

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 9 February 2026
Title:	Investing in the future: tackling child poverty
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1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

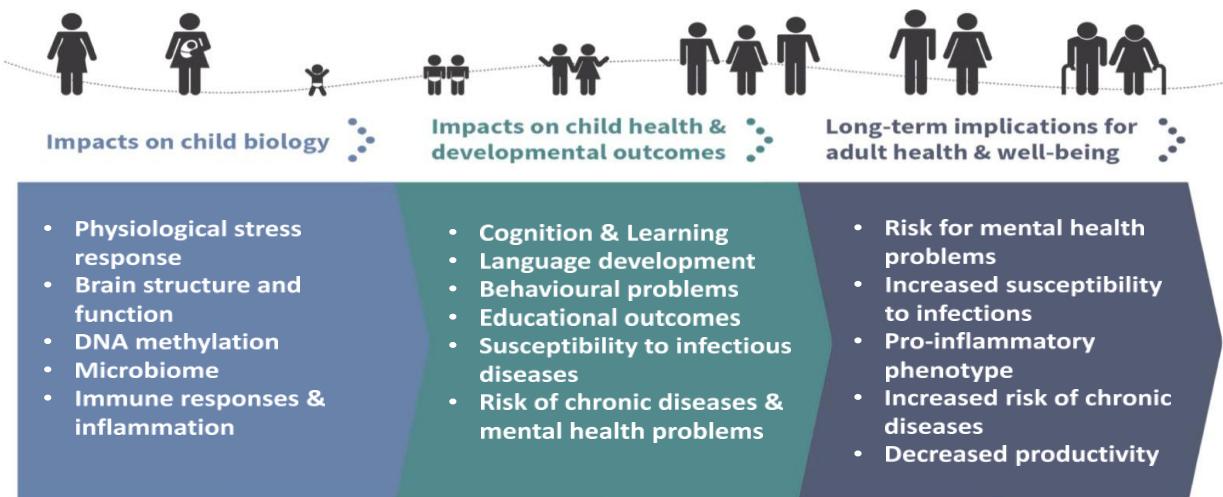
We know that poverty blights childhood and that the impact of experiencing poverty in childhood plays out across the life course, with enduring associations between child poverty and health outcomes. As well as the impact experiencing poverty for infants, children and young people has in terms of access to opportunities, there is also evidence that it can cause biological changes which can potentially have lasting influences on learning, behaviour and health¹. Therefore, there is also an economic case for the NHS to prioritise efforts in preventing and mitigating child poverty as infants, children and young people are at higher risk of mental health problems, susceptibility to infections and increased risk of chronic diseases². By

¹ Shonkoff, JP. (2016) 'Capitalising on Advances in Science to Reduce the Health Consequences of Early Childhood Adversity, JAMA Paediatrics, 170(10), p1003-1007.

² Schmidt, KL. et al. (2021) 'Society to cell: How child poverty gets "Under the Skin" to influence child development and lifelong health', Developmental Review, 61, p.2.

addressing the issue of poverty, we can contribute to realising the preventive potential for the health of our population.

Figure 1: Associations with early life poverty³



Inequality in health and health outcomes is driven by insecurity of income, housing and food, alongside inequalities in the experience of relationships. Financial hardship can bring challenges to parental mental health and parent child interactions, undermining family wellbeing. While adversity and toxic stress leaves people at greater risk of poorer physical and mental health, and of health behaviours that can compromise wellbeing, positive childhood experiences in childhood can contribute to resilience and mitigate the effects of experiencing adversity and buffer against the risk of experiencing toxic stress. Families and parents require security of income, food and housing to assist them in having the ability and parental wellbeing to provide positive experiences such as closeness, protection, love and responsiveness to children's needs.

The impact of poverty across the life course has implications across all Directorates and action within and across our NHS system is required to contribute to tackling and mitigating the impact of poverty.

Child poverty sets the scene, for the future health and wellbeing of our nation.

2.2 Background

This is the fourth Board Paper reporting on child poverty, with the last paper being presented in December 2024. These papers aim to provide annual updates on progress being made, or otherwise, in reducing child poverty at a local and national level, providing assurance that NHS Ayrshire & Arran (NHSAA) continue to deliver on their joint legislative duty to report on local action through Local Child Poverty Action Reports (LCPARs) and a summary of action from the previous year through delivery of the NHSAA Child Poverty Action Plan (appendix 1).

³ Schmidt, KL. et al. (2021) 'Society to cell: How child poverty gets "Under the Skin" to influence child development and lifelong health', Developmental Review, 61, p.2.

2.2.2 National position

Children are more likely to be in poverty against all national measures of poverty compared to adults (relative poverty, absolute poverty, persistent poverty, material deprivation and food insecurity).

Whilst the Scottish Government has announced that 'compared with previous year's statistics, relative child poverty in 2023/24 reduced from 26% to 22% in Scotland, while absolute child poverty fell from 23% to 17%', the interim targets set by the Child Poverty (Scotland) Act 2017⁴ have not been met⁵. Furthermore, UK Poverty statistics show levels of relative child poverty at 31% and absolute child poverty at 26%⁶.

As with previous years, statistics and rates should be interpreted with caution. There have also been some methodological changes this year, such as inclusion of Scottish Child Payment data and changes to the questions used to measure child material deprivation. This means that any comparisons with previous years should be made with caution.

The interim child poverty targets as set out in the Child Poverty (Scotland) Act 2017 were due to be met by March 2024. The interim targets, presented in the table below, were not achieved and more work needs to be done if Scotland is to meet the final targets set for 2030.

Contributing factors which are likely to have impacted on the achievement of the interim targets include:

- The impact of UK Government Policies, such as the two-child benefit cap
- Rising cost of living including energy costs
- High rates of persistent poverty
- Families living in very deep poverty and those who are disproportionately affected such as people with a disability and minority ethnic households.

While the Scottish Child Payment has been welcomed by families and third sector poverty organisations across Scotland, this one policy is not enough to change the child poverty landscape and address challenges being faced by families.

Target / measure*	Interim target	Annual 23-24 ⁷	Final target	3-yr rolling average (2021-24) ⁸
% of children living in relative poverty	Less than 18%	22%	Less than 10%	23%
% of children living in absolute poverty	Less than 14%	17%	Less than 5%	20%
% of children living in low income and material deprivation*	Less than 8%	9%	Less than 5%	N/A
% of children living in persistent poverty	Less than 8%	23%	Less than 5%	14%

⁴ Child Poverty (Scotland) Act 2017, <https://www.legislation.gov.uk/asp/2017/6/contents/enact>, accessed 25/08/2025.

⁵ Scottish Government, Child poverty in Scotland falls, <https://www.gov.scot/news/child-poverty-in-scotland-falls/>, accessed 25/08/2025.

⁶ Scottish Government, Child poverty in Scotland falls, <https://www.gov.scot/news/child-poverty-in-scotland-falls/>, accessed 25/08/2025.

⁷ [Child poverty summary](#)

⁸ [Poverty and Income Inequality in Scotland 2021-24](#)

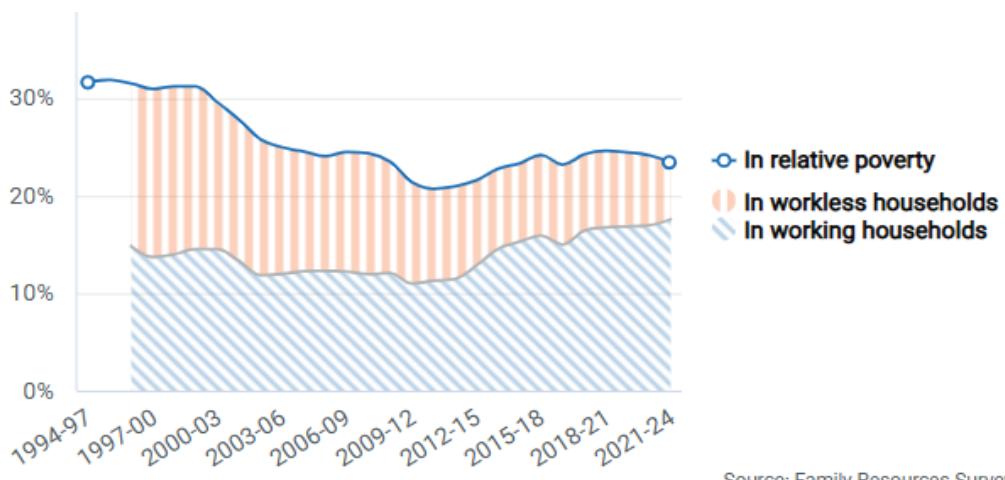
* Definitions can be found in Appendix 1.

** A new suite of questions for child material deprivation has been included in this year's surveys, therefore this year's estimate should not be compared with previous reporting.

We are currently awaiting publication of the next revision of the national four year Tackling Child Poverty Delivery Plan from Scottish Government and COSLA, this document is expected prior to the next Scottish election. The UK Government has recently published its Child Poverty Strategy.

Whilst the poverty risk is lower for children in working households compared to those in non-working households, not all work provides the level of pay and / or hours to ensure the household is above the poverty threshold. It is estimated that in 2021-2024, 75% of children in relative poverty lived in a working household⁹.

Figure 2: Percentage of children living in relative poverty, after housing costs, by household work status, Scotland



Source: Family Resources Survey

2.2.3 Local position

As with national data, interpretation should be made with caution.

Figure 3: Relative child poverty by Local Authority area and Scotland, annual percentages.

⁹ [Poverty and Income Inequality in Scotland 2021-24](#)

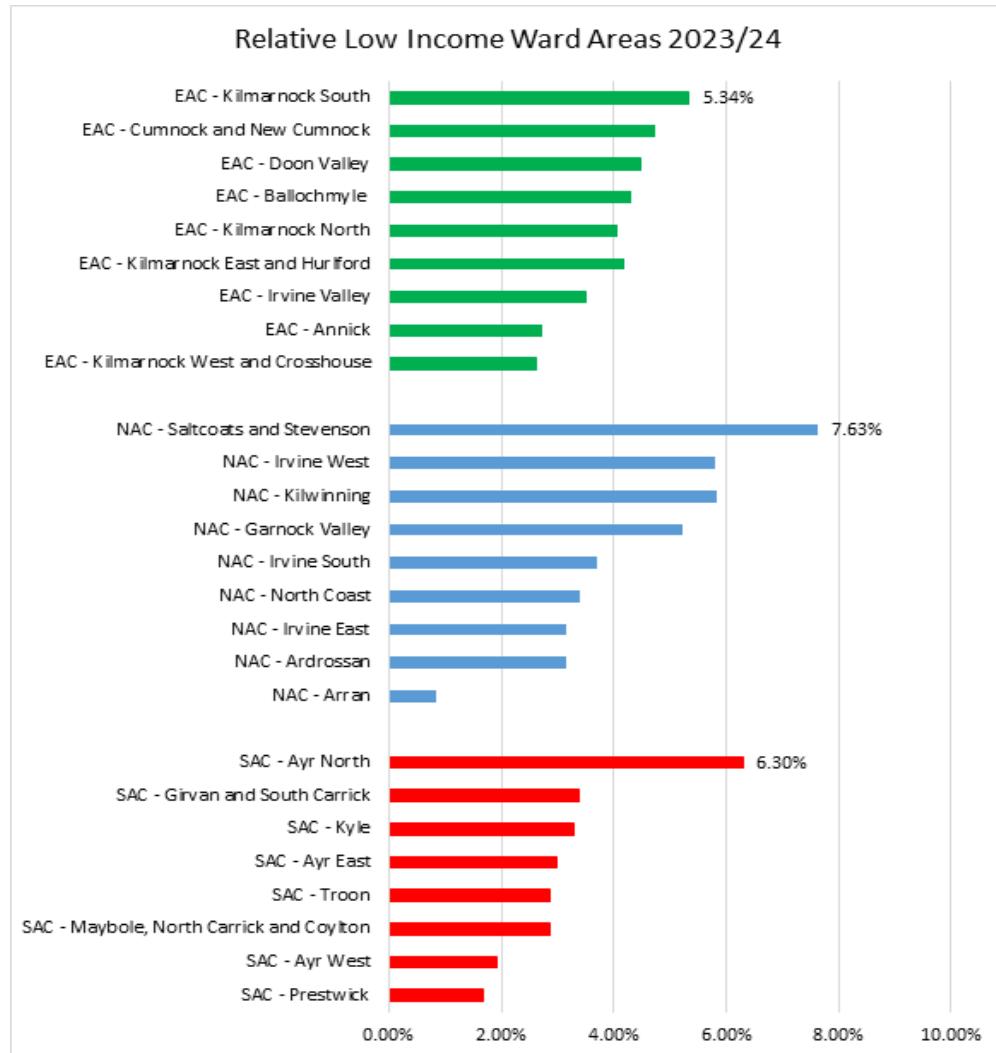
Relative Child Poverty Over Time
After Housing Costs - By Ayrshire County, NHS and Scotland
2014 to 2024
Source : [Child Poverty Statistics 2025 - End Child Poverty](#)



The above chart shows that for all areas, child poverty levels fluctuate between 22% and 30% with a noticeable drop during 2020/2021 followed by a sharp increase in 2021/2022. This dip can be attributed to the impact of covid on availability of data alongside the temporary policy interventions such as the increase to Scottish Child Payment and furlough.

In the most recent reporting period, East and North remain above the Scottish average while South Ayrshire remains below.

Figure 4: Local Authority Ward Level Relative Child Poverty Rates Before Housing Costs



The above figure differs from previous years ward level data, as the rates presented are before housing costs, rather than after housing costs. This means the rates provided are lower, and present a more positive picture than they would after housing costs, as these costs are key drivers of poverty. However, the picture itself is helpful in identifying the wards in each Local Authority who are at greater risk of child poverty.

East Ayrshire and North Ayrshire tend to have higher rates of child poverty as a local authority area than South Ayrshire. While North Ayrshire consistently reports the highest child poverty rates, they have also saw the greatest decrease in the most recent reporting period.

When looking at ward rates, Ayr North in South Ayrshire has higher rates of child poverty than the ward with the highest rates in East. This shows that in addition to consideration of local authority rates it is vital that local level data showing deep pockets of poverty are considered in focusing efforts. The chart also shows the higher inequality gap in South when compared to East and North.

Remote and rural areas and deprivation

It is worth highlighting the specific impacts faced by our remote, rural and island communities. A project carried out by the Improvement Service with a range of local partners identified the following barriers for rural areas in relation to reaching families in need of financial support:

- Poverty statistics often miss low-income families in remote areas, where populations are more widely dispersed
- Child poverty statistics are often based on income rather than outgoings, this can be problematic in rural and island settings where incomes may not suggest families are experiencing poverty, however the cost of living may be higher
- It can be harder to engage families due to practical barriers such as poor transport and an increased sense of stigma and visibility.

The impacts of poverty on health and health care be felt more in areas that experience rurality and geographical isolation, with increased barriers to healthcare and other services, increased energy costs and transport poverty.

The Urban Rural Classification¹⁰ details the balance of the population living in a range of urban or built-up areas and rural and country areas. The Scottish Index of Multiple Deprivation (SIMD)¹¹ details the areas of greatest deprivation across Scotland. Together these measures provide information on the challenges in family and community life. In Ayrshire and Arran the two measures indicate high levels of population and deprivation across urban and rural communities, demonstrated visually in Figure 5 below:

Figure 5: SIMD of Ayrshire and Arran¹²



¹⁰ Scottish Government Urban Rural Classification 2020 - gov.scot

¹¹ Scottish Index of Multiple Deprivation (SIMD) - Deprivation - Geography, population and deprivation support - Health intelligence and data management - Resources and tools - Public Health Scotland

¹² DPH Report NEW

Unemployment

Levels of unemployment vary. In 2024/25, Scotland had an estimated rate of people aged over 16 of 3.3%, down 0.4% since 2023/24. Within East Ayrshire it was higher at 4.0% (0.8% higher than in 2023/24). It was slightly higher in North Ayrshire at 4.7% (0.6% higher since 2023/24) and South Ayrshire was lower at 3.8% (down 0.4% since 2023/24).

Poverty and health outcomes

Within health care and services, a recent survey of 371 Paediatricians¹³ published July 2025, found that:

- 99% of respondents reported that poverty is contributing to ill health among the children they treat;
- 96% stated that poor housing conditions are affecting the health of the children they treat;
- 79% have observed that the impact poverty is having on the health of children is more severe; and
- 95% reported that poverty is preventing children from attending medical appointments.

Furthermore, a recent evidence review carried out by Scottish Government exploring 'Understanding the health outcomes of experiencing poverty in the early years'¹⁴ found a disproportionate impact of poverty in the early years on both parental and child health in relation to:

- Parental nutrition, weight and supplement use;
- Infant-feeding practices, nutrition and weight;
- Parental tobacco, alcohol and drug use;
- Access to healthcare in the perinatal period;
- Parental mental health;
- Infant mental health;
- Infant oral health;
- Infant vaccination update; and
- Infant mortality.

As noted in the opening paragraph, the impacts of poverty and adversity in childhood play out in terms of health outcomes across the life course and can result in increased health and healthcare needs, poorer health outcomes and increased demand on health services.

2.3 Assessment

A life course approach to tackling child poverty

A life course approach focuses on population health while drawing attention to the consequences of a range of opportunities and risks as experienced by individuals in the context of family and community life from before birth to death. Through a life

¹³ Child Poverty Action Group and RCPCH, July 2025, Child poverty on the front line of the NHS: [Child poverty on front line NHS.pdf](https://www.rch.ac.uk/-/media/assets/policy-and-practice/policy-and-practice/child-poverty-on-front-line-nhs.pdf)

¹⁴ [Understanding the health outcomes of experiencing poverty in the early years: Evidence review](https://www.gov.scot/publications/understanding-health-outcomes-experiencing-poverty-early-years-evidence-review/)

course approach there is a recognition of how civil, family and community life can support and underpin the creation and nurturing of physical and mental health and wellbeing, of both current and future generations.

In order to tackle child poverty we must consider poverty across the life course. In order to prevent and mitigate the impacts of child poverty, we must understand and address the factors that can influence the risk of children experience poverty at different developmental stages and the preventive potential at and across these stages.

The rise of food insecurity in Scotland also impacts directly on:

- Learning – poor nutrition and hunger due to food insecurity is linked to reduced concentration, lower academic performance and absenteeism
- Behaviour – food insecurity contributes to stress and mental health issues which can manifest as behavioural challenges in both school and community
- Children from food insecure households are at risk of lower attainment, further contributing to the attainment gap.

A study in the North-East of Scotland¹⁵ found that, for parents, food insecurity and hunger can cause high levels of anxiety and feelings of guilt and shame which can affect parental mental health and overall quality of family life. Furthermore, food insecurity and poverty can often lead to unstable employment which in turn, through low pay and insecure contracts alongside the cost of living can result in parents struggling to afford food¹⁶. A life course approach to tackling poverty considers:

- The impacts of early life experiences such as insecurity of income, housing and food, and education which can impact on both structural and relationship inequalities at an early age;
- How these social, economic and health-related factors continue to interact across the different stages of a person's life and at key transitional periods, such as entering the workforce and becoming a parent; and
- The impact of intergenerational effects which can result in poverty persisting through different generations of families and communities where appropriate action / intervention is not available.

NHS Ayrshire & Arran must take account of the barriers families may face in accessing services and how these barriers may affect access to and engagement in health services, therefore, impacting on and exacerbating health inequalities.

Furthermore, NHS staff and services should be aware of and considerate of people's circumstances in terms of security / insecurity of income, housing and food and how this will impact on their ability and options to self-manage conditions, engage in preventative health behaviours, wait well and recover and rehabilitate and influences on wound healing and infection risk¹⁷. For example, are people who are waiting for treatment and care and those being discharged from hospital in

¹⁵ [P05 Parents' perspectives and experiences of parenting and caring for young children on a low income in the north east Scotland | Journal of Epidemiology & Community Health](#)

¹⁶ [Understanding the lived experience of low-income UK parents' and carers', management of infant feeding challenges in the context of the current cost of living crisis: the Diet and Health Inequalities \(DIO Food\) project. \[Preprint\]](#)

¹⁷ [PPPIR_WC25-Urgency-of-wound-care.pdf](#)

receipt of income adequate to meet their needs, do they have access to warm, dry, secure housing and nutritious food. Also are health improvement and self-management messages an option for people's circumstances.

Potential preventive opportunities and approaches are outlined below:

Universal prevention approaches

- Ensuring high quality universal health care and education services (maternity through to health visiting/school nursing and pre-school/nursery, primary secondary school and higher education);
- Developmentally informed approaches are aware of and are informed by the needs of children and young people at different points in their life; and
- Framing of health as a resource for life that can ebb and flow and benefit from additional inputs and supports as needs present.

Primary prevention approaches

- Trauma-informed, non-judgemental views, values and attitudes of staff and services;
- Providing living wage and fair work that supports families;
- Income maximisation and financial inclusion programmes;
- Services and healthcare that is accessible to all without barriers relating to times, location and transport;
- Equitable access to quality early education and childcare;
- Access to affordable / free meals and nutrition;
- Access to affordable / free opportunities to participate in activities for children and young people;
- Affordable warm, dry homes; and
- Efforts to tackle inequalities relating to health and burden of disease in areas of higher deprivation.

Secondary

- Cash first approaches that promote rights and respect;
- Employability programmes and opportunities for parents;
- Routine inquiry regarding financial insecurity and opportunities for income maximisation in health settings;
- Clear referral pathways to employability services, financial inclusion and housing;
- Targeted interventions for young people at risk of disengagement e.g. mentoring, skills based experiences;
- Early response for families impacted by domestic abuse to reduce further impact on finance; and
- Programmes within mental health, justice and addiction services to prevent escalation of issues that contribute to poverty and identifying opportunities for financial support.

Tertiary

- Single shared assessment and multi-disciplinary responses for those with complex needs (health, housing, employment etc.);

- Trauma informed care for people who have been affected by poverty and related factors i.e. experience of violence or addiction;
- Disability benefits and other assistance for those experiencing persistent poverty and combined poverty and material deprivation;
- Programmes to support people prior to and on release from prison; and
- Programmes to support people out of homelessness and following this transition into stable housing.

NHS Ayrshire & Arran Child Poverty Action Plan 2023/2024

The section below provides some highlights from our 2023/2024 action plan as part of assurance for the Board. A copy of the plan can be found in appendix 2.

Cost of Pregnancy

A communications plan was drafted and implemented to effectively distribute our antenatal rights awareness leaflets across Ayrshire. These were designed to inform employees of their rights to be granted time off work to attend antenatal appointments and to inform employers of their legal obligations in relation to providing this support to pregnant employees. There was one poster and one information leaflet for each of the target audiences. These were created in partnership with colleagues in Maternity and HR to ensure relevance and accuracy. The communications plan specifies the communication channels that were used to distribute the information to workplaces across Ayrshire, including NHS AA, CPP, HSCP and Local Authority staff, but also to independent, private sector workplaces across all industries and sizes. This was done through the Healthy Working Lives Database, Social Media Channels and the NHS AA patient accessible app, "Badgernet", that all pregnant women are given access to upon booking in with their midwife. There is also a plan to explore the opportunity to produce these leaflets in languages other than English.

Best Start EY nutrition and vitamins (Priority Groups)

The Health Improvement Team have supported the Family Nurse Partnership to create an Infant Food Insecurity Pathway to provide direction for staff across NHS Ayrshire & Arran who support children and families across the board area. This supports a cash first approach and aims to give staff the signposting information they require to enable them to direct families to sources of rapidly accessible financial assistance when they are struggling to pay for infant milk or food.

This document contains the three local authority financial inclusion pathways as well as information on local social work support and emergency food sources. It also encourages staff to enquire about the family's wider situation, and how they can be empowered to improve their financial position and security into the future. This considers the wider determinants of poverty, also the impact that poverty can have on wellbeing and health outcomes. The guidance is located on Athena, which means it is accessible to all staff throughout the board.

Financial Inclusion

Following on from the addition of lived experience input to the NHS AA Financial Inclusion Pathway Training supporting resource pack in 2023-24, the course content and additional resources have been fully reviewed and updated as part of the 2024-25

plan. A key development is the addition of "Worrying About Money?" information leaflets created by the Independent Food Aid Network (IFAN) in partnership with Community Planning Partnership and third sector colleagues, that highlight the main points of contact for families who are concerned about their general finances, fuel poverty and/or food poverty. The review highlighted that there were "Worrying About Money?" information leaflets available for South and North Ayrshire, but not for East. The Health Improvement team within the Public Health Department approached IFAN to offer support to produce this for East Ayrshire, giving a comprehensive suite of reliable information for trainers to cascade to staff that support families who are participating in the Child Poverty and Financial Inclusion Workshop. This gives them a tangible aid to give to families to take away and refer to, either immediately or in the future.

Procurement

As part of a Memorandum of Understanding between NHS Ayrshire & Arran and Public Health Scotland concerning local implementation of the national Health and Work Delivery Plan, the Workplace Health Team have allocated a member of staff to support the function of the Community Benefits Gateway (CBG) for 0.2 WTE. This supports outcome area 4: Increased adoption of community wealth building approaches across the public sector, including NHS Anchor Institutions. Across 2024/2025: 7 community benefits were delivered, bringing the total number of wishes delivered since the CBG inception in 2022, to 23. 34 bids were 'open' and available for suppliers to bid at the end of the 2024/25 financial year. One of the bids delivered was for a number of Christmas hampers for children and families in communities experiencing deprivation. This has given appetite to target third sector organisations that support children and families into 2025/26 with promotion of the CBG and the types of benefits available. Case studies will be produced to showcase the possibilities from utilising the CBG.

Participation

With a view to bringing a lived and living experience lens to the work being delivered to tackle poverty, an experiential worker has been recruited to contribute this aspect of input to our activity within Ayrshire and Arran. A much-anticipated video has been filmed that depicts the impact of poverty on children and families in the community which brings the challenges in the moment and the poor outcomes in the long term to life. As well as sharing the video with partners involved in supporting children and families, the video has been incorporated into the new Child Poverty and Financial Inclusion Pathway Training that is provided by the Health Improvement Team and is open to all staff working across Health and Social Care in Ayrshire and Arran. There is scope to develop this role in relation to reducing the impact of hospital stays on children and families and the experiential worker becomes involved in the development of an action plan to increase awareness and utilisation of the Young Patient Family Fund. This will include gathering information from families of how having their young person in hospital impacts on their finances including childcare costs for other children and loss of earnings.

Communication

Challenge Poverty Week is an annual awareness event that is driven by the national charitable organisation, The Poverty Alliance, and aims to raise awareness of the nuances of the impacts and drivers of poverty for children and families. The key

themes for 2024 were Housing, Community Benefits Gateway, Transport, Food Insecurity and Adequate Incomes. A communications plan was developed in line with the published materials provided for partners to share, and these were executed through a series of social media and intranet posts. The posts reached over 80000 individuals with over 2500 clicks into the materials, an encouraging amount of engagement for this series of campaigning on the issue. There is a plan to participate in this again in 2025, where the metric data will be analysed to determine the best method for communicating these messages to the appropriate partners and organisations.

Throughout the year, we have had representation on the Public Health Scotland Child Poverty Leads Networks to ensure communication is flowing in both directions between local board and national leads. This has given rise to contributions to national level consultations on the strategic direction for CP interventions, including the parliamentary request for scrutiny on the implementation of the Child Poverty (Scotland) Act 2017

Performance reporting

We continue to contribute to the North Ayrshire Tackling Child Poverty and Cost of Living Board, which is chaired by the Council Leader. We have also been part of recent developments for a new Child Poverty Strategy in South Ayrshire. Within East Ayrshire, LCPAR reporting processes are being aligned to the Children's Services Plan. The Public Health, Health Improvement Lead continues to link with colleagues to explore and agree the Public Health contribution to tackling child poverty in East Ayrshire.

Ayrshire Data compendium produced to assist East, North and South Ayrshire with key measures and analysis for local child poverty action plans.

Priority Groups

Posters have been on NHSAA hospital sites for a number of years that indicate where financial inclusion support can be sourced for patients in hospital. These have been reviewed in relation to where they were situated, where they are still visible and for the poster content. Some adjustments have been identified, with one of the primary changes being the rewording of the poster to bring relevance to staff as well as patients. The review should ensure that areas where people with young families are likely to be attending has provision of this information, displayed appropriately and that staff are also aware they can access the same supports. An action will carry forward into the 2025-26 plan to implement the changes to the poster with support from the board Communications Team, and to redistribute the resource throughout the identified key sites.

Local Child Poverty Action Report (LCPAR) updates

Members of the Public Health Department work with each of the three LAs to contribute to the development of LCPARs. Each year, LCPARs are reviewed by one of the national child poverty partners and both NHS Ayrshire and Arran (Public Health) and Local Authority leads are invited to receive feedback through a discussion with the reviewing partner. Links to the most recent LCPARs can be found below:

East Ayrshire (EA)

[Children and Young Peoples Service Plan Annual Report 20242025](#)

North Ayrshire (NA)

[Child Poverty Action Plan 2023 to 2026](#)

South Ayrshire (SA)

[Child Poverty Annual Progress Report - South Ayrshire Council](#)

Work with partners continues within the current year to build on and develop processes for evidence based planning and reporting on child poverty.

Anchors and Community Wealth Building (CWB)

We continue to ensure appropriate joins between the Child Poverty Action plan and work which is progressed through the [Anchor/Community Wealth Building Strategy](#). The Anchor/CWB Strategy aligns across the five traditional pillars of community wealth building and climate change with identified senior managers leading actions against these.

2.3.1 Quality / patient care

It is vital that the organisation considers programmes such as waiting well, prehab, discharge and rehab alongside the wider circumstances of the person's life. Services and staff should consider:

- Is the person in receipt of income adequate to meet their needs;
- Do they have access to warm, dry secure housing;
- Do they have access to food that is adequate in quantity and nutrition; and
- Are the health improvement and self-care messages being provided an option for the person based on their circumstances?

2.3.2 Workforce

Efforts to tackle child poverty are supported across various Directorates and groups, these have been outlined in previous year's reports. Examples of key groups and areas include:

- Infant, Children and Young People's Transformational Change Programme Board;
- Staff Financial Wellbeing Group;
- Community Wealth Building;
- NHS as an Anchor Organisation;
- Universal midwifery, maternity and health visiting services; and
- Paediatrics and child health.

However, resources are limited and we hope through ongoing awareness raising and support for staff in understanding and responding to child poverty, poverty and income maximisation more broadly it can become part of core business for our staff and services.

2.3.3 Financial

It is currently expected that the work will be undertaken within existing resources.

2.3.4 Risk assessment / management

There is a need to further develop specific focus and action on the priority families within our action plans. There are mechanisms for collaborative working in place, in order to meet related legislative duties. Structures exist across A&A which mean the vehicle for carrying out the necessary work exists. These are augmented by the NHSAA CWB/NHS as an Anchor Organisation Programme Board and Staff Financial Wellbeing Steering Group.

2.3.5 Equality and diversity, including health inequalities

An equality impact assessment (EQIA) for relevance was conducted for this board paper and reviewed by the Equality and Diversity Adviser, and is available online [here](#).

Furthermore, this work is in line with the public sector responsibility under the Fairer Scotland Duty.

2.3.6 Other impacts

- Best Value
 - Vision and leadership
 - Effective partnerships
 - Governance and accountability
 - Performance management;
- Compliance with corporate objectives;
- Child poverty is high on the agenda across our Community Planning; Partnerships (CPPs) and is interwoven through each of the respective Integrated Children Services Plan priorities; and
- The role that child poverty plays in circumstances and experiences across the life course and how this impacts on inequalities, outcomes and demand for services and support.

2.3.7 Communication, involvement, engagement and consultation

This is a priority within the Child Poverty Action Plan. Members of the Public Health Department continue to engage with each of the three LAs with regards to NHS input into the LCPARs.

Child poverty is a theme within the pan Ayrshire Infant Children and Young People's Programme (ICYPP) and routine highlight reports and risks are shared with the SPOG.

2.3.8 Route to the meeting

- The action plan has been shared with the LA Leads for child poverty and those involved in drafting the LCPARs in North, South and East Ayrshire.
- This action plan has been shared with: East Financial Health and Wellbeing Partnership; EA Economy & Skills Group; South Financial Inclusion Strategic Delivery Partnership (SDP); SA Employability and Lifelong Learning Partnership;

SA Youth Services Strategic Group; NA Tackling Child Poverty and Cost of Living Board; NA Local Employability Partnership; and NA Financial Inclusion Partnership

- This action plan has been shared with North, South and East Children's Services Partnerships.
- Those leading on actions have agreed their actions.
- An update on the child poverty work is routinely given to the Strategic Planning and Oversight Group (SPOG).

2.4 Recommendation

For awareness: Members are asked to take assurance from the update that NHS Ayrshire & Arran has delivered on its statutory duty and to note the progress against local actions.

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Definitions
- Appendix 2: NHS Ayrshire & Arran Child Poverty Action Plan 2023/24

Acknowledgements

We would like to acknowledge a range of people from across the organisation, including from the Midwifery, Paediatrics, Public Health, Finance, Management, and Communications departments, who have inspired, delivered, and continue to enable this work.

Appendix 1: Definitions

Relative poverty	Relative poverty - individuals living in households whose equivalised income is below 60 percent of median income in the same year. This is a measure of whether those in the lowest income households are keeping pace with the growth of incomes in the economy as a whole.
Absolute poverty	Individuals living in households whose equivalised income is below 60 percent of inflation-adjusted median income in 2010/11. This is a measure of whether those in the lowest income households are seeing their incomes rise in real terms.
Material deprivation	Whether households have goods and services that people in the UK believe to be necessary. A suite of 21 items and activities is compared. Households are asked whether this is because they do not want them or because they cannot afford them. Within the scoring more weight is given to lacking items that most of the population have. This measure also combines use of an income threshold of 70% of the median income.
Persistent poverty	Individuals living in poverty for three or more of the last four years. If someone lives for longer in poverty, it has more impact on their well-being, health, and overall life chances.

Appendix 2

NHS A&A Child Poverty Action Plan 2024/25									
PRIORITY	OVERARCHING AIM	ACTION 2024/25	6 Priority Family Types (See Blue meetings tab)	Poverty Driver Target/ UNCRC Article (See Green UNCRC tab)	Partners involved	Resource	Measures	Lead(s)	Comments
1.0 Financial Inclusion	1.1 Promote use of Financial Inclusion Referral Pathways with NHS A&A and HSCP staff to directly refer families in need to appropriate FIS and incorporate this into routine practice.	Reviewing and updating the workshops for delivery. (Carried over from 2023/24)	1,2,3,4,5,6	Income from benefits, UNCRC Article – 3,6,12,26,27	NHS A&A PH, HSCPs, Financial Inclusion Service (FIS), Acute Services	Existing resources	Referral rates to FIS	Michelle Kennedy (Public Health). Nicola Halligan (Public Health).	Workshops being reviewed and restart in 2025. Add follow up evaluations re how training and knowledge is being applied. CF 2025/26
	1.2 Introduction of the wellbeing prescription pad to Child Healthy Weight (CHW) programme	Monitor the wellbeing prescription pad within the child Healthy Weight Programme (NEW)	1,2,3,4,5,6	Income from benefits, UNCRC Article – 3,6,12,26,27	NHS A&A PH, HSCPs, NHS Maternity, FIS, NHS O&HRD (training), NHS Service Leads	Existing resources	Referral rates to FIS	Alan Brown (Public Health).	For 2025 consider monitoring of FIS referrals as part of FIP training refresh

	1.3 Introduction of the wellbeing prescription pad to Better Health Hubs	Monitor the wellbeing prescription pad within the Better Health Hubs (NEW)	1,2,3,4,5,6	Cost of Living, Income from Benefits, Income from Employment UNCRC Articles - 13, 17, 24, 26, 27, 31	NHS A&A Child Healthy Weight Team	CHW Team	Utilisation and referrals of holistic wellbeing prescription pad with and from participating families of the JumpStart programme	Mhairi S / Pamela M	Complete for 24/25, ongoing monitoring
2.0 Cost of pregnancy	2.1 Workplace Team to raise awareness with businesses around entitlement of employees to paid time off to go to their antenatal appointments.	Finish and sign off campaign materials and then roll out to small and medium enterprises.	1, 2, 3, 4, 5, 6	Income from employment. UNCRC Articles 2, 3, 4, 6, 24, 26	Maternity, HI workplace team.	Existing	Number of businesses advised.	Laura Craig (Public Health). Nicola Halligan (Public Health).	The campaign materials ready to be disseminated in 2024/25. Poster will go on badgernet, available to pregnant mothers prior to ante-natal appointments. Consider poster in different languages. Ongoing, cf to 25/26

3.0 Early years - Best start food and vitamins	3.1 Access to infant food for those in financial crisis situations (NEW)	Development of infant food insecurity pathway	1,2,3,4,5,6	3,5,6,18	Public health, Family Nurse Partnership	Existing	Production of guidance document. Number of staff engaged.	Nicola Murphy, FNP Laura Thompson (PH)	Pathway renamed 'Responding to and preventing infant food insecurity in Ayrshire and Arran' currently being re-formatted. Will be presented at Maternal and Infant Nutrition Programme Board and distributed to HV/MW and FNP services. CF 2025/26
4.0 Oral health	4.1 Support for direct costs of dental care (NEW)	Dental teams continue to promote the use of HC1 forms particularly for vulnerable adults (including parents) this is alongside promoting free dental care for those eligible		UNCRC Articles 3,5,6,18	Public Health, Dental Services, Referring partner including health visitors, school nurses, social work and other professionals around a child	Oral HI action plan currently being developed in response to findings of OHNA and will cover a range of aspects in relation to child poverty. Will be feed into CP plan once developed			2023/24 end of year progress update from Jacky Burns: '. This continues to be part of routine business and new outcomes will be considered as part of the oral health improvement action plan being developed in 2025. Action closed.
	4.2 Review the delivery of the DHSW programme, which aims to support families who require	Will include focussed consideration of improving referral rates in the first year of life for those children in			Public Health, Dental Services, Referring partner including health visitors, school nurses, social work and other	As previous action (4.1)		Jacky Burns (CDPH) / Megan MacPherson (StF Public Health) /Gordon MacBeth (Dental Services Manager)	Action for 2025/26 financial year as part of a year plan, with ongoing quality improvement actions identified.

	additional dental input.	SIMD 1 areas. We continue to provide targeted interventions in schools and nurseries with high levels of deprivation.			professionals around a child				
5.0 Procurement	5.1 Promote the portal as opportunities arise (NEW)	Matching requests that come into the community benefits portal to potential providers and scope out what is possible to report on as part of this work programme (NEW)	1,2,3,4,5,6	UNCRC Articles 2,3,5,6,12,15,17, 18, 23, 24, 26,27,31,	Public Health, Procurement, Transformation and Sustainability			Laura Craig (Public Health). Laura Thompson (Public Health).	Complete
6.0 Participation	6.1 Capture voices and experience of children and young people and their families and priority groups who are experiencing poverty and build in learning to policy and policy change.	Build on local learning and mechanisms to provide a voice around lived experience.	1,2,3,4,5,6	Cost of Living, UNCRC Article – 3,12	NHS A&A PH, Champions Boards HSCP, Participation Workers NHS and HSCP, CAMHS	Existing Resources	Feedback and qualitative data being available to inform and shape actions	Michelle Kennedy (Public Health) Laura Thomson (Public Health), Faye Murfet (ADP). Amy-Jade Donnachie, Recovery Ayr.	Experiential worker from RecoveryAyr has become part of the team receiving positive feedback from partners on their contribution to programmes. Video recorded covering experience of poverty and stigma. Complete
7.0 Communication	7.1 Co-ordinated communications and campaigns relating to tackling poverty (NEW)	Development of a tackling poverty comms plan including child poverty (NEW)	1,2,3,4,5,6	Income from benefits, Cost of Living, UNCRC Article – 3,6	NHS A&A PH, NHS A&A and Local Authority Comms. Teams. Comms.	Existing Resources	Referral rates to FIS. Implementation of Communications plan.	NHS Public Health Child Poverty Group and Task and Finish group –	Comms plan for CP week. Link with NHS AA plans We continue to be

					ICYP TC PB QYW Better Health Hub Team.		Number of tweets sent. Number of re- tweets.	financial inclusion (in relation to their work). PH Digital Team (Public Health). Miriam Porte, Comms (T&S).	represented and contribute to national child poverty groups and work to align our NHS action plan with LCPAR within each area. CF to 25/26
	7.2 Lobby, advocate and seek to influence wider change across all systems, including focus on National Public Health Priority 5 - An Ayrshire where we have a sustainable, inclusive economy with equality of outcomes for all, which will include Child Poverty.	Continue comms around CP with NHS staff, the public (thorough social media inc. child poverty week) and other national CP colleagues (attending IS Child Poverty Leads meeting and also NHS CP leads meeting.	1,2,3,4,5,6	Income from benefits and employment, Cos of Living, UNCRC Article –3,26,27	NHS A&A PH, All NHS A&A	Existing Resources	Awareness- raising and engagement in partnership.	Michelle Kennedy (Public Health). Health Improvement colleagues (Public Health).	8.3 LM going to lead PH response to "Post Legislative Scrutiny of the Child Poverty (Scotland) Act 2017 on behalf of PH as requested by CE office. Complete

	7.3 Identify opportunities to participate in consultation and engagement on child poverty strategy and policy both locally and nationally	Participate in nationally led consultation around the future strategic direction for CP actions within board areas	1,2,3,4,5,6	UNCRC Articles 3,4,6,17,23	Public Health	Existing resources	Contribution to local and national policy development	Lindsey Murphy (Public Health).	Responded to Parliamentary request for scrutiny on CP Act. Complete
8.0 Performance Reporting	8.1 Input to joint Child Poverty Action Reports with three partnerships	Health Improvement Lead collaborating on ongoing basis to ensure Plans and statutory duty of collaboration is met.	1,2,3,4,5,6	All UNCRC Articles – 3,6,12,26,27	NHS A&A Public Health (PH), NHS Maternity, 3CPPs 3 HSCP	Scottish Gov	Production of joint reports: EAC, NAC, SAC	Lindsey Murphy (Public Health).	We contribute to the North Ayrshire Tackling Child Poverty and Cost of Living Board, which is chaired by the Council Leader and Child Poverty Strategy in South Ayrshire Within East Ayrshire, LCPAR reporting processes are being aligned to the Children's Services Plan. Health Improvement Lead links with colleagues to agree the Public Health contribution to tackling child poverty in East Ayrshire. action plan. Complete

	8.2 Work with local partners to identify appropriate data and health intelligence to inform monitoring of progress against four income-based child poverty targets.	Continue discussions with the 3 partnerships. Embed awareness of single point of contact for data.	1,2,3,4,5,6	All, UNCRC Article – UNCRC Article – 3,26,27	NH AA PH, 3 CPPs, 3 HSCP	Existing Resources	Robust, appropriate and meaningful local database developed.	Michelle Kennedy (Public Health).	Complete
9.0 Priority Groups	9.1 Increase our understanding and develop the PH role in efforts to support priority families through the NHS. (NEW)	Scoping good practice / evidence base for priority groups and identifying staged plans for action. Accessibility and availability of services.	1,2,3,4,5,6	UNCRC Articles 3,5,6,17	Public Health, FNP	Existing	Established NHS role in tackling child poverty amongst priority groups	Laura Thompson Nicola Murphy	LT to explore opportunities with FNP parents as focus for this year. Complete
	9.2 Challenge Poverty Action Funding (CPAF) (NEW)	Support evaluation of North Ayrshire's CPAF funded single shared assessment programme.	All	Cost of Living. UNCRC Articles 2,3,5,6,12,15,17, 18, 23, 24, 26,27,31,	NHSAA North Ayrshire Council	HI Staff	Production of qualitative evaluation report	Laura Thompson Nicola Halligan	We didn't apply for cpaf funding this year. South submitted bids, LM can update on this re potential role for us. Closed

	9.3 Families accessing services through Rainbow House are supported and signposted appropriately with regards to Financial Inclusion pathways	Ongoing support and input to Rainbow House, as required	Priority is 3, but families could fall under any of the categories	Cost of Living. Income from benefits. UNCRC Articles 2,3,5,6,12,15,17, 18, 23, 24, 26,27,31,	Rainbow House	Existing	Review whether actions have been completed.	Aileen Crichton (Rainbow House) and Ruth Mellor (Public Health) Pamela Miller Debbie Macaulay	Short Life Working Group was set up and an action plan produced. The action plan has now been implemented. Complete
	The Family Nurse Partnership to further develop relationships and strengthen connections to maximise the support available for parents as a priority group.	Explore priority areas and targeted information sharing to reduce food insecurity	1,2,3,4,5,6	Income from benefits and employment. Cost of Living. UNCRC Articles 3,5,6,17	Public Health, FNP	Existing	Clear communications between FNP and parents	Laura Thompson Nicola Murphy	Ongoing CF to 25/26

	Preliminary discussions planned with Senior Paediatric Respiratory Nurses to explore wider support for infants, children and young people affected by respiratory issues. Explorative conversations being progressed to consider the impact of poverty on the provision of nappies and any links to wider health implications. (POTENTIAL NEW)		1,2,3,4,5,6	Income from benefits and employment. Cost of Living. UNCRC Articles 3,4,5,6,17,18,24,7	Public Health, Respiratory, ICYPPB	Existing. YPFF		Laura Thompson, Kathleen Winter, Michelle Kennedy, Lizzie Weir	NHS Board paper: 'Preliminary discussions have taken place with Paediatric Respiratory colleagues to explore wider support for infants, children and young people affected by respiratory issues'. Working to ensure all financial support channels are visible and accessible (YPFF and money worries posters) CF 2025/26
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*** Priority Groups:**

- one-parent families
- a household where someone is disabled
- families with three or more children
- minority ethnic families
- families with a child under one year old
- families where the mother is under 25 years of age