Child Poverty (Scotland) Bill

Written Evidence: NHS Greater Glasgow and Clyde (NHSGGC)

1. Introduction

1.1 NHSGGC welcomes the Child Poverty (Scotland) Bill and its emphasis on reducing relative, material, combined and persistent poverty. NHSGGC has undertaken work on child poverty for many years in child and maternal health and participated in a wide range of partnership activity on financial inclusion, employability and women’s health. For example our “Healthier Wealthier Children” initiative has raised £13,658,281 since October 2010 through 12,518 referrals made by health staff putting money directly into the pockets of families. We would also highlight work in the Children’s Hospital which is currently raising an average of £4,000 per family referred to the on-site Family Support Service. “Costs of the School Day”, which was developed by NHSGGC Health Improvement, Glasgow City Council and the voluntary sector, is a good example of partnership action to directly mitigate family poverty. The approach is now being considered in Dundee- see here for the report.

1.2 Socioeconomic inequalities are the root causes of many outcomes for children including health outcomes we support a strong legislative drive to reduce. Poverty is the most deprived end of a socioeconomic gradient across society.

1.3 Fundamental causes of poverty are due to the unequal distribution of resources and power. Authority for much of what can be done to reduce poverty lies at national and international government level with some levers at local government level. Health Boards therefore have limited power to reduce poverty; however they do have an important role in mitigating its impact on health, working with local partners to reduce poverty and an advocacy role in relation to the impact of poverty on population health.

2. Comments on the Bill

2.1 Implementation of the delivery plan and annual reporting
2.1.1 We welcome Section 33 in the Child Poverty (Scotland) Bill Policy Memorandum which states that the Scottish Government fully expects to involve local authorities in developing the national Child Poverty Delivery Plan and work closely with them and other stakeholders to provide guidance and support for the annual reporting required in the Bill.

2.1.2 Community Planning Partnerships and Integrated Joint Boards (IJBs) and Health and Social Care Partnerships should also be key stakeholders in this process.

2.1.3 We would suggest that:

- If amendment is still possible, CPPs and IJBs should be included in the duty given their role in planning and delivering relevant services at community level. Otherwise their necessary involvement should be made clear in the Act’s accompanying guidance.

2.2 Coordination and strategic planning

2.2.1 The aspiration of the Bill to tackle child poverty at national and local level is welcomed. To achieve this there is a need for a strategic approach which ensures that there is planned and co-ordinated which is contributing towards the targets.

2.2.2 Eradicating child poverty is both simple and complex: simple in that it is underpinned by a lack of income; and complex in that it requires action across a wide range of policy areas. This requires co-ordination across social security (e.g. new powers on the Best Start Grant), health (e.g. Getting it Right for Every Child)

2.2.3 We would suggest that the guidance could include:

- The actions required and who is responsible at national, regional and local level to achieve the targets;
• An interim review of the targets to ensure the direction of travel is being achieved locally and nationally;
• The requirement for local Child Poverty Strategies to drive local annual reporting which sets out the need to consider parental employability, social security, education, childcare, lone parents, housing and information and advice;
• The inclusion of child poverty in Children’s Services Plans and Local Outcome Improvement Plans.
• Clear links to other relevant strategies and policy areas including: Getting it Right for Every Child; Safer Lives, the national strategy on gender based violence where there is an impact on family poverty; Early Learning and Childcare; and the Link Worker Programme.

2.3 Measurement Framework

2.3.1 The current child poverty measurement framework is useful and the inclusion of measures related to the fundamental structural causes of poverty (e.g. percentage of working population earning less than the living wage, employment and underemployment rates for adults with dependent children) is welcomed.

2.3.2 Some of the framework indicators, particularly those related to health and improving prospects, are about the impact rather than the cause of poverty (e.g. tobacco consumption, diet, physical activity levels of children in low income households). It is difficult to improve these indicators without focusing on underlying causes. It is also not clear that mitigation of individual behaviours breaks the cycle of inter-general poverty. We should avoid life-style drift which could occur if we focus efforts on improving these indicators at the expense of structural ones.

2.3.3 We would suggest that:-

• Local measurements on health should have a clear line of sight to the 4 targets.
• Measures are based on locally available data so that progress can be monitored at neighbourhood level, or at least local authority level.
• Where possible the measures are disaggregated for equality groups (e.g. sex, age, ethnicity, disability, sexual orientation).

It is worth acknowledging the legislation involves a targeted approach to improving the lives of those affected by socioeconomic inequalities and the likely impact, therefore, of successful action will be to create a J-shaped socioeconomic gradient in outcomes rather than flattening the outcome gradient across society.

2.4 Gender and Poverty

2.4.1 In NHSGGC we have included a gender analysis in our work on mitigating family poverty, for example partnership initiatives with lone parents and through our work on inequalities sensitive practice. For example, 92% of lone parents are women and a high number have been victims of domestic violence which leads to financial and housing insecurity for women and children and social connections being broken. Lone parents are disproportionately affected by welfare reform changes with working lone parents the biggest losers. This is likely to be caused by weaker labour markets where lone parents are concentrated, part-time work, unequal pay, gender segregation and lack of affordable and flexible childcare.

2.4.2 We would suggest that:

• The guidance strongly frames the actions in relation to the gendered nature of poverty to ensure that national, regional and local actions take this into account.
• The needs of particularly vulnerable groups of families are considered in the guidance including lone parents, families with disabled children and families where there are young carers or kinship carers.
2.5 Funding

2.5.1 Local authorities and Boards will be limited in what they can achieve without additional resources as outlined in the financial memorandum. Scarce core resource is already focused on existing statutory and mandatory functions and supporting NHSGGC’s fundamental accountabilities around safety and efficiency. Coordination of local activity also requires partnership capacity.

2.5.2 We believe that there are also some immediate mitigations which might need resource, particularly benefits sanctions which can leave families in an extremely precarious financial position.

2.5.3 We would suggest that:

- Funding for a local post in each area is considered as an investment to front-load activity to deliver the targets.
- Funding is explored to mitigate the impact of welfare reform on the most vulnerable families, particularly benefit sanctions.

3. Suggested Activity at Health Board Level to Meet the Duty

3.1 It is helpful to structure health board relevant actions in relation to our role as an employer, service provider and partner.

3.2 Employer related actions

- Prioritisation of protection and creation of good quality jobs;
- Making efforts to recruit those current furthest from the labour;
- Maintaining and extending family friendly policies and auditing meaningful implementation;
- Exploring opportunities to provide/support flexible and affordable childcare;
- Auditing and redressing where necessary gender pay-gap inequalities;
- Community benefit/Living Wage accreditation clauses in procurement.
3.3 Service-provider related actions:

- Ensuring children and families services are delivered proportionate to need;
- Ongoing monitoring and redressing of access barriers for families on low incomes;
- Prioritisation of inequalities sensitive practice training for universal staff working with families;
- Integration of financial inclusion/income maximisation with universally provided child and family services – e.g. Healthier, Wealthier Children.

3.4 Partnership actions:

- Advocacy for action on fundamental causes of inequalities;
- Advocacy for living wage, basic income guarantee;
- Advocacy for greater accessibility to affordable and flexible childcare;
- Supporting community planning partners in getting evidence into action on locally modifiable causes of inequalities;
- Working within community planning to implement the place standard for Scotland.

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