

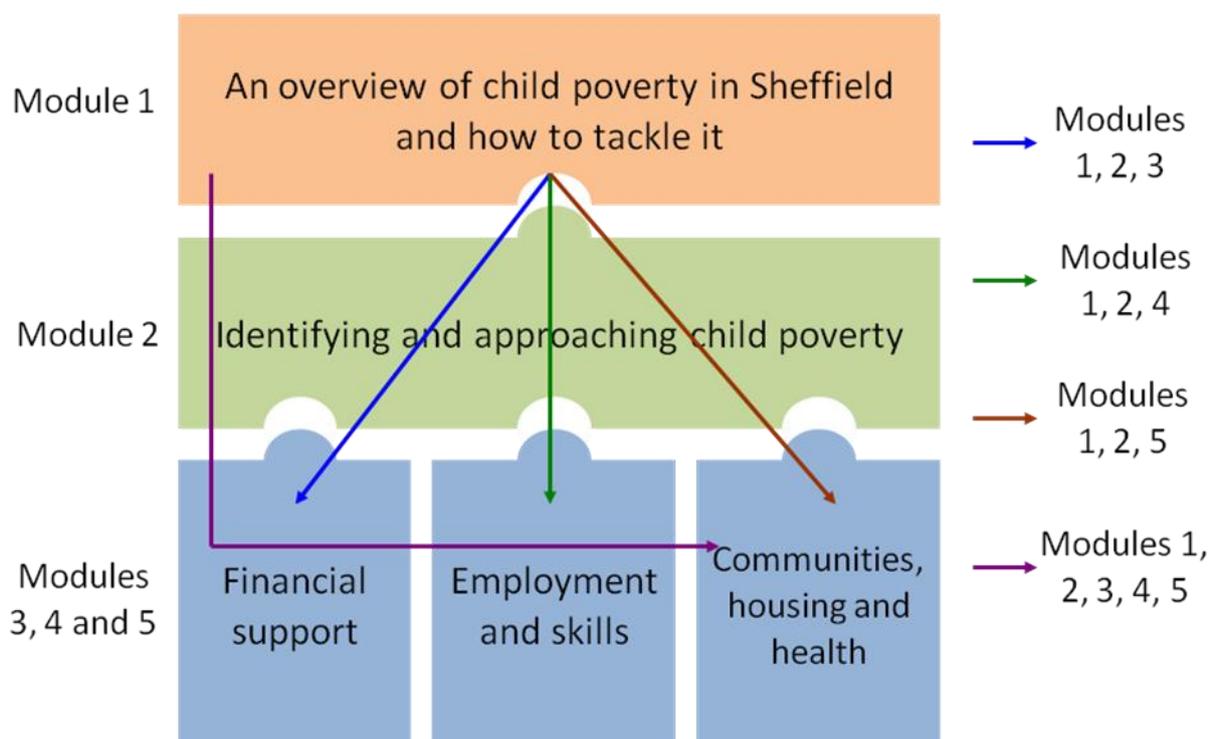
Child poverty in Sheffield and communities, housing and health

**Trainer notes for part five of the
Sheffield child poverty training module
for managers and strategic staff**



Introductory notes for trainer

This is one of five training modules for managers and strategic staff about child poverty in Sheffield. The five modules are designed so that they can be taken in various combinations depending on individuals' skills, interests and job roles. Possible combinations are shown on the structure chart below:



How to use:

These modules are available free of charge for people to use within their organisations and/or in multi-agency training in whatever way is felt to be most appropriate. They can be delivered as face-to-face training individually or as a whole. They can also be adapted: you might want to add to them to make them more specific to your own organisation, or you might want to break them up and integrate elements of the training into existing courses, staff development days or team meetings. There are also online versions of the modules which you and your staff can access.

If you are delivering more than one module, or are delivering one module to people who will then be accessing other modules at a later date, it would be useful for you to familiarise yourself with all five modules if possible. This is because some people may have questions or want to know more about a topic which is covered in more detail in another module.

Materials you will need:

Required:

- Computer with Microsoft PowerPoint, audio/speakers, and a screen or projection that participants can see (you can read out the audio quotations from this document if speakers are unavailable)
- Downward spiral exercise handouts to share in small groups printed in colour on A4

- Poverty proofing exercise handouts to share in small groups printed in black and white or colour on A4
- Pens and note paper to share in small groups

Optional:

- Spiral handout printed in colour on A3 to share in groups
- Slide handouts with space for notes (ideally three slides to a page)
- On-screen versions of the poverty-proofing self-assessment tool or key stats tool for demonstration of how they work
- Printed copies of the structure of the training and toolkit examples (best printed in colour, can be several pages to a sheet)

Suggestion for delivery of this module:

Module five has been designed so it can be delivered after participants have completed modules one and two, or with participants who have substantial knowledge of the content of modules one and two.

The core elements of this module have been designed to be delivered in one hour; however, the module can be delivered in 45 minutes with no participant interaction or discussion. If all optional content is included and extra time for discussion is allowed, the module will take approximately 1 ½ hours to complete.

More generally, trainers are encouraged to review content prior to delivering this module and select screens, discussion questions and activities according to the roles and experience of participants undertaking training. Some specific suggestions for flexible delivery of this module include:

- If pressed for time you could skip the ‘downward spiral’ exercise on screen 5 and screens 6 – 9 (which explore that exercise further).
- Groups with a particular interest in housing only could complete screens 11 – 13 of section 3 only
- Groups with a particular interest in health could complete the latter part of section 3 only.

Dealing with reactions to the training:

Poverty can be an emotive topic and it is possible that some of the people attending training may have experienced poverty themselves or know people who have. It can be useful to lay some ground rules at the start of training sessions such as: ‘any personal stories shared will be treated confidentially and not repeated outside of the training session’ and ‘we will respect each other’s views’.

Training is a tool to support the eradication of child poverty, it cannot achieve that aim. Therefore, if anyone questions how much of a difference the training can make, remind them that this is only one of many things being done in Sheffield to help tackle child poverty.

The training has been designed to be sufficiently generalist that it is of use to all the agencies in Sheffield that have a role in tackling child poverty. Individual services and organisations will therefore potentially have a more in-depth knowledge of individual topics covered. Therefore, if anyone suggests they already have more knowledge in a particular area than the training covers, remind them that the training is designed to ensure everyone has an overview of the myriad of elements linked to child poverty, it is not designed to replace specialist training. You could ask people to think of ways that the training could be built upon or linked to other training in their specialist area in order to make it even more relevant to them.

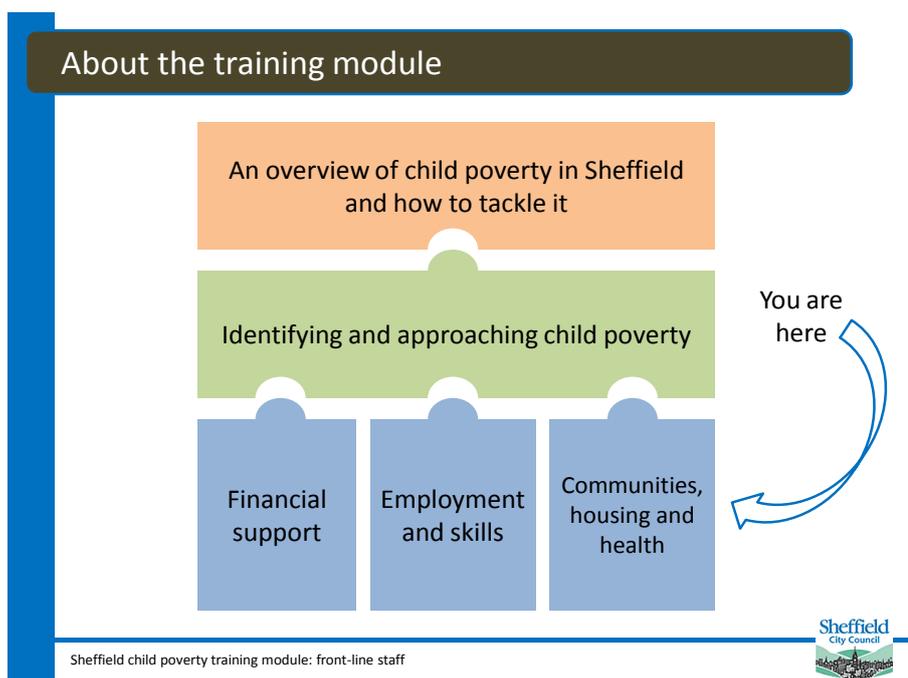
Section 1: Background (5 minutes)

Screen 1: Title page

Child poverty in Sheffield and communities, housing and health

Part five of the Sheffield child poverty training module for managers and strategic staff

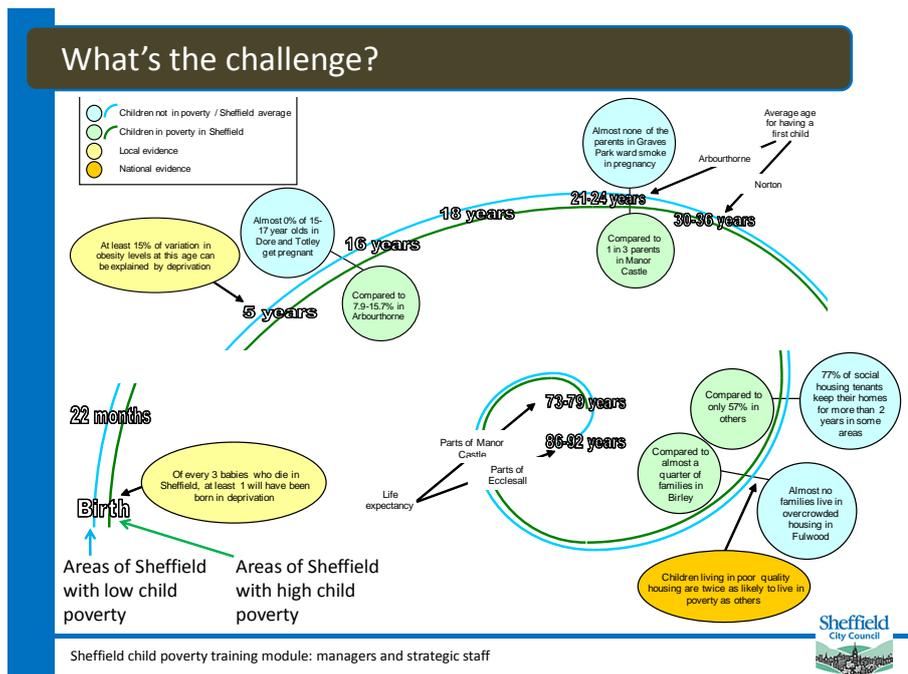
Screen 2: About the training module



This is the fifth of five modules you can access about child poverty in Sheffield and how to help tackle it. In the first two modules, you will have looked at an overview of what child poverty means in Sheffield and how you can help tackle it. You will also have looked at how you can tailor your approach when working with families who may be experiencing poverty. You may also have completed modules on financial support or employment and skills. In this session we will look at the issues that connect child poverty to where people live and the services they have access to, with a specific focus on housing and health issues. We will look at practical ways that you can make a difference within your job role. We'll begin by covering a number of challenges faced by families experiencing poverty, but after that we will be coming onto practical things that you can do to help make a difference, so try not to be too disheartened by some of the problems and issues we're about to cover. This session aims to cover quite a number of different topic areas, so you may sometimes feel there are some elements that you would like more detail about. We've attempted to fit in as much as we can, and wherever possible we've indicated where further training on these topic areas is available.

Optional information: If you haven't already, you might also want to explore parts three and four of the child poverty training, which cover challenges relating to financial support; and challenges related to employment and skills. These are available online electronically, or you may be able to cover them within face-to-face training modules. A course toolkit containing further information and useful resources is also available online.

Screen 3: What's the challenge?



Distribute optional spiral handout.

Think back to the poverty spiral for Sheffield that we have seen in previous parts of the training. The sections shown here highlight some of the challenges being faced by families in Sheffield experiencing poverty that we will be exploring in this session.

Sources for 'life spiral' diagram: Infant mortality statistic – from 2005-2009 reference NHS Sheffield Public Health Analysis Team 2010; Obesity and deprivation statistic – Public Health analysis team 2010 (data from National Child Measurement Programme 06/07-08/09); Teen pregnancy statistic – 06-08 data produced by Public Health analysis team 2010; Smoking in pregnancy – 09/10 data from Public Health Analysis team 2010; Average age of Mother at first delivery – 06-08 data from Public Health Analysis team 2010; Social housing data – Sheffield Homes Tenancy Strategy 2010; Overcrowding data – Housing Market Assessment 2007 & English House Condition Survey 2007; Poor quality housing risk statistic – Natcen for Shelter 2006; Life expectancy statistic – taken from Total Life Expectancy at Birth 2004-2008, Public Health Analysis Team 2009

Section 2: What's the challenge? – communities (15 minutes)

Screen 4: What's the challenge? – communities

What's the challenge? - communities

The resources and services available in local communities have a strong relationship with child poverty levels

*“They become known areas and then it gets that nobody wants to live there and then it's a **downward spiral**”*

Parent in Sheffield

Sheffield City Council

Sheffield child poverty training module: managers and strategic staff

We saw the quotation on this screen during the second module of the training on identifying and approaching child poverty. During that module, we discussed how important it was not to stereotype areas or groups with assumptions about child poverty. Nonetheless, it's important to recognise how child poverty can become entrenched in certain areas, and the effects that this can have.

Screen 5: What's the challenge? – communities

What's the challenge? - communities

Think about this *"downward spiral"* in action

Things that frequently cause high levels of child poverty in an area are often also caused by high levels of child poverty. How do the following community characteristics reflect this "downward spiral"?

Lack of transport links; expensive transport in the area	High crime rates
Lack of health services in the area	Poor-quality housing

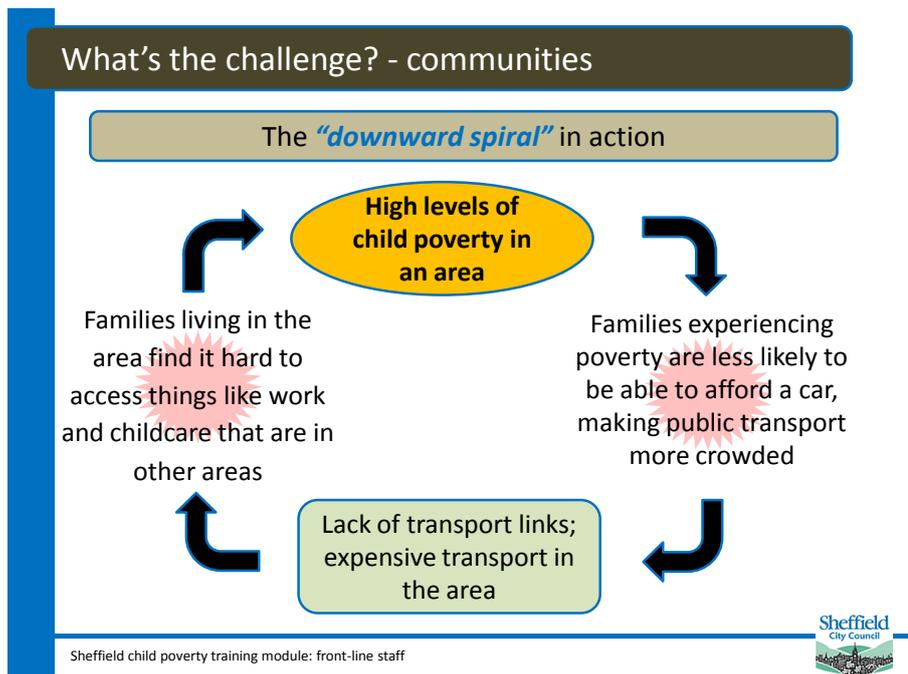
Sheffield child poverty training module: front-line staff



If you've completed the module on employment and skills you may remember that we discussed the chicken and egg relationship between child poverty and employment and skills. The same kind of relationship occurs when thinking about the relationship between families experiencing poverty and the areas where they live. This means that high levels of child poverty in an area impact upon other things, and these other things in turn have an effect on levels of child poverty in an area. This is the 'downward spiral' that was referred to on the previous screen.

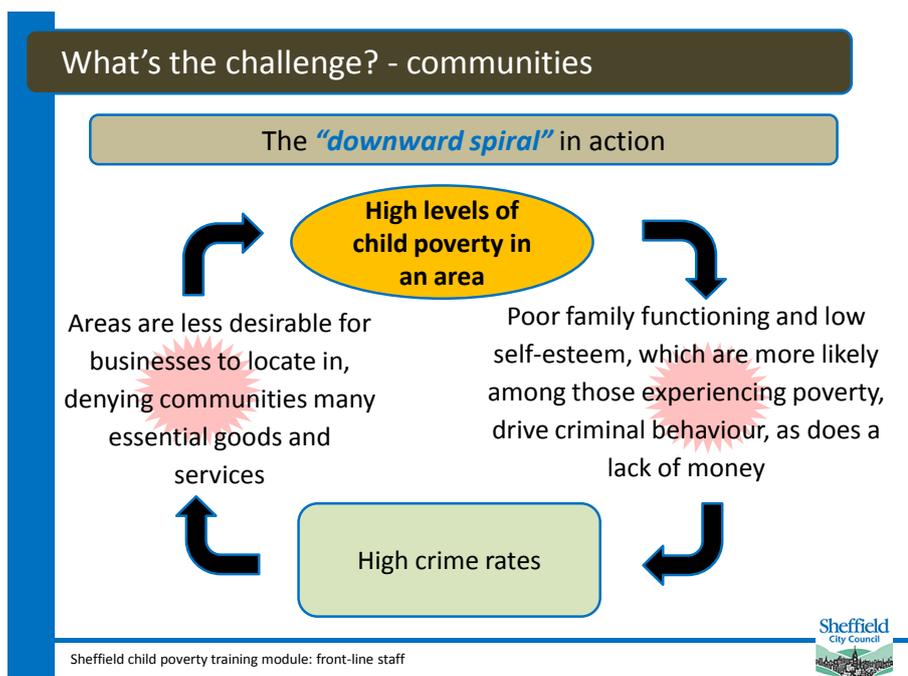
'Downward spiral' exercise (distribute 'downward spiral' exercise handout): Allow participants five to ten minutes to discuss in small groups and then report back to the whole group. The following four screens provide suggestions for each community characteristic, which can be used as the basis of whole group feedback. Ensure that participants understand the exercise using the example provided (and further examples from subsequent screens if necessary).

Screen 6: What's the challenge? – communities



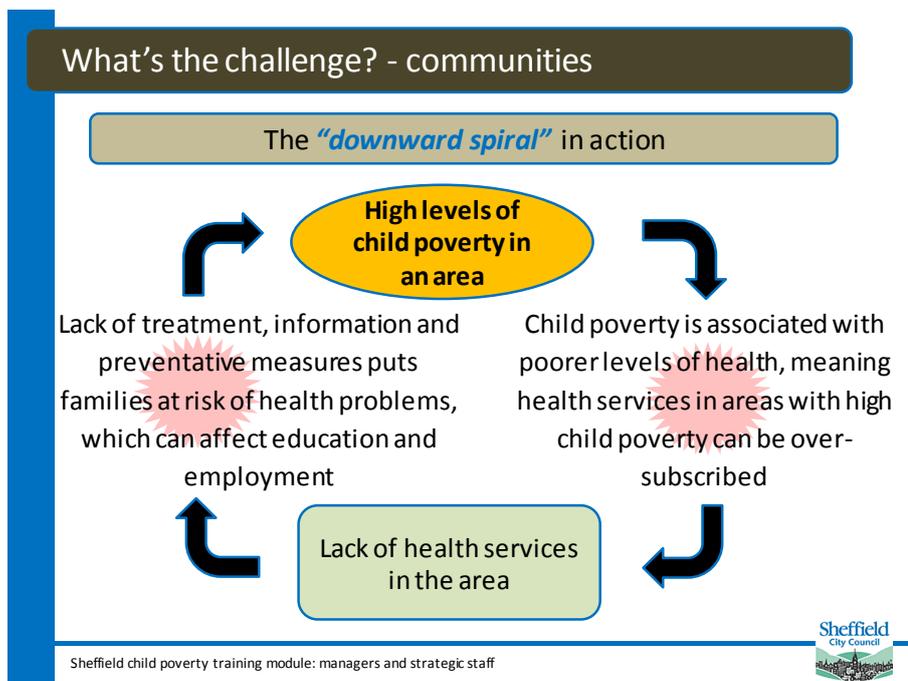
This screen shows an example of how the area characteristic of lack of transport links and expensive transport can both affect and be affected by levels of child poverty and associated factors in an area. It is one of many examples you may have come up with during group discussion.

Screen 7: What's the challenge? – communities



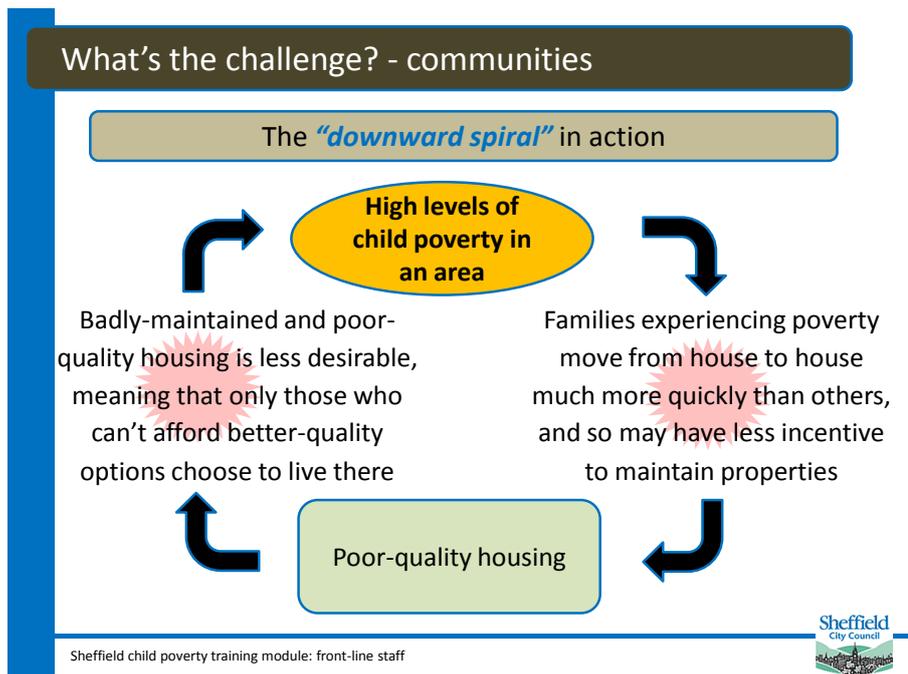
This screen shows an example of how the area characteristic of high crime rates can both affect and be affected by levels of child poverty and associated factors in an area. It is one of many examples you may have come up with during group discussion.

Screen 8: What's the challenge? – communities



This screen shows an example of how the area characteristic of lack of health services can both affect and be affected by levels of child poverty and associated factors in an area. It is one of many examples you may have come up with during group discussion.

Screen 9: What's the challenge? – communities



This screen shows an example of how the area characteristic of poor-quality housing services can both affect and be affected by levels of child poverty and associated factors in an area. It is one of many examples you may have come up with during group discussion.

Optional information: As well as impacting upon housing services, the transient and mobile nature of many families in poverty (for example, due to being moved around council accommodation or due to the higher likelihood of family separation) creates challenges around designing services specifically for families with children that may be experiencing poverty – because they prove harder to keep in contact with and are more likely to leave the area of eligibility, for example.

Screen 10: What's the challenge?

What's the challenge?

The "*downward spiral*" in action

Just because child poverty can become entrenched in areas, **doesn't mean it has to**

FOR EXAMPLE:

The **Housing Market Renewal Programme** in Sheffield has achieved the most significant improvements in housing quality within the most deprived areas, as measured by changes in the Indices of Multiple Deprivation from 2004 to 2010.

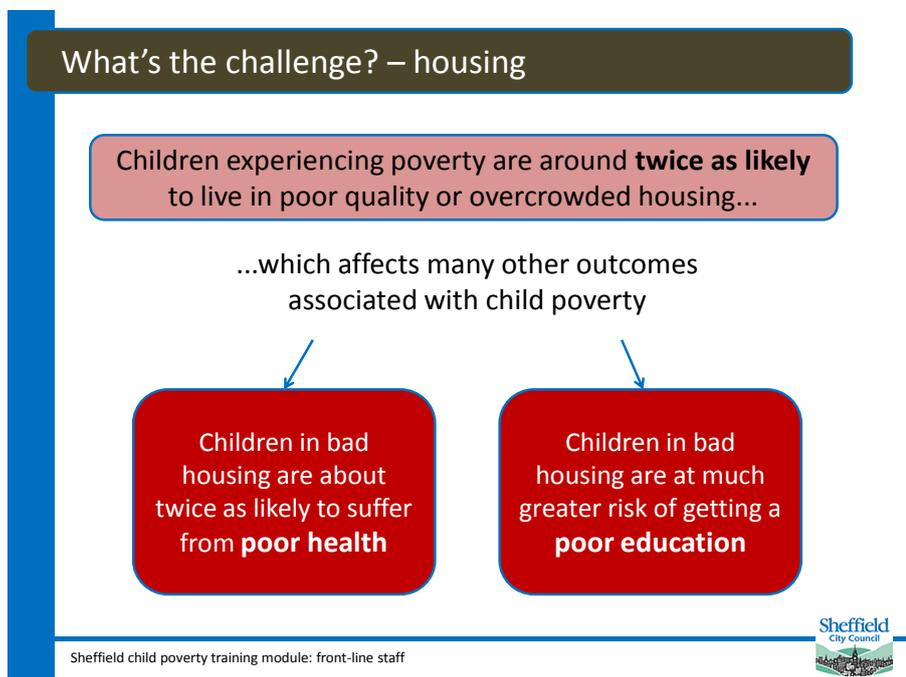
Sheffield child poverty training module: managers and strategic staff



It's important to understand the circular 'cause and effect' relationship that child poverty can have with the places where people in poverty live, as discussed on the previous screens. However, it's equally important to remember that it doesn't have to be this way, and that stereotyping areas as a result of their child poverty levels can be dangerous, as discussed in module two of the training. The example on this screen demonstrates a programme in Sheffield that has made a measurable difference to areas with high-levels of child poverty. The challenge for managers and strategic staff in Sheffield is to ensure that policies and programmes continue to have this effect.

Section 3: What's the challenge? – housing and health (10 minutes)

Screen 11: What's the challenge? – housing



Housing conditions are strongly correlated with levels of child poverty. In turn, housing conditions have been shown to affect other outcomes that are associated with child poverty – health and education in particular.

Discussion question: Pose to the whole group and invite participants to suggest answers : How might bad housing affect children’s health and education?

Discussion prompts: Poor health: Overcrowded or unfit conditions (including housing that is damp and/or inadequately heated) mean that children are more liable to develop respiratory problems such as asthma or bronchitis, or to contract a life-threatening disease such as tuberculosis or meningitis. Poor education: poor-quality or overcrowded housing can make it harder for children to find an appropriate space to do their homework.

Source for statistic: Natcen research for Shelter (2006)

Screen 12: What's the challenge? – housing

What's the challenge? – housing

At the end of financial year **2009/10**, the proportion of council homes judged to be 'not-decent' was **16%**

At the end of **2010/11** it was **12%**

And at the end of **September 2011** it had fallen to **11%**

However, only around 25% of housing stock in Sheffield is social housing, so many households will not have benefitted from this work

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Quality of housing, at least in terms of council stock, has been improving in Sheffield in recent years. However, the challenge remains to ensure that everyone living in Sheffield is adequately housed, and that social and council housing is an opportunity rather than a barrier to families that may be experiencing poverty.

Source for statistics: 'NI158 Percentage of non-decent council homes' (2011) Sheffield City Council

Screen 13: What's the challenge? – housing

What's the challenge? – housing



Double-click to hear about the housing challenges that a family in Sheffield was facing

Sheffield City Council

Sheffield child poverty training module: front-line staff

Listen to this example of the housing challenges that a family in Sheffield was facing.

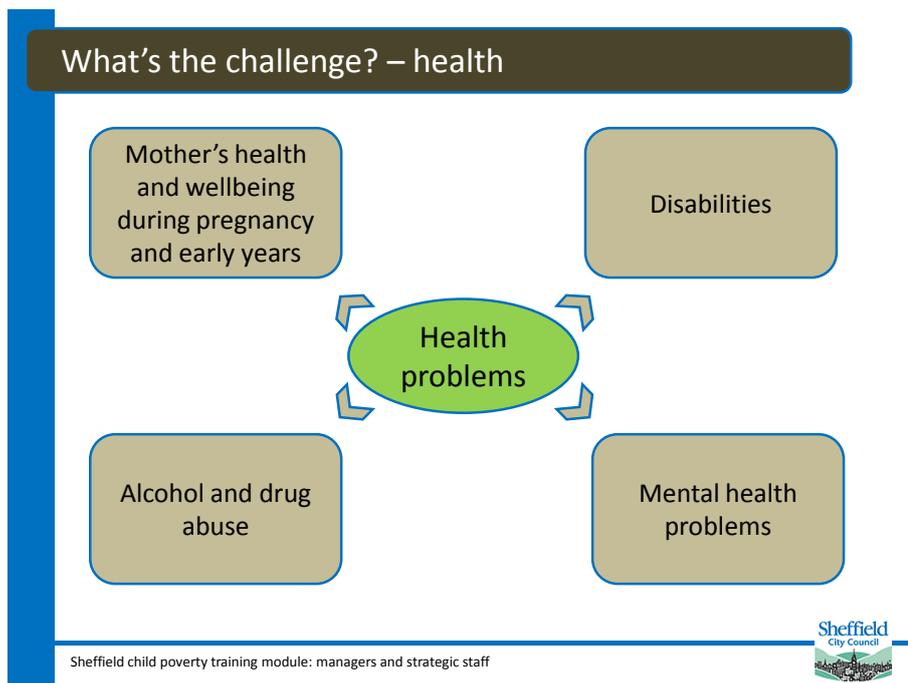
[Play audio or read out case study text below].

Case study text: “A parent came to my attention through the Senior Learning Mentor at a Sheffield school. Her son’s attendance was at 67% due to lateness and quite a number of unauthorised absences. The Learning Mentor explained that she had been trying to get the mother in for a meeting for some time as she had concerns over other issues. The Learning Mentor highlighted that the mother was in financial difficulties and has significant rent arrears. She was due to be evicted if she continued to ignore this situation. This may also have caused a Social Services intervention if she had put her child in need. The mother agreed to a meeting in school and arrived very distressed as she had been evicted from her property that day. It turned out that she had failed to contact Housing when they had sent summons letters for non-payment of rent.”

Discussion exercise: Discuss as a whole group for a couple of minutes: How are challenges around housing linking up with other challenges?

We will revisit this case study later in the session.

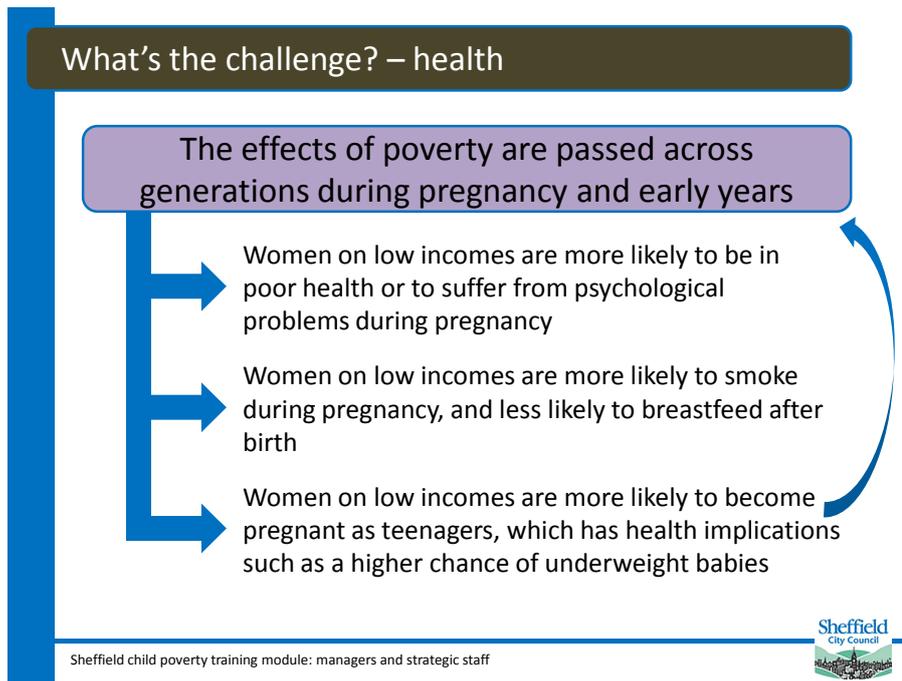
Screen 14: What's the challenge? – health



As we have already mentioned, health outcomes are strongly associated with child poverty levels, and families that may be experiencing poverty are more likely to suffer from health problems. Adding to the challenge, health is often not a priority for people (unless/until it fails them) unlike things such as housing and crime.

Four of the key ways in which health problems interact with child poverty are shown on this screen. We will look at each of these issues in more depth on the following screens.

Screen 15: What's the challenge? – health

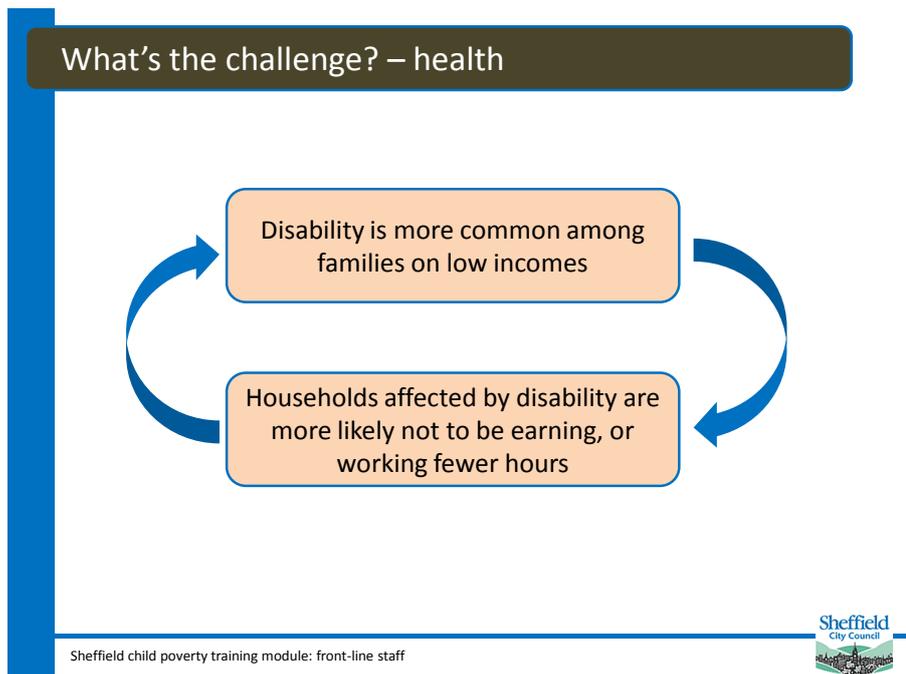


This screen sums up some of the key ways in which poor health outcomes are passed on from mothers to their children. It might be particularly important to consider these things in Sheffield, where babies are more likely to be born underweight than in England as a whole and levels of infant mortality are slightly higher than in England as a whole. These things, and the others shown on this screen, can cause health outcomes persisting throughout childhood and even into adulthood.

Optional information: There is a wealth of research as to how some of the things on this screen can affect outcomes throughout the child's life. A mother's health during pregnancy is strongly related to the baby's health at birth. There are numerous statistics around the positive effects of breastfeeding, for example, formula-fed children are twice as likely to be hospitalised with a chest infection within their first seven years compared to children who were breastfed for at least the first three months. Finally, underweight babies are at greater risk of infant mortality than those born with a normal weight.

Sources for statistics: Infant mortality – (2011) Department of Health and Office for National Statistics; Low birth weights – (2011) Department of Health and Office for National Statistics; Breastfeeding statistic – 'Breastfeeding Manifesto' (2011) Breastfeeding Manifesto

Screen 16: What's the challenge? – health

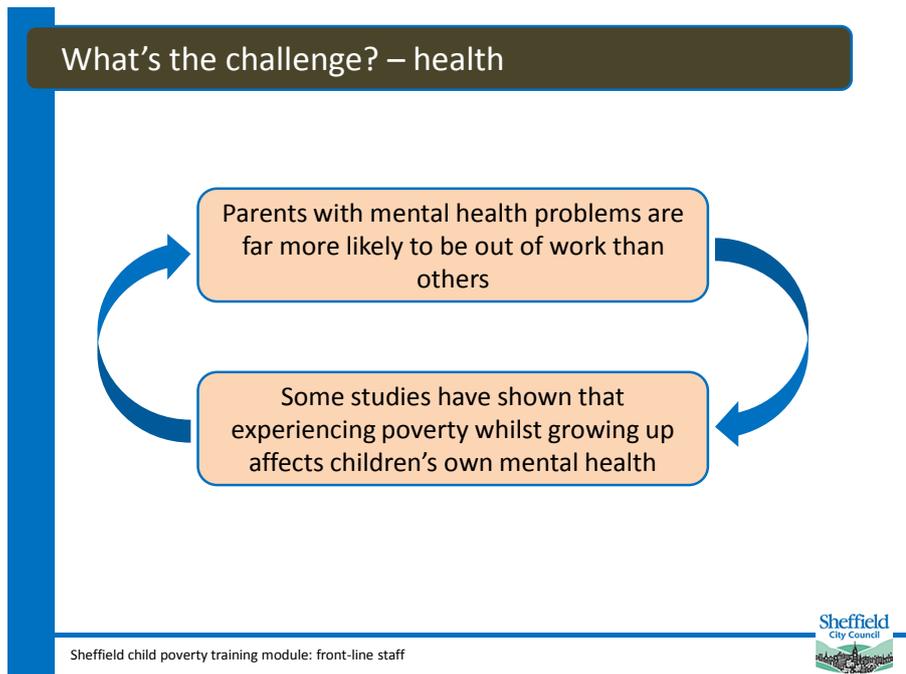


Research has found that four in ten disabled children in the UK are living in poverty. This is partly because parents of disabled children may find it harder to secure employment due to care responsibilities, and also relates to the fact that poor health (which is associated with poverty) can itself precipitate disabilities and long-term health problems. For example, damp housing increases the likelihood of developing long-term respiratory conditions.

Optional information: The relationship between disability and poverty doesn't just concern disabled children. There is also a challenge around young people who are caring for ill or disabled parents while they grow up. Research by the Joseph Rowntree Foundation has found that young carers are more likely to be poor and to do less well at school than other young people. Judy, one of the young carers quoted in the Joseph Rowntree Foundation's report, said, 'We had home help for ages but suddenly they just stopped. They wanted my mum to pay but she couldn't 'cause she had no money, so they stopped. [I felt] gutted. I was, like, 'Oh no, not again!'

Sources: '4 in every 10 disabled children living in poverty' (2011) The Children's Society; Dearden, C. And Becker, S., 'Young carers' transitions to adulthood' (2000) Joseph Rowntree Foundation.

Screen 17: What's the challenge? – health



Mental health problems also have a cyclical relationship with child poverty. Research has shown that the experience of growing up on a low income can affect mental health during the teenage years and adulthood, and the Joseph Rowntree Foundation has found that families in which someone has a mental health problem are hugely over-represented among those out of work. As well as severe mental health challenges, there is a more widespread challenge around low-grade depression and anxiety, which are commonly associated with the financial worries and stress that families experiencing poverty are more likely to experience.

Sheffield Safeguarding Children can provide further insight and information around mental health and how it affects children in its training course: Crossing Bridges: Adult Mental Health and Child Protection. More information about this course is available in the useful resources section of the course toolkit.

Source of research: Gould, N., 'Mental health and child poverty' (2006) Joseph Rowntree Foundation

Screen 18: What's the challenge? – health



Drug and alcohol use is more common among families who may be experiencing poverty. This is partly because illegal drugs are more readily available in areas with high levels of child poverty, and partly because anxiety and depression (which can be caused by financial worries, as mentioned on the previous screen) are commonly associated with alcohol abuse. Drug habits are one of the things that can make it harder for families to progress out of poverty, because they put strain on family budgets and make it harder for parents and young people to progress with positive activities such as work or gaining qualifications.

For those interested in knowing more on this topic, Sheffield Safeguarding Children offers a training course entitled 'Improving Outcomes for Children whose Parents Misuse Drugs and / or Alcohol', and the Virtual College offers a course called 'Hidden Harm – the effect of parental drug and alcohol misuse on children'. Both of these are available via the useful resources section of the course toolkit.

Optional information: Like many of the things that have been associated with child poverty throughout this training module, drug and alcohol abuse is something that affects average-income families as well as low-income families. However, it is worth mentioning that although there is a lot of press around recreational and 'social' drug use, this often refers to higher-income people, while low-income drug use tends to be more problematic.

Screen 19: What's the challenge?

What's the challenge?

Sometimes the challenges faced by families experiencing poverty can lead to serious problems

Domestic violence

Neglect

If you think these or other issues might be affecting families, talk to your line manager/safeguarding lead or contact the Safeguarding Children Advice Desk on 205 3535. If there is an immediate risk of significant harm for the child, contact Social Care. In the event of an emergency involving a child or an adult, dial 999

Sheffield City Council

Sheffield child poverty training module: front-line staff

Although very serious problems like those displayed on this screen are not commonplace, it's a sad fact that they are more common among families living in poverty. Research has found that 14.9% of lone mothers (who are far more likely to be living in poverty than two-parent households) have experienced violence from a former partner, and the NSPCC has found that child maltreatment is more common among families in poverty. If there is any suspicion at all that these things are occurring, immediate contact should be made with an appropriate person. This may be your line manager, your safeguarding lead, the Safeguarding Children Advice Desk, Social Care, or, in the event of an emergency, the emergency services. Sometimes this can be resisted by members of families who do not want to deal with the disruption of further measures. More information on how to deal with these issues is available in Sheffield Safeguarding Children's Working Effectively With Neglect Training.

Sources: 'The Financial Impact of Domestic Violence' (2008) Family Welfare Association and One Parent Families / Gingerbread; 'Child Maltreatment in the Family' (2000) National Society for the Prevention of Cruelty to Children.

Section 4: What can I do? (25 minutes)

Screen 20: What can I do?

What can I do?

Poverty-proof

Ensure that what your agency, service, team or organisation does contributes to reducing child poverty, or at the very least does not increase it

Tackling child poverty

- By managing service delivery
- Through service design
- When allocating budgets and resources
- Through managing partnerships

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Sheffield child poverty training module: managers and strategic staff

This screen provides a quick recap of some of the things covered in module one of the training. It is likely that some of these elements of ‘poverty-proofing’ will relate to your job more than others.

Screen 21: What can I do?

What can I do?

Help break the cycles

A lot of the ‘**downward spiral**’ relationships we’ve looked at during this session need to be ‘**broken**’ in order that the experience of poverty isn’t passed on from generation to generation

Sheffield City Council

Sheffield child poverty training module: managers and strategic staff

Breaking down cycles of poverty and poverty levels within local areas will take time. When poverty is prevalent within certain areas, it is integrated efforts to improve multiple elements of the resources and services in these areas that will have the greatest effect. Listen to the front-line staff in your agencies, organisations and services, who will have the best perspective on where these cycles can best be broken.

Screen 22: Thinking about managing service delivery

Thinking about managing service delivery

Consider the difference that front-line staff can make

FOR EXAMPLE:



Double-click to hear about how the worker helped the family in the case study with their housing challenges

Sheffield City Council

Sheffield child poverty training module: managers and strategic staff

Think back to the case study we heard earlier in this session.

Recap of earlier section of the case study: “A parent came to my attention through the Senior Learning Mentor at a Sheffield school. Her son’s attendance was at 67% due to lateness and quite a number of unauthorised absences. The Learning Mentor explained that she had been trying to get the mother in for a meeting for some time as she had concerns over other issues. The Learning Mentor highlighted that the mother was in financial difficulties and has significant rent arrears. She was due to be evicted if she continued to ignore this situation. This may also have caused a Social Services intervention if she had put her child in need. The mother agreed to a meeting in school and arrived very distressed as she had been evicted from her property that day. It turned out that she had failed to contact Housing when they had sent summons letters for non-payment of rent.”

Now listen to how the worker helped the family with their housing challenges.

[Play audio or read out case study text below].

Case study text: “I accompanied the mother to Housing and was immediately referred in as a homeless case. The mother was offered B&B accommodation in the short term until an appropriate interim property was available. I contacted NOMAD Homeless Advice and Support Unit, who

provided information and support to the mother. NOMAD also put me in touch with a private landlord who informed me that he had a two bedroom property vacant and that she could view within the week. I faxed NOMAD an application that provided the mother with a financial guarantee, and she and child moved into her property within two weeks. The property was located close to the school, which addressed attendance, and also close to family members whom would provide support for the mother’s well-being. I addressed the rent arrears with an agreement that she would pay a minimum payment over a period of twelve weeks, which would then entitle her to be placed back on the council property waiting list. She and her child have settled into their new home and she is maintaining her payments for rent arrears. The child’s attendance has significantly improved and the mother is now attending an English course to obtain her English qualification. She is also waiting to hear if she is able to become a volunteer reader in school, which is a role I have recommended her for.”

Discussion exercise: Discuss as a whole group for a couple of minutes: How did the staff member help this family and what effects did this have? What do you think the ongoing effects might be into the future? What can managers can do to create an environment which allows front-line staff to work in this way?

Screen 23: Thinking about managing service design

Thinking about managing service design

Consider what connects resources and services to the areas in which families that may be experiencing poverty live

- How much does it cost?
- Is it publicised in the right places?
- Can you get to it over the phone? Or online?

FOR EXAMPLE:

Housing officers in one part of the city are being trained through the city wide literacy strategy ESCAL as part of a trial in Sheffield to enable them to identify literacy needs in the home

Sheffield National Health Service has a ‘care close to home’ principle to ensure that services are designed to maximise access

Sheffield child poverty training module: managers and strategic staff

Breaking down cycles of poverty doesn’t have to involve massive overhauls of what takes place where, it can be as simple as expanding outreach through appropriate channels. For example, to ensure services are not creating a cost-barrier for families who may be experiencing poverty, some organisations assist with travel costs to ensure that those on a low income can get there from other areas. In terms of publicity, in some parts of the country council services are publicised actively through social landlords as they are known to come into contact with families experiencing poverty relatively frequently. In terms of access,

making services or organisations accessible online or over the phone can improve access but there are still barriers for families without access to the internet. Therefore making free-internet access points available in low-income areas and well known can itself be a valuable element in managing service design to proof against child poverty. The two examples on this screen show best practice in Sheffield regarding designing services to connect resources and services up with families in poverty.

Screen 24: Thinking about managing partnerships

Thinking about managing partnerships

Consider the difference all the services, resources, and activities in Sheffield can make

FOR EXAMPLE:

Sheffield City Council and partners are working with hospitality and public venues to help them become breastfeeding friendly	Various agencies and organisations in Sheffield come together to hold Multi Agency Allocation Meetings to determine the most appropriate package of support for families they work with
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Sheffield child poverty training module: managers and strategic staff



Discussion exercise: Discuss as a whole group for a couple of minutes: How might these examples of partnership working make a difference to some of the challenges that have been discussed in this session?

Screen 25: Thinking about managing partnerships

Thinking about managing partnerships

Child poverty doesn't exist in a vacuum

Consider how it interacts with other strategies and initiatives

FOR EXAMPLE:

Sheffield City Council is developing a housing strategy for 2011-21

How can multiple strategies work together rather than duplicate?

How can child poverty challenges be reflected in other initiatives such as the housing strategy?

How can your service or agency contribute to the goals of Sheffield's child and household poverty strategy and related strategies?

Sheffield child poverty training module: managers and strategic staff



Discussion exercise: Discuss the questions on screen for a couple of minutes as a whole group for a couple of minutes.

Discussion prompts: How can we move from strategy (or strategies!) to action? What should the key priorities for your agency or organisation be in terms of contributing to citywide strategies?

Screen 26: Over to you...

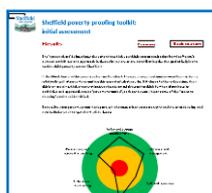
Over to you...

How does your organisation, service or team help families who may be experiencing poverty with challenges related to communities, housing and health?

Are there any gaps in the support provided or available?

Are there any changes that could improve the service for families that may be experiencing poverty?

Have a go at completing part of the Poverty Proofing Toolkit for an agency, service or team that provides (or signposts to) health services, housing services or other support in Sheffield



Sheffield child poverty training module: managers and strategic staff



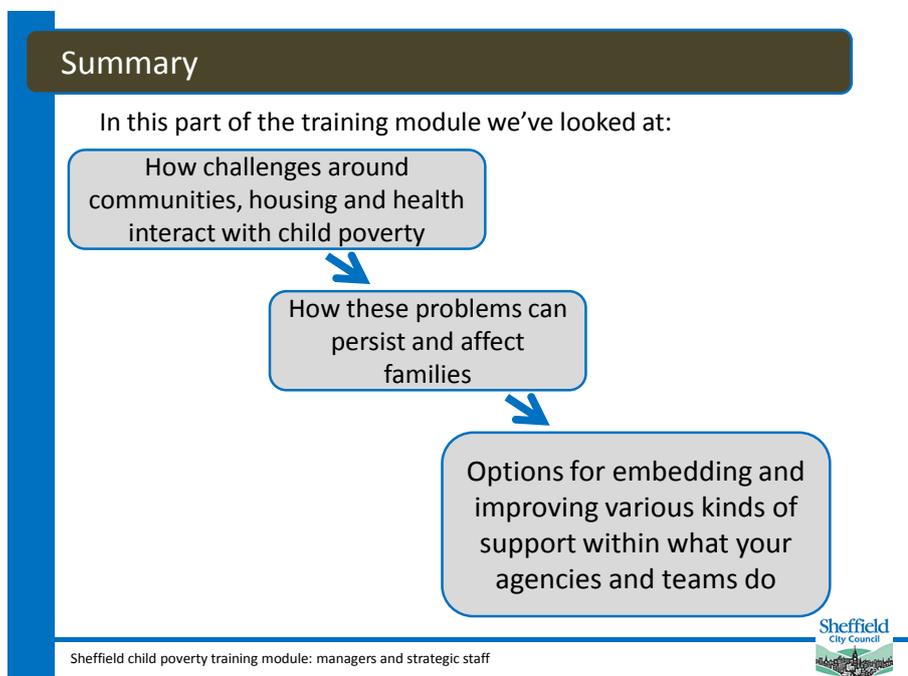
In this session we've covered a lot of information about the challenges relating to communities, housing and health that families in poverty can experience. We've also looked at some examples of where agencies and organisations have introduced practical measures to proof against these kinds of challenges within the things they do on a regular basis. Now it's over to you. How do all the things we've covered reflect on what you do? Are there any gaps in the way your agency or organisation approaches employment and skills? Can any of the information we've talked about be taken forward in what you do in the future?

Poverty-proofing exercise (distribute poverty-proofing exercise handouts): Invite people to discuss the above questions in small groups and complete one of the poverty-proofing handouts for ten to fifteen minutes. To complete the handouts ask each group to pick an agency, service or team that one of them works with or for, and complete the assessment together for that agency, service or team. Encourage them to think about challenges relating to communities, housing and health in particular whilst doing so. Invite feedback to the whole group.

Optional exercise (display poverty-proofing toolkit on screen): Demonstrate how the poverty-proofing toolkit as a whole works on screen. In order to do this, it is best to have part completed it in order to demonstrate the end result quickly.

Section 5: Summary and next steps (5 minutes)

Screen 27: Summary



This screen sums up the things we have covered in this session.

Discussion exercise: Discuss as a whole group for a couple of minutes: What's the most interesting/shocking thing we've talked about, or what did you learn that you didn't know before?

Optional ‘call to action’: On the basis of what we’ve covered in this session, how are you going to reach the at-risk groups and the areas that have highest poverty?

Screen 28: What next?

What next?

Complete another session within the training module?



Find out more about something that has been discussed in this session?

Complete the rest of the poverty proofing toolkit for your agency or team?



Sheffield child poverty training module: managers and strategic staff

This screen provides a quick reminder of some of the things you might want to do following this training session to improve your knowledge of child poverty in Sheffield or to take forward any actions you have identified. Electronic versions of other training modules and the course toolkit (including useful resources and contacts planner) are available online.