NIHR | Health Determinants Research Collaboration Cumberland

Improving the Determinants of Health: Cumberland Council Research Plan

Phase 1 Review of Interventions:

Poverty

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Cumberland Council

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Context

- Cumberland HDRC is a five-year research project, funded by the National Institute for Health Research. The project aims to increase the research capacity of staff within Cumberland Council and voluntary sector and to improve their use of evidence to improve health inequalities.
- In 2024 the HDRC team consulted with 107 people including Council staff, elected members, community-based organisations and academic partners to establish seven priority areas in need of firmer

Data Context – The Picture In Cumberland

Key: Cumberland - England

Income:
Average Weekly Pay/Income (median): £619 (£604)
Gross Disposable Household Income, per year: £19,333 (£23,338)
Gender Pay Gap (Proportion %): 18.9% (15.5%)
Source: Office for National Statistics, 2023/2024

Income Deprivation: IMD Income Domain (Proportion %
LSOA's in Decile 1 (Most Deprived): 7.9% (33.4%)
LSOA's in Decile 2: 6.2% (23.3%)
LSOA's in Decile 3: 14.1% (17.8%)
Source: M.H.C.L.G, 2019

Unemployment: Proportion %
Unemployment Rate (16yrs+): 2.6% (3.7%)
Claimants of Unemployment-related Benefits: 2.6% (3.2%)
Long Term Claimants of Jobseekers Allowance, per 1,000: 0.5 (0.9)
Source: Office for National Statistics, 2023

Household Deprivation: Indices of Multiple Deprivation
Households Deprived in 1 Dimension: 33.7% (33.5%)
Households Deprived in 2 Dimensions: 14.3% (14.2%)
Households Deprived in 3 Dimensions: 3.8% (3.7%)
Households Deprived in 4 Dimensions: 0.1% (0.2%)
Source: Office for National Statistics, 2021

Child Poverty (0-16yrs): Proportion %
Children In Absolute Low-Income Families: 15.2% (15.6%)
Children In Relative Low-Income Families: 21% (19.8%)
Source: Office for Health Improvement and Disparities, 2023

What Does The Data Tell Us?
Cumberland has a higher average weekly pay whilst having a lower level of disposable income throughout the population. Cumberland also has significantly fewer areas within high income deprivation. However, we see comparable figures within both household deprivation and child poverty, when compared to national figures.

Statutory Duties of the Council

- Under the Child Poverty Act 2010, councils are mandated to develop strategies addressing child poverty, involving direct consultation with affected children, young people, and families.
- We can voluntarily adopt the Socio-Economic Duty: Section 1 of the Equality Act 2010 introduces a socio-economic duty, requiring public bodies to consider how their decisions can reduce inequalities resulting from socio-economic disadvantage.
- Councils must ensure housing conditions meet specific standards.
- Councils are legally required under The Homelessness Reduction Act 2017 to provide assistance to individuals facing homelessness.
- Under the Welfare Reform Act 2012, Councils are responsible for administering housing benefit and implementing reforms such as the under-occupancy penalty, ensuring that residents receive appropriate support for housing costs.
- The UK's Procurement Act 2023, effective from 24 February 2025, introduces significant reforms aimed at leveraging public procurement to address social challenges, including poverty.

Method

- Core search terms agreed by reviewer team; topic search terms decided by reviewer
- Searches completed
- Titles screened for obvious exclusions (eg not completed in UK), included items moved to folder
- Folder results exported to RefWorks and MS Excel

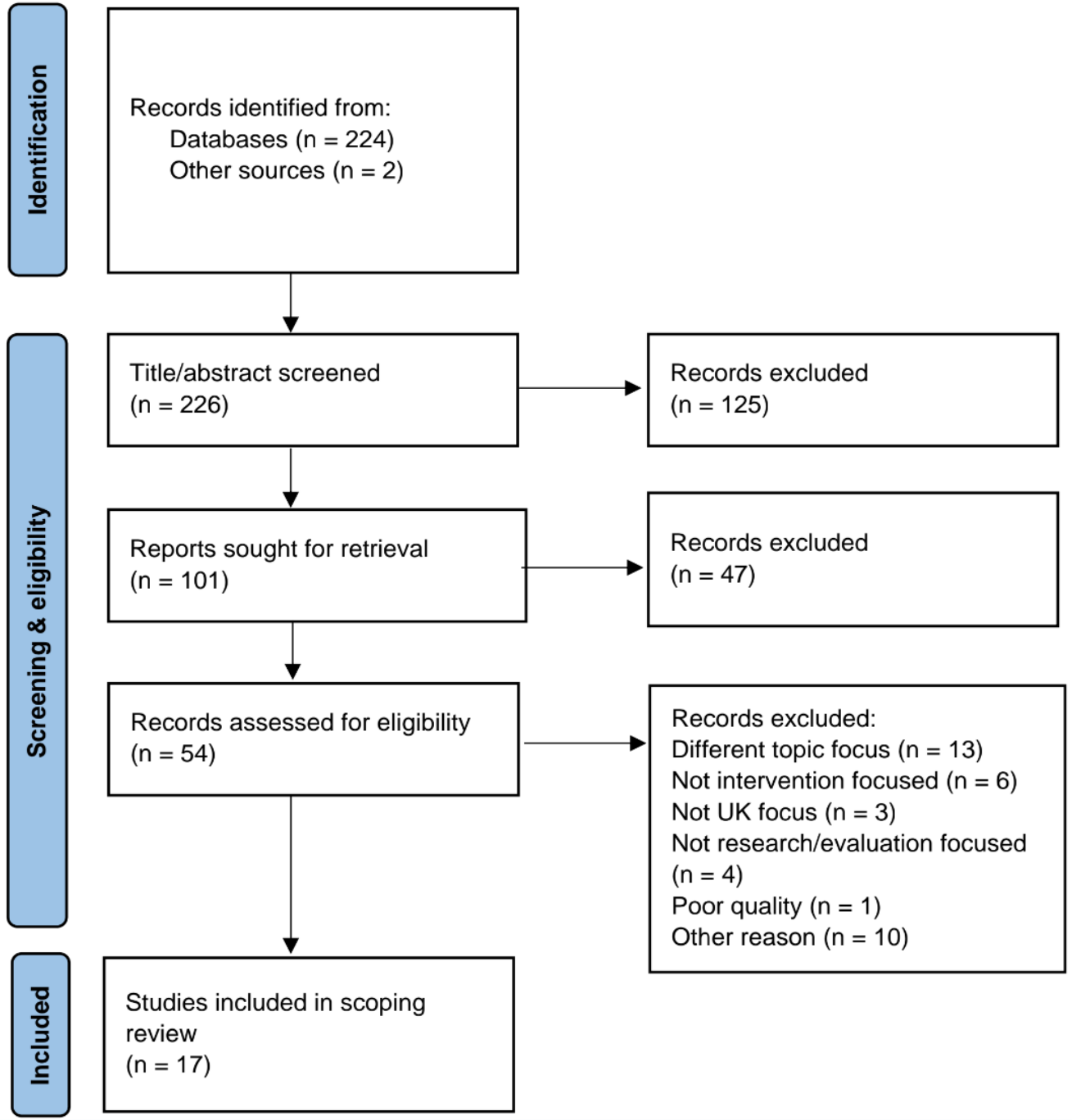
Search Terms

Search completed February 2025

Databases (APA PsycArticles; CINAHL Ultimate; MEDLINE with Full Text):

- Advanced search (all sources)
- Limiters: Published 2014-2025; English language; Abstract available; UK location; Human; Evidence based practice; Proximity/apply related words; Search within full text; Linked full text; All ages.
- All fields included
- Core search terms (same for all scoping reviews):
  - intervent* or treat* or therap* or program*; UK or Britain or "Great Britain" or "United Kingdom"
  - Additional search – as above with 'rural' search term
- Subject specific terms (different for each review):
  - Poverty or depriv* or poor or "low income"
- Government guidelines & reports (e.g. NICE, Public Health England) also screened.

Search Results– PRISMA



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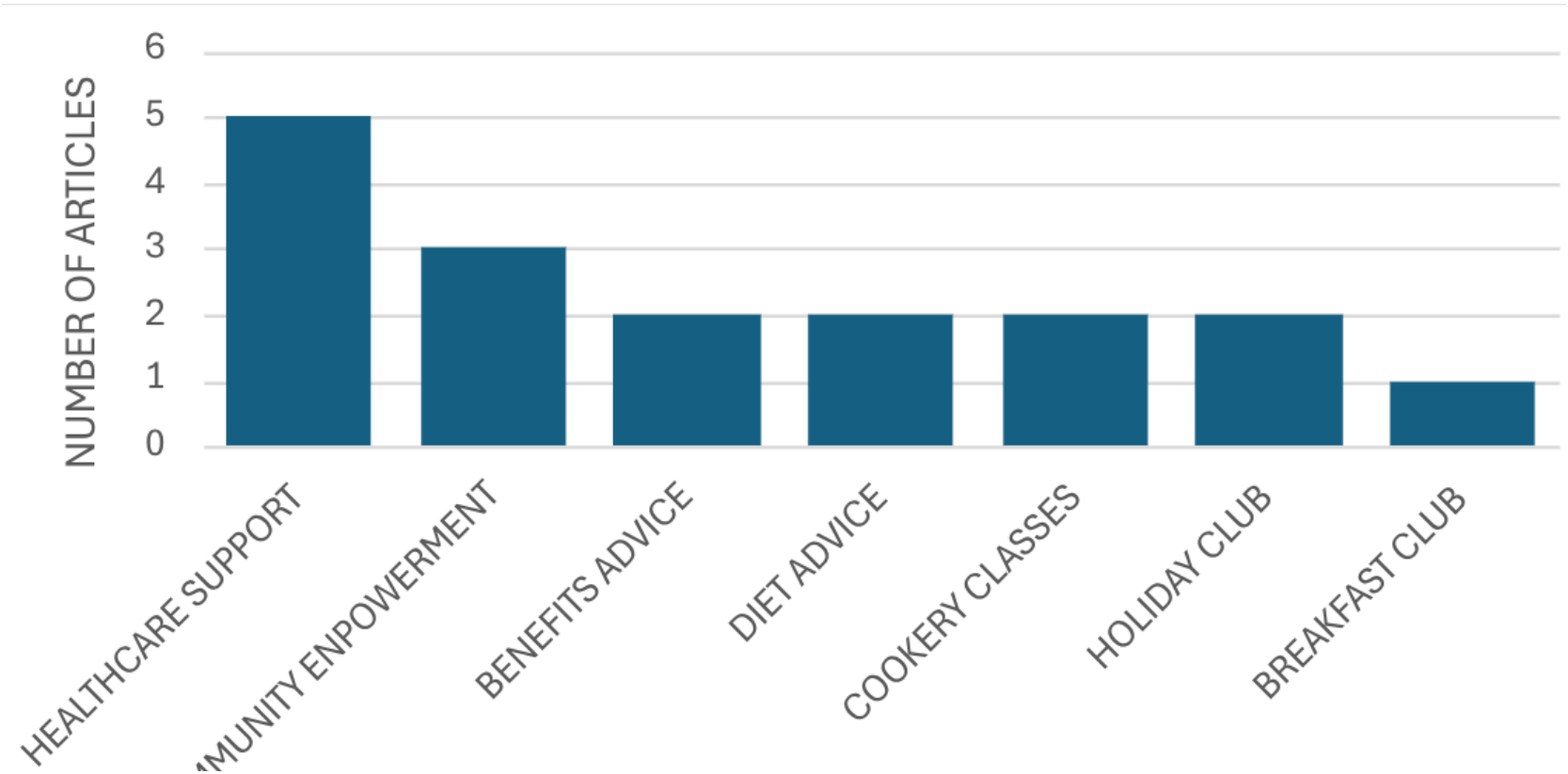
Types of paper with different foci included in the review

	Primary research papers	Literature review papers
Food poverty	7	1
Community poverty	4	
Health poverty	3	1
Financial poverty	1	
Total	15	2

Findings

- For interventions reported in this review, there is very limited statistically significant quantitative data but qualitative data is positive and points to the complexity of factors influencing poverty.
- Poverty is shown to have a negative impact on multiple areas of life and wellbeing (e.g. Hunt et al 2023, Marmot et al 2022).
- Collaborative project management is more effective than independent project managers (e.g. Compassionate Inverclyde, Hansford et al 2023).
- Breakfast clubs and holiday clubs benefit children living in poverty benefit the most (Jenkins et al 2015, Long et al 2018, Morgan et al 2019).
- Long-term projects demonstrate positive impact on community with significant cost benefits (e.g. Compassionate Inverclyde, established 2016).
- Living with poor health is expensive and affects people living in poverty more (e.g. Reece et al 2024, Slade et al 2021, Vincent et al 2024).

Types of intervention included in the review



Examples

- The following slides include examples of practices, projects and interventions that have some evidence of being effective.

Example: Holiday clubs (Long et al 2018; Morganet al 2019)

- Evidences a growing number of children facing food insecurity and hunger.
- Clubs offer meals and range of activities. Many promote healthy eating and physical activity.
- Clubs not targeted at low income families but there is evidence they achieve the greatest benefit.
- Food received in Holiday Clubs reduces food costs and helps protect food insecure households from rising costs.
- Number of holiday clubs are expanding, supported by local organisations and business.
- Long et al (2021) report large scale study (unable to access book for this review).

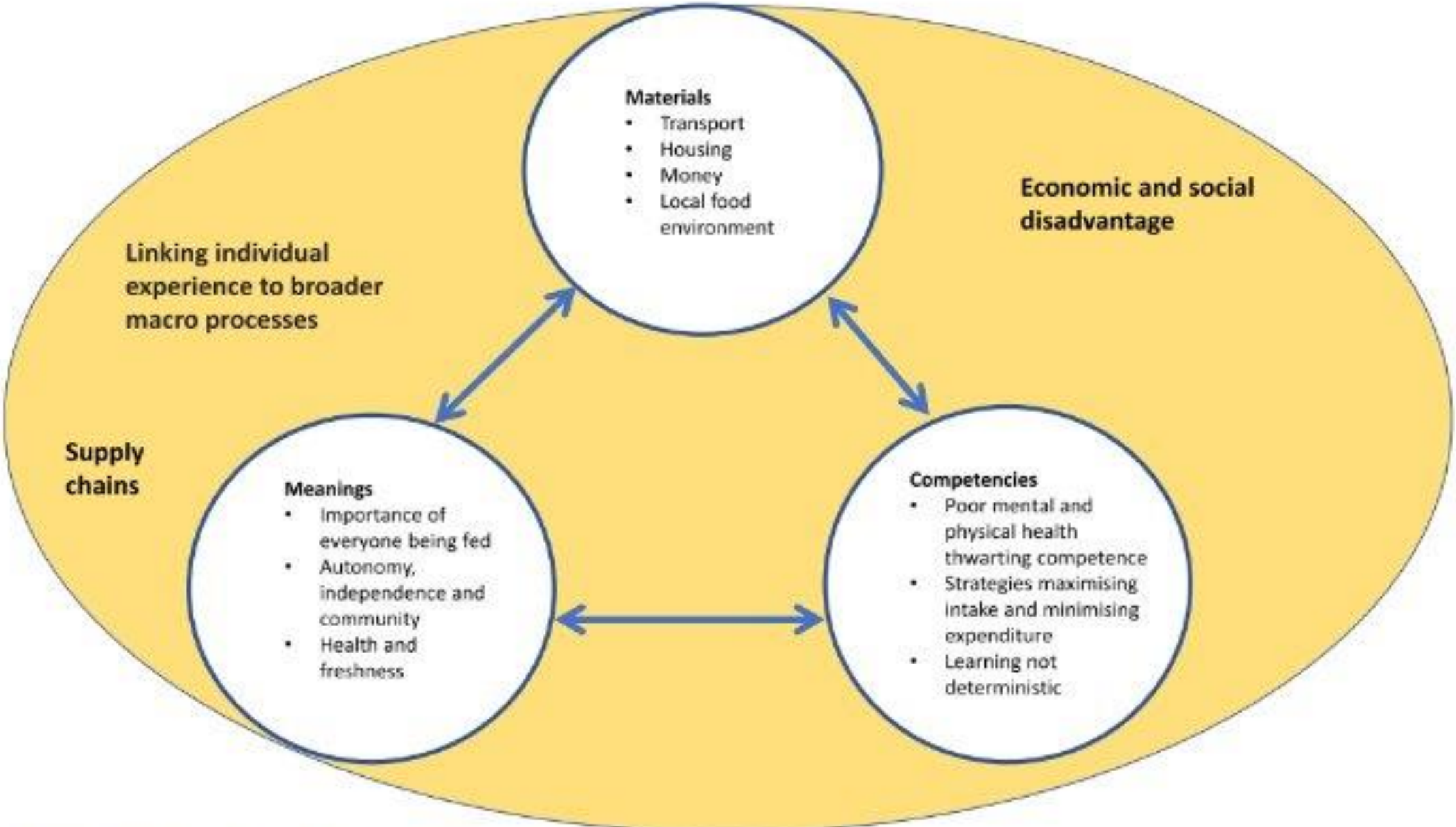
Example: Factors contributing to food insecurity (Hunt et al., 2023)

45 articles are included in this review.

The review finds food insecurity is highly complex with multiple factors illustrated on the next slide.

Actions identified needed to alleviate food insecurity included:

- Multi-factoral services, or collaborative development to address the complexity of the issue.
- Staff training to understand multiple factors contributing to insecurity.
- Co-create toolkits with communities - skills, guides, creative tips.


Materials
• Transport
• Housing
• Money
• Local food environment
Economic and social disadvantage
Linking individual experience to broader macro processes
Supply chains
Meanings
• Importance of everyone being fed
• Autonomy, independence and community
• Health and freshness
Competencies
• Poor mental and physical health thwarting competence
• Strategies maximising intake and minimising expenditure
• Learning not deterministic

Example: COOKKIT (Pini et al., 2023)

- Cooking classes for children aged 8/9 years.
- Existing literature highlighted need to coordinate healthy and cost effective projects from school to home.
- The project worked with teachers, parents and experts to develop packages of 'meal kits' and cookery classes.
- 10 children took part in 4x weekly cooking class supported by manual and take home meal kits. There was an after school interactive activity, including peer role-modelling - 30 mins nutritional info, 90 mins cooking class.
- Before course: parents were reluctant to involve children in shopping and choices and had a lack of confidence supporting children to help meal preparation.
- After: Children enjoyed inclusion in meal planning and preparation. Increased healthy eating decisions for family, cooking skill development.

Example: Cooking classes (adult) (Purdham & Silver, 2020)

- This project included an embedded evaluation in the 18 month project which included interviews with 108 participants, follow-ups with 61 and interviewed 5 project partners, 3 life history interviews, observed 5 steering group meetings.
- Class Format: Preparing fresh meals and eating together, information on budgeting. Each class had up to 10 participants, lasted 2 hours. 4 locations. Participants attended average 4 classes. 47 classes in total.
- Key themes: Experiences of food insecurity, the development of skills, socializing and social eating, providing respite from everyday problems, confidence building and a sense of empowerment.
- Embedded evaluation: Enabled changes to be made during the intervention such as making the classes more supportive and participant led; and developing more types of cooking.
- Local example: Cumberland Building Society supporting cookery courses though Kinder Kind of Kitchen programme (£500,000 over two years).

Example: Compassionate Inverclyde

- The project was established 2016 and is still running.
- The project features community led workstreams called: compassionate citizens; neighbourly support; improving wellbeing.
- The project works alongside health/care providers, schools, police/prison services.
- The multiple intervention approach was found to be helpful: 'No one dies alone'; 'Back home boxes'; prescription delivery service; companions, helpers and social groups; bereavement charter; 'Kindness Awards'.
- In 2023 the social value of the project was estimated £1,265,173, not including children and young people and wider non statutory partners.
- Website: https://compassionateinverclyde.org/

Example: The Centre, West Cumbria

- Smaller scale and slightly different focus.
- Creative and social opportunities:
  - Maryport centre for warmth and coffee and crack.
  - Social groups e.g. bingo, brownies, chess, choir.
  - Practical groups e.g. speech after stroke club, computer club.
  - Community events e.g. fun day, lantern making workshops and parade.
  - Local magazine and signposting to services.
- Website: https://thecentrewestcumbria.com/

Example: Palliative care (Hansford et al 2023)

- This project is on the South West peninsular which serves a coastal and rural population with areas of deprivation.
- The project worked through 'Community builders' who were embedded in neighbourhoods and promoted connection & collaboration.
- The community engagement programme included:
- 'Departure lounge' pop up installation – promote conversations around death and dying
- 'Community conversations' toolkit for people experiencing end of life care and carers
- Storytelling project

- People valued support without judgement, connections, help accessing services and support.
- This project reinforces the Compassionate Inverclyde findings.

Example: Issues accessing healthcare (Woodward et al 2024)

- This literature review found that multiple long-term health conditions (LTC's) increased deprivation and is a driver of poverty.
- As well as managing LTC's, people experienced issues accessing services, digital exclusion, social exclusion, low social capital.
- Some relied on GP's to provide information while others able to find themselves.
- Accessing Personal Independence Payments was a barrier to accessing help.
- People reported it was difficult to return to work if they were on benefits.
- A loss of occupation was found to cause a loss of income and social isolation.
- These issues were documented as harder to manage for minority groups.
- Technology was listed as both an enabler and barrier to accessing care for LTC's.
- Deprived areas with fewer transport links were found to have less access to services.

Example: Welfare advice (Reece et al 2024)

- This project focussed on welfare advice services co-located in primary healthcare settings in Bradford.
- These were found to improve financial security for people accessing the advice.
- The project generated a total benefit of £21,823.05 for all participants, and an average of £389.70 per participant.
- The project also found improvements in wellbeing and health-related quality of life measures for participants (PHQ-8 and SWEMWBS).

Implications

- Poverty is a core contributor to inequality and intersects with many other determinants of health.
- It is importance to 'doing with' rather 'doing to' - co-design and co-production are important.
- Take an asset-based approach, supporting communities to identify their strengths, needs and priorities.
- Community support will help sustain the changes any programme or intervention seeks to achieve.
- Include plans for interventions that do not explicitly target those experiencing poverty, as they often experience the greatest benefit of less targeted schemes.
- Interventions often have multiple benefits e.g. health, social, educational.
- Embed training and support for facilitators into the project design.
- Work with statutory and 3rd sector partners for funding and resource support.
- There are no short-term solutions - allow sufficient time for projects to achieve effectiveness.
- Embed effective short-term and long-term evaluations to allow flexibility within projects and capture impact over time.

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