



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE

MUNICIPAL YEAR 2024-25

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**CHILD POVERTY AND THE ROLE OF THE HEALTH DETERMINANTS RESEARCH
COLLABORATION (HDRC) IN RCT**

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1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an overview of child poverty and its effect on the life chances of children and young people and to introduce the newly established RCT Health Determinants Research Collaboration (HDRC) as a resource to support the Overview and Scrutiny Committee to define which aspects of child poverty within the Council's remit they may wish to explore further.

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Scrutinise and comment on the information contained in this report.
- 2.2 Consider the proposal to convene a Working Group of Committee Members to work alongside the Health Determinants Research Collaboration (HDRC) in defining the parameters within which the Council can positively affect change to deliver better outcomes for children living in poverty.
- 2.3 Subject to the agreement of 2.2, that the Service Director, Democratic Services & Communications seeks any expression of interest in respect of membership of the working group, as in accordance with the parameters outlined in 6.3 of the report.

3. BACKGROUND

3.1 A Notice of Motion in relation to child poverty was presented to Council on 29th March 2023 ([Public Pack\)Amendment to the Notice of Motion 11B Agenda Supplement for Council, 29/03/2023 17:00](#))

3.2 Since then, reports to Scrutiny Committees have provided members with an opportunity to scrutinise:

- action by the Education and Inclusion Department to mitigate the impact of living in poverty on children in school to overcome barriers to learning (Education and Inclusion Scrutiny, 16.10.2023).

<https://rctcbc.moderngov.co.uk/documents/s43239/Child%20Poverty%20and%20Community%20Focused%20Schools.pdf?LLL=0>

- the Council's new Corporate Plan, "Working with our Communities – The Council's Corporate Plan 2024-2030" and the Council's Wellbeing Objectives in order to achieve the Council's vision for RCT as a place where: *'People, communities, and business can grow and live in a healthy, green, safe, vibrant, and inclusive County Borough where they can achieve their full potential in all aspects of their lives and work, both now and in the future'* (Overview and Scrutiny Committee, 29.11.2024)

<https://rctcbc.moderngov.co.uk/documents/s45175/Report.pdf?LLL=0>

3.3 The causes of child poverty are multi-faceted and based in the wider determinants of health that affect wellbeing, health and life chances such as access to good housing, employment, early years services, school attendance and attainment. Many of the root causes of poverty are affected by national fiscal poverty, for example the welfare benefit system, minimum wage and local housing allowance rates. However, the Council has a responsibility to act in relation to many of the drivers of poverty and child poverty, both to take families out of poverty and break the often generational cycles of poverty experience in RCT, and to mitigate the impact of living in poverty on those families and children affected today. There are many examples of interventions delivered by Council departments that seek to tackle these however a more systematic way to review the evidence about what is effective and how to involve residents in that work is required if more progress to break the cycles of poverty and child poverty is to be achieved, Overview and Scrutiny Committee has previously noted that delivery of the Corporate Plan should be supported by specific actions to ensure the Council builds aspirations for communities and young people particularly those experiencing poverty. There are opportunities through the HDRC for that work to be undertaken in a new and innovative way.

4. DEFINING CHILD POVERTY

4.1 Child Poverty does not come alone. In most instances, it is not only the child that lives in poverty, but the whole family, with some families experiencing living in poverty for generations.

4.2 The impacts of poverty on child development and wellbeing are well researched, across a number of statutory and non-statutory fields, and evidence shows that children living in poverty are more likely to experience:

- Low birth weight and hindered physical and cognitive development.
- Limited social and economic opportunities as adults
- Academic underachievement
- Stigma and bullying from peers
- Increased risk of death
- Missing out on 'basics' and everyday fun
- Harm to health, social and emotional wellbeing, and education.

4.3 In 2024 the Welsh Government launched the Child Poverty Strategy for Wales, [Child Poverty Strategy for Wales 2024 \[HTML\] | GOV.WALES](#) retaining the definition of child poverty agreed in 2011, namely:

“ a long-term state of not having sufficient resources to afford food, reasonable living conditions or amenities or to participate in activities (such as access to attractive neighbourhoods and open spaces) which are taken for granted by others in their society”.

The key indicator of relative child poverty is the percentage of children living in households below 60% of the median UK household income (after housing costs). The statistics are stark, and the most recent [evidence](#) suggests that 28% of children were living in relative income poverty in the 3 financial years ending 2020 to 2022. Socio-economic disadvantage is highly intersectional. This means deprivation interacts with protected characteristics, and certain people and communities experience worse outcomes as a result of barriers they face. The definition reflects the levers Welsh Government has at its disposal and the desire not only to contribute to the eradication of poverty but to eradicating the worst effects of poverty on children and young people:

4.4 In January 2024, the Joseph Rowntree Foundation published the 'UK Poverty 2024 - The essential guide to Understanding Poverty in the UK' report, [UK Poverty 2024: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation](#) which cited the following UK population groups as facing particularly high levels of poverty:

- **Larger Families (with three or more children)**
- **Families whose childcare responsibilities limited their availability to work**
- **Disabled People**
- **Informal Carers**
- **Families not in work**
- **Part-time workers and the self employed**
- **People living in rented accommodation**
- **Families claiming income related benefits**

4.5 These population groups are well represented in Rhondda Cynon Taf, in our total population of 237,651 (UK Census 2021).

- **In 2021, 18.43% of people in RCT were under the age of 16.** Since the last Census in 2011, there has been a decrease of 1.9% in people aged 15 to 64 years, and a decrease of 1.1% in children aged under 15 years.
- **Larger Families** – In the UK in 2021, 1.2 million households contained three or more dependent children; when compared to households with one or two dependent children these households were more likely to contain no employed adults (19.8% compared with 11.9%), to contain one or more disabled people (33.4% compared with 25.4%), or to be overcrowded (25.7% compared with 8.6%). In addition, in RCT, 1971 (1.91%) people live in a multiple family household with children. (UK Census 2021).
- **Families whose childcare responsibilities limited their availability to work** – In August 2024 the DWP reported 28,311 (19.1%) of the working population were in receipt of Universal credit (UC). With the following data from May 2024 also showing that for example, in RCT, 1.35% of households are on UC and receiving the disabled child entitlement. This is similar to the proportion in Bridgend (1.29%) and lower than the proportion in Merthyr Tydfil (1.59%).
- **Minority ethnic groups** –the vast majority of the population of RCT reported as being White British (UK Census 2021) at 95.15%. 1.5% identify as “Asian, Asian British or Asian Welsh”, and 0.4% identify as “Black, Black British, Black Welsh, Caribbean or African”.
- **Disabled People** - Across the County Borough, 70.06% of people were not disabled under the Equality Act, with 76.2% of people reporting to be in either very good or good health. The Council’s Local Housing Market Assessment (2023) found 32% (32,785) of households in RCT have one person living with a disability, and 9% (10,103) with two or more persons.
- **Informal Carers** - 9,318 (4.14%) of people in RCT reported receiving 50+ hours of unpaid care per week with 367 (1.18%) children providing unpaid care.
- **Families not in work** - 17.2 % of the population of RCT live in workless households (Nomis, December 2022)
- **Part-time workers and the self employed** – 34.5 % of people living in RCT work part time. (Ref Oxford Consultants for Social Inclusion Ltd.) With 11,700 (7.5%) being self employed (Nomis, June 2024)
- **People living in rented accommodation** – 68.3% of people live in owner occupied properties (owned or with a mortgage), 13.7% reside in social rented housing and 17.6% live in the social housing sector (RCT Local Housing Market Assessment, 2023). 58.74% of RCT households are considered economically active. Of those who are economically inactive in RCT, 63% live in the owner occupied tenure, 22% in social housing and 15% in the Private Rented Sector (Economically inactive includes those that are not working, with long term ill health, caring responsibilities, students and the retired).
- **Families claiming income related benefits** – 4,910 people in RCT are in receipt of jobseekers allowance/universal credit payments according to the DWP in August 2024. In RCT, 7829 (20.55%) of children attending a school in RCT are eligible for free school meals.

4.6 Despite the evidence, and multiple interventions having been tried within the County Borough, over a significant period of time, some people living in areas of RCT which experience high levels of poverty do not recognise themselves or their neighbourhood within the data, or do not consider their children are living with the impacts of poverty. Households living in poverty are likely to have a sense of limited opportunity to change their circumstances. While poverty levels in RCT remain stubbornly impactful, there is a need to explore and use available evidence to identify interventions that work or to undertake new research, with our communities, to understand what would make a difference to their and their children's lives.

5. RCT HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC)

5.1 In October 2023, the Council was awarded £5 million from the National Institute of Health and Care Research (NIHR) to establish the RCT Health Determinants Research Collaboration (HDRC).

5.2 This Council led collaboration with Cardiff University, Cwm Taf Morgannwg University Health Board, Interlink RCT, Public Health Wales and Citizens, seeks to tackle the wider determinants of health to reduce health inequalities and improve the lives of residents in RCT.

5.3 RCT HDRC offers the Council a new and innovative opportunity to work with academia, partners and our communities to make positive progress towards tackling poverty by establishing a culture of evidence informed decision making at all levels in the Council.

5.4 The HDRC will support the Council to deliver the vision set out in the Corporate Plan and improve the life chances of citizens by:

- Building a research infrastructure in the Council;
- Increasing internal capacity to undertake research;
- Improve mechanisms to support active citizen involvement;
- Use the Council's rich data to understand needs, outcomes and impact;
- Enable access to timely and RCT relevant evidence.

5.5 At the end of the 5 year programme, the innovation delivered by the RCT HDRC will influence the health determinant priorities of a new Corporate Plan. By 2027-28, the impact of the RCT HDRC will mean the LA has a culture of co-production with citizens, a robust evidence base to identify what works and what matters and an evidence informed approach to policy making that affects the wider determinants of health and health inequalities.

5.6 The HDRC programme focuses on six work packages:

1. ***Citizen engagement and involvement*** – using the lived experience expertise of residents
2. ***Knowledge mobilisation*** – understanding what evidence already exists
3. ***Capacity building*** – providing training and workforce development opportunities for staff
4. ***Research incubation*** – applying for funding bids for new research
5. ***Evidence based decision making*** – adjust RCT structures and processes

6. ***Governance, impact and dissemination*** – sharing learning from RCT across Wales and the UK

- 5.7 The NIHR funding cannot be used to undertake new research, therefore the multi-disciplinary HDRC team will be focused on working alongside Elected Members, Council staff, collaboration partners and citizen researchers to scope the research priorities for RCT and define the questions that evidence needs to answer; understand what evidence already exists; and support stakeholders to effectively and confidently access and utilise this evidence in their day to day work.
- 5.8 Where there is a need for new primary research to be undertaken in order to further knowledge and understanding in a particular area, the HDRC will seek to match Council staff with academic partners to make bids for funding to undertake research activities.

6. **OVERVIEW AND SCRUTINY WORKING GROUP**

- 6.1 In terms of the child poverty agenda, the RCT HDRC would be available to support Committee Members in defining the parameters within which the Council can positively affect change to deliver better outcomes for children living in poverty. Should Committee Members wish to proceed with undertaking this work alongside the HDRC, it is proposed that a Working Group is established to progress this to provide time outside of Formal Committee for exploratory and detailed discussions to take place with stakeholders from various sectors to gain a comprehensive understanding of the contributing issues to Child Poverty.
- 6.2 Due to the number of contributing reasons for Child Poverty, as outlined in 4.5 of the report, it is advised that Members of the Working Group agree a specific area of focus to analyse data and key factors contributing to Child Poverty to explore in greater detail.
- 6.3 If taken forward, it is recommended that Membership of the Working Group consist of the following as previously [agreed](#) by the Overview and Scrutiny Committee :
- Members of the Overview and Scrutiny Committee
 - Mover and seconder of Notice of Motion
 - X2 Members from Education and Inclusion Scrutiny Committee and Community Services Committee
- 6.4 Under the RCT HDRC arrangements, the Council's academic partner is Cardiff University. As part of Cardiff University, the Wales Centre for Policy and Practice (WCPP) offers expertise in supporting the implementation of research on the ground. Recent [research from the Wales Centre for Public Policy](#) on the lived experience of poverty and social exclusion in Wales highlighted the importance of tackling poverty stigma – both because poverty stigma harms the mental health of people in poverty, and because it can make it harder for them to get the support they need or participate in their communities.
- 6.5 In response to this the WCPP are supporting public services to understand poverty stigma and how it affects their communities. Currently they are working with policy makers and practitioners, academics and researchers and experts by experience in

Swansea to identify what public services can do to ensure their services reduce rather than (re)produce poverty stigma.

- 6.6 It is recommended that further details on the poverty stigma work underway in Swansea is presented to the Working Group to consider, setting out the work done to date and outlining future plans.
- 6.7 The findings and recommendations from the group can serve as a basis for advocating for policy changes at national and local levels to address the fundamental issues contributing to Child Poverty.

7. EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1 This report is concerned with the scoping of potential areas of interest for future committee business, therefore there is no requirement to undertake an Equality Impact Assessment at this time.

8. CONSULTATION

- 8.1 A key pillar of the RCT HDRC is the involvement and engagement with residents as Citizen Researchers, acknowledging that the rich resource of expertise by lived experience is often untapped by local government.
- 8.2 Through the HDRC, the voice of the citizen will play a central role in helping to define the parameters of this work, going beyond the process of consultation to co-produce desired outcomes. In order to facilitate this, Members are asked to agree that a HDRC Citizen Researcher will sit on the Working Group.

9. FINANCIAL IMPLICATION(S)

- 9.1 As this report is concerned with the scoping of potential areas of interest in relation to understanding better the issue of child poverty and how the Council is addressing the impact on children, there are no financial implications associated with this report at this time.
- 9.2 The HDRC is funded until 31st December 2028 to support the development of a culture of evidence based decision making in the Council.

10. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 10.1 There are no legal implications arising from this work.

11. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT

- 11.1 This work contributes to the Council's corporate wellbeing objective for People and Communities in supporting and empowering RCT residents and communities to live safe, healthy and fulfilling lives.
- 11.2 In consideration of the sustainable development principles, the proactive research to understand child poverty and the evidence base to inform future action to prevent poverty and or mitigate its impact on those living in poverty now would supports the Council to contribute to all of the seven well-being goals. The ethos of the HDRC is to ensure interventions by the Council have a positive impact on the wider determinants of health into the future. The Welsh Government has outlined **five key ways of working** that public bodies must implement in their decision-making processes and these principles are embedded in the HDRC approach:
- **Thinking for the long-term**
 - **Taking an integrated approach**
 - **Involving a diversity of the population**
 - **Working with others in a collaborative way**
 - **Understanding the root causes of issues to prevent them from occurring.**

12. CONCLUSION

- 12.1 This report has provided Members an overview of child poverty and its effect on the life chances of children and young people and introduced the newly established RCT Health Determinants Research Collaboration (HDRC) as a resource to support the Overview and Scrutiny Committee to define which aspects of child poverty within the Council's remit they may wish to explore further.