

POVERTY, EDUCATION & HEALTH

September 2019





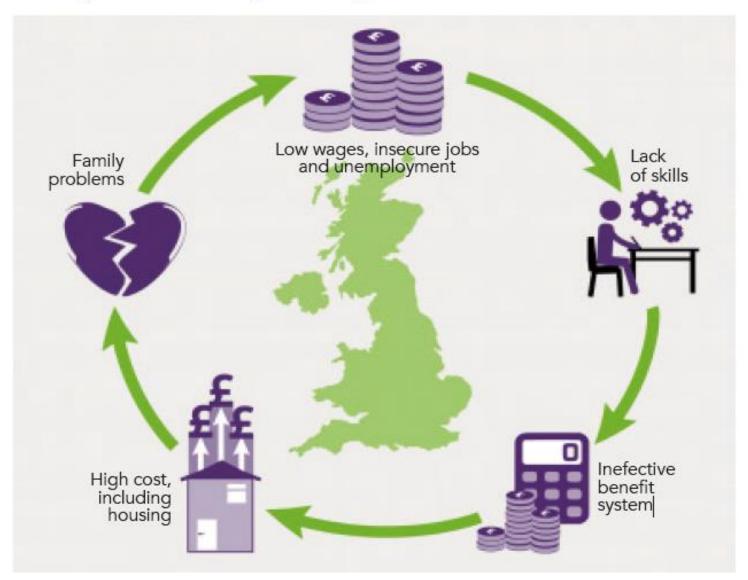


There are different levels of poverty in the UK





Poverty is not caused by one thing



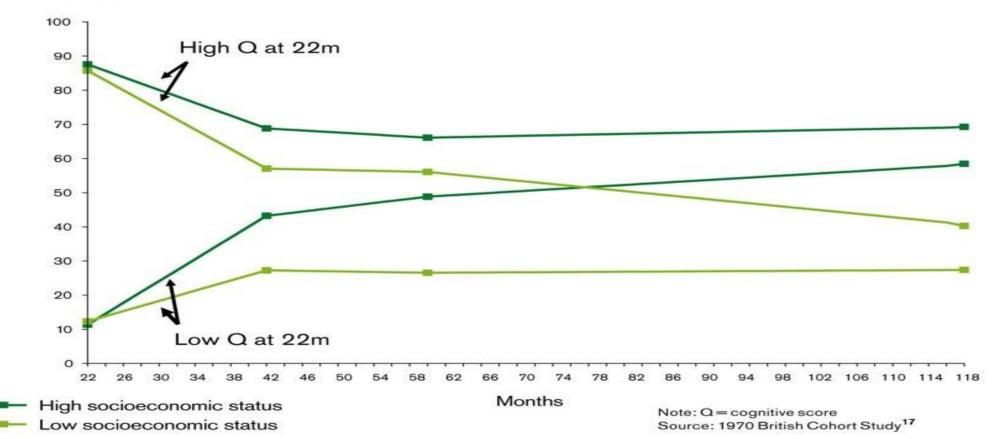


Setting the Scene



Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

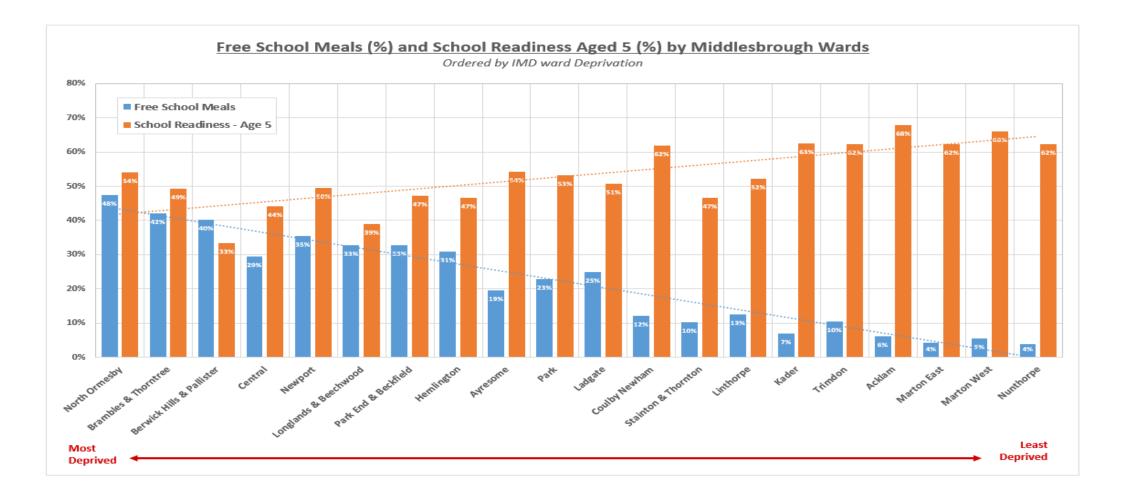
Average position in distribution



Public Health England (PHE)

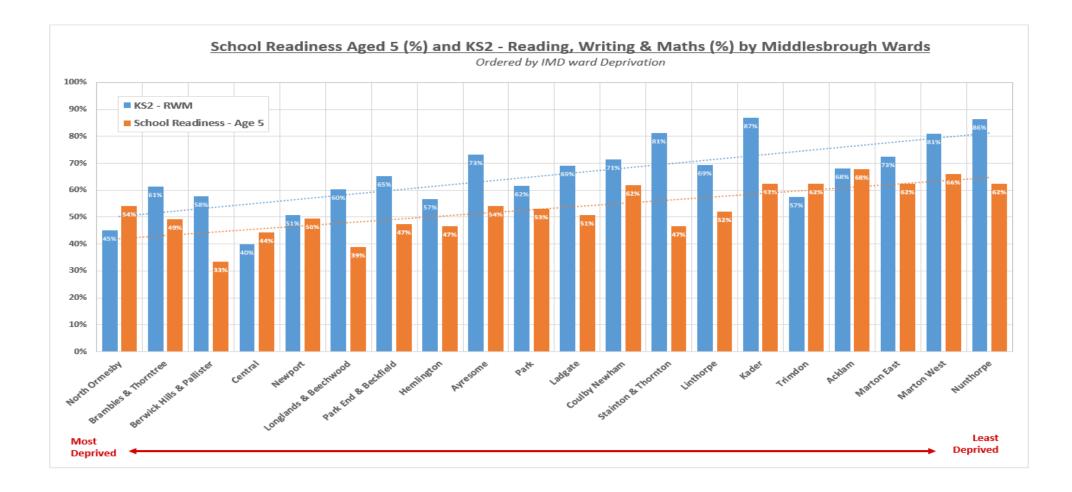


Setting the Scene





Setting the Scene



Poverty and Health



Money and resources

1^{IN} 5 of the UK population live in poverty. Over half of these people live in working households. Poverty damages health and poor health increases the risk of poverty.

An inadequate income can cause poor health because it is more difficult to:

Avoid stress and feel in control

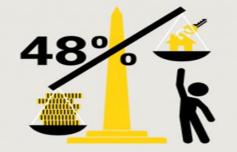
Access experiences and material resources

Adopt and maintain healthy behaviours

Feel supported by a financial safety net



Living with the day-to-day stresses of poverty in early childhood can have damaging consequences for long-term health



Money can allow people to access the basics they need to fully participate in society. Yet, 48% of 21-24 year-olds earn less than the living wage



Healthy behaviours can feel unattainable. It is 3 times more expensive to get the energy we need from healthy foods than unhealthy foods



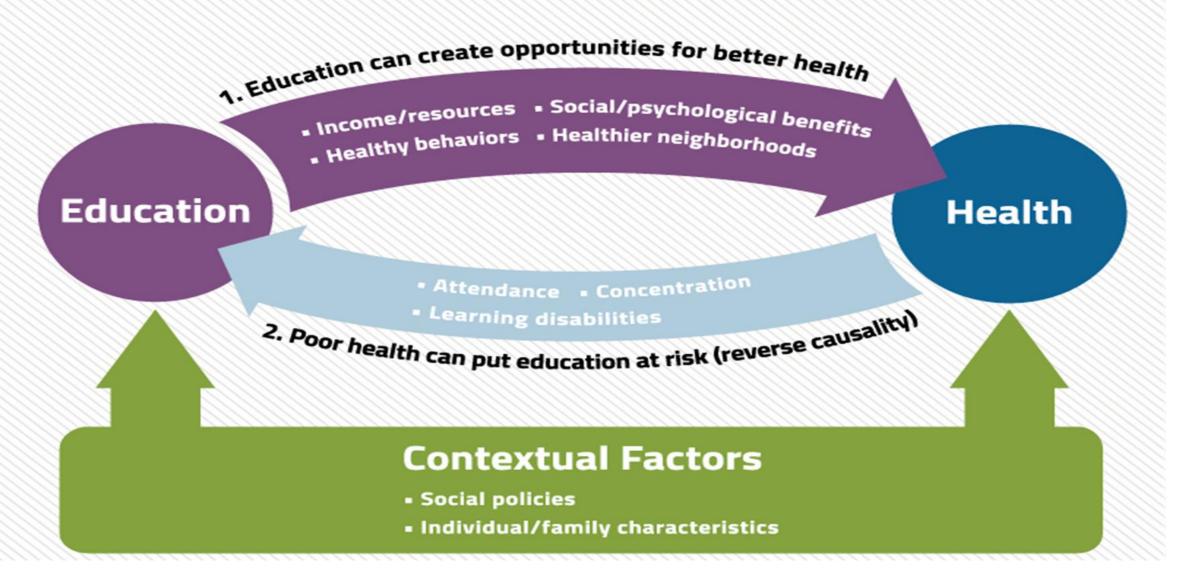
A safety net enables people to invest in their future. In a recent study, 40% of people with unmanageable debt said they were less likely to study or retrain



References available at www.health.org.uk/healthy-lives-infographics © 2018 The Health Foundation.

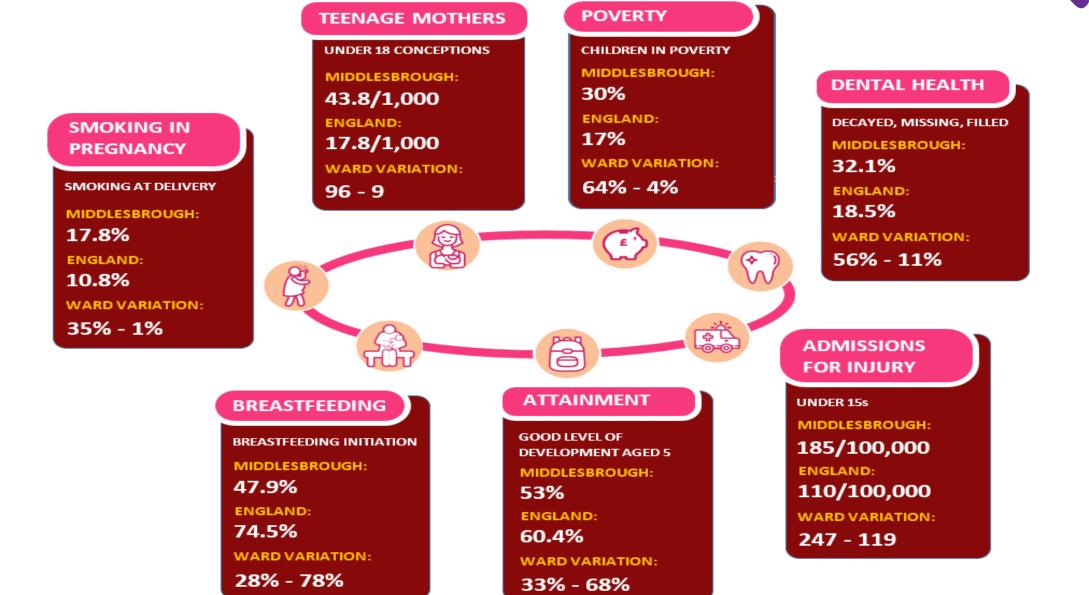
Impact of Poor Health on Education





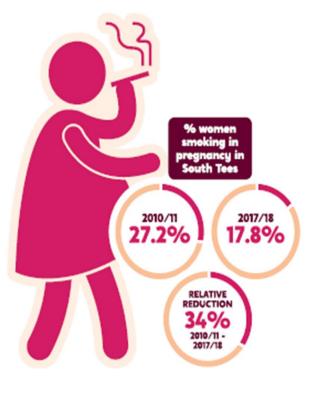
Impact of Poverty on Health





What are we doing in Middlesbrough?

Best Start In Life





SIGNIFICANT INCREASE IN REFERRALS TO TALKING THERAPIES

Talking therapies develops positive mental health. For parents this is pivotal, babies born to those with poor parental mental health and emotional wellbeing often experience delays in development whereas children with good mental health and emotional wellbeing are much more likely to thrive.





DEVELOPMENT DELAYS ARE IDENTIFIED AT THE EARLIEST POSSIBLE POINT SO CHILDREN GET SUPPORT EARLIER TO HELP THEM START SCHOOL ON AN EQUAL FOOTING WITH PEERS





What are we doing in Middlesbrough?

- Healthy Child Programme ASQ, support for families, early identification
- Dental health
- Healthy Start Vitamins
- Food Poverty Food Banks funded via Food Power Alliance (MBC)
- Fuel Poverty (Affordable Warmth) now South Tees Group & Action Plan
- Welfare Rights Advice service commissioned across S Tees (CAB & Macmillan) and new Community Bank(s)
- LWC signposting & support to welfare support / Groundwork etc
- Fund elements of Period Poverty and support with staffing resources
- Holiday Hunger
- Support the financial inclusion group
- Target health services and screening services to areas of high deprivation
- Improve access to health services
- Stop before the knock
- MAP



Reflections on our current approach

- Fragmented or cohesive?
- Are we maximising the resource available?
- Mitigating against the impact and not the cause
- Not sustainable with diminishing resources
- How do we measure the true impact on poverty?
- Are we reaching the communities/individuals in more need
- How do we change culture?



Considerations going forward/potential KLOEs

- What are the key elements of tackling poverty as a whole- e.g inclusive growth?
- What is the role of councils in creating or preventing poverty (e.g approach to council tax arrears and local welfare assistance schemes, working with the combined authority)?
- How can we change the narrative on poverty to remove stigma and focus on social justice
- What are the opportunities in Middlesbrough and beyond to minimise harm and maximise assets across agencies through cooperation?
- Who are the partners needed to collectively engage on this agenda?