

North East Joint Scrutiny Member / Officers' Network

Wednesday 16 November 2022

5.00pm

MS Teams

1. Welcome
2. Apologies for Absence
3. Minutes of meeting held on Thursday 26 September 2022 (to follow)
4. Climate Change / Carbon Reduction:-
 - i) Lucy Greenfield – Gateshead Council (Presentation)
 - ii) Natalie Rotherham – CfGS (to be present later in the meeting)
5. CfGS:
 - i) Guidance Publications; and
 - ii) CfGS Policy Issue Update (Standing Item)
6. Best Practice (discussion):
 - i) Local Authorities (Documents Attached):
 - Child Poverty
 - Asylum Seekers and Refugees.
 - ii) CfGS / other bodies.
7. Cost of Living Crisis:
 - i) Natalie Rotherham – CfGS
 - ii) Way Forward? (Joan Stevens)
8. Training Programme Update (to follow)
9. Meeting Schedule / Potential Agenda Items for each meeting (Standing Item)
10. Any Other Business
11. Date of Next Meeting (15th February 2023 @ 10.00am – **Question for network - do we require a change of time?**)

Scrutiny Task and Finish Group

Housing Conditions for Refugees and Asylum Seekers in Newcastle

4 August 2022

Final report and recommendations

Members of the task and finish group:

Cllr Teresa Cairns (Chair)
Cllr Lara Ellis (Vice-Chair)
Cllr Sylvia Copley
Cllr Paul Frew
Cllr Doreen Huddart
Cllr Felicity Mendelson
Cllr Stella Postlethwaite
Cllr Ann Schofield

Background papers held by:
K McLoughlin, Policy Team
Newcastle City Council
kate.mcloughlin@newcastle.gov.uk

Contents

Foreword from the Chair	p3
Executive Summary and Recommendations	p4
Introduction	p9
Findings	p12
Addendum	p32
Appendix 1 – Definitions	
Appendix 2 – Background Information	
Appendix 3 – Work Shadowing	

Foreword from the Chair

The issue of housing conditions for asylum seekers and refugees has been a pressing topic and becoming ever more so, with shifts in politics and Asylum law. The recent developments, such as the war in Ukraine, the Nationality and Borders Act and the impact of the Covid pandemic, have demonstrated the complexity of the situation, and the diversity of people who are suffering within the asylum process, as well as the strain that the system is under. Unfortunately, life is set to become ever more challenging for asylum seekers and refugees in the UK.

I am inspired by the sterling work carried out by dedicated local authority officers, health workers and the voluntary and community sector, who work unremittingly to fill in the gaps in provision and support. I saw the power of communities to step up and help during the Pandemic, and the importance of ongoing conversations with partners and agencies, to enable us to work better together. However, this is not enough, without proper resourcing, fair legislation and empowered local leadership.

The following report sets out the context for the task and finish group, the remit of the research undertaken and the recommendations that have arisen. These recommendations will be presented to the Cabinet of Newcastle city council for their endorsement and action.

I give my thanks to all those who took part in the task and finish group, including the members of the group, the officers who supported the process, and all the witnesses who took the time and effort to give evidence and answer our questions. I especially wish to thank the vice chair, Cllr Lara Ellis for her insights and support and to Kate McLoughlin for keeping the group on track and managing all our meetings and paperwork. I would also like to thank Mears for allowing the deputy Chair of the group to work shadow for one day.

Finally, I am especially grateful for the powerful testimony from asylum seekers and refugees in their own words; this report is dedicated to them.

Cllr Teresa Cairns

Chair of the Housing Conditions for Refugees and Asylum Seekers

Executive Summary and Recommendations

The scope of this scrutiny review was to better understand the housing conditions provided by Home Office contracted providers for Refugees and Asylum Seekers, the impact from Covid19 and the impact that resulting restrictions through lockdowns may have had on their mental and physical health and wellbeing. The review also attempted to identify the range of powers that Newcastle city council has as a regulatory body and whether these can help ensure fair housing conditions for refugees and asylum seekers. Finally, the review aimed to identify what services are in place to support asylum seekers and refugees who may find themselves in poor housing accommodation or who may be suffering from poor mental or physical health as a result. The intention was to inform recommendations to NCC Cabinet that address key findings from our investigations.

Summary of key issues:

1. Home Office Housing provider

1.1 Parliamentary reports have documented a lack of scrutiny and oversight of housing contracts, with Asylum seekers/tenants not monitored or numbers and details not handed over to new contract holders or to local authorities

1.2 Mears' (Home office housing contractor) main role is in property management of dispersal properties, but they also contract hotel accommodation, provide all services 'in-house' but outsource transport and meals.

1.3 Although it was the Home Office's role to manage contracts, getting a response and information on actions undertaken (repairs etc), finding out what improvements in contract delivery against KPIs was 'difficult', with a 'perpetual circle' of complaints without outcomes.

1.4 Contact with Mears was reported to be, at times, difficult

1.5 Efforts by Mears to accommodate conflict issues from shared placements were noted; it was not always possible to move people around, but, where possible, this did happen. Mears currently oppose bedroom sharing, but enforced sharing was included in the new Home Office AASC contracts.

1.6 Hotel use focussed on the poor quality of food provided with little variation, and no fresh food provided. Community and voluntary groups had been delivering food parcels to people who had missed food distribution times – if missed, people must wait until the next distribution session.

1.7 Health needs were not adequately dealt with, with no consultation or assessment of primary health care needs amongst hotel residents.

1.8 Asylum seekers were reluctant to raise issues with Resident Welfare managers in the hotels out of fear of damage to their asylum claim or onward dispersal as a response to their complaints.

1.9 The AIRE service provided via Migrant Help was not fit for purpose.

1.10 Safeguarding was a concern.

1.11 Asylum seekers in hotels could only contact Migrant Help via phones held by Resident welfare Officers; the costs of calls could exhaust people's phone credit.

2. Health

2.1 The turnover of hotel residents made health assessments (contracted via the CCG)

difficult to carry out effectively

2.2 There are no clinical facilities in the hotels so doctors have to see patients in conference rooms

2.3 The CCG had no 'real time' information to use to plan services or to organise and manage health screenings and onward health support

2.4 There is no list of residents and what health assessments have already been carried out elsewhere

2.5 There is poor communication between Mears and local GP practices

2.6 Residents are missing doctors and dentist appointments through inefficient transport arrangements

3. Local Authority responses

3.1 Since 2012, responsibility for asylum accommodation has been outsourced by government, so local authorities are not responsible for placing or accommodating asylum seekers.

3.2 Local authorities have limited powers to influence the dispersal process, with no additional funding from the Home Office to support dispersal area local authorities

3.3 Although housing providers are obliged to consult with local authorities on property procurement, final decisions rest with the Home Office.

3.4 While the local authority has a good relationship with key personnel within the Mears group, this is not necessarily at system level and Mears' communication with the local authority could be improved.

3.5 The 28 day notice period of the end of asylum support, after a successful decision, causes major stress and is a difficult time for new refugees

3.6 The Housing Advice Centre can extend the 28 days' Notice period after a positive asylum decision for a few weeks to enable successful asylum seekers to find a suitable house and arrange school transfers.

3.7 New refugees often refuse YHN accommodation due to its poor state of repair and decoration, in comparison to fully furnished and decorated properties; they can apply for goods but not services.

3.8 Language barriers prevent new refugees from requesting services offered by the council which raises issues about access.

3.9 The Move On Team discourage people from taking up private rented accommodation due to its insecurity and cost

3.10 There is evidence of bullying, harassment and racism against refugees in the private rented sector, reflected in case work.

3.11 There has been significant turnover in YHN resettlement team staff which has pinpointed the handover of support at the point of resettlement as a site for system breakdown.

3.12 Schools team get very limited information about need for school places or medical needs from Mears

3.13 Schools are very effective with pastoral teams doing excellent work in supporting vulnerable families. They work with families already captured within their systems.

3.14 Community and voluntary sector groups pick up families outside education 'system capture' who have fallen through gaps, were unknown or new to the city

3.15 Local /authority Asylum Support workers (Laaslos) are the point of contact between asylum seekers/refugees and all the systems they need to engage with. There is concern that their caseload is significant, that their knowledge of people and systems needs sharing and managing and that organisations need to take on responsibility for some of the Laaslos' networking to free them to deal with more complex cases.

4. Community and Voluntary Sector

4.1 The key question that emerged from listening to community & voluntary sector groups was 'Why is the 3rd sector so heavily involved in providing support & services to asylum seekers and refugees?'

4.2 There is a lack of direct funding for local authorities in dispersal areas, with funds directed by the Home Office to contracted providers

4.3 The Community & Voluntary sector plug the gaps created by inadequate & ineffective outsourced support services

4.4 According to the Home Affairs Select Committee, the Home Office should give due regard to the resource needs of dispersal local authorities.

4.5 There is a lack of capacity in the 3rd sector, with exhaustion & burnout evident, especially after the work carried out during the pandemic.

Recommendations:

Housing Provider:

- 1)** All hotel staff, regardless of direct involvement in the care of asylum seekers and refugees, to be trained in safeguarding and awareness of reporting procedures; New staff to be given details of safeguarding in induction prior to training; Safeguarding refresher courses for all staff to be done on a regular basis.
- 2)** There should be an open and accountable performance management regime so that discussions and request for remediation take place from a place of shared information;
- 3)** Agile working group to be set up to work with Mears (housing provider) to address issues re: asylum accommodation, quickly
- 4)** Protocols for communications need addressing, especially where there is a need to link and pass on information to other services – people should be captured within systems and not disappear as they move between services, their needs left unmet.
- 5)** When people move in/out of accommodation, this should be logged by the housing provider and passed on to NCC.
- 6)** While senior Mears staff are very willing to engage in discussion and make changes via negotiation, staff lower down, at operational level, fail to respond to changing needs and can cause difficulties 'on the ground'; Mears should look to more training in the asylum journey and work with NCC to develop shared training to overcome the need to constantly 'refer upwards' to get issues actioned;
- 7)** Mears to investigate outsourced food provision and institute a more effective contract management regime to ensure adequate fresh food is offered and that people do not miss meals.

Health

- 1) Agile working group to work with Mears/housing provider and with Public Health to provide a cross-service response to health issues, as they arise;
- 2) Set up a cross city/cross service health and welfare support group to share queries and practice - include a Safe Newcastle focus;
- 3) There should be more effective coordination and automatic notification to CCG of asylum seekers care needs, with test/screening results already carried out shared to avoid duplication and provide health checks to facilitate follow up health care – raise with Home Office/Mears at regular meetings;
- 4) Mears and CCG to liaise over setting up clinics in hotels to provide proper care, to include:
 - Room with examination area including privacy screen/curtain and non-carpeted floors (for infection control)
 - Handwashing facilities
 - Clinical waste disposal (currently this is being taken back to the surgery)
 - Sharps disposal (it is not currently possible to do blood tests)
 - Telephones with speaker phone that can be positioned near patient/doctor (currently having to use wall mounted phones so difficult for interpreters to hear patient/doctor)
- 5) Mears to investigate outsourced transport providers and institute more effective contract management regime to ensure asylum seekers are able to attend health appointments, as needed;
- 6) Welfare managers in hotels to be trained in better understanding of the health and welfare needs of asylum seekers, with more effective line management and reporting system put in place;
- 7) Training and background briefings and support for GP surgeries and health centres lacking knowledge and experience of working with Asylum seekers and refugees;
- 8) Health Scrutiny to review health care for asylum seekers and refugees on a regular basis; to be on agenda quarterly, with agile working group feedback included.

Local Authority Response:

1. Context

1.1 The provisions of the Equalities Act requires that NCC should enable access to services; this needs to be revisited in the context of meeting the unmet needs of Asylum seekers & refugees to investigate 'what prevents services being offered?';

2. Housing Issues

2.1 YHN staff turnover, specifically those who work as family support workers in the resettlement teams, should be investigated & reasons for staff 'churn' identified & acted on;

2.2 YHN staff who are responsible for housing allocations and repairs should undertake training in health issues and trauma that can underly asylum and refugee experiences so that relationships and service responses are better informed by this knowledge;

2.3 Identify what the underpinning processes and procedures are for a correct assessment of effect re trauma for housing allocation banding and repairs; ensure these become guidance for allocation and repairs;

2.4 A piece of training should be developed about the asylum and refugee journey that could be delivered to all workers, initially designed for YHN support workers; revisit current training to see what could be used/changed;

2.5 Work with Connected Voice and CVS organisations that work with Asylum Seekers and refugees, to develop a city wide advocacy team of peer volunteers from an Asylum and Refugee background; these to help, as peers and mentors, with language and to support people during visits to e.g. Doctors/Hospital/ School;

2.6 establish a volunteer service where people could call upon volunteers to e.g. to paint their flat, lay carpets etc. using the model of a Time Bank to offer services rather than goods.

3. Schools

3.1 The Schools of Sanctuary process should be developed as a template for good practice across the schools' network in the city

3.2 There needs to be work done to develop a more coherent system for identifying families who require school places & their needs;

3.3 this should be logged by the housing provider and passed on to NCC.

3.4 Work with Mears to ensure more effective, regular & efficient sharing of information is implemented;

3.5 Discussions are needed with C&V sector organisations who work with refugees & asylum seekers to identify what the gaps in the system are & what is needed to fill them.

4.LAASLOS

4.1 Information about the needs of asylum seekers are locked within the workers. Their knowledge and experience needs to be built into the system response, both to speed up casework and to free their expertise for more complex cases; evaluate the range of work carried out by NCC's Laaslos to identify how best to do this;

Community and Voluntary Sector

3. There are already a range of meeting points for joint work with the 3rd sector – these should be evaluated for effectiveness and changed where necessary;

4. The local authority should focus on listening to Community and voluntary sector groups when they identify an issue through their casework. They are the canary in the mine – they often indicate where systems break down and where interventions are needed before statutory services are able or know to respond;

5. Look for funding streams to support third sector activities;

6. Work with Community and voluntary sector organisations to support their volunteer programmes and work with them to co-create a more extensive volunteer offer across the city.

Introduction

The scope of this scrutiny review was to better understand the housing conditions provided by Home Office contracted providers for Refugees and Asylum Seekers, the impact from Covid19 and the impact that resulting restrictions through lockdowns may have had on their mental and physical health and wellbeing. The review also attempted to identify the range of powers that Newcastle city council have as a regulatory body and whether these can help ensure fair housing conditions for refugees and asylum seekers. Finally, the review aimed to identify what services are in place to support asylum seekers and refugees who may find themselves in poor housing accommodation or who may be suffering from poor mental or physical health as a result. The intention was to inform recommendations to NCC Cabinet that address key findings from our investigations.

Evidence gathering and understanding of issues is an iterative process. What we set out to investigate resulted in understanding the issues across a range of engagement and to see the key issues were not always what we had assumed.

Process

We began our investigations in January 2021 and met virtually 8 times through to August 2021. We also had additional virtual discussions through Autumn 2021 for clarification as our knowledge of the issues developed. However, illness through winter 21/22 delayed reporting until the new civic year.

To better understand local authority relationships with housing providers and within the Home Office Asylum and Refugee system, we have met and listened to:

- *NCC background and engagement work*
Rowenna Foggie, NCC Migration, Refugee and Asylum lead
- *For an understanding of Voluntary sector involvement and support networks across the city*
Hannah Barnes – West End Refugee Service
Bridget Stratford – The Hub & NEST
- *A conversation with Mears, the Home Office contracted Housing Provider in Newcastle and the NE*
Gregory Johnson (Partnership Manager)
Nina McWhinney (Head of Operations/NE)
Peter Dobson (Operations Manager/Newcastle)
- *For perspectives from the Health Sector, we met with*
Dr Daniel Jary – Cruddas Park GP Practice and Committee for Freedom from Torture
Richard Scott – Designated Nurse safeguarding Adults, NHS Newcastle/Gateshead CCG
- *For a final refocus on the changing political landscape and shifts in asylum law since we began our investigations, we invited*
Jennifer Laws, Campaign Manager, Asylum Matters NE
MD Mominul Hamid, asylum seeker & law student

We made efforts to meet with a representative from the Home Office but, partly due to personnel changes in responsibility at the Home Office and a refocus on new legislation, we were unable to arrange these within the timescale of our investigations.

We have had follow-on discussions with:

- City of Sanctuary worker Rosie Tapsfield
- YHN Move On Refugee Housing Team
- Health – Dr Daniel Jary
- Sarah Edgars, Schools of Sanctuary
- Hannah Barnes, WERS
- John Taylor, Chief Operating Officer, Mears
- Jenny Hartley -Local Authority Asylum Support Liaison Officer team (Laaslos)
- Catherine Powell (YHN Refugee Housing)
- Deb Tyler & Kirsty Saunders (School Admissions Team, Newcastle City Council)

Drawing upon her professional experience, Cllr Lara Ellis carried out a shadowing exercise with Mears, arranged as a result of our discussions with their regional team. (Her notes from the exercise are included in appendix 3).

The group members:

Cllr Teresa Cairns (Chair), Cllr Lara Ellis (Vice chair), Cllr Sylvia Copley, Cllr Paul Frew, Cllr Doreen Huddart, Cllr Felicity Mendelson, Cllr Ann Schofield. Cllr Stella Postlethwaite was a member until she joined the cabinet in May 2021.

Context

People seeking asylum are not allowed to work to support themselves [as set out in the 2006 Act/ in force 2008, although this had been proposed from the 1999 Act onwards] and are forced to rely on the government to house them. The dispersal of asylum seekers started in 1999:

"The policy of dispersal of those seeking asylum accommodation in the UK was introduced by the Immigration and Asylum Act 1999. The legislative intention was that by distribution across the country no one area would be overburdened by the obligation of supporting asylum seekers."

They are dispersed on a 'no choice' basis into accommodation provided by contracted housing providers. The extent of dispersal is semi unknown as liaison with the city council by the Home Office and providers is minimal.

Anecdotal evidence and national research suggest that housing accommodation for asylum seekers has historically fallen well below minimum standards and may not meet the needs of vulnerable individuals. The government re-contracted asylum accommodation and support in 2019, but it is not clear if this has led to an improvement, and little is known about the housing conditions that asylum seekers are placed into. Limited evidence also exists locally on whether poor housing conditions has resulted in a deterioration in mental and physical health and if this has been exacerbated by the impact of Covid and the need for continuing

restrictions. Early on, in 2020 during the Covid Pandemic, it became evident that the impact of isolation through lockdown on asylum seekers and refugees was significant. It was reported, via Community and Voluntary sector organisations across the city, that isolation and lack of access to support organisations, activities and foodbanks, was exacerbated by the housing conditions in which many asylum seekers and refugees were living.

In July 2020, the NCC leadership made a submission to the Parliamentary Home Affairs Committee on Asylum Seeker dispersals to the city during the Covid19 pandemic. This identified a range of issues arising from dispersal from Urban House in Wakefield to Newcastle, following an outbreak of Covid19 there.

Key issues identified in the NCC submission:

- There was no notification to the Public Health England Health Protection Team about the transfers from Wakefield, and the potential notifiable disease risk to the local area. This put both the individuals subject to transfer and the local communities at risk.
- Failure of communication between housing provider and local authority to enable proper support infrastructures to be in place. There was no systematic chain of communication to the city council (including the Public Health Team), the CCG or Public Health England by the Home Office contracted housing provider.
- Dispersal information given to NCC about the health status of individuals provided no information, contact details or addresses. Lack of wrap around support by Mears, (HO housing provider) with no referrals for NCC Team interventions.
- Voluntary sector groups supporting people in Urban House/Wakefield notified Newcastle city council of their move following this Covid outbreak in Wakefield, but there was no notification provided to the city council by the Home Office.
- The process of allocating accommodation broke down as the pandemic developed & Initial accommodation became the norm as asylum accommodation was put under pressure
- Conditions of dispersal accommodation raised concerns around safeguarding
- There was a lack of appreciation of the strain placed on already stretched local services resulting from lack of relevant or useable information about numbers & health status, with no forward planning about possible health needs or daily food requirements by the Home Office contracted housing provider

In the following section we identify findings under 4 headings, along with recommendations for action:

- 1) Housing**
- 2) Health & wellbeing**
- 3) Local authority response**
- 4) Voluntary & Community /sector**

See Appendices 1-2 for explanations of terms and key legislation

In addition, since we completed our evidence gathering and listening sessions, there have been important developments in the field. We have included updates as addendum, to contribute to discussions & support actions around the report recommendations.

Findings

1.Home Office contracted Housing Provider

1.1 Background

In 2019 Mears were awarded the Home Office 10-year Asylum Accommodation and Support Contract (AASC) for the North East, Yorkshire, and Humber region. This replaced the previous contract held by G4S. Mears are currently responsible for the provision of initial (S98) and dispersal accommodation (S95) for asylum seekers, along with support, housing management and repairs. The group reviewed the minimum standards for accommodation.

The task and finish group heard that properties were due to be transferred from G4S by Sept 2019. However, the G4S model was very different, as they subcontracted most accommodation to Jomast, who did not allow Mears to inspect their properties during the transition period. According to Mears it was a 'difficult period' and Jomast 'did not communicate well with service users.' The task and finish group were concerned to hear that the outgoing providers (Jomast/G4S) had left a poorly maintained estate and accommodation was in disrepair. The Home Office and Mears were not aware of all the issues since the outgoing providers had failed to give information on location of properties and service users and maintenance issues.

Concerns were raised by Newcastle City Council with Mears and the Home Office around the time of transition. City Council officers had requested a more detailed breakdown on a property-by-property basis regarding anticipated move in dates to assist in understanding the scale of the task at hand. There was concern about whether the properties being procured by Mears were tenanted as any notice served on these tenants would likely impact homelessness provision across the city. There was additional concern at a lack of local authority input and oversight regarding matching of suitable properties for families and vulnerable service users.

Parliamentary committees have warned over years about the potential for the current problems to emerge. Their reports document the lack of oversight and scrutiny of housing contracts, with Asylum seekers/tenants not monitored or numbers and details not handed over to new contract holders or to Local authorities – as happened with the JOMAST/Mears contract handover. Despite multiple reviews by Public Accounts and Home Affairs select committees there was a 'longstanding lack of oversight and scrutiny' of the issues:

1. Monitoring of the asylum contracts (ASAC and AIRE) were 'not transparent';
2. the Home Office did not monitor much performance data and the systems were 'opaque and difficult to navigate';
3. People were being forced to live in inappropriate and unsafe accommodation with little oversight or action;
4. Local authorities have little power to regulate the standard of accommodation provided by private contractors and do not have powers to refuse procurement requests, they can only carry out postcode checks to identify areas proposed for

contracted accommodation.

Newcastle is close to its cluster limit. Approximately 30 have been refused Leave to Remain across the North East. In 2021 Approximately 2000 people were being housed in hotels across the North East, Yorkshire and Humber and the Home Office suspended asylum decisions during Covid lockdown. The task and finish group queried whether the Home Office was giving enough information from initial interviews with asylum seekers. Mears responded that issues are raised monthly with the Home Office

1.2 Contract management

Mears has a client contract with the Home Office, including monthly KPIs to meet on repairs, moving on and dispersal, with fines if they do not meet performance targets. However, only three performance indicators are published nationally by the Home Office so it is difficult to know what targets are met or are missed, or what improvements have been necessary. Mears' Housing Managers manage the properties, maintenance, and dispersal, while Welfare Managers give support to service users including signposting to GPs. When asylum seekers are dispersed by the Home Office via contracted housing providers, the local authority is supposed to be given details about location and numbers so school places can be allocated. Additionally, data accrued via Migrant Help is not knowingly drawn upon to inform decisions; Mears argue that they can 'only do what they are contracted to do' i.e., manage property issues, not necessarily follow through on these welfare concerns.

The procurement process with the local authority was outlined to the group by Mears. Mears' acquisition team send a pro forma to a Newcastle city council officer, who then assesses the suitability of properties within 5 days, while police also carry out checks. Cost is an important consideration, but Mears is of the opinion that they have higher standards than the previous contractor and that asylum seekers seem pleased with the properties. Mears' main role is in property management, so, in addition to dispersal properties, they also contract the hotel accommodation and provide all services in-house apart from transport and meals, which is contracted out.

There are quarterly stakeholders' meetings between the NE migration partnership (NEMP), Home Office, Mears, and the local authority. However, if Mears is not complying with standards there is no obvious mechanism for the local authority to know this (see KPIs, above). A Mears' Housing Officer and a Welfare Management officer visit properties every two weeks (contractual) and monthly, respectively. However, there were no face-to-face visits during the pandemic. Mears collaborates with local partners on 'Discons' (discontinuation of support), tenants who have been granted Leave to Remain and are moving from Asylum status to Refugee status, to prevent homelessness. [see section 3 for details of LA response]. However, it was clear after the group had heard from a range of organisations and stakeholders that, although it was the Home Office's role to manage contracts, getting a response and actions undertaken (such as repairs) or finding out what improvements and repairs were needed against KPIs was very difficult and the process felt like a 'perpetual circle' of complaints without outcomes. Contact with Mears was reported as, at times, very difficult.

1.3 Accommodation clusters

Part of our discussions explored the impact of population clusters upon communities. Mears admitted that properties are concentrated in certain areas. In our evidence gathering sessions, it was clear that integration was easier in a neighbourhood that had proven to be accepting of asylum seekers and refugees, with peer support close by. Ease of support delivery for Mears via clustered accommodation also resulted in more time and made more frequent visits possible to service users to build familiarity and trust and enable issues to be noticed earlier. Good clusters work where neighbours are supportive and where accommodation is handy for shops and facilities, especially given asylum seekers' lack of money. To feel part of the community, people need routes toward integration which can be provided by local shopping centres, cafes, libraries, parks, community hubs and volunteering opportunities

However, accommodation clusters can cause additional burdens on stressed services and communities. The difficult transfer of the accommodation contract from G4S subcontractor, Jomast, to Mears, evidenced this due to the forced transfer of tenants in 2019, with no discussion or preparation possible, or review of services required. Mears also took on properties in the outer west of the city that were in better condition than previous Jomast properties but were a long way from support services. With no Halal shops, supermarkets more expensive than those in the inner west end and transport costs, all an additional complication. Added to this, local services such as schools and GP/Health centres in areas new to the needs of asylum seekers & refugees, lacked the knowledge, experience and links into support networks that exist elsewhere in the city.

Issues with the standard of HMOs across the city were raised, with certain streets in the inner west end having high concentrations of refugees and asylum seekers. There were also issues with properties being in a poor state and tensions with other residents in shared houses, as well as issues with the local community. Staff did not have the capacity to do outreach during the pandemic.

1.4 Placements in shared houses

During our evidence gathering we heard concerns about placements of asylum seekers in shared houses. Careful placements, when properly thought through, can be supportive and encourage all in the household to thrive, whereas badly judged placements can be extremely detrimental. It is important to remember that tenants are vulnerable, often having experienced trauma, have no choice about who they live with, and no option to move out if it is not working well. They are likely to spend most of their time within the home as they are unable to work and have little money to travel to places where they can spend leisure time. Where issues such as vulnerability and experience of trauma are not considered, this can cause additional trauma.

It was noted that efforts by Mears to accommodate these issues are made, where possible, and, in extreme circumstances, urgent alternative accommodation can be provided. However, lack of available spaces means appropriate placements often cannot be made or inappropriate placements rectified. There is concern that, in the future, the enforced use of bedroom sharing of unrelated adults could re-emerge. Although Mears is currently opposed

to bedroom sharing, it should also be noted that enforced bedroom sharing is now included in the new Home Office AASC contracts, with increasing use in the NW and in London.

1.5 Use of Hotels

Hotel use emerged as the key area of concern during a range of our evidence gathering sessions. There had been a reliance on contingency accommodation during 2019 which had been exacerbated by the pandemic. The group heard that, prior to the Covid pandemic, Mears had a few hotels for new arrivals, which were meant as a contingency for people to stay for a few weeks, before placement. Use of hotels as temporary initial accommodation became the means to manage national demand for asylum accommodation in response to the temporary pause in accommodation evictions. According to Mears, when the pandemic started 'the asylum system stopped'. Service users could not move to dispersal accommodation, and Mears could not procure properties, while the numbers entering the asylum system increased during lockdown due to the Home Office continuing to move people into a stalled system. According to Mears, the hotels were useful for those who could not be housed elsewhere. They were the 'safest way of housing people under Covid restrictions.' People could get three meals a day, follow self-isolation and get access to parenting and language classes.

Seemingly an ideal solution, Covid had made the process more complex, including a back log of people in hotels. A Covid outbreak at the asylum reception centre in Wakefield (Urban House) led to many asylum seekers being dispersed to hotels. In Newcastle there were people in hotels awaiting move-on into properties in the community. The two hotels are male only, and served by Cruddas Park GP surgery, with issues highlighted about people being moved with little notice given. Most people were housed under S98 (initial accommodation), but the hotels were not set up to do this, therefore the charity sector was filling the gaps. People needed access to food, medical supplies and legal support. The group heard that some people were spending up to six months at the hotels.

The task and finish group learned that in one of the hotels people were happy with the good facilities; people have single rooms with their own bathroom. At the other hotel bathrooms are shared, there have also been issue with heating not working and blocked drains. Food had also been an issue. People have complained that the quality is low and there is no variation or fresh food. The Hub was delivering food parcels to people who miss their meals.

In discussion with community and voluntary sector groups working with Asylum seekers housed in hotels, people are being housed under S98 (initial accommodation), that was only ever set up as temporary, with a 3-month time limit. Yet the hotels have not been set up to support people, who have been spending up to 6 months in hotels during lockdown and beyond. S95 (dispersal provision) is specifically set up to do that – asylum seekers receive financial support at this S95 stage of their application.

While the Home Office has been aiming to empty hotels of Asylum seekers (Operation Oak) and place them in longer term accommodation (S95), the operation was working geographically from South to North and was unlikely to be completed soon (the original date for completion had been winter 2021). The group heard that Mears, in response, had

tried to be innovative in finding alternatives to hotels. Newcastle has taken a higher percentage than other areas and, of these, most are single people. It was therefore harder to find HMOs to match the numbers required and that could be quickly licensed. According to Mears, they consult Newcastle City Council and Northumbria Police about the suitability of properties they are acquiring.

Hotels have continued to be used as initial accommodation, despite the Parliamentary Select Committee's recommendation that this should cease. In October 2021, Mears opened a hotel as Initial Asylum Accommodation for families. NCC were advised that this hotel was required as a temporary emergency solution to an increase in asylum intake, as lockdown eased. The hotel is leased on a rolling 3-month contract with a one month notice period, with the Home Office's stating its intention to return the hotel by January 2022. There is no indication that it will be decommissioned soon.

Because the asylum intake were families, NCC established a team to provide 0-19 age support for children (which includes health visitors, early years help, family partnerships) midwifery, education and the VCS. Input from the wider Jesmond community were then facilitated e.g. offers for the families to use local School facilities, allotment sessions with local groups, the use of a local church for drop in sessions/'stay and play' and cooking sessions with St Vincent's. there is also a Local Enhanced Health Offer commissioned by the CCG; there looks to be a holistic package of support provided for these families while they're living in the hotel.

However, a parallel narrative has been shared through the CVS about the less-than-ideal conditions in the hotel, for families:

- There is no communal space other than the small room where packaged meals are distributed;
- The meals are reported to not be very healthy, although the original contracted meals' provider was considered worse – also if residents miss a meal distribution, they do not receive any food until the next distribution;
- There is no access to kitchen space or a fridge, and nowhere to cook;
- The children are being weighed (NCC/CCG input), but there is some concern about the children not gaining weight

Issues highlighted by use of hotels:

- Lack of privacy, lack of access to healthcare, use of military barracks and security issues from far-right groups.
- Increased community tensions with the concentration of young men in hotels (original asylum group)
- There has been a lack of basic COVID protection (e.g. distancing / masks in communal areas) and delays with accessing vaccines and testing. Covid outbreaks, and new arrivals have often not been vaccinated.
- There was 'no consultation or proper assessment' on the impact to local GP practices and local GPs were 'resisting' registering patients from hotels, even though they cannot refuse patients based on their immigration status.
- Uncertainty over how long there will be a need to continue providing support for asylum seekers at the hotels makes it very difficult to plan services

- The Parliamentary Public Accounts Select committee had advised there should be a reduction in the use of hotels (Operation Oak), but the deadline of December 2021 has not been met.

1.6 Welfare and Complaints

There is only minimal welfare support provided by Mears and the hotels' location means they are quite isolated and lack access to wider support networks, it is difficult to access many of the organisations that normally support asylum seekers in Newcastle. They are also quite far from communities that may share a language, mosques/churches, shops that sell familiar foods etc. There is little in the way of recreation facilities for residents who are there for long periods. Lack of income means it is not possible to reach other parts of the city. cost of public transport making these inaccessible. causing further isolation; because the hotels provide food, they only get £8/week.

Welfare managers in the hotels are employed directly by Mears. Issues were supposed to be raised through the Residents Welfare Manager (RWM), However, concern about raising complaints through the RWM, by asylum seekers, emerged during evidence gathering with voluntary sector groups. Residents had expressed reluctance to complain in case their complaint affected their asylum claim and/or they were redispersed elsewhere because of their complaint The issues of independent oversight of the RWMs had been brought up at the Citywide meetings. People with significant trauma were being dealt with by people who were untrained in trauma management. However, since Mears is a government contractor, pressure would need to be directed at the Home Office to scrutinise Mears.

The task and finish group learned that Mears staff get mental health training, including on trauma and de-escalating conflict. Welfare staff have Safeguarding 1 and 2 training and North East Migration Partnership (NEMP) provides cultural differences training. Mears reported that the Home Office training was 'not in depth'. The Refugee Council provides 'parenting cultural differences' training. According to Mears, the hotel staff are included as much as possible.

1.7 The AIRE (Advice Issue Reporting and Eligibility) service

AIRE provides the national asylum support telephone helpline & is the single point of contact with the Home Office for Asylum seekers to obtain advice and guidance on the asylum process, support with asylum applications, and to report issues relating to housing. The contract, worth £235 million over 10 years, was awarded to Migrant Help by the Home Office in late 2019. The issue was raised that some asylum seekers in the hotels had complained that they could only contact Migrant Help via phones held by the welfare officers. The cost of calls using mobile phones where calls resulted in significant wait times could regularly exhaust people's phone credit. According to Mears, issues with the complaints process had been 'taken on board' and they were addressing log jams and difficulties in the system.

The group learned that the primary route for complaints was through the Migrant Help phone line but people suffering trauma or who couldn't speak English needed support to do

this. During Covid the waiting time had been 'significant', and the service was not working as it should be. Migrant Help had underestimated the volume of calls the service would have to deal with & with the issue of access to interpreters. Migrant Help have a network of native speakers working for them, but this is not clear or easily accessible. It is important that issues are logged, even if the process of contact is very difficult. If not logged, this gives a false picture of both the housing provider (Mears) performance and of Migrant Help's usefulness (KPIs)

1.8 Safeguarding Adults

The group heard from the Safeguarding Nurse Advisor at Newcastle Gateshead Clinical Commissioning Group (NCCCG) who had been working with Mears since September 2020, on safeguarding issues. The Safeguarding Nurse Advisor attends weekly meetings with partner agencies and Mears representatives. Issues regularly raised at these meetings were focussed on the training of Mears welfare support officers and the level of support asylum seekers are given to access health care. An organisational safeguarding alert had been raised with Newcastle City Council in May 2020; Mears attended but the Home Office did not. A 'bit of a change in attitude' from Mears staff was reported after this. However, the CCG did not see evidence of proactive management of the Mears contract by the Home Office. The Home Office had been contacted directly by NGCCG about the issue of safeguarding, but there had been no response. Both NGCCG and Newcastle City Council review Mears' Safeguarding Adults Policy and, according to Mears, the policy was in the process of being reviewed (summer 21).

Concerns about staff training and awareness came through the discussions about the welfare of traumatised asylum seekers in hotel accommodation. People with significant trauma were being dealt with by people with no training to deal with it. Agencies were assured that all Mears staff have had Level 1 adult safeguarding training, which is also offered to hotel staff working in the two hotels. However, there is no compulsion for hotel staff to take up the training, as the staff are not directly employed by Mears. NGCCG had offered safeguarding training to Mears staff including welfare officers; also asked that safeguarding & welfare issues should be referred to the local authority. Due to staff turnover at Mears, it was not clear who was trained in safeguarding & who needed to do the training. According to Mears, it had been a 'learning curve' in how to manage and train the hotel staff, including security guards who were employed 24/7 & their training programme had been developed and refined.

Refugee accommodation is considered in Section 3: Council response

1.10 Recommendations:

- 1)** All hotel staff regardless of direct involvement in the care of asylum seekers and refugees, to be trained in safeguarding and awareness of reporting procedures;
New staff to be given details of safeguarding in induction prior to training;
Safeguarding refresher courses for all staff to be done on a regular basis.

- 2) There should be an open and accountable performance management regime so that discussions and request for remediation take place from a place of shared information;
- 3) Agile working group to be set up to work with Mears (housing provider) to address issues re: asylum accommodation, quickly;
- 4) Protocols for communications needed addressing especially where there was a need to link and pass on information to other services – people should be captured within systems and not disappear as they move between services, their needs left unmet;
- 5) When people are moved in/out of accommodation, this should be logged by the housing provider and passed on to NCC.
- 6) While senior Mears staff are very willing to engage in discussion and make changes via negotiation, staff lower down, at operational level, fail to respond to changing needs and can cause difficulties 'on the ground'; Mears should look to more training in the asylum journey and work with NCC to develop shared training to overcome the need to constantly 'refer upwards' to get issues actioned.
- 7) Mears to investigate outsourced food provision and institute a more effective contract management regime to ensure adequate fresh food is offered and that people do not miss meals.

2. Health Provision

The task and finish group heard from a Cruddas Park Surgery GP, who had been involved with asylum seeker hotel accommodation in Newcastle since July 2020, although it was supposed to be a temporary measure. Cruddas Park Surgery (CPS) has been providing Health Assessments since Feb 2021. The Care Commissioning Group (CCG) had asked CPS to provide health assessments of asylum seekers to support them to register with one of six local GP practices; prior to that there was a gap of 3-4 months with no health provision. CPS had completed assessments (as of 25-06-21), but there is a high turnover of people in the hotels, with more residents who have not had assessments yet, due to continual new arrivals. If people move into the city that the local authority are not aware of, they may not all be captured. However, at the same time, according to the Home Office, people should only stay in initial accommodation for 30 days, yet some people have been housed in these hotels for 6 months or more.

The group heard that new arrivals had often been unvaccinated. There has been a lack of basic COVID protection (e.g., distancing / mask usage in communal areas) which had led to at least one Covid outbreak, alongside delays with accessing vaccines and in getting symptomatic Covid tests. The group also heard that the hotel accommodation was unsuitable for vulnerable people with severe mental health; The BMA estimate that 40% of asylum seekers have experienced torture, & the hotels 'remind them of prison or being in barracks' and are therefore re-traumatising, with PTSD going undiagnosed. People were isolated and vulnerable, and there was a need for social support. There are no clinical facilities in the hotel, so the doctors see patients in the conference rooms. CPS has provided an examination couch and equipment which is kept in a locked box, and they see patients in the conference rooms.

CCG had no 'real time' information, with a lack of lead in time to help plan services, with no coordinated system in place to organise & manage health screenings and uncertainty over

how long the GP service needed to continue providing support for asylum seekers at the hotels. Continuity of care was a major issue raised. There seems to be poor record keeping by Mears regarding healthcare. They do not have a list of which residents have had health assessments and, as of June 21, did not appear to keep records of GP registration, with poor communication with GP practices who are not being told when people have been moved out of the area. There has also been some resistance from local practices when registering patients. Doctors/GP surgeries that are not set up to support those who don't speak English e.g. some surgeries were reluctant to see people with no interpreter.

People needed to remain engaged with their care pathways in order that their health issues could be managed effectively. However, people are being moved into and out of hotels at short notice, making it difficult to provide appropriate healthcare. People get moved on to other parts of the county, with little notice, while most of the asylum seekers are moved to Newcastle from hotels in London before they have been able to attend their medical appointments. CPS have many examples of people being moved from another area where they were already registered with a GP, sometimes with secondary care appointments scheduled - in some cases people are moved just a few days before these appointments.

There is concern that this means people are essentially being denied access to health care. There is also little support available to get to doctor or dentist appointments or to pick up prescriptions, with many examples of people missing medical appointments because transport has not been arranged, or where transport has only been provided one way. Transport is outsourced by Mears and management of this service was unclear. This wastes NHS appointments and duplicates work as they have to be referred again locally. More importantly, it also delays diagnosis and treatment for patients. Primary health care provision is put under strain, both clinical (complex patients who may not have had access to healthcare for a while) plus administrative (registering lots of new patients).

The recent situation in the city hotel, where families are now being housed, appears to be duplicating the issues reported from the outer west hotels – there are concerns about lack of social spaces, health concerns over accessing food, children's weight loss & the ongoing impact on women and children.

Recommendations:

- 1) Agile working group to work with Mears/housing provider & with Public Health to provide a cross-service response to health issues, as they arise;
- 2) Set up a cross city/cross service health and welfare support group to share queries and practice - include a Safe Newcastle focus;
- 3) There should be more effective coordination & automatic notification to CCG of asylum seekers care needs, with test/screening results already carried out shared to avoid duplication & provide health checks to facilitate follow up health care – raise with Home Office/Mears at regular meetings;
- 4) Mears & CCG to liaise over setting up clinics in hotels to provide proper care, to include:

- Room with examination area including privacy screen/curtain and non-carpeted floors (for infection control)
- Handwashing facilities
- Clinical waste disposal (currently this is being taken back to the surgery)
- Sharps disposal (it is not currently possible to do blood tests)
- Telephones with speaker phone that can be positioned near patient/doctor (currently having to use wall mounted phones so difficult for interpreters to hear patient/doctor)

5) Mears to investigate outsourced transport providers & institute more effective contract management regime to ensure asylum seekers are able to attend health appointments, as needed;

6) Welfare managers in hotels to be trained in better understanding of the health & welfare needs of asylum seekers, with more effective line management & reporting system put in place;

7) Set up a cross city/cross service health & welfare support group to share training & background briefings to support for GP surgeries & health centres lacking knowledge & experience of working with Asylum seekers & refugees - include a Safe Newcastle focus;

8) Health Scrutiny to review health care for asylum seekers & refugees on a regular basis; to be on agenda quarterly, with agile working group feedback included.

Case Studies - Examples of care being delayed or disrupted:

Below are just a few examples of patients who have had their healthcare disrupted / delayed. All of these examples are from June/July 2021. In most cases, it has been necessary to re-refer them to local services in Newcastle which means

- a) they are back to the bottom of the waiting list,
- b) additional work for GPs here,
- c) doctors may not have access to relevant medical records/results of investigations from other hospitals, and
- d) their original appointment was wasted.

Patients have given consent for information to be shared anonymously.

1. Man in 40s from Eritrea who had been admitted to hospital in London two months earlier with significant complications of COVID (including pulmonary embolism (blood clot on the lung) and a pleural effusion (fluid on the lung) that needed a chest drain). He was on long-term medication, including an anticoagulant to prevent another clot (which would be potentially fatal) but there was no arrangement to ensure his treatment was continued when he was moved. He had a follow-up appointment in cardiology outpatients in London a few days after he was moved to Newcastle. He had follow-up arranged with both the haematology and respiratory clinics in London a few weeks after that. He was also being investigated for a thyroid problem and had a scan in London and was waiting to attend the ENT clinic for follow-up.

2. Man in 30s from Eritrea who needed an abdominal ultrasound following some abnormal blood tests. He had an appointment for the scan in London but was relocated to Newcastle just a day or two before so could not attend. He also had a pending orthopaedic appointment in London regarding problems related to a previous leg fracture and surgery.
3. Man in 40s from Sudan who had a nerve palsy which was affecting his vision plus anterior uveitis (inflammation of the eye). He was being treated at Moorfields Eye Hospital in London and was waiting to see a neurologist following an MRI scan but was moved to Newcastle before the appointment.
4. Man in 30s from Yemen with severe psoriasis who was under the dermatology clinic at Royal Free Hospital and having a course of phototherapy but was moved to Newcastle with no arrangement to continue his treatment.

3. Council Response

3.1. Context

Since 2012 responsibility for asylum accommodation and support has been outsourced by Government, consequently local authorities are not responsible for placing or accommodating asylum seekers. Local authorities, therefore, have very limited powers to influence the dispersal process and there is no additional funding from the Home Office to support dispersal local authorities. Although housing providers are obliged to consult with the local authority on property procurement, the final decision rests with the Home Office.

The group heard that Newcastle City Council has statutory responsibilities regarding housing standards and licensing of Houses in Multiple Occupation (HMOs). A Cross Council Migration Group (CCMG) was established to strengthen partnership arrangements and improve co-ordination to help manage asylum dispersal and ensure appropriate support is available. The CCMG reports to the Portfolio Lead for Migration quarterly to provide oversight across council services to facilitate a shared understanding of how the local authority demonstrates its commitment to Newcastle as a City of Sanctuary. The City of Sanctuary approach ensures people new to the city are provided with the support and advice that they need and where links between new arrivals and existing communities are fostered. However, there was concern expressed about what type of information is available for families & how effectively the information was disseminated.

Newcastle City Council has a data sharing agreement with Mears regarding numbers of asylum seekers and active properties. This information is matched to data held across council services to help consider Mears' procurement requests for new properties and make informed decisions at a local level. Final arbitration, however, rests with the Home Office. The group learned that there was only one city council officer, based in the Fairer Housing Unit, who did checks on asylum seeker housing.

Whilst the local authority has a good relationship with key personnel within the Mears group, this was reported as not necessarily at 'system' level and that Mears' communications with the local authority could be improved. The task and finish group were informed about the Newcastle Citywide Group, which includes the community and voluntary sector, the local authority and the police/fire service, Mears and Migrant Help. Newcastle City Council also works closely with the North East Migration Partnership (NEMP) to feedback and escalate issues nationally and liaise with other local authorities in the region. The group heard that the local authority continually pushes the Home Office for greater local authority input into the asylum dispersal system, specifically relating to standards and local impacts; also, that properties were being bought by Mears in cheaper areas. The local authority had pushed back at the Home Office about this; however, the local authority cluster limit (no more than one asylum seeker per 200 residents) is based on the total for the city and not by ward. We also heard about NCC's request that the Home Office works with local authorities like Newcastle City Council, to develop an 'end to end' approach to managing asylum and the post decision transition.

Due to Covid pressure on asylum accommodation there had been delays for people in S98 emergency accommodation (i.e., hotels), and families were being sent straight to dispersal properties while Government did the necessary checks for S95 (i.e., access to cash). So, many were dispersed directly, but without access to S95 designated funds.

3.2. Housing

3.2.1 Refugee accommodation

Your Homes Newcastle (YHN) Move-On team gives support to:

- o Newly recognised refugees
- o UNHCR/Home Office vulnerable persons resettlement scheme mainly Syrian, but also globally
- o Afghan ex-gratia scheme without refugee status

3.2.2 YHN Resettlement Scheme

The resettlement Scheme is a support package described as very effective and had flagged up the need for a more humanitarian, less bureaucratic service.

3.2.3 Support for newly recognised refugees

There is a clear pathway for referrals from Mears' Asylum seekers housing provision to the YHN Move On Team. Support from the Move-On Team is restricted to those with a positive Leave to Remain (L2R) decision. If an asylum seeker gets a positive decision, they get 28 days' notice of the end of asylum support. It may have been many years since they lodged their asylum claim and before they have received a decision (they receive both a Home Office positive decision letter and a Discontinuation letter of asylum support and housing). However, timings can vary and there can be a delay in the process, so successful asylum seekers may receive their discontinuation letter before their L2R decision letter. The group heard that one of the issues is that people may leave Mears' accommodation on receiving their L2R & 'Discon' letters without informing Mears, they 'drop out' of the support network & it is difficult to reconnect with them. While Mears stop getting paid via their Home Office

contract at the end of the 28 days' notice period after a positive asylum decision, the Housing Advice Centre can pay Mears to allow successful Asylum seekers to stay on for a few weeks until a suitable house is available and school and other transfers are organised.

The Move-On team receive the name and information about family composition, languages & place of origin, along with their /Mears' accommodation address. The family are contacted, and the issues they receive help with tend to be liaising with other teams on chasing Biometric Residence Permits (BRP) that haven't yet arrived and any spelling issues with names. While Mears' properties are spread across the city, there is a shortage of suitable YHN housing. Many people want to live in the West End of Newcastle because of their existing networks and the range of support organisations in the area. New refugees do not understand the house banding system and find the bidding process forbidding; only those who have newly recognised refugee status bid for properties. Those on the resettlement schemes have low demand properties allocated to them at the time NCC and YHN agree that they can be supported and resettled in Newcastle.

The Move-On Team talk to the refugee about the types and geographical locations of properties that are available within their timescale and which ones they are likely to be successful at bidding on. The support workers place the bids and are the main point of contact between the Housing Services and Housing Solutions teams at YHN for the refugee. With a shortage of suitable properties, the team can only help with one offer of housing, but the 28-day notice period is a difficult time pressure and creates problems where people are required to bid on a property. Families also need longer to transfer and make all the necessary arrangements such as school transfers etc. The Team also refers into employment support and works to help the family with new connections to utilities, bill payment, any changes of address for existing benefits and applications for any new eligible benefits.

There have been no evictions during the Pandemic which has led to more stable transfers occurring, alongside Housing Advice Centre (HAC) action with financial support to extend tenancies with Mears, where it has been necessary.

The support period that the Move-On Team offer is until the first Universal Credit payment (approximately 7 weeks from their move into a property) or up to the point where a housing offer is refused. Families are supported to stay in their current schools or to transfer to one nearer their new accommodation. YHN's Support and Progression Team will support the family if further support is needed after this initial period. If a housing offer is refused, the Move On Team will work with the LAASLOs and the refugee and their family to try and resolve their concerns and encourage them to take up the offer as a first home with a secure tenancy. At the stage of accommodation refusal, the Move-On Team will refer new refugees to the Housing Advice Centre (HAC) if they are at risk of homelessness for an assessment of need. This period of transition is a very stressful time and families don't always understand why or what is happening.

Often NCC properties are refused when properties are empty at the point of viewing, due to the standard of Mears properties, which are fully furnished and decorated, in comparison to YHN properties. There is no furniture or carpets, and the properties need decorating or are

in areas of the city that new refugees are unfamiliar with, beyond their immediate networks built up during their period waiting for their asylum assessment to be completed. While new tenants are offered a paint pack by YHN and the Move-On Team will apply for charitable grants for carpets on their behalf and apply for a full rental furniture pack from Newcastle Furniture Service (which will be paid for as part of their Universal Credit Housing Costs), there is an issue in that people can only apply for goods but not services. Often new tenants have health and mobility issues and are not able to paint their new property themselves, so a paint pack is of no use to them – what they would benefit from is support from volunteers who could do the painting for them. The other issue that was highlighted is how language barriers prevent new tenants from asking for services that NCC could offer. The Equalities Act requires that the council/service should enable access to services available to all residents. We need to ask 'what stops the offer of services?' If access requires use of interpreters, then council services need to explore ways to facilitate that process.

The Move-On team try to discourage people from moving into private rented accommodation, due to it not being affordable and giving no security of tenure. From evidence sessions with VCS organisations, concerns about the private rented sector had emerged through their case work:

- Refugees in private rented accommodation can be targeted by their landlords, facing discrimination & bullying if they raise issues of housing standards;
- they can have their rent increased if they raise a complaint about safety (gas/electricity) or public health (rats/mould/damp);
- concern about racist & discriminatory behaviour against refugees;
- rights not being met with their status used as a reason to withhold services.

It was also evident that families, at times, lacked proper understanding that their status as refugees meant that responsibility for their wellbeing now rested with NCC and not the Home Office and with YHN as their landlord. There were also reports of very significant turnover in YHN support staff, specifically the Resettlement Team, resulting in instability in the YHN workforce due to staff 'churn'. However, the background to this 'churn' is explained by the considerable change in experience & knowledge levels amongst staff as the resettlement team was affected by redeployments for Covid absence elsewhere in the YHN team structure, alongside a number of key posts within the team remaining unfilled over the Pandemic. Those resettled refugee families within Year 2-5 of their arrival to the UK are usually supported by two workers, but redeployment during Covid resulted in a reallocation of families to other support workers. These families would usually contact their support worker through a drop in at the City Library which had to be suspended over Covid. There was a 'virtual' drop in at a set time/day, with a support worker available by phone, but this had limited take up. Support workers did aim to contact all families directly, & they could contact the Arabic speaking Support and Progression Assistant who offers regular contact with many families.

The handover of support at the point of resettlement and ongoing continuity of support looked to be a point where systems broke down; Issues reported across YHN refugee/resettlement schemes:

- of vulnerable refugee resettlement families not always knowing who their named support worker with the Move on team was;
- families refusing contact with their YHN support worker due to their perception that the worker is refusing to take their concerns seriously or disbelieving them and sometimes linked to a lack of understanding about the policies that can constrain available resolutions;
- support for families coming via schools or community-based groups providing food and other resources, rather than YHN being aware of and providing for these needs.

3.3. Schools response

Asylum Seeker and Refugee families are very keen for their children to go to school. The children show great resilience, and their schools learn a lot from them. There are two Newcastle schools that have been awarded Schools of Sanctuary, having spent approximately one school year working towards this award. The group heard that schools do inductions differently and some have more experience than others, with the primary sector seemingly better at working with refugees. Whilst it appeared more difficult to engage with secondary schools, this was possibly exacerbated by pressure on secondary places and the spread of different Academy structures across the city. It was also reported to the group that primary schools generally gave more family support, but within secondary schools there seem to be more barriers. There are also difficulties in finding school places 'in year'. The nearest school to a family may not have places and there are issues with getting siblings into the same school. There are challenges for some schools when large numbers arrive in the same area. However, they can draw upon the good practice developed through the Refugee Resettlement programme.

The group learned that there is no standard route for the Schools Admissions Team to become aware of school places that are needed; it may be through the Vulnerable Children's Resettlement Scheme or through housing checks via Mears. Information received in advance is usually scant (age/gender) but nothing on education or medical needs. It is important to note that a special needs assessment for an EHCP (education and healthcare plan) can take up to 6 months.

The Schools Admissions team had begun to attend Action Foundation drop-ins which support families to apply for school places and give advice on free school meals (FSM) and school transport. Referrals are made to Riverside Community Health project, in Elswick. Although the VCS has a role in giving a more tailored approach to families, the local authority retains independence in the legal process of school admissions. Any safeguarding concerns are referred to NCC for action.

Issues recounted to the T&F group, that emerged through VCS casework during lockdown regarding refugee and asylum seekers' experiences of the school system, were varied:

- Stated by VCS that closed schools highlighted problems that had been hidden by school support systems;
- Families didn't access services because schools were closed and so didn't engage with other services;

- 11 year-olds can be sent over 4 miles away to secondary school on the other side of the city without access to language support;
- Whole new tranche of families emerged that needed support e.g., parents who were self-employed and didn't know about benefits system.

However, discussions with those involved in the city's school provision offered a parallel but different viewpoint:

- Schools 'were open' and there was no sense within the school teams of systems breaking down;
- School Pastoral Care teams came into their own, following up & tracking students & families they knew were potentially at risk;
- Family link teams picked up issues through lockdown;
- School & council teams had active lists of children they knew were vulnerable;
- Family hubs have named officer who works with schools;
- Laaslos work with schools.

Two different and sometimes parallel narratives emerged through our discussions. Schools were very effective, with pastoral teams doing some excellent work with vulnerable families. However, VCS reported a lack of coordination, with some families and children feeling abandoned and unable to access services. Both narratives are possible; school teams could be very effective in working with families already captured within their systems, while the VCS were picking up families outside education 'system capture' who had fallen through gaps or were unknown/new to the city and asylum and refugee council support systems. It is worth remembering that the information regarding a need for school places and family situation is very sketchy and incomplete, with no coherent, comprehensive system of identifying and 'capturing' children needing to attend school or family needs.

3.4. Local Authority Asylum Support Liaison Officers (LAASLOs)

The current asylum refugee team has 5 x **Refugee Transitions and Integration Officers** (previously known as LAASLOs): 3 supporting people coming out of the asylum system and 2 supporting people arriving under the Ukraine schemes. The job title changed when the funding for the LAASLO pilot ended; nonetheless, the team are by and large still known as LASSLOs.

The introduction of Local Authority Support liaison Officers (LAASLOs) resulted from a Home Office pilot that was retained. Laaslos support people who have come via the asylum route at any point in their journey, with a focus on safe homes, access to benefits, to education and integration. They work with newly dispersed Asylum seekers & should be informed by Mears about newly dispersed families in the city. They work closely with the VCS, specifically WERS and Action Foundation, to integrate all the support that Asylum seekers need for their asylum journey. They signpost to other organisations, to free up their time to do intensive support as the people they deal with can have severe mental health issues and trauma.

Once Asylum seekers have their positive HO decision of L2R the Laaslos work with the Move On Team, help with referral for wider benefits, work with newly recognised refugees for up to 6 months after L2R granted & some a lot longer, as needed. Critical time for support as lots

of worry & anxiety over changed circumstances/new life choices When people get Leave to Remain it is a crucial time to support with paying bills and managing a tenancy. Expectations of reassurance etc If anyone falls through the gap the LAASLOs, as part of the homelessness team at Newcastle's Housing Advice Centre, can find them somewhere to live.

LAASLOs also support family reunions. However, there is an issue with overcrowding and unsuitable properties. There are only four dispersed properties for family reunions and the local authority may only get a few days' notice from the family or other agency.

The group were concerned to hear that the LAASLOs caseloads are very large and cases are not progressed as quickly as they could be. Part of the issue during Covid is that they could not meet in person to help with online applications. The task and finish group learned that the stage the LAASLOs pass on support depends on the individual, but generally they hand over support needs to YHN support workers at the stage where problems cease to be about asylum or refugee status but become universal and not about being a refugee.

Laaslos are seen as case owners who 'hold the case' but refer to other agencies as needed. However, the way that casework has developed since the system was piloted needs reviewing in order to prevent case overload on individuals and to ensure system knowledge is better shared and doesn't remain only embedded in individuals, which could be lost.

Recommendations:

1. Context

1.1 the provisions of the Equalities Act requires that NCC should enable access to services; this needs to be revisited in the context of meeting the unmet needs of Asylum seekers & refugees to investigate 'what prevents services being offered?';

2. Housing Issues

2.1 YHN staff turnover, specifically those who work as family support workers in the resettlement teams, should be investigated & reasons for staff 'churn' identified & acted on;

2.2 YHN staff who are responsible for housing allocations & repairs should undertake training in health issues & trauma that can underly asylum & refugee experiences so that relationships & service responses are better informed by this knowledge;

2.3 Identify what the underpinning processes and procedures are for a correct assessment of effect re trauma for housing allocation banding and repairs; ensure these become guidance for allocation & repair;

2.4 A piece of training should be developed about the asylum & refugee journey that could be delivered to all workers, initially designed for YHN support workers; revisit current training to see what could be used/changed;

2.5 Work with Connected Voice and VCS organisations that work with Asylum Seekers and refugees, to develop a city wide advocacy team of peer volunteers from an Asylum and Refugee background; these to help, as peers and mentors, with language and to support people during visits to e.g. Doctors/Hospital/ School;

2.6 Establish a volunteer service where people could call upon volunteers to e.g. to paint their flat, lay carpets etc. using the model of a Time Bank to offer services rather than goods.

3. Schools

- 3.1** The Schools of Sanctuary process should be developed as a template for good practice across the schools' network in the city
- 3.2** There needs to be work done to develop a more coherent system for identifying families who require school places & their needs;
- 3.3** this should be logged by the housing provider and passed on to NCC.
- 3.6** Work with Mears to ensure more effective, regular & efficient sharing of information is implemented;
- 3.7** Discussions are needed with C&V sector organisations who work with refugees & asylum seekers to identify what the gaps in the system are & what is needed to fill them.

4 LAASLOS

- 4.1** Information about the needs of asylum seekers are locked within the workers. Their knowledge & experience needs to be built into the system response, both to speed up casework & to free their expertise for more complex cases; evaluate the range of work carried out by NCC's 2 Laaslos to identify how best to do this.

5. Interface with Voluntary and Community Sector

The key question that arose as we listened to 3rd sector organisations who work with asylum seekers and refugees, was 'Why is the VCS so heavily involved in providing support & services'?

During our evidence gathering we heard from Newcastle City of Sanctuary, which is VCS-led, with NCC providing a coordinating role via the Local Authority's Refugee and Asylum seekers Team. The group also heard from the West End Refugee Service (WERS), which supports Asylum Seekers and Refugees across Tyneside but mainly in the West End of Newcastle due to it being a highly concentrated area for asylum seekers and refugees. WERS work with Asylum seekers who have no support worker and have been refused L2R. Prior to the Covid pandemic, WERS would run a drop-in 5 days a week to provide clothing, and a hardship fund for destitute asylum seekers who have no recourse to public funds. During the pandemic, all casework was done remotely. Issues dealt with related to health, education, and housing. WERS facilitates access to statutory services, as well as signposting to voluntary services and advocating for people who may not know all their rights. They also refer people to Action Foundation which provides supported housing.

WERS runs a large volunteer project (currently 80 volunteers) and a befriending scheme (25 volunteers). They hear issues around housing through casework with asylum seekers, refugees and Syrian refugees supported by YHN through the resettlement scheme. During the pandemic the housing situation had become 'more tense', in particular, the situation in hotels.

The group heard from a representative of NEST at Newcastle University Students Union (North East Solidarity and Teaching) who is also a part-time case worker at The Hub. NEST volunteers work with approximately 500 refugees and asylum seekers providing 1:1 sessions and ESOL (English for Speakers of Other Languages) as well as a youth programme and community distribution of toys and hygiene products etc. The Hub drop-in works with 40

clients and offers a range of support including with health, housing and access to benefits for refugees and asylum seekers. They have worked with people housed at both asylum seeker hotels at Newcastle and helped access food, clothing and transport and assisted asylum seekers to negotiate their relationship with the Home Office via Migrant Help.

Two drop-in sessions have recently developed to provide support to refugees and Asylum seekers: at St Vincent's, at Blackfriars/Northumberland Street & in Summerhill/Westgate Hill. The VCS is also supporting families in a city hotel, with language classes and social activities, alongside Local authority Children's services and local community input.

The group also heard that there is a lack of direct funding for local authorities in dispersal areas, with money for accommodation and support services directed by the Home Office to contracted providers. The T&F group heard from third sector groups that there was a lack of funding and capacity to address shortfalls in support available, alongside a lack of training and 'difficult attitudes' amongst staff of contracted services. The Community and Voluntary sector has been plugging the gaps in providing access to additional food, toiletries and medical supplies and legal support, particularly with those living in hotels as initial asylum accommodation providing support that it should not have.

Organisations support and advocate for people who need to interface with a 'not fit for purpose' service (Migrant Help). It allows contracted services to say 'we resolved issues', fulfil their KPIs, which then effectively drives down the levels of contracted service because the advocacy and intervention by the third sector covers up their inadequacies. According to the Home Affairs select committee, the Home Office should give due regard to the resources of dispersal local authorities. However, there is a lack of capacity in the network, which 'has run into sand' through exhaustion and burn out amongst volunteers and staff.

Below is an example of the time and range of work carried out by Action Foundation the amount of support work they pick up from residents of the hotels and how much of their time is being spent supporting residents to access Migrant Help. They argue that 'it would be great to get support from Migrant Help with this to release some of our capacity to support other areas as there are a lot of clients needing this support.'

Action Foundation summarised their work in Newcastle, between February and April 2022:

- supported 151 people (35.8%) seeking asylum to get an ARC card. Each time this takes an average of 20 minutes to do (see table below), which is 3,020 minutes (50 hours) in the last 3 months.
- A lot of the time **AF** support those in initial accommodation with the same 'package' of support (see table below).
- This also shows on average the amount of time for each individual initial accommodation client.
- If **AF** do these tasks for each client from initial accommodation, that is around 3 hours per client.
- They are setting up 'new arrival' stations in the drop-in to be able to support these issues.

Support provided	Time spent in Drop in with client dealing with these issues
1)ARC request	20 mins
2)Migrant help contact	
a. S95 issues	50 mins
b Aspen cards issues	45 mins
c. Accommodation issues	45 mins
3)Mears contact	20 mins
Total	3 hours

Recommendations

- 1)** There are already a range of meeting points for joint work with the third sector – these should be evaluated for effectiveness and changed, where necessary;
- 2)** The local authority should focus on listening to Community and voluntary sector groups when they identify an issue through their casework. They are the canary in the mine – they often indicate where systems break down and where interventions are needed before statutory services are able or know to respond;
- 3)** Look for funding streams to support third sector activities;
- 4)** Work with VCS organisations to support their volunteer programmes and work with them to co-create a more extensive volunteer offer across the city.

Addendum

An update from Mears; Nina McWhinney, Head of Region - North East/July 22

- Mears operate in strict accordance with all contractual requirements as per the AASC SoR directed and governed by the Home Office.
- Directed by the Home Office, The North East Migration Partnership hold two quarterly engagement meetings:
 - NEMP Members forum – chaired by Cllr Steve Nelson, attended by Elected member representatives from each LA, Home Office, Mears, and Migrant Help
 - NEMP Stakeholder engagement forum – chaired by Janine Hartley, attended by LA leads and VCS reps, the Home Office, Mears and Migrant Help
- The complaints/escalation of complaints process is widely publicised and consists of contacting Migrant Help via the AIRE team, here the complaint will be logged and passed to Mears with specific timeframes for resolution/action. The Home Office manage this data with regard to governance, adherence to contractual requirements and performance.

We would like to note that since the start of the work undertaken by Newcastle, Mears have continued to develop and evolve our management of the accommodation estate and our service delivery model. We are always open to feedback from residents, statutory and voluntary agencies and any other stakeholders interacting with AASC. We can comment on the changes that are in place in Newcastle as follows:

- All staff across the NE regardless of whether working within hotels, initial accommodation sites or the dispersed accommodation estate are trained in safeguarding awareness as part of their induction. We have also linked in with the NCC safeguarding hub and attended training sessions delivered directly by that team. All staff then move on to the undertaking of safeguarding and prevent level 2. In addition to this the Home Office recently chaired a meeting attended by NNC safeguarding team, Home Office safeguarding hub and Mears to address issues raised around reporting and understanding of process, this has supported building more robust relationships between the three parties.
- We continue to attend multi agency meetings ref both initial accommodation and dispersed accommodation held by NCC and other partners, we also meet monthly with a smaller group specifically to discuss operational service delivery within initial accommodation sites.
- Mears partnered with the North East Migration Partnership to develop and pilot the Pathways Project, the pilot went well and was endorsed by the Home Office as a 'best practice' approach. As a partnership we are continuing to roll out across the full North East region. The project allows formal referrals to be made by Mears welfare support officers direct to the appointed voluntary agency within the specific LA within the first week of arrival of new service users, it breaks down barriers quickly and means people can get help, support and guidance quickly whilst also preventing social isolation.
- We have facilitated the CCG healthcare offer in all hotels/initial accommodation sites and have recently collaborated with CCG's and the Home Office across the whole of the North East, Yorkshire and Humber to put in place a weekly data sharing process regarding the move in/out of service users. The process aims to ensure service users

health and education needs are met quickly and that at move on it supports a smooth transition into services provided within the dispersed accommodation estate.

- All school aged children are referred to the education team within NCC on arrival into the area.
- Mears have recently been working on food menus across all hotel sites, we have completed focus groups with the service users within each site and have invited NCC colleagues to attend and take part in the groups. Action plans were created, and all parties updated as we now work with our food providers to implement improvements to include rolling changes at timely intervals.

As we hope you can see from the above, we have a very open policy on communication regarding feedback and raising concerns whether that be via our Partnership Managers, Operational Managers or our team out on the ground. We continually strive to address concerns in the most appropriate way whilst ensuring those raised feed into our strategic objectives surrounding 'best practice' service delivery models.

Mears have also produced a 'Northeast Social Value Report' which is available for reference – please request a copy from the T&F gp support officer.

An Update from NCC Migration, Refugee and Asylum Lead/July 22:

- 1) The report should help to improve understanding of the challenges we need to overcome in responding to unpredictable demand from the worldwide refugee crisis.
- 2) the issues with having suitable clinical space in the hotels for GP/Health appointments have by and large now been resolved.
- 3) There is also a weekly operational health meeting between CCG, health service providers, Mears, NCC (including Public Health) to try to improve data sharing, notification, and care coordination. It's not perfect but there has been a huge amount of work to get to where we are.
- 4) A good example of how we're working to overcome accommodation challenges is the proactive work we've been doing with YHN to increase the supply of temporary accommodation so that we can better respond to refugees presenting in crisis without having to use unsuitable and costly B&B accommodation.
- 5) Work is also underway with partners to produce a City of Sanctuary strategy to create consensus on how we humanely respond by consolidating good practice and identifying improvements that make a material difference and support asylum seekers and refugees to feel safe, welcomed and included in our city
- 6) We can build on the City of Sanctuary forums as an opportunity for continued improvement based on feedback from front line services and from refugees themselves
- 7) I hope the Scrutiny report will help us to take forward the consensus building work about what it means for Newcastle to be a City of Sanctuary and how we better use our local resources, values, and commitment to mitigate the national government's 'hostile' environment.

Rowenna Foggie

Newcastle City Council

Appendix 1

Below, we summarise the national policy context, with definitions, as these are key to understanding issues arising during the Pandemic.

Definitions & processes:

These definitions refer to sections of the Immigration & Asylum Act 1999

Asylum Seeker:

An asylum seeker is someone who has applied for asylum and is waiting to hear the outcome of their application from the Home Office. They are not entitled to work but are able to claim housing and subsistence support from the Home Office whilst they are claiming asylum.

Refused Asylum Seeker:

Described as Appeal Rights Exhausted (ARE), they are not permitted to work, cannot claim benefits, have restrictions on accessing health care, and are not provided with housing.

Asylum support definitions:

Section 98 (emergency support) is temporary support, usually including temporary initial accommodation, provided to asylum seekers who are destitute and who are awaiting a decision from the HO on their application for Section 95 (ongoing support); typically, approximately 30 days.

S95 (ongoing support) Section 95 support is ongoing, provided while an asylum claim is considered, includes (dispersed) accommodation & cash support of £37.75/week per person.

S4 Section 4 support is available to people whose asylum claims have been refused but are unable to return to their country; they are provided with accommodation & £35.39/week via a prepayment card

Refugee:

A refugee is someone who has had a positive decision on their asylum claim; they have been recognised as a refugee as described in the Refugee Convention[?]. Refugees are entitled to work and claim benefits. They are eligible for homelessness assistance in the Local Authority in which they were residing when their asylum claim was decided.

Refugee who has come through a Resettlement Scheme:

The government and the UN High Commissioner for Refugees (UNHCR) have several resettlement schemes that allow entry into the United Kingdom for those who are most vulnerable and at risk. People arrive with recognised refugee status, are provided with housing and support, and are entitled to work and claim benefits on arrival in UK.

NRPF:

- The '**No recourse to public funds**' condition is attached to many different types of visas or leave

- student or work visas generally do not permit access to public funds. In these circumstances someone will have valid leave to remain but will be prohibited from accessing mainstream benefits and housing assistance.
- Those who have no valid leave in the UK, such as visa overstayers and those who are appeal rights exhausted (ARE), by default have no recourse to public funds.

Migrant Help

- Advice, Issues, Repairs & Eligibility Support (AIRES) contract from the Home Office (Schedule 2).
- Migrant Help provide the national asylum support helpline -HO contract. The AIRE service is a single point of contact for service users to obtain advice and guidance on asylum process, support with asylum support applications, and report issues relating to housing.
- how that works/how it is used - how V&C sector act as advocates & intermediaries
- Any housing issues can/should be reported via Migrant Help
- Without reporting by users, support issues are not officially logged for response, or included in service metrics.

Aspen card (Asylum Support Enablement Card)

- rolled out nationally in May 2017
- Has replaced previous methods used to make cash payments (people on S95 support) & Azure card payments (people on S4 support)
- A green visa pre-paid card onto which subsistence support is loaded.

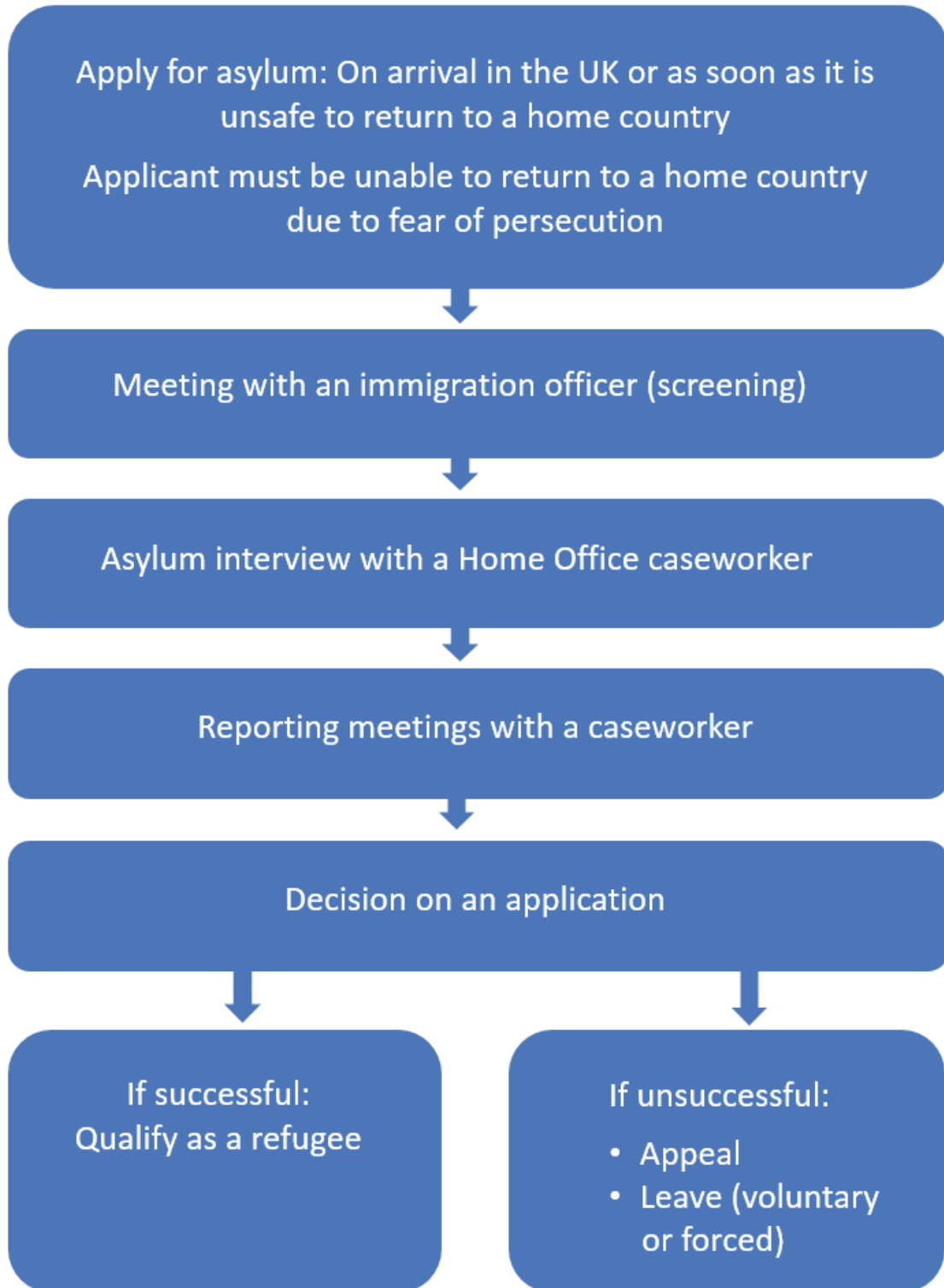
Application Registration Card (ARC)

- a credit card sized plastic card issued by the Home Office to those claiming asylum, as evidence of their claim for asylum.
- It contains information about the holder's identity or 'claimed identity', although, according to the Home Office, while it cannot be used as evidence of identity, it does provide access to services.

Safeguarding

Safeguarding adults means protecting a person's right to live in safety, free from abuse and neglect. Legislation such as the Care Act means that employers need to understand their safeguarding responsibilities, develop their workforce to reduce the risk of abuse or neglect to adults who need care and support, and safeguard adults in a way that recognises their choice and control.

Flowchart Showing Asylum Process



Appendix 2

Background Information

Advice, Issue Reporting and Eligibility Contract (AIRE)

[http://data.parliament.uk/DepositedPapers/Files/DEP2018-1112/AIRE_Contract-Schedule_2-SoR - HOC Published.pdf](http://data.parliament.uk/DepositedPapers/Files/DEP2018-1112/AIRE_Contract-Schedule_2-SoR_-_HOC_Published.pdf)

Policy on dispersal of Asylum Seekers

<https://commonslibrary.parliament.uk/research-briefings/cdp-2016-0095/>

Application Registration Card

<https://www.gov.uk/government/publications/application-registration-card-arc/application-registration-card-arc>

ASPEN Card

https://www.refugeecouncil.org.uk/wp-content/uploads/2019/03/ASPEN_card_brief_August_2018_.pdf

Asylum Accommodation and Support Contract (AASC) Statement of Requirements

[http://data.parliament.uk/DepositedPapers/Files/DEP2018-1112/AASC - Schedule 2 - Statement of Requirements.pdf](http://data.parliament.uk/DepositedPapers/Files/DEP2018-1112/AASC_-_Schedule_2_-_Statement_of_Requirements.pdf)

National Audit Office review of the contract transitions

<https://www.nao.org.uk/wp-content/uploads/2020/07/Asylum-accommodation-and-support.pdf>

Home Affairs Committee review of Home Office preparedness for COVID-19 (Coronavirus): institutional accommodation

<https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/562/56208.htm>

Independent Chief Inspector of Borders and Immigration: An inspection of the Home Office's management of asylum accommodation provision

<https://www.gov.uk/government/publications/an-inspection-of-the-home-offices-management-of-asylum-accommodation-provision>

Home Affairs Select Committee on replacing COMPASS

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhaff/1758/175802.htm>

Appendix 3

Shadowing a Mears Welfare Worker; Cllr Lara Ellis, T&F group Vice Chair:

What follows are observations and received testimony from time spent shadowing a Mears welfare officer. This was limited to shadowing one worker in one housing area. Experiences will differ throughout the city.

We visited tenants in a cluster of properties in Walker. The people I met were keen to share their views about living in Newcastle. Many were dealing with extreme trauma from their experiences in their home country and/or their journey to this point.

The housing stock and furnishings were fit for purpose and appeared well maintained.

Longer term residents and Mears tenants seemed to be at ease with each other. I did not witness any tensions in the wider community.

The proximity of the Mears homes in Walker means the Welfare worker has less travelling time and can visit more often, judge the sense of the community and drop in on people whenever there are concerns. This is not the case with all Mears properties.

I questioned the worker about time pressures and capacity in her role. She explained that the current staffing level was such that this was not of concern but that there had been issues with capacity in the past.

I witnessed attention to safeguarding and found the worker to be competent, knowledgeable, caring and invested in her role with enough autonomy to be flexible.

Placements in shared houses

Where placements in shared houses are made without regard to suitability of the tenants to each other there is a risk of harm.

I was introduced to two women for whom the shared living situation was working well. One, who had been here longer and had better English gained satisfaction from helping her housemate who in turn was grateful for the support.

However, a previous housemate had been such a bad fit that it caused a rapid and severe deterioration in the first tenant's mental health. The situation was not resolved quickly and consequently triggered an eating disorder causing both physical and mental harm.

I was advised that if there were conflicting personalities or cultures that caused discontent or trauma, steps were taken to rectify it whenever possible. This could not always be achieved either in a timely fashion or, at all due to the availability of suitable property. I was assured that the most serious cases were dealt with quickly

Public Transport

The cost of using public transport can prohibit families and individuals from exploring the area and accessing services and amenities. Families are unable to go for a day at the beach or explore our parks and countryside, which would otherwise be an affordable way to spend family time giving positive experiences that can expand minds, increase sense of belonging and create happy memories to balance the traumatic experiences of their recent past.

I was told of an instance when a schoolgirl travelled alone on her school bus pass into the city centre to buy school supplies. On her return journey her pass was rejected because she was not travelling either to or from school. She had no money for her fare. She was embarrassed and was afraid that she would be stranded. Eventually the driver relented but this was a significantly traumatic experience for her.

Access to Amenities

The properties I visited were in walking distance of good amenities allowing for a better quality of life and sense of community. Not all Mears tenants are housed in areas close to a broad range of amenities.

Meaningful use of time

People expressed a need to give back to the community and fulfill a desire to use their time well as they are unable to do paid work. The welfare workers do help people to access educational courses and volunteering roles, however, volunteering opportunities are limited and often hard to locate.

Allotments

We discussed the benefits of having a shared allotment. A central place where tenants could meet and work productively, improving self-worth, mental wellbeing, peer support, community inclusion, and producing cheap and healthy food. This is not currently available.

Access to Mental Health Therapies

Welfare workers help tenants to access talking therapies. The available therapies are usually short-term CBT based therapies, not suitable for mental health issues associated with extreme trauma.

Home Office

There is a lack of communication from the Home Office and a lengthy wait for a decision. People expressed a belief that this is worse for people if they are placed in Newcastle and so there is a reluctance to move to the area

Meeting Schedule

Date	Meeting	Items for inclusion on agenda
16 th November 2022 @ 5pm	Joint Member/Officer Network (TEAMS)	<ul style="list-style-type: none"> - Cost of Living Crisis - Climate Change / Carbon Reduction
15 th February 2023 @ 10am	Joint Member/Officer Network (TEAMS)	TBC - Options Health and Social Care Act Health Inequalities Lack of Housing / Social Housing Resilience Planning



South Tyneside Council

item 7

Cabinet

Date: 19 May 2021

Commission on Tackling Poverty in South Tyneside: Second Interim Report and Recommendations (April 21)

Report of the People Select Committee

Cabinet Portfolio/Lead Members: Cllr John Anglin (Regeneration & Economy), Cllr Anne Hetherington (Independence & Wellbeing), Cllr Moira Smith (Children, Young People & Families) and Cllr Mark Walsh (Housing & Transport)

Purpose of Report

1. In December 2020, the People Select Committee gave Cabinet their first Interim Report on their Commission on tackling poverty in the Borough. The report made several strategic recommendations about how we support people who find themselves in poverty. This is the second report from the commission making some further recommendations arising from the work of they have undertaken since December.
2. The Commission will cover a wide range of areas and it is estimated to run for a further 8 months. Therefore, Cabinet are asked to note the report on the progress made, endorse the recommendations contained in paragraph 96 and ask the Directors for Children and Families and Regeneration and Environment to prepare a response and action plan.

Contact Officer: Paul Baldasera, Strategy & Democracy Officer, xt 6022

cabinet cabinet cabinet **cabinet** cabinet cabinet cabinet

Background

3. In November 2019, the People Select Committee decided to undertake a Commission on tackling poverty in the Borough to take a strategic view on levels of poverty in the Borough and to assure themselves that we are doing everything we can as a Council to help people avoid or escape poverty, as well as mitigating against its effects.
4. The effect that the Covid 19 pandemic has had on people's lives and livelihoods over the last 12 months, the need to consider the issues surrounding poverty has become more urgent.
5. As it was recognised that this work is likely to take several months, the Commission has agreed that a number of interim reports be submitted to Cabinet so that recommendations emerging from this work can be considered and actions taken at the earliest possible juncture.

Terms of Reference

6. Cabinet will recall, Members acknowledged that the factors impacting on poverty are wide and varied. They also noted that some areas had been or were being covered as part of other commissions. Notable areas already being covered include homelessness and the skills agenda.
7. As a result, Members decided that they would want the focus of the commission to be on the following areas:
 - Understanding the relationship between health and wealth
 - Support for carers
 - Affordable diets/Support for food initiatives
 - The ongoing impact of Universal Credit/welfare support
 - Fuel poverty
 - Period poverty
 - Access to health and social care
 - Affordable transport
 - Digital Poverty
 - Impact of COVID 19
8. The following terms of reference were agreed by the committee:
 - To assess the extent of relative poverty within the Borough.
 - To investigate what support is available for families who find it difficult to afford healthy food, fuel, transport and sanitary products.

- To look at the impact of Universal Credit and what support is available to assist families requiring help with budgeting.
- To look at any barriers that might exist to accessing health and social care arising from poverty.
- To look at how we support carers in families where poverty is a factor.
- To look at any good practice that there is regarding supporting people in poverty locally, nationally and internationally.

Recommendations made in December 2020

9. In the last report which went to Cabinet in December 2020, the following recommendations were made based on the evidence given by Newcastle University and their research on the links between wealth and health;
- R1** The Health and Wellbeing Strategy for 2021-22 should make explicit reference to the need for family centred place based public health programmes which invest more in interventions that reduce social and environmental inequalities.
- R2** North East Combined Authority and the North East Local Enterprise Partnership should lead in developing ‘tailored’ programmes for young people providing both health and employment support to help them into the world of work as well as staying healthy at work.
- R3** For the Council to work with the Health Service and other partners to develop a single system to identify at risk families and individuals.
- R4** Ask the Leader of the Council to write to the Government drawing attention to the findings of the Newcastle University Work, particularly in relation to the recommendations outlined in paragraph 28 of this report, i.e.
- Increased investment in Public Health in the North East
 - Increased investment in schools in the North East
 - Increased spending in the economic growth of the most deprived communities
 - Increase the level of benefits
 - Increased funding for local authorities to support those who have not been supported by the government’s COVID 19 “safety-net” measures

- Remove excessive financial and practical barriers to obtaining universal credit and reduce delays in delivery of funds
- Targeted job creation in economically vulnerable areas
- Increasing eligibility and amount for food voucher schemes.

What we have done since

10. The Commission Continued its work by considering four further areas of work to add to the evidence on poverty.

- Food Bank Provision
- Fuel Poverty
- WHIST report on women's experience of poverty
- Poverty Truth Commission model

Feeding Britain Network

11. Emma Lewell-Buck, MP for South Shields told Members the work she had been involved with in developing the Feeding Britain Network through an All-Party Parliamentary Group (APPG) that looked at hunger nationally.

12. It was reported that there were separate government enquires looking at holiday hunger for young people and the older people in communities who were in food poverty. It was estimated that approximately 3 million children were going hungry and approximately 1.3 million older people were suffering the effects of malnutrition. The startling figures were rising annually, and it was estimated that 8 million people nationwide were food insecure, worrying about where their next meal would come from, families having to decide whether they could feed themselves and their children.

13. In 2015, as part of the APPG looking into hunger in England, Wales, Scotland and Northern Ireland, the Feeding Britain Network was created. South Shields was one of the charity's first networks and it quickly covered the whole of the borough. The aim was to provide monetary support to the Food Bank Network and local charities to help combat food poverty in the area.

14. The Food Insecurity Bill (to require the Government to monitor and report on food insecurity and to make provision for official statistics on food insecurity) was making its way through Parliament and it was hoped that if Royal Assent was agreed it would move on the work already undertaken by the Feeding Britain Network, however, it was reported that at each of Reading Stages MPs were denying the accuracy of the data presented and refused to believe the issue was as significant as was being presented.

15. Another Bill making its way through Parliament was the School Breakfast Bill that sought to require schools to provide breakfast club facilities.
16. The Commission asked the MP how realistic it was that the Food Insecurity Bill would pass through Parliament and receive Assent. The MP stressed that the progress of the Bill was already happening and moving through each of the stages. The School Breakfast Bill had also gained traction recently through the high-profile work of Marcus Rashford and Yusuf Islam/Cat Stevens. Several high-profile Conservative MPs were also supportive. As a result of this, whilst guarantees could not be made, she was hopeful that the Food Insecurity Bill would also move through Parliament.
17. Members agreed that the network worked well in South Tyneside, especially in the light of the COVID pandemic.
18. Members asked about the relationship between Universal Credit and poverty. The MP assured the Committee that campaigns relating to the issues relating to Universal Credit were ongoing. Before the pandemic, the Network were pushing for changes to the system, especially the sanction process. The Feeding Britain Network were working on a large campaign and more information would be released as soon as it was available.
19. Whilst acknowledging the good work done by volunteers, Members pointed out that Food Banks relied heavily on donations. They asked what central support was going to be given to the organisations and was there anything that Government could do to further help to support the most vulnerable in our communities. The MP was sympathetic to the question raised, it was important to note that she was not Government, but it was important that the important messages and big statements continued to be made. South Tyneside had an excellent network and she vowed to continue to be the voice of those that needed it.
20. A Member raised a concern that some MPs thought that Food Banks were a good thing to see, however, they were concerned that Government and MPs would just see them as part of the Welfare system. The MP welcomed the comment and stressed that from the outset the APPG on Hunger was clear that Food Banks should not exist and certainly should not be embedded into the welfare system. As an individual and part of a wider group she would continue to put pressure on the Government around hunger issues nationally, she was surrounded by an excellent network of people who were all striving for the same thing.
21. Members acknowledged that Kate Osborne, MP for Jarrow had also been heavily involved in this area of work.

22. Members said that families that were regarded as “Just about managing families” before the pandemic struck were being hardest hit, and many are unaware what support is available.
23. The MP stressed that Food Bank use was always a last resort for people and those who use the vital services are usually at the point of crisis and have often already gone hungry before contacting support services. The Bill will look at this again at the end of March when the Office for National Statistics (ONS) produce their latest figures, they will be national statistics as well as being drilled down to local information.
24. Members had a specific concern around Breakfast Clubs and what support was provided for them. The MP explained that she was currently working with Magic Breakfast to remove the postcode lottery element of funding for this group of organisations. The School Breakfast Bill sought assent to ensure schools could provide breakfast club facilities.
25. The MP had met with the ONS and a vast amount of work was going on behind the scenes on producing good quality information. They were working alongside colleagues in the Department for Work and Pensions and other Civil Servants to develop the data set. Further data would be available in March and would share as soon as possible.

Evidence from Foodbanks

26. The Chairman introduced each of the representatives who had joined the meeting to talk about their organisations and experiences. The following Organisations were represented:

- Hebburn Helps Food Bank
- Hospitality and Hope Food Bank
- Key to Life Project
- Food Bus Project
- School Meals Service

Hebburn Helps

27. The representatives explained that they had established and continue to run the Hebburn Helps Community Food Bank and Crisis Response Team. The organisation was well established and provided food parcels and household items to families and individuals who need them. They had also ran Holiday Hunger Clubs.

28. They were trying to get more help to the elderly population in the Borough as well as working families. Often single parents who had more recently become furloughed and were not in receipt of Free School Meals needed help. It was noted that the Covid pandemic had added strains on to families who were already only just about managing and some were in receipt of weekly food parcels. Individuals and families were often using the Service as a last resort and were already in crisis.
29. The representatives mentioned that Councillors had already been generous in giving up their time to help their organisation and thanked all who had made donations. They stressed that the Council had been supportive and had offered help when needed. In turn the Members praised the work that the organisation had done and emphasised that many people would have been in a lot worse position if it wasn't for this.

Hospitality and Hope

30. Hospitality and Hope is based in South Shields working across South Tyneside, supporting homeless & vulnerable people through Food Bank & Wellbeing Support.
31. The recently appointed Chief Executive of the charity said it was a very challenging time. There had been a distinct change in those accessing the Food Bank. Many were in the situation of having to use the service for the first time as a consequence of their incomes being affected by Covid.
32. Many families in the borough were in a desperate need and there were parents who were having to choose between whether they keep their children warm or feeding them. It had become apparent that some parents and families were just not coping but waiting too long to access the services the charity provided.
33. A likely cause of this was there was still a stigma associated with Food Bank use and this needed to be removed, he reported that just before Christmas the oldest person accessing the Food Bank was 83 and illustrated the issues of hunger and food poverty stretched across all age groups. He thanked the local community for the overwhelming support and donations that continued through a very hard time and thanked the Local Authority for their help and support also.
34. Members agreed that we need to find out how best to help those who wait until crisis point before accessing support services and what more could the Council do to help.

Key 2 Life Project and Food Bus Project

35. Key 2 Life was a charitable organisation supported by South Tyneside Churches. When giving evidence to the commission it was reported that 162 people had accessed the services alone in the previous day and that the work they were doing was important.
36. They said that the Covid pandemic and resulting restrictions had meant that a lot of families had learned to budget very quickly. As was the case with Hospitality and Hope they wanted to encourage people to access their services earlier than they were.
37. They were keen to stress that Food Bank provision should always be seen as a response to crisis and that this should not become “normal”. In an approach to destigmatise the use of Food Banks they were working with local schools who knew their families better than most and could forward information sensitively before crisis point was reached.
38. The Lead officer for the charity urged Members to establish a Poverty Truth Commission. This is where people with lived experience of poverty assist agencies trying to tackle the issue understand the reality of living in poverty. It had been successfully done in other areas by faith groups and as a faith charity would support and push for the Committee to look further into this locally.
39. She suggested other areas that the Commission could further investigate could include:
- Set the Debt campaign
 - Fair Funeral campaign
 - Living Wage
40. Another initiative was the Food Bus project which was to set up a mobile food van selling items like bread and milk. Whilst corner shops supplied these items the basics they could often be extremely expensive. Emmaus North East (a homeless charity) had set up citizen supermarkets and community shops and Key 2 Life were looking at what the need is locally and what would best serve the community.

School Meals Service – South Tyneside Council

41. Members were told that the Service provided 11,000 meals to children per year as well as the Milk in Schools Scheme providing 1.6 million milk drinks per year.

42. The service understood that Breakfast Clubs were not easy to run but they had a very positive impact. The Council provided ingredients to schools. They had worked with Magic Breakfast who had supplied bagels during lockdown and a huge debt of thanks for all the Food Banks who had supplied these to families. Hebburn Helps had been key in delivering the school packed lunches and to the Key Project who had been delivering fuel payments to families and individuals that could not put money on their meters. Through real partnership working we have been able to support a varied demographic in need.

43. In 2018 the Service ran the Summer Meal Clubs through the borough's Community Associations and Sure Start provision. This would not have been possible without the help from the Feeding Britain network. Whilst currently there are restrictions the Service was excited for the Easter provision that was planned as well as a four-week summer food provision and work was underway for projects in the lead up to and including Christmas 2021. It was vital that the Service continued to work with the Feeding Britain Network and local partners to continue to reach those families most in need.

44. In summarising the session some key issues were highlighted:

- When looking at the issue of Food Poverty, one tended to think of families with children whereas the issues spans across ages. It was important to make sure that we don't miss older people who are going hungry who may be socially isolated and have less mobility.
- There was a fantastic amount of work being undertaken but perhaps it could be better coordinated if there were a single system of access.
- It was agreed that Councillors should lead by example when trying to support residents who are suffering from the effects of poverty.
- It was acknowledged that poverty does not just exist in families with no employment. There was a growing number of working poor.
- The representatives of the foodbanks who gave evidence were very clear that their services should be regarded as a crisis intervention and not "the norm". It was very important that the commission concentrates on the causes of poverty equally as much as on services to assist people who find themselves in poverty.

Fuel Poverty

45. Anna Milner, Operations Manager (Housing Strategy), said that Members would be aware that the Council declared a climate emergency on 18th July 2019. This embodied the Council's commitment to be a champion for a carbon neutral future for South Tyneside.
46. As part of the resulting climate change strategy and action plan, the Council is committed to new energy solutions.
47. The national picture was discussed, highlighting that there was a strong commitment from central government about tackling climate change and fuel poverty. There was an aim to ensure all social rented accommodation had an EPC (Energy Performance Certificate) rating of C or above by 2030.
48. She said in summer of 2020, the chancellor announced £3.8b decarbonisation fund. £1b would be focused on Public Sector Decarbonisation Scheme, £50m on social housing and £2b under Green Homes grant. £500m of this money was to be allocated to Local Authority.
49. The Commission were informed that nationally, 10.3% of households were living in fuel poverty. The number was significantly higher in homes built pre 1919 and that those living within the private rented sector were more likely to be in fuel poverty and the homes having a lower EPC rating. There was a dramatic underrepresentation of fuel poverty to agencies.
50. She said that in the North East 9.5% of households were fuel poor with the figure for South Tyneside being 8.7% households living in fuel poverty, which equates to over 6,000 households.
51. This varies from ward to ward with the lowest being 4.3% to the highest at 13.9%. This figure was significantly higher in vulnerable groups.
52. South Tyneside were developing a strategy with 3 objectives: to..
- Maximise household income and reduce costs
 - Improve energy efficiency of homes
 - Reduce household energy consumption
53. The priority areas for action were identified as follows:
- Look to make improvements to our own housing stock
 - Ensure that those in need are getting benefit checks and maximising income

- Invest in new technologies
- Working with social and private landlords
- Promote funding opportunities to residents and stakeholders
- Develop policies within the Local Plan for future developments

54. She described a number of challenges.

- Resources and skills required to do this work
- Some of the oldest and hardest to insulate properties
- Lack some up to date data in private sector
- Problems with engaging with some private landlords
- Supply Chains
- Restrictions around Government funding

55. Developments for the future included

- Completing the development of the fuel poverty strategy
- The establishment of a cross departmental working group
- Consultation with residents and stakeholders
- Mapping of current support to residents
- Partnership working with third sector

56. Members were keen that the Council should work towards a requirement in the Local Plan that new builds are carbon neutral which would mean more money for residents that could be put back into the local economy. The officer explained that this was an aspiration. However, to introduce something of this sort would receive pushback from developers and would in turn affect other areas of the housing market such as affordable housing.

57. Members discussed the housing stock in their wards and asked how the decisions were made on which properties would receive works first. It was noted that works were government funding dependent and there were often restrictions placed on what funding could be used for. It was further noted however that South Tyneside Homes had a delivery investment plan.

58. It was recognised that the North East had some of the coldest housing in the UK and Members wanted to know if the coldest properties in the borough had been identified. It was reported that there was some nationally produced maps that showed houses in fuel poverty that were linked to deprivation figures.

59. Issues relating to the Winter Fuel Payments and Covid-19 were discussed as families had been identified but money had still not been allocated. It was accepted that identification and data was a challenge and would be

addressed through the Strategy, however, the area was not adequately resourced.

60. It was recognised that the Council had to be practical and realistic in which properties were able to achieve an EPC rating of C or above as some properties would require significant work which may not be feasible.

WHiST – Hear my Voice Women’s Experience of Poverty

61. Corrine Devine, Chief Executive Officer Women’s Health in South Tyneside (WHiST) detailed the work that the organisation had carried out on women’s experiences of poverty and the resulting report.

62. This involved 56 women who were members of WHiST giving evidence through group discussions and a further 35 gave evidence through one-to-one interviews. Other members took part in project activities but did not wish to formally share experiences

63. The project uncovered poverty on a shocking scale amongst the members of WHiST. They talked about a variety of circumstances were linked to women’s experiences of poverty including,

- Domestic Violence – being denied access to money or leaving and having to start again
- Ill health – both physical and mental health and especially long-term ill health
- Relationship breakdown
- Poor pension and savings, due to taking time out to care for children, WASPI women
- Low income – including benefits and low waged, zero hour contracts
- Caring responsibilities – including as parents or for family members who are ill, disabled or elderly

64. Most women giving evidence to the project said they had spoken of things they’d never felt able to share before. They talked about hunger, cold, insecure housing, inability to pay bills, debt, fear, shame and despair. They said the impact on their physical and mental health was enormous.

65. Women’s experience of poverty included

- Fuel poverty
- Lack of Food
- Being able to cover basics covered but no money for recreation
- No safety net if things go wrong such as boiler/washer breakdown, family emergencies

- Providing for children including school uniform, trips
- Starting again after job loss, relationship loss etc.
- Benefit system feels abusive and difficult to navigate
- Feelings of shame and no one talking about their situation

66. WHiST's experience when supporting women was that often they needed to engage in counselling for longer periods because in addition to their initial issue, for example domestic violence, further support was required because of issues arising from poverty.

67. They found that women took most of the care responsibility whether it be for children or other family members. Comparatively, it was women who were more likely to work in front line jobs, including hospitality and retail sectors which have been severely impacted by Covid-19. An increased likelihood of domestic violence and an impact on the ability to work also affected women disproportionately.

68. WHiST was working to put services in place to alleviate these issues. It included workshops on cooking on a budget, nutritious meals, clothes swaps and upcycling projects, which although may not tackle poverty at root can help women by improving how they feel about their own positions and encouraging peer support.

69. Aside from physical domestic abuse, women could be denied access to money or be forced to leave a situation and start again from scratch. Women in this situation were often unable to work full time due to childcare commitments.

70. Whilst women generally felt comfortable engaging with WHiST, there still remained a level of shame, embarrassment or stigma when it came to discussing poverty. WHiST took a holistic approach to support, offering a wide-ranging support package to women.

71. The impact that poverty had on the health and wellbeing of women was emphasised. It was also highlighted that often messaging in campaigns can be focused on making a change in lifestyle, however this doesn't deal with the fact that when in poverty choices are limited.

72. It was hoped that this work could keep poverty on the agenda of Community and Voluntary organisations in the Borough and that they equip themselves with the awareness and the skills to assist women who experience poverty.

73. Poverty Awareness Training was being offered to staff to allow them to become 'Financial Wellbeing Champions' keeping the issue of poverty in focus. Members agreed that this may be something we could replicate elsewhere.
74. Women could subscribe to a weekly email update from WHiST. The organisation had a website, Facebook page and local networks. It was further noted that whilst some referrals were received from GP surgeries information in the surgeries themselves was not consistent.
75. For those women who didn't have IT access, there was a telephone number that could be used and that a new text messaging database was in the process of being created. It was noted that the organisation was trying to adapt the way in which they provided their services.
76. Members accepted that WHiST's approach would not suit all and that there was scope to work with other organisations to enhance their work. The officer accepted this and stated that they were in the process of building relationships with the Community and Voluntary Sector as well as the statutory organisations.
77. A Member asked if the organisation had been involved with the CCGs Social Navigators. It was stated that whilst they had had no direct contact with them, they were known by the service as referrals had been received via this route. It was accepted that there needed to be better links with the CCG and GP surgeries, however, it was also stressed that whilst the organisation wanted to help as many women as possible there was a finite level of resource and increasing levels could stretch the services provided. It was further noted that they had a good team of volunteers who often went above what was expected.

Poverty Truth Commission

78. Members wanted to discuss further the idea of a "Poverty Truth Commission" that was suggested by the representative of the Key 2 Life Project.
79. Members were told that Poverty Truth Commissions were a new approach to help people experiencing poverty to have their voices heard.
80. They bring together community, civic and business representatives with people with experience of living in poverty. The aim is to better understand the specific effects of poverty firsthand and to involve those who experience poverty to have a real influence in formulating solutions.

81. Poverty Truth Commissions have been set up all over the country including in Gateshead, North Tyneside, Stockton, Leeds, Manchester and Salford
82. Members were unanimous in suggesting that it should be an approach that the Council should take.

Conclusions

83. From talking to the MP for South Shields and representatives from the various foodbanks operating across the Borough, food poverty is not something new, but has been exacerbated by the effects of the pandemic. The Feeding Britain Network provides a robust framework for coordinating this work as well as lobbying government. The Food Insecurity Bill, if passed, will provide a much firmer government commitment to supporting this work.
84. The Food Banks themselves feel that they have good support from the Council and the Feeding Britain Network. They felt generally they had enough food supply and volunteers to meet demand. However, they were very clear that food banks should always be regarded as crisis services and not part of a normal welfare system. It is extremely important to ensure that a focus is kept on tackling the causes of poverty and helping people out of the difficult situations that they find themselves in.
85. It was clear from talking to representatives of the food banks that the profile of people using them had changed and it is not only families with children but it spans across ages.. It was acknowledged that poverty does not just exist in families with no employment. There was a growing number of working poor. Also it is important to make sure that we don't miss older people who are going hungry who may be socially isolated and have less mobility.
86. There is a fantastic amount of work being undertaken but perhaps it could be better coordinated if there were a single system of access.
87. It was agreed that Councillors should lead by example when trying to support residents who are suffering from the effects of poverty.
88. Fuel Poverty is a big issue in the Borough. The North East has 9.5% of households who are fuel poor with the figure for South Tyneside being 8.7% households living in fuel poverty, which equates to over 6,000 households.

89. The development of a Fuel Poverty Strategy will help tackle this problem but It was recognised that the Council had to be practical and realistic in which properties were able to achieve an EPC rating of C or above as some properties would require significant work which may not be feasible. Structural changes to the Borough's properties will always be limited depending on funds available.
90. Members were keen to include provisions in the Local Plan about the development of Carbon Neutral Homes even though there could be some objections from building developers.
91. WHiST's report was a very illuminating insight into how poverty effected Women in several ways. They were very keen to work with all Community and Voluntary Sector organisations, alongside statutory providers, to ensure that they are aware of the range of needs that women in poverty have so that they can equip themselves of the appropriate skills to assist.
92. WHiST's experience when supporting women was that often they needed to engage in counselling for longer periods because in addition to their initial issue, for example domestic violence, further support was required because of issues arising from poverty.
93. Whilst Members acknowledged the value of the work that they do, they felt that there needed to be great collaboration across the Community and Voluntary sector and connections made with GP surgeries and local authority services.
94. Finally, Members felt that the Poverty Truth Commission Model was an excellent way to engage people about the real issues relating to poverty and to develop meaningful activities which will make a real difference

Recommendations

95. Having considered the evidence presented to Members, detailed in this report, the Commission wished to make the following recommendations in addition to the 4 contained in the previous Interim report to Cabinet in December 2020.
- R5** That the Leader of the Council writes to the Secretary of State for Housing Communities and Local Government urging greater urgency in progressing the Food Insecurity Bill.
- R6** That South Tyneside Council works with local Food Banks to ensure that all help and support is given to those who use them to meet their needs

and help them out of their crisis. This could take the form of outreach workers being periodically placed within Food Banks.

- R7** That South Tyneside Council works with the Feeding Britain Network to develop a single access point for Food Bank provision to ensure that people get the appropriate service quickly and that the network is as efficient as possible in meeting needs.
- R8** To support the development of a Fuel Poverty Strategy with clear and realistic goals in bringing Council homes up to an EPC rating of C or above.
- R9** That we work with representatives of the local private sector to look at joint bids against round 3 of the Green Homes Grant to assist promoting bringing homes in the sector up to an EPC rating of C or above.
- R10** That there is an explicit reference in the Local Plan encouraging housing developers to build Carbon neutral homes and incentives are developed to support this.
- R11** That the Council works with Inspire South Tyneside to develop a training and resource pack for Community and Voluntary Sector organisations aimed at raising awareness of the features of Poverty and what skills and resources they can deploy in tackling the problems that people may face.
- R12** That work is undertaken with the CCG to ensure that GP surgeries are aware of the services available to patients across sectors who are struggling financially.
- R13** That South Tyneside look to set up a Poverty Truth Commission for the Borough to further inform work in this area.

Financial and Value for Money Implications

96. The less people have available to spend has a negative effect on the local economy. Poverty can also lead to an increased use of services, which puts pressure on Council and NHS budgets.

Legal Implications

97. No legal implications arise from this initial report.

Risk and Opportunity Implications

98. Growing levels of poverty can lead to a deflated local economy and more reliance on Council services and NHS care. Reducing poverty can result in more local spend, greater demand for goods and services and more jobs.

Equality and Diversity Implications

99. At the point of responding to any recommendations made by the commission, an equality impact assessment will be undertaken before any arrangements are implemented. The framework will set out how we plan to meet the public sector equality duty and other provisions of the Equality Act.

Environmental and Sustainability Implications

100. No Environmental or Sustainability implications that arise from this report.

Report Recommendation

101. Cabinet are asked to note the report, endorse the recommendations and ask the Directors for Children Adults and Health and Regeneration and Environment are asked to prepare a response and action plan to progress them.

background papers background papers background papers

Commission on Tackling Poverty in South Tyneside: Second Interim Report and Recommendations (April 21)

The following is a list of the background papers (excluding exempt papers) relied upon in the preparation of the above report:

Background Paper	File Ref:	File Location
None		

background papers background papers background papers



South Tyneside Council

item 7

Cabinet

Date: 6 January 2021

Commission on Tackling Poverty in South Tyneside: Interim Report and Recommendations (Dec 20)

Report of the People Select Committee

Cabinet Portfolio/Lead Members: Cllr John Anglin (Regeneration & Economy), Cllr Anne Hetherington (Independence & Wellbeing), Cllr Moira Smith (Children, Young People & Families) and Cllr Mark Walsh (Housing & Transport)

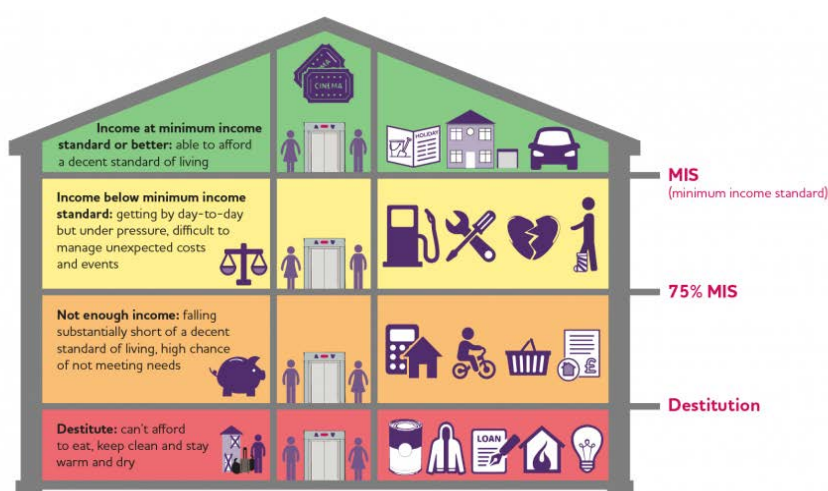
Purpose of Report

1. In November 2019, the People Select Committee decided to undertake a Commission on tackling poverty in the Borough. The Committee have undertaken scrutiny in the last few years on aspects of poverty such as the effects of Universal Credit, Holiday Hunger and Homelessness. However, the Committee now want to take a more strategic view on levels of poverty in the Borough and to assure themselves that we are doing everything we can as a Council to help people avoid or escape poverty, as well as mitigating against its effects.
2. Due to the effects that the Covid 19 pandemic has had on people's lives and livelihoods over the last 10 months, the need to consider the issues surrounding poverty has become more urgent.
3. The Commission will cover a wide range of areas and it is estimated to run for 12 months. Therefore, Cabinet are asked to note the report on the progress made, endorse the interim recommendations contained in paragraph 31 and ask the Directors for Children and Families and Regeneration and Environment to prepare a resulting response and action plan.

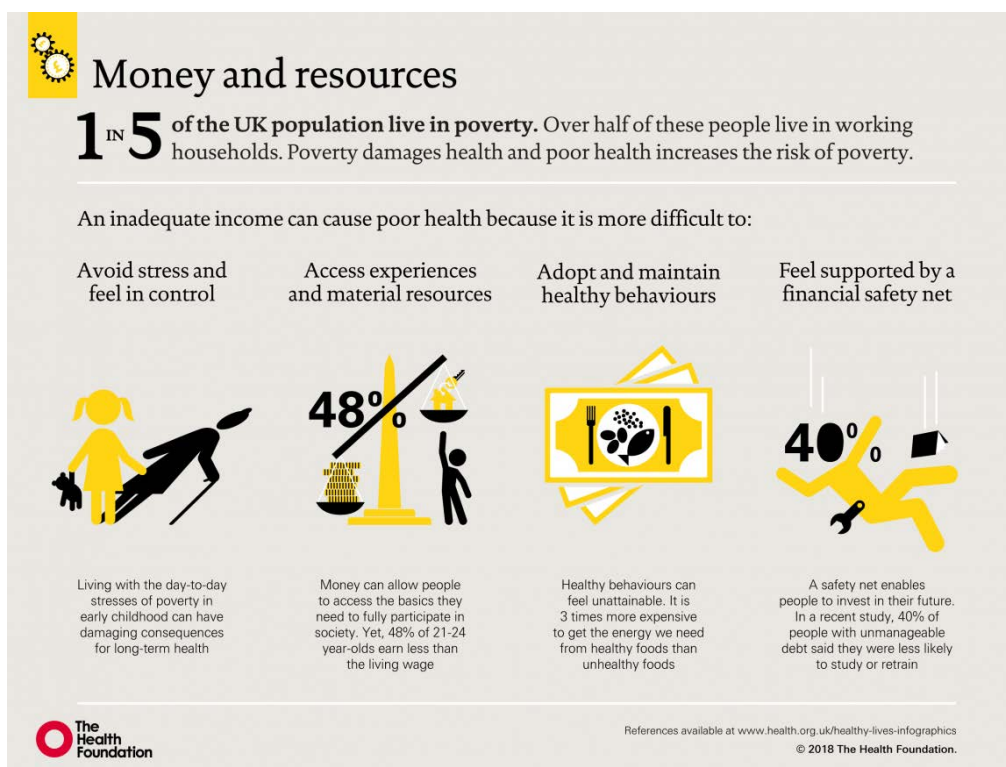
Contact Officer: John Scott, Acting Head of Economic Growth, Ext 0191 4246250

Background

4. The World Health Organisation articulated that, “...*the single largest determinant of health, and ill health is an obstacle to social and economic development. Poorer people live shorter lives and have poorer health than affluent people. This disparity has drawn attention to the remarkable sensitivity of health to the social environment.*”
5. The way poverty is typically defined is within two categories – Relative and Absolute Poverty.
6. **Relative Poverty** is when an income falls below the minimum amount needed to maintain the average standard of living in the society a person lives in
7. **Absolute Poverty** is a condition where household income is below a necessary level to maintain basic living standards (food, shelter, housing). This condition makes it possible to compare between different countries and also over time.
8. In reality, poverty is far more complex and involves other social, cultural and political aspects. For instance, **Opportunity Poverty** where people – usually living in rural areas of developing countries – have very few options when it comes to making a living.
9. The Joseph Rowntree Foundation produced the diagram below which offers a further description of levels of poverty.



10. The graphic below from the Health Foundation (2018), based on work by the Joseph Rowntree Foundation, highlights some of the specific consequences that having an inadequate income has on people's health.



Poverty in South Tyneside

11. In South Tyneside, there is a high proportion of the population who are at risk of or currently experiencing poverty and its negative impact.

- In 2019, 24.5% were estimated to live in the tenth most deprived in England.
- In 2019, 21.4% of older people were living in income deprived households.
- In 2018/19, 21.7% of families with children under 16 were living households with absolute low income.
- In 2018, 8.7% of households experienced fuel poverty.

12. The impact of these high levels of deprivation can be seen in the health outcomes of the population.

13. During 2016-18, those living in the tenth most deprived areas of South Tyneside experienced an average of 9.5 fewer years of life for males and 7.7 fewer years of life for females, compared to those living in the tenth least deprived areas. During 2012-19, the South Tyneside population overall are estimated to experience 2.8 years for men and 1.6 years for women fewer years of life, compared to England averages.

14. The 2019 Director of Public Health Report focused on how health and wellbeing is shaped by everything around us, from the air we breathe, to the jobs we have, to the houses we live in. These ‘social determinants’ of health and health inequalities which are multiple, diverse and interrelated, forming a ‘complex system’ that shapes the health of people in an area. The report looked at these social determinants and made specific recommendations to help to create the conditions for better health and wellbeing in South Tyneside.

15. The charts below illustrated the relationship between income, obesity and healthy life expectancy. With those living in more deprived areas more likely to experience higher rates of obesity, exposed to a higher density of hot-food takeaways and ultimately have low healthy life expectancy. It demonstrates that income can influence where you live and, in turn, your dietary choices. It can also have an impact on how physically active you are.

Figure 1 Association between percentage of adults classified as overweight or obese (%) with healthy life expectancy at birth for females (years).¹

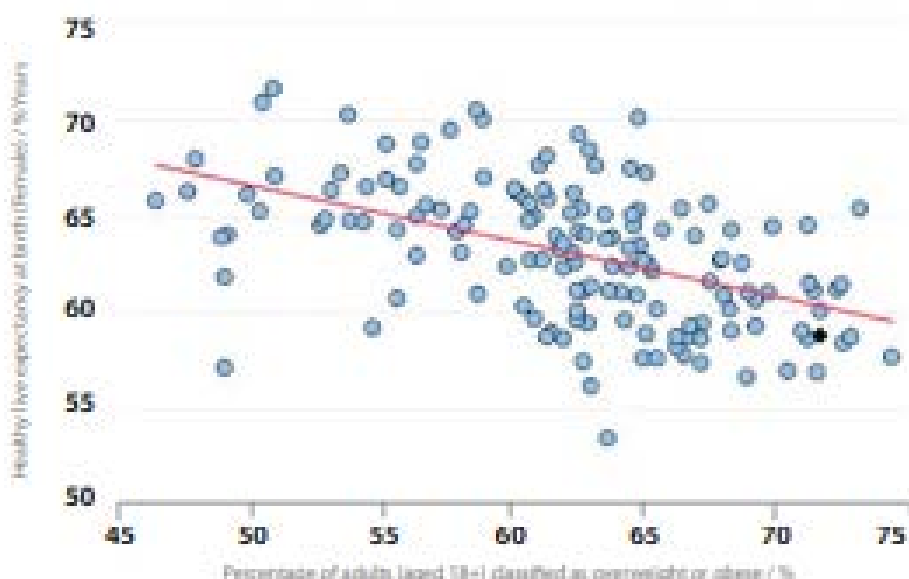


Figure 2 Percentage of adults classified as obese and with a very high waist circumference by quintile of index of multiple deprivation. ¹⁰

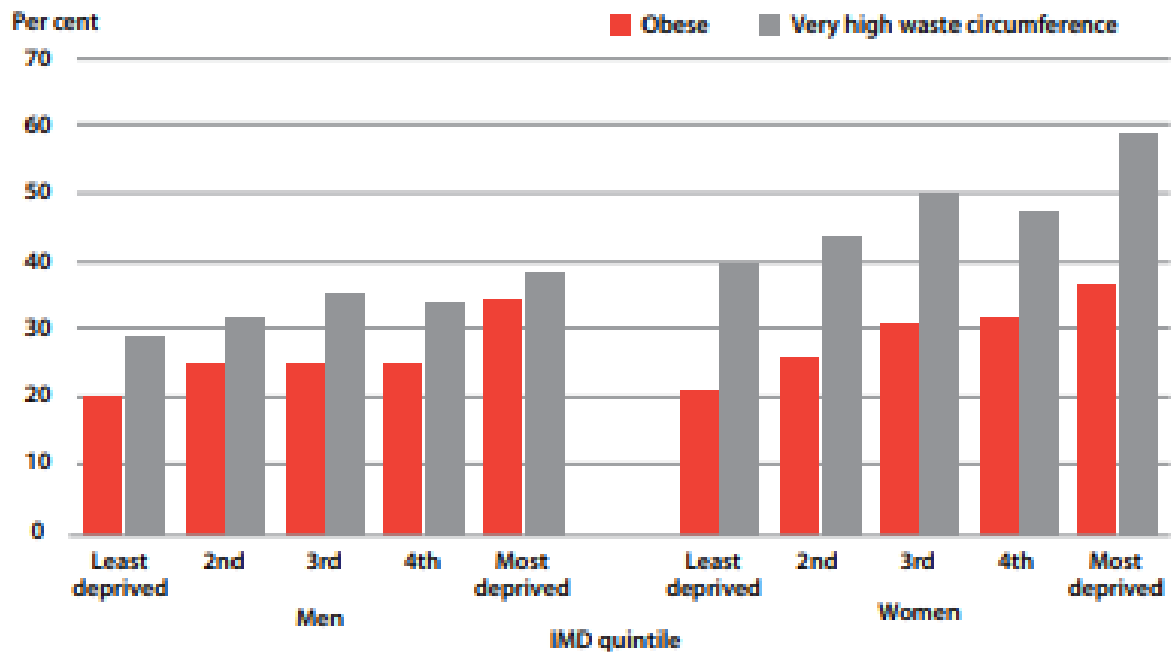
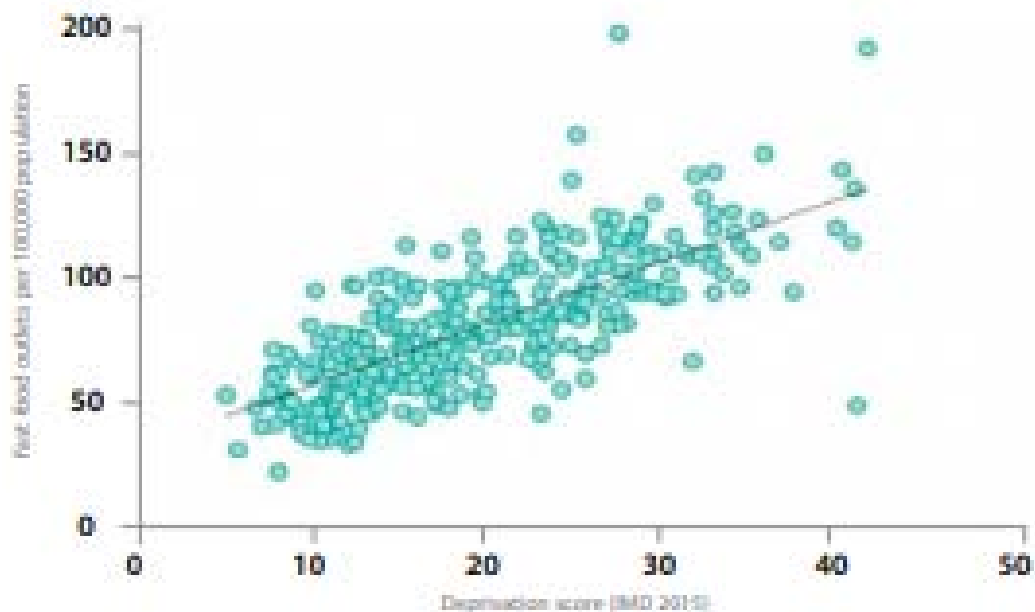


Figure 3 Relationship between density of fast food outlets and deprivation by local authority. ¹¹



16. The effect of COVID 19 has resulted in a significant number of people who have either lost their job or have been furloughed, which has compounded the local situation with more people going into poverty and those who may have been “just about managing” falling into crisis. There has been a significant increase in those on Universal Credit which is likely to increase further during 2021/22.

What are we doing to tackle poverty in South Tyneside?

17. The South Tyneside Council Strategy 2017-20 includes a commitment to work with communities to reduce poverty and aims to tackle the root cause of poverty through our economic regeneration and growth plans, creating jobs, developing good and affordable housing and excellent education.

“Focussing just on the most disadvantaged does not reduce inequalities on its own – action must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. With this, we acknowledge that one specific Partnership or task force cannot tackle poverty and disadvantage on its own, so doing this must be a focus across all of our activities and reduced poverty must be a principle we embed in everything, from our housing policy to our health agenda and regeneration plans.”

18. Commitments in the strategy include:

- Ensure excellent universal education is available to the most vulnerable children
- Develop and support healthy and sustainable communities and places
- Increase effective pathways to employment for our residents to access jobs
- Improve career opportunities and routes into sustainable employment for young people
- Increase the supply of affordable housing in the Borough.

What would success look like?

19. The South Tyneside Council Strategy aims to achieve:

- Reduced levels of child poverty
- Reduced number of young people not in education, employment or training

- A reduction in the long-term unemployment rate, particularly in people with learning disabilities, people with mental health problems, and people with long-term health conditions
- A reduction in domestic violence and substance misuse
- Improved access to housing and reduced levels of homelessness
- Reduced levels of fuel poverty and number of Excess Winter Deaths.

What services do we provide that help?

20. The following direct, commissioned or supported services support those experiencing, or at risk of, poverty:

- Homes/Homelessness support
- Welfare support
- Skills training
- Education and career advice
- Support for food initiatives
- Supporting access to health and social care
- Supporting the third sector
- Social prescribing
- Supporting:
 - South Tyneside Key Project
 - Hospitality and Hope
 - Hebburn Helps

Key Strategies and Plans

- Children and Families Plan and Child Poverty Strategy
- Health and Wellbeing Strategy 2016-21
- Integrated Housing Strategy

Terms of Reference

21. Members acknowledged that the factors impacting on poverty are wide and varied. They also noted that some areas had been or were being covered as part of other commissions. Notable areas already being covered include homelessness and the skills agenda.

22. As a result, Members decided that they would want the focus of the commission to be on the following areas:

- Understanding the relationship between health and wealth
- Support for carers
- Affordable diets/Support for food initiatives
- The ongoing impact of Universal Credit/welfare support
- Fuel poverty
- Period poverty
- Access to health and social care
- Affordable transport
- Digital Poverty
- Impact of COVID 19

23. The following terms of reference were agreed by the committee:

- To assess the extent of relative poverty within the Borough.
- To investigate what support is available for families who find it difficult to afford healthy food, fuel, transport and sanitary products.
- To look at the impact of Universal Credit and what support is available to assist families requiring help with budgeting.
- To look at any barriers that might exist to accessing health and social care arising from poverty.
- To look at how we support carers in families where poverty is a factor.
- To look at any good practice that there is regarding supporting people in poverty locally, nationally and internationally.

24. As this work is likely to take several months, the Commission has agreed that a number of interim reports be submitted to Cabinet so that recommendations emerging from this work can be considered and actions taken at the earliest possible juncture.

What we have found out so far

25. At the first full session of the commission held on 24th November 2020, Members considered a presentation by Heather Brown of Newcastle University on the work they have undertaken on Geographical Inequalities in Health and Wages:



Wages and poverty -
Newcastle Uni.pptx

26. The Key findings of this work were:

- There were regional differences on the role of health inequality policy on the influence of the family on young adult children's health and wages
- The English Health Inequality Period led to a larger decrease in the influence of parents and health and wages in the North (1%) compared to the Rest of England (0.03%)
- Austerity has been worse in the North than the Rest of England. Mobility is increasing at a slower rate in the North than the rest of England.
- The influence of parents on mental health is increasing in the North of England compared to the rest of England where it is decreasing.
- 30% of the £4 per person per hour productivity gap that exists between the North East (£1.20ph) and the rest of the country is due to ill health. Reducing this health gap would increase productivity by £13.2 billion per annum.
- People who had basic or no educational qualifications; who were unemployed in April 2020; were disabled; or had lower household incomes were significantly more likely to report all three measures of food insecurity.
- Financial vulnerability explains approximately half of the likelihood of being food insecure for those families with children of lower socioeconomic status, as measured by educational attainment.
- Eligibility for free school meals, being furloughed and receiving help from grandparents explains approximately 30% of the likelihood of being food insecure for those with lower socioeconomic status, as measured by

educational attainment. Free school meals being the most important of these three measures.

27. As a result of their work they made several recommendations to **Local Government:**

- Local authorities, local enterprise partnerships and Health and Wellbeing boards systems should scale up their family centred place based public health programmes to invest more in interventions that reduce social and environmental inequalities.
- Local enterprise partnerships, schools, third sector organisations, local authorities, and devolved Northern regions should develop locally 'tailored' programmes for young people providing both health and employment support to help them into the world of work as well as staying healthy at work.
- Coordinated responses between local health services to identify at risk families and individuals at a time of remote health service delivery.

28. They also made a range of recommendations aimed at **Central Government**

- To improve health and social mobility in the North there should be increased investment in place-based public health in Northern local authorities. Increasing health and social mobility in the North requires the Central government to increase the public health budgets in Northern local authorities to facilitate the development and delivery of effective place-based public health
- There should be increased investment in Northern schools especially secondary schools to reduce inequalities in educational attainment and the impact that it has on family mobility in the North
- To reduce inequalities, there should be increased spending on economic growth and development in 'left-behind' communities. This growth strategy should be environmentally sustainable and socially inclusive
- Increase generosity of benefits (continue additional £20 of universal credit payment)
- Additional funding for local authorities who are tasked with supporting people who fall in the cracks of central government safety nets

- Remove excessive financial and practical barriers (e.g. partner's income/savings) to obtaining universal credit, and reduce delays in delivery of funds
- Targeted job creation in economically vulnerable areas (e.g. Lighthouse Scheme)
- Increasing eligibility and amount for food voucher schemes (e.g. Healthy Start).

Conclusions and recommendations

29. Whilst there is a long way to go before the Commission reaches its final conclusions, Members feel it is important to give Cabinet feedback and make recommendations when they can so that actions can be taken sooner rather than wait until the end of the process.

30. The work presented to the Commission from Newcastle University showed that deprivation is rising in the North East of England. Health Inequalities are increasing between the North and rest of England. Improving health in the North can reduce the employment gap. For this investment is needed in education, public health, employment opportunities, and the NHS.

31. At the end of the presentation, several recommendations were made (paras 27 and 28) which the Commission would like to endorse. Therefore, the interim recommendations of the commission are as follows:

R1 The Health and Wellbeing Strategy for 2021-22 should make explicit reference to the need for family centred place based public health programmes which invest more in interventions that reduce social and environmental inequalities.

R2 North East Combined Authority and the North East Local Enterprise Partnership should lead in developing 'tailored' programmes for young people providing both health and employment support to help them into the world of work as well as staying healthy at work.

R3 For the Council to work with the Health Service and other partners to develop a single system to identify at risk families and individuals.

R4 Ask the Leader of the Council to write to the Government drawing attention to the findings of the Newcastle University Work, particularly in relation to the recommendations outlined in paragraph 28 of this report, i.e.

- Increased investment in Public Health in the North East
- Increased investment in schools in the North East
- Increased spending in the economic growth of the most deprived communities
- Increase the level of benefits
- Increased funding for local authorities to support those who have not been supported by the government's COVID 19 "safety-net" measures
- Remove excessive financial and practical barriers to obtaining universal credit and reduce delays in delivery of funds
- Targeted job creation in economically vulnerable areas
- Increasing eligibility and amount for food voucher schemes.

Next Steps

32. The Commission will continue with its programme with a view to making a further interim report before the end of the 2020-21 municipal year.

Financial and Value for Money Implications

33. The less people have available to spend has a negative effect on the local economy. Poverty can also lead to an increased use of services, which puts pressure on Council and NHS budgets.

Legal Implications

34. No legal implications arise from this initial report.

Risk and Opportunity Implications

35. Growing levels of poverty can lead to a deflated local economy and more reliance on Council services and NHS care. Reducing poverty can result in more local spend, greater demand for goods and services and more jobs.

Equality and Diversity Implications

36. At the point of responding to any recommendations made by the commission, an equality impact assessment will be undertaken before any arrangements are implemented. The framework will set out how we plan to meet the public sector equality duty and other provisions of the Equality Act.

Environmental and Sustainability Implications

37. No legal implications arise from this initial report.

Report Recommendation

38. Cabinet are asked to note the report, endorse the recommendations and ask the Directors for Children and Families and Regeneration and Environment to prepare a response and action plan to them.

background papers background papers background papers

Commission on Tackling Poverty in South Tyneside: Interim Report and Recommendations (Dec 20)

The following is a list of the background papers (excluding exempt papers) relied upon in the preparation of the above report:

Background Paper	File Ref:	File Location
None		

background papers background papers background papers



Cabinet

Date: 16 February 2022

Commission on Tackling Poverty in South Tyneside: Third Interim Report and Recommendations

Report of the People Select Committee

Cabinet Portfolio/Lead Members: Cllr Mark Walsh (Regeneration & Economy), Cllr Anne Hetherington (Independence & Wellbeing), Cllr Adam Ellison (Children, Young People & Families), Cllr Mark Walsh (Housing & Transport) and Cllr Moira Smith (Voluntary Sector Partnerships and Cooperatives)

Purpose of Report

1. In December 2020 and May 2021, the People Select Committee gave Cabinet their first and second Interim Report on their Commission on tackling poverty in the Borough. These reports made several strategic recommendations about how we support people who find themselves in poverty. This is the third report from the commission making some further recommendations arising from the work the committee have undertaken since May 2021.
2. The Commission covers a wide range of areas and it is estimated to run beyond the end of the current civic year. Therefore, Cabinet are asked to note the report on the progress made, endorse the recommendations contained in paragraph 59 and ask the appropriate services to develop responses and action plans.

Contact Officer: Aisling Crane, Strategy & Democracy Support Officer, x7003

Background

3. In November 2019, the People Select Committee decided to undertake a Commission on tackling poverty in the Borough to take a strategic view on levels of poverty in the Borough and to assure themselves that we are doing everything we can as a Council to help people avoid or escape poverty, as well as mitigating against its effects.
4. In light of the impact that the Covid 19 pandemic has had on people's lives and livelihoods over the last 12 months, the need to consider the issues surrounding poverty has become more urgent.
5. As it was recognised that the work of the commission was likely to take some considerable length of time, it was agreed that a number of interim reports should be submitted to Cabinet so that recommendations emerging from this work can be considered and actions taken at the earliest possible juncture.

Terms of Reference

6. As Cabinet will recall, Members have acknowledged that the factors impacting on poverty are wide and varied. They also noted that some areas had been or were being covered as part of other commissions, with notable areas already being covered include homelessness and the skills agenda.
7. As a result, Members decided that they would want the focus of the commission to be on the following areas:
 - Understanding the relationship between health and wealth
 - Support for carers
 - Affordable diets/Support for food initiatives
 - The ongoing impact of Universal Credit/welfare support
 - Fuel poverty
 - Period poverty
 - Access to health and social care
 - Affordable transport
 - Digital Poverty
 - Impact of COVID 19

In addition, following evidence on those initial topics, Members decided that they would want the focus of the commission to be also expanded to the following areas:

- Food Bank Provision
- Fuel Poverty
- WHIST report on women's experience of poverty
- Poverty Truth Commission model

8. The following terms of reference were agreed by the committee:

- To assess the extent of relative poverty within the Borough.
- To investigate what support is available for families who find it difficult to afford healthy food, fuel, transport and sanitary products.
- To look at the impact of Universal Credit and what support is available to assist families requiring help with budgeting.
- To look at any barriers that might exist to accessing health and social care arising from poverty.
- To look at how we support carers in families where poverty is a factor.
- To look at any good practice that there is regarding supporting people in poverty locally, nationally and internationally.

Recommendations made in December 2020 and May 2021:

9. In the previous reports, which went to Cabinet in December 2020 and May 2021, the following recommendations were made based on the evidence given by the various officers and partners:

R1 The Health and Wellbeing Strategy for 2021-22 should make explicit reference to the need for family centred place based public health programmes which invest more in interventions that reduce social and environmental inequalities.

R2 North East Combined Authority and the North East Local Enterprise Partnership should lead in developing 'tailored' programmes for young people providing both health and employment support to help them into the world of work as well as staying healthy at work.

R3 For the Council to work with the Health Service and other partners to develop a single system to identify at risk families and individuals.

R4 Ask the Leader of the Council to write to the Government drawing attention to the findings of the Newcastle University Work, particularly in relation to the recommendations outlined in paragraph 28 of this report, i.e.

- Increased investment in Public Health in the North East
- Increased investment in schools in the North East
- Increased spending in the economic growth of the most deprived communities
- Increase the level of benefits

- Increased funding for local authorities to support those who have not been supported by the government's COVID 19 "safety-net" measures
- Remove excessive financial and practical barriers to obtaining universal credit and reduce delays in delivery of funds
- Targeted job creation in economically vulnerable areas
- Increasing eligibility and amount for food voucher schemes.

R5 That the Leader of the Council writes to the Secretary of State for Housing Communities and Local Government calling for greater urgency in progressing the Food Insecurity Bill.

R6 That South Tyneside Council works with local Food Banks to ensure that all help and support is given to those who use them to meet their needs and help them out of their crisis. This could take the form of outreach workers being periodically placed within Food Banks.

R7 That South Tyneside Council works with the Feeding Britain Network to develop a single access point for Food Bank provision to ensure that people get the appropriate service quickly and that the network is as efficient as possible in meeting needs.

R8 To support the development of a Fuel Poverty Strategy with clear and realistic goals in bringing Council homes up to an EPC rating of C or above.

R9 That we work with representatives of the local private sector to look at joint bids against round 3 of the Green Homes Grant to assist promoting bringing homes in the sector up to an EPC rating of C or above.

R10 That there is an explicit reference in the Local Plan encouraging housing developers to build Carbon neutral homes and incentives are developed to support this.

R11 That the Council works with Inspire South Tyneside to develop a training and resource pack for Community and Voluntary Sector organisations aimed at raising awareness of the features of Poverty and what skills and resources they can deploy in tackling the problems that people may face.

R12 That work is undertaken with the CCG to ensure that GP surgeries are aware of the services available to patients across sectors who are struggling financially.

R13 That South Tyneside look to set up a Poverty Truth Commission for the Borough to further inform work in this area.

What we have done since

10. The Commission continued its work by examining further areas of work to add to the evidence on poverty:
- Access to Health and Social Care
 - Access to Education
 - Welfare and Debt Advice
 - Support for Carers

Evidence from South Tyneside Clinical Commissioning Group on Access to Health and Social Care:

11. Matt Brown, Executive Director of Operations at South Tyneside Clinical Commissioning Group, presented to the committee on how poverty impacted upon healthcare access and on health outcomes in South Tyneside, providing an overview of the cycle of poverty and ill-health, noting that behind treatable conditions such as high blood pressure were often behavioural risks such as smoking and poor diet, but also ‘causes of causes’ and physio-social risk factors such as poverty, unemployment, and poor housing.
12. As health and social care professionals providing clinical care in response to physiological conditions, it was necessary to get ahead of potential problems and provide early support to change behaviour risks, including enabling the community to support one another to make healthier choices.
13. ‘Health literacy’, the ability of individuals to understand and use information about the health system, was a key factor in health outcomes. In wealthier populations, people tended to have a greater ability to understand and use systems and information, whereas those with lower health literacy, who were concentrated in more deprived areas, were less likely to access preventative healthcare such as vaccines and cancer screenings and were also more likely to use and put pressure on the wrong services. People with lower health literacy were more likely to have a long-term health condition – meaning those who needed health information the most were less able to access it.
14. Smoking rates, lung disease and almost all disease prevalence charts all showed a similar pattern, of poor health closely linked to higher levels of deprivation. Nuffield Trust research showed inequality gaps between wealthier and more deprived patients across every measure of healthcare access, including pressure sores, hip replacement rates, self-harm admissions and even experiences of making a GP appointment, A&E waiting times and even emergency admissions.

15. The 'Core20plus5' approach was the NHS's current approach to reducing these inequalities and put an emphasis on the most deprived 20% of the national population, which encompassed 50% of the South Tyneside population.
16. South Tyneside had put particular effort into addressing inequalities in access to mental health and learning disability care and support and this was encouragingly resulting in much higher than national average rates of local people with a need being able to access support.
17. In line with wider health access patterns, Covid-19 vaccine uptake patterns across the borough also mapped closely with deprivation rankings. Work had been done to try and improve access and uptake, including putting vaccine clinics in more deprived areas, but it had been a struggle to narrow these uptake gaps. There was also a notable gap between men and women, with much lower uptake in men generally, and a starker gender gap in more deprived places.

Evidence from the Education and Standards Service Manager on Access to Education

18. Enid Fairbrother, South Tyneside Council's Service Manager for Education and Standards outlined for the committee insights on barriers to access to education and work undertaken by the Council and local schools to mitigate the impact of these barriers on local young people's attainment and outcomes.
19. It was noted that a good school experience is extremely important, particularly for those underprivileged children who lack educational resources at home. It was noted that South Tyneside has a higher proportion of children who access free school meals than the national average, an indication of higher than average poverty levels, and that 12 schools had more than 50% of pupils on free school meals. There had been a steady incline over recent years in the numbers of pupils on free school meals both nationally and locally, with the Covid-19 pandemic bringing increased requests for free school meals as many household's livelihoods and incomes were impacted.
20. There were a range of organisations employing different approaches to supporting children who were disadvantaged, and one challenge was making sure support was coordinated. Support for disadvantaged pupils ranged from individual schools offering food banks, to local authority-led initiatives such as 'Boo Boxes', to Department for Education-led initiatives such as work to get devices to children during the Covid-19 lockdowns.
21. Pupil premium funding provided by the Government helped ensure additional funding for schools with more pupils with additional needs (including children who were Looked After or had parents serving in the

Armed Forces). Schools had flexibility around how to use this funding to support the attainment of these children and were able to use the funding to deliver additional services matched to the needs of their students. For 2021/22, the Department for Education had asked schools to use a template to report the approaches and activities they were using pupil premium funding on, and this provided some insight into what support different schools were offering as well as into the different needs and barriers schools were seeing in their pupil cohorts.

22. At secondary school level, barriers to attainment experienced by some children included low aspirations, poor concentration, issues with school attendance, social and emotional issues, low self-esteem, and limited access to cultural activities outside of the school environment. In primary school aged children, speech and language issues, poor social and emotional skills, lack of parental engagement and limited parental ability to support with literary or maths, were some of the barriers schools identified and were working to overcome. Special schools also saw their pupils experiencing many of these same barriers. Additional barriers associated with Covid-19 included limited opportunities in the home environment to complete homework tasks and lack of engagement with home learning.
23. In response to this range of challenges, different schools were applying different interventions, as demonstrated by some example 'Pupil Premium Statement of Intents'. Some schools were exploring how to work more with wider families, including introducing family liaison roles, while others were introducing specialist speech and language staff, reading interventions, and extra tutoring via the national tutoring programme. Examples of wider strategies to reduce the impact of disadvantage also included employment of school libraries, introducing uniform policies to ensure affordability, investing in physical activity programmes and introducing school rewards systems to motivate improved behaviour and attendance.
24. The 'Poverty Proofing the School Day' project, developed by Children North East, was one programme the Council was promoting to schools, as it offered an audit of in-school experience of pupils experiencing poverty, and provided a toolkit for mitigating challenges and an accreditation scheme.
25. Challenges and pressures were continuing for schools, especially given that Covid-19 was still ongoing and schools were continuing to see attendance issues. The Council was continuing to work with schools to share good practice, train and support staff and governors to be aware of the needs of disadvantaged households, and raise the profile of initiatives and opportunities.

Evidence from Citizens Advice Bureau South Tyneside on Debt and Welfare Advice

26. Ian Thompson, Director of the South Tyneside branch of the Citizen Advice Bureau shared statistics with the Committee, noting South Tyneside's poverty relative to the wider UK, including with 43% of the local population living in deprived areas compared to a 20% national average, and with life expectancy rates up to 15 years lower than the national average.
27. Sharing statistics on issues local clients raised when they made use of Citizens Advice services, he advised that benefits and debts were the most frequent issues, representing 45% and 15% of total work. Debt cases had been down during the pandemic during to government suspending enforcement action but creditors were now increasingly confident to pursue so numbers were increasing once more. Benefits cases concerning 'fit for work' medical assessments, which had previously represented a high proportion of the service's workload, had similarly reduced during the pandemic as these assessments had been paused, but numbers were once more increasing here too.
28. Five years previously, personal loan debt had been a factor in a higher proportion of debt cases, however Council tax arrears and fuel debts had replaced personal loan debts as the primary type of debt seen. This pattern demonstrated that cost of living rather than over-consumption was the main reason people were struggling. With personal debt loans, there was space to help people identify and prioritise priority debts, but it was now increasingly the priority debts themselves that people were most struggling with, so there was less that could be done to help them, and increasingly the only solution that could be provided was charitable relief rather than legal advice.
29. In terms of welfare benefits issues, the main help the service provided was around assisting people to access new benefits.
30. Referrals to foodbanks had increased considerably in recent years. Three years prior, Citizen Advice Bureau South Tyneside referred approximately 3 or 4 people per month to the local foodbanks; now, this was increasingly the only avenue available to some clients, and referrals were at 15 to 20 a week.
31. Citizen's Advice Bureau South Tyneside received a grant from the local authority to support their work and this was viewed as an investment, with more grant money translating to more money in the pockets of local people. 1 in 8 local households had made use of Citizens Advice services. In the last year, £5 million in owed benefits had been recovered for local people and £6 million in debt had been repaid by clients. 67% of clients reported improved financial stability, and this had positive impacts on mental health.

The South Tyneside branch of Citizens Advice was monitored by the London Headquarters and consistently scored higher than average in terms of quality of services.

32. Behind the statistics were also real people's lives. The Citizen's Advice representative detailed a number of cases where he had worked with individuals experiencing personal crises at the same time as facing pressures of debt repayments and benefits suspensions. He noted that his team were also expecting an increase in cases in the coming months, with the furlough scheme ending, debt enforcement suspension ending, and increases in cost of living, such as higher national insurance taxes and higher fuel and energy costs.
33. He suggested a number of actions which could be taken by the Council to help reduce some of this pressure on local people: minimising bailiff action with regards to council tax arrears and exploring alternative options for debt recovery such as attachment from benefits; promoting 'water support' (which cut outstanding bill payments) to private tenants and landlords; exploring providing discretionary housing payments directly to landlords; and signposting people turned down for Hardship Funds but who were struggling with energy bills to Citizens Advice Energy Charity.

Evidence from Carers and Carer Support Services on Support for Carers

34. Hazel Cuthbertson, the Council's Service Manager for Early Help, outlined contextual information around carers and support available to them, including benefits available to carers, estimated numbers of carers and carers facing poverty, and factors which may mean carers are particularly vulnerable to poverty, including the costs associated with care and impact of caring responsibilities on time and energy, as well as impact of the pandemic.
35. The priorities set out in the South Tyneside Carers Strategy were detailed to the committee, including on reskilling out-of-work carers, supporting employers to support working carers, and increasing awareness and take-up of the financial support available to carers. Information was provided on the existing South Tyneside support offer, including a dedicated employment worker and financial packs, and the Service Manager outlined challenges faced by her team, including lack of available data on the financial need of South Tyneside carers, as well as opportunities, such as to the opportunity to better engage with partners on data sharing and signposting.
36. Karen Lunn, a local carer, described to the committee her experience of caring for her son, including the challenges associated with missing time in work and having to retire early, as well with the energy and effort required to navigate support and tribunals in advocating for his needs. She noted that employers needed to better support carers. She also suggested that

general support systems could also be improved, noting, for example, that she had initially had to reach out to a Durham-based dyspraxia carers support group before she learned about disability living allowance and how to appeal rejected applications. She also described how it was too often a struggle for carers to fight for the right services for their loved ones, describing how she had initially struggled to get an autism diagnosis for her son, which limited his access to certain help and services, and had then had to go to a tribunal to prove his need for therapeutic help in his education. She noted that her perspective was that she and other carers had to spend a lot of time and energy fighting for the rights of those they cared of, instead of being listened to early on. She also pointed out that such struggles were harder for some carers than others, especially those without the confidence and ability to articulate their position. It was noted that for many carers it was challenging to focus on work given the time and energy they had devote to advocating for their loved ones.

37. Daniel Robison, Service Manager at South Tyneside Adult Carers Service, observed that Ms Lunn's experience was typical. He advised that the Adult Carers Service have a part-time employment worker and such support was not only about practical advice, but also emotional understanding. He noted that being supported to be or stay in work has many benefits, including for social like and emotional wellbeing. He described the work of his service over recent months and detailed how they had taken on 600 new carer registrations in the last year. He noted that for many carers, applying for allowances they are entitled could seem stressful and time-consuming, so it was important that carers were supported in this.
38. Michael Campbell, Joint Strategic Integration Manager, provided some context on the Carer's Strategy, noting that efforts to capture the carer experience were a key element in developing the strategy's priorities. He also noted that some of the issues Ms Lunn's experience had highlighted were also being looked at elsewhere, for example with regards to diagnoses.
39. Jacqui Kaid, Strategic Carers Liaison Officer, noted that as part of work to develop the Carer's Strategy, she had attended carers groups and listened to their members' stories, and had also engaged with groups representing the areas diverse cultural communities, including working with Apna Ghar. She noted that understanding where carer's go to access support is key to being able to signpost them.
40. The Service Manager for Early Help, Hazel Cuthbertson, noted that the carers service was seeing increased demand for general financial advice and this was in line with what was being reported by organisations such as Citizens Advice.
41. Ms Lunn noted that she'd struggled by herself initially when becoming a carer but after a few years an advocate from Blissability helped her and this

was a key turning point for her. She noted that the advocate had been able to listen to her anger and emotion and help her put the facts down in an application and having somebody to pick out the parts that did and didn't matter was hugely valuable.

Conclusions

42. From the evidence provided, it was made clear that poverty and financial pressures had a significant impact on a range of outcomes and service experiences.
43. It was clear from the evidence provided by the Clinical Commissioning Group that there was a stark correlation between deprivation and worse health experiences and outcomes.
44. It was relatedly clear that prevention and 'getting upstream' of health problems was critically important to narrowing inequalities and supporting health improvements for all.
45. Health literacy was similarly an important consideration, and it was important to note the role that community groups trusted by communities played in giving people the confidence to seek support and make healthy choices.
46. Local authorities, in partnership with community groups and health partners, had an important role to play in enabling people, particularly those living in poverty and more vulnerable to poorer health outcomes, to make healthier choices earlier and avoid health problems down the line.
47. Evidence provided by officers involved in School Improvement made clear the various additional barriers facing children from less advantaged families which impacted upon development and attainment. The barriers facing these families when compared with more affluent families ranged from more limited access to cultural activities to limited parental ability to support with literacy and maths to lower aspiration.
48. Covid-19 had exacerbated many of these challenges, with home-learning leaving some children further behind in their studies and some younger children having missed out on key development opportunities.
49. School was critically important, especially for those children who lack educational resources home or are less able to rely on parental engagement and support. Schools employed a range of interventions to target support at these children, particularly in the wake of the Covid-19 home-learning period, ranging from language specialists to extra tutoring.
50. Local schools were conscious of how poverty might impact upon less advantaged pupils and made use of initiatives like the 'Poverty Proofing the

School Day Project' to understand and mitigate against potential challenges. Efforts to minimise such challenges included reviewing school uniform policies in order to maximise affordability.

51. From evidence provided by Citizens Advice Bureau, it was clear that contrary to what might be expected, financial challenge experienced by local people was rarely a result of overconsumption. Most people experiencing financial difficulty and seeking support from Citizens Advice were not dealing with personal loan debt but were having challenges meeting essential costs such as bills for council tax, rent, food and fuel.
52. Some of the more traditional financial pressures had been held at bay due to the pandemic due to for example reduced debt enforcement, the Universal Credit £20 uplift, the furlough scheme, the pause on 'fit to work' - but these pressures, together with newer pressures such as national insurance increases and fuel cost rises, were beginning to return as pandemic measures were removed.
53. It was made clear that cost of living was a growing pressure for local people. Increasing numbers of people could only be helped by referrals to foodbanks or charitable support, rather than help with prioritising debts. In response to this, there were some underutilised resources (such as water support and the Citizens Advice Energy Charity) that could be better signposted to those most in need.
54. Evidence provided by carers and those involved in supporting carers support highlighted the financial pressures often facing carers and also highlighted considerations that were important for carer support services to consider.
55. Carers not only often had reduced time to dedicate to work due to time spent on caring responsibilities, but also had to spend time and energy navigating the health and care systems and advocating for the person they cared for, meaning they had less energy to focus on work. Navigating support and fighting for the right support for loved ones could be time consuming and emotionally taxing, especially for those who have less confidence or unused to articulating their position. Many carers also not only faced reduced income in the present, where they were not able to prioritise working or career development but were also often less likely to have been able to build up savings or pensions to support themselves in later life.
56. There were gaps in local data about carers and their needs and challenges, and there was a need for improved data-sharing and signposting between agencies and groups with a role in supporting carers.
57. It is important that those supporting carers were able to not only give

practical advice, but also provide emotional understanding. Some carers were put off from applying for allowances they were entitled to because they perceived the process as stressful and time consuming.

58. Community groups and faith communities were important partners in being able to signpost carers to support services. Advocacy groups also played an important role not only in providing advice but in listening and helping carers work through their emotions in order to be better positioned to complete applications or navigate systems.

Recommendations

59. Having considered the evidence presented to Members, detailed in this report, the Commission wished to make the following recommendations in addition to the 13 contained in the previous interim reports to Cabinet in December 2020 and March 2021:

R14 That the Leader of the Council writes to the Treasury to communicate the reality of cost of living pressures faced by South Tyneside residents and call for additional support to be made available to those facing hardship in the current context.

R15 That South Tyneside Council ensures root causes of ill-health including poverty, unemployment and poor-quality housing are prominent considerations, along with prevention, within the Health and Wellbeing Strategy and other key Council strategies.

R16 That the Council initiates a 'health literacy' initiative with schools so that young people are made more aware of the health system and when and how to access services

R17 That the Council develops a policy with schools to promote opportunities to understand and mitigate challenges faced by less well-off pupils such as 'Poverty Proofing the School Day Project' and affordable school uniform policies

R18 That South Tyneside Council proactively promotes underutilised hardship opportunities provided by partners (such as water rate support) to those in Council tax or rent arrears or otherwise known to be experiencing financial hardship.

R19 That the Council continues to minimise bailiff action with regards to council tax arrears and ensures proper consideration of alternative options for debt recovery such as attachment from benefits

R20 That the Council works with community partners to promote awareness and take up of allowances and support local carers entitled to

R21 That the Council supports the development and implementation of a Carer Support Strategy informed by carers with lived experience of poverty and financial insecurity.

R22 That the Council develops a toolkit for schools aimed at providing the full range of options for future careers and ensures that all schools are proactively raising the aspirations of all pupils

Financial and Value for Money Implications

60. The less people have available to spend has a negative effect on the local economy. Poverty can also lead to an increased use of services, which puts pressure on Council and NHS budgets.

Legal Implications

61. No legal implications arise from this initial report.

Risk and Opportunity Implications

62. Growing levels of poverty can lead to a deflated local economy and more reliance on Council services and NHS care. Reducing poverty can result in more local spend, greater demand for goods and services and more jobs.

Equality and Diversity Implications

63. At the point of responding to any recommendations made by the commission, an equality impact assessment will be undertaken before any arrangements are implemented. The framework will set out how we plan to meet the public sector equality duty and other provisions of the Equality Act.

Environmental and Sustainability Implications

64. There are no notable Environmental or Sustainability implications that arise from this report.

Report Recommendation

65. Members are asked to:

- Consider and note the evidence and conclusions outlined in the report
- Endorse the recommendations (R14-22) set out in paragraph 59
- Ask the Directors for Children Adults and Health and Regeneration and Environment to prepare a response and action plan to progress the recommendations.

Reasons for Recommendation

66. The People Select Committee's Commission on Poverty seeks to identify actions which alleviate pressures on local residents experiencing poverty and promote improved access to services and support.

background papers background papers background papers

Commission on Tackling Poverty in South Tyneside: Third Interim Report and Recommendations (January 2022)

The following is a list of the background papers (excluding exempt papers) relied upon in the preparation of the above report:

Background Paper	File Ref:	File Location
None		

background papers background papers background papers



South Tyneside Council

item 3

Cabinet

Date: 10 August 2022

Commission on Tackling Poverty in South Tyneside: Final Report and Recommendations (June 22)

Report of the People Select Committee

Cabinet Portfolio/Lead Members: Cllr Margaret Meling (Economic Growth, Skills and Climate Change), Cllr Anne Hetherington (Adults, Independence & Wellbeing), Cllr Adam Ellison (Children, Young People & Families), Cllr Jim Foreman (Housing & Community Safety) and Cllr Ruth Berkley (Voluntary Sector Partnerships and Cooperatives) Cllr Ernest Gibson (Transport and Neighbourhoods)

Purpose of Report

1. In December 2020, May 2021 and February 2022, the People Select Committee gave Cabinet their interim reports on their Commission on tackling poverty in the Borough. These reports made several strategic recommendations about how we support people who find themselves in poverty. This is the fourth and final report from the commission which makes some further recommendations arising from the work the committee have undertaken since the last report in February 2022.
2. Cabinet is asked to note the report and its conclusions, endorse the recommendations contained in paragraph 75 and ask the appropriate services to develop responses and action plans.

Contact Officer: Paul Baldasera, Strategy & Democracy Officer, x6022

Background

3. In November 2019, the People Select Committee decided to undertake a Commission on tackling poverty in the Borough to take a strategic view on levels of poverty in the Borough and to assure themselves that we are doing everything we can as a Council to help people avoid or escape poverty, as well as mitigating against its effects.
4. In light of the impact that the Covid 19 pandemic and the cost of living crisis has had on people's lives and livelihoods over the last 2 years, the need to consider the issues surrounding poverty has become more urgent.
5. As it was recognised that the work of the commission was likely to take some considerable length of time, it was agreed that a number of interim reports should be submitted to Cabinet so that recommendations emerging from this work can be considered and actions taken at the earliest possible juncture. These reports were delivered in December 2020, May 2021 and February 2022.
6. This fourth and final report makes some further recommendations for Cabinet to consider. Whilst the committee will continue to monitor progress and investigate other ways we can help avoid and mitigate against the effects of poverty, this report represents the conclusion of the formal commission process.

Terms of Reference

7. As Cabinet will recall, Members have acknowledged that the factors impacting on poverty are wide and varied. They also noted that some areas had been or were being covered as part of other commissions, with notable areas already being covered include homelessness and the skills agenda.
8. As a result, Members decided that they would want the focus of the commission to be on the following areas:
 - Understanding the relationship between health and wealth
 - Support for carers
 - Affordable diets/Support for food initiatives
 - The ongoing impact of Universal Credit/welfare support
 - Fuel poverty
 - Period poverty
 - Access to health and social care
 - Affordable transport
 - Digital Poverty
 - Impact of COVID 19

In addition, following evidence on those initial topics, Members decided that they would want the focus of the commission to be also expanded to the following areas:

- Food Bank Provision
- Fuel Poverty
- WHIST report on women's experience of poverty
- Poverty Truth Commission model

9. The following terms of reference were agreed by the committee:

- To assess the extent of relative poverty within the Borough.
- To investigate what support is available for families who find it difficult to afford healthy food, fuel, transport and sanitary products.
- To look at the impact of Universal Credit and what support is available to assist families requiring help with budgeting.
- To look at any barriers that might exist to accessing health and social care arising from poverty.
- To look at how we support carers in families where poverty is a factor.
- To look at any good practice that there is regarding supporting people in poverty locally, nationally and internationally.

Recommendations made in December 2020, May 2021 and January 2022:

10. In the previous reports, which went to Cabinet in December 2020, May 2021 and January 2022, the following recommendations were made based on the evidence given by the various officers and partners:

- R1** The Health and Wellbeing Strategy for 2021-22 should make explicit reference to the need for family centred place based public health programmes which invest more in interventions that reduce social and environmental inequalities.
- R2** North East Combined Authority and the North East Local Enterprise Partnership should lead in developing 'tailored' programmes for young people providing both health and employment support to help them into the world of work as well as staying healthy at work.

- R3** For the Council to work with the Health Service and other partners to develop a single system to identify at risk families and individuals.
- R4** Ask the Leader of the Council to write to the Government drawing attention to the findings of the Newcastle University Work particularly in relation to:
- Increased investment in Public Health in the North East
 - Increased investment in schools in the North East
 - Increased spending in the economic growth of the most deprived communities
 - Increase the level of benefits
 - Increased funding for local authorities to support those who have not been supported by the government's COVID 19 "safety-net" measures
 - Remove excessive financial and practical barriers to obtaining universal credit and reduce delays in delivery of funds
 - Targeted job creation in economically vulnerable areas
 - Increasing eligibility and amount for food voucher schemes.
- R5** That the Leader of the Council writes to the Secretary of State for Housing Communities and Local Government urging greater urgency in progressing the Food Insecurity Bill.
- R6** That South Tyneside Council works with local Food Banks to ensure that all help and support is given to those who use them to meet their needs and help them out of their crisis. This could take the form of outreach workers being periodically placed within Food Banks.
- R7** That South Tyneside Council works with the Feeding Britain Network to develop a single access point for Food Bank provision to ensure that people get the appropriate service quickly and that the network is as efficient as possible in meeting needs.
- R8** To support the development of a Fuel Poverty Strategy with clear and realistic goals in bringing Council homes up to an EPC rating of C or above.
- R9** That we work with representatives of the local private sector to look at joint bids against round 3 of the Green Homes Grant to assist promoting bringing homes in the sector up to an EPC rating of C or above.
- R10** That there is an explicit reference in the Local Plan encouraging housing developers to build Carbon neutral homes and incentives are developed to support this.

- R11** That the Council works with Inspire South Tyneside to develop a training and resource pack for Community and Voluntary Sector organisations aimed at raising awareness of the features of Poverty and what skills and resources they can deploy in tackling the problems that people may face.
- R12** That work is undertaken with the ICP to ensure that GP surgeries are aware of the services available to patients across sectors who are struggling financially.
- R13** That South Tyneside look to set up a Poverty Truth Commission for the Borough to further inform work in this area.
- R14** That the Leader of the Council writes to the Treasury to communicate the reality of cost of living pressures faced by South Tyneside residents and call for additional support to be made available to those facing hardship in the current context.
- R15** That South Tyneside Council ensures ‘causes of causes’ of ill-health including poverty, unemployment and poor-quality housing are prominent considerations, along with prevention, within the Health and Wellbeing Strategy and other key Council strategies.
- R16** That the Council initiates a ‘health literacy’ initiative with schools so that young people are made more aware of the health system and when and how to access services
- R17** That the Council develops a policy with schools to promote opportunities to understand and mitigate challenges faced by less well-off pupils such as ‘Poverty Proofing the School Day Project’ and affordable school uniform policies
- R18** That South Tyneside Council proactively promotes underutilised hardship opportunities such as ‘water support’ to those in Council tax or rent arrears or otherwise known to be experiencing financial hardship.
- R19** That the Council continues to minimise bailiff action with regards to council tax arrears and explore alternative options for debt recovery such as attachment from benefits
- R20** That the Council works with community partners to promote awareness and take up of allowances and support local carers entitled to

R21 That the Council supports the development and implementation of a Carer Support Strategy informed by carers with lived experience of poverty and financial insecurity.

R22 That the Council develops a toolkit for schools aimed at providing the full range of options for future careers and ensures that all schools are proactively raising the aspirations of all pupils

What we have done since

11. The Commission continued its work by examining further areas of work to add to the evidence on poverty:

- The provision of a Sustainable Food Plan for South Tyneside
- Access to Transport
- Skills Strategy and Raising Aspirations

Sustainable Food Plan:

Witnesses:

Ellie Forrester (Public Health Practitioner, STC)

Zoe Deans, (Carbon Reduction and Sustainability Coordinator, STC)

Steven Carter (Senior Public Health Advanced Practitioner, STC)

Kelly Crews (Carbon Reduction and Sustainability Manager, STC)

12. In Full Council in November 2021, it was agreed that consideration was given to the development of a Food Plan as part of the Commission on Tackling Poverty. A Food Plan proposal was presented to Members in March 2022.

13. Members were told that the aim of the Sustainable Food Plan was to encourage local food culture to be more sustainable, affordable, healthy, and valued. It was hoped that this would help alleviate some of the pressures of poverty and improve wellbeing overall.

14. Food is tied in with multiple Council strategies and was fundamental to future urban planning. Local Authorities have a key role in shaping the production and consumption of food. The report outlined the situation within South Tyneside by exploring and updating members on several key areas:

- Weight and Obesity
- Fruit and Vegetable intake

- Mental Health and Loneliness
- Oral Health
- Food Waste
- Meat Consumption
- Plastic Pollution
- Poverty

15. 26.4% of children in the borough are from low-income families, with 5,417 (of 22,384) pupils claiming free school meals. There are links between obesity and poverty since more deprived areas are more likely to have higher levels of obesity. Whilst a well-designed food system will not address the causes of food poverty it will help alleviate the symptoms.

16. The plan presented to Members proposed solutions which targeted four main aims:

- Reduce levels of food waste among residents, businesses, and the Council
- Encourage the production and consumption of sustainable and healthy food
- Ensure sustainable nutrition is embedded in decision making and strategic planning
- Improve food education across schools, the community, businesses, and the Council

17. Members had view of a detailed document highlighting the solutions, their objectives and the partners, steps and strategic links which would help implement them. The Officers also delivered a presentation which highlighted some of the solutions which they thought most important in delivering their aims.

18. **To reduce food waste**, some notable schemes included utilising the organisation FoodCycle within the borough and working closely with schools and businesses to develop and offer advice and guidance on food wastage.

19. **To encourage the eating of sustainable and healthy food**, Officers highlighted schemes to ensure planned street food events offered healthy and sustainable food options, as well as improving plant based and low-carbon catering across the Council.

20. **To ensure sustainable nutrition was embedded in decision making**, the plan proposed establishing a South Tyneside Food Partnership which represented stakeholders across the food system, to help forge close links between Council departments.

21. **To improve food education**, they planned to create links with the Forest School Programme and work with schools to see how the Food Action Plan could support this and improve food education.

22. Following this, the presentation outlined plans for next steps to help implement the plan. Including:

- Desktop mapping
- Identifying key partners
- Signing up to the Food Active's Local Government Healthy Weight Declaration
- Applying to Sustain the Food for the Plant grant of £5000
- Ensure work aligns with existing policy

Member discussion

23. Members said that it would be beneficial to examine how best to engage people in ways that are proven to be effective. They raised the point that while education can change minds, it does not always result in people making healthier choices. They asked what the highest priority solution was and what would make the biggest difference out of the proposed solutions put forward. The Officer responded that placing a monetary value on messages could help stimulate more action. For example, they stated that messages such as 'you are losing £100 a month due to food wastage,' could have a more poignant effect.

24. Another factor noted by Members was the increased cost of dental care and the knock-on effect that this has had on the NHS. It was noted that the Council had recently appointed an oral health practitioner who was helping to promote good oral health practices.

25. Members also noted the importance of raising awareness of food distribution, considering where food is grown and packaged could also help raise awareness of the environmental impact of food.

26. Members were concerned that the cost of a healthy lifestyle did not seem feasible for all parents who may revert to cheaper and less healthy alternatives. They expressed interest in promoting Community Pantry initiatives which would run in partnership with foodbanks to help families purchase healthier groceries.

27. A Member commented on how time had changed the way we consume food as fast food and takeaway restaurants have developed. They stated that as people have busy lives convenience is often prioritised over healthy eating. The Officer acknowledged that while this is the case, driving messages

around the cost of getting takeaways, as opposed to cooking at home, could help change people's minds.

28. A Member commented that schemes to promote healthy eating had been tackling the issue in different ways for several years. They noted that healthy eating had been embedded at a school level but was an issue the Council should reengage with to help tackle levels of child obesity.
29. The Community School Headteacher on the Committee began a discussion around the current role that schools played in promoting a healthy diet. They asked how the Officers planned to target which schools to work with. An Officer responded that they aimed to work with schools in areas with high levels of deprivation and obesity and would liaise with the Healthy Schools Programme. A discussion was then had around the usefulness of school nurses and enhancing links with the NHS.
30. Another Member referenced schemes provided healthy recipes which allowed families to cook in batches to reduce fuel consumption. The Officer responded that they had collaborated with external organisations around the possibility of running energy efficient cookery workshops. They also stated that the kind of schemes referenced by the Member also aided in the reduction of waste as people were encouraged to use the whole ingredients.
31. A Member queried whether there was a plan to provide a separate, or community, composting bins. The Officer explained that a separate composting bin could come with added implications for carbon emissions since diesel vehicles would be used to collect the waste. However, they stated that they had investigated community composting bins but due to time constraints had not included it in the presentation for that meeting.
32. Another Member suggested handing out healthy recipes on cards and another proposed working with South Tyneside Council's Youth Parliament.

Access to Transport:

Witnesses:

Trevor Male (Service Lead - Transport Services, STC)
Huw Lewis (Nexus Customer Service Director, NEXUS)

33. Huw Lewis, delivered a report on Access to Transport in the borough. The report highlighted what Nexus and the Council were doing to help people access public transport.

34. One obvious barrier is the cost of transport. The Officer outlined several concessionary fares that Nexus provide on their own services and in collaboration with the bus companies. Particular attention was drawn to concessions which allow children, age 11 and under, and carers to travel for free with a paying adult. Nexus also provide a reduced fare for children and young adults from the ages of 0 – 21. The Officer stated that the reduced fare for young adults will assist those in full time education or those starting in new jobs.
35. Another barrier to the use of public transport is the level of service provision. The Officer shared statistics which demonstrated that most homes in South Tyneside are able to access 100,000 work opportunities within a 30-minute journey on public transport. The Officer stressed that the public transport network in South Tyneside is reasonably good but is under threat. The number of people using public transport has fallen during the pandemic but had not yet recovered. It was emphasised that for the transport companies to recover there needs to be more government funding in place to prevent fares from increasing and networks being reduced.
36. It was noted that Lead Members had been working with the bus companies via the Local Bus Board to address some of the Member's concerns. The Officer also drew members attention to the 'Loneliness with Transport Fund' which allowed local authorities to bid for funding to make public transport more inclusive.
37. It was recognised that there were more additional services than just buses, trains and metros such as taxis and minibuses which transported passengers between care homes and services. The Council also encourage the use of active transport and an investment plan in this area has been approved by the Cabinet.

Member discussion

38. A Member noted that many people in their ward struggled to use public transport due to the cost. The Officer responded that this is a problem, but bus companies set their own fares as private companies. They stated that one of the fundamental ways in which Nexus could influence fares was through subsidies and would like to see bus companies follow their lead in allowing children to travel free of charge with a paying adult. However, the Officer noted that to have more control over fares would only be possible with more public ownership of transport or greater funding.

39. A Member stated that it was also the bus companies' responsibility to help improve transport access and that they should have the opportunity to put questions to them as well as Nexus. Another Member expressed that they thought cheaper fares would be more likely to attract people to use the service. The Officer from Nexus agreed and stated that they had found this had worked on the Metros by introducing cheaper travel for young people.
40. In addition to this, the Officer from the Council's transport department stated that they were working more closely in education since the selection process around moving to secondary school does not currently consider how pupils will get to and from school. They were aiming to liaise with parents to inform them of the public transport options available for school children.
41. A Member stated that they were pleased to hear about the promotion of active transport, however noted that paths and cycle routes needed to ensure safety, especially those being used by children to travel to school.
42. Members also expressed concern that hospital travel should be accessible and affordable, especially considering that those from deprived backgrounds have lower life expectancies.
43. The Member also commended the work of the Bus Forum and stated that more Members should be made aware of it. The Officer agreed with this statement and told Members that it was an open forum and agreed to make all Members aware of future meetings.
44. Another Member raised the issue of changing bus timetables that could have negative impacts on school children or people travelling to and from work. The Officer from Nexus responded that they endeavoured to align bus times with school hours as best they could when there were no other public transport options. They stated that if the Member had a specific example of a school where this was an issue, they would feedback to the bus companies with suggestions.

Skills Strategy and Raising Aspirations:

Witnesses:

Paul Baldasera (Strategy and Democracy Officer, STC)

45. Members were presented with the key details from two reports which were brought to the committee. Both reports had been submitted to the Council's

Cabinet from Education and Skills Panel as part of a commission on Skills Provision.

46. The reports highlighted that several witnesses had stated that career advice offered in schools was not consistent or reflect the employment opportunities that existed. The findings of the reports also found that some schools did not promote vocational courses as much as academic routes and that that work experience was not always meaningful in teaching children skills for the workplace.
47. One of the recommendations was for schools in the Borough are provided with a consistent tool kit which could set clear standards for career advice and education.
48. The reports also discussed the need for adult support services to assist those looking for jobs or opportunities to reskill. This issue had been highlighted particularly during the pandemic. It was noted that South Shields Football Club had developed a programme to support people in developing their CVs and work experience.

Member discussion

49. Members discussed the fact that not all children are strong academically and many excel in practical skills. The Community School Headteacher on the Committee cited an example of a child who had been struggling in school but excelled on a scheme which gave him work experience at a local construction company.
50. They also cited schemes in younger school years like STEM fortnight, which aim to introduce children to professions in engineering and technology.
51. They also mentioned the importance of access to positive role models from a variety of professions.
52. From this discussion, a recommendation was put forward which would Encourage schools not only just to fulfil their statutory requirements with respect to careers advice but to give a high priority to providing children with the best possible career advice and opportunities. The suggested development of the toolkit for schools would facilitate this.
53. They also cited the difficulties people faced in getting to work or school as the cost of public transport had increased. A discussion developed around this, as Members recognised job opportunities could be greatly restricted for those without a car as bus routes were also being terminated.

54. As a result of the discussion, the Committee that further recommendations should be developed in the following areas :

- That work experience weeks be staggered across the year so that not all pupils are seeking placements at the same time.
- That businesses offering apprenticeships are offered support so that there is a consistent approach.
- Greater support be available, in terms of travel and subsistence, for people with apprenticeships and placements.

Conclusions

Food plan

55. Members recognised the key impact that the food plan could have on the health and wellbeing of those fighting poverty. However, they recognised that healthy eating would not often be the top priority for those in financial hardship and that the messages given out needed to emphasise the benefits, particularly in financial terms (reducing food wastage, cooking from scratch etc) as well as health benefits.

56. That said they appreciated the fact that a healthy diet may not always seem affordable to those on a low income. Community Food Pantries could be one initiative that could help. Others could involve circulating healthy, affordable recipe information and promoting the benefits of batch cooking.

57. Whilst Members appreciated the work being undertaken in schools on healthy eating, a renewed effort should be made to tackle childhood obesity through schools. The Youth Parliament could be used to review the messages and how they are delivered.

58. They noted the importance of raising people's awareness of where their food comes from, where it is grown, how it is packaged and how it is distributed.

Access to Transport

59. The Commission recognised that access to affordable transport should always be a key feature of any response to supporting people in tackling poverty whether it be getting to school, colleges, interviews and workplaces through to getting to the shops, health care appointments and other services.

60. They recognised the concessionary fares offered by NEXUS were vital but would like to see bus companies follow suit by offering young people accompanied by and adult and carers free travel.
61. Whilst recognising the that councillors had a very limited influence over bus companies as privately owned companies, nevertheless they felt that there should be some accountability to the local population brought into the system.
62. They noted that cheaper fares on the metro for younger people had brought increased patronage and there was a compelling case to encourage greater use of reduced fares which could prove to advantageous to the bus companies.
63. They were concerned that people were not always aware of the transport options available to them, particularly for school children.
64. Travel to and from hospital remained a key issue, particularly in the light of the “Path to Excellence” Programme which has meant that South Tyneside residents have had to travel to Sunderland more for services.
65. Encouraging active transport clearly has a place in any longer terms plans, but this must be backed up by safe and robust infrastructure.
66. It emerged that the Bus Forum was a key place to take areas of concern regarding the bus network, yet few Members had heard of it.
67. Subsequent to the commission’s session on Transport, it emerged that the introduction of the Enhanced Bus Partnership and Bus Service Improvement Plan was approaching.
68. The North East Joint Transport Committee formally approved the submission of the North East Enhanced Bus Partnership and Bus Service Improvement Plan to Central Government at a meeting on Monday 27th June. The next stage in the process is that the Department for Transport will review the submissions and once approved (or amended) they will be executed by each of the respective local authorities in order to complete the process.
69. The aim is for the region to be able to draw down £163 million over the next three years, to spend on capital projects designed to improve bus services, and on revenue-based areas, such as growing bus passenger satisfaction, introducing good value multi-modal fares, making buses greener, and growing bus patronage. It is hoped that these improvements will assist in

delivering the Commission's aims, particularly Recommendations 26 & 27 detailed later in this report.

Skills

70. Members agreed with the conclusions of the Skills Commission report in that there needed to be a more consistent approach to careers advice in schools and that information on vocational routes should be as prominent as academic ones.
71. It was clear to Members that not all schools gave the same prominence to Careers advice; it should be given a consistently high priority by all schools. The deployment of a toolkit with standards was therefore a welcome recommendation.
72. After some discussion, they wanted to add the following to the recommendations:
- That work experience weeks be staggered across the year so that not all pupils are seeking placements at the same time.
 - That businesses offering apprenticeships are offered support so that there is a consistent approach.
 - Greater support be available, in terms of travel and subsistence, for people with apprenticeships and placements.

member champion

73. As a final recommendation of the commission, Members through that there needed to be a Member whose responsibility is to ensure that poverty is tackled across the whole Council and South Tyneside Partnership. Subsequent to this discussion, it was noted that the new portfolio for the cabinet Member for Voluntary Sector Partnerships and Cooperatives now makes explicit reference to tackling poverty.

South Tyneside Poverty Group

74. As result of the need to provide a focus on the action on Poverty, the South Tyneside Poverty Group was subsequently established by the Corporate Lead for Policy and Insight in March 2022 to try to coordinate ongoing work across the Council on poverty prevention and mitigation, to maximise its impact and identify any gaps in support, particularly given the likely implications of the cost-of-living crisis. The group has wide representation across the Council and will report back to People Select Committee on progress.

Recommendations

75. Having considered the evidence presented to Members, detailed in this report, the Commission wished to make the following recommendations in addition to the 22 contained in the previous interim reports to Cabinet in December 2020 and March 2021:

R23 That the campaigns resulting from the food plan

- emphasise the financial benefits of reducing food wastage, cooking from scratch, batch cooking etc
- include affordable recipes, tips on using leftovers
- include details of how to find out where food comes from and why it matters

R24 The Council should actively promote the development of Community Food Pantries in conjunction with foodbanks.

R25 The Council works with schools and the Youth Parliament in looking at how healthy eating is reflected in the schools' curriculum.

R26 That a request is made via the Bus Forum that work is undertaken on the feasibility of

- free travel for young people accompanied by and adult and for Carers
- reduced fares and whether the increased patronage would neutralise the effect of reduced income from each ticket. In particular to look at reduced fares for those on a lower income who need to travel to work, apprenticeships, and training.

- R27** That Nexus and the Bus companies undertake a campaign which highlights travel options for those on a lower income for journeys such as to school and hospital appointments.
- R28** That schools stagger their work experience weeks so not all pupils are looking for placements at the same time.
- R29** That the Council offer businesses offering apprenticeships guidance and support to create a more consistent approach.

Financial and Value for Money Implications

76. The less people have available to spend has a negative effect on the local economy. Poverty can also lead to an increased use of services, which puts pressure on Council and NHS budgets.

Legal Implications

77. No legal implications arise from this initial report.

Risk and Opportunity Implications

78. Growing levels of poverty can lead to a deflated local economy and more reliance on Council services and NHS care. Reducing poverty can result in more local spend, greater demand for goods and services and more jobs.

Equality and Diversity Implications

79. At the point of responding to any recommendations made by the commission, an equality impact assessment will be undertaken before any arrangements are implemented. The framework will set out how we plan to meet the public sector equality duty and other provisions of the Equality Act.

Environmental and Sustainability Implications

80. There are several environmental and sustainability implications which will result from the implementation of the sustainable Food Plan including reducing food waste and encouraging the eating of sustainable and healthy food.

81. Also increased patronage on Public Transport will help reduce carbon emissions.

Report Recommendation

82. Members are asked to:

- Consider and note the evidence and conclusions outlined in the report
- Endorse the recommendations (R23-29) set out in paragraph 75
- Ask the Directors for Adults Services and Commissioning and Children's Services and Regeneration and Environment to prepare a response and action plan to progress the recommendations.

Reasons for Recommendation

83. The People Select Committee's Commission on Poverty seeks to identify actions which alleviate pressures on local residents experiencing poverty and promote improved access to services and support.

background papers background papers background papers

Commission on Tackling Poverty in South Tyneside: Final Report and Recommendations (June 2022)

The following is a list of the background papers (excluding exempt papers) relied upon in the preparation of the above report:

Background Paper	File Ref:	File Location
Commission on Tackling Poverty in South Tyneside (1 st interim report), December 2020		Democratic Services
Commission on Tackling Poverty in South Tyneside (2nd interim report), May 2021		Democratic Services
Commission on Tackling Poverty in South Tyneside (3rd interim report), May 2022		Democratic Services

background papers background papers background papers