

This guide offers more detailed information and advice for those who may be interested in adopting or adapting the initiative in their local area.

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- Early Development of the Project
- <u>Accessing the Service and Engaging with Service Users</u>
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- Staffing and Resources
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Title	Needs Assessment
Organisation	Tameside Council
Category	Promising Practice
Poverty Impact	Mitigation

Introduction to the Project

Tameside's Poverty Needs Assessment strategy is a cross agency reaction to the post-COVID economic downturn and associated social, educational, and economic poverty. The strategy provides an easily accessible and empirically validated insight into area specific poverty instigators. Additionally, the strategy provides information on key actions taken by Tameside to help minimise the effects of a diverse array of poverty impactors, such as unemployment, low wages, increased living, energy and fuel costs, mental health, and education. The strategy was informed by a cross agency approach which utilised both lived experiences of poverty in Tameside, academia, political, and poverty related third-party input.





Initial Idea

Who had the initial idea?

Simon Brunet: Head of Policy Performance, Tameside Council

How did the idea for the project come about?

Simon Brunet examined previous academic papers/publication on poverty and health inequality in Tameside. Following on from such background research the Head of Tameside Council Policy Performance department concluded that Tameside Council needed an integrated, multi-agency approach to tackling poverty drivers in Tameside.

Did you draw on any published reports / papers / research evidence or practice you had seen elsewhere to inform your plans?

If so, please add details to the box below.

Yes, the proposal delivered to the senior Council Officers and elected members by Mr. Brunet.

Who was involved in developing the initial idea of the project?

Simon Brunet (Head of Policy, Performance and Intelligence), Tom Hoghton (Policy & Strategy Service Manager), and James Mallion (Assistant director of Public Health).

Were those with lived experience of poverty involved in developing the initial idea of the project?

Yes, though social media surveys.

What funding was used, if any, to support the development of the initial idea of the project?

Minimum financial costs during the development stage.





What in-kind resources were needed when developing the initial idea of the project?

Facilities	Local Council offices, community meeting venues.
Equipment	IT, transport (van) electrical equipment such as megaphones, software, hardware such as printers and data programmes, human capital.
Local Knowledge	Focus groups, Community knowledge, local service providers, local agencies, Councillors, and associated council staff.
Food and Drink	N/A

What, if any, barriers did you have to overcome when developing the initial idea of the project?

None.

What, if anything, was helpful when developing the initial idea of the project?

Identifying key actors, relationship building and networking (mapping work, face-toface meetings, and public interaction)

What was the timeline between the initial idea and the start of the project?

12 months.





Who made the decision to introduce the project?

Joint decision between Simon Brunet (Head of Policy, Performance and Intelligence) and James Mallion (Assistant Director of Public Health).







Early Development of the Project

Did you run a pilot project or carry out a feasibility study?

No







Accessing the Service and Engaging with Service Users

Is there a referral process? If yes, how does the referral process work (self-referral, referred by other agencies, identified from an existing database)

N/A

How are potential clients made aware of the project?

Social media campaigns, council webpage, Partnership engagement network, quarterly public meetings, traditional communication networks, housing associations, cost-of-living roadshows, community engagement i.e., meeting with local religious leaders.

How do you keep in touch with service users? Do your service users have a preferred method of contact?

The strategy is in implementation stage, so planning is finished and contact with publics is no longer facilitated by Tom and his team.

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Working with People with Lived Experience of Poverty

Are those with lived experience of poverty involved in <u>delivering</u> the project? *If so, please describe below.*

Yes, through community meetings and focus groups.

Are people with lived experience of poverty involved in <u>managing</u> the project or project governance? *If so, please describe below.*

Unknown.

Are people with lived experience of poverty involved <u>in any other aspect</u> of the project? *If so, please describe below.*

Young people (students) in the ending the cycle project.







Leadership, Governance and Partnership Working

Who is responsible for managing the project?

Health and Wellbeing Board (strategic lead). Poverty subgroup: Assistant Director of Public Health oversees implementation of strategy and feeds back to Health and Wellbeing board and any strategic implementation department leads at local government level. Black box approach to strategy implementation is utilised at all stages.

Is this the only responsibility of the person managing the project? *If not please describe the manager's wider roles and responsibilities.*

No. Project manager is also responsible for creating and developing new networks of communication and data sharing streams between associated agencies.

Is there a Project Steering Group? If yes, who is involved in this and how does it work.

Yes, the Health and Wellbeing Board, and implementation of a poverty charter with partner and associated agencies.

If there is no Steering Group, what governance arrangements are in place to review strategy and performance?

N/A





Links to Wider Policies, Strategies and Statutory Requirements

Is the project part of a wider anti-poverty strategy? If so, please give details.

No.

Is the project part of any other strategy? If so, please give details.

Health and Wellbeing Strategy.

Is the project delivering a service that is a statutory commitment. *If so, please give details.*

No.





Funding

Who funds the project? *Please give details*.

Local government (Tameside Council budgets).

How much does the project cost?

To date (summer 2023) £40,000.

Is future funding based on pre-agreed outcomes or outputs being delivered?

No, as Council commitment to strategy delivery has been met.







Staffing and Resources

Which paid staff are involved in delivering the project?		
Public Health Board staff and associated council staff.		
Are volunteers involved in delivering the project? <i>Please describe their role and their contribution.</i>		
No		
What in-kind resources do you need to deliver your project?		
Facilities	Office space, community space.	
Equipment	IT and communication equipment.	
Local Knowledge	Community members and service providers.	
Food and Drink	N/A	
For each of the in-kind resources listed above, who provides it?		
Facilities	Council, local community.	
Equipment	Council.	
Local Knowledge	Focus groups, community members, community service providers such as housing and primary care partners.	
Food and Drink	N/A	
Did you have to buy or develop new IT systems, software (databases, apps) or technology to deliver your project? <i>Please describe below.</i>		
No.		
Was additional staff training required to deliver your project? If so, please describe.		

No.



Tackling Poverty Locally Online Directory

Tameside Poverty Needs Assessment How-to Guide



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Monitoring and Evaluation

What information, if any, do you collect about your project?		
Number of users	No.	
Profile of users	Yes: poverty index.	
Experience of users	No.	
Anything else	No.	
How often is data collected? Who collects the data?		
Associated strategy data is collected and reported quarterly to the Health and Wellbeing Board by partner agencies.		
Do you have baseline data on what things were like before the start of the project or before users started the project? <i>Please describe the type of baseline data that you have</i> .		
Existing academic and statistical data.		
Do you produce an annual report? <i>Please provide details of what this includes.</i>		
Not on this project.		
In what ways, if at all, do you use the data that you collect to adapt the service that you provide?		
To identify poverty drivers, develop poverty policies/strategies, monitor potential impact of strategy delivery, and inform best practice.		
Have you employed an external organisation to formally evaluate your project? If yes, please provide details.		
Yes. Greater Manchester Poverty Action Group was employed.		





Do you intend to employ an external organisation to evaluate the service that you provide in the future? *If yes, please provide details.*

Not planned.







Reach and Impact

What difference has the project made?

Not yet known.

How do you know this? What evidence demonstrates impact (metrics, interviews, feedback)?

N/A

To what extent have the aims of the project been achieved?

Not yet evaluated

How, if at all, have conditions changed since the project was introduced?

N/A.

If yes, has the project had the capacity to meet these changing conditions and demand? *Please describe and explain below.*

Yes, as it is a fluid strategy, open to change based on service users and providers' feedback.

Has the project had any unexpected or unintended outcomes? If so, whether positive or negative, please describe.

Yes, the project has had unexpected outcomes in that it has allowed Tameside Council, and associated partner agencies a more informed insight into the forms of debt Tameside residents are exposed to. Additionally, the diversity of poverty concentration in the Borough will have a positive impact on strategy implementation moving forward.

In your opinion, is the project having an impact on tackling child poverty? If so, please describe in what ways.

Yes. It is a holistic approach targeting all areas of socioeconomic deprivation.

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Learning from Experience

What is working well?

Community engagement provided new and valuable insight, community connections, and understanding of poverty drivers. Time and resources were sufficient, and getting people on board with the project was a positive experience.

What, if anything, is working less well?

Doing the initial groundwork on where the project would sit structurally would have been beneficial in the long term. Expectations of key stakeholders were not managed well in the initial planning stages, as no short or middle term expectations had been developed.

What are the key learning points that you'd like to share with other practitioners? For example, is there anything that you would do differently?

Noted above

What plans do you have to develop or expand the project in the future?

None as council role in the strategy development is finished.

How easily do you think your project could be replicated in another setting?

Very easily.

