

Anti-Poverty Strategy

2022-2027

FOREWORD

Every person should have the right to live a fulfilling life in a fair and equal society. In essence, this strategy derives from that very simple foundation.

When it comes to living a fulfilling life, poverty can be a significant inhibitor and this is exacerbated by inequalities within society. People with greater socioeconomic circumstance have a greater array of life chances and more opportunities to lead a flourishing life whilst those at the other end of the scale experience worse outcomes in all areas, be that health, education, employment, civic engagement or simply in their access to basic human rights. The right to a warm home, the right to nutritious food, the right to safe water and refreshment, the right to sanitation and cleanliness. It is unavoidable that poverty, however it is defined, both results in and often stems from inequality and unfairness within society.

In 2022, poverty and its associated inequalities seem particularly prevalent. A decade-long programme of austerity, alongside stagnant wages and low economic growth, had already plunged many people into hardship by the end of the previous decade. Since then, a global pandemic and a cost of living crisis has enveloped many of those in socioeconomic difficulty and rendered their situation worse, as well as furthering the gaps between the richest and poorest in our society. As a result, many people are looking to local authorities for help. With resources stretched at every level of local government and following the withdrawal of most central government funds however, the options open to councils in tackling poverty have rarely been as limited.

Despite this, the 2019-formed coalition administration at Rother District Council made a clear commitment in the council's corporate plan to improve the accessibility and effectiveness of local hardship services, the results of which include this strategy.

The strategy itself is a culmination of work done by the cross-party Anti-Poverty Task and Finish Group, set up by the council's Overview and Scrutiny committee, in collaboration with wider authorities, outside bodies and the voluntary sector. In many ways, this is just the start of a new approach to tackling poverty and inequality within the District and following its initial remit, to improve the coordination, access and promotion of related services, it is hoped that the recommendations from this strategy create a launch pad for further work across all aspects of governing as we work with partners to pursue a fairer society for all.

It has been an honour to chair the Anti-Poverty Task and Finish Group and lead on this politically alongside a dedicated team of officers and external advisers. It is important that this strategy is implemented in a meaningful way to strengthen Rother's connections with groups and charities in the voluntary and community sector, who are on the front lines tackling poverty, as well as improving how our own services are delivered and that work continues beyond this. This is a precise, strategic plan with short term aims and the call for a wider look at Health and Wellbeing, with a focus on health inequalities, should be heeded.

To quote Nelson Mandela, “Overcoming poverty is not a gesture of charity. It is the protection of a fundamental human right, the right to dignity and a decent life.”

Cllr Sam Coleman

Chair of the Anti-Poverty Task and Finish Group

INTRODUCTION

“Poverty is not simply about not having enough money or going without luxuries. It is about struggling to get through each day. About constantly making sacrifices; about living in a state of worry verging on perpetual fear, about never knowing how you will survive the week; about never having a few days away, let alone a holiday. It is about your children being haunted by the prospect of being stigmatised, humiliated and bullied. About pensioners not knowing how they can carry on living yet dreading imposing a burden on relatives when they die.... Most of those in poverty cannot help being in their situation. No one chooses to be poor.”¹

Many of the drivers of health inequality are common to housing, income and food inequality and it is an ambition of the Anti-Poverty Strategy partnership to develop greater strategic alignment with wider health and wellbeing aims and objectives. The intention of the partnership is to integrate our identified anti-poverty objectives into a wider Health and Wellbeing Strategy for Rother, that seeks to tackle inequality in our communities more widely.

In January 2020 the Overview and Scrutiny Committee approved the formation of an Anti-Poverty Task and Finish Group (APT&FG). The aim of the APT&FG was to investigate the effects of income, health and housing poverty on local people and the services that support them.

The APT&FG held two events at the end of 2020 to gather evidence from external partners and internal Council colleagues and meet its objectives. The objectives were:

- To undertake a review of the accessibility of appropriate financial products, including an analysis of the forms of less appropriate forms of credit and the extent of their use.
- To assess how residents are educated about finances and consider what improvements can be made to financial literacy in the district.
- To consider the impact of Council Tax Reduction policy and the accessibility of Council Tax Reduction to those experiencing financial hardship.
- To consider the impact of Council administered discretionary housing benefit payments (DHP) its accessibility and the processes used to allocate DHP to those at risk of homelessness.
- To investigate the availability of financial advice, homelessness advice, employment and training advice and the role of the Council in supporting these.
- To investigate the availability of affordable fuel, food and other provisions and the Council’s role in supporting these.

¹ Reporting poverty in the UK, A practical guide for journalists, page 9 Revised edition 2009, Copyright: Society of Editors. Published by: Joseph Rowntree Foundation

The evidence gathering sessions provided reassuring evidence of the levels of commitment to alleviating the symptoms of poverty amongst the agencies in attendance. There is a great deal of service activity locally and an impressive level of knowledge and expertise within both Council and partner services. However, the evidence gathering sessions identified areas for improvement. The way in which services are **coordinated** is sometimes disjointed and there was evidence of service duplication, particularly in the provision of benefits and budgeting support. In addition, while a wide range of specialist services are available to residents, they are not always delivered in a way that makes them **accessible** so that crisis situations can be prevented from developing; and finally, the way in which service information is **promoted** to service users and between professionals is uncoordinated at times and very focussed online. It was identified that a multi-agency Anti-Poverty Strategy may well offer partners a means of achieving improvements in these areas.

VISION

To work together to tackle the symptoms of poverty in order to reduce its impact and create a fair, healthy, prosperous, thriving and sustainable Rother, now and for future generations to come.

AIMS and OBJECTIVES

The aim of the strategy is for statutory and community services operating in the Rother district to work together to reduce levels of poverty through:

- **Coordination:** develop local strategic commissioning and operational structures to coordinate services designed to alleviate poverty.
- **Access:** maximise the accessibility of services so that those in the greatest need can be reached.
- **Promotion:** promote information, advice and support to service users and professionals.

CHALLENGES

Co-ordination

- There are a high number of services available locally and there was concern that these may not be being coordinated between service providers and commissioners effectively at strategic levels.
- There was evidence that there is no group locally coordinating the operational delivery of benefits advice, homelessness support, housing quality and food and fuel poverty services.
- Every contact counts: a similar concern that front-line staff did not know what services are available locally and are unable to advise people holistically.
- Barriers to data sharing need to be overcome so that organisations can share information between teams and organisations to share information to assist individuals effectively.
- The provision of affordable childcare is crucial in supporting access to employment as well as lifting children out of the effects of poverty through improved educational attainment.

Further challenges identified related to the accessibility of services and their promotion:

Accessibility

- Access to the internet is imperfect, particularly in rural areas and service providers should not assume internet access is effective across all demographics and geographical locations.
- There is a lot of reliance locally on signposting individuals to services through online routes and the telephone when many vulnerable people may not be able to access online or telephone services.
- Service locations are distant from one another and not always in convenient locations.
- Rural areas are challenging places in which to deliver services; however, there is limited use of technology and utilising existing community locations such as parish / town council buildings to deliver services.
- There needs to be an upskilling of RDC staff so that residents are provided with information and the right advice at the right time – making every contact count.

Promotion

- There is a low level of knowledge amongst professionals and service users of the existing East Sussex Community Information Service.
- Literacy levels among some is limited - with the average reading age being nine years old nationally - are services therefore reaching those with low literacy levels effectively, through written communication and promotion?
- There is an overwhelming amount of information produced that promotes different services and it is not coordinated through a central group that could target vulnerable groups collectively.

HEALTH INEQUALITIES

In order to achieve service coordination and improve accessibility local services will need to take a 'whole systems approach' to service commissioning and delivery. It is an ambition of the Anti-Poverty Strategy partnership to develop greater strategic alignment with wider health and wellbeing aims and objectives. The [Health Foundation](#) have explored the main drivers of health inequalities in depth, these are:

- **Money and resources** - There is a well-established link between money and resources and variations in health. Poverty – having inadequate resources to meet basic human needs – is particularly associated with worse health. This is especially the case for persistent poverty. Employment is a key challenge in coastal communities and impacts health in multiple ways. ONS analysis shows that the unemployment and part-time employment rate is higher in coastal towns. There is also a greater dependency on the public sector for employment in coastal communities¹.
- **Work** - Unemployment, work quality, job security, can all have considerable influence on health. The nature of people's work matters for health, but also impacts other factors that influence health, such as having sufficient income and forming social connections.
- **Housing** - Housing affordability, quality and security can have a significant impact on people's lives, influencing their wellbeing and health.

- **Transport** - Transport can affect health directly, in terms of air pollution or active travel. It can also affect health indirectly through its relationship with other wider determinants of health, such as providing access to public services and an individual's place of work.
- **Neighbourhood and surroundings** – Neighbourhood and environment can have a marked impact on health and wellbeing. For example, access to good-quality green space is linked to improvements in physical and mental health, and lower levels of obesity. Access is likely to be worse for people in deprived areas, and areas with higher proportions of minority ethnic groups. Air pollution also impacts on health, cutting short an estimated 28,000-36,000 lives a year in the UK, with exposure linked to both poverty and deprivation.
- **Family, friends and communities** – Family and friends build the foundation for good health through positive relationships and networks for support and skill development, community cohesion and connection, opportunities for social participation, and shared ownership or empowerment which provides a sense of control and collective voice.

Addressing challenges of this scale should not be under-estimated and will require us all to work together as a whole system in order to drive change and improve the lives of our people and place. We will commit to:

- Framing and examining all that we do through a health and environmental lens to deliver against the vision of this strategy
- We can take the lead by making positive changes by enacting on what we can control
- Use our influence to engage with others to make changes beyond what we control

NATIONAL CONTEXT

Pre-pandemic, up to 14.5 million people were in poverty when taking housing costs into account which is one in every 4 people in the UK. However, estimates of a further 700,000 people experienced hardship during the pandemic which pushes the poverty figure in the UK to more than 15 million. In 2019/20 there were 4.3 million children living in poverty in the UK – 31% of all children. Of children living in lone-parent families, 49% are in poverty – lone parents face a higher risk of poverty due to lack of an additional earner, low rates of maintenance payments, gender inequality in employment and pay, and childcare costs.

People who are living in poverty are more likely to be affected by: under-achievement at school, unemployment, health problems (physical and mental), substance misuse, debt, poor quality accommodation and insecure housing and homelessness. The average reading age of the UK population is 9 years – that is, they have achieved the reading ability normally expected of a 9-year-old.

Eight in ten people claiming universal credit in November were in work or looking for work. More than 30% of couple households with one full-time earner are in poverty, nearly as high as the rate of hardship for families without any full-time workers. The number of working families struggling to make ends meet hit a record high just before the pandemic, with one in six working households – or 17.4% – living in poverty.

POPULATION DEMOGRAPHY

Rother's population as of 2020 was 96,700 from 90,588 in 2011 (Census). Almost half live in the main urban town of Bexhill, 4,745 live in Rye, 7,125 live in Battle, with the remaining living in the rural villages and hamlets spread throughout the district. Rother has one of the oldest populations (with a median age of 52 years). In fact, 9.24% of Rother's population is aged 80+, almost double the national average (4.96%).

Housing tenure nationally is 63.3% owner occupied; 16.7% private rented; 17.6% social rented. This compares to Rother at 73.5% owner occupied; 14% private rented; and 10.4% social rented. Noticeably the size of the social rented sector in Rother is significantly less than that nationally, which indicates a potential imbalance in housing tenures locally, placing greater pressures on the private rented sector to accommodate our housing need than nationally.

In Rother the percentage of adults whose current marital status is separated or divorced is significantly higher compared to England however lone parent households are significantly lower. The percentage of the population who provide 50 or more hours per week unpaid care is significantly higher compared to the national average.

LOCAL CONTEXT

10530 people in Rother are affected by income deprivation²

Rother now ranks as 135 out of 317 Local Authorities in terms of rank of average rank³ compared to 148 (out of 326) in 2015. There are two neighbourhoods among the most deprived decile (compared to 1 in 2019), and 42 neighbourhoods out of 58 ranked as relatively more deprived in 2019 than in 2015. Twenty-three LSOAs⁴ in Rother rank more deprived decile than in 2010, compared to 7 which rank as relatively less deprived. Table 1 demonstrates Rother's rank across Local Authorities broken down into subjects in terms of rank of average rank.

Table 1

Domain	Rank (2015)	Rank (2019)
<i>Overall</i>	148	135
Income	151	143
Employment	122	113
Education	132	153
Health	174	148
Crime	252	221
Barriers to housing & services	121	55
Living environment	132	107

Sidley is in the Top 10 neighbourhoods experiencing deprivation in East Sussex, with the other nine in that Top 10 being in Hastings. Altogether six LSOAs in Rother are among the most deprived 20% in England, four in Bexhill (3 in Sidley and 1 in Central),

² Ministry of Housing, Communities and Local Government (MHCLG), Indices of Deprivation, 2019

³ Rank of Average Rank – this measure summarises the average level of deprivation across an area, based on the population weighted ranks of all the LSOAs within it.

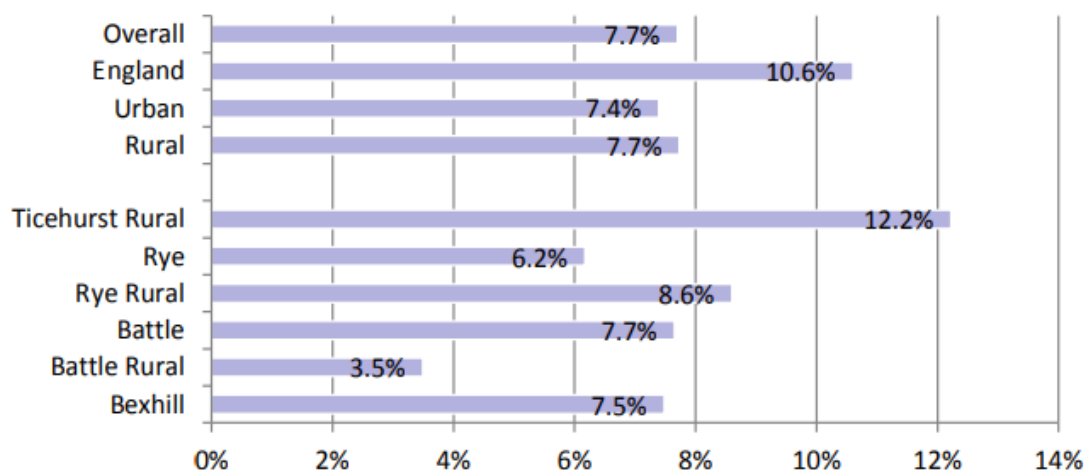
⁴ Lower-Layer Super Output Areas (LSOAs) are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households. There are 32,844 Lower-layer LSOAs in England. LSOAs are a standard statistical geography produced by the Office for National Statistics for the reporting of small area statistics.

one in Rye and one in Eastern Rother. 8.5% of the Rother District population have no qualifications, this is nearly twice as many as the South East figure (4.8%).

Qualifications (Jan 2020-Dec 2020)				
	Rother (Level)	Rother (%)	South East (%)	Great Britain (%)
NVQ4 And Above	17,800	35.4	45.1	43.1
NVQ3 And Above	23,800	47.4	63.8	61.3
NVQ2 And Above	35,300	70.3	80.5	78.1
NVQ1 And Above	44,100	87.7	90.2	87.7
Other Qualifications	#	#	5.0	5.9
No Qualifications	4,300	8.5	4.8	6.4

Source: ONS annual population survey

Fuel poverty refers to a household unable to afford an adequate standard of warmth and pay for other energy bills to maintain their health and wellbeing. If a household has to spend more than 10% of their income on heating, they are classed as being in fuel poverty. Using the 'Low Income High Costs' definition of fuel poverty adopted by the government in 2013 and excluding social housing stock, overall the results show that 7.7% of households in Rother are in fuel poverty. Overall there is a slightly higher incidence of fuel poverty in rural than in urban areas, with the highest incidence found in Ticehurst (rural).



Rother has significantly higher levels of people with long term health problems or a disability than seen nationally. High numbers of households with long term health problems and disabilities will add pressure to existing services, and housing provision; careful planning is required to ensure the needs of all types of households are met on

new build housing development. Rother has amongst the highest levels of self-reported bad health and Limiting Long-Term Illnesses or disability of all the districts/boroughs. Life expectancy at birth and age 75, and all-age, premature and preventable mortality are similar to East Sussex.

Type	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
England and Wales	17.9	9.4	8.5	82.1
South East	15.7	8.8	6.9	84.3
Rother	23.4	12.8	10.7	76.6

Rother has similar income and employment deprivation to East Sussex, including the percentage of older people affected by income deprivation and children in low income families, rates of working age people claiming ESA, JSA and UC, households with dependent children and no adults in employment (Census 2011) and households in fuel poverty. There are 3,944 Universal Credit claims under Bexhill Job Centre Plus as of December 2021 which is broken down to 1094 searching for work and 1410 in work.

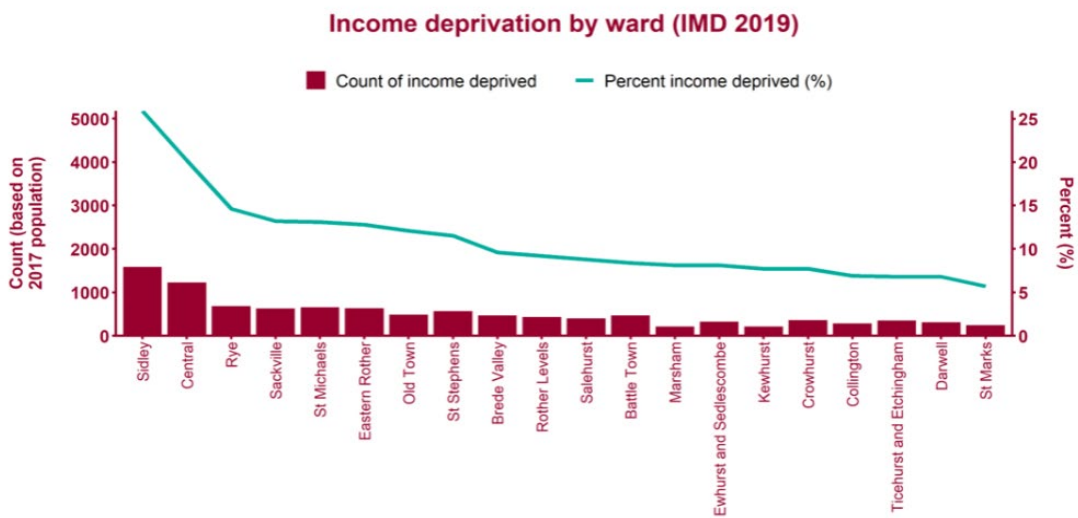
Earnings by place of residence (2021)			
	Rother (Pounds)	South East (Pounds)	Great Britain (Pounds)
Gross Weekly Pay			
Full-Time Workers	579.8	660.1	613.1
Male Full-Time Workers	639.4	709.1	655.5
Female Full-Time Workers	528.5	584.6	558.1
Hourly Pay - Excluding Overtime			
Full-Time Workers	14.98	16.97	15.65
Male Full-Time Workers	16.48	17.91	16.26
Female Full-Time Workers	14.15	15.65	14.86

Source: ONS annual survey of hours and earnings - resident analysis
Notes: Median earnings in pounds for employees living in the area.

Economic activity and inactivity in 2011

This dataset shows economic activity and inactivity amongst those aged 16-74 from the 2011 Census.

Economic activity category	All people aged 16-74	All economically active	Employee	Self-employed	Unemployed	Economically active full-time student	All economically inactive	Long-term sick or disabled	Looking after home or family	Retired	Economically inactive student (including full-time students)	Other economically inactive
Geography												
England and Wales	100.0	69.7	52.2	9.7	4.4	3.4	30.3	4.2	4.3	13.8	5.8	2.2
South East	100.0	71.9	54.2	11.0	3.4	3.3	28.0	2.9	4.4	13.7	5.2	1.8
East Sussex	100.0	68.1	48.2	13.4	3.6	2.8	31.9	4.1	4.2	17.8	4.0	1.8
Rother	100.0	63.4	43.2	14.8	3.2	2.1	36.6	4.1	4.3	22.5	3.8	1.9

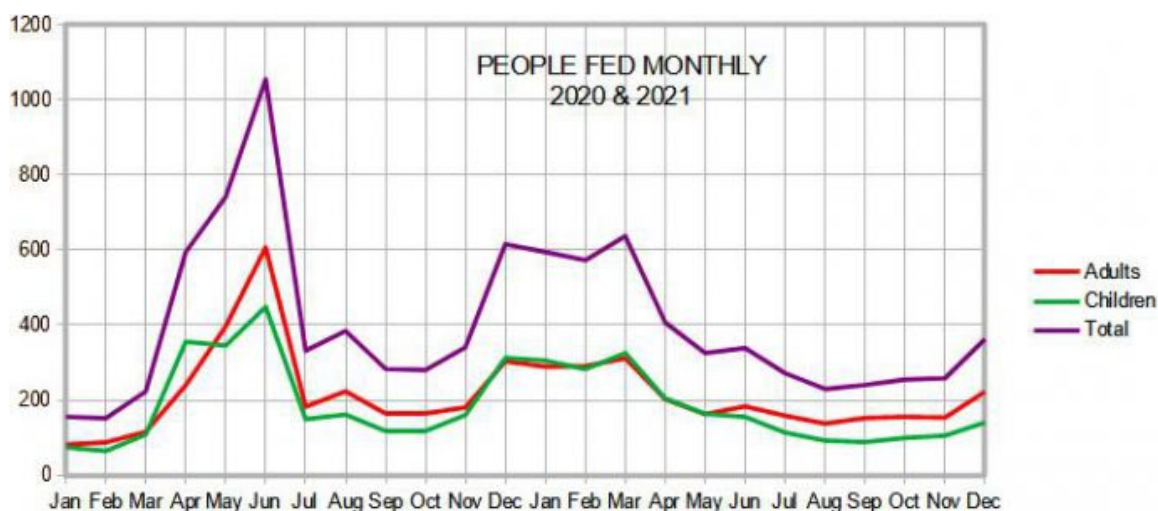


Benefit capped households 2015-2020

Month	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19	Nov 20
Geography						
England	18,866	23,600	57,405	54,456	68,907	165,213
South East	2,086	4,357	7,792	7,664	11,101	27,451
East Sussex	138	421	434	466	673	1,685
Eastbourne	23	110	107	132	159	393
Hastings	48	37	162	137	153	372
Lewes	39	113	22	27	173	400
Rother	9	69	68	76	86	209
Wealden	20	94	73	105	117	318

In the first three quarters of 2021/22, Bexhill foodbank has fed 7,254 people – 4,830 adults and 2,424 children. They have processed on average 50 vouchers a week of mixed family groups, many of which are single working people. In the year 2020/21, a total of 12,651 people were fed through Bexhill foodbank. The foodbank does not just support households with food but hosts advice sessions through Hastings Advice and Representation Centre (HARC) where the majority of enquiries led to charitable applications and discretionary housing payment applications. The main need stems from shortfalls in rent support. They are also seeing high utility debt, the worst being £6K for just one household. Rye Foodbank have also hosted advice services since April 2021 and have had to be versatile in their approach due to the continued pressures of COVID, so not only have HARC held face to face sessions but they have also conducted sessions through Zoom.

The amount of people fed through Rye Foodbank 2020 & 2021

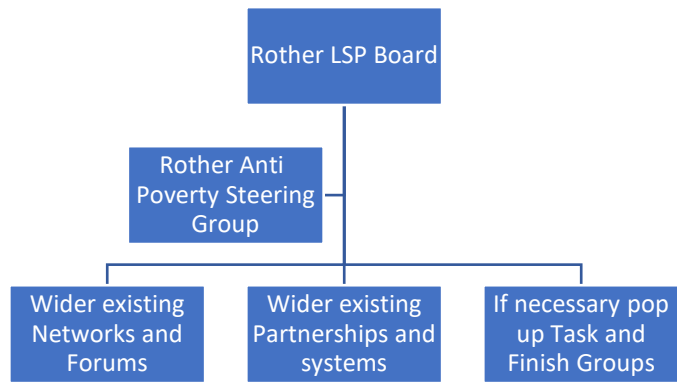


NEXT STEPS

Tackling the causes of poverty requires a commitment from all partners to joint work in partnership to overcome these issues and make a real difference to the lives of local people who are being directly impacted by living in poverty.

This strategy sets out our approach for tackling poverty across Rother District against a backdrop of growing demand for services, reducing public sector budgets and increases to the daily cost of living. The partnership acknowledges there are limits on the impact local action can have on some aspects beyond their control, for example, those driven by central government policy, and therefore the actions they will take will be localised.

There is a commitment from voluntary, statutory and business sectors to alleviate poverty. Delivery of the strategy will be overseen by the Rother Local Strategic Partnership (LSP) and there will be an annual report produced which will: detail the successes and progress made towards meeting the objectives, outline priorities to action for the year ahead, and look at the poverty challenges and responses from partners. The initial Action Plan can be found in Appendix A, with the provisional timeline for the strategy detailed overleaf.



ACTION PLAN

	Action	When?	Who?	Progress
C O O R D I N A T I O N	Form a local Anti-Poverty Strategy Steering Group (APSSG) – coordinate homelessness and anti-poverty strategies and be governed by the LSP	Spring 2022	RDC, RVA	A date for the first APSSG meeting has been set.
	APSSG to develop a framework to increase levels of officer co-location between services in community locations.	Summer 2022	RDC, RVA	Options to co-locate Council services in community locations, including remote access, are in place
	APSSG to engage with local strategic leaders to act as consultee to regional and sub-regional commissioners	Summer 2022	All	The APSSG will inform future commissioning via the LSP.
A C C E S S	Deliver new Bexhill place-based Hub and new rural virtual Hubs	Spring 2023	RDC, RVA	We are working to identify potential sites and routes to delivery.
	APSSG to support existing service hubs with more targeted signposting	Summer 2022	APSSG	A more refined action plan will be developed by the APSSG
	The APSSG to collaborate to form a Street Sheet to map the services available	Winter 2022	APSSG	To be developed via the APSSG
	The APSSG to collaborate to Increase social prescribing through GP surgeries	Summer 2022	APSSG	To be developed via the APSSG
P R O M O T I O N	The APSSG to develop a training resource video of local services for residents and frontline staff	March 2023	APSSG	To be developed via the APSSG
	The APSSG to work together to improve accessibility to information, including through digital channels.	March 2023	APSSG	To be developed via the APSSG

	The APSSG to develop an annual Anti-Poverty networking event for local services	August 2022	APSSG	To be developed via the APSSG
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CASE STUDIES

“My wife cooked and cared for me. Since her death 2 years ago, I have been trying to cook for myself but it has been quite difficult, partly due to my inability to cook but also due to the fact that I have severe arthritis which makes it difficult for me to regularly prepare a full, healthy meal. The food bank and Warming Up the Homeless have been really helpful with supplying me with food, as in addition to my health issues, I haven’t got much money to spare for food” - Male, 70

“I lost my job during the pandemic last year, and I have been unable to find another job since. As I live on my own and have no help from family, the benefits I get are not enough to cover my living costs and after I have paid all the bills, there is very little left for food. I feel embarrassed about having to visit the foodbank, but I know it’s necessary if I want to eat!” - Female, late 20s

“I am a single mum, working full time with two children. My childcare costs, even with help of UC, cost half my wages. I literally pay to go to work. I am having to apply for food vouchers through the Household Support Fund to get me and my children through. I don’t know what we’ll do when the fuel prices rocket in Spring as I already enter my overdraft each month. I would be better off not working, how is that possible!”- Female, 45

Poverty Definitions

Poverty in the UK tends not to be absolute, but relative poverty.

- Absolute poverty: When basic human needs are lacking, e.g. clean water, nutrition, health care, education, clothing and shelter.
- Relative poverty: When someone's resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities. Nonetheless, relative poverty is still a serious issue.
- Relative income poverty: Households whose combined income is 60% or less of the average (median) British household income in that year (after housing costs). Such a level of income restricts one's ability to fully participate in society. This is the most common measure of poverty and is used by the UK Government. References made to poverty within this strategy are to relative income poverty.

The sociologist Peter Townsend, who was a founding member of Child Poverty Action Group, defined poverty in 1979:

"Individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong."

This shows how important it is to understand that poverty is relative – you are poor if you are unable to live at the standard that most other people would expect. A child can have three meals a day, warm clothes and go to school, but still be poor because her parents do not have enough money to ensure she can live in a warm home, have access to a computer to do her homework, or go on the same school trips as her classmates. More than 2,500 children in Rother are living in poverty.

List of websites and documents:

Child Poverty Action Group - <https://cpag.org.uk>

Joint Strategic Needs & Assets Assessment - www.eastsussexjsna.org.uk

Office for National Statistics - www.ons.gov.uk

Joseph Rowntree Foundation – www.jrf.org.uk

Rother District Needs and Assets Profile 2017 from the East Sussex Joint Strategic Needs & Assets Assessment

Child Poverty Act 2010 (abolished in 2016 by the Welfare Reform and Work Act)
Warm Homes and Energy Conservation Act 2000

Fuel Poverty (England) Regulations 2014

Health & Social Care Act 2012

[Council Plan 2021/22 | East Sussex County Council](#)

[East Sussex Strategic Partnership - Pride of Place \(essp.org.uk\)](#)

[Healthy Hastings and Rother - NHS East Sussex CCG](#)

ⁱ [Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities \(publishing.service.gov.uk\)](#)