



FINDING THE ROOT CAUSE

FINAL REPORT

OCTOBER 2025

FOREWORD

PAM DANIEL, CHAIR OF THE SHEFFIELD POVERTY TRUTH COMMISSION STEERING GROUP



The real credit for this report goes to our Community Commissioners. They have been the heart and soul of Sheffield's first Poverty Truth Commission. Every single one of them has been brave enough to share their story – often painful, often difficult – not because they wanted sympathy, but because they want things to change. That takes real courage.

What has struck me most is how honest and generous they have been. They've spoken about the daily struggles of poverty – about going without, fighting through systems that feel stacked against you, and carrying burdens that most people never see. But just as powerfully, they've shared their resilience, their humour, their care for one another and their determination to keep going. They've reminded us that poverty isn't just about statistics. It's about people, families and futures.

I know this personally because I've experienced poverty in my own life too. I know what it feels like to wonder how you're going to manage the basics, or to feel like opportunities are out of reach. That's why this work has meant so much to me. Sitting in the room with our Community Commissioners, I've heard echoes of my own journey, and I've also seen just how important it is to create spaces where people are listened to properly, not ignored.

Our Civic Commissioners – people with influence and leadership in Sheffield – also deserve recognition for stepping into this process. It hasn't always been easy to sit and listen in such a different way, but many of them have been willing to be challenged and to learn. Even so, it's been the Community Commissioners who have set the tone and shown what real leadership looks like.

This report is their work. It's more than just stories; it's a call to action. It asks our city to be honest about the root causes of poverty and to make lasting changes.

To our Community Commissioners: thank you. You have been incredible. You've spoken with truth and dignity, and you've reminded us that Sheffield is strongest when everyone's voice is heard. I would also wish to acknowledge the dedication of the steering group and to our facilitators, Zara Makinta, Ryan Wileman and Andy Freeman who brought all this together, what an achievement. A special thank you to Manor and Castle Development Trust for being our host organisation.

This whole process came from an initial conversation between Charlotte Killea, Colin Havard, Ryan Wileman and Debbie Mathews. Thanks to them for planting the acorn.

Finally, as you read this report, I hope you'll be moved by their words – and I hope, like me, you'll feel challenged to act on them.

Pam Daniel

Chair, Sheffield Poverty Truth Commission Steering Group

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THANKS AND ACKNOWLEDGEMENTS

A NOTE TO THE READER

Thank you for taking the time to read this report, which provides a detailed account of the work and findings of Sheffield's first Poverty Truth Commission. This community-led initiative aimed to address some of the root causes of poverty by centring the voices and experiences of those most directly affected. These next couple of pages give an overview of the report. To summarise in this way does not give justice to the richness and depth of the stories, experiences and work that our commissioners have shared and worked on together. This deeper insight can only be achieved by reading the report in full.



This report is not just an account of a process and a list of recommendations - it is a story of how a group of people (our commissioners) worked together to try and understand and find ways to tackle poverty: an issue which impacts 1 in 4 people living in Sheffield. Central to this have been the voices and insights of our Community Commissioners (individuals with lived experience of poverty), who have been incredibly generous and at times brave in sharing their life experiences. It's been an emotional journey that has been characterised by compassionate listening, collaborative exploration and probably most significantly, the forging of meaningful relationships between our Community Commissioners and our Civic and Business Commissioners (leaders and decision makers from across Sheffield's public, voluntary and private sectors.)

A different way of working:

At the heart of a Poverty Truth Commission is the overarching principle that

“Nothing about us, without us, is for us”.

This inspired us to establish Sheffield's first Poverty Truth Commission. Often the public are asked to consult or give feedback on programmes, plans and policies. Although this approach is often well-meaning, it can feel short, doesn't include follow up and can feel transactional. Snippets of someone's lived experience don't allow us to explore the complexities or nuances that offer deeper insights. Poverty Truth Commissions deliberately take time- in this case 12 months, and for some 18 months. There is a deliberate focus on allowing people the time and space to share their stories and experiences without feeling rushed. Time allows for reflection, for people to find their voice and for relationships built on trust to flourish.

The questions we started with were ‘how can lived experience of poverty be central to the understanding of it, it’s root causes and ultimately the solutions?’ It’s been more than creating a list of recommendations, it’s brought people with lived experience together with those who make decisions across Sheffield’s public, voluntary and private sectors. There has been a focus on building relationships based on trust, empathy, friendship and a shared vision of how we can tackle poverty in our city.

It has been a process that seeks to change perceptions and be an empowering experience for commissioners. Inscribed into the walls of a Celtic Chapel in the Highlands of Scotland are the words:

‘Come as you are but don’t leave as you came’

We know that our Commissioners would attest that this has been their experience of the Poverty Truth Commission.

The impact of existing policies and the Commission’s Recommendations:

Together our Commissioners have examined not only the root causes of poverty, but also the real-life impact of policies, services, and societal attitudes on those experiencing the struggle against it. The Commission focused its efforts on three priority areas identified as being of crucial importance to tackling poverty in Sheffield:

- Early Years, Children & Young People;
- Systemic Barriers within organisations or structures that perpetuate inequality
- Mental Health, recognising the complex interplay between psychological wellbeing and poverty.

Within these areas, the Commission drew on both learned evidence and lived experience, forming recommendations that are practical, relevant, and grounded in compassion. In working to come up with meaningful recommendations they consistently asked themselves,

“Would this idea have helped me in my challenges?”

This question served as a guiding light, ensuring that all proposals are rooted in everyday reality and are designed to make a tangible difference.

This would not have been possible if our Civic and Business Commissioners had not been willing to listen deeply and compassionately to these experiences. But to not just listen, to also explore active solutions and changes that will require different ways of working in their organisation and/or sector.

By fostering genuine dialogue between people with lived experience and those in positions of influence, we hope that the Commission has demonstrated the value of collaborative, story-led decision making. The recommendations presented here seek to inform future policy, encourage sustained systemic change, and inspire ongoing partnerships across sectors.

Ultimately, this report hopes to help build a fairer and more inclusive Sheffield, where people living in poverty are heard, respected, and empowered to shape the decisions that affect their lives. We hope that you find it a challenging but also inspiring read.

By Ryan Wileman & Charlotte Killeya

SUMMARY OF RECOMMENDATIONS

SHARED RECOMMENDATIONS

Several recommendations appeared across more than one group, pointing to city-wide priorities for Sheffield:

1. Embed lived experience in decision-making
2. Develop more joined-up, relational services
3. Prioritise community-based, long-term approaches
4. Invest in compassionate communication and training
5. Support carers and young carers

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EARLY YEARS, CHILDREN AND YOUNG PEOPLE



- **Poverty Proofing Education** - Develop poverty-proofing in the settings that children and young people attend. Work with Learn Sheffield to develop an accelerated local pilot using the school-based poverty audits developed by Children North East (<https://children-ne.org.uk/poverty-proofing-the-school-day/>), alongside the creation of case studies of effective anti-poverty practice which can support improvement.
- **Work Upstream on Homelessness** - Support our older young people as they transition to adulthood to reduce the risk of homelessness. We will actively support the Upstream project supported by Homewards and delivered by Roundabout as a local partner.

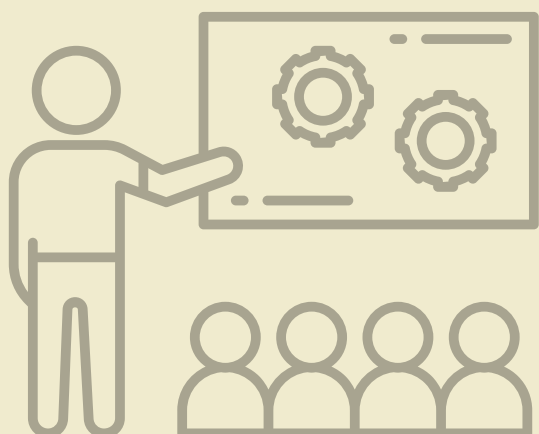


- **Enhance Healthy Child Development** - Develop a cross-over civic project to enhance healthy child development in the early years and throughout childhood, supporting recent work in the Sheffield SEND Manifesto. This description of healthy child development aligns to the work on primitive reflexes shared by Watercliffe Meadow Primary. We believe that this provides the basis for Sheffield to develop a more connected civic approach to childhood.
- **Support Long Term Strategic Projects Informed by Lived Experience** - Support existing organisations and programmes which are in line with the principles which we believe are key to success: embedded in communities, long-term and strategic, built upon relationships & underpinned by lived experience. The Save the Children initiative 'South Yorkshire- A Place of Hope' may be an example of this.



2 SYSTEMS

- **Co-Created Training** - Develop and pilot co-created training. We recommend the development and piloting of trauma-informed training co-created and delivered by Poverty Truth commissioners. This programme would equip frontline staff, particularly those working in council, NHS, DWP and other key services, with the tools to engage more compassionately with people's stories.
- **Explore the 'Your Story' concept** - We recommend a feasibility study or creative approach such as a hackathon to look into the development of a secure, user-controlled platform for individuals to store and share elements of their story across different services.
- **Correspondence** - amplify and adopt the Brown Envelope Code [1]. We recommend that all public-facing services in Sheffield formally adopt and embed the Brown Envelope Code, a national Poverty Truth Network initiative to transform the tone and presentation of official correspondence.
- **Lived experience** - Include lived experience in future systems planning. We recommend that community commissioners and people with lived experience of poverty are included as permanent stakeholders in the design, testing, and evaluation of any future systems change.



Therapeutic Communities

- We want to echo Dean's call that everyone needs someone to talk to. We recommend working across mental health organisations to:
 - Have an annual Sheffield Mental Health Day, where community organisations open their doors and help people find out more about mental health support.
 - Run a campaign to teach as many people as possible a breathing exercise to relieve high anxiety/panic attacks.
- We want to support the increased use and roll-out of the Sheffield Mental Health Guide.
- We applaud the establishment of local neighbourhood mental health centres. We want to encourage the greater involvement of the Voluntary Sector and think the model of gathering VCSE services together in public places e.g. in a shopping centre, in a central building, in a community hub will make the transition to community mental health work easier.

Person-centred approaches

- To establish a Sheffield-wide statement of intent to focus on the individual in their mental health care.
- We support the work being done by Sheffield Flourish and others to establish a mental health passport system so that individuals don't need to keep repeating their story.

Assumptions & Stigma in Workplaces

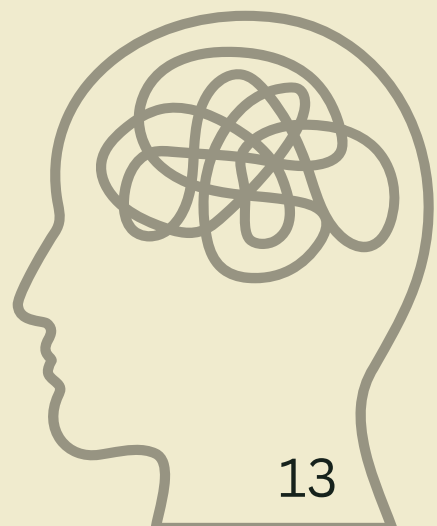
- We want to recommend that local employers listen to people with lived experience of moderate to severe mental health challenges and the obstacles to get back into work.
- We recommend that at least one in four posts are open to more creative approaches to selection and interview (the AESSEAL model) and that employers offer more open days so that they can meet people recovering from mental health challenges.
- We particularly recognize the stigma around ongoing medication e.g. antipsychotics and suggest employers identify and address unconscious bias in their selection policies in this area.

Mental Health & Homelessness

- Recognising that mental health challenges usually continue for individuals who are housed after living on the street, we encourage housing authorities to commit to providing:
 1. Housing that reflects increased mental health needs
 2. Housing that is of good condition and in areas where people's mental health and wellbeing needs can be easily met.
 3. Housing that will not directly or indirectly impact a person's ability to overcome addiction
- To address the link between mental health and homelessness, we recommend that local, neighbourhood and community solutions are promoted rather than institutional solutions.
- We recommend a greater investment in homelessness and mental health services in the ICB and a greater focus on dual diagnosis of mental health and addiction.

Carers and Young Carers

- We support the process of identifying and registering Young Carers which is a priority of Sheffield Young Carers. We encourage this to be prioritised and funding for Sheffield Young Carers to be assured.
- We recommend a review of the loopholes that young carers face e.g. losing housing if something happened to the person they're caring for.
- We recommend urgent attention be given to how carers are given a voice and support the implementation of the Gloucester model.
- We welcome the investment in carers' wellbeing through ICB/Synergy Alliance but note this is only for twelve months and recommend its urgent extension.



SHEFFIELD POVERTY TRUTH COMMISSION #1

“NOTHING ABOUT US, WITHOUT US, IS FOR US”

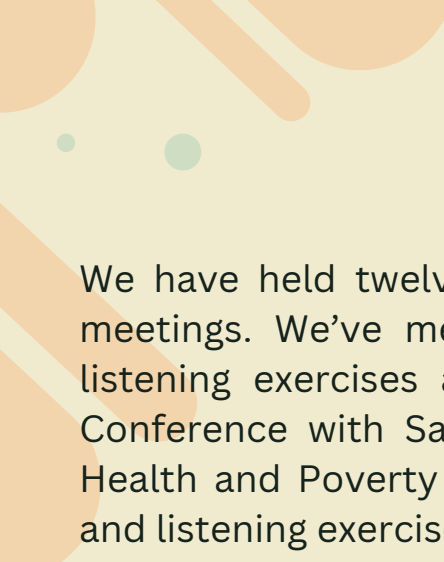
The journey of Sheffield’s first Poverty Truth Commission began as Ryan Wileman, Debbie Matthews, Colin Havard and Charlotte Killeya explored poverty and the root causes behind poverty in Sheffield. An event was held at Manor and Castle Development Trust on 4th October 2022 reaching out to interested organisations and parties and explaining the concept of a Poverty Truth Commission.

Poverty Truth Commissions (PTCs) are community-led initiatives designed to tackle poverty by bringing together people with lived experience of poverty & local decision-makers. The idea is to create a space where those directly affected by poverty can share their stories and shape policies or practices that impact their lives, fostering collaboration, understanding, and systemic change. The first Poverty Truth Commission was launched in Glasgow in 2009, inspired by the principles of truth and reconciliation processes, and its success led to the creation of similar commissions across the UK, including in Leeds, Manchester, and currently Sheffield. Over time, this has become a recognised approach for challenging stereotypes, giving a voice to those often unheard, and developing practical, community-driven solutions to poverty.

Formation

From this initial moment of exploration, a steering group formed, facilitators were appointed (Andy Freeman and Zara Makinta) and then in September 2023 a training day between steering group, facilitators and members of the national Poverty Truth team kicked off a journey that has led us to this moment and this report.

Since April 2024, when we held the first gathering of Community Commissioners, the first Sheffield Poverty Truth Commission has been investigating root causes through listening, meals, conversations, explorations and research. We launched our Commission formally in September 2024 and now a year later we are reaching a conclusion.



We have held twelve formal commission meetings and dozens of preparation meetings. We've met in smaller groups to consider core issues. We've held listening exercises at the Festival of Debate, at the Sheffield Child Poverty Conference with Save the Children and at the Health and Wellbeing Board's Health and Poverty Conference with Sheffield Council. All these conversations and listening exercise are recorded in some form in this report.

But most of all, the Poverty Truth Commissions has been about bringing together a group of local people with lived experience of poverty and social injustice. These individuals are called Community Commissioners. Then a similar sized group of Civic Commissioners are also appointed. These Civic Commissioners are people with leadership, influence or expertise across the city and can include Council officials, leaders in the Police, NHS or other public services, Business leaders and Voluntary Sector leaders. These conversations have been story-led, deliberately slow and built in the context of relationships. We've made friends as well as learnt new things and received new challenges.

We hope and believe this report identifies tangible, practical and effective ideas to make a difference in the areas we've chosen to focus on. We believe that because it's backed by real experiences, real stories and genuine compassion. At the heart of this report, our Community Commissioners have asked "would this have helped me in my challenges?" We certainly hope these ideas will help those facing the realities of poverty right now.

2024/25 Community Commissioners

- Naomi Aziz
- Sarah Clayton
- Jonathan Davis
- Dean Fowler
- Brittany Jackson
- Jess Thompson
- Justin Mashongo

We are also grateful to Olina Fuseini, Taha Saleh, Greg Howarth, Chloe Nicol and Chloe Firth who also took part in the earlier stages of the commission and provided valuable insight and commitment as we built the project.

2024/25 Civic Commissioners

John Barber – Joint CEO & Co-Founder, Work-Wise

Sarah Bawden – Deputy Director of People, Sheffield Health and Social Care

Fran Belbin – Deputy Leader of Sheffield Council

Stephen Betts – Chief Executive Officer, Learn Sheffield

Angela Foulkes – Chief Executive and Principal, Sheffield College

Larry Gold – Chief Executive, South Yorkshire Housing Association

Anthony Hinchliffe – Chief Executive Officer, Ant Marketing

Kate Josephs – Chief Executive, Sheffield City Council

Martin McKervey – Director, AESSEAL

Darren Pearce – Centre Director, Meadowhall

Chief Constable Lauren Poultney, South Yorkshire Police Chief Constable

Katrina Ritchie – Group People and Culture Director, Gripple

Leon Smith – VP Customer Operations, Twinkl

Thank you also to Salma Yasmeen and Emma Latimer who were involved in the early stages of the commission.

The Story of our Commission

After months of recruitment, preparation meetings and exploration, our Community and Civic Commissioners came together to kick off the first Sheffield Poverty Truth Commission when we formally launched on Thursday 26th September.

The event at the Library Venue at Attercliffe was attended by over 100 people and gave the chance for each of our commissioners to tell their stories. You can see these stories in more detail in the following pages.

Our Launch event was a fantastic evening, where our Community Commissioners shared their stories through a range of artistic expressions. From powerful artwork and photography to compelling documentaries, drama pieces, and heartfelt speeches, their presentations captured the realities of poverty in Sheffield. Themes included in these presentations included, Homelessness, Domestic Abuse, Young Carers, Post-code lotteries regarding access to services and just the sense of being overwhelmed with a system that feels stacked against them.

BELOW ARE JUST A FEW COMMENTS FROM PEOPLE WHO ATTENDED THE EVENT ABOUT HOW IT MADE THEM FEEL:



"Can't wait to see what happens next in Sheffield with Poverty Truth"



What a brave and wonderful thing to hear some many stories shared with such honesty and vulnerability"

"Heart warming, emotional and deep. Thank you to all concerned"



"Brilliant to see an event that genuinely gave voice to people who face the struggle of life, rather than those in power"



We were very grateful to all our Community Commissioners for their powerful contributions. This event was just the start of the conversation.

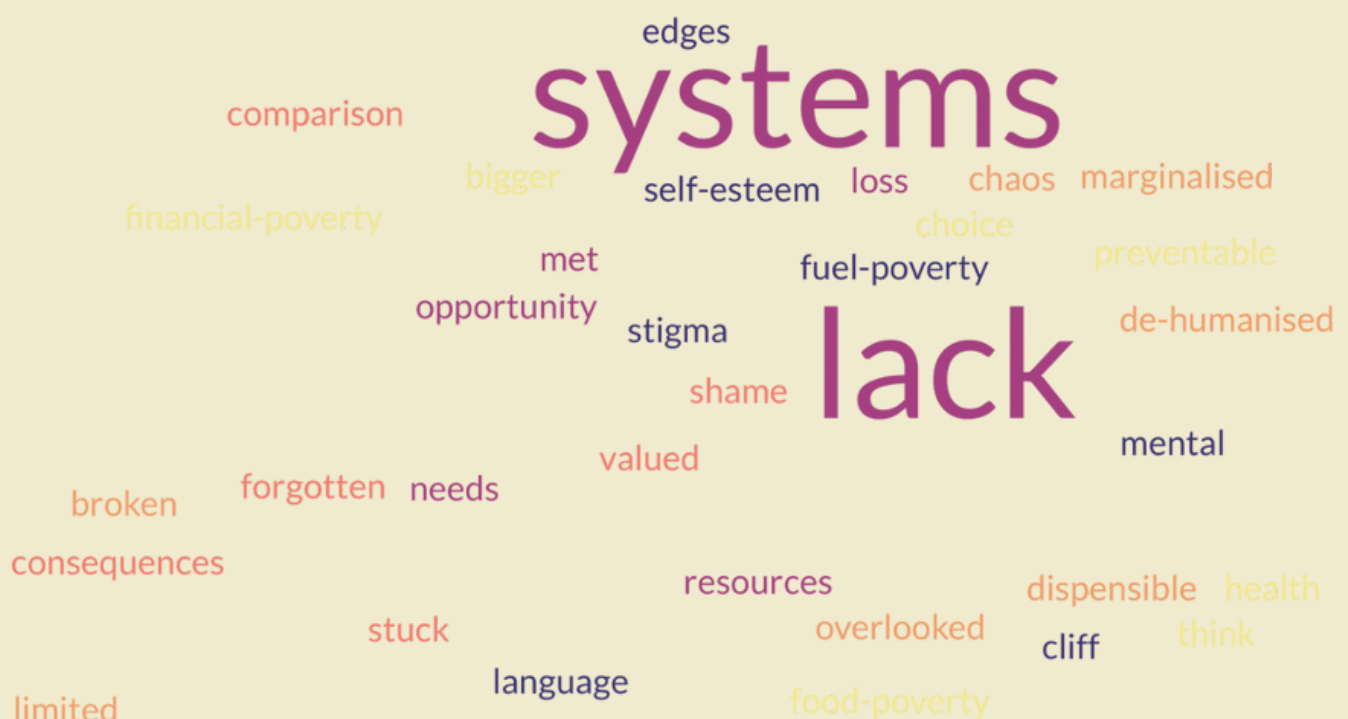
Moving on from the launch, the Commission then grows through a listening phase. This is a process which deliberately takes time and revolves around relationship building, the Commissioners (both Community & Civic) share stories and experiences of poverty in the city. We met monthly through the Autumn and Winter at a variety of venues across the city.

In our first commission we have chosen to focus on the root causes of poverty. We then built on these core ideas, exploring what we meant and what were the ideas behind the root causes. These meetings involved brainstorming, discussion and reflection – always coming back to the core stories we heard at the launch.

Some of these initial conversations centred around some clear themes.

- Needs not being met
- Stigma and shame
- Cliff edges in systems
- That there are many kinds of poverty e.g. fuel poverty, mental health poverty
- Lack of choice or access
- Not valued, forgotten or overlooked.

This word-cloud summarises some of our thoughts:



WIDER LISTENING

We've also taken time to listen to ideas in wider settings, presenting to the following gatherings:

The South Yorkshire Child Poverty Summit (17/2/25)

As part of this important gathering, the Sheffield Poverty Truth Commission shared something of its story to that point and asked people to feedback on what they considering the root causes of poverty to be.

Taking Action on Poverty: Our Sheffield Response - Sheffield Council and Sheffield Health and Wellbeing Board (28/3/25)

This gathering was brought together after the Director of Public Health (Greg Fell) report on the "Foundations for a Healthy Future: Ending Poverty Together" which members of the commission were invited to contribute to. At the conference, Community and Civic Commissioners spoke in a panel event and then we listened to people's thoughts on 'The System' using a creative tool. All the thoughts and feedback from this event have been brought into this report.

The Festival of Debate: The System (22/5/25)

Finally, we were delighted to be able to host an event as part of the Festival of Debate to listen to local people's thoughts on the idea of the system. We used a similar creative tool to the event in March and have included the thoughts shared in this report.

Final steps

At our meeting of 18th September 2025, we met as a whole group to reflect on where each group had reached and what recommendations might be made through the commission. These recommendations are summarised in this report and will be shared in our closing event on 16th October 2025 held at Glide House.

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STORIES FROM THE ROOT CAUSE: COMMUNITY COMMISSIONERS



SARAH'S STORY

When I first got involved with the Poverty Truth Commission, I came with a personal story that had left me feeling anxious, ashamed, and isolated — all because of a system that didn't listen.

For years, I was claiming housing benefit completely unaware that I was being overpaid. My daughter was growing up and gradually spending less time at home. There was no clear moment when she officially left — just a natural process of her becoming independent and eventually moving in with her boyfriend. When this was flagged in a change of circumstances review, I was asked to report my wages going back ten years. It was overwhelming.

Suddenly, I was receiving letters telling me I owed different amounts of money — sometimes just £4, sometimes over £2,500. I was reassured by benefits staff that I shouldn't worry and that £4 a week would be deducted. But when I got a new job, more letters came — with more overpayments and urgent demands to pay back large amounts straight away.

I tried to appeal, but the process was confusing and inaccessible — even benefits staff seemed unsure how it worked. The system felt impossible to navigate. My mental health began to spiral. The letters just kept coming, and I didn't understand them. I even began to question whether working was worth it.

When I was contacted by debt recovery agencies, there was no kindness or willingness to understand. I was treated as if I'd done something wrong — accused of taking public money, despite never having knowingly misclaimed anything. There was no explanation, no support, and certainly no compassion.

What I brought to the launch meeting was the reality of what it feels like when systems meant to help people instead cause harm — when you're treated like a case number instead of a person. I brought the weight of fear, confusion, and stigma, but also the hope that things could change if people in power really listened.

At the Commission, I've been heard without judgement. It's been a rare space where truth is valued, and that gives me hope — not just for me, but for others who are still caught up in systems that silence and blame them.



DEAN'S STORY

My name's Dean and this is my partner, Gina. I'm 54, and I love life — even though life hasn't always been easy for me. I live in a deprived area where drugs, violence, and loss are part of daily life. I've seen too many deaths, too many young people struggling. Somewhere along the way, I became a kind of father figure to those around me. I've talked people out of suicide, I've saved lives, and I've opened my door to anyone who's hungry. My wife and I cook for people every day, because if someone knocks on your door starving, what else can you do?

But it comes at a cost. I'm an empath, and all the pain I carry for others often crashes back onto me. I lost my sister-in-law to mental health only a few weeks ago. Years ago, I had a breakdown myself and ended up in intensive care, my mind shutting down. That wasn't the first battle I'd fought — I've lived with the impact of a serious head injury for nearly two decades, which left me unable to work properly. Feeding my family, keeping a roof over our heads, it's been a constant uphill struggle.

For years, my agoraphobia kept me trapped inside my front room. I could barely step onto the doorstep before panic drove me back inside. I felt isolated, locked away from the world. Support from Space to Breathe has been life changing. It's calmed my brain, helped me manage my medication, and given me the hope of a future where I can breathe freely again.

I still find the world frightening. Everywhere I look, people are hurting. Everybody needs someone to talk to, but the support out there isn't enough. I believe we need visible, accessible help — posters around Sheffield, helplines people can trust, and more counsellors who listen. I'd even take calls myself. I know what it feels like to want to give up, and I'd sit on the phone for hours if it meant someone stayed safe.

That's why I got involved with the Poverty Truth Commission. I want commissioners and leaders to open their eyes and ears, to really see what life is like for people like me. I want my community to be safe, supported, and hopeful again. I believe change is possible — if we care enough to make it happen.



JESS'S STORY

I was initially both excited and skeptical about being asked to be a part of Sheffield's Poverty Truth Commission. Given my lived experiences, I knew all too well that systems and services that are supposed to be helpful may be disappointing or difficult instead.

I had been a carer for my grandparents for as long as I can remember, before I even knew what one was. I was only identified as a carer at the age of 13 through a well-informed staff member in my secondary school. I had debilitating panic attacks every day for two years before this member of staff recognised the root cause of my anxiety. Juggling school and my home life had begun to take a serious toll, and I was referred to both Sheffield Young Carers and therapy.

My life has always revolved around prioritising others, with little room for myself. Worrying about 'house admin' - rent, council tax, benefits etc. - and the complexities of social housing meant that I never had the chance to simply be a child.

Being raised by my grandparents and not having relationships with my biological parents, both of whom have severe mental health issues, was already a heavy load to carry. Being a carer too made my anxiety completely debilitating. Fortunately, I found community through Sheffield Young Carers.

Slowly but surely, I came out of my shell and learned to better manage my anxiety and my caring role. This greatly helped me to cope in my grandmother's final years of living with Parkinson's Disease and allowed me to be a better advocate for myself when facing my own health issues.

This also led to my involvement with the Poverty Truth Commission, where I've used my experiences to try to shape change for others with similar stories and to empower carers in Sheffield generally. Gradually, my skepticism melted and gave way to genuine hope and empowerment. Along the way, I have firmly pushed myself out of my comfort zone, discovering a knack for public speaking and creating cross-community conversations and relationships. I also managed to finish my journalism degree whilst continuing my caring role and advocacy.



JONATHAN'S STORY

The Poverty Truth Commission has been an interesting experience. The story that encouraged me to join as one of the Community Commissioners is rooted in mental health, how it can affect you and the cost it can impose on your life. I was diagnosed with bipolar affective disorder around 2010, though I'd been struggling with my mental health since my teens.

Over the years life descended into a spiral of mood swings, depression, hypomania and a cycle of boom and bust. You start building your life in the highs only to see it fracture and collapse in the following lows – what you've built crumbles, eventually you get some help, things start to get better and you start rebuilding while that support fades away behind you until... the lows pull it all out from under you again and it all starts to fracture and collapse again. Once or twice might be manageable but the tenth time. You never have as many pieces to rebuild with, less people to connect with, less resources, debt, less hope and you can find yourself wondering if there is ever really a way out of the cycle. There is but the odds are stacked against you, and the repetition of self-destruction brings poverty along with it making the odds even steeper. Change is always possible, but it does mean not turning a blind eye and maybe trying to do something, however big, or small to make a difference.



NAOMI'S STORY

Growing up, it was just me and Mum. She arrived in London as a single mother fleeing domestic violence, unsure where to find support. Some days we bundled up in layers because she couldn't afford heating. I didn't face the same abject poverty she did- Mum recalls surviving on a daily bowl of plain rice, sometimes shared with siblings. Grandma would drink water and tie a scarf tightly around her stomach to ease hunger, sacrificing her portion for the children.

After migrating, Mum may have had access to help but likely didn't know how to find it. Support came through word of mouth or school staff who noticed what I lacked. I've also struggled to access help. Following childhood sexual trauma, I needed specialist therapy but only received a couple of counselling sessions before CAHMS discharged me for missing two appointments. Once due to illness, and once because I arrived on the correct time but the wrong day. I've recently been diagnosed with ADHD, but I've always had trouble remembering dates and times, which has severely impacted my ability to access both medical and psychological support. There was no offer to reschedule or reassess, I was simply expected to carry on.

I moved to Sheffield to study chemistry, but my mental health got worse without the constant distractions of familial obligations. Eventually I withdrew from my degree and sought work, stuck with the student loan debt. My fluctuating mental health made it difficult to maintain employment, so I've never been financially secure. Still, I've dedicated time to volunteering with organisations like ADIRA (a Black-led mental health group), served as a Samaritans listener, and as a recovery coach at SOAR. Now, I work in the recovery sector, supporting people with drug and alcohol issues. I witness poverty daily and the barriers people face in accessing support and advocate for them as their voices so often go unheard. I joined the Poverty Truth Commission because I understand the frustration of living in poverty. Together, I hope we can drive lasting, meaningful change.



JUSTIN'S STORY

As a PhD scholar in Social and Environmental Sustainability and CEO of Stand As One, a charity supporting immigrant integration across the UK, I've long believed that real change begins with listening. That belief was tested and deepened, when I joined the Poverty Truth Commission.

The Commission wasn't just another policy forum. It was a space where lived experience shaped the agenda. I sat beside people who are working in different fields in the City of Sheffield.

I didn't come to speak, I came to learn. And what I learned transformed how Stand As One operates. We began co-creating programs with those we serve, embedding their voices into every stage, from design to delivery. We shifted from offering services to building relationships rooted in dignity and trust.

The Commission taught me that poverty isn't just about income, it's about exclusion. It's about being unheard. By walking alongside those with lived experience, I saw how policy can become personal, and how personal stories can drive systemic change.

Our charity will continue to collaborate with Commission members, ensuring that immigrant voices are not only heard but lead the way. The Poverty Truth Commission reminded me that leadership is not about speaking first, it's about making space for others to speak, and ensuring their words shape the future.



BRITTANY'S STORY

Hi I'm Brittany Jackson and I'm 26. Growing up I lived a very unstable and chaotic life. My mum was young with 3 kids all aged 2 years apart, deeply struggling with her own mental health, abusive relationship and social problems. My dad was a functioning alcoholic, again struggling from his past and current life resulting in him losing control of his anger often and leading him to be quite abusive towards us at times.

My dad worked as a porter at the hospital and my mum worked multiple jobs, both working day and night shifts but still we struggled to get by day by day & my parents racked up a lot of debt throughout the years just trying to provide us with basic necessities. Not being able to afford childcare me and my brothers were often left in the care of family members who weren't capable of looking after us which put our wellbeing and safety at risk.

Both me and my brother have ADHD and autism which made school a massive barrier for us. Not only did we experience major bullying (which is growing faster with the rise of social media) there was a real lack of a support system which we needed to thrive and gain qualifications through education. We were often put in isolation or excluded branded "naughty or bad kids" when in reality we were in fact traumatised from our home life and struggling to cope in an environment that overwhelms and over stimulates us with little to non-support. We were let down by the system in our education and our safeguarding as both and social services knew about our home life but it was always dropped with practically no investigation or care plan in place. The lack of support that we or our mother got is unacceptable.

My parents split just before I moved into secondary school this is where I really went on a war path with myself on a road I thought was "freedom" and "taking control of my own life". I started hanging with older teens and sometimes adults smoking, drinking, taking drugs, getting involved in petty crime and wreck-less antisocial behaviour. I experienced grooming and both criminal and sexual exploitation. I was passed between family member (none who wanted me there) and jumping between any friend that would let me stay with them. before I knew it, I was 16, street homeless waiting in roundabout to be taken down to their hostel.



I lived there for 8 months and in this time my substance misuse, abuse and exploitation got progressively worse. I became a zombie of myself and still I couldn't find the right support to pull me back onto the right path. I entered into an abusive relationship before being moved into a much larger hostel with less support.

While living there I suffered major abuse and due to my partners actions and behaviour I was evicted from the hostel, this led to me being intentionally homeless and sleeping rough on the streets of Sheffield with my partner for a long period of time before I was signed into care and placed in my own flat.

I would spend the next 4 years moving between different temporary and supported accommodations with social care hardly having any contact with me and mostly served as a way for me to get money and clothes when I needed it. With the lack of support mixed with trauma and drugs I was the perfect target for grooming and exploitation. I experienced 20 years of hell all while being "supported" by a system made to fail me and it was only in my 20's when I got caught pregnant that I sought proper professional help became clean of drugs and started to build a future for myself and unborn child.

In the last 5 years I started working for roundabout, the same charity that housed and supported me in the worse times of my life. I have worked at the university of Sheffield on a project that looked at why kids in care are easy targets for child exploitation and I have won 2 awards, the voice of youth award 2023 and just this year The top 30 under 30 award.

I joined the poverty truth commission because I'm passionate about change and the wellbeing of my sociality, I wanted to help contribute to the small suggestions that might make huge impacts on people's lives and I believe by sharing my personal life experiences and the knowledge and skills that has given me along the way I can change at least 1 person life or at least give them hope.

...

COMING TOGETHER FOR SHEFFIELD: THE STORY OF THE CIVIC COMMISSIONERS



FRAN BELBIN

Sheffield Poverty Truth Commission has been a moving and enlightening process, bringing together people with lived experience of poverty and city decision-makers, challenging our assumptions and creating the space for us to work collaboratively.

The first few sessions were spent getting to know each other and building trust, before agreeing themes to work on. I have been part of the group that chose "the system" as its theme, and we've focused on how people experiencing poverty interact with the system. Too often these interactions feel stressful, dehumanising and even re-traumatising.

At our last session we met with senior leaders at the Council, the DWP and the NHS to feed into the work these organisations are doing around customer/client/patient experience.

The Commission has been a powerful reminder that effective solutions come from collaborations and not from assumptions, and that lived experience must be at the heart of decision-making.



SARAH BAWDEN

I was privileged to have been asked to represent Sheffield Health and Social Care as a Civic commissioner on behalf of our Chief Executive Salma Yasmeen. When I started my Poverty Truth journey, I thought I understood poverty in Sheffield, having lived here since I was a small child and attended school and university here, I never left and have friends across the city, so I knew Sheffield right?

I thought I understood the impacts of poverty and maybe even had some solutions. What I have actually found is that we all have far to go to address the inequalities that exist, we need to do more listening and act on what we hear, it felt overwhelming at times and I know it will take all of us to work together and grasp the opportunities that are out there if we can create the space to come together across the business, voluntary and public sector.

I have met some amazing people this year, listened to the reality of the lives and experiences of our community commissioners as they navigate being an unpaid/young carer, poor mental health, getting stuck in the 'system', childhood poverty.

I would have liked to hear more from very young people. I hope that in the future we can continue to reach those people who don't yet have the voice to make change for the future.



MARTIN MCKERVEY

I can say with certainty that being involved with the work of the first Sheffield Poverty Truth Commission is one of the most important things I have done during my life.

The opportunity to come together, to listen, to learn, to be inspired by and, to work with my fellow Commissioners (drawn from the community and the civic and business world) has been insightful and humbling. It has also however made me feel frustrated and disappointed, because it has taught me about some of the underlying issues concerning poverty in our city.

In Sheffield approximately one in four people experience poverty, with a significant impact on children and families. Poverty in Sheffield is not just a lack of money, it affects health, education, communities and the overall wellbeing of our great city. Worryingly, without action this is going to get worse.

If we are to change the poverty landscape in our city then we are going to need a multi-sector partnership to co-develop solutions and, in that regard as a businessperson I believe business has an important role to play. Business has a responsibility to help and to get involved.

The Sheffield Poverty Truth Commission has taught me something very important, we must start from the position of seeking to answer a very important question - 'What if people who struggled against poverty were involved in making decisions about tackling poverty'? In answering the question, we must understand that lasting social change can only happen when those who experience a struggle can participate in generating change. Only when we have answered that question can we truly look to begin to fix the problem and find long term solutions, be it through service design, policy change, awareness raising, relationship building and having the ability to act.

Poverty Truth Commissions shout, "nothing about us, without us, is for us", I now understand what that means and, why it is so important".



KATE JOSEPHS

We committed in our Sheffield City Goals to shape our city around fairness, equity, wellbeing and combating poverty. Tackling poverty is a complex and urgent issue. But too often civic and policy responses do not involve the people with the deepest understanding, those with lived experience. I have championed the Sheffield Poverty Truth Commission from the outset and was proud to be asked to take part as a commissioner, because I care deeply about tackling the root causes of poverty in our city, and because I want to build on what we know works and find new ways to reduce poverty and its devastating effects.

The PTC has been rewarding and challenging in equal measure, we have connected as human beings, not always with our professional ‘hats’ on; yet as a civic commissioner I cannot be naïve about the power imbalances that exist. I have tried to model what it looks like to listen to and value the diverse voices and human perspectives of our community commissioners.

I believe as a result this work will make a meaningful contribution to our shared work as a city to make meaningful progress towards a fairer, healthier Sheffield. Laying the foundations for a future where everyone has the resources and opportunities they need to thrive.



ANTHONY HINCHLIFFE

I was keen to be involved to learn from the Community, first hand of the real crisis that exists in our city. I have had a relationship with many charities that help our citizens who have hit hard and difficult times - and I understand more than ever what a complex series of issues and hurdles exist to assist.

From our launch evening, it was clear to me that mental health illness is such a complex area and seemed evident in many cases of poverty we discussed. It's nowhere near as easy therefore to 'Get a job / Rent a flat / Crack on - if only.

Thankfully, I've met highly qualified experts across many healthcare disciplines and feel Sheffield is in great hands.



ANGELA FOULKES

As the Principal of The Sheffield College, I have the privilege of working with almost 15,000 of Sheffield's citizens as they work to gain skills and knowledge that will help them in their lives and careers. Almost 2/3 of our students live in areas of deprivation in the city and far too many of them live in areas of extremely high deprivation, sometimes this means that they simply can't study, can't get to college and their lives are overwhelmingly difficult. Through the commission I wanted to be able to support systemic change in the way things work in the city, in changing things so that access to support and services is assumed and easy, that education from day 1 is valued, respected and serves every child through to adulthood because Civic leaders work to make it so.



JOHN BARBER

With an initial background in the private sector, I have spent the last 25 years working in charity and community organisations alongside businesses, within local communities, focussed on regeneration and education initiatives. During this time, I have been inspired by the commitment, dedication and determination of many people. But at the same time frustrated by the challenges and barriers those working to support and improve people's lives and life chances face in having a real and lasting impact. Much of this frustration stemmed from the lack of opportunity and investment to effect real long-term change at a more strategic level. There's always lots of new initiatives but with no apparent long-term planning and investment attached to them.

I believe everyone has talent and the potential to shine, but for so many this is not recognised or allowed to flourish due to life circumstances and a myriad of barriers. It's always amazing to see and hear about the changes which have been made to individuals' lives and opportunities but our work and that of so many dedicated individuals and organisations only scratch the surface.

So, when approached to be a Civic Commissioner I jumped at the chance to understand how better, by coming together with those with lived experience and those in positions to influence and bring resources to the table could better work together and hopefully influence real long-term change.

It has been a privilege and very humbling to work with so many inspirational individuals and better understand the real, often seemingly impossible odds they have faced and their resilience and determination to keep on going. I thought I had an insight into some of the barriers faced but now realise, like the iceberg, we only probably get to see 20% of these.

I have learnt that there is a real will from both the Community and Civic Leaders to come together, understand and influence change but also learnt how the existing landscape can be a real barrier to any real change

I am encouraged that through mutual respect, common understanding, empathy and shared goals the work of the commission can help start to influence positive change. I look forward to playing some ongoing part in this.



STEPHEN BETTS

The purpose of Learn Sheffield is to enhance the life chances of children and young people in Sheffield. We seek to do this through our work with education settings across the city. The Sheffield Poverty Truth Commission has given us an opportunity to contribute to our city and improve the equity, social justice and belonging that are part of our organisational values. The approach that poverty truth commissions take to bringing lived experience into decision-making models an approach that we believe to be essential in the way that policy is developed and change is made. Being part of the commission has also helped us to develop the way that we work as an organisation.

On a personal level, it has been a privilege to work with all of the colleagues who have been part of Sheffield Poverty Truth Commission. I am excited to see how the relationships that have been formed through this commission will lead to other good work in the future. I was born in Sheffield, have lived in Sheffield for most of my life and lead an organisation called Learn Sheffield. There is so much about our city to be proud of, but also so much work to do if the opportunities that are available are to be accessible to every child, young person and family who make Sheffield their home.



KATRINA RITCHIE

The core mission of the Poverty Truth Commission resonates deeply with Gripple's values and our strong sense of social responsibility — supporting our employees, their families, and the communities they live in. I was truly humbled to be invited to serve as a civic commissioner. I hoped that my experience in business — particularly in jobs, skills, learning, and people — could contribute meaningfully.

On a personal level, I was drawn to the opportunity to join a group of passionate individuals who care deeply about making a difference, who love our city, and who genuinely care about the people of Sheffield.

Each member of the Commission brought something unique, yet we were united by a shared vision: to drive change and find real ways to close the poverty gap. Listening to those with lived experience and understanding the daily challenges they face gave us a profound insight into the scale and complexity of poverty.

There's no quick fix — but by engaging the right people, raising awareness, and making small, meaningful changes, we can create lasting impact. We must stay committed, keep pushing forward, and continue working together to turn the tide on poverty in our city



LEON SMITH

I first heard about the Poverty Truth Commission (PTC) through Twinkl. Our CEO, Jon, was invited to take part because of our shared mission to make a real difference in education and beyond. When I was asked to represent the company, I didn't hesitate.

I live a privileged life and am lucky enough to have a rewarding job that creates positive impact for others. My path could have been different, having grown up experiencing poverty and I've seen the barriers it creates. Those experiences shaped me - but also fuel my motivation to help others facing similar challenges.

Before my current role, I taught in a Liverpool primary school with some of the most extraordinary children and their families. Many of those children shared a similar start and faced their own challenges and barriers. Seeing this from the other side, and being responsible for them and their outcomes, showed me the impact poverty can have on potential, and how vital it is to break those cycles.

That's why being part of PTC has been such an affirming experience. It brings together people from all walks of life to listen, learn, and act, with the aim of genuinely shifting outcomes across the city. Everyone who participated has made meaningful contributions, none more so than the Community Commissioners whose voices have shaped the solutions put forward - a fundamental and valuable principle within the PTC's approach. My hope is that the recommendations are taken forwards and become actions that improve lives. Poverty isn't inevitable and change is possible, if we choose it.



LAUREN POULTNEY

Being part of the Sheffield Poverty Truth Commission has been an incredibly moving and eye-opening experience. I joined policing to make a difference to communities, and that remains my driving force. Policing often meets people at moments of crisis, but through genuine partnership working, we have opportunity to reduce that crisis - not just for the individuals in the short term, but for entire communities in the long term. That's how we build safer, stronger places to live.

I wanted to better understand the impact of poverty in our communities, and this commission has helped me to do just that. It's challenged me to reflect deeply on how policing can support - not criminalise - those living in poverty. Compassionate policing means recognising the barriers people face and ensuring we don't penalise or deny opportunity because of circumstance.

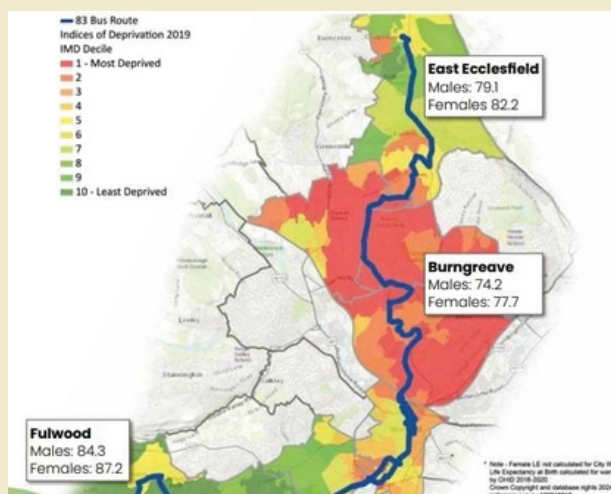
The voices of the community commissioners have been invaluable. Their reflections on interactions with policing have made me think with a different lens. Hearing their lived experiences has been humbling and powerful. It's clear there is work for all of us to do, and I'm committed to continuing that journey - listening, learning, and working together to get upstream of the issues that drive inequality and harm.

POVERTY IN SHEFFIELD: INTRODUCING OUR THREE PRIORITY AREAS

“SHEFFIELD IS A POOR CITY WITH SOME RICH AREAS IN IT”

It's estimated about 1 in 4 Sheffield residents live in poverty. Sheffield has some of the poorest neighbourhoods statistically in the whole of the UK, as well as some of the richest.

These challenges of poverty and deprivation are well known to local authorities, and we were delighted to play a part in the recent study by Greg Fell (Director of Public Health) into poverty in the city [2].



Probably the most used and striking statistic/measure is that if the 83-bus route and the changes that take place as you take that route through Sheffield (see image below, used with permission.) Travelling on that route, you move from Fulwood – where female life expectancy is 87 years, to Burngreave 40 minutes later – where female life expectancy is 77 years.

Inequality rates in death studied in Sheffield show that after some improvement, the gap between the poorest decile and the richest in terms of early death has widened.

Some of Sheffield's poorest areas are also some of the poorest in the UK including Shiregreen, Shirecliffe, Firth Park, Darnall and Burngreave. In areas such as Tinsley and Carbrook, over 53% of children are in low-income households and across the whole city 33% of children are in this bracket.

It is also estimated that 47,500 residents are in what are called “negative budgets” i.e. they don't have funds for the basics without help. A further 35,000 residents are financially “running on empty.”

In our first Poverty Truth Commission we've tried to identify the root causes of poverty which are revealed in the stories of our commissioners. After a process of reflection and expression of choices, we found these three areas dominated our discussions.

1. Early Years, Children and Young People
2. The System(s)
3. Mental Health

WHY ARE EARLY YEARS, CHILDREN AND YOUNG PEOPLE'S SUPPORT A ROOT CAUSE OF POVERTY?

Poverty has a profound impact on children's earliest years: in the UK, around 4.5 million children—31 percent of all under-18s—are living in poverty as of April 2024, and that rises to 36 percent when the youngest child in the household is under five [3]. Families with babies and under-fives are most sharply affected, with over one in three (36 percent) living in poverty, climbing to more than 50 percent in larger families [4] (three or more children.) This early disadvantage shapes children's development: half the gap in school readiness (cognitive outcomes before age 5) between low- and middle-income children is attributed directly to poverty, and the poorest kids are twice as far from the government's "good level of development" target by reception age compared to their affluent peers [5]. The link is clear: without early support, poverty undermines cognitive, health and emotional development at the very outset of life.

In our commission we've heard stories around the desire for preventative work and investments in family to help offset the early effects of deprivation in the lives of children. We've also heard that when young people are given safe places, good role models and practical support the changes can be dramatic.

WHY IS MENTAL HEALTH A ROOT CAUSE OF POVERTY?

Poverty and mental health in the UK are deeply intertwined - poverty doesn't just coincide with mental ill-health, it actively contributes to it. In fact, adults living in the lowest 20% income bracket in Great Britain are two to three times more likely to develop mental health problems than those in the highest income groups [6]. As the Mental Health Foundation puts it: "Poverty is both a cause of mental health problems and a consequence," and material hardship brings about shame, stress and trauma that can trigger anxiety or depression, setting in motion a vicious cycle.

In our commission we've heard several stories of the challenges of facing a mental health challenge and the direct impact it can have on a person's ability to manage social injustice or financial hardship.

Jonathan's story at our Launch event used a Jenga tower to explain how progress and recovery could be knocked down easily by life circumstances. Dean's remarkable story expressed that everyone needs someone to talk to. Jess shared her story as a young carer and the impact of her daily life of caring for her grandparents both affecting her mental wellbeing but also the daily stories of struggle as her family experienced the realities of serious mental health care.

“Poverty is toxic to our mental and physical health... living in poverty increases people’s risk of mental ill health. Moving people out of poverty improves mental health, especially for children... more unequal societies have higher overall levels of mental ill health. [7]”

WHY ARE THE SYSTEM(S) A ROOT CAUSE OF POVERTY?

In our commission we noticed straight away that commissioners were discussing what they called ‘the system.’ This system could be benefits, housing or processes like banking. Participants noticed that these systems often worked against them and often didn’t connect with each other.

Over time we noticed this language referred to:

- o The System – the overall mechanisms of support and welfare in the UK.
- o Systems – the different elements of these and the challenges they have in talking to each other.

One commissioner noticed that “when things are taken away it happens fast, when positive change happens, we are told to be patient.”

The reality is that poverty is not just the result of individual circumstances but is deeply shaped by systemic factors, including economic policy, welfare systems, and structural inequalities. According to the Joseph Rowntree Foundation (JRF), 90% of low-income households experienced a real terms fall in income between 2019 and 2023, largely due to government policy decisions on benefits and rising living costs.

The system often traps people in poverty rather than providing adequate support to move out of it—JRF’s 2023 UK Poverty Report states: “Poverty in the UK is a political choice. It is not inevitable, and its persistence is the result of how we design our economy and social security system.” Structural barriers, such as low-paid insecure work, unaffordable childcare, and insufficient welfare benefits, create cycles of disadvantage that disproportionately affect already vulnerable communities. This highlights the need for systemic change rather than short-term fixes.

BIG THEMES FROM OUR COMMISSION

Before looking at the three sub-groups in detail, we wanted to identify the big themes and overarching recommendations we found through our Commission.

Across all three sub-groups, a few clear themes consistently emerge. First is **the centrality of lived experience**. Whether in children's services, mental health care, or navigating systems, successful initiatives are those that are co-designed with communities and rooted in the realities of those affected by poverty. This emphasis on participation not only ensures relevance but also empowers individuals and communities.

Second, **relationships and trust** are consistently highlighted as the foundation of meaningful support. From young people needing role models, to commissioners describing re-traumatisation from repeating their stories, to people with mental health challenges seeking someone to talk to, relationships were repeatedly named as the bedrock of sustainable change.

Third, all groups stress the need for **joined-up, long-term approaches**. Fragmentation—between services, sectors, and institutions—was seen as one of the biggest barriers to progress. Whether it's education and family support, health and housing, or benefits and mental health care, siloed systems create duplication, confusion, and missed opportunities. Sustainable solutions require integration, collaboration, and commitment beyond short-term projects or pilots.

Fourth, there is a strong call for **person-centred and empowering approaches**. Instead of impersonal, bureaucratic, and one-size-fits-all systems, commissioners want services that recognise individuality, dignity, and context. This includes tailoring support, removing stigma, and ensuring people have ownership over their stories and choices.

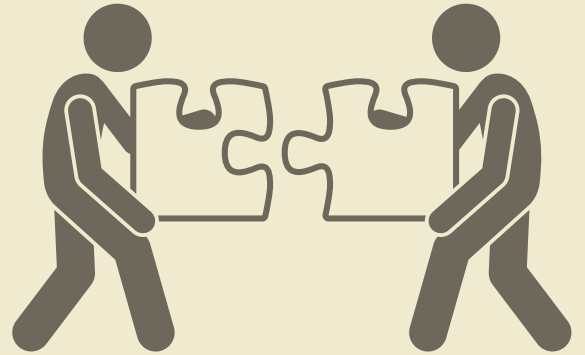
Finally, **language and stigma** emerged as cross-cutting issues. Terminology like “disadvantaged,” assumptions around mental health and employment, and hostile or bureaucratic communication (e.g. brown envelopes) were all noted as damaging. More compassionate, inclusive language and attitudes are key to reducing harm.

SHARED RECOMMENDATIONS

Several recommendations appeared across more than one group, pointing to city-wide priorities for Sheffield:

1. Embed lived experience in decision-making

Commissioners across groups call for those with lived experience of poverty, mental health challenges, and caring responsibilities to be directly involved in the design, delivery, and evaluation of services. This includes co-produced training, advisory roles, and formal recognition of community voices.

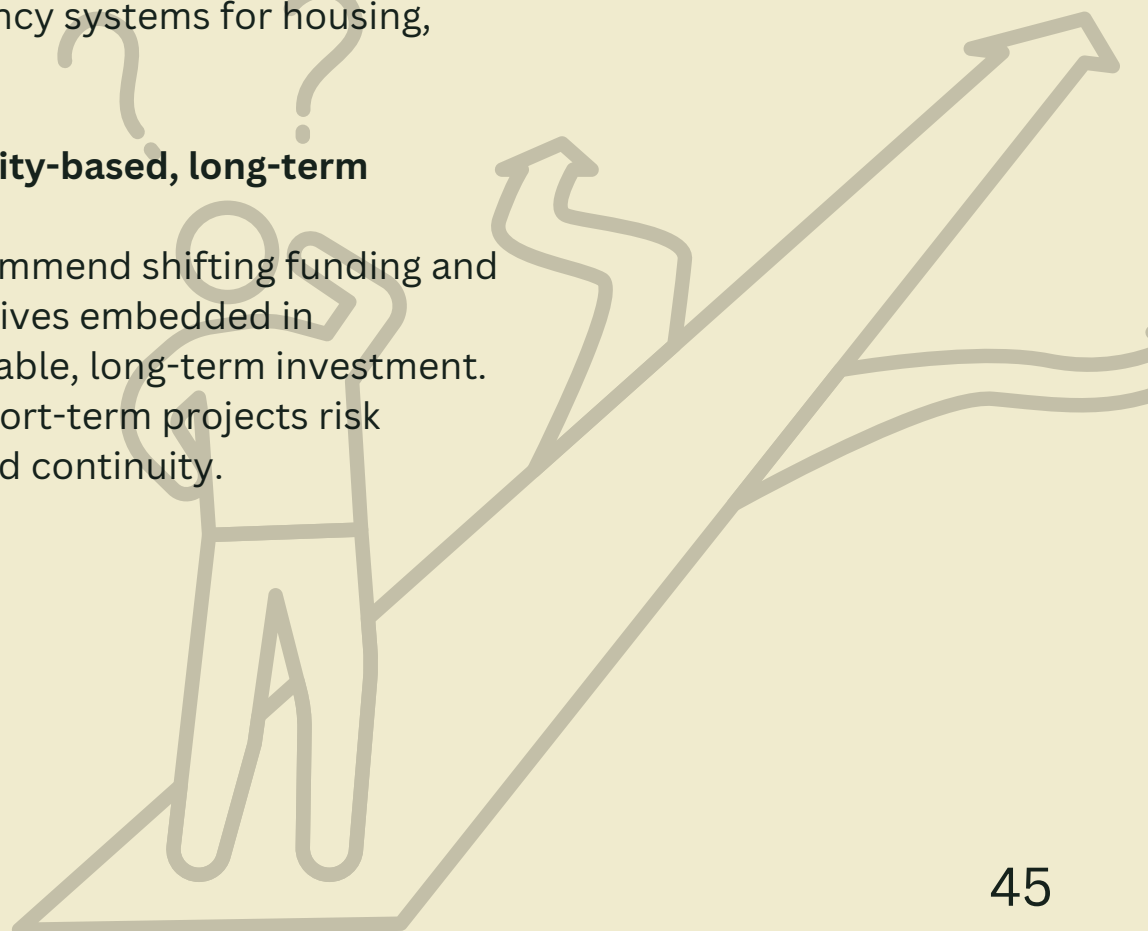


2. Develop more joined-up, relational services

Each group highlights the need to break down silos. Recommendations include building holistic, whole-family approaches in children's services; developing neighbourhood-based mental health care with VCSE involvement; and creating integrated cross-agency systems for housing, benefits, and health.

3. Prioritise community-based, long-term approaches

All three groups recommend shifting funding and policy towards initiatives embedded in communities, with stable, long-term investment. Pilot schemes and short-term projects risk undermining trust and continuity.



4. **Invest in compassionate communication and training**

Recommendations include co-created trauma-informed training for frontline staff, city-wide adoption of the Brown Envelope Code, and campaigns to raise awareness of local resources. The emphasis is on humanising contact and reducing stigma.

5. **Support carers and young carers**

Both the Early Years and Mental Health groups raise the need for greater recognition, support, and protection for carers. This includes addressing loopholes, securing funding, and learning from best practice models elsewhere.

Together, the three sub-groups point Sheffield towards a vision of services and communities that are **co-created, relational, joined-up, person-centred, and compassionate**. While the focus of each group differs, the shared direction is clear: lasting change comes from embedding lived experience, investing in relationships, reducing fragmentation, and treating people with dignity.



PRIORITY #1

EARLY YEARS, CHILDREN AND YOUNG PEOPLE

Issues relating to the impact of poverty on children and young people were a strong theme throughout our work as a Poverty Truth Commission. The importance of the early years on the life chances of children and young people was often evident and so this became an obvious area of priority for commissioners.

The Early Years, Children and Young People group of commissioners also recognised that there is much strong practice to learn from in our city and decided to commit time to enquiring and learning from this. All the commissioners identified time to make available to visit a range of organisations and we agreed three questions to explore through our enquiry visits and discussions:

- o What are the barriers for children, young people and their families?
- o What would (or does) help children, young people and their families to overcome these barriers?
- o What examples of successful approaches could be learned from, shared or supported to scale up?

KEY CONVERSATIONS

Our conversations included organisations that worked with children, young people and their families across all age ranges. The eight visits included nurseries, primary schools, a secondary school and a college. We would like to thank the following organisations for their support in this process: Grace Owen Nursery, Save the Children (discussing the Meadows Nursery Project), Sharrow Primary, Arbourthorne Primary, Watercliffe Meadow Primary, Shortbrook Primary, Fir Vale (secondary) School and The Sheffield College.

These enquiry visits included different components each time, but across the visits this included talking to leaders, staff teams, children, young people and their families. Commissioners brought back and shared their takeaways from each visit and shared them with the group. The themes below emerged from multiple visits and were discussed as a group, often reinforcing the personal and professional lived experience of commissioners or the wider research undertaken.

The context for our conversations was provided by the wealth of data which illustrates the scale and urgency of the problem locally, regionally and nationally. This data is taken from Child Poverty Action Group (see above.) It illustrates child poverty as a public health issue which has a compounding impact on the lives of many Sheffield children and young people, along with their families [8].

4.5 million

children are growing up in poverty in the UK

9

children in an average classroom of 30 (31%) are living in poverty

7 out of 10

children living in poverty have at least one parent in paid work

49%

of children from Black and Asian communities are in poverty, compared to 24 per cent of white children

43%

of children living in lone-parent families are in poverty

44%

of children in poverty live in a family where someone is disabled

900,000

children in poverty in England alone miss out on free school meals

350,000

children would be lifted out of poverty if the government scrapped the two-child limit

300,000

children would be living in less deep poverty if the government scrapped the benefit cap



KEY LEARNING

- Long-term and strategic projects which were rooted in the communities they serve stood out.
- Organisations that are successful have a clear focus on the lived experience of the families they serve and use this as a prism through which to view all the decisions that they make. These organisations often also had a more sophisticated understanding of multiple insecurities.
- The central importance of relationships to any successful project was always evident.
- Activity, which is done with, empowering and co-constructed has a greater chance of sustaining and delivering impact over time.
- Representation and visibility, particularly in the form of role models also supported the impacts achieved by some of the projects.
- Access to support (where to find it, how quickly it is available and the criteria for access) needs to be considered as well as the type and quality of that support.
- The value of holistic, joined-up working with the whole family – not just children or parents in isolation- was frequently evident.
- Supporting caregivers to have an impact on the lived experience of children can include meeting their needs as well as empowering or upskilling their caregiving.
- We found examples of successful work which was either precisely targeted activity or universal in nature.
- We also saw examples of successful activity that was set in the context of the core purpose of the delivering organisation (for example a nursery that was providing strong universal anti-poverty activity but always in the context of children and learning).
- Successful activity often includes connecting between or with existing activity. The system requires greater ‘joining-up’ and the strategic development of infrastructure which makes new and existing activity more likely to succeed (especially given the need for it to be long-term).
- Removing barriers that reduce the ability of children and their families to access education and wider opportunities requires ongoing, genuine enquiry into their lived experience.
- The impact of indirect issues (for example we would recognise the cost of transport as a poverty issue but the quality and reliability of transport also impact more directly on the life chances of young people from disadvantaged backgrounds) and the unintended consequences of decisions that organisations make.
- The APPG Parent Poverty Enquiry Report recommendations include scaling up the delivery of school-based poverty audits developed by Children North East, alongside policy recommendations for central government.

RECOMMENDATIONS FOR THE CITY

• **Poverty Proofing Education**

Develop poverty-proofing in the settings that children and young people attend. Work with Learn Sheffield to develop an accelerated local pilot using the school-based poverty audits developed by Children North East, alongside the creation of case studies of effective anti-poverty practice which can support improvement.

• **Work Upstream on Homelessness**

Support our older young people as they transition to adulthood to reduce the risk of homelessness. We will actively support the Upstream project supported by Homewards and delivered by Roundabout as a local partner.

• **Enhance Healthy Child Development**

Develop a cross-over civic project to enhance healthy child development in the early years and throughout childhood, supporting recent work in the Sheffield SEND Manifesto. This description of healthy child development aligns to the work on primitive reflexes shared by Watercliffe Meadow Primary. We believe that this provides the basis for Sheffield to develop a more connected civic approach to childhood.

• **Support Long Term Strategic Projects Informed by Lived Experience**

Support existing organisations and programmes which are in line with the principles which we believe are key to success: embedded in communities, long-term and strategic, built upon relationships & underpinned by lived experience. The Save the Children initiative 'South Yorkshire- A Place of Hope' may be an example of this.

What should happen next?

The Early Years, Children and Young People group of commissioners recognise that the work of this first Sheffield Poverty Truth Commission should be a beginning and not an end.

In addition to committing ourselves to supporting these recommendations beyond the life of the first Sheffield Poverty Truth Commission we commit to:

- offering our support, learning and mentorship to future commissions and projects which apply the principles of this work
- actively seeking to promote the importance of including the voice of people with lived experience in future work.

The Early Years, Children and Young People subgroup are:

Stephen Betts, Brittany Jackson, Angela Foulkes, John Barber, Leon Smith, Kate Josephs and facilitated by Ryan Wileman.

PRIORITY #2 SYSTEMS

Throughout the Poverty Truth Commission, "The System" has emerged as a central theme in our conversations. Commissioners shared that navigating systems including the NHS, housing, benefits, council services, social care, immigration, and education often feels disjointed, impersonal, and at times re-traumatising. One of the most painful and common experiences is the repeated need to tell their story at every turn.

As one commissioner put it:

"It's not just exhausting. It's like opening a wound every time. And each time you must start from scratch."

From our first group discussions, the Systems group set out to explore how services might become more humane, integrated, and accountable, especially for people with complex or long-term needs. Our goal wasn't to fix the system in its entirety, but to ask better questions about how it can listen and work differently.

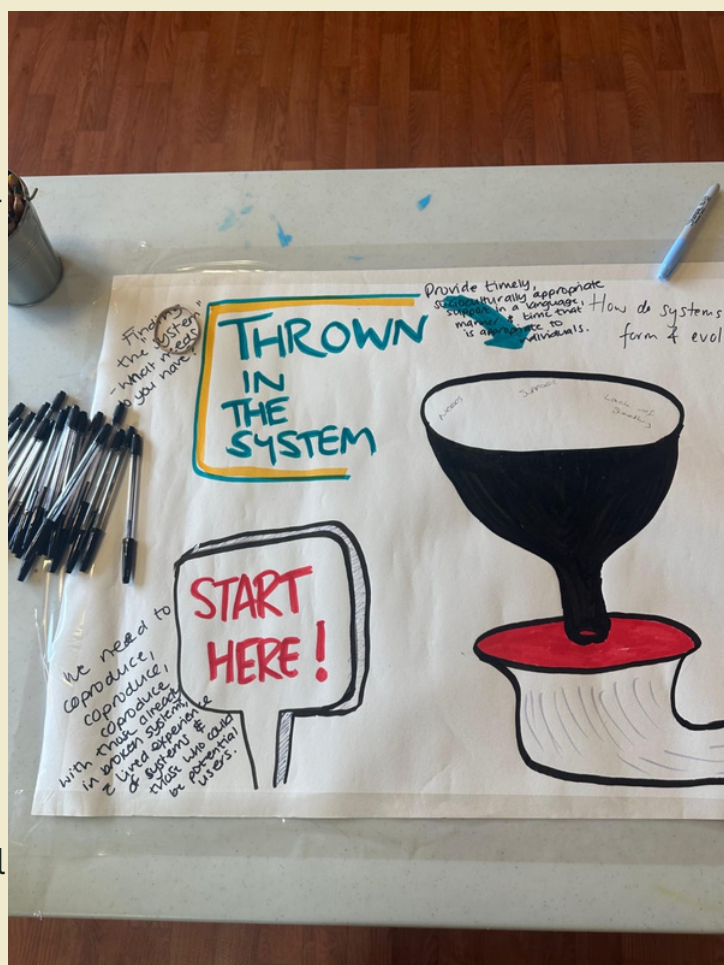
KEY CONVERSATIONS

1. The DPH Report Conference (March 2024)

At the Director of Public Health report launch, Poverty Truth Commissioners presented a vision of service access rooted in dignity and story ownership. We highlighted the emotional toll of fragmented systems and proposed that individuals be supported in holding and managing their own narrative instead of constantly reliving trauma to access help. This was met with strong support from public health leaders.

2. Festival of Debate Event (May 2024)

In our fringe event titled "The System", we invited the public to reflect on what the system is, what it should be, and how it interacts with those experiencing poverty. Commissioners shared real stories of navigating multiple services, the emotional toll of being unheard, and how systems that are meant to support can sometimes cause harm. We invited attendees to imagine alternative models: relational, user-led, and trauma-aware.



Our Proposal: “Your Story”

From our Systems group sessions, a central idea took shape: a secure, user-owned platform called *Your Story*. The idea is not about creating a new app or database, but a conceptual shift. What if individuals could opt in to store and manage the key elements of their story such as health info, housing history, immigration status, mental health, family context in one place, to share selectively across systems?

It’s a bold idea, rooted in consent and ownership. We know integration is complex. But the aspiration resonated to tell your story once, and be met with understanding, not suspicion.

We explored how this could:

- Reduce retraumatisation
- Increase continuity of care
- Improve staff understanding
- Promote a more relational service culture

We also discussed the ethical implications, digital exclusion, and risks of depersonalisation if the “story” becomes a data form. This led us to a second strand of work.

Training for Story-Aware Services

At our most recent Systems group meeting, we met with representatives from Sheffield City Council (SCC), NHS, Department for Work & Pensions (DWP), Citizens Advice Bureau (CAB), and others. We shared our lived experiences and proposed the idea of co-created training for frontline staff.

This training would be delivered by Poverty Truth community commissioners and tailored to improve how public-facing services, especially call centres and reception desks, engage with people telling difficult stories. As one commissioner explained:

“Sometimes it’s not what you say, it’s how you say it. That’s what breaks people.”

We were encouraged to hear that SCC is planning to unify all call centres and is actively exploring staff training. Our commissioners offered to be involved in co-designing this training to ensure it is rooted in lived experience and compassion.

This is not just a training package. It is a mindset shift. We envision a model where people with experience of poverty help shape how services communicate, listen, and respond.

Learning from Others

We were inspired by the national *Brown Envelope Code* [9] initiative from the Poverty Truth Network, which seeks to make official communication less threatening and more person-centred. This aligns closely with our ambitions for Sheffield, and we hope to embed these principles locally.

We also recommend greater transparency and visibility of the work already happening within systems. Many people are unaware that change is taking place, and having a public-facing forum or updates portal could help restore trust and reduce feelings of helplessness when engaging with services.

RECOMMENDATIONS FOR THE CITY

1. Develop and pilot co-created training

We recommend the development and piloting of trauma-informed training co-created and delivered by Poverty Truth commissioners. This programme would equip frontline staff, particularly those working in council, NHS, DWP and other key services, with the tools to engage more compassionately with people's stories.

The initial pilot could focus on Sheffield City Council's call centre staff, who are often the first point of contact for vulnerable residents. Commissioners would share insight into how tone, language, and systems processes can either support or harm people experiencing crisis. The model should be scalable, adaptable for other departments and organisations, and embedded within ongoing staff development strategies.

2. Explore the 'Your Story' concept

We recommend a feasibility study or a creative approach such as a hackathon to look into the development of a secure, user-controlled platform for individuals to store and share elements of their story across different services. This platform, working title 'Your Story', would help eliminate the re-traumatisation caused by repeating personal details to multiple agencies.

Key aspects of the work should include:

- Robust ethical and data protection frameworks
- Consultation with service users, especially those with complex needs
- Options for digital and non-digital access (e.g., QR code, ID card, app)
- Integration potential with existing systems such as NHS and Universal Credit

Partnerships with local universities, digital inclusion groups, and public sector tech leads should be explored to support this work.

3. Amplify and adopt the Brown Envelope Code

We recommend that all public-facing services in Sheffield formally adopt and embed the Brown Envelope Code, a national Poverty Truth Network initiative to transform the tone and presentation of official correspondence.

Brown envelopes, often associated with stress, sanctions, or fear, can trigger trauma in people already experiencing hardship. By rethinking how letters are written and received, services can demonstrate compassion and clarity in communication.

We suggest:

- Co-auditing existing communications with people with lived experience
- Rolling out a new compassionate communications standard across services
- Including this training within the wider co-created offer

4. Include lived experience in future systems planning

We recommend that community commissioners and people with lived experience of poverty are included as permanent stakeholders in the design, testing, and evaluation of any future systems change.

This includes:

- Involvement in procurement and commissioning conversations
- Regular feedback opportunities during service redesigns

Paid opportunities for co-creation, peer review, and evaluation.

Embedding lived experience from the beginning ensures that services work with people, not just for them, and that policy design stays rooted in dignity, equity, and care.

The Systems Subgroup are:

Justin Mashongo, Sarah Clayton, Naomi Azeez, Katrina Ritchie, Larry Gold, Fran Belbin, Darren Pearce and facilitated by Zara Makinta

PRIORITY #3

MENTAL HEALTH

From the beginning of our commission, the link between poverty, mental health and the struggles of life have been plain. Several of our commissioners have struggled with their mental health and wellbeing, which either then led to issues around social hardship or alternatively their own experiences with poverty had a knock-on effect with their mental health and wellbeing.

Through our work on the commission, we've come to learn the term "multiple disadvantage" which is used in health settings to describe when someone is facing several, overlapping challenges at the same time – challenges that don't just add up, but interact in ways that make life much harder.

Jonathan put it like this in his story:

"You never have as many pieces to rebuild with, less people to connect with, less resources, debt, less hope and you can find yourself wondering if there is ever really a way out of the cycle. There is but the odds are stacked against you, and the repetition of self-destruction brings poverty along with it making the odds even steeper."

In our work exploring this topic, we've found these multiple challenges can often make getting the right sort of care more difficult. The following conversations, themes and recommendations are our attempt to speak out about these challenges and then suggest ways that things might be made more helpful for those who face mental health challenges alongside the daily difficulties of poverty.

KEY CONVERSATIONS

Our mental health small group started meeting at the beginning of 2025 and we've been grateful for several key conversations which have helped us.

The input of our commissioners

Central to our work has been the input of our commissioners, both community and civic. As we began talking, we all found we had degrees of lived experience which have proved central in our work. The impact of experiencing a mental health challenge, the daily challenges of being a young carer, the back-and-forth process of getting help for a loved one. All these experiences have poured into the themes and recommendations we find below.

Sheffield Health and Social Care

We are very grateful to have had Sarah Bawden from Sheffield Health and Social Care in the commission. Sarah has been able to link us with several existing teams such as the newly opened Neighbourhood Mental Health Centre in Heeley and Gleadless. We are also grateful to have had access to research statistics in the SHSC Knowledge Library and would like to thank Helen Barlow for her support. Thank you too to Zoe, Tim, James and many others for their help.

We are aware that statutory mental health services are also provided by Primary Care, by Sheffield City Council and by other bodies and we are grateful for their work, and for the large and skilled voluntary sector in the city. We have tried our best to reflect all of these organisations in this report but realise too that our knowledge as a group doesn't cover everything.

AESSEAL

Through Martin McKervey, we were able to visit AESSEAL, a global manufacturing company headquartered in Rotherham, working across Sheffield and the region. The business shared their different and inclusive approach to the employment & retention of staff. AESSEAL has a commitment to investing in people today for the business of tomorrow and, through the funds the business has invested with South Yorkshire Community Foundation it seeks to support communities across South Yorkshire shaped by poverty, deprivation and low income.

We engaged with the Sheffield Homewards Initiative (addressing homelessness in the UK) and had constructive discussions about the way mental health challenges can affect the ways we get work or return to work.

Business Community in Sheffield

Through our commissioners, Anthony Hinchliffe & Martin McKervey, the commission has opened conversations with the business community in Sheffield that we hope will continue after the end of the commission's work. During our conversations we've heard about some of the important work some businesses do to help and address mental health and poverty in the city.

However, there is much more to do and a starting point for further engagement with business is the need to help and inform the business community of the extent of the challenges we face and, importantly the role business can play in working with other partners and stakeholders. We are grateful for the business leaders who've been involved in the commission, and we are aware that the business community has assets and opportunities which can help change the mental health landscape in the city. This is not just about money, it also involves things such as buildings, people, skills and time. We are keen to partner with business leaders & with businesses in the next steps of this work as we look to build new partnerships and ways of working together.

Sheffield Young Carers

We are grateful to community commissioner, Jess Thompson who has worked with Sheffield Young Carers and others to give us a better picture of the challenges of being a young carer in the city.

Key themes

As we've explored mental health and its links to poverty in Sheffield we've settled on five key themes or questions to work with.

1. Can we develop local communities which are therapeutic and supportive in nature?
2. Can we work with health agencies to find ways to be more person-centred and empowering to people in the mental health system?
3. How can we tackle assumptions & stigma in workplaces and with employers around mental health and poverty?
4. What are the ways a tangible difference could be made around mental health and homelessness? How do we join the dots?
5. How can we make the lives of young carers in the city easier and thus lift some of the strain on their mental health and wellbeing?

We've particularly landed on three main principles which we think would make improvements in mental health and its link to poverty across Sheffield:

- To follow the trend in the NHS 10-year plan and deliver all work/funding on a local/community basis rather than an institutional or siloed approach.
- To be person-centred as a philosophy, including how we give people a voice in their own support/provision and in how we offer employment.
- To join up services wherever possible (services, VCSE, systems etc) – there are many examples of groups/services/departments working in an isolated way or not understanding each other. We believe together is better.

Can we develop local communities which are therapeutic and supportive in nature?

One of the highlights of our launch event was hearing Dean's story. He focused on the ways that he and his partner Gina offer support to the local community, and he expressed a desire that "everyone can have someone to talk to." This felt like a realistic and important offer.

The temptation is then to consider how public health services can meet this need, but another view might be how can we equip local people and local communities to be therapeutic and supportive?

One of the realities of struggling with your mental health can be loneliness and isolation. Nearly half of UK adults—around 25.99 million (49.6%)—reported feeling lonely at least occasionally in 2022; about 7.1% (3.8 million) experienced chronic loneliness—that's "often or always" feeling lonely. You are four times more likely to be lonely if you're struggling with your mental health [10]. We need to recognise that part of this is a breakdown in traditional support networks such as wider family, community groups or neighbours.

One of our first conversations on this topic was therefore how we can enable local communities to grow in their skills and resources to support each other.

We'd like to acknowledge that many local communities already have strong voluntary sector support in terms of mental health. The newly formed Synergy Sheffield Mental Health Alliance has over 110 voluntary sector organisations within it. The challenge here may well be that often people don't know about these services and health professionals are often not equipped with full information about the extent of all these local offers.

We want to use this report to highlight the brilliant work of the Sheffield Mental Health Guide and the "Sheffield Mental Health Services: Explained" booklet. These excellent free resources are available online and in physical form and created by Sheffield Flourish [11] and funded by Sheffield City Council.

In a recent study in Gleadless, only 15% of 400 people with lived experience questioned had heard of the Sheffield Mental Health Guide. Sheffield Flourish also report anecdotally that many GP's surgeries don't have copies of the Guide available.

We want to highlight this good practice and encourage a greater funding and wider availability of the Mental Health Guide (left) in the future. We think the Poverty Truth Commission can give an opportunity to highlight brilliant offers such as the Mental Health Guide and bring services together and link them more strongly with public health services.



We also recognise that our strong voluntary sector could be a good building block for future mental health care. We applaud the introduction of Neighbourhood Mental Health Pilots such as the new project in Gleadless and Heeley [12]. Although these pilots cost a large amount of money and local collaboration/consultation hasn't always gone to plan, we think the establishment of these centres is an important development.

One of the factors identified in our work has been the importance of increased Voluntary Sector involvement and collaboration in NHS mental health care. We believe there is a real opportunity to now encourage voluntary sector organisations to collaborate and have their services available in joint projects and centres – maybe in empty buildings in the city or in community spaces such as Shopping Centres. If the Neighbourhood Mental Health Pilots are extended to other areas across the city, these collaborative projects could provide centres to bring services together and would mean that good community spaces remain untouched and available for wider community use.

Lastly, therapeutic communities require individuals to feel more confident to support the needs of people with mental health challenges. We speak more about mental health and are more open about it, but people often don't know what to do or how to help. Offers such as Mental Health First Aid exist but are often prohibitive in terms of cost and don't have data to suggest they're making a material difference [13].

We want to suggest two ideas that we think could help local people to feel more equipped to help those who are struggling.

Firstly, we wonder if local organisations could collaborate to run a campaign to teach everyone how to help someone with a simple breathing exercise – a little like the current campaigns to learn CPR. In Dean's experience, learning to breathe to regulate stress and the impact of it on your body has been crucial. We'd encourage partnership between SHSC, Sheffield City Council, Primary Care and the Voluntary Sector to share this skill widely.

Secondly, we think there's an opportunity for local community organisations and centres (such as café's, community centres etc) to host a Sheffield Mental Health Day (maybe in line with a national day) where we all talk about how we care for those in our community. This day could provide the chance to see a voluntary service in an open day, visit a community centre and talk to someone or attend a free training course to learn skills. We want to encourage this to be something meaningful in communities – gathering around food, with local people at the centre. One day a year where we all work together to focus on being therapeutic communities feels important and useful in growing together to help each other. This day could also link together with the Breathing Exercise theme for its first year.

Can we work with health agencies to find ways to be more person-centred and empowering to people in the mental health system?

For those experiencing challenges on multiple fronts, it can be extremely complex just to navigate the mental health system. You may have several individuals involved in supporting you, you may be receiving support from primary care, secondary mental health, psychotherapy services, talking therapies or the voluntary sector. Sometimes support may feel like a fixed or linear pathway – a “tick-box” approach rather than something designed around you. There may be terminology and processes used which you don’t understand or haven’t heard about before.

We discussed the importance of person-centred care which empowered individuals to manage their care. We are aware that there have been plenty of initiatives in this area before and there is a lot of baggage around the term “person-centred.” Approaches to service such as “no wrong door”, teams around the person and greater collaboration across services have all aimed to help.

When considering these areas we focused on:

- **How to navigate systems you’re unsure of?** Resources such as the Mental Health Guide and the Services booklet named above came to mind.
- **How do you create contextual services when systems often require a standard approach?**
- **How to distinguish between practical and medical issues?** Are some elements of our lives over-medicalised? For example, a recent Samaritans/Network Rail report on Men’s Suicide [14] noted that many challenges related to suicidal thought are practical such as navigating divorce or handling debt. They often relate to shame and stigma as much as a medical mental health condition.
- **How many times we must tell our stories.** When you move from one service to another, you find yourself telling people over and over again your story. This can be distressing and retraumatising. We support the work being done by Sheffield Flourish and others to create a Mental Health Passport to overcome this challenge.

We’d like to use this report to propose a Sheffield-wide statement of intent on person-centred care. We believe this could be created between individuals with lived experience and those in leadership in mental health services and the voluntary sector. It would be great for Sheffield to take a lead in this area.

When considering what we mean by person-centred and empowering mental health care we think that includes:

- A commitment to having a single point of contact from start to finish in my care.
- Empowering people to make my choices together with health professionals.
- Commitment to offering contextual (me-shaped) services rather than formulaic approaches.
- Using my preferred language and using terminology that I can understand.
- Asking my opinion on what would improve a service.
- Recognising that sometimes there are valid reasons for not attending, cancelling or rearranging. Penalising people for non-attendance is dehumanising.

How can we tackle assumptions in workplaces and with employers around mental health & poverty?

Getting a job after a serious mental health episode can be extremely challenging. There might be an uncomfortable gap in a CV. An individual might still be on medication. The challenge of knowing what to say and what not to say can be overwhelming.

Statistically employment rates are lower when your mental health limits your ability to work. For about 2 million people with *work-limiting* mental health conditions, the employment rate has hovered at only around 40% since 2018 [15]. When it comes to severe mental health challenges like psychosis and bipolar, only 6-8% are in work, but with 80% wanting to work [16]. This makes a mockery of the perceived notion that some people simply don't want to work – our experience in listening through the Poverty Truth Commission is the exact opposite.

A big part of the problem is stigma, employer fears, and a benefits system that doesn't help. Employers often worry about productivity, extra costs, or don't understand mental illness beyond depression or anxiety [17]. Support schemes like Individual Placement and Support (IPS) exist as well as voluntary sector input but the challenge is large and needs a collective effort from everyone.

As part of the Commission, we visited Rotherham employer AESSEAL along with a delegation from Homewards, which included representatives from Hayes, Project Flourish and EveryYouth. We learnt about an employability programme designed to support young people at risk of homelessness and, how the programme seeks to break this constant cycle as they create employment opportunities and provide individually tailored, holistic support for young people to ensure better long-term outcomes and a more prosperous future.

AESSEAL have some 200 apprentices, drawn from communities across the region. Interviews for these posts are creative – allowing young people time to show their skills and across a variety of platforms to be assessed – it is not just an application form and interview. The whole process is inclusive. Successful applicants can demonstrate their skills and abilities, thereby securing a job for life, with good wages and working conditions, with a huge focus on learning, skills and continual development. They also receive a buddy and a mentor. The approach works with what Darren Jones (UK Head of Learning & Development) called “an open mind-set over a fixed mind-set.”

We also note and applaud the Inclusive Recruitment Campaign [18] being implemented across the city. This is another helpful model to breaking down barriers.

With the Labour Governments recent proposals to change benefits and encourage more people back into work, we think there's a lot to be learned from AESSEAL's model. Rather than a judgemental or fear inducing approach, this encourages people there is a place for them and leads with curiosity about a person's potential rather than judgement of their past.

For people who've experienced a mental health challenge, particularly ones which are more severe, this opportunity of a chance is crucial & can be life changing. We reflected that AESSEAL's model could easily be replicated to the area of mental health and wellbeing, particularly:

- Allowing people's lived experience of mental health challenges to properly inform employers about inclusive ways of holding competitive recruitment.
- Creating open days and open spaces directly between recruitment staff and individuals with mental health challenges wanting to get back into work. This allows relationship building and can give the opportunity to show off skills which otherwise aren't easily expressed on paper.
- Having a serious Sheffield-wide conversation about stigma and unconscious bias about more severe mental health challenges. For example, we are aware of the impact on job prospects people experience when they share that they are on antipsychotic medication, even if they've been released from Secondary Mental Health teams. Whilst antipsychotics can be a hinderance to tasks such as driving, they do not have an impact on most employment opportunities yet are often viewed negatively by employers who don't really understand what they are and what they do.

What are the ways a tangible difference could be made around mental health and homelessness?

Mental health and homelessness are deeply interconnected issues in the UK, often reinforcing one another in damaging cycles. Research consistently shows that people experiencing homelessness are far more likely to face mental health challenges than the general population. According to Homeless Link, 45% of people who are homeless have been diagnosed with a mental health condition, compared to around 25% in the wider population. Factors such as trauma, relationship breakdown, poverty, and substance misuse can all contribute both to homelessness and to poor mental health. In England and Wales, the average age of death for homeless people is significantly lower than the general population, with the mean age at death for males being around 45.4 years and for females 43.2 years in 2021, according to Office for National Statistics (ONS) data.

This issue was a personal one for many commissioners, either having experienced homelessness, being close to experiencing it or helping or volunteering in homelessness initiatives. We are very aware the issue is massive, and we wanted to avoid any platitudes which didn't otherwise make a difference to people's lives. We were therefore keen to listen to experiences and to suggest ideas which might be pragmatic and achievable.

Firstly, we noticed how addressing the connection between homelessness and mental health requires integrated approaches—bringing together housing, health, and community support. Evidence shows that housing-first models, which prioritise stable accommodation alongside wraparound mental health care, can significantly improve outcomes. Without such joined-up responses, people risk being trapped in a cycle where homelessness worsens mental health and poor mental health prolongs homelessness.

We've recommended therefore that institutional approaches are avoided, and instead local grassroots initiatives been supported and funded. Again, there are many agencies doing great work in this area – Sheffield City Council, the SHSC Homeless Assessment Team, the Homewards Initiative and the Archer Project are just some we've investigated or chatted with in this commission. We believe an opportunity exists to work together more fully and that the Poverty Truth Commission can give an opportunity to do that.

We have also recognised the vital nature of housing which enables a person to recover from addiction and from mental health challenges even after being rehoused.

We spoke to local workers who commented that even a year after coming off the streets, individuals are still likely to have ongoing mental health challenges and still be battling their addictions. It's therefore crucial for them to be placed in housing which reflects those needs and doesn't end up creating new challenges for them. As one worker put it, "putting people in a bad place to live may not be much better than having nowhere to live at all."

One of our commissioners shared that they had met "so many people who have left their assigned housing due to isolation, increased drug use due to neighbours still active in addiction, being targeted for violence by more 'established' people in the area, and no support for the other problems besides the lack of shelter from the elements."

Several statistics suggest that investment in this area has increased but so has demand. For example, Sheffield had the largest emergency winter rough sleeping grant outside London. However, demand is also increasing dramatically.

The local Archer Project reported:

- daily visits rose from 70 to 110 in 2024
- those helped annually climbed from 913 in 2022 to 1,103 in 2023, with projections for over 1,500 in 2024.
- according to local statistics 71 people were counted sleeping rough in August 2024, a 78% increase from the previous year.

We have therefore called for an increase in investment from the Integrated Care Board (ICB) to the local Mental Health and Homelessness teams and especially for early intervention and dual diagnosis (mental health & addiction support together) support in the Sheffield area. We think the neighbourhood approach within the NHS 10-year plan and expressed in the Gleadless and Heeley Project could provide a model for addressing homelessness in the city too and encourage creative ways of distributing and increasing funds to help people.

Could Sheffield be a pioneer in this area going into the future?

How can we make the lives of young carers in the city easier and thus lift some of the strain on their mental health and wellbeing?

Many of us have been moved as we've heard the realities of being a carer from the stories of commissioners through the Poverty Truth Commission. One of our Civic Commissioners, Martin McKervey, summed things up for many of us by saying he had simply not understood the scale of the problem of carers & young carers and the impact on their lives.

A Carers UK Survey suggests that more than half (57%) of carers feel they are overwhelmed 'often' or 'always.' Over a third (37%) said they have 'bad' or 'very bad' mental health (up from 27% in 2024.)

In our discussions we've found several issues which feel manageable to fix and yet currently go unresolved. In this report we'd like to highlight them:

- In Sheffield schools, 72% of Headteachers have said that they have no young carers in their schools [19]. Yet Sheffield City Council's Young Carers register had 879 young people on it. It seems likely that there is an under-representation or under-recognition of young carers in the city. Being able to identify someone as a young carer should help address their needs and put everyone in a position to provide support.
- Carers needs are often assessed through the Carers Assessment scheme. Even though every unpaid carer has a legal right to one under the Care Act 2014, in practice many people either don't take it up or find it frustrating. Issues include lack of awareness, with Carers UK suggesting in 2022 that almost 60% of carers had never had an assessment or review, often because they weren't told about it. Other issues include stigma, a perception that it won't help, fear of the consequences and carers having too little time as they have to devote so much of their energy to caring. We think this can be a matter which can be simplified and supported so more carers get the help they need.
- Linked to this issue is that often services don't really know what Carers want. There is a fundamental issue in listening to and hearing the experience of young carers and older carers because they have little time after expending all their energy caring. We want to highlight Gloucester Young Carers & their Young Carers Participation Toolkit (June 2025) - a co-produced guide that offers ethical, practical tools to help young carers safely and meaningfully tell their stories—ensuring they're central to service and policy conversations.

Gloucester Young Carers then use a variety of supplementary methods including forums and engagement events and a young carers accreditation scheme. We loved all these ideas and encourage Sheffield organisations to develop their own approaches learning from this model.

Finally, there are several housing related loopholes which young carers face. We had our attention drawn to three.

- Firstly, we are aware that if an ambulance needs to visit adults who are being cared for by a young carer and that they need to attend hospital, the ambulance driver may insist a young carer cannot stay at home alone, even though they run the house. This seems nonsensical and we think formal recognition of being an unpaid young carer should exempt you from this. Research suggests 61% of young carers worry about living costs and that 36% are not confident of getting through the next 12 months. Adding to this pressure in situations like this seems to not help those worries and instead add to them.
- Secondly, we are aware that if a young carer is in social housing caring for adults and then something happens to them, there is no protection or provision for them to inherit the housing – effectively putting them on the street. This is obviously not right.
- Lastly, carers need to be flexible and build their lives around caring for those in need. This can be a problem when finding work as employers often don't provide flexibility. Developing codes with employers to ensure the option of flexible working for carers would provide immediate benefit. We believe there are a lot more similar loopholes and procedural issues which should be reviewed at a council level to ensure carers and Young carers get the support they need.

We are grateful to all the agencies and organisations supporting carers and Young carers. We are aware (through the involvement of Commissioners/Facilitators) that the ICB has funded a Carers Wellbeing Project through Synergy Sheffield Mental Health Alliance. This is great but we are concerned it is only funded for one year. We want to use this report to call on authorities to extend this funding.

Overall, the area of carers and young carers and their mental health and wellbeing is complex and challenging. We think the Poverty Truth Commission can take this opportunity to:

- Shine a light on the challenges of being a carer and ask for greater recognition.

-
- Draw focus to loopholes which can be closed, giving greater protection to carers. We have started conversations with public bodies and elected officials to raise these loopholes and want to continue that work into the next phases of the Commission in Sheffield.
 - Work with local organisations to work out how to give carers a voice in a meaningful way and learn from the example of carers' groups in Gloucester.

RECOMMENDATIONS FOR THE CITY

As a mental health subgroup, we want to bring 15 measurable and achievable recommendations to city across these five priority areas. These are split into key and supportive recommendations

Can we develop local communities which are therapeutic and supportive in nature?

Key recommendation:

We want to echo Dean's call that everyone needs someone to talk to. We recommend working across mental health organisations to:

- **Have an annual Sheffield Mental Health Day, where community organisations open their doors and help people find out more about mental health support.**
- **Run a campaign to teach as many people as possible a breathing exercise to relieve high anxiety/panic attacks.**

Supporting recommendations:

- We recognise that many of our communities are already therapeutic in nature through a strong Voluntary Sector but that often people don't know what's on their doorstep. We want to support the increased use and roll-out of the Sheffield Mental Health Guide.
- We applaud the establishing of local neighbourhood mental health centres. We want to encourage the greater involvement of the Voluntary Sector and think the model of gathering VCSE services together in public places e.g. in a shopping centre, in a central building, in a community hub will make the transition to community mental health work easier.

Can we work with health agencies to find ways to be more person-centred and empowering to people in the mental health system?

Key recommendation

To establish a Sheffield wide statement of intent to focus on the individual in their mental health care. Statement to include commitment to have a single point of contact, to empower people to make choices and to integrate contextual rather than formulaic approaches.

Supporting recommendation:

- We support the work being done by Sheffield Flourish and others to establish a mental health passport system so that individuals don't need to keep repeating their story.

How can we tackle assumptions in workplaces and with employers around mental health & poverty?

Key recommendation

We want to recommend that local employers listen to people with lived experience of moderate to severe mental health challenges and the obstacles to get back into work.

Supporting recommendations

- We recommend that at least one in four posts are open to more creative approaches to selection & interview and that employers offer more open days so that they can meet people recovering from mental health challenges.
- We particularly recognise the stigma around ongoing medication e.g. antipsychotics and suggest employers identify & address unconscious bias in their selection policies in this area.

What are the ways a tangible difference could be made around mental health and homelessness?

Key recommendation:

Recognising that mental health challenges usually continue for individuals who are housed after living on the street, we encourage housing authorities to commit to providing housing that reflects increased mental health needs. This means housing that is of good condition and in areas where people's mental health and wellbeing needs can be easily met. Housing that will not directly or indirectly impact a person's ability to overcome addiction.

Supporting recommendations

- To address the link between mental health and homelessness, we recommend that local, neighbourhood and community solutions are promoted rather than institutional solutions. We encourage conversations that allow different organisations to work together more and for a local community focus to funding & delivery, like the Neighbourhood Mental Health Centre pilot mentioned previously.
- We recommend a greater investment in homelessness and mental health services in the ICB and a greater focus on dual diagnosis of mental health and addiction.

How can we make the lives of Carers and Young Carers in the city easier and thus lift some of the strain on their mental health and wellbeing?

Key recommendation:

We support the process of identifying and registering Young Carers which is a priority of Sheffield Young Carers. We encourage this to be prioritised and funding for Sheffield Young Carers to be assured.

Supporting recommendations

- We recommend a review of the loopholes that young carers face e.g. losing housing if something happened to the person they're caring for.
- We recommend urgent attention be given to how carers are given a voice and support the implementation of the Gloucester model.
- We welcome the investment in carers' wellbeing through ICB/Synergy Alliance but note this is only for twelve months and recommend its urgent extension.

The Mental Health Subgroup are:

Jess Thompson, Jonathan Davis, Lauren Poultney, Martin McKervey, Sarah Bawden and Anthony Hinchliffe and were facilitated by Andy Freeman

ADDITIONAL LEARNING FROM THE COMMISSION

LIVED EXPERIENCE, TIME AND STORY

Although the aim of our Commission has been to shine a light on the root causes of poverty in our city, we have often reflected on the learning we've received through the process itself.

Many of our participants were aware of or had experienced listening exercises where members of the public with “lived experience” have been consulted on programmes, challenges and plans for the future. These consultations are often well-meaning but in the words of our commissioners can be short, often don't have any follow up and can feel transactional.

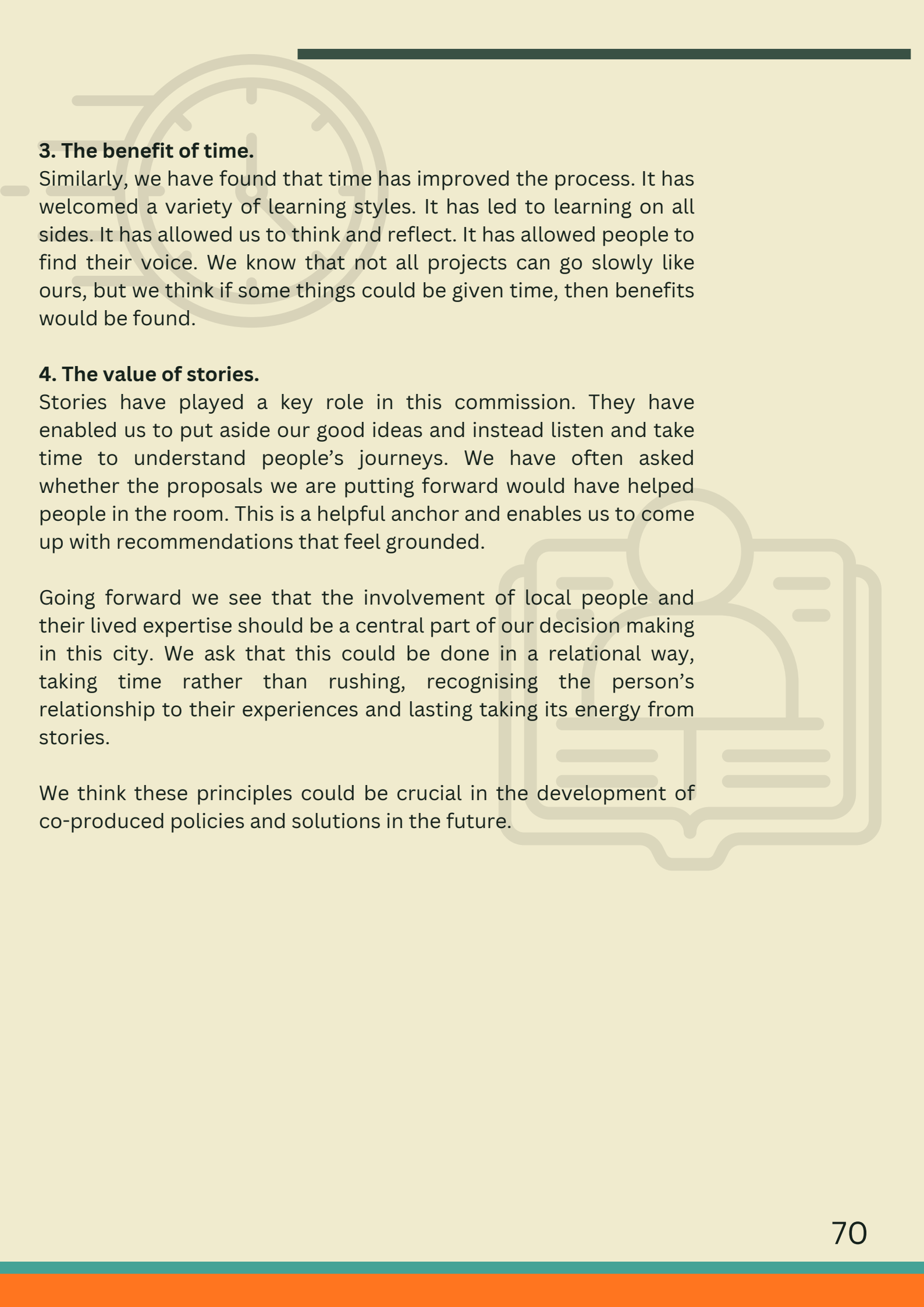
The model of the poverty truth commission has brought us insight into:

1. Learning the difference between lived and living experience.

We have recognised that there is a real difference between individuals sharing experiences that they have overcome or that are things of the past, against those who share out of the real and tangible living experience in the here and now. The latter experience can be traumatising and can leave a person with questions about the solutions to their own individual experiences. Whilst all experiences of poverty leave a mark, we have been inspired by our community commissioners as they share their stories of overcoming, as well as the realities of their everyday lives.

2. Learning that sharing stories isn't a one-off thing and takes a process and thrives best in relationship.

The Poverty `Truth Commission has been a 12-month and for some an 18-month experience. This time has meant that barriers and boundaries that existing at first have blended away. It is hard to tell the difference between Community and Civic Commissioners. This has led to an equality and depth of relationship which has been incredibly beneficial in this process.



3. The benefit of time.

Similarly, we have found that time has improved the process. It has welcomed a variety of learning styles. It has led to learning on all sides. It has allowed us to think and reflect. It has allowed people to find their voice. We know that not all projects can go slowly like ours, but we think if some things could be given time, then benefits would be found.

4. The value of stories.

Stories have played a key role in this commission. They have enabled us to put aside our good ideas and instead listen and take time to understand people's journeys. We have often asked whether the proposals we are putting forward would have helped people in the room. This is a helpful anchor and enables us to come up with recommendations that feel grounded.

Going forward we see that the involvement of local people and their lived expertise should be a central part of our decision making in this city. We ask that this could be done in a relational way, taking time rather than rushing, recognising the person's relationship to their experiences and lasting taking its energy from stories.

We think these principles could be crucial in the development of co-produced policies and solutions in the future.

WHAT NEXT? THE EMBEDDING PHASE

As the Commission phase of the Sheffield Poverty Truth Commission comes to an end, we are aware that the work is only just beginning.

We have made a series of recommendations to the city which are summarised overleaf. The work of taking of these recommendations and applying them will be done by the Steering Group of the Poverty Truth Commission, by organisations and agencies already committed to taking on these recommendations and by you and every single person who reads this report and attends the closing event. We believe these recommendations can only be achieved with a city-wide effort.

Going forward, there are actions that we'd like to see happen with a year, and many will take much longer.

With that in mind, the Steering Group will be including commissioners in their deliberations and will be establishing ways to hold the city to account and to hold themselves to account for these areas of work. This could take the form of:

- A Poverty Truth webpage regularly updated with news of pilot programmes, feedback loops, and service redesigns.
- Posters, flyers and updates on noticeboards in key community spaces.
- A communications plan to actively share what's changing and why.

This visibility would not only build public trust but also reduce frustration and uncertainty among residents who feel left out of decisions affecting their wellbeing.

If you'd like to play your part in this process, then do get in touch with Sheffield Poverty Truth Steering Group using the email address below:

info@sheffieldpovertytruth.org

The Sheffield Steering Group are:

Pam Daniel (Chair), Cat Arnold, Olivier Tsemo, Joy Arnott, Chris Kearton, Colin Havard, Jess Thompson, Martin McKervey, James Martin, Lucy Warren, Charlotte Killea, Debbie Matthews, Ryan Wileman.

END NOTES

[1] – <https://povertytruthnetwork.org/brown-envelope-code>

[2] - Foundations for a Health Future: Ending Poverty Together – Director of Public Health Report 2024 pg. 11

[3] Report in [thetimes.co.uk](https://www.thetimes.co.uk) reporting UNICEF report from 2025.

[4] <https://www.nuffieldfoundation.org/news/children-under-five-poverty>

[5] Guardian report on UNICEF report on UK 2025

[6] Mental Health Foundation

[7] Centre for Mental Health - <https://www.centreformentalhealth.org.uk/news/item/tackle-poverty-and-economic-inequality-boost-mental-health-says-centre-mental-health-briefing-paper>

[8] <https://cpag.org.uk/child-poverty/poverty-facts-and-figures> used with permission

[9] <https://povertytruthnetwork.org/brown-envelope-code>

[10] Campaign to End Loneliness 2022

[11] Sheffield Flourish - <https://sheffieldflourish.co.uk>. The Sheffield Mental Health Guide - <https://www.sheffieldmentalhealth.co.uk>

[12] <https://www.shsc.nhs.uk/about-us/working-partnership/gleadless-and-heeley-neighbourhood-mental-health-centre>

[13] E.g. Mental Health First Aid study by R. Richardson et al, 2023 (Cochrane Library)

[14] Men and Suicide: Why it's a Social Issue - <https://media.samaritans.org/documents/Men-and-Suicide-Report-Samaritans.pdf>

[15] The Health Foundation

[16] The Times - <https://www.thetimes.com/uk/healthcare/article/nhs-high-street-walk-centres-psychosis-patients-769qqflj>

[17] ReThink Mental Illness submission to UK Parliament - <https://committees.parliament.uk/writtenevidence/129273/html>

[18] – Sheffield Businesses commit to opening their doors to underrepresented talent - <https://www.bitc.org.uk/news/sheffield-businesses-commit-to-opening-their-doors-to-underrepresented-talent/>

[19] Learn Sheffield 2024. Learn Sheffield shared how young carers are poorly identified, noting that only 28% of schools recorded any young carers in the 2024 census.

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