Glasgow's Healthier Future Forum 12

Responding to Child and Family Poverty

15 December 2011

This report is a summary of the presentations and discussions from the GHFF12 event and does not necessarily represent the views of the GCPH

Introduction and background

More than 150 delegates – mostly from the NHS, Community Health and Care Partnerships, local authorities and the Voluntary Sector – attended this Glasgow Centre of Population Health (GCPH) led event, *Responding to Child and Family Poverty*. The event was chaired by Dr Rosie Ilett, Deputy Director of GCPH. In her opening remarks, Rosie pointed out that this, the 12th Glasgow's Healthier Future Forum was by far the biggest in terms of numbers and interest and was representative of why child poverty is such a critical issue for us all within the current economic climate. Drawing the audience's attention to a recent British Social Attitudes Survey, she pointed out that 82% of respondents believe that child poverty was very important, with 79% agreeing that it was within the government's role to attempt to reduce child poverty levels. However, the survey also revealed that key issues viewed by the public as influencing poverty were individual behaviours, such as drug and alcohol addictions and 'lifestyle' choices. Questioning the validity of this 'lifestyle' choices argument, she stated that today's seminar would go beyond the tabloid headlines to encourage discussion about how reducing child poverty could be placed at the heart of our work.

The first part of the seminar involved four keynote presentations:

1. John Dickie from the Child Poverty Action Group, Scotland, presenting on 'Ending child poverty: challenges and opportunities'
2. Jackie Erdman from NHS Greater Glasgow and Clyde presenting on 'Child poverty and health: making the links'
3. Lynn Naven from the Glasgow Centre for Population Health presenting on the 'Healthier Wealthier Children – Interim findings and evaluation progress'
4. Dr Julie Nelson from the National Foundation for Educational Research presenting on "Progress in tackling child poverty in England – local authority approaches".

Bruce Whyte (Public Health Programme Manager, GCPH) also provided a demonstration on work to develop child indicators as part of the Glasgow Indicators project.

In the second half of the day, delegates took part in round table discussions with the opportunity to provide questions to a 'child poverty panel', chaired by Dr Ilett.

Panel members included:

- Catriona Renfrew, Director of Corporate Planning and Policy, NHS Greater Glasgow and Clyde
- Maureen McKenna, Executive Director of Education Services, Glasgow City Council
- Christine Duncan, Change and Delivery Manager, Maternity Services, Scottish Government
- James Egan, Public Health Programme Manager, Glasgow Centre for Population Health
- John Dickie, Head of Child Poverty Action Group, Scotland.

Presentations: key discussion points

Speaker: John Dickie, Child Poverty Action Group (CPAG), Scotland
Title: Ending child poverty: challenges and opportunities

John Dickie from CPAG (Scotland) set the scene with this opening presentation – giving an overview of what needs to be done to tackle child poverty at UK, Scottish and local levels. He reminded the audience that we tolerate one in four children living below the poverty line in Scotland, a poverty line which is itself well below what the British public think is needed for an adequate standard of life.

Describing the lasting effects of poverty, he pointed out that even before reaching primary school, by the age of three some children are nine months behind in 'school readiness' and learning: a gap that can persist into adulthood, undermining life chances and increasing the subsequent risk of intergenerational poverty.

In Scotland, the wider costs of child poverty have been estimated at around one and a half billion pounds a year. Yet, there is nothing inevitable about existing UK poverty levels. Other countries have lower poverty levels – Denmark, Norway and even Germany – which are shaped by decisions that are political, social and economic in nature.

UK decisions have resulted in the poorest families paying proportionately more in tax than better off families; childcare investment being a quarter of other European countries investments; and a welfare system which often plunges people into poverty when they face ill health, disability, unemployment, rather than protect and allow them to re-engage with work as soon as possible.

Since 1997, some policy decisions – investment in child benefits, tax credits and supporting parents into employment – have had a positive impact on reducing the number of children in Scotland living in poverty by 100,000. Although these policy decisions worked, they did not go far enough.

Despite the development of important policy and strategy building blocks, huge challenges remain: before the recession and planned cuts, child poverty levels had stalled from 2005 onwards. Other challenges include the UK Government's response to the debt situation, job losses, increasing food and energy costs and the planned £18 billion welfare cuts.

The Institute for Fiscal Studies stated that these policy decisions will hit the poorest hardest and instead of eradicating child poverty by 2020, we will witness an additional 800,000 UK children being pushed into poverty, thus wiping out the progress that has been made.

In Scotland, a range of explicit commitments between Scottish and local government (to roll out a universal approach to free school meals entitlement, to extend the number of nursery education hours, to improve the school clothing grant system) face being scaled back or 'kicked into the long grass'.

Despite these difficult challenges, John argued that there are still some limited opportunities:

UK welfare changes:

- The UK 2020 child poverty target still provides political accountability.
- Use facts to challenge the Welfare Reform Bill going through the UK Parliament.
- Challenge welfare myths e.g. over-generous benefits hinder work, benefit fraud is a major problem. Instead, present a more positive vision based on facts.
- Ensure those placed on Universal Credit, and eligible for passported benefits (free meals, Health Start Voucher), can access them in a straight forward and simple way.

Scotland:

- The planned devolvement of replacements to council tax benefit and social fund community care grants and crisis loans offer opportunities to better protect families and government should ensure that UK cuts are not automatically passed on to the poorest families. We also need to ensure that all families have access to financial advice, information and support within this changing welfare landscape.
- Ensure preventative spend and early intervention is focussed on preventing children and families from living in poverty and reduces the current poverty levels.
- Ensure commitments are met and push for extension across key areas: number of hours for early years' nursery provision; all primary school children have at least one healthy meal a day; recommendation to increase and improve the level of School Clothing Grant available to families.
- Scope to ensure proposed Scottish legislation (e.g. Children's Rights Bill) reinforces and drives policy and action to tackle child poverty.
- Extend the living wage beyond Scottish Government and NHS employees to include other workers - public, voluntary and private sector.

John concluded by reminding the audience that although we are going through a challenging period, Scotland still has extraordinary wealth and resources and we need to ensure that children and families all get a fair share of these resources.

A copy of the presentation delivered by John Dickie can be accessed from the GCPH website at www.gcph.co.uk/events

Speaker: Jackie Erdman, NHS Greater Glasgow and Clyde (NHSGGC)
Title: Child poverty and health: making the links

The focus of Jackie Erdman's presentation was on current attitudes to poverty and the challenges; including how it affects health and how health services can respond.

Jackie pointed out that defining poverty has always been politically contested and believes that the 'lifestyle' argument is re-emerging, a view in sharp contrast to the broader definition of poverty put forward by the influential sociologist Peter Townsend and adopted by the Glasgow City Child Poverty Sub Group. This definition focuses on whether the resources of individuals, families or groups are seriously below those of the average family, which would therefore exclude them from daily living patterns, customs, and activities.

Highlighting a new Joseph Rowntree Foundation (JRF) report, Jackie noted the overall context of child poverty. Under the last Government single adult poverty grew and pensioner poverty halved. Also if 1.4 million children are living in extreme poverty then their parents

must also living in extreme poverty. These JRF figures reconfirm how policy decisions impact on poverty (increasing or reducing it) and show that it is dynamic and not an inherent characteristic of certain groups i.e. most people move in and out of poverty over time and it can be inter-related across the life course e.g. grandparents as kinship carers, supporting their grandchildren. Questioning whether work is always a route out of poverty, the report showed that 57% of children in poverty have parents with jobs. The biggest barrier to ensure that work pays is the lack of affordable child care and Jackie pointed out her view that this is one of the reasons that Scandinavian countries have less child poverty than in Scotland e.g. UK spends 0.5% of GDP on child care compared to Sweden's 2%.

Drawing on data from the 2010 Children and Young People Health and Wellbeing profiles for Scotland, she outlined some of the differences within NHSGGC across three important health indicators: low birth weight, breastfeeding and dental decay. Figures on "*No Obvious Dental Decay in Primary One*" reveal a Scottish average of 61.8% compared to 70.4% in East Dunbartonshire and 43.5% in North East Glasgow. These health inequalities can have a lasting impact on a child's schooling whereby the gap turns into a life chances gap thus perpetuating health inequalities.

Jackie described the various responses that have been developed to tackle child poverty:

- Glasgow Works took a lead role in establishing a Child Poverty Sub Group in the city, around the same time that Glasgow City Council developed a poverty tool kit. The sub group was then re-located within Children's Services and co-chaired by the Director of Public Health and the Director of Glasgow Works. An important lesson to emerge from the group's work was that the complex nature of poverty required involvement of a range of agencies. Their current work involves linking with Community Planning Partners and others, to take forward a Memorandum of Understanding and an Action Plan.
- A 'Child Poverty Learning Set' was established to define the NHS role in addressing child poverty. This work was shaped by contributions from Professor Ruth Lister, Professor Ailsa McKay and Dr. Nicholas Spence. Ruth Lister's work showed that women often act as poverty 'shock absorbers' with mother's trying to shield their children from the stigmatising effect of poverty. Ailsa McKay spoke about the impact of the recession on women and the five C's of occupational segregation – caring, catering, cash register, clerical and cleaning; traditionally low paid jobs often undertaken by women. She believes that championing children is inextricably linked to championing gender inequality. Nicholas Spence addressed the health impact of poverty by arguing that government's policy decisions - not gross domestic product – are important drivers. He advocates that health and social care professionals need to ensure service equity and support a rights-based approach, which has been described as 'inequality sensitive practice' that responds to the life circumstances that affect health.

Jackie concluded by referring to a recent radio interview involving Alan Milburn, Labour politician and chairman of the UK Government's commission on social mobility. Mr. Milburn thinks that the child poverty rates will continue to rise and that the UK Government needs to ensure early years investment levels comparable with Scandinavian countries. Against this backdrop, Jackie reminded delegates that local services, like the NHS and other partners, in contact with children and families can act as advocates. Citing the Healthier Wealthier Children project as a live example of inequality sensitive practice, she believes our challenge is to mainstream the learning from this project. The evidence base for the project recognises that income is a determinant of health and that child and family health staff and money advice services have a role to play. The evidence base included research carried out by

Morag Gillespie and colleagues at the Scottish Poverty Information Unit on the health impact of money advice.

A copy of the presentation delivered by Jackie Erdman can be accessed at www.gcph.co.uk/events

Speaker: Lynn Naven – Glasgow Centre for Population Health
Title: Healthier Wealthier Children – Interim findings and evaluation progress

Lynn Naven's presentation focused on describing the Healthier Wealthier Children (HWC) project, its aims, how it works and progress to-date.

The HWC partnership project is funded by the Scottish Government and aims to tackle child poverty by maximising the family income of those at risk of, or experiencing, child poverty. Project delivery is being taken forward by Development Workers within NHSGGC Health Improvement Teams and Income Maximisers working within commissioned Money/Welfare Advice Services. Important delivery work has involved developing referral/information pathways between early years and advice services, raising awareness and providing workforce support via meetings, presentations and developing resources.

The HWC target groups are pregnant women, families with children under five years, families with children under 19 with support needs, families facing specific challenges e.g. kinship carer, people with mental health/addictions problems and those from minority ethnic groups. An additional criterion includes family income of less than £40,000 per year.

The evaluation is being carried out by a GCPH team and aims to address three key areas: impact on service users; development of local models and their effectiveness; impact on practice, policy and strategy. Data from October 2010 to November 2011 show that:

- Money Advice Services received 2,843 referrals – an underestimate as some local figures had not been received.
- Taking account of the time lag between referral to Money Advices Services and cases being opened and completed, there were 1538 completed records for evaluation purposes. Of these 1538 cases, 54% were active, 21% failed to attend, 20% were uncontactable, 4% declined or withdrew, with 1% ineligible.
- The project appears to be reaching a target audience: nearly four out of ten are lone parents; one in four are pregnant and/or have children; nearly one in ten have children with disabilities, and these categories are not mutually exclusive
- The project appears to be reaching those below the family income threshold of under £40,000 per year. The majority (75%) reported a monthly income of less than £1399 which is comparable to the Healthy Start Vouchers threshold of £1336.
- The recorded annual gain for 316 cases was £1.12 million with additional lump sums of £96,000. The minimum individual gain was around £148. The maximum gain was in excess of £20,000 with the average around £4,500.

Lynn also described some case studies which showed the wider impact of gain:

- Lone parent with disabled children received a significant amount (£20k+) which allowed them to fix their garden, create a play area, and buy a car to increase mobility.
- Couple with young children received support to buy a washing machine which reduced family stress and arguments especially as one child wet the bed.

- Lone parent with children with behavioural issues received increased benefits / tax credits and bought much needed communication cards and a buggy (previously unaffordable).
- Lone parent with three children and informal kinship carer arrangements of a nephew under one year of age. Previous applications for Healthy Start Vouchers were unsuccessful but a backdated claim led to an extra £3.10 a week which helped buy milk and make a nutritional difference.

Lynn concluded by reminding the audience that further information, including case studies and a range of resources, are available on the HWC website. A completed literature review, aimed at supporting the evaluation, is also available at the Glasgow Centre for Population Health website (www.gcph.co.uk) with the final evaluation report available in March 2012.

A copy of the presentation delivered by Lynn Naven can be accessed from the GCPH website at www.gcph.co.uk/events

Speaker: Dr Julie Nelson - National Foundation for Educational Research (NFER)
Title: Progress in tackling child poverty in England - local authority approaches

Julie's presentation was on research completed for the Local Government Association in England to evaluate local authority progress vis-à-vis their new duties under the Child Poverty Act (2010) focusing on three new duties within the Act: cooperation; understanding needs; developing and delivering a local strategy. This involved telephone interviews with 43 strategic personnel across nine areas - chosen as examples of promising practice.

Julie identified some factors which could influence the wider child poverty agenda.

- The child poverty agenda is viewed as a 'cross-cutting' issue.
- Budgetary reduction and restructuring could significantly impact on whether the agenda was taken forward.
- Local demographics and the scale of deprivation. (Higher deprivation levels usually, but not always, ensured that child poverty was high on the local agenda.)
- If the partnership was centrally located within the Local Authority, instead of children's services, it enabled partnership "buy in" and high visibility.
- Elected members' views were important and their active involvement (e.g. chairing the local partnership) was an important, positive factor.

She then highlighted how the new Child Poverty duties were progressing.

Cooperation: most local partnerships were well developed. The key ingredients for success appear to be a commitment to a common goal, an outcomes focus, good leadership, effective use of people's time, cross-sector representation (operational and strategic) and voluntary sector involvement. Involving the private sector and children and young people was considered difficult as was the pooling of budgets.

Understanding needs: most partnerships had already completed their Child Poverty Needs Assessment (CPNA). The biggest reported challenges were accessing and sharing data, which may be linked to different data-collection processes, encouraging data sharing, incorporating qualitative data and gaining 'real time' data.

Developing and delivering a local strategy: the transition from the CPNA to strategy was smooth and may have been aided by continuity of representation with both areas of work being viewed as 'live documents'. However, children and young people were rarely involved

in this process. Possible reasons include that the strategy was a high-level document, there were cost implications of involving children, the subject matter was sensitive, and there was a fear of creating 'false promises'.

One local authority did seek views from young people leaving care and got them involved in creating a DVD about their experiences, which was shared at a child poverty partnership meeting. The messages were 'taken on board' and used to help launch their local strategy.

The study also identified concerns about the local impact of strategies. They included reduced budgets, service reconfiguration, economic climate and intergenerational poverty in de-industrialised areas. A view was proposed that asking local authorities to take the lead was complex as an important driver is located within central government – economic policy. A lack of statutory guidance from the government led one respondent to express their fears:

> "*My fear is that unless organisations are compelled to work together to tackle child poverty, they will retreat into their own silos and only do their core business*."

Attempts to address these concerns ranged from focusing effort at the level of the family and locality, early intervention and targeting specific 'need' groups to 'poverty-proofing' strategies. Specific new examples were reported such as piloting free child care for two year olds and creating a coordinated Child Poverty Intervention Project. This project offered training to staff not in regular contact with children (e.g. Fire Officers and Librarians) to raise the agenda and help ensure appropriate referrals. Another new example was a 'multi-agency bus' which offered parents a 'financial health check' and crèche facilities during the check.

A range of pre-existing interventions in place included reducing worklessness, improving financial literacy and improving health outcomes to ensure children had the best start in life.

Julie concluded by highlighting key recommendations for effective practice:

1. Ensure a raised profile by highlighting local work and commitment, seek assurances about central funding to deliver the work, ensure the partnership is centrally located within the local authority and has elected member 'buy in'.

2. To ensure effective collaboration there is a need for more advice to support the local pooling of budgets, attract private sector involvement and ensure diverse partnership representation. There should also be a clear focus on outcomes.

3. Local minimum standards could help keep child poverty as a priority. There is also a need for timely data (some areas were involved in a DWP pilot to access real time data) and guidance on data sharing. Finally, a whole area approach – drawing on adult services and ensuring the work is realistic and focussed – could ensure that child poverty is not viewed exclusively as a children's service issue.

A copy of the presentation delivered by Dr Julie Nelson can be downloaded from the GCPH website at www.gcph.co.uk/events

Speaker: Bruce Whyte
Title: Overview of Children's Indicators as part of the Glasgow Indicators project

Bruce Whyte from GCPH briefly demonstrated a new set of children's health and well being indicators that are being developed as part of the Glasgow Indicators project. Bruce explained that a project group with representation from organisations across Glasgow (including Education, Social, NHS Greater Glasgow and Clyde, Glasgow's Community Safety Partnership, Glasgow Life, University of Glasgow and GCPH) have been working to create these indicators over the last year.

The Children's Indicators are designed around seven domains – *population, poverty, education, safety, behaviour, health and wellbeing.* This work is close to completion and the indicators will published on the site – www.understandingglasgow.com – by mid-February 2012.

Panel discussion: key discussion points

The second part of the seminar provided an opportunity for delegates to take part in round table discussions and provide questions to the "child poverty panel", chaired by Rosie Ilett (GCPH).

The panel members' comments on each question have not been reported verbatim but grouped into key discussion points. Because of time constraints, all questions were not addressed. (See Appendix for more detail on other questions, comments and feedback.)

Question 1 - What can we do to challenge a system that stigmatises and punishes claimants?

CR: From an NHS perspective, the whole issue about health workers promoting financial inclusion advice and benefits uptake would help reduce stigma if it becomes routine work, rather than people being targeted. Sensitive enquiry as part of routine NHS practice will help to some extent. And although it is clearly not the answer, it will help if it becomes the norm among Health Visitors, Midwives and other workers.

JE: We also have a large workforce across NHS Greater Glasgow and Clyde - more than 38,000 people - which presents a lot of day-to-day opportunities.

Question 2 - How do we implement the CPAG Scotland view on free school meals and the role of Local Authorities in terms of Council Tax Benefits?[1]

MM: There has been an increase in numbers eligible for free school meals which mean that we do have more children getting access. That leads to the question of whether or not children want to take free school meals and the importance of anonymity. Schools are getting better at reducing the stigma with many children unaware of whose accessing free school meals. It raises the point about universal free school meals – is that a good use of our money? I'm not convinced that the state should be paying for my children's school meals. I would welcome any other views on that.

[1] The second part of this question (the role of local authorities in terms of Council Tax Benefits) was not debated.

JD: It's important to recognise that real progress has been made in Scotland around extending free school meals to more families that are working but on very low pay.

MM: I don't think it is a good use of a local authority finance to commit to universal provision of free meals from primary one to three. We have finite resources to target need. In Glasgow city there are 65,000 school children and the cost of a school meal is £3 per head. I think we could make better use of that money. I totally agree with the point of increasing eligibility, but there are families in the city, like myself, who can afford to pay for their children's school meals and therefore they should.

JE: We have to be careful that we don't get into an either or with universal services and targeting. It's important to remember that a universal approach lays the foundation for reducing inequalities with additional targeting. I have reservations about going into a polarised debate during a period of austerity where it becomes a case of universality versus targeting. I think we should try and avoid that.

CD: There is a strong Scottish Government commitment to strengthening universal provision. The evidence on inequalities shows a noticeable curved social gradient. If we just target services or provision at the most vulnerable families then we miss the point about that gradient. There is also a strong commitment to early intervention to prevent an escalation of difficulties. We know that families might have a sense of stigmatisation if they feel they are being targeted, which can be a deterrent to accessing what they are entitled to. We need to be careful to avoid polarising arguments about who is most in need and who is not. We have to be careful with public policy and services that we don't go down that particular route.

Question 3 – The 'poverty industry' employs a lot of professionals who really don't know about any of services that exist, why aren't there people who we perceive as living in poverty here at this event?

This question was selected following three audience comments. The first comment referred to more equal countries, like Denmark and Norway, and if UK child poverty levels would reduce if we had a similar, more equal society. The second comment questioned why people experiencing poverty were not at today's event, and the third asked if homelessness had become a professional occupational interest with no intention of making a real difference. Dr Ilett asked the panel if there were some assumptions here that they might want to challenge.

CR: They sound like statements not questions. It depends what you mean by the poverty industry because looking around, and recognising a few faces, there are people here whose day-time jobs involve tackling poverty, rather than being part of the poverty industry. This is not a gathering of people solely focused on poverty but of those delivering services to families and clients that need to be aware of the issues around poverty and the work that they do, and the way that they manage and develop services.

CD: We shouldn't assume that professionals have not experienced poverty themselves. Many people in jobs will have had experience of poverty in their own life. We need to be careful not to polarise but I understand the sentiment behind the questions. We have to be careful about workforce development to support the workforce delivering public services, to become more sensitive to inequalities when delivering services.

JD: Good points. There has been good work done over the last few years to bring people together – individuals and communities.

JE: The issue of representation was discussed before the event. However, as Jackie Erdman pointed out in her presentation most children in poverty have parents with jobs. There may be some people in the audience in that position. The point made by the question is valid but representation is difficult and is something we need to revisit.

Question 4 – How do we make better use of the evidence around economic arguments i.e. for every pound spent in early interventions there are long term savings?

MM: I think the case has already been made for early intervention. The challenge is to put it into practice within services during a financially difficult time. We need to continue working together and see if we are intervening early and effectively. As far as politicians go, I think the case has already been made.

CR: The case has been made but there's been very little impact on public services delivery. The challenge is how we move beyond policy rhetoric and address the challenge that delivering prevention and early intervention involves having to move money. We can't have everything and then add prevention and early intervention on top, unless we spend a lot more money. How does the money get moved without consequence? Over the years, we have debated these issues but with little success in making significant change. A recent example involved medical equipment that cost £5million. There was political pressure to fund this equipment that was expensive with marginal impact on quality of life. That £5million cannot be spent elsewhere. It is difficult for people to understand opportunity costs[2]. We need to continue lobbying, promoting evidence and winning the public battle i.e. you can't have everything, and prevention and early intervention. This is a real focus for people here today as these approaches will probably make the most difference in using public money differently.

JE: I think some of the answers can be found in the comment about Denmark and Norway. Unlike these countries, we seem to view tax as a 'dirty word'.

CR: You could argue that we would rather pay taxes to build prisons than try to avoid children falling behind etc. There is a different discourse in Scandinavian countries. If there is a family problem then society takes some responsibility, as opposed to a knee jerk reaction that blames parents. I think some of those issues raised about the media presents public policy challenges and makes it difficult for politicians to deal with the criticism waged against the 'undeserving poor'.

CD: The challenge is about translating into practice at local level. This event has shown that there are some practical ways to improve or strengthen early intervention and prevention. We can get despondent within this difficult environment but there are some good examples, such as Healthier Wealthier Children, which show that we can improve family's circumstances and get public sector workers to work more effectively. Some things are within our control and we should try and grasp them as effectively as we can.

CR: That's right, we should never say we can't do anything but we need to be realistic if we want to make a quantum shift in addressing child poverty in Scotland. Our workers giving people money advice will contribute but it won't make that shift. It's not enough to develop national policy. It has to be nationally delivered. For example, the NHS is primarily judged on waiting times for acute care by politicians and the

[2] Opportunity cost is the cost of any activity measured in terms of the value of the next best alternative that is not chosen.

public. There is a lot more we could do. There are a lot more drivers around what the NHS does, that are not well reflected in those very high profile targets.

Question 5 – What part can partnerships and working together play in tackling child and family poverty?

This was an amalgam of three audience questions. The first asked if there was a role for technology to improve collaboration. The second asked if integrated working could be improved in Glasgow with the final question on what strategy would ensure that all sectors (private and public) worked more effectively to improve outcomes.

MM: Four years ago I asked a colleague to explain children's services. They replied that it was harder to understand than DNA! Glasgow is a complex and diverse city, but four years on I have a better understanding of partnership work and the commitment to improve family outcomes. Shared commitment and direction of travel and agreed structures in place are all required. This should not be a one-size-fits all, we need local solutions and an empowered workforce to work towards a shared aim of improving children's lives. This is not difficult because I meet people across the city wanting to do it. But how do we allow workers the space to work together effectively on the right things? We spend a lot of time at meetings talking around the issues when we could be working towards opening up space for people to be a bit more solution focused.

CR: Frontline health staff, council staff and others have always worked together as otherwise they could not do their jobs properly. The key issue is addressing the barriers (financial, referral, threshold, organisational) to ensure integrated work. It feels like déjà vu as Glasgow moves back into integrated health and social care partnerships with formal structures which will help. It is potentially a new start for Glasgow and all the local authority partners.

Question 6 – What does the panel think about the Third Sector's role in addressing child and family poverty and how can it be improved?

JD: The voluntary sector has an important role in reaching children and families that are not accessing mainstream services. This could be due to a breakdown of trust with mainstream services. Often, community and voluntary sector groups are in a position to build relationships to ensure people access the mainstream services that they're entitled to. It's important that we don't lose sight of that particular relationship.

JE: It's a strange transition having worked in the voluntary sector, then moving back into the public sector. There's been much talk about partnership and co-operation but within partnerships, the voluntary sector has to also compete for limited funds. It's a strange scenario: competing for funds within a co-operative partnership.

CR: There are three points I want to make. Firstly, the Third Sector is in a position to provide services in a different way from public services, but there's a risk that if public funding is reduced then this will not be good news for addressing child poverty. It's not just about public funding, as the Third Sector raises other money to address child poverty. We need to support and recognise their work and the extra value it brings. Secondly, their advocacy role in challenging stigmatisation and raising debates about universality is important as the statutory sector is not well-positioned here. Their campaigning role (e.g. the impact of benefit cuts) is important as it keeps these issues on the wider agenda. Finally, their role in the community is not just about delivering services. They also bring less tangible but important values within communities.

CD: At a recent workshop on revising guidelines on children affected by parental substance misuse the voluntary sector were well represented. There were concerns about how the public sector funds their work and their need for more clarity about the commissioning process and what is being asked. There was a need for more clarity around expected outcomes.

Question 7 – If you could pick one thing that would make a difference to families in poverty what would it be?

CR: That's an extraordinarily difficult question. It's easy to come up with a glib response which I refuse to do. Maybe we should have had a series of options and a vote from the floor. Can I have two things employment and child care? I can't choose between them. OK, child care.

CD: We talked about the Scandinavian system – a fairer redistribution of wealth and a good system of taxation to invest into public services and tackling poverty.

MM: Access to education and employability.

JD: You will not be surprised that in terms of powers we have here in Scotland I come back to investing in child care and early years.

JE: I don't think the current welfare system provides adequate social protection, so I would introduce a Basic Income which has no conditions attached to it and would be universal.

Conclusion

Rosie closed the debate by pointing out that the last response was a popular choice but that she wouldn't take a vote. She thanked the panel members and presenters for their contributions and the delegates for attending today's event and raising thought-provoking questions. She also thanked the GCPH staff for their behind-the-scenes efforts and hotel staff for their support. Wishing everyone a good break over the holiday period, she reminded the audience that the next Glasgow's Healthier Future Forum event in March 2012 would focus on gender and alcohol.

Appendix 1: Seminar delegates

Gwen	Allardice	WoS CSU
Shaw	Anderson	Glasgow City Council
Carolyn	Armstrong	Glasgow City Council
Brian	Baker	Freelance Journalist
Lesley	Beaton	University of Strathclyde
Nikki	Bell	FMR Research
Dr Helen	Bennewith	Glasgow Addiction Services (NHSGG&C)
Lauren	Billings	Student, University of Strathclyde
Duncan	Booker	Glasgow City Council
John	Boswell	Paths for All
Catherine	Bradley	East Dunbartonshire CAB
Lauren	Bremner	Student, University of Strathclyde
Christine	Brown	Easterhouse Baptist Church
Emma	Brown	Student, University of Strathclyde
Donna	Burnett	Scottish Government
Jennifer	Burns	NHSGGC
Sandra	Cairney	NHSGGC East Dunbartonshire CHP
Liz	Cameron	Children and Community South Ayrshire
Rebecca	Campbell	NHSGGC
Jane	Cantley	Inverclyde CHCP
Liz	Carroll	NHSGGC Health Partnership South Sector
Helen	Clark	Education Services Glasgow City Council
Gillian	Collins	Inverclyde CHCP
Elaine	Corcoran	NHSGGC
Geraldine	Cotter	Money Matters
Naira	Dar	GCPH
John	Dickie	Child Poverty Action Group Scotland

Jacqueline	Donaghy	Renfrewshire CHP
Michael	Donnelly	Glasgow City Council
Sheila	Duffy	ASH Scotland
Christine	Duncan	Scottish Government
Jimmy	Duncanson	PPF - North East
Jane	Edgar	Glasgow Life
James	Egan	GCPH
Jackie	Erdman	NHSGGC
Derek	Flood	Inverclyde CHCP
Jan	Freeke	Glasgow City Council DRS
Angela	Fulton	Glasgow Credit Union
Susan	Galloway	NSPCC Scotland
Elaine	Garman	NHS Highland
Mrs Fiona	Garrett	No Strings Attached (Scotland)
Morag	Gillespie	Glasgow Caledonian University
Roseann	Gorman	NES Education for Scotland
Trish	Gray	NHS Education For Scotland
Norma	Greenwood	NHSGGC
Janice	Greig	Glasgow City CHP
Ilona	Grieve	NHS
Douglas	Guest	Equality & Human Rights Commission, Glasgow Office
Morag	Gunion	Glasgow City Council
Kay	Hamilton	Glasgow City Council
Nahid	Hanif	Advice Shop, Bathgate Partnership Centre
Siobhan	Harkin	NHSGGC
Chris	Harkins	GCPH
Catriona	Harper	NHSGGC
Jean	Harris	Glasgow City Council Social Work Services
Flora	Harvey	Glasgow Caledonian University

Lucy	Haughey Woodhouse	PlanB Money & Debt Advice Support Services
Catherine	Henderson	The Place2Be
Cathy	Holden	NHSGGC
Mary	Holt	West Dunbartonshire Council
David	Hornell	Money Matters, Social Services, North Ayrshire Council
Sheila	Hunter	NHS Education for Scotland
Rosie	Ilett	GCPH
Margaret	Jenkins	Healthier Wealthier Children
Russell	Jones	GCPH
Elizabeth	Kearney	NHS Lanarkshire
Catherine	Kearney	Scottish Library & Information Council
Lesley	Kelly	Growing Up in Scotland
Kathy	Kenmuir	NHSGGC
Christine	Kerr	Glasgow Life North East Services
Dagmar	Kerr	Action for Sick Children (Scotland)
Marion	Lacey	Rock Solid Social Research
Paul	Lafferty	NHS Glasgow City CHP – South Sector
Fiona	Lamb	R.H.S.C. Yorkhill
Jacqueline	Lamont	F.T.S. Care
Janie	Law	Mellow Parenting
Alison	MacDonald	NHS Health Scotland
Katie	MacKintosh	Holyrood Magazine
Helen	MacLean	Glasgow Life
Christine	MacLean	Stirling Council
Lorraine	MacLeod	West Dunbartonshire Council
Karen	MacNee	Scottish Government
Marina	Madden	NHSGGC
Daniel	Maher	NHSGGC
Anne Marie	Manning	NHSGGC/GHA

Derek	Manson-Smith	Glasgow Children's Panel
Tom	McAdam	SCPHN Student at Caledonian University
Alistair	McAllister	F.T.S.Care Ltd
Irene	McArthur	R.H.S.C. Yorkhill
Julie	McCarthy	NHSGGC N.West Sector Health Improvement Team
Michele	McCoy	NHS Dumfries & Galloway
Lesley	McCranor	Healthy Valleys
Jane	McCrone	Public Health Nurse Student, Caledonian University
Susan	McGinnis	University of Strathclyde Counselling Unit
Isla	McGlade	NHSGGC
George	McGuinness	North East Public Partnership Forum
John	McInnes	John McInnes Group
Kay	McIntosh	South Lanarkshire Council
John	McKendrick	Glasgow Caledonian University
Maureen	McKenna	G;asgow City Council Education Services
Joan	McManus	Rosemont Lifelong Learning
Barbara	McMenemy	NHSGGC
Andrea	McMillan	Glasgow Life
Fiona	Mackay	Renfrewshire CHP
Caroline	Mackie	Children & Families' Services, Perth & Kinross Council
Maggie	Mellon	NHS Health Scotland
Craig	Millar	NHSGGC
Julia	Miller	Healthy Valleys
Ian	Monteague	FARE
Sylvia	Morrison	Renfrewshire CHP
Fiona	Moss	NHSGGC
Moira	Murray	NHSGGC
Twimukye Macline	Mushaka	The Poverty Alliance
Lynn	Naven	GCPH

Joanne	Neary	MRC SPHSU
Julie	Nelson	National Foundation for Educational Research
Nadine	Nunnery	Student Public Health Nurse
Douglas	O'Malley	Glasgow City CHP, North East Sector
Geraldine	O'Riordan	Community Food and Health (Scotland)
Jennifer	Pender	North-West CHCP
Julie	Quinn	Glasgow Caledonian University
Tony	Quinn	GeMap Scotland
Uzma	Rehman	NHSGGC
Angela	Reilly	Glasgow Addiction Services
Catriona	Renfrew	NHS Greater Glasgow Clyde
Louise	Rennick	NHS Health Scotland
Lucy	Reynolds	NHSGGC
Cathy	Roarty	NHS Ayrshire & Arran
Margaret	Roberts	Glasgow City CHP
Russell	Robertson	NW Sector of Glasgow CHP, NHSGG&C
Lynne	Rush	NHS
Kevin	Rush	Glasgow City Council
Sonya	Scott	Public Health, NHS GG&C
Janice	Scouller	NHS Lanarkshire
C. Kim	Shepherd	University of the West of Scotland
Heather	Sim	Space Unlimited
Heather	Sloan	NHSGGC
David	Smith	NHSGGC (Retd)
William	Spence	University of Glasgow
Jim	Swift	The Health Inequalities Alliance
Martin	Taulbut	GCPH
Catherine	Tearne	Healthier Wealthier Children Inverclyde
John	Thomson	Glasgow City CHP, NHSGGC

Janet	Tobin	Glasgow City CHP
Julie	Truman	NHSGGC
Liz	Tuach	West Dunbartonshire Council - CPP
Pauline	Walmsley	Glasgow City CHP, North West Sector
David	Walsh	GCPH
Marie	Ward	Cranhill Development Trust
Phil	White	NHS Ayrshire and Arran
Bruce	Whyte	GCPH
Jo	Winterbottom	Glasgow City Council
Angus	Wood	Barnardo's Scotland
Debbie	Young	Glasgow City Council

Appendix 2: List of comments, questions and feedback from seminar delegates

COMMENT	QUESTION	FEEDBACK
Great results from HWC. It will be a great challenge to tackle child poverty in light of the current economic crisis.	Do you think an independent Scotland, or a Scotland with increased fiscal powers, will make a difference to child poverty levels?	

Useful presentation. Family services crucial in taking a holistic approach. There is a real potential for front line staff across many disciplines to support the Child Poverty Agenda.		
Whilst recognising the major achievements of HWC, it's important to recognise that there had, for years, been similar achievements for multi-disciplinary teams supporting children with disability but thresholds for social work involvement keep rising.	What happens to poor families with children with disability now social work refer referrals on?	
We heard a lot about the scale and problems (which is useful and interesting!) but how do we become action orientated? Make Change.	Huge resources are going into this area of work (directly and indirectly) already. How do we focus target effort (more resources – bending spend)?	Really interesting and informative.
Why do we still have child poverty in 2011!	How can we work more effectively on collaboration using technology	
We cannot rely on individuals to access services. We need their consent to pass details to appropriate services who will proactively engage and contact the		

individuals directly.		
	What is the best time to intervene?	
Government allows large organisations to make massive profits e.g. fuel organisations (Scottish Gas, Bright House, ATM machines – each transactions, interest rates, food cost rising) – additional monies for vulnerable families often will go to these organisations.	Government responsibility to cap profits and give back to local people.	
Great talks, excellent event.	Without admonishing the government of their responsibility for child poverty, I wonder if "more could be achieve for less" by communities themselves providing the leadership?	
	How useful is the SOA for tackling poverty?	
Poverty is a complex issue with no easy solution. Short term funding is not adequate - it is a plaster. Long term solutions including Govt, housing, education, health etc need to work effectively together. More poverty will result now and in the next 20 years as a result of the proposed cuts.	When does the talking stop and effective working for all begin?	
Income maximisation is one of a very complex range of support needed by families with children with disability. The sort of income maximisation given in the illustrations has been happening for years in parts of GG & C where statutory services work well together supporting children with disability.	Please can we develop/support multi disciplinary teams around children with disability including income maximisation, not have income maximisation for these children in a separate silo.	
More information regarding attitudes of local councillors would have been interesting - very process orientated. John Dickie's presentation – more concrete examples of	Can John Dickie say a bit more about passported benefits what role does he see for health workers within this?	

the passported concept would have been helpful as would some idea about how the living wage could be enforced HWC would have been useful for more analysis of how the findings are being dispersed across child health services.	Healthier/Wealthier: any analysis on why such high numbers did not take up appointment and with money advisors? How the services promoted? What conflict with specialist children's services to highlight the important of workforce role in relation to welfare rights?	
	Who is developing/co-coordinating Glasgow's Child Poverty Strategy?	
Lots of good strategic efforts and will but government context and local culture constrains outcomes.	How can an assets approach be informed and energised by leadership and accurate information? How can we join up cutting costs / increase impacts e.g. debt advice and smoking cessation?	
	What mechanisms do we have to hold the government to account based on the provisions of the Child Poverty Action?	
Whilst the commitment to end child poverty by 2020 may be unrealistic, I believe that we should continue to aim for this.	What can we do to encourage the adoption or scaling up of successful initiatives?	
Plus ca change The data is updated the (labels language change) but people (children/families) stay poor.	Would generic family worker's skills in life be better than the (current) range of dedicated staff in helping individuals, families and communities get better at helping themselves?	
Private sector companies gain financial resources at the detriment of vulnerable families - payday loans set to increase in current economic climate.	How can we minimise financial companies targeting vulnerable families through advertising easy access to money which has very high interest payments	

Access to cheap debt appears to be a major problem in deprived communities - adding to the burden of child poverty.	How do we change legislation so that high interest debt agencies can't take advantage of vulnerable families?	
	Are Scottish Local Authorities required to report on the Child Poverty Indicators – where/how?	
Can we be sure that the money is used to support children and not used to ostracise them? How is this monitored and challenged? More than just benefits – education.	How can we be sure that the money is given to families and is used effectively – to support families/children?	
	In the force of right-wing UK government polities (and the fact that the UK Government controls taxation, welfare policy etc) can local action within Scotland really make any meaningful impact on child poverty? And/so…would an independent Scotland provide a greater opportunity to eradicate child poverty?	
Over arching child poverty strategy in every local authority area which embraces the skills and experience of the community and voluntary sector organisations. Public sector organisations should stop being over protective and start to have meaningful working partnership with community and voluntary sector organisations to ensure adequate service delivery for disadvantaged children and families.		
Lots of good work going on but working within a primitive system that needs to be tackled.	What can we do to challenge a system that stigmatises and punishes claimants?	

Really important that gender specific issues are now being recognised.	Today's seminar has stated that to reduce child poverty – partnership/integrated working is key for success. Can the panel comment on how this can be achieved by Glasgow – due to the dissolution of the Health and Social Work Services i.e. CHCPs?	
	What is the strategy to ensure that all services (third, private and public sector) can connect and collaborate effectively to maximise outcomes?	
Impact of child poverty is long lasting. How do we effectively engage hard to reach groups? We do know what we are doing, having leadership to take forward.		
How do we in Scotland implement CPAGs suggestion about holding onto three factors? 1. Protecting free school meals 2. Role of local authorities in terms of council tax benefits. 3. ????		
	Has poverty become an area of professional interest that occupies people gainfully with no intention of making a real difference?	
Child and quality measurement framework is relevant; should this be taken into consideration too? Still needs to fit within Children Rights bill and the Children Service Bill	The gendered approach to child poverty focusing on maternal wellbeing has lost focus in Scotland/UK whereas still important in International development and DIFID. What is lost in Scotland by this?	Need to look at cultural and social climates that lend Denmark and Norway to have a more equal society. Professionals paid less and unskilled workers. Thus to lower child poverty others have to give up power and resources.

I was surprised that one of the inclusion criteria for HWC was a household income threshold of £40,000. Seems right for poverty definitions.	Why are there no people here who are living in poverty? Why is it only “professionals”?	
Assets based approach – we should capitalise more on the skills within local communities – in the past we had community development workers supporting local communities to become empowered.	How do we make better use of the evidence around economic argument i.e. £1 spent in early intervention can save in longer term?	
Poverty unfortunately will always be there but it is so good to know it is being tackled. Younger we start the better - we must get into schools. Glasgow Programme allows the child to see there is help there and this will stay with them as they grow into adults.		Appreciated the format. Good use of time We always benefit from being able to talk to other delegates.
	There has been not a lot of mention of the role of the voluntary and community sector this morning. What do the panel think about the role of the Third Sector in addressing child and family poverty and how it could be improved?	
Child poverty is a huge problem. GIRFEC should help in tackling this but communication between agencies is difficult in a big authority like Glasgow.	How can we improve joint working?	
	If you could pick on thing that would make a difference to families in poverty what would it be?	
	Can we make Glasgow grow enough food to dramatically reduce poverty? Farms/allotments for people?	

	Can we move funds from major capital projects (e.g. New Forth road Bridge, duality AG etc) to locally run community projects? E.g. making Glasgow self sufficient in food production within the next 10 years via reclaiming derelict land, community gardens etc.	
	In seeking to address poverty, are we focusing too much on what we do as professionals, and not enough on what we do as citizens?	Wondering why no discussion about the asset based implications for reducing child poverty? Julie Nelson's presentation was very good
	Should we consider looking at tackling "poverty" rather than just child poverty?	
Re focus on poverty and inequalities: positive practice but very frustrating that after time immemorial, we still have not got the answer in infiltrating and making effective, significant long lasting, sustainable impact.	Education services: could they play a more significant role in combating poverty and inequality?	
	Given that the private sector wealth has increased by up to 46% how do we source real funding for interventions that may have a positive impact on poverty?	
	When is the best time to intervene? Should the public sector be offering all young people meaningful opportunities for employments and training in ways that meet service gaps?	
Could we make delegates aware of the new Tackling Child Poverty Locally online resource that is now available on the Scottish Government Website (employability and Tackling Poverty)?	Julie referred to the importance of prescriptive guidance (and even compulsion) in determining whether child poverty is prioritised locally. What are the panel's thoughts on the prospect here in	

	Scotland, given that under the Concordat reinforced in the Scottish Child Poverty Strategy 2011 it is the responsibility of local areas to determine their own priorities.	
Child poverty won't ever be eradicated until collaboration, transparency and partnership work are core daily priorities undertaken between ALL sectors. Public, private, third and social enterprise parties should all work together and get over their own "agenda snobbery" and "project preciousness".	To the whole panel: Where do you see involvement, and future involvement, of social enterprises, community interest companies and private organisations in the Poverty Eradication Agenda?	
When is the best time to initiate? An example might be offering young people meaningful opportunities for employment and training in ways that meet service gaps.		