs.

Is anyone better off?

The evaluation of 19 families in the Mansfield area demonstrates:

Behaviour

- 58% of families have ceased to exhibit anti-social behaviour with 21% showing a significant decrease.
- Complaints from the communities have decreased by 79% with police recordings echoing similar figures.

Wellbeing

- 76% have received direct input in relation to improving parent - child relationships, with a further 29% accessing formal parenting support programmes

Links with policy and child poverty targets

The project supports the LAA indicators in Nottinghamshire (NI 111 and NI 114) by engaging with young people who may be first time entrants to the youth justice system aged 10-17 and may be at risk of being permanently excluded from school. It also impacts on child poverty by supporting parents in retaining their tenancy and working with the children in order to improve their life chances.

The FIP is also linked to NI 18 which looks at reducing reoffending by adults on probation, thus preventing parents from returning to jail.

“It is generally the deprived wards which are prone to reoffending”

[Probation Services]

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Citizens Advice Bureau in GP Surgeries Derbyshire

Theme

Providing financial and material support.

Clients groups served

Universal service.

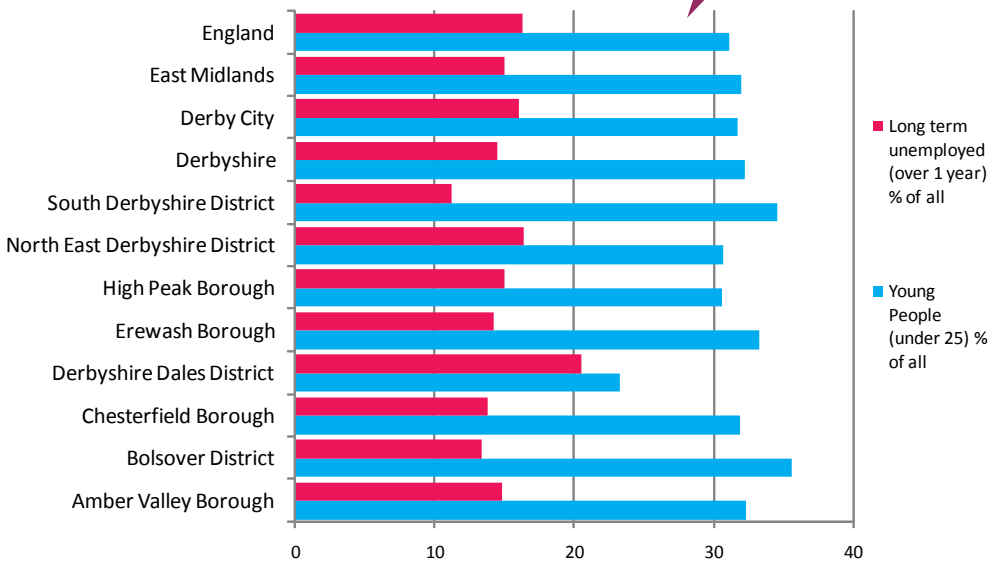
Population and context

Derbyshire.

“ This is an essential service both in terms of giving benefit advice to patients (which can be complicated) and subsequent increased benefits to some patients, with all its knock-on effects from that. ”

GP

- Levels of youth unemployment are high across Derbyshire with 32% of the unemployed in Derbyshire under the age of 25.
- Long term unemployment (more than 1 year) accounts for 15% of the unemployment in Derbyshire.
- 21% of the unemployed in Derbyshire Dales are long term unemployed (more than 1 year).



Claimant Count Unemployment - Youth and Long-term Sources: Monthly Claimant Count
ONS (Nomis); 2001 Census, Small Area Statistics © Crown copyright

What did we do?

What happened

The project provides funding to enable regular Citizens Advice Bureau (CAB) sessions in GP surgeries in a range of communities in Derbyshire, sometimes exposing 'hidden' rural deprivation in areas that appear to be relatively affluent.

The CAB advisors provide one to one information, support and access for people who would otherwise be excluded due to age, poor health, poverty or lack of transport on a range of issues including welfare benefits, debt, education, employment, finance, health, housing, relationships and tax.

From a single practice pilot in Hayfield in 1995, Derbyshire County Primary Care Trust (PCT) and its predecessors gradually rolled out the intervention of placing weekly Citizens Advice Bureau sessions in their GP practices. In 2007/08 the service was available in 22 out of the PCT's 98 practices. In 2008/09, the PCT made a strategic decision to extend this intervention to 50% of its practices using its new health inequalities funding.

How client groups are reached

The service operates mainly on a self referral basis with promotion from the GP surgeries through staff, the surgery newsletter and the main CAB outlets.

Recommendations can also come from GPs and other primary health care workers.

The availability of this service in the surgeries helped to alleviate some of the stigmas attached to attending external agencies for help.

"It was being done in a setting that was much more acceptable and people wouldn't necessarily have to own up to where they were going"

(Practice Partner)

The service is promoted using local newspapers, parish magazines, posters and campaigns when policy is changed that may affect people (for example housing benefits). The service also receives lots of informal promotion from its users through word of mouth.

"Because people have had a positive experience we've seen bonuses"

(Practice Partner)

"CAB are an antidote to the agencies that do target because a lot of charities and agencies will only help if you meet their criteria. We don't have that so in many cases we are picking up clients that cannot be helped by anyone else"

(CAB Advisor)

"My mum knew a bit about them and told me about the things they can help with"

(End beneficiary)

How well did we do it?

Partners

A survey of GP's who had CAB advisors in their surgeries, of the 46 who responded 32 thought the service provided was 'extremely valuable'.

"I feel the CAB is invaluable for general practice and above all else as a service/resource for patients"

(GP)

Customer satisfaction

"They gave me advice and wrote to creditors for me. I found it very useful. I preferred not to be involved in the situation as it was very stressful"

(End beneficiary)

"Citizens Advice know a lot more of the ins and outs of things than the Jobcentre – I trust them 100% more"

(End beneficiary)

Staff training

CAB advice workers generally start as CAB volunteers and as such have six months training through the National Organisation of Citizens Advice. CAB advisors also receive training to understand new developments that will impact on them (for example the introduction of Employment Support Allowance, benefits in residential care, and Tax Credits).

Information sessions are held for employees in surgeries to ensure they fully understand the range of services that CAB can offer.

Staff to client ratio

In October 2008 CAB reported that they had 2,378 client contacts in mid-Derbyshire, By mid-November 2008, 50 GP practices in Derbyshire will be providing a regular (most weekly, four fortnightly) CAB session for their patients.

Is anyone better off?

Of the 2,378 clients seen in Derbyshire over half of these were enquiries about benefits, 16% dealt with employment advice, and 11% gave housing advice.

"I get a charity fund that is helping me with my bills which I never would have got without going to see CAB"

(End beneficiary)

"The feedback that I've had is that patients have found the service extremely helpful... people have been supported to receive benefits and legal help"

(Practice Partner)

"We find that 1 in 4 people using CAB in primary care is found to be entitled to additional welfare benefits. When these

benefits are analysed 53% of them are means tested so in that respect we know we are directly alleviating poverty”

[Public Health Specialist]

When the service is extended to all the 98 GP surgeries in Derbyshire an estimated 2,655 patients will experience measurably improved physical and/or mental health at a cost of £413 per ‘health improved’ patient. The client consultation cost is £39.21 and the cost per problem dealt with is £18.38.

Links with policy and child poverty targets

The project supports Derbyshire’s LAA indicators (NI 130, NI 153) by providing people with employment and benefit advice. It also helps address inequalities in access to services.

“One of the key drivers in setting up the project was that there was some concern that these people were not being spotted”

[Practice Partner]

“I think the fact that you’ve got a service that’s skilled in knowing how to help in these situations is important as the health care team do not necessarily have these skills...we see them as part of the primary health team”

[Practice Partner]

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Family Nurse Partnership

Nottingham and Derby

Theme

Improving children's life chances.

Clients groups served

Teenage parents.

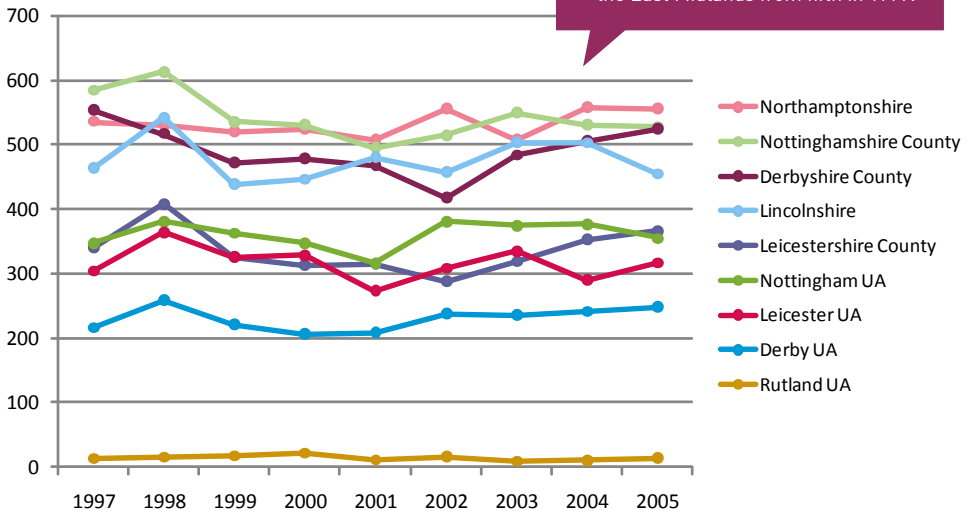
Population and context

Nottingham (Bestwood, Bulwell, Strelley, Aspley, St Anns, Clifton) and Derby.

“ It's about their personal health, the health of the baby, their economic status, and encouraging the mum to seek more education and employment. ”

Family Nurse

- Levels of teenage conception in the East Midlands have stayed steady between 1997 and 2005.
- In 2005 Derby had the third highest level of teenage conception in the East Midlands from second in 1997.
- In 2005 Nottingham had the sixth highest level of teenage conception in the East Midlands from fifth in 1997.



Teenage conception rates in the East Midlands: Top-tier Local Authority (LAD1) Conception Data, 1997-2005

(<http://www.erpho.org.uk/viewResource.aspx?id=17355>)

What did we do?

What happened

The Family Nurse Partnership (FNP) is a joint Department of Health/Department for Children, Schools and Families project that is testing a model of intensive, nurse-led home visiting for vulnerable, first time, young parents. FNP nurses visit parents from early pregnancy until the child is two years old, building a close, supportive relationship with the whole family and guiding mothers to adopt healthier lifestyles, improve their parenting skills, and become self-sufficient. The programme is voluntary and has been taken up by 90% of the families that have been offered it.

It is designed to offer many health and social benefits to teenage parents and their children, including improved antenatal health, fewer subsequent pregnancies, an increase in breast feeding rates and a reduction in child abuse.

“Say the mum’s having problems with heartburn or applying for a Healthy Start grant, then I’m there to share these things and to help her...it’s not about doing things for the families, it’s about supporting them and empowering them to do it. Say they need to make a phone call about some benefit but they don’t have any credit, so they’ll use my phone. Some of them might not like to speak on the phone so we’ll go

through a scenario of what they might be asked”

(Family Nurse)

The programme is being tested in areas of Nottingham and has been piloted in Derby City since April 2007. In Nottingham the programme is being trialled with 150 young women following the initial trial of 100 young women in Derby.

How client groups are reached

Clients are predominantly reached through the midwifery service. All midwifery booking forms for first time parents-to-be (19 and under) are sent to the Family Nurse Partnership Team. To ensure stigmatisation of families is minimised, all potential recruits (19 and under) into the programme are contacted and then visited to introduce the services of the Family Nurse.

“She’s more of a friend than a family nurse, if I need her for any reason I just send her a text, I feel like I’ve known her for ages”

(End user, Derby)

“The mum’s say they appreciate that we’ve got a regular programme of visits and it’s fairly structured although within this there is some room for flexibility, we adapt to the needs of the family”

(Family Nurse)

How well did we do it?

Partners

The Family Nurse Partnership clearly demonstrates strong multi-agency working with other key partners such as Connexions, Social Care, Education, Housing, local Children's Centres Midwifery services and Voluntary Organisations who support teenage parents.

Customer satisfaction

Only 7 young mothers left the FNP in its first year of piloting as the service was not appropriate for them. Evaluation in the first year of the Family Nurse Partnership identified that;

- Clients had very high regard for their Family Nurses
- Clients appreciated the difference between the FNP and other services
- Clients valued the learning aspects of the programme¹³.

"If she hadn't been there I think I'd be more nervous about being a mum and less confident than I am now and I know if I need anything she's always there"

(End user, Derby)

Staff training

Family Nurses have three residential weeks. Family Nurse Partnership training is wide ranging and includes the use

of various assessment tools including NCAST and PIPE. They are also trained in motivational interviewing. They are recruited from a variety of areas having worked in the community for two years with a variety of experiences including working with families, child health care with infants, home visiting, and with teenage mothers.

"You need to be comfortable visiting clients in their homes and being non-judgemental about the way people live. When you first go to work in the community you get a much different perspective than in a hospital setting as you see where they are coming from"

(Family Nurse)

Staff to client ratio

On average 67 home visits take place between the ante natal period and child's 2nd birthday. Family nurses work with a maximum of 25 families.

Is anyone better off?

A national survey of the Family Nurse Partnership showed that 1217 clients were successfully engaged within the first year.

"If I had never met my Family Nurse, I wouldn't be as confident as mum and if

she wasn't there, I wouldn't know who to go else to go to"

(Young mum, Derby)

In Derby in 2007, 93 clients were engaged with, supported by 5 qualified Family Nurses. In 2007 74% of clients in Derby had partners that were supported by the programme and nationally fathers were present at least once for 49% of visits.

"A lot of these young dads have taken a lot of things on board and are very keen to be involved... they want to know how the baby is developing and what they can do to help"

(Family Nurse, Derby)

Wellbeing

Clients reported lifestyle and health benefits following their engagement with the FNP, including weight regulation (50% of clients had before they became pregnant been either under or over-weight according to their BMI) and a reduction in smoking.

Links with policy and child poverty targets

"The FNP objectives are shared across children's centres and LAA targets which are; improving pregnancy outcomes, child health outcomes, and economic wellbeing for parents"

(Implementation manager, Nottingham)

The programme contributes to Derby's LAA targets around tackling child poverty by helping prevent young mothers from becoming NEET. The young women are recruited into the programme no later than 28 weeks and the vast majority have to be recruited under 16 weeks, the target for the Family Nurse Partnership programme. This provides early access that will help achieve Nottingham's targets for NI 126. This also highlights the shared outcome measures across Children's Services and the FNP is testing a new way of working with families to achieve long term sustainable outcomes.

"To date we've had an estimated 50 referrals and the vast majority have been recruited into the programme under 12 weeks"

(Implementation manager, Nottingham)

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Team Programme, Prince's Trust Leicestershire and Northamptonshire

Theme

Increasing employment and raising income.

Clients groups served

Long term unemployed; those in or leaving care; educational underachievers; ex/offenders.

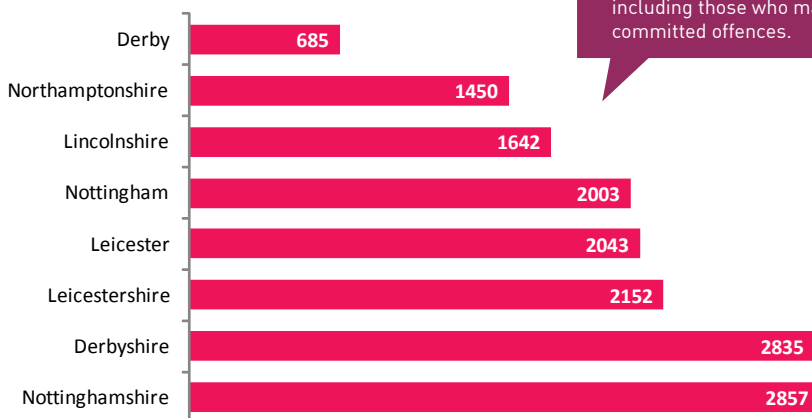
Population and context

Leicestershire (wards in Leicester, Coalville, Hinckley, Loughborough), Northamptonshire (Northampton, Daventry, Brixworth, Kettering, Rothwell, South Northamptonshire, East Northamptonshire, Towcester, Corby, Rockingham, Thrapston, Wellingborough, Earls Barton).

“ It brings a diverse group of people together and it gives them a wide variety of skills and opportunities that they wouldn't get otherwise.”

Strategic Adviser on Education

- Leicestershire has the third highest level of youth crime in the East Midlands.
- The Team Programme operates across all areas of the East Midlands engaging a diverse range of young people including those who may have committed offences.



Number of offences, Youth Justice Board 2006-7 regional offences distribution
(<http://www.yjb.gov.uk/en-gb/practitioners/MonitoringPerformance/WorkloadData/>)

What did we do?

What happened

The Team Programme is a full time 12 week personal development course for 16 to 25 year olds. The programme uses team-building activities in the community to develop motivation, skills and confidence.

During the 12 week course the team members spend a week away at a residential activity centre, undertake a project based in their local community, complete a work placement, participate in a team challenge involving caring for others, and stage a team presentation during which they recount their experiences. Through confidence building exercises and motivation, Team Programme members are encouraged to think about their futures and prepare post-programme development plans.

“We’re there 60 days Monday to Friday. It’s perhaps the most time they’ve spent with somebody who’s looking to their future and looking out for them”

(Team Leader, Leicestershire).

How client groups are reached

The Team Programme is a universal opportunity for young people between the ages of 16 and 25, however they look to actively recruit those who are more reluctant to participate in order to widen

public access to existing provision. In order to recruit those who may most benefit from the experience the Team Programme receives referrals from organisations such as Connexions, Youth Offending Teams, the Police, Probation / Youth Justice Services, Social Services and Leaving Care teams, Jobcentre Plus, FE colleagues and by word of mouth.

How well did we do it?

Partners

Partners include the Fire Service, Connexions, Probation and Youth Offending, Tresham College, local employers and the Learning & Skills Council.

In Leicestershire the Leicestershire Fire & Rescue Service are seen as a positive role model and interact frequently with people with anti social behaviour. By having them as a partner it provides the young people with the opportunity to develop skills in a non-threatening environment; access other organisations and resources available to the Fire Service; gain an insight into how the Service works with their local communities; undertake fire awareness training and other lifeskill activities and talk to the staff about opportunities within.

Customer satisfaction

In Leicestershire 88% of the participants found the Team Programme 'very helpful'.

"They don't just help you with the programme, if you've got any issues in your personal life the team leader will try and help you with that"

(End beneficiary)

Staff training

Team leaders are required to do a 5 day Prince's Trust Team Leader training before they can run a team, this training is held monthly in London. They also do a first aid course, a food hygiene course, minibus training, and as they develop they can work to attain Preparing to Teach in the Lifelong Learning Sector (PTLLS), Certificate in Teaching in the Lifelong Learning Sector (CTL5), and Diploma of Teaching in the Lifelong Learning Sector (DTTLS) within 5 years of starting the role.

"As far as my role is concerned, as well as a Team Leader, I see myself as a housing adviser sometimes, I see myself as a counsellor, I see myself as a teacher, I see myself as a general mentor for these young people with different issues"

(Team Leader, Northamptonshire)

Staff to client ratio

A team will usually have a maximum of 15 people, for each of these groups there is a Team Leader and a volunteer assistant.

Is anyone better off?

Skills

Nationally more than 70% of unemployed participants go on to jobs, training or education within three months of completing the programme.

In Leicestershire in 2008 34% of participants started a new job and 44% went to college or sometimes university following their involvement in the Team programme.

A national survey of current participants in the Team programme identified that 63% believed it had impacted on their writing skills, 85% believed it had impacted on their speaking and listening skills and 90% believed it had impacted on their problem solving skills.

"I didn't have any qualifications as I was kicked out of school at a young age, I knew you could gain qualifications from the Team Programme and it could help you get on with your life"

(End beneficiary)

Wellbeing

The national survey found that 93% of the current participants believed the Team programme had made them feel better about themselves, 87% felt happier with their life, 91% felt able to achieve more in their life and 83% felt clearer about their future.

“In some instances after an offence a statement to the courts letting them know they are involved in Prince’s Trust has given young people a second chance ”

(Team Leader, Leicestershire)

Community

Each team contributes an estimated £7,250 to the local community through the voluntary work they do in a variety of settings.

“Community education is sometimes better than waiting for them to come to you, we go out to get people involved and that needs to be done more”

(Team Leader, Northamptonshire)

Links with policy and child poverty targets

The programme helps contribute to a number of LAA’s indicators including aims to reduce the number of young people who are NEET. Respondents told us that the role of the project in tackling child poverty could be seen in three ways, firstly engaging with young people who may be living in poverty to raise aspiration, secondly motivating and providing skills to enable those who are NEET to go into education and work, and thirdly the projects they are involved in developing and running may have an impact on child poverty in themselves.

“For some time we’ve been working on fitting the programme in with LAA

indicators across the country and its been identified that there’s around 60 of the 198 NI’s that the Team Programme has a beneficial effect on”

(Strategic Adviser on Education)

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Turning Point Women's Centre Leicestershire

Theme

Sustainable places, safe communities.

Clients groups served

Teenage Parents.

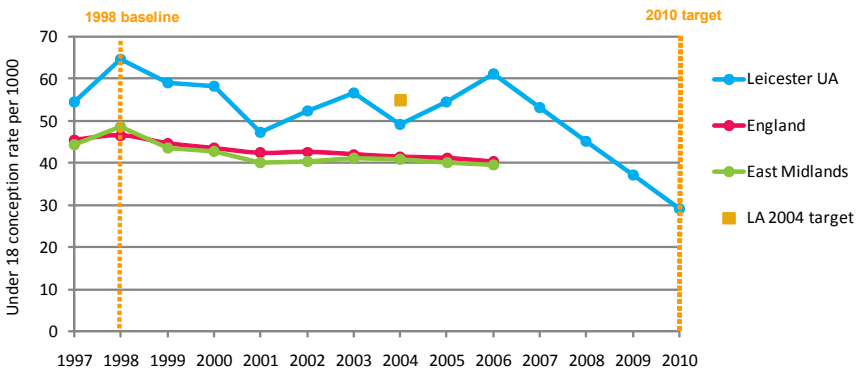
Population and context

Leicester.

“When the project first started Braunstone was identified as one of the most deprived areas in the East Midlands and had one of the highest rates in the city for teenage pregnancy, so it was identified as a hotspot ward and somewhere where there was a real need for a project like this to begin.”

Service Manager
(Children and Young People)

- Teenage pregnancy rates peaked in Leicester in 1998 and after a period of decline increased again between 2005 and 2006.
- Leicester has continued to demonstrate higher levels of conception amongst under 18's than the National or Regional averages.
- Between 2006 and 2010 projected teenage pregnancy rates are expected to decline.



Projected teenage pregnancy rates. Source: Teenage Pregnancy Unit, Feb 2008. (Data for 2006 are provisional)

What did we do?

What happened

The centre is based in Braunstone and is accessible to women across Leicester and aims to support women, girls and their families to overcome disadvantage, inequality and poverty by delivering a range of services to:

- Increase the number of women playing an active role in their community
- Improve the quality of relationships and interaction within families
- Enable children and young people to access opportunities to enhance their health, development and wellbeing
- Develop opportunities to promote the needs and interests of women in policy and decision making processes

“We’re seen as a local community organisation so a lot of local young women feel they can come here for support”

(Service Manager, Children and Young People)

Through their Teenage Pregnancy Project young parents are trained and supported to deliver sex and relationships education in schools across the city. Teenage parents are recruited from wards where there are high teenage conception rates. The programme is fully accredited at OCN Level 1 so they come away with a qualification as well as being given the opportunity to develop their social skills,

self esteem and confidence. Once they’ve achieved accreditation they go to work in secondary schools raising aspiration and employability. The women also receive a £20 training allowance and whilst involved the women are able to make use of onsite crèche facilities.

“A lot of the young women we engage with have left school with little or no academic qualifications, so typically they wouldn’t have any GCSE’s, by them earning the accreditation it’s something they’ve worked for and they’re very proud of that. It often leaves them wanting more, quite often they want to move into further learning and higher education.”

(Service Manager, Children and Young People)

“I wasn’t doing a lot, I wasn’t getting out of the house at all, so I wanted to get out and do something and help other people”

(End beneficiary)

All young parents have access to information, advice and guidance with regard to career progression from the Mentoring Development Worker.

How client groups are reached

The project is city wide and works in all the city secondary schools, peer educators are recruited from the local areas, particularly in ‘hotspots’ for teenage pregnancy such as Braunstone.

“If you can’t afford to get to the centre or the schools they’ll sometimes pay for us to get there so transport’s never really a problem. Turning Point always finds us a way to get there if we really want to go”

(End beneficiary)

How well did we do it?

Partners

Schools, FE colleges, Braunstone Community Organisation, Leicester City Council.

“We’re really fortunate that we have such good relationships with schools. Often they approach us as opposed to us going to them. They’re fully aware of us and the service we offer and they want to take it up”

(Service Manager, Children and Young People)

“Pupils respond well to adults who they perceive as their contemporaries; people who are speaking from firsthand experience and not ‘preaching’. The students always feedback positively when I ask them how they have enjoyed the sessions. They cite, in particular, the opportunity to discuss issues in the same gender groups, the opportunity to ask questions which they know they will receive an honest answer to from someone who ‘has been there’ and the fact that they

can relate to the women as equals”

(FE College)

Customer satisfaction

“Often they feel proud to look back at their personal development plan and they can see where they were when they first came into the project and where they are six months on. They see it as a personal achievement”

(Service Manager, Children and Young People)

“It can change their negative perceptions of education to go back into schools and be valued by teachers. The young women involved say it’s altered their perceptions both of school and their aspirations for their own children”

(Head of Programme Development and Evaluation, Community Association)

Staff training

Coordinators on the project have to have understanding and knowledge of working in an area of high deprivation and the issues that young parents face. A variety of training also is available including Introduction into Youthwork (OCN Level 2) and Speak Easy (a course training parents and carers around how to talk to children about sex and relationships).

Is anyone better off?

Skills

In the last 2 years the project has engaged 44 young parents, 31 of whom achieved a level 1 NOCN Progression Award, 16 moved into sustainable employment and 13 moved into further education and training. 12 young parents from this cohort continue their involvement and are being supported into progression routes. This amounts to a 93% retention rate, with 70% receiving a qualification and 66% achieving a positive outcome for progression.

All the young parents complete a personal development plan at the start of the project in which they identify their goals. These are reviewed every six months and from this any gaps in their learning and development are identified and training or activities are identified to tackle this.

Wellbeing

In 2008 the crèche supported 55 families, providing early education and care for the 0 to 5s and the afterschool club worked with children aged 4 to 7.

Community

"It has a positive impact on the young people they talk to as it's peer led, so the young people are able to identify with them as they're often from the same area and a similar age. Rather than speak to a teacher or a carer they find it easier to speak to a peer educator"

[Service Manager, Children and Young People]

Links with policy and child poverty targets

"The NEET agenda is quite high both locally and nationally so I'd say there is a focus on ensuring these young people can move into sustainable employment"

[Service Manager, Children and Young People]

The project contributes towards the objectives of the Leicester City Strategy, Leicester Local Area Agreement, Leicester Children and Young People's plan and Leicester Children's Centre Strategy as well as contributing to the aims of the LSC East Midlands Regional Statement of Priorities 2007. It also contributes to the outcomes of Every Child Matters.

The project contributes to achieving the target of reducing the percentage of 16 to 19 year old young people not in employment, education and training (NEET) to 8.95% and also contributes to the target of increasing the involvement in NEET of teenage parents to at least 60% by 2010.

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References

- 1 Purnell, J. Only we can help the poor. Guardian. Monday July 21st, 2008.
- 2 Nationally child poverty is measured in terms of relative low incomes – a child is defined poor if his or her household's income is below 60% of median income (after adjusting for different household size). The Government measure is 'before housing costs'. The Government also publishes measures 'after housing costs', which is the measure, preferred by CPAG and Inclusion, the Child Poverty Toolkit partners.
- 3 PSA 9 is worded as follows: Reduce by a half the number of children living in relative low-income by 2010/11.
- 4 Calculated from the data provided in the Households Below Average Income (HBAI) 1994/95 – 2004/05, DWP.
- 5 Note that the "headline" reduction in child poverty since 1998/99, which was 700,000 in 2004/5, is now 600,000 – a fall only of 100,000 even though child poverty on rounded figures appeared to rise by 200,000. This difference is due to inaccuracies of rounding. The actual rise was closer to 100,000 than 200,000.
- 6 Due to the size of the sample in the Family Resources Survey (FRS), the risk and number of children living in poverty by region is given as a three year average to improve the statistical reliability of the results.
- 7 Factsheet 2006/07: Children in Poverty – The Regional Perspective.
- 8 Calculated from data provided in three year averages in the Households Below Average Income (HBAI) 1994/95 – 2004/05, DWP.
- 9 Green, A. Institute of Employment Research, University of Warwick, on behalf of emda, Mapping Deprivation in the East Midlands – Implications for Policy, August 2005.
- 10 Kenway, P., Addressing in-work poverty'. 2008, Joseph Rowntree Foundation
- 11 HM Treasury, HM Treasury, DWP (Department for Work and Pensions) and DCSF (Department for Children, Schools and Families (2008) Ending Child Poverty: Everybody's business, 2008, p. 5.
- 12 Phung, V.H., Ethnicity and Child Poverty under New Labour: A Research Review, Social Policy & Society, 2008.
- 13 Barnes, J. et al. (2008). Nurse-Family Partnership Programme: First Year Pilot Sites Implementation in England. London: Institute for the Study of Children, Families and Social Issues.

Thanks

Every effort has been made to ensure that the information contained in this publication is true and correct at time of going to press.

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This document along with the full report from this research can be found on our website at www.cfe.org.uk.



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GOVERNMENT OFFICE
FOR THE EAST MIDLANDS

