

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 3 October 2022
Title:	Investing in the future: tackling child poverty
Responsible Director:	Lynne McNiven, Director of Public Health
Report Authors:	Ruth Mellor, Consultant in Public Health, Michelle Kennedy Infant, Children and Young People's Transformational Change (ICYPTC) Programme Manager

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The impact of poverty has wide reaching implications across all directorates and it is in the best interests of the health and social outcomes of our entire population to prevent the impact of poverty on our youngest citizens.

The Scottish Government have now produced its next Child Poverty Delivery Plan 'Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026' ([link](#)). This includes commitments such as: by the end of 2022 increasing the Scottish Child Payment to £25 per week per child; increase employment support for parents, aiming to support up to 12,000 parents across Scotland to enter and sustain employment. Furthermore, they have committed to introducing a £1 million community bus fund, to support local authorities (LAs) to improve the availability of public transport; increase connectivity with having 300,000 people online by the end of 2026; by summer 2022, the Scottish Government will introduce a requirement on public sector grant recipients to pay at least the real living wage to all employees¹.

¹ Scottish Government (2022) Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026, <https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/> accessed 26/8/2022

The Child Poverty (Scotland) Act 2017² places a duty on LAs and Health Boards to report annually on activities they are taking, and will take, to reduce child poverty through Local Child Poverty Action Reports (LCPARs). Our statutory duty is to contribute to joint reports with the LAs. This board paper is in addition to that and focuses on 'in house' poverty prevention and mitigation work, which will feed into those LCPARs and is presented to the NHS Board for awareness.

2.2 Background

The last child poverty report to the Board was in August 2021 and the Director of Public Health Child Health Report was reported to the Board on 15 August 2022. It is anticipated that timing of the next child poverty report to the Board will be in May 2023, to better align with LCPARs.

The impact of poverty is well documented and experiencing poverty can have multiple and lasting ill effects on outcomes and opportunities across the life course. The risk of falling into poverty has intensified due to the impact of the COVID-19 pandemic and measures to mitigate the harm caused by the virus.

In line with the national practice model - Getting It Right for Every Child (GIRFEC), and the United Nations Convention on the Rights of the Child (UNCRC), poverty should be viewed as a threat to children's health and wellbeing which has the potential to impact their adult outcomes and which health services and LAs have a duty to protect children from. Causes are likely to be multifactorial, and tackling inequalities will require action across many fronts, including reducing structural inequalities and addressing barriers to equitable care. To mitigate the impact, poverty must be addressed across all directorates, now more urgently than ever.

2.3 Assessment

Members of the Public Health Department are engaging with each of the three LAs to ensure NHS input into the LCPARs. The LCPAR for period 2021-22 for North Ayrshire is found [here](#), the East Ayrshire LCPAR is expected to go to the September 2022 East Community Planning Partnership Board and Council, and the Public Health Department are in contact with the lead for the South Ayrshire LCPAR. NHS colleagues helped organise, participated in and presented at the North Ayrshire Child Poverty Boards "Tackling Child Poverty: 'No Wrong Door' Session on 30th August 2022.

The work NHS Ayrshire & Arran (NHS A&A) is doing around child poverty is closely linked with the new NHS A&A Employability Steering Group and the new NHS A&A Community Wealth Building/NHS as an Anchor Organisation Programme Board. However the actions currently being considered by Employability and Community Wealth Building are not, in the main, noted on this action plan (Appendix 1). It is encouraging that NHS A&A is striving to improve the situation for staff and the population of Ayrshire and Arran, particularly in light of the cost of living crisis.

² Child Poverty (Scotland) Act 2017, Acts of the Scottish Parliament, 2007 asp 6, Crown <https://www.legislation.gov.uk/asp/2017/6/contents/enacted> accessed 26/08/2022

2.3.1 Child Poverty Statutory Income Targets

The Child Poverty (Scotland) Act 2017 sets out four statutory income targets, which require to be met by the financial year beginning 1 April 2030:

- Less than 10% of children are in relative poverty;
- Less than 5% of children are in absolute poverty;
- Less than 5% of children experience combined low income and material deprivation; and
- Less than 5% of children are in persistent poverty.

2.3.2 Child Poverty Data

Child poverty was rising in every Scottish LA area before the impact of the COVID-19 pandemic. The most recent statistics note a slight drop in poverty levels, thought to be attributed to temporary COVID-19-related increase to universal credit³. However, Improvement Scotland have advised against the use of this data. This is because the COVID-19 pandemic restrictions severely disrupted data collection, meaning that they were unable to collect a representative sample for Scotland⁴. Therefore within this report the most recent data able to be used is from 2019/20. It is recognised that the absence of reliable recent data may mask the current reality.

In Scotland,

- 13% of children live in a low-income family with material deprivation, i.e. unable to afford basic necessities (such as a winter coat) after housing costs (AHC) (between April 2017 to March 2020)⁵.
- 25% of children lived in households with marginal, low or very low food security (2019/20)⁶.
- 16% of children live in persistent poverty: i.e. lived in relative poverty for 3 out of the last 4 years (in 2015-2019)⁷.

The 2019/20 national child poverty data (Table 1) lists the percentage of children living in relative poverty AHC, (which are the unavoidable costs of rent or mortgage repayments) by LA, from largest to smallest proportion.

In 2019/20 across Scotland, North and East Ayrshire have the 2nd and 4th largest and South Ayrshire has the 11th highest percentage of children living in relative poverty, with 27.9%, 27.3% and 24.8% respectively, which are all in excess of the Scottish average. However, in every LA in Scotland, between 2014/15 and 2019/20, child poverty has increased.

There is still much work to be done to achieve the 2023/24 target of 'fewer than 18% of children living in poverty in Scotland', to show that the country is on track to achieve the 'less than 10% children in relative poverty by 2030'. Wide and transformational action must be taken to meet the 2030 statutory income targets.

³ Juliet Stone and Donald Hirsch (2021). End Child Poverty Scotland. Centre for Research in Social Policy, Loughborough University, published in March 2021. Available at: <http://www.endchildpoverty.org.uk/local-child-poverty-data-2014-15-2019-20/>, accessed 10/06/2022.

⁴ Scottish Government (2022) Poverty and income inequality in Scotland 2018-21 Analytical report, published 31 March 2022. Available at: <https://data.gov.scot/poverty/2022> accessed 25/8/2022

⁵ Scottish Government (2021). Poverty and Income Inequality in Scotland 2017-20. A National Statistics publication for Scotland. Available at: <https://data.gov.scot/poverty/2021/> accessed 26/8/2022

⁶ Scottish Government (2021). Poverty and Income Inequality in Scotland 2017-20. A National Statistics publication for Scotland. Available at: <https://data.gov.scot/poverty/2021/> accessed 26/8/2022

⁷ Scottish Government (2021) Persistent Poverty in Scotland: 2010-2019. A National Statistics publication for Scotland. Available at: <https://data.gov.scot/poverty/2021/persistent.html>, accessed 10 September 2022.

Table 1: Estimates of children living in relative poverty, below 60% median income after housing costs (AHC), by Scottish LA (2019/20)

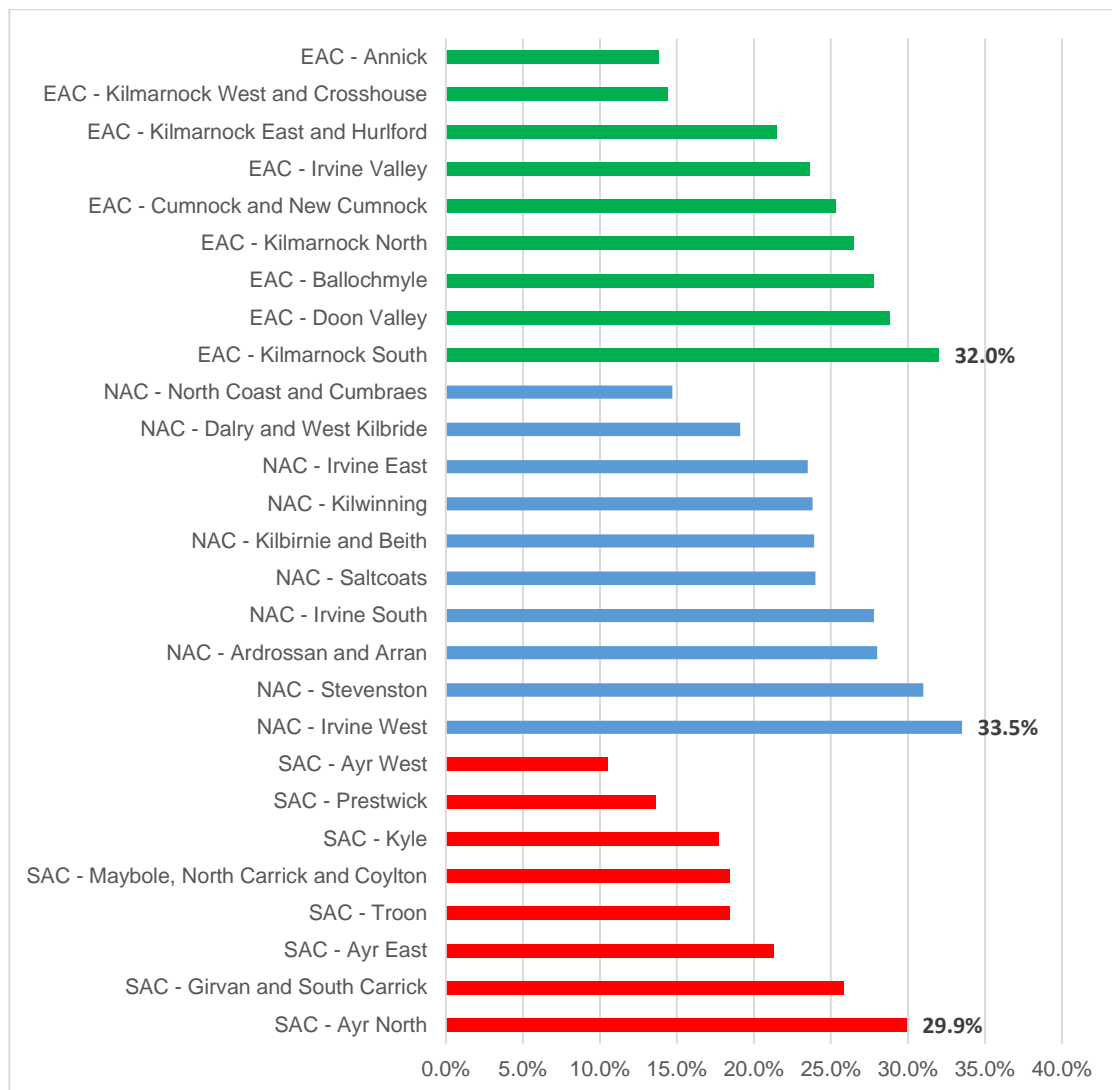
Local authority	Number		Percentage		Percentage point change (2015-20)
	2014/15	2019/20	2014/15	2019/20	
Glasgow City	26223	32480	27.10%	32.20%	5.10%
North Ayrshire	5790	6274	24.80%	27.90%	3.20%
Clackmannanshire	2205	2443	24.20%	27.30%	3.10%
East Ayrshire	5167	5754	24.40%	27.30%	2.90%
Dundee City	5650	6425	23.80%	26.80%	3.00%
West Dunbartonshire	3685	4189	23.40%	26.80%	3.30%
Dumfries and Galloway	5583	6205	23.30%	26.70%	3.40%
North Lanarkshire	15202	16604	23.90%	26.50%	2.60%
Fife	15123	16981	23.60%	26.40%	2.70%
Falkirk	6430	6980	22.70%	24.80%	2.10%
South Ayrshire	4048	4366	22.70%	24.80%	2.20%
West Lothian	7499	8740	21.30%	24.60%	3.30%
East Lothian	4130	4808	21.90%	24.50%	2.60%
Scottish Borders	3985	4612	20.90%	24.20%	3.30%
Angus	4138	4598	21.10%	24.00%	3.00%
Midlothian	3562	4289	21.80%	23.90%	2.10%
Inverclyde	2757	3003	20.90%	23.80%	2.90%
Highland	8592	9205	21.40%	23.60%	2.20%
Moray	3454	3768	20.80%	23.40%	2.60%
Argyll and Bute	2808	3000	20.70%	23.30%	2.60%
Renfrewshire	5768	6997	19.30%	23.10%	3.80%
South Lanarkshire	11839	12840	21.50%	23.10%	1.50%
Orkney Islands	711	815	20.30%	22.70%	2.40%
Perth and Kinross	4869	5515	19.90%	22.60%	2.70%
Aberdeen City	6288	7545	18.70%	21.30%	2.60%
Stirling	3046	3293	19.60%	21.30%	1.70%

Source:⁸

Table 1 estimates that in 2019/20, 16,394 children in Ayrshire and Arran were living in relative poverty AHC. Figure 1 highlights that there are differences between percentages of children living in relative poverty by wards across Ayrshire in 2019/20. There are differences both between and within the three LA areas.

⁸ Juliet Stone and Donald Hirsch (2021). End Child Poverty Scotland. Centre for Research in Social Policy, Loughborough University, published in March 2021. Available at: <http://www.endchildpoverty.org.uk/local-child-poverty-data-2014-15-2019-20/>, accessed 10/ June 2022. However this link is no longer working, fuller data tables with the data here included can be found at: 'Download the data tables' <https://endchildpoverty.org.uk/faq/> accessed 12 September 2022.

Figure 1: Estimates of children living in relative poverty (AHC), by for Wards within LA in Ayrshire and Arran (financial year ending in 2020)



Source:⁹

2.3.3 Our Most Vulnerable Children and Families – Priority Groups

Families across Scotland and Ayrshire can be at higher risk of poverty. It is documented that households with the following characteristics are at higher risk of poverty: lone parents; three or more children; disabled household members; minority ethnic background; a child aged under one, or; a mother aged under 25¹⁰. It is recognised that families often belong to more than one of these groups, for example among children experiencing relative poverty, 50% of the children in families with three or more children also have someone who is disabled and 54% of children who have a mother under the age of 25, they are also living in a lone parent family¹¹.

⁹ Graph generated from Department of Work and Pensions (2022) Tables: Children in Low Income Families: local area statistics, United Kingdom, financial years ending (FYE) 2015 to 2021. UK Government Official statistics downloaded from <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2021>, accessed 6 September 2022.

¹⁰ Scottish Government (2022) Tackling child poverty delivery plan 2022-2026 - annex 6: what works - evidence review Available at: <https://www.gov.scot/publications/annex-6-evidence-review-works/> Evidence review of what works accessed 26 August 2022

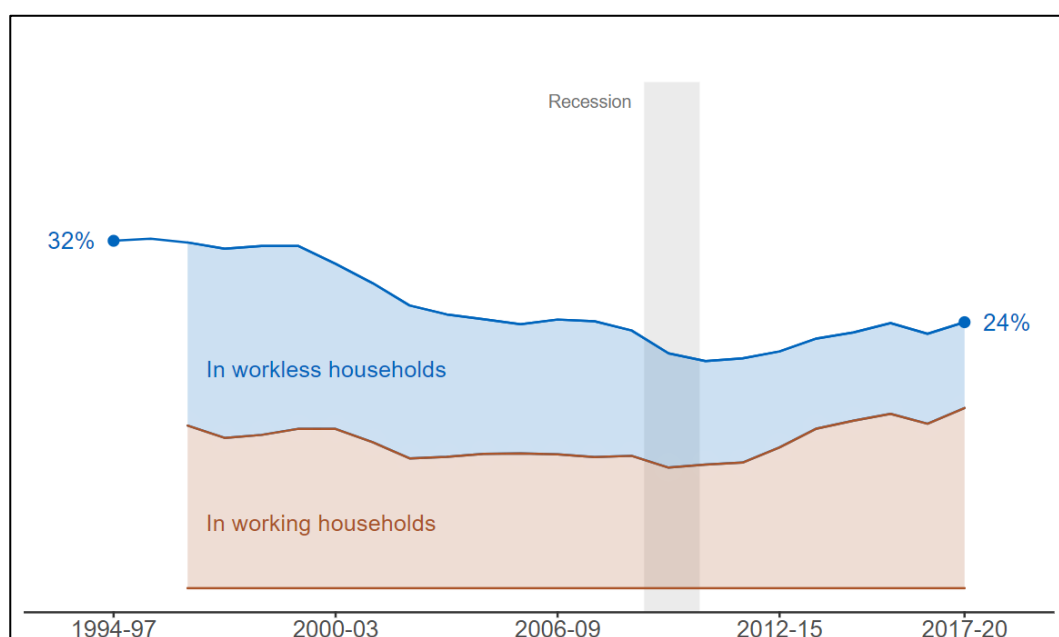
¹¹ Scottish Government (2022) Tackling child poverty delivery plan 2022-2026 - annex 6: what works - evidence review Available at: <https://www.gov.scot/publications/annex-6-evidence-review-works/> Evidence review of what works accessed 26 August 2022 referencing <https://www.gov.scot/publications/tackling-child-poverty-priority-families-overview/>

Furthermore, the majority of children living in relative poverty live in working households (see more details below), and the current employment climate with zero hours and temporary contracts could exacerbate poverty.

2.3.4 Working Families are Experiencing Poverty

While the poverty risk is lower for children in working households compared to those in non-working households, not all work pays enough to lift the household above the poverty threshold. It is estimated that in 2017-20 in Scotland, the majority, 68%, of children in relative poverty AHC were living in working households¹²; this equates to 160,000 children each year¹³. Figure 2 shows that in-work poverty has increased.

Figure 2: Children in relative Poverty AHC by household work status over time (4 year averages) in Scotland



Source:¹⁴

Levels of unemployment vary, in 2020, Scotland had an estimated unemployment rate for people aged over 16 of 4.3% (+/- c.i. 0.4), whereas the rates for East, North, and South Ayrshire were higher at 5.2% (+/- c.i.1.1), 5.3% (+/- c.i.1.2), 4.9% (+/- c.i.1.1), (although there was a crossover in confidence interval (c.i.) range)¹⁵.

NHS is a major employer within Ayrshire and Arran and it is essential that the NHS collectively understand the impact of poverty in families and communities and ultimately upon our own workforce, whilst also recognising the key role that our workforce have in mitigating poverty in the patient population. For example, Human Resources (HR) staff are considering how their staff who liaise with colleagues experiencing long term sickness absence, raise financial concerns and support routes, with those colleagues.

¹² Households where one or more adults is in paid work.

¹³ Scottish Government (2021). Poverty and Income Inequality in Scotland 2017-20. A National Statistics publication for Scotland. Available at: <https://data.gov.scot/poverty/2021/> accessed 26/8/2022

¹⁴ Generated from the Family Resources Survey, noted within Scottish Government (2021). Poverty and Income Inequality in Scotland 2017-20. A National Statistics publication for Scotland. Available at: <https://data.gov.scot/poverty/2021/> accessed 26/8/2022

¹⁵ This is pulled from the Scottish Labour Market survey data, thus confidence intervals are included. Data tables 'Scotland's Labour Market - People Places and Regions 2020/21 - Jan-Dec Tables', <https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables-and-charts/> accessed 26/8/2022.

Within NHS A&A staff can access flexible working, the NHS offer a variety of contractual arrangements, including term time contracts and annualised hours. As an employer NHS A&A have 779 (18.3%) of its band two and three NHS staff employed at 16 hours or less per week¹⁶. Hopefully staff are working as many hours as they wish, there are mechanisms, such as during Personal Development Plans (PDPs) where working hours can be reviewed.

Families may require flexibility to take into account educational and caring responsibilities. In considering our role as an employer, whilst there are policies in place, further consideration of annualised hours and term time working should be considered by services.

2.3.5 Trauma Informed Approach

Many families are up against a rising tide of low wages and high costs. When so many families are struggling just to stay above water, it can be harder for parents to provide the best care. The COVID-19 pandemic and the restrictions put in place to contain the virus have also increased the risk of citizens experiencing trauma and re-traumatisation. This can include living in households with domestic abuse or child abuse; facing poverty and unemployment; severe or chronic illness as well as loss and sudden bereavement.

It is estimated that around 60% of the UK population has experienced psychological trauma in their lifetime. For more vulnerable groups such as inpatient mental health, drug and alcohol services and the justice service, the prevalence is even higher¹⁷. The Scottish Government has made a commitment to reduce the impact of adverse childhood experiences suffered by young people. There has also been an investment in the National Trauma Training programme to recognise and respond to psychological trauma. The visions of the national training programme is to: *'achieve a trauma-informed nation capable of recognising where people are affected by trauma and adversity, capable of responding in ways that prevent further harm and which supports recovery and in ways which addresses inequalities and improves life changes'*¹⁸.

East, North and South Ayrshire LAs are each currently working in partnership with the NHS to develop a co-ordinated multi-agency response to trauma informed practice. These will take cognisance of the wider child poverty work/priorities agreed locally and will connect with systems, processes and reporting mechanisms already agreed.

2.3.6 Drivers of Child Poverty Reduction

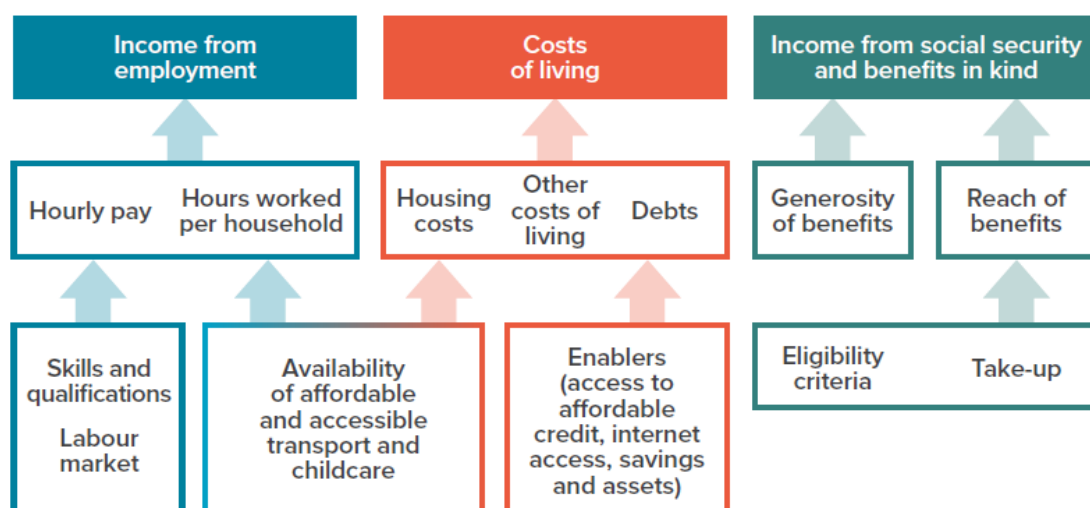
There are three main drivers of child poverty reduction, namely: increasing income from employment; increasing income from benefits; and reducing the cost of living (Figure 3). The NHS is able to influence all of those either for our staff and/or our patients. The action plan (Appendix 1) notes per action, which driver(s) it relates to.

¹⁶ NHS Ayrshire and Arran Human Resources data extracted May 2022

¹⁷ Improvement Service, with COSLA and NHS Education for Scotland (2020). Elected Member Briefing Note. [Taking a trauma-informed lens to Scotland's COVID-19 recovery, renewal and transformation \(cosla.gov.uk\)](https://www.cosla.gov.uk/). Accessed: September 2022.

¹⁸ NHS Education of Scotland, with the Scottish Government (2019). The Scottish Psychological trauma training plan. Link: <https://transformingpsychologicaltrauma.scot/media/5lvh0lsu/trauma-training-plan-final.pdf>. Accessed: September 2022.

Figure 3: Drivers of child poverty reduction



Source:¹⁹

2.3.7 Quality / patient care

The child poverty work brings together colleagues from a range of disciplines and departments. For example within the action plan (Appendix 1) colleagues in both paediatrics and midwifery have recognised the key role they play and are considering how they can best support families who are struggling financially, for example, for example looking at how to increase the uptake of the Young Patient Family Fund and participating a workshop that informs staff how to refer families into financial inclusion services. By helping address the key drivers of poverty through our services, the NHS are not only helping our patients, but have the potential to improve the quality of patient care more broadly, and help staff feel empowered that they can provide support to patients at this challenging time of the cost of living crisis.

2.3.8 Workforce

During the COVID-19 pandemic, Public Health worked closely with our colleagues across the NHS and LA to help vulnerable families access the support available to them within their local community. Nationally the Test and Protect Programme had pathways for individuals to access LA grants and additional support. Locally, food parcels, electricity cards, links to social third sector support and other supports were coordinated, with a dedicated nurse within the Education Hub available Monday to Friday to make additional contacts with families and offer short term support if needed.

In other areas, in order to reduce the pressure of travel costs for attendance at vaccination clinics, NHS A&A worked with transport colleagues to provide free travel vouchers that could be used for return journey via public transport to attend vaccination appointments. Support was developed for our care experienced children and young people who live within the residential children's houses. A working group was established and a bespoke pathway around COVID-19 identification and management was developed, this included testing in the young person's children's house. Within the NHS, colleagues used digital technologies to keep in touch with vulnerable families for example using Near Me. Staff were involved in the distribution of equipment to reduce the digital gap that some families would have otherwise faced.

¹⁹ Scottish Government (2022) Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026, <https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/> accessed 26/8/2022

The COVID-19 pandemic provided an opportunity for NHS staff to develop new partnerships within the LA and third sector. Within Public Health, relationships were strengthened between Education, Transport and Environmental Health, to name a few. A specific example being the weekly meetings held between Test and Protect Education Coordinators and the Single Points of Contact (SPOC) who covered the range of educational establishments e.g. early years centres, primary and secondary schools, colleges, University West of Scotland, private nurseries and schools. These meetings were used to offer support and guidance in relation to the pandemic. These relationships will benefit us longer term including in our ability to tackle and prevent child poverty. Indeed the meeting with SPOCs has now evolved into a quarterly meeting to discuss Health Protection issues.

In order to further progress the work of NHS A&A, within Public Health a Consultant in Public Health (CPH) is in post with a specific lead for the child poverty portfolio and some members of the Health Improvement Team have been aligned to support the child poverty agenda and work alongside the CPH and other key colleagues. The work presented here is a collaborative effort and draws heavily on the work of our predecessors.

2.3.9 Financial

It is currently expected that the work will be undertaken within existing resources.

2.3.10 Risk assessment / management

There is a need for specific focus and action to prevent greater numbers of children experiencing poverty and help mitigate the impacts for those experiencing poverty. There are mechanisms for collaborative working in place, in order to meet related legislative duties. Structures exist across Ayrshire and Arran which mean the vehicle for carrying out the necessary work exists. These are augmented with the creation of the NHS A&A Community Wealth Building / NHS as an Anchor Organisation Programme Board, and NHS A&A Employability Steering Group.

If action is not taken then the potential impact upon health services could continue to grow as the negative effects of poverty can impact upon health and ultimately healthcare required.

2.3.11 Equality and diversity, including health inequalities

When tackling child poverty the priority groups shown to be at greater risk of child poverty should be considered (noted in section 'Our Most Vulnerable Children and Families – Priority Groups' above). Locally, work is ongoing to support the development and use of inequalities impact assessments alongside the children's rights and wellbeing impact assessment, to ensure compliance and consideration across work streams. An impact assessment has not been completed in relation to this paper. This report is providing an overview of child poverty and work streams flowing from the change will require to consider undergoing an EQIA.

2.3.12 Other impacts

- Best value
 - Vision and Leadership
 - Effective Partnerships
 - Governance and accountability
 - Performance management
- Compliance with Corporate Objectives
- Child poverty is high on the agenda across our Community Planning Partnerships (CPPs) and is interwoven through each of the respective Integrated Children Services Plan priorities.

2.3.13 Communication, involvement, engagement and consultation

Engagement between NHS and LA leads for child poverty have taken place to ensure each Child Poverty Action Reports 2021/22 and Plans 2022/23 are produced in partnership. This is in line with statutory reporting requirements set out in the Child Poverty Act 2014.

Child poverty is a permanent work stream within the pan-Ayrshire Infant Children and Young people's Transformational Change Programme Board (ICYPTCPB) and highlight reports are sent to the Strategic Planning and Operational Group (SPOG).

2.3.14 Route to the meeting

- The action plan has been shared with the leads for child poverty and those involved in drafting the Local Child Poverty Action Reports in North, South and East Ayrshire.
- This action plan has been shared with East Financial Health and Wellbeing Partnership, and South Financial Inclusion Strategic Delivery Partnership. It is being presented at the North Ayrshire Child Poverty Board on 28 September 2022.
- This action plan has been shared with North, South and East Children's Services Partnerships.
- All those leading on actions have agreed their actions.
- The action plan will be presented to the ICYPTCPB on 15 September 2022.

2.4 Recommendation

For awareness. Board Members are asked to receive the report.

3. List of appendices

The following appendix is included with this report:

- Appendix 1: NHS Ayrshire & Arran Child Poverty Action Plan 2022/23.

Glossry of terms

ACEs – adverse childhood experiences
AHCs – after housing costs
BSG – Best Start Grant
CAMHS – Children and young people's mental health services
CHW - Child Healthy Weight
Comms – Communications
CPH – Consultant in Public Health
CPPs – Community Planning Partnerships
EA – East Ayrshire
EAC – East Ayrshire Council
FIS- Financial inclusion service
GGC – Greater Glasgow and Clyde
HSCPs – Health and Social Care Partnerships
ICYPTCPB – Infant, Children and Young People Transformational Change Programme Board
LA – Local Authority
NAC – North Ayrshire Council
O&HRD – Organisational and Human Resource Department
QR code – Quick Response code
SA – South Ayrshire
SSS – Social Security Scotland
HISA – Health Inequalities Impact Self-Assessment tool
HR – Human Resources
NA – North Ayrshire
NHS A&A – National Health Service Ayrshire & Arran
PH – Public Health
SAC – South Ayrshire Council
SPOC - Single Points of Contact
TPTIC – Transforming psychological trauma implementation coordinator
UNCRC – UN Convention on the Rights of the Child
YPF - Young Patient's Fund

NHS Ayrshire & Arran Child Poverty Action Plan

2022/23

Please find below the 2022/23 NHS Ayrshire & Arran Child Poverty Action Plan.

A new team is in place within the Public Health department working on child poverty. The action plan is being refreshed. The reconciliation exercise column provides clarity between actions that were recorded in the previous draft plan, those that have been completed, and those that are intending to be taken forward. At this point, the plan has 30 actions, 9 of which are new. However 10 or 11 of those actions will be removed from next year's plan.

This is a live document and will be edited going forward.

Version 1.13 10/9/2022

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Reconciliation exercise
1.0 Access to Services										
1.1 Increase awareness amongst NHS staff about the impact that child poverty has on access to services.	NHS A&A PH, NHS A&A O&HRD (training), NHS A&A Service Leads	Existing Resources	Income from benefits, Cost of Living (e.g. travel costs, UNCRC Article – 3,6,26,27	Referral rates to FIS, Reduction in missed appointments.	No progress due to pandemic.	No progress due to pandemic.	Increase staff awareness regarding poverty in general within the Comms Plan.	All service users, including: pregnant women, families affected by disability ACEs	2022/23 Lead – Ruth Mellor (Public Health)	This action will be amalgamated into 9.1 going forwards.
1.2 Delivery of Young Patient's Family Fund (YPF) to support families visiting children up to 18 years old who are receiving inpatient care.	NHS AA PH, NHS AA Maternity, NHS AA Comms, HSCPs	Scottish Government	Cost of Living, UNCRC Article – 3,6,12	Utilisation and uptake of YPF	Not applicable as new action.	New posters produced with QR code and placed around the paediatric department e.g. every cubicle and public places.	Paediatric reconciliation exercise to examine uptake of the Young Patient's Family Fund by people visiting the paediatric ward and consider if any further actions required to increase uptake.	Families, Children with healthcare needs	From 2022/23 Lead - Sam Fredrickson Freer (Paediatric), Aileen Grant (Paediatric)	Although there has been progress in 2021/22, this was not on the original action plan. (NEW)
1.3 Increase uptake of free bus passes	NHS AA PH, NHS AA Maternity, NHS AA Comms, HSCPs	Scottish Government	Cost of Living, UNCRC Article – 3,6,31	Uptake of bus passes	Not applicable as new action.	Awareness raising of the new free bus passes for under 22 year olds. Information circulated at	Obtain ScotGov data on uptake in Ayrshire and Arran.	Families	2022/23 Lead - Ruth Mellor (Public Health)	Although there has been progress in 2021/22, this was not on the original action plan. (NEW)

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
						relevant meetings.				
1.4 Introduction of the wellbeing prescription pad to Child Health Weight (CHW) programme	NHS A AND A Child Healthy Weight Team	CHW Team	Cost of Living, Income from Benefits, Income from Employment UNCRC Articles – 13, 17, 24, 26, 27, 31	Utilisation and referrals of holistic wellbeing prescription pad with and from participating families of the JumpStart programme	New action	New action	Wellbeing prescription pad is used with all participating families within CHW programme (JumpStart)	Families. Children with healthcare needs	2022/23 Alan Brown	New action, Retain in the action plan. (NEW)
1.5 Introduction of the wellbeing prescription pad to Better Health Hubs	NHS Better Health Hub	Better Health Hub	Cost of Living, Income from Benefits, Income from Employment UNCRC Articles – 13, 17, 24, 26, 27, 31	Utilisation and referrals of holistic wellbeing prescription pad with Patients, staff and visitors	New Action	New action	Wellbeing prescription pad is utilised within wellbeing contact points if appropriate	Patients, visitors and staff with wellbeing support needs	2022/23 Alan Brown	New action. Retain in the action plan. (NEW)
2.0 ACES / trauma										
2.1 Support implementation of trauma-informed practice	NHS AA PH ICYPTC PB 3 HSCPs 3 CPPs Improvement Scotland	Existing Resources 2022 – partnership funding has been announced	Increase income from benefits Reduce cost of living UNCRC Article – 3,6,12	No. Trauma Training Rollout and sessions attended, No. Trauma champions nominated	Ongoing Trauma Champions identified, across NHS and partner agencies	Ongoing – peer support group established and date planned for session with Improvement Scotland to identify	NA, EA and SA are currently working in partnership to develop a co-ordinated multi-agency	All, especially Children affected ACES	Kathleen Winter (Public Health) LA leads TPTIC (when in post)	Closed as going forwards, as will sit within other workplans. Will no longer be reported here.

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Reconciliation exercise
						support available for next steps.	response to trauma informed practice and this will connect with systems, processes and reporting mechanisms already agreed within NA, EA and SA. These will take cognisance of the wider child poverty work/priorities agreed locally.			
2.2 Lead role in raising awareness amongst partners of the impact of ACEs on children's health and wellbeing, and interaction with child poverty.	NHS A&A PH, ICYP TC PB Community Justice Ayrshire	Existing Resources	Income from benefits, Costs of Living, UNCRC Article – 3,6,12,26,27	Number of screenings of Resilience movie locally. Attendance levels at screenings of film. ACEs awareness-	Completed.	No further action. Completed in year 3.	Not applicable	All, especially Children affected ACEs	Kathleen Winter (Public Health)	This action is complete and will be removed next year.

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
				raising events held.						
2.3 Trauma Champions	NHS AA PH, ICYP TC PB, 3 HSCPs, 3 CPPs, Improvement Scotland	Existing Resources	Increase income from benefits. Reduce cost of living. UNCRC Article – 3,6,12	ACEs awareness-raising events.	Trauma Champions identified, across NHS and partner agencies.	Peer support group established and date planned for session with Improvement Scotland to identify support available for next steps.	Refresh the NHS Trauma Champions Peer Support and widen to include colleagues across A&A.	All, especially Children affected ACEs	2022/23 Lead - Kathleen Winter (Public Health) LA leads TPTIC (when in post) Trauma Champions	Closed as going forwards, as will sit within other workplans. Will no longer be reported here.
2.4 Refresh and Update Trauma Profiles - Proxy Measures of the prevalence and impact of trauma within communities in East, North and South Ayrshire. Baseline measures and awareness raising.	NHS AA Public Health	Existing Resources	UNCRC Article – 3,6,12,26,27	Variety from a range of sources.	No progress due to the pandemic.	No progress due to the pandemic.	Produce DPH child health report, highlighting various child health related data, not specific trauma proxy profiles.	All, especially Children affected ACEs	2022 DPH child health report led by Ruth Mellor	The data for the indicators would have been gathered from a source that is no longer available, and this work is no longer being prioritised. This action will be removed next year.
3.0 Financial Inclusion										
3.1 Develop Financial Inclusion Referral Pathways	NHS AA PH, HSCPs, Financial Inclusion Services (FIS)	Existing Resources	Income from benefits. UNCRC Article – 3,6,26,27	Pathways developed	Completed.	Updated financial inclusion pathways. Ongoing Pathways developed.	Create a single pan Ayrshire document that outlines the pathway for the 3	All	2022/23 Lead - Ruth Mellor (Public Health), Kevin Lyle (Public Health).	Ongoing action. Retain in the action plan.

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
							Ayrshires for NHS staff to use			
3.2 Promote use of Financial Inclusion Referral Pathways with NHS AA and HSCP staff to directly refer families in need to appropriate FIS and incorporate this into routine practice.	NHS AA PH, HSCPs, NHS Maternity, FIS, NHS O&HRD (training), NHS Service Leads	Existing Resources	Income from benefits, UNCRC Article – 3,6,12,26,27	Referral rates to FIS	No progress due to the pandemic.	Maternity care assistants in post and trained. Started creation of in-person workshop.	Pilot and evaluate the workshop covering child poverty and financial inclusion pathways. Decide whether further workshops are needed, in part influenced by the planned national training module. Explore role of Better Health Hub in referral to FIS.	Pregnant women, Women with young families, Families with disabilities	2022/23 Lead - Ruth Mellor (Public Health), Kevin Lyle (Public Health).	Ongoing action. Retain in the action plan.

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
3.3 Maternity Services Income maximisation & joint service.	NHS Maternity, NHS PH, ICYP TC PB FIS	Scottish Government funding	Income from benefits, UNCRC Article – 3,6,26,27	Developments to Badgernet to enable direct electronic referrals. Monitoring of additional income to recipients by financial inclusion specialists	Completed - Badgernet Developed and in use since November 2020. Information related to financial support available to pregnant woman electronically.	Completed action in year 3.	Review utilisation of Badgernet for financial inclusion referrals, post pandemic. This will link to the cost of pregnancy work.	Pregnant women. Women with young families	2022/23 Lead - Lee Johnston (Midwifery) and Ruth Mellor (Public Health)	Ongoing action. Retain in the action plan.
4.0 Cost of pregnancy										
4.1 Cost of Pregnancy Pathway Project.	NHS AA PH, NHS AA Maternity, 3 HSCPs, NHS GGC	Health Scotland	Cost of Living, UNCRC Article – 3,6,12,26,27	Defined research project to identify mitigation opportunities by maternity staff. Recommendations to inform service developments	Initial Action Completed. Research Company Contracted (Apr 2019), Fieldwork begins June 2019, Reporting October 2019. Research Completed and Report Published September 2020. Full report can	Completed action in year 3.	Completed action in year 3.	Pregnant Women and women with infants from low income families living in rural areas	No current lead as work completed	This action is complete and will be removed next year.

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
					be found here					
4.2 Implementation of the recommendations from the cost of pregnancy project.	NHS AA PH, NHS AA Maternity	Existing Resources	Cost of Living, UNCRC Article – 3,6,24,26,27	Measures dependant on the action plan	Midwifery colleagues implemented maternity care assistants raising the issue of financial difficulties. Inaugural meeting February 2020.	Midwifery colleagues continued to raise the issue of financial difficulties with women.	Establish cost of pregnancy implementation group and create action plan and start implementing the action plan.	Pregnant Women and women with infants from low income families living in rural areas	2022/23 Lead - Alexa Foster/Jane Henderson (Maternity), Ruth Mellor (Public Health)	Although there has been progress in 2021/22, this was not on the original action plan. (NEW)
4.3 Support roll-out of Best Start Grant (BSG) including awareness-raising sessions.	NHS Maternity, NHS AA PH. HSCP Children's Services: Health Visitors and Early Years staff	Scottish Government funding:	Income from benefits, UNCRC Article – 3,6,26,27	Monitoring of take-up of additional income to recipients (via Social Security Scotland (SSS)). Awareness raising session attendance.	Promotion of Best Start Food Scheme continues in MIN action plan. Midwives and Health visitors discuss with pregnant women and families at universal contacts to support uptake.	This action is complete as the Best Start Grant and Best Start Food Scheme have been rolled out.	Action complete.	Pregnant women. Women with young families. Families with early year or primary school-aged children	Ruth Campbell (Public Health)	This action will be removed next year. However, 2 new separate actions have been put in the action plan for Best Start Grant and Best Start Food Scheme to enable uptake of entitlement. For information, SSS took applications for pregnancy and baby payment on 29.12.18. Early learning

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
										payment starting April 2019.
4.4 Enable families take up their entitlement to Best Start Grant (BSG)	NHS Maternity, NHS AA PH. HSCP Children's Services: Health Visitors and Early Years staff	Scottish Government funding:	Income from benefits, UNCRC Article – 3,6,26,27	Challenging as cannot monitor take-up of additional income to recipients (via Social Security Scotland (SSS)). Awareness raising session attendance.	Not applicable as new action.	Not applicable as new action.	Mapping out who is involved and the opportunities around it.	Pregnant women. Women with young families.	In progress.	This was not on the original action plan. (NEW)
4.5 Ensure families take up their entitlement of Best Start Food Scheme	NHS Maternity, NHS AA PH. HSCP Children's Services: Health Visitors and Early Years staff	Scottish Government funding:	Income from benefits, UNCRC Article – 3,6,26,27	Challenging as cannot monitor take-up of additional income to recipients (via Social Security Scotland (SSS)). Awareness raising session attendance.	Not applicable as new action.	Not applicable as new action.	Mapping out who is involved and the opportunities around it.	Pregnant women. Women with young families.	Ruth Campbell (Public Health)	This was not on the original action plan. (NEW)
4.6 Rollout Universal Scottish Vitamins Scheme.	NHS Maternity, HSCP Children's Services	Scottish Government Funding	Cost of Living, UNCRC Article – 3,6,26,27	Monitoring of distribution of vitamins via	Not applicable as new action.	Completed. SOP was created for the	Extend distribution model to all children up	Pregnant and breastfeeding women and infants	Ruth Campbell (Public Health)	Depending on whether SG extend distribution either this action

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
	Health Visitors			Pharmacy and Care Partner.		distribution of Vitamins.	to the age of 3.	up until age of 3		will remain in the plan or be deemed complete and be removed next year.
5.0 Cost of the school day										
5.1 Contribute to reviewing the cost of the school day.	NHS AA PH, LA Education	Existing	Costs of Living, UNCRC Article – 3,6,12,26,27	Monitoring impact of cost of school day project	Ongoing	Ongoing	None planned at this point.	All, Age, Disability	2022/23 Lead - Health Improvement colleagues (Public Health), linking in with the Local Authorities.	No input to this currently. This action is complete and will be removed next year. (Unless this situation changes).
6.0 Oral health										
6.1 Distribution of oral hygiene resources (toothpaste/toothbrushes)	NHS AA PH NHS AA Public Dental Service Health Visitors (NA, EA, SA)	Existing Childsmile resource with additional funding financial year 21/22	Cost of Living, UNCRC Articles 3, 24, 26, 27	Quantitative - number and type of packs delivered to different services. Increased provision and availability. Feedback on availability and response to communications drive to publicise	Packs distributed where possible but reduced due to closure of services during COVID-19. Core provision by Health Visiting teams continues	Mapping of existing distribution. Re-establishing previous distribution, which slowed/stopped due to COVID. Comms to NHS/HSCP re availability of resource and can be provided on request.	Continue to distribute packs and will support any organisation who requires this.	All	Jacky Burns (Public Health), Childsmile team, Dental management team, Health Visitors	This was not on the original action plan. (NEW)

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
				availability of free resource.						
7.0 Health inequalities self-assessment tool										
7.1 Develop Health Inequalities Impact Self-Assessment tool (HISA) to raise awareness within NHS teams on potential impact of social determinants of health on practice.	NHS AA PH	Existing Resources	Costs of living. UNCRC Article – 3,6,12,26,27	HISA developed	HISA has been developed.	Completed action in year 3.	Completed	All	Work completed	This action is complete and will be removed next year.
7.2 Promote use of HISA	NHS AA PH, NHS AA O&HRD (training), NHS AA Service Leads, CPP children services teams	Existing Resources	Income from benefits, Cost of Living (e.g. travel costs). UNCRC Article – 3,6,12,26,27	Uptake rates of the on-line HISA tool. Referral Rates to FIS. Reduction in missed appointments.	No progress due to the pandemic.	No progress due to the pandemic.	Health Improvement colleagues are currently scoping out impact assessment tools, including HISA, and the situations in which they should be utilised.	All service users, including: pregnant women, families affected by disability ACEs	Health Improvement Heads, Public Health	The scoping exercise will inform decision making in relation to HISA and the use of other available impact assessment tools'.

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
8.0 Procurement										
8.1 Procurement community benefits portal - Increase no. and take up (by suppliers) of community benefits related to children / families (which may reduce child poverty)	National Procurement, NHS AA Procurement, NHS AA Public Health, third sector organisations	Community benefits are fulfilled by suppliers.	Cost of living UNCRC 27, 31	No. Children related community benefits. Uptake of these benefits by suppliers.	Not applicable as new action.	Not applicable as new action.	2 Action for Children community benefits currently listed – monitor their uptake.	Families, children	Zoe Fance (Procurement) Elaine Young (Public Health)	This was not on the original action plan. (NEW)
9.0 Participation										
9.1 Capture voices and experience of children and young people and their families and priority groups who are experiencing poverty and build in learning to policy and policy change.	NHS AA PH, Champions Boards HSCP, Participation Workers NHS and HSCP, CAMHS	Existing Resources	Cost of Living, UNCRC Article – 3,12,	Feedback and qualitative data being available to inform and shape actions	No progress	Links made with CAMHS participation worker. Compatibility of work with UNCRC is being considered across the PH portfolio and combined impact assessment to be developed.	Build on local learning and mechanisms to provide a voice around lived experience'	All	Ruth Mellor (Public Health), Faye Murfet (Alcohol and Drug Partnership)	Ongoing action. Retain in the action plan.

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10.0 Communication										
10.1 Ensure child poverty is incorporated within NHS communication plans.	NHS AA PH NHS AA Comms. Council Comms. ICYP TC PB	Existing Resources	Income from benefits, Cost of Living, UNCRC Article – 3,6	Referral rates to FIS. Implementation of Communications plan	Strong working relationships established during 2021 and initial conversations have taken place regarding strategies	Task and Finish group formed and newsletter sent to all NHS staff.	Several stop presses planned. Linking in with social media to ensure key timeframes for tweets are highlighted.	All	<u>Lead 2022</u> NHS Public Health Child Poverty Group. Task and Finish group – financial inclusion (in relation to their work).	Ongoing action. Retain in the action plan. This action has been re-worded from ‘Develop a Child Poverty communications plan for NHS AA staff and Partners’ to ‘Ensure child poverty is incorporated within NHS communication plans’ as recognised wider work is going on within Public Health department and would rather it be integrated within the wider Comms plan.
10.2 Develop a child poverty impact assessment tool for strategies, policies and service improvement.	NHS A&A PH, West of Scotland PH Child Poverty Leads (GGC, D&G and	Existing Resources	Income from benefits Cost of Living UNCRC Article – 3,6,12,26,27	Increased awareness and understanding of ability to impact on poverty by NHS staff	No action due to the pandemic.	No action due to the pandemic.	None	All	No Lead	Document not created due to the pandemic, however a Fairer Scotland duty (which is about economic inequalities) element has

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Reconciliation exercise
	Lanarkshire)									been introduced into the local Equality and Diversity Impact Assessment. We are currently working on introduction of Children Rights Wellbeing Assessment also. Between those two elements child poverty is covered. This action is complete and will be removed next year.
10.3 Adapt previously purchased physical resources into digital format for wide distribution using Social Media and other electronic distribution methods.	Retain in the action plan.	Existing	All, UNCRC Article – 3,26,27	Creation and sharing of digital resources	No progress due to the pandemic.	Physical resources located.	Distribution of physical resources, including utilisation of resources within the Comms plan. Decide which or any of the physical resources need to be	Pregnant Women, Families.	Michelle Kennedy (Public Health), Linda Edgar (Public Health)	Ongoing action. Retain in the action plan.

Action	Partners involved	Resource	Poverty Driver Target/ UNCRC Article	Measures	Progress 2020/21 (reporting year 3)	Progress 2021/22 (reporting year 4)	Aims 2022/23	Priority Groups	Who is the lead?	Re-conciliation exercise
							turned into digital.			
10.4 Lobby, advocate and seek to influence wider change across all systems, including focus on new National Public Health Priorities: Priority 5 – An Ayrshire where we have a sustainable, inclusive economy with equality of outcomes for all, which will include Child Poverty.	NHS AA PH All NHS AA	Existing Resources	Income from benefits and employment, Cost of Living, UNCRC Article –3,26,27	Briefing Note for partners in Ayrshire on Public Health Priority 5 developed. Awareness-raising and engagement in partnership	Completed.	No progress due to the pandemic.	Session for the NHS Board 16 May 2022 around the PH priorities which included a section on Child poverty and a report of this has been returned to the board. Continue to monitor what we are doing. Also, PH representation on the new Community wealth building/ NHS as an anchor organisation programme board.	All	Ruth Mellor (Public Health), Health Improvement colleagues (Public Health).	Ongoing action. Retain in the action plan.

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11.0 Performance Reporting										
11.1 Input to joint Child Poverty Action Reports with three partnerships	NHS AA Public Health (PH), NHS Maternity, 3CPPs, 3 HSCP	Scottish Gov	All UNCRC Article – 3,6,12,26,27	Production of joint reports: EAC, NAC, SAC	Poverty leads collaborating on ongoing basis to ensure Plans and statutory duty of collaboration is met.	Poverty leads collaborating on ongoing basis to ensure Plans and statutory duty of collaboration is met.	Poverty leads collaborating on ongoing basis to ensure Plans and statutory duty of collaboration is met.	All	Health Improvement Leads (Public Health)	Ongoing action. Retain in the action plan but local child poverty action reports may not be delivered on an annual basis moving forward. We will be involved with them as and when they are produced.
11.2 Work with local partners to identify appropriate data and health intelligence to inform monitoring of progress against four income-based child poverty targets.	NH AA PH, 3 CPPs, 3 HSCP	Existing Resources	All, UNCRC Article – UNCRC Article – 3,26,27	Robust, appropriate and meaningful local database developed	Ongoing	Gaps identified regarding data in relation to the four income based targets and also in accessing small area data to identify pockets of higher deprivation and target resources appropriately.	Revisit once looked at what KPIs and intelligence is available.	All, Pregnant women	Michelle Kennedy (Public Health)	Ongoing action. Retain in the action plan.