

ABERDEEN CITY COUNCIL

COMMITTEE	Anti-Poverty and Inequality Committee
DATE	11 January 2023
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Child Poverty Action Plan 2022-2026
REPORT NUMBER	CUS/23/011
DIRECTOR	Andy MacDonald
CHIEF OFFICER	Derek McGowan
REPORT AUTHOR	Paul Tytler, Tracy Davis
TERMS OF REFERENCE	2.1

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to submit the refreshed Child Poverty Action Plan 2022-2026 for approval.

2. RECOMMENDATION

That the Committee:-

- 2.1 Note progress in developing the Child Poverty Action Plan 2022-2026 and further work to finalise and ensure alignment with the Children's Services Plan by March 2023.

3. CURRENT SITUATION

- 3.1 The Child Poverty (Scotland) Act 2017 (the Act) fully entered into force on 1 July 2019. The Act sets out steps required to be taken by the Scottish Government, Local Authorities and Health Boards to tackle child poverty. The Act identifies four definitions for poverty, identifies targets to be achieved by 2030, and creates a requirement for Local Authorities and Local Health Boards to annually agree a Child Poverty Action Report. This Report is then published and submitted to Scottish Ministers.

- 3.2 Poverty is defined in the Act under four different headings:

- Relative poverty
- Absolute poverty
- Combined low income and material deprivation
- Persistent poverty

- 3.3 At Operational Delivery Committee on 17 September 2019, the Committee agreed to adopt the Local Outcome Improvement Plan as the Council's Child Poverty Action Plan for the years 2019-22.

- 3.4 The Scottish Government published their updated National plan, 'Best Start, Bright Futures' in March 2022, and with our local Child Poverty Action Plan now requiring renewal, the Child Poverty Action Plan for 2022-26 is attached at Appendix 1 for approval. The Act requires that this Plan is developed by the Council and Health Board for the area, and this is reflected in the plan presented. The Child Poverty Action Plan will also be considered by the Community Planning Aberdeen Board on 15 February 2023.
- 3.5 The Child Poverty Action Plan sets out action areas across services and partners which will impact on tackling child poverty. Following guidance being developed by Scottish Government on developing the plans and progress reports, development areas include developing clear strategic aims, short, medium and long term actions. Throughout the report, focus on use of intelligence to determine actions taken and proposed actions, good practice, developments and improvements, future work and priorities and highlight partnership working and awareness. Specific areas are:
- actions taken
 - Protected characteristics
 - Specific actions on any of the 6 priority groups:
 - lone parent families
 - minority ethnic families
 - families with a disabled adult or child
 - families with a younger mother (under 25)
 - families with a child under 1
 - larger families (3+ children)
 - Proposed actions in light of the above
 - Data, charts where available
 - Case studies from services, partners to illustrate lived experience and outcomes delivered
- 3.6 The implementation of these development areas will be taken forward through a Child Poverty sub group of the Anti-Poverty Outcome Improvement Group.
- 3.7 While this plan identifies core actions deemed necessary, it is worth noting that these are areas of focus in addition to the core services offered by the Council, NHS Grampian and partners in mitigating Child Poverty.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from this report.

5. LEGAL IMPLICATIONS

- 5.1 Section 13 of the Child Poverty (Scotland) Act 2017 places a duty on local authorities and regional health boards in Scotland to jointly produce annual Local Child Poverty Action Reports (LCPARs) describing ongoing and planned action to tackle child poverty at local level.

5.2 This Child Poverty Action Plan provides the basis for producing those annual reports.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no direct environmental implications arising from this report.

7. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
Strategic Risk	Risk of not fully supporting those children in most need	Child poverty working group under the Anti-Poverty Outcome Improvement Group, that includes a wide range of partners across: communities, H&SCP, Education	L	Yes
Compliance	Requirement to produce a local child poverty action plan progress report	Agreement of the action plan will ensure that the progress report can be submitted as required	L	Yes
Operational	Staff and partner capacity	Monitor progress and activity to determine any remedial action required.	L	Yes
Financial	No financial risks identified	n/a	n/a	n/a
Reputational	Risk of not supporting work to tackle child poverty	The Child Poverty Action Report and six-monthly progress report will demonstrate progress in tackling child poverty	L	Yes
Environment / Climate	No environmental risks identified	n/a	n/a	n/a

8. OUTCOMES

<u>COUNCIL DELIVERY PLAN 2022-2023</u>	
	Impact of Report
<p>Aberdeen City Council Policy Statement</p> <p><u>Working in Partnership for Aberdeen</u></p>	<p>The activities in support of tackling child poverty within this report support the delivery of the following aspects of the policy statement:-</p> <ul style="list-style-type: none"> • Seek to make Aberdeen a UNICEF Child Friendly City. • Review the cost of the school day, to make sure no child is missing out on opportunities because of their financial situation.
Prosperous Economy Stretch Outcomes	<p>The activities described within this report impact on the Prosperous Economy section of the LOIP, stretch outcome no 1:</p> <ul style="list-style-type: none"> • No one in Aberdeen will go without food due to poverty by 2026
Prosperous People Stretch Outcomes	<p>The activities within this report support the delivery of Children & Young People Stretch Outcomes 4 and 5 in the LOIP:</p> <p>4. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026.</p> <p>5. 90% of Children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026</p>
Prosperous Place Stretch Outcomes	N/A
<p>Regional and City Strategies</p> <p>Regional Economic Strategy</p>	<p>The actions within this report support action under Inclusive Economic Growth</p>

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Full impact assessment required
Data Protection Impact Assessment	not required

Other	None
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10. BACKGROUND PAPERS

10.1 None

11. APPENDICES

11.1 Appendix 1 Child Poverty Action Plan

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**Aberdeen City
Local Child Poverty Action Plan
2022 - 2026**

The three main drivers of Child Poverty:

Work and earnings:

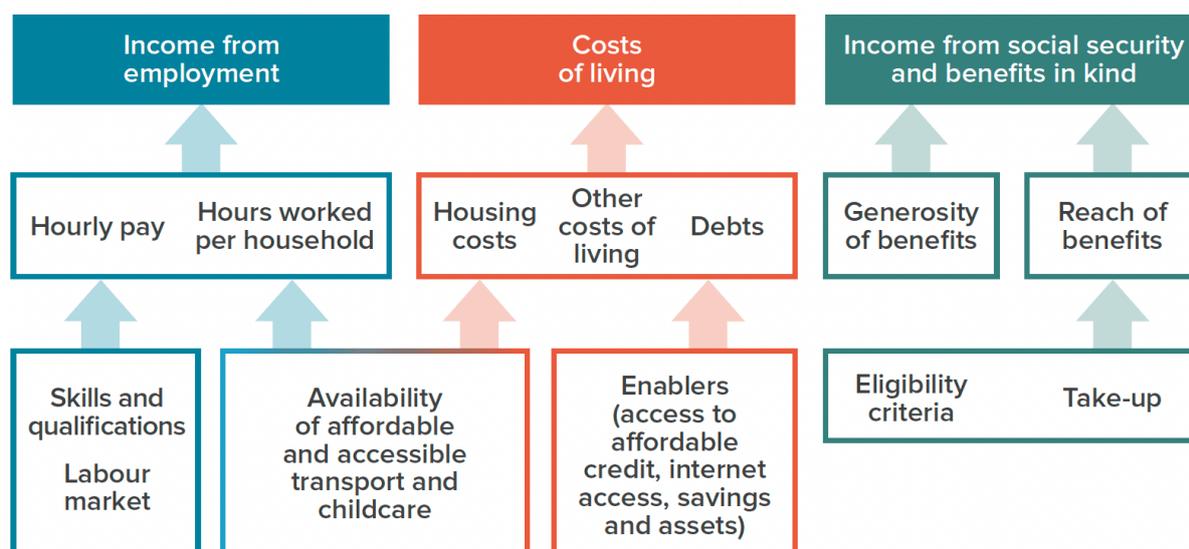
- Income from parent's work and earnings is not sufficient to lift them from poverty

Household costs:

- The costs of living that households have to cover are too high

Social Security:

- Income from social security, particularly for families with children, and is now inadequate to lift families from poverty



The six priority groups identified as being most at risk of children living in poverty are:

- lone parent families
- minority ethnic families
- families with a disabled adult or child
- families with a younger mother (under 25)
- families with a child under 1
- larger families (3+ children)

The actions focus these six priority groups and are in addition to core services available delivered universally. The long term aim is to address the three drivers described above for the priority groups identified and the plan identifies short and

medium term actions, which will be updated when the annual progress report is developed.

Lone Parent Families

Why lone parents are more likely to be in poverty -

Lone-parent families are predominately single female adults with dependent children, which means:

- there is just one potential earner in the family
- their hourly earnings are likely to be lower because of the gender pay gap
- the earner is limited in the hours they can work by caring responsibilities.

In 2019, Labour Force Survey (LFS) data showed there were an estimated 144,000 lone-parent families in Scotland, which is 25% of all families with dependent children.

Nine out of 10 lone parent families were headed by a lone mother.

In 2016, there were estimated to be 5,200 lone parent families in Aberdeen, 24% of all families with dependent children, broadly in line with the level for Scotland as a whole.

Key areas for action

- Increase Uptake of benefits
- Improve financial inclusion
- Child support
- Childcare
- Education and employment

Short term 2023/24	Medium Term 2024/25
Further promote the Scottish Welfare Fund and financial wellbeing support through social media to increase awareness	<p>Via Healthier, Wealthier Children: (Developing financial inclusion referral pathways in Scotland’s funding plan) develop and implement a Midwifery and Early Years Practitioners pathway, policy and procedure to financial support services across Grampian.</p> <p>1. Our workforce will be well equipped to offer support and/or referral to families</p>

	<p>1.1. Staff will receive an ongoing programme of training and support</p> <p>1.2. Run a pilot training programme of poverty awareness/poverty sensitive practice for staff to test its usefulness and impact on confidence and practice</p> <p>1.3. The appropriate strategic group will be identified to ensure this work is delivered to a high standard and supported by the organisation</p> <p>1.4. The network between healthcare professionals, relevant third sector stakeholders and welfare rights workers will be enabled and encouraged in order to enhance local knowledge and understanding about income maximisation and services and supports</p> <p>1.5. The language and definitions used to describe financial services and supports will be harmonised in order to facilitate appropriate referral</p> <p>1.6. A centralised digital resource will be developed and maintained, that is accessible for all staff and personalised to the three local authorities</p>
<p>Clothing grants support families with the cost of school clothing and shoes, providing £120 for primary and £150 for secondary pupils.</p>	
<p>Employability transition grant of £1000 for lone parents, payable over three months to support the costs of moving from benefits and into work, covering transport costs, clothing, food etc.</p>	
<p>Reinforce and promote the importance of attending for antenatal care, with the aim to increase the number of vulnerable mothers eligible and in receipt of the Best Start Grant</p>	<p>1. We will promote opportunities for financial support across all health settings</p> <p>1.1. Identify a mechanism to provide staff with up-to-date information and regular training updates on benefit entitlement changes</p>

<p>Income maximisation teams to continue supporting people to claim for their eligible benefits.</p>	<p>1.2. Ensure that all professionals have easy access to a benefits calculator</p> <p>1.3. Facilitate at least one whole system learning event per year with a focus on poverty/financial inclusion</p> <p>2. Every opportunity is being taken to ensure that families are in receipt of their full social assistance entitlements</p> <p>2.1. Understand the extent and investigate what can be done to assist health professionals and parents who are receiving their full social assistance entitlements, but still do not have sufficient income to meet their needs</p> <p>2.2. Identify how best to reach mothers and carers not claiming benefits who may be entitled but are reluctant or unaware of their right to claim</p>
<p>Family Wellbeing Fund provides support to families through the provision of advice and to develop a support plan linked to topics such as money advice, fuel payments and employability. As these households are identifiable, this provides an initial payment of £100 to the household, with a second payment of £150 as an incentive to engage with services to maximise their income. This will help support those that need further support but are just above the thresholds for mainstream help available.</p>	
<p>Provide more support to children and families in the earliest years through delivery of the Universal Health Visiting Pathway (UHVP) and Family Nurse Partnership Programme.</p>	
<p>Minimise the costs of the school day and maximise the uptake of free school</p>	

<p>meals and school clothing grants by eligible families.</p> <p>All schools to consider poverty proofing within their own unique context.</p>	
<p>Continue to expand the provision of free sanitary products</p>	

Minority Ethnic Families

The Joseph Rowntree Foundation report that while 4% of Scotland’s population identified as being from a minority ethnic population in 2011, in 2017-2020 1 in 10 (11%) people living in poverty were from a minority ethnic background.

There is no up-to-date evidence on the ethnicity of Scotland’s population and its distribution across regions, therefore much work is based on the findings of the last census undertaken in 2011. The results of the 2021 census will be published during 2023 and where required this plan will be updated to reflect these results..

Joseph Rowntree Foundation further report that one of the clearest indicators of inequality is pay. In 2019, minority ethnic workers in Scotland were, on average, paid £10.99 per hour compared to white workers who were paid £12.25 per hour (£1.26 more per hour) (ONS 2020). For a full-time worker, working 35 hours a week, this would total a difference of £2,300 a year between the ‘average’ workers from a minority ethnic and white background.

Workers from minority ethnic backgrounds are around twice as likely as white workers to be on insecure contracts resulting in 1 in 10 minority ethnic workers being in insecure work which increases the likelihood of minority ethnic workers being in poverty.

Minority ethnic households are over-represented within the private rented sector in Scotland, with 30% of minority ethnic households having this tenure, compared to just 13% of white households. Minority ethnic households make up 8% of the private rented sector in Scotland, double the 4% representation in the population

Short term 2023/24	Medium term 2024/25
More effective engagement with families and groups to ensure supports are targeted and delivered effectively.	
Family Wellbeing Fund provides support to families through the provision of advice and to develop a support plan linked to topics such as money advice, fuel payments and employability. As these households are identifiable, this provides an initial payment of £100 to the household, with a second payment of £150 as an incentive to engage with services to maximise their income. This will help support those that need further support	Via Healthier, Wealthier Children: (Developing financial inclusion referral pathways in Scotland’s funding plan) develop and implement a Midwifery and Early Years Practitioners pathway, policy and procedure to financial support services across Grampian.

but are just above the thresholds for mainstream help available.	
Clothing grants support families with the cost of school clothing and shoes, providing £120 for primary and £150 for secondary pupils.	
Reinforce and promote the importance of attending for antenatal care, with the aim to increase the number of vulnerable mothers eligible and in receipt of the Best Start Grant Income maximisation teams to continue supporting people to claim for their eligible benefits	
Minimise the costs of the school day and maximise the uptake of free school meals and school clothing grants by eligible families. All schools to consider poverty proofing within their own unique context	
Continue to expand the provision of free sanitary products	

Families with a disabled adult or child

Around a third of all families in Scotland include at least one disabled member. Most likely the disabled person will be an adult (27% of families), but 11% of families include a disabled child, and in one in twenty families (6%) both an adult and a child are disabled.

Just under a fifth (18%) of parents in Scotland are disabled.

There is an overlap between families with a disabled adult or child and the other child poverty priority groups. For example, 30% of children in households with a disabled adult or child were also in a lone parent household, and 30% were in a household with 3 or more children. Over 40% of children in poverty live in a household with at least one disabled person and three-quarters of these are also in at least one other priority group.

In Aberdeen City, in May 2022, there were 29,450 adults and children in Aberdeen in receipt of various disabilities benefits. This is based on Department for Work and Pensions data and there are likely to be further people in receipt of benefits through Social Security Scotland.

Many studies have referenced the additional financial cost for families with a disabled child. Joseph Rowntree Foundation concluded that the minimum cost of raising a severely disabled child is, on average, three times more than for a child without disability.

In 2018, research undertaken by 'Parenting across Scotland' showed that 33% of families with a disabled child have extra disability and care related costs of at least £300 per month. 23% are going without essential therapies and 36% have taken out a loan to pay for food. It is more difficult for parents with caring responsibilities for a disabled child to enter and sustain work due to the complexity, and cost, of appropriate childcare.

Children who are dependent on electricity supplied technology (ventilation, feeding pumps, suction machines, infusions pumps) need to be given particular consideration within the context of rising costs of living and threatened national power outages.

Families are advised to register with their power suppliers 'vulnerable customer database' but further awareness and support is needed to ensure that they all do. It is also important to understand what this offers in terms of timing for help. For children reliant on ventilation support, the need is immediate.

NHS Grampian have purchased a generator for one very dependent child. Specific information has been communicated to all our families to ensure:

- core and back up equipment is kept charged
- they are registered as a priority user with their electricity supplier
- they claim back reimbursement for additional electricity used
- they are aware they can access Royal Aberdeen Children’s Hospital if there is a prolonged power outage.

Key areas for action

- Income maximisation
- Employment
- Economically inactive parents want to work and take on more paid work
- Accessibility of adverts and application process are barriers
- Attitudes of others a barrier
- Flexible working a requirement
- Childcare and transport – access, flexibility and cost
- Cost of living – food, fuel, costs of ‘having a disability’

Short term 2023/24	Medium term 2024/25
<p>Family Wellbeing Fund provides support to families through the provision of advice and to develop a support plan linked to topics such as money advice, fuel payments and employability. As these households are identifiable, this provides an initial payment of £100 to the household, with a second payment of £150 as an incentive to engage with services to maximise their income. This will help support those that need further support but are just above the thresholds for mainstream help available.</p>	<p>Via Healthier, Wealthier Children: (Developing financial inclusion referral pathways in Scotland’s funding plan) develop and implement a Midwifery and Early Years Practitioners pathway, policy and procedure to financial support services across Grampian.</p>
<p>Clothing grants support families with the cost of school clothing and shoes, providing £120 for primary and £150 for secondary pupils.</p>	
<p>Reinforce and promote the importance of attending for antenatal care, with the aim to increase the number of</p>	

<p>vulnerable mothers eligible and in receipt of the Best Start Grant</p> <p>Income maximisation teams to continue supporting people to claim for their eligible benefits</p>	
<p>Continue to expand the provision of free sanitary products</p>	
<p>Families will not feel stigmatised when raising financial concerns or seeking support</p> <p>Motivational interviewing and 'Having Effective Conversations' training will be offered to staff as part of a rolling programme of training</p> <p>Review the type of training that may be included in such a programme to determine its suitability to deal with the complex issues and barriers that inhibit routine enquiry about financial challenges, e.g. perceived and actual risks of exacerbating partner violence, financial control and coercion, and parental concerns about triggering Child Protection concerns</p> <p>Establish appropriate messaging to help de-stigmatise the notion of claiming benefits, or of seeking financial help, amongst young parents</p>	
<p>Appropriate contact time with families will create a positive environment for routine financial enquiry</p> <p>Health Visitors, Family Nurses and Midwives (HV, FN & M) will be provided more time to initiate and engage in sensitive conversations about financial and related challenges</p> <p>Explore the relationship and links between HV, FN & M and Financial Inclusion/Welfare Rights workers as an alternative model of enabling professionals to provide parents with access to up-to-date information and practical support to help with income maximisation</p>	

A communication strategy will be developed to ensure that information for health professionals achieves the relevant spread, is up-to-date and easily accessible	
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Families with a younger mother (under 25)

The earliest years of life, including during pregnancy, provide the greatest opportunity to influence a child's development but can also be the most vulnerable for babies and children. It is widely accepted that the social determinants of health (housing, education, financial security, physical environment and health and social care systems) are contributors to significant levels of health inequalities while protective factors; the strengths that buffer and support families, are vitally important.

The Family Nurse Partnership in Grampian provides an intensive, clinical intervention to young Mums up to the age of 20, with the purpose of achieving three core outcomes:

- to improve pregnancy and birth outcomes, through improved health behaviours
- to improve child health and development, through positive, responsive caregiving, and
- to improve the economic stability of the family

In 2018, 88% of clients were recorded as having at least one socio-economic disadvantage upon entering the FNP programme. 60% were living on a low income and one in ten were considered to have low job stability (zero hours or temporary contracts). 57% were not in work, education or training at the time of entering the programme. Over a quarter had experienced homelessness and the majority were parenting on their own.

Over half (55%) of children in households with a mother aged under 25 were in relative poverty in 2015-18, compared to 24% of children overall. In 2021, there were 276 births to mothers aged under 25, 13.5% of births. This was consistent with the rates in 2019 and 2020, but a drop from c16% in 2017 and 2018.

The ability to raise income from employment is limited for many mothers under 25. They have had less time to build experience and progress in their career before becoming a parent, but importantly, the National Living Wage is not enforced until the employee is at least 23 years old (National Minimum Wage applies from school leaving age) and rates below age 23 are lower.

There are some general characteristics that households with mothers under 25 are more likely to share than those where the mother is older. They are more likely to:

- be in poverty
- when employed, be in in-work poverty
- live in the same household as a grandparent of the child

- be in other priority family groups. For example, over half (54%) are in a lone parent household, 40% have a baby under 1 in the household, and 35% have someone disabled in the household.

The Tackling Child Poverty Delivery Plan Fourth Year Progress Report (2021-22) identifies stigma as an issue affecting young mothers, with young mothers reporting feeling judged by other people and that they lack the ability and/or motivation to gain qualifications and employment.

Key areas for action

- Income maximisation
- Supporting young mothers to begin, or continue, in further education can improve future prospects for young mothers
- Flexible and affordable childcare can help young mothers pursue work or educational opportunities.
- Tackling stigma

Short term 2023/24	Medium Term 2024/25
Family Wellbeing Fund provides support to families through the provision of advice and to develop a support plan linked to topics such as money advice, fuel payments and employability. As these households are identifiable, this provides an initial payment of £100 to the household, with a second payment of £150 as an incentive to engage with services to maximise their income. This will help support those that need further support but are just above the thresholds for mainstream help available.	Via Healthier, Wealthier Children: (Developing financial inclusion referral pathways in Scotland's funding plan) develop and implement a Midwifery and Early Years Practitioners pathway, policy and procedure to financial support services across Grampian.
Reinforce and promote the importance of attending for antenatal care, with the aim to increase the number of vulnerable mothers eligible and in receipt of the Best Start Grant Income maximisation teams to continue supporting people to claim for their eligible benefits	1. Families will not feel stigmatised when raising financial concerns or seeking support: 1.1. Motivational interviewing and 'Having Effective Conversations' training will be offered to staff as part of a rolling programme of training

	<p>1.2. Review the type of training that may be included in such a programme to determine its suitability to deal with the complex issues and barriers that inhibit routine enquiry about financial challenges, e.g. perceived and actual risks of exacerbating partner violence, financial control and coercion, and parental concerns about triggering Child Protection concerns</p> <p>1.3. Establish appropriate messaging to help de-stigmatise the notion of claiming benefits, or of seeking financial help, amongst young parents</p>
<p>Continue to expand the provision of free sanitary products</p>	
<p>Minimise the costs of the school day and maximise the uptake of free school meals and school clothing grants by eligible families.</p> <p>All schools to consider poverty proofing within their own unique context.</p>	

Families with a child under 1

40% have a baby under 1 in the household.

In 2021, there were 2041 births in Aberdeen (although these children will now be older than 1), with the average over the past 5 years being 2209. There is no locally available data to indicate how many of these children and families are living in poverty.

Around a third (34%) of families with a child under the age of 1 experience relative poverty compared to just less than a quarter (24%) of children overall. A holistic approach beginning in pregnancy (or even pre-pregnancy) is important to reduce the risk of having a baby becoming a trigger point for falling into poverty.

Health Visitors, Family Nurses and Midwives are well placed to make enquiry as to the social-economic factors impacting on families. Local research was undertaken last year; Midwives, health visitors', family nurse practitioners' and women's experiences of the NHS Grampian's Financial Inclusion Pathway in practice: A qualitative investigation of early implementation and impact.

This research found that the nature and scope of practice undertaken by the three different professional groups played a key role when and how often financial challenges were discussed during routine healthcare conversations. Professional's expectations and practices, parent's willingness or openness to discuss money worries, and outwardly visible financial insecurity were all factors influencing how, when and if financial enquiry was made.

Related to this, some Health Visitors described the challenges of having conversations with families who were living in more affluent areas compared to those living in more deprived areas, and about relying on their professional judgement to determine how and whether to broach the subject.

Where someone lived in the city for example, seems to play a role in determining the likelihood that this issue is raised and how often it is, illustrated in this excerpt: *'A lot of it comes down to professional judgement as well, and I think, on reflecting, I probably have to adapt more, like adopt more of a, you know, asking, asking everyone approach. Erm, right now, my caseload is spread across various parts of, erm, Aberdeen. I have a pocket in the central city and then I have, erm, a larger area in the sort of x and y, area ... So, I have a mixed caseload. so probably, you know, this is probably wrong, but I think I'm less likely to ask financial questions depending on where my families are. (HV)*

Most parent participants in the study described food insecurity experiences. Half of the participants were either current users of food banks or food pantries (either often

or periodically) or had used those in the past. In cases where participants said they didn't use food banks some reported relying on family members for help with food bills. Care and concern to feed nutritious food to their children were also commonplace but admission that that it was difficult to buy what they wished because healthy food cost too much to buy.

I like to eat healthy...so, it's quite expensive to eat healthy...Like, chocolate's cheaper, and it shouldn't be. (Full-time carer of her 10 month old daughter)
[\(see full report and recommendations here\)](#)

Key areas for action

- Income maximisation
- Flexible and affordable childcare can help families pursue work or educational opportunities.

Short term 2023/24	Medium term 2024/25
Family Wellbeing Fund provides support to families through the provision of advice and to develop a support plan linked to topics such as money advice, fuel payments and employability. As these households are identifiable, this provides an initial payment of £100 to the household, with a second payment of £150 as an incentive to engage with services to maximise their income. This will help support those that need further support but are just above the thresholds for mainstream help available.	Via Healthier, Wealthier Children: (Developing financial inclusion referral pathways in Scotland's funding plan) develop and implement a Midwifery and Early Years Practitioners pathway, policy and procedure to financial support services across Grampian.
Reinforce and promote the importance of attending for antenatal care, with the aim to increase the number of vulnerable mothers eligible and in receipt of the Best Start Grant Income maximisation teams to continue supporting people to claim for their eligible benefits	1. Appropriate contact time with families will create a positive environment for routine financial enquiry 1.1. Health Visitors, Family Nurses and Midwives (HV, FN & M) will be provided more time to initiate and engage in sensitive conversations about financial and related challenges 1.2. Explore the relationship and links between HV, FN & M and Financial Inclusion/Welfare Rights workers as an alternative model of enabling

	<p>professionals to provide parents with access to up-to-date information and practical support to help with income maximisation</p> <p>1.3. A communication strategy will be developed to ensure that information for health professionals achieves the relevant spread, is up-to-date and easily accessible</p>
<p>Continue to expand the provision of free sanitary products</p>	
<p>1. Families who need urgent supplies of baby formula can access it quickly and easily</p> <p>1.1. A pan-Grampian pathway for urgent access to baby formula is in place and is easily accessible to health professionals</p> <p>1.2. A pan-Grampian pathway is in place for mothers living with HIV to have access to baby formula, bottles and a steriliser for the first year of their baby's life</p> <p>1.3. All pregnant women and families with children under the age of 5 have access to nutritional support</p>	

Larger families (3+ children)

Why larger families are more likely to be in poverty –

- Larger families face higher costs of living, including childcare, cost of the school day, housing, food and fuel.
- Larger families are disproportionately affected by policies to reduce the value of benefits and tax credits, the cap on the total amount of benefits that can be received by families and the policy that restricts child benefit payments to only the first two children. These policies are likely to continue to drive large families into poverty.
- Families with four or more children are particularly affected by poor health, worse educational and skills outcomes, overcrowding and financial difficulties.

There are nearly 600,000 families with dependent children in Scotland (2018). Of these, over 73,000 (12%) are larger families. Most (10%) of these larger families have three children, 2% of all families have four children and 1% has five or more children.

In Aberdeen, there are approximately 2185 larger families, 10.1% of all families, slightly below the level for Scotland as a whole.

Work is not lifting larger families out of poverty. Most children in poverty in larger families live in working families.

- More than six out of 10 children in poverty from larger households has at least one adult that is in paid work.
- Almost one in three live in households where all the adults are in employment

The benefit cap affects larger families, with 19.7% of families in Aberdeen claiming housing benefits affected by the benefits cap according to the most recent data (February 2019).

1250 Households in Aberdeen are affected by the limit on additional payments to two children, meaning no additional Universal Credit or Child Tax Credit is paid for a third or subsequent children. Of these 1250 households, 760 are in receipt of UC and 490 in receipt of Child Tax credits. The Scottish Child Payment is paid regardless of the number of children in eligible families.

Key areas for action

Social security

- Increase awareness and take-up of Best Start Grants
- Increase awareness and take-up of Scottish Child Payment once this becomes available
- Mitigate against the impact of the benefits cap
- Establish or enhance formal financial inclusion and income maximisation referral pathways in healthcare settings
- Increase awareness and take-up of the Scottish Welfare Fund

Food and necessities

- Increase awareness and take-up of the Best Start Foods Grant
- Move away from emergency food aid towards more sustainable ways of preventing and reducing food insecurity. Emergency food aid should be delivered in a way that promotes dignity
- Access Scottish Government funding and work with education services and FareShare to ensure that free sanitary products are available to students and those on low incomes

Clothing

- Make sure school clothing grants are automatically given to low-income families by linking to payment of their Housing Benefit/Universal Credit

Social and leisure activities

- Provide lunches to children participating in holiday programmes in areas where there is likely to be greater need,
- Increase awareness and take-up of concessionary travel for young people
- Increase awareness and take-up of family and friends rail cards
- Increase awareness and take-up of help to meet health-related costs
- Improve awareness and take-up of disability benefits
- Increase awareness and take-up of Discretionary Housing Payments and the Council Tax Reduction

Education

- Increase awareness and take-up of Educational Maintenance Allowance
- Increase awareness and take-up of help to meet childcare costs

Fuel

- Increase awareness and take-up of the Warm Home Discount Scheme

Employment

- Increase the value of in-work benefits paid to low-income families

General

- Ensure that new and existing policies and practices are poverty proofed to avoid penalising larger families

Short term 2023/24	Medium term 2024/25
<p>Family Wellbeing Fund provides support to families through the provision of advice and to develop a support plan linked to topics such as money advice, fuel payments and employability. As these households are identifiable, this provides an initial payment of £100 to the household, with a second payment of £150 as an incentive to engage with services to maximise their income. This will help support those that need further support but are just above the thresholds for mainstream help available.</p>	<p>Via Healthier, Wealthier Children: (Developing financial inclusion referral pathways in Scotland’s funding plan) develop and implement a Midwifery and Early Years Practitioners pathway, policy and procedure to financial support services across Grampian.</p>
<p>Provide more support to children and families in the earliest years through delivery of the Universal Health Visiting Pathway (UHVP) and Family Nurse Partnership Programme.</p>	<p>1. We will seek to understand and will continue to learn about the impact of our services on families in regard to their finances</p> <p>1.1. The impact of the Financial Inclusion Pathway (FIP) on uptake of referrals due to health professional referral will be better understood</p> <p>1.2. The impact of the FIP related to extra income secured due to health professional referral will be better understood</p>
<p>Reinforce and promote the importance of attending for antenatal care, with the aim to increase the number of vulnerable mothers eligible and in receipt of the Best Start Grant</p> <p>Income maximisation teams to continue supporting people to claim for their eligible benefits</p>	

<p>Clothing grants support families with the cost of school clothing and shoes, providing £120 for primary and £150 for secondary pupils.</p>	
<p>Continue to expand the provision of free sanitary products</p>	
<p>Minimise the costs of the school day and maximise the uptake of free school meals and school clothing grants by eligible families.</p> <p>All schools to consider poverty proofing within their own unique context.</p>	