

MAKING MANCHESTER FAIRER --- IN ACTION



Public Health Annual Report 2025

Dr Cordelle Ofori
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Foreword

One of the greatest things we can do with power is give it away – not to avoid responsibility, but to empower those who can find the right solutions to certain issues, based on their own experiences.

That's exactly what we are doing in Manchester. This is a fantastic, forward-thinking city: we are not afraid to address that there is a legacy of inequality – for many reasons – including austerity and the effects of the pandemic.

We've listened to what residents and communities affected by this have told us, and that has become the driver for the Making Manchester Fairer five-year action plan. It aims to address health and other inequalities that mean not everyone has the same life chances or opportunities in this city.

How we deliver the Making Manchester Fairer programme is just as important as **what** it is achieving, as well as its ultimate targets.

From the outset, we made the commitment that this programme would listen to and base its actions on facts borne out through residents' first-hand experiences. Likewise, it would turn to those same communities to help find bespoke solutions and then help to deliver them.

Those changes and results are already starting to show – and that's what this report will demonstrate through case studies, evaluation, insights and live examples of current work. This work builds on the trust that residents have shown in talking about what's had the biggest impact on their lives – and then the reciprocal trust – that **they** are the experts in what can help and how.

That dynamic is a powerful formula, and it's one that is helping to address injustice, inequality and cycles that must be broken for the next generation and those to come.

This document summarises the journey so far, but it's an evolving story and one that we hope will become embedded in the magic of Manchester.



Cllr Bev Craig

Leader of Manchester City Council

Welcome from the Co-Chairs of the Making Manchester Fairer Programme Board

Our city will always be known for how we look after one another – and by helping one, we're contributing to helping all, while continuing to make our city world-class on so many levels.

That's why it is so important that this report shows what the Making Manchester Fairer Programme has achieved so far – and perhaps even more importantly, how it has listened to first-hand experiences from people in our communities and then worked together on bespoke approaches.

That partnership is essential and means the next part of the Making Manchester Fairer journey will build on these strong foundations, so that we have a long-lasting delivery model in our neighbourhoods, built and informed by that resident involvement.

We always said that we would be transparent about the impact of the programme, and that's why this report is dedicated to sharing those results – so that we have continuous evaluation in an open and transparent way for the city to see.

The work isn't easy, but it's a challenge we have risen to by listening to our residents and learning from them what would make a difference.

This is a partnership that must continue – as a union between residents, communities and services – for a meaningful and lasting impact on health inequity in the city.

Thank you for being part of that shared vision, and we look forward to working further with you on the action that supports it.



Cllr Thomas Robinson

**Executive Member at Manchester City Council
for Healthy Manchester and Adult Social Care**



Cllr Joanna Midgley

Deputy Leader, Manchester City Council



Introduction



Dr Cordelle Ofori

Director of Public Health for Manchester

This is my first annual report as Director of Public Health for Manchester. The report shows how Making Manchester Fairer – our approach to tackling health inequalities in the city – is working in practice, building the foundations of good health in communities.

Health inequalities are the preventable, avoidable and unacceptable differences in health between groups of people in different places and communities in society. The starkest examples are the inequalities in life expectancy. People in Manchester are dying earlier than they should.

Just before the pandemic, men in Manchester could expect to live five years less, and women four years less than the national average. There are even larger differences between various parts of our city, as you will see in this report.

We often think about health as the absence of disease, the role of the NHS, and the individual choices we need to make to eat healthily, get enough exercise and stay away from harmful things, such as smoking. However, the NHS only contributes 20% to the population's health, at most. Our health is mostly determined by the foundations of

wellbeing, such as housing, work, education, our surroundings and social connections. These social or wider determinants create the conditions for good health, help protect us from health harms, and can make healthy habits a genuine choice when strengthened.

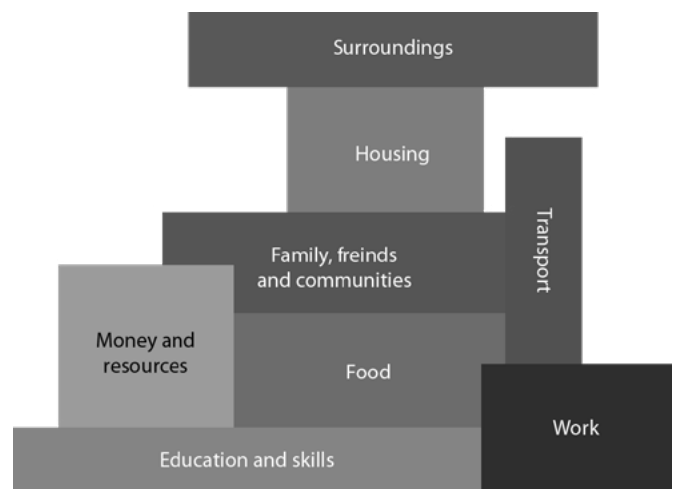


Figure 1: The foundations of health in communities – adapted from the Health Foundation

The report describes the progress made over the past couple of years using examples of the 'Making Manchester Fairer approach' in action.

The Making Manchester Fairer plan included actions within eight key themes to build the foundations of health in communities. It also included early initiatives known as the Kickstarters – projects to 'kickstart' delivery and exemplify the approach.

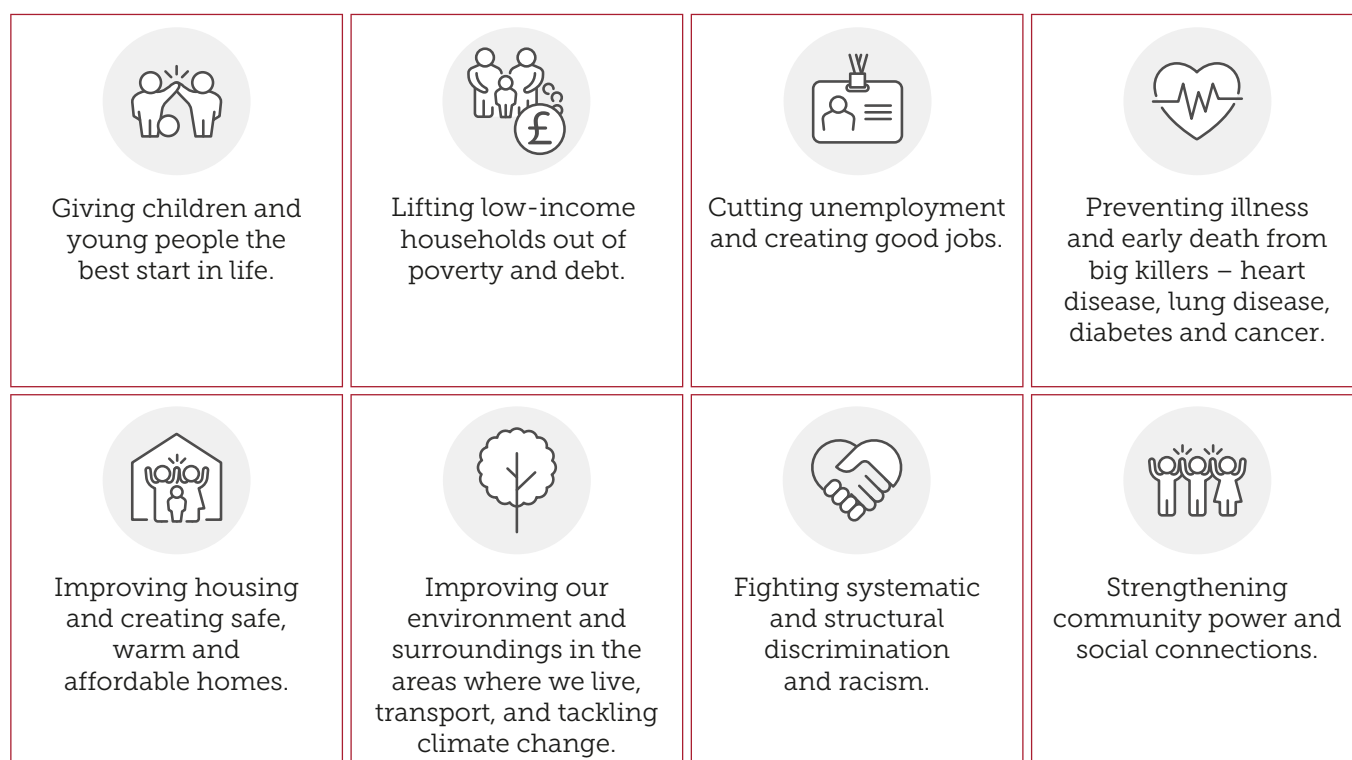


Figure 2: The eight themes for Making Manchester Fairer – the foundations of health in communities

However, I often say that **how** we deliver Making Manchester Fairer is as important as **what** we do in achieving our ambitions.

Our approach centres on tackling poverty, shifting power to communities and taking action on racial injustice as the golden thread running through the delivery of all eight themes. Through the examples given for each element of the approach, we hope to bring to life the difference that Making Manchester Fairer is starting to make for people in our city.

The challenges described in this report are decades in the making. They affect excluded or marginalised groups the most and can sometimes feel impossible to address. However, by working together across different sectors and agencies and working with the communities most impacted by these challenges, we can and should make a difference.

In the words of Nelson Mandela,

“It always seems impossible, until it’s done.”

The Making Manchester Fairer approach

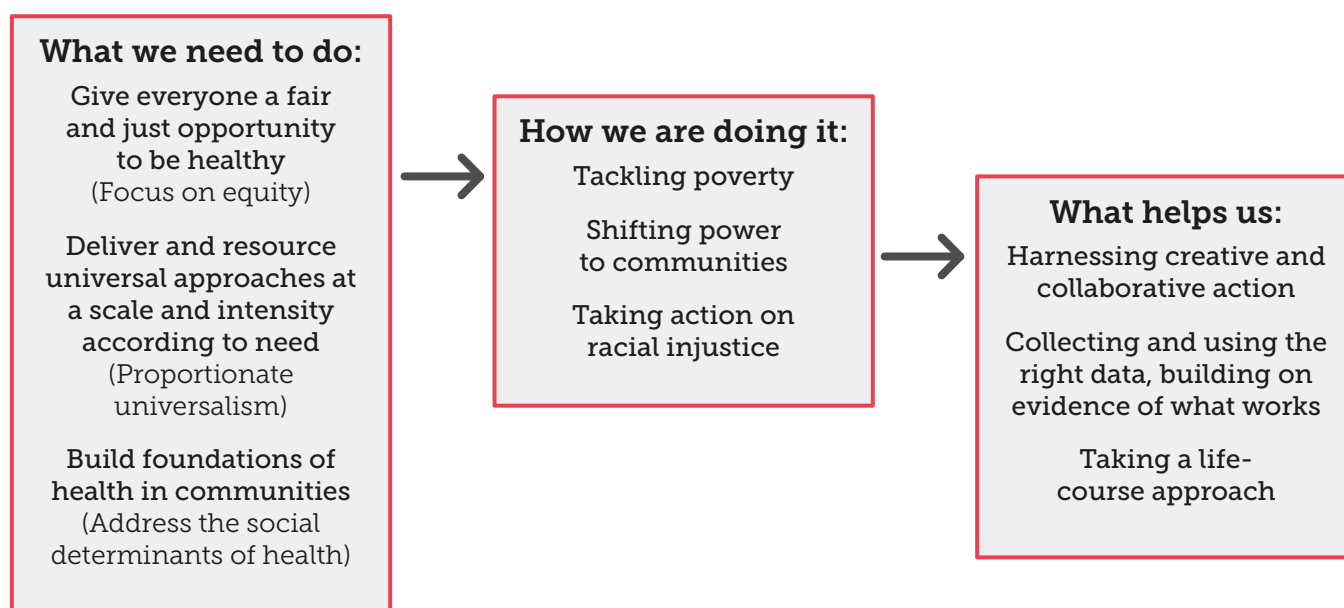


Figure 3: The Making Manchester Fairer approach

Making Manchester Fairer in action – an overview

Life expectancy difference for men



FACT

In the period immediately before the pandemic, men who lived in the fifth most deprived areas of our city were expected to live around eight years less than men who lived in the fifth least deprived area

Woman who lived in the most deprived fifth of areas were expected to live around seven years less than women in the least deprived fifth.¹

Life expectancy difference for women



Making Manchester Fairer is our five-year action plan with a longer-term ambition to address the unjust and avoidable differences in health outcomes in the city by focusing on building the foundations of health in communities.

It has brought together leaders and organisations from a range of sectors, to work with residents to develop and deliver action that will make a difference and reduce inequalities across the city.

We have identified eight themes we need to act on to tackle health inequalities:

- Early years, children and young people
- Poverty, income and debt
- Work and employment
- Prevention of ill health and preventable deaths
- Homes and housing
- Places, transport and climate change
- Tackling systemic and structural racism and discrimination
- Communities and power.

Pivotal to our plan to tackle inequalities is the 'Making Manchester Fairer approach' (figure 3) and the principles that underpin how we deliver the plan.

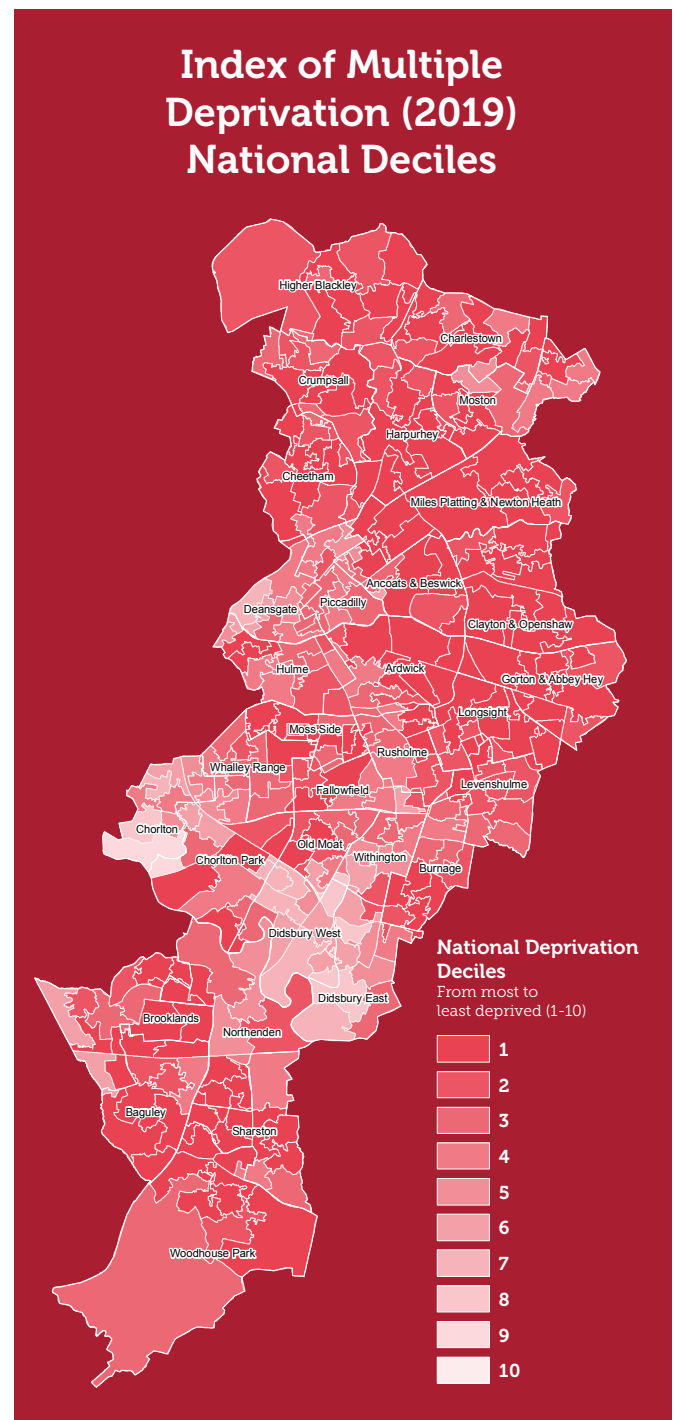
Our plan also includes 'Kickstarter' projects designed to initiate delivery of the action plan and exemplify our principles. Each Kickstarter targets a specific challenge for health inequalities and, backed up by data and evidence of what works, takes a creative and collaborative approach to addressing that challenge. All our Kickstarter projects have a strong focus on evaluation, so we can learn and take successful approaches forward. They are:

- 'Flying Start' – Children's Early Years and Foundation Stage Kickstarter
- Young People's Mental Health and Wellbeing Kickstarter
- Early Help for Adults Experiencing Multiple Disadvantage Kickstarter
- Work and Health Kickstarter: Access to employability support in musculoskeletal condition services
- Physical Activity Kickstarter (to be launched in 2025).

In the short term, the programme aims to embed our approach to tackling health inequalities across the agencies, organisations and sectors that contribute to the health of Manchester residents. In the long term, this should reduce the differences in health and opportunity that adversely affect marginalised and underserved groups, setting us on a path to improving health equity.

Figure 4 shows the level of deprivation of each ward in Manchester.

The general trend of the data shows that a large area of Manchester is experiencing medium to high levels of deprivation, most notably the north and east of the city



**Figure 4: Index of Multiple Deprivation (2019)
National Deciles by ward area in Manchester**

centre, also the areas south of Didsbury and Chorlton. Didsbury and Chorlton appear to have the lowest levels of deprivation.

The source data can be found [here](#).

WHAT WE NEED TO DO

Focus on equity

STAT

The term 'economically inactive' is used to describe residents who are not involved in the labour market – those who are neither working nor actively seeking employment. Harpurhey in the north and wards in Wythenshawe are the areas in Manchester with the highest rate of those economically inactive due to long-term sickness. Cheetham in the north and Longsight in the central area of the city have the highest rate of economic inactivity for those looking after a family/home.²

FACT

There is a strong link between a person's employment status and their reported health. Unemployment has consistently been found to have a negative impact on a range of health outcomes, including mental health issues such as depression, anxiety and levels of self-esteem.

IMPACT

During 2023/24, Manchester City Council's Work and Skills team piloted targeted work to better understand the employment aspirations of women from South Asian communities who were economically inactive due to looking after their family/home. Trusted community organisations were commissioned to engage 130 women and support them to consider their employment status using a strength-based approach, bringing them together to share their experiences and network with one another. The women, who all aspired to work, were helped to recognise their transferable skills and to consider a range of options, including self-employment. The pilot project generated valuable insights into structural barriers, for example by highlighting a need for access to culturally appropriate childcare.

Equity means supporting people with what they need to attain their highest level of health, rather than supporting everyone in the same way (equality).

Focus on equity: supporting people with musculoskeletal conditions

An example from our Work and Health Kickstarter

A focus on what we need to do to achieve equity is the driving force behind Making Manchester Fairer's Kickstarters. Since June 2024, the Work and Health Kickstarter has focused on removing the barriers that people with physical and mental health conditions can experience when looking for work, keeping their job, staying in work and progressing in their careers.

The Kickstarter targeted people with musculoskeletal (MSK) conditions, such as back pain, arthritis and osteoporosis. There are significant disparities in MSK health, and it is one of the main reasons given for ill health-related inactivity. Most MSK services are not designed with employment needs in mind.

Patients in north Manchester with MSK conditions, identified by clinicians as needing support, were referred into a bespoke online portal developed by the Growth Company (a social enterprise working to enable growth, create jobs and improve lives). After assessment for employability support, they were able to access one of the employability programmes that the Growth Company was contracted to deliver by Greater Manchester Combined Authority (GMCA).

Funding from the Greater Manchester WorkWell Vanguard programme, itself based on Making Manchester Fairer principles, was then used to expand this Kickstarter citywide from December 2024, making it one of three 'strands' of Manchester's WorkWell programme.

"We have ensured that the Work and Skills Strategy and its delivery have included programmes that tackle health equity, anti-poverty and anti-racism. The relationships across the Making Manchester Fairer Board and Task Force have enabled better system integration than we would have achieved otherwise. One practical example is the WorkWell programme, where we have embedded employment support advisers as part of the musculoskeletal services delivered by Manchester Foundation Trust across the city, further invested in and enhanced the employment support approach delivered by Be Well, and commissioned culturally appropriate organisations to deliver hyper-local programmes with racially minoritised communities. Although it is in its early days, we expect the programme to have a positive impact for our residents who participate and leave a legacy in terms of better system integration and more culturally appropriate approaches."



Angela Harrington

**Director of Inclusive Economy
(Manchester City Council) and lead for
the Work and Employment theme**

Focus on equity: Ambition Manchester

An example from our Work and employment theme

“Since working with Ambition, I have improved confidence, increased health and wellbeing, higher motivation, better time management, increased professionalism, more stability, and I’m feeling aspirational and more positivity with my thinking.”

Ambition Manchester participant

Making Manchester Fairer principles have been central to Manchester’s Work and Skills Strategy since 2022 and can now be seen to be influencing provision on the ground. Reflecting the important relationship between good employment and health, projects have been focused on what needs to be done to achieve equity for residents with caring responsibilities, those experiencing ill health, and those in low-paid work in areas of the city where discretionary income after paying for basics is lowest.

In the current economic climate, progression into better work will go some way towards mitigating against the impact of the cost-of-living crisis. Since July 2023, the Ambition Manchester service has been supporting residents in low-paid work to progress within their current role or to acquire the skills and confidence to move into a higher-paid role.

To date, 198 people have been engaged and provided with one-to-one career advice and employment support; 71 of them have either moved into new employment or improved their current role, while 97 have reported increased skills and improved confidence and wellbeing.

Proportionate universalism

STAT

There are marked variations in the prevalence of type 2 diabetes for people aged over 17 across the city. The areas with the highest rates are Cheetham and Crumpsall (where 9.24% of people have diabetes) and Gorton and Levenshulme (8.27%). The areas with the lowest rates are City Centre and Ancoats (2.08%) and Hulme and City Centre South (2.35%).³

FACT

A person's ethnic group, their income and where they live all affect their chances of getting type 2 diabetes, the care they get and their long-term outcomes.

IMPACT

Working with NHS Greater Manchester's Primary Care Team we applied Making Manchester Fairer principles to the allocation of resources to Primary Care Networks^a to avoid widening existing inequalities in the delivery of the National Diabetes Prevention Programme.

Two thirds of funding was allocated based on records of patients diagnosed with diabetes, while the remaining third was allocated according to the proportion of patients living in the most deprived parts of the city.

This ensured that all areas received an equal allocation of 'core' funding, additional funding being allocated based on population need.

"I'm delighted to see that the city of Manchester is really trying to put proportionate universalism into practice... that puts you in a position of great innovation."

Professor Sir Michael Marmot

"Spreading the jam evenly (often the easiest way to deliver services) will not get the most effective or efficient outcomes when the potentially avoidable ill health in cities is so heavily concentrated in particular localities and communities."

Professor Sir Chris Whitty

The Making Manchester Fairer Action Plan recognises that a citywide approach to tackling health inequalities is required, but that resourcing and delivery of actions may be at a different scale and intensity depending on the need in each part of the city or community. This principle, known as **proportionate universalism**,^{b (4,5)} underpins the plan.

^a See Glossary, [page 75](#) for definition.

^b See Glossary, [page 75](#) for definition.

Proportionate universalism: a three-tiered approach

An example from our 'Flying Start' – Children's Early Years and Foundation Stage Kickstarter

"I have been able to boost children's confidence, raise self-esteem, help improve speech and language, and give children lots of enjoyment and fun. The interventions are delivered to small groups, so those children get a lot of my attention and support."

Kickstarter Support Worker, Intensive School

"It just shows the importance of these children having access to play. The benefits we've seen from it are just unbelievable."

"We've seen improved engagement and focus during sessions. Children were better able to stay on-task and to transition smoothly between activities."

**School, Educational Psychology and Speech and Language
Therapy staff delivering the Children's Kickstarter**

"Parents were telling us in school that housing is an issue. So we arranged for a housing rep to join the task force. This led to housing charity Shelter coming into school along with Council homelessness services staff. They've been well received and helped many parents with their housing issues. Citizens Advice have also been to school events, offering budgeting and financial advice and support, which I'd say are the main repeat issues we see, given the levels of poverty in the area.

It was a bit of a surprise when families also showed an interest in the smoke-free service, so the task force arranged for them to come into school. We weren't at all sure they'd be well received, but they got quite a big uptake from parents who wanted to stop smoking. It's a good example of the task force making it possible to respond to the families' needs."

Alexandra, Children's Kickstarter Support Worker



During the pandemic, many very young children missed out on early education opportunities, which is likely to impact on their lifelong educational outcomes and overall health and wellbeing. Our Children's Kickstarter, which began in 2023, focuses on inequalities in 'Good Levels of Development'^c in schools in the more deprived areas of the city and where English is often a second language.

Following analysis of data to identify areas to target for this Kickstarter, a **three-tiered approach** was developed. This provides primary schools with differing levels of speech and language, and social, emotional and mental health interventions to support children, together with wrap-around support for families.

Intensive support is being provided for ten schools where Good Levels of Development were lowest (under 34%). This includes funding for a support worker trained by Speech and Language and Educational Psychologist teams to deliver targeted bespoke support to children, together with a multi-agency 'taskforce' focused on identified and emerging needs, to link schools and families with information and support.

Targeted support is being provided for 40 schools where 34–50% of children were assessed as having a Good Level of Development. This has included providing tailored training in speech and language, and social, emotional and mental health interventions for school staff to support children in the classroom. Early Years Outreach Workers also provide family support and workshops for parents around topics like support with cost-of-living, school-readiness and home learning.

Universal support is being offered to all primary schools and other Early Years settings. Access to drop-ins, training, advice and events is provided by speech and language therapists and educational psychologists. There is also a summer transition reading scheme for all children going into Reception year.

^c See Glossary, [page 75](#) for definition.

Early findings have indicated that children from schools receiving the intensive and targeted support have made progress in speech and language, and around their social, emotional and mental health after intervention. Staff have noted improvements in children’s boundaries and expectations, regulation, attention and listening, relationships, confidence and expression, engagement, co-operation and happiness, all of which are supporting children to engage more fully in education.



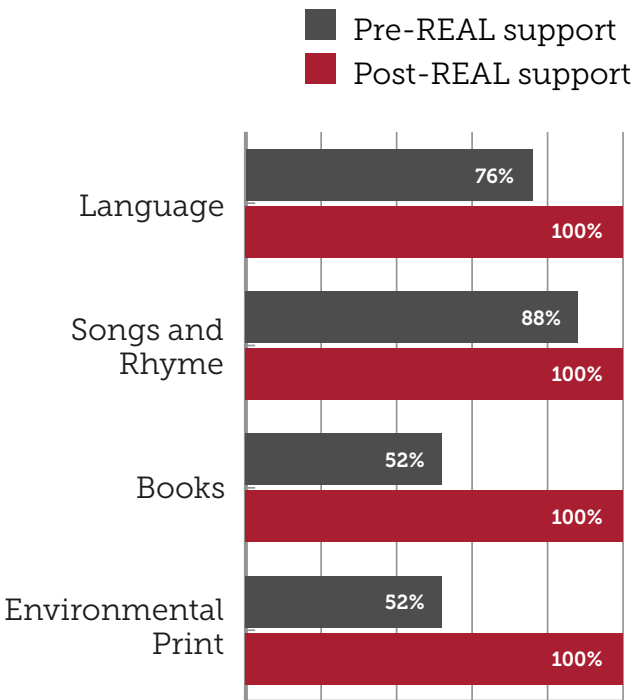
2,323

The total number of pupils receiving interventions (targeted and intensive schools) in the **2023/24 academic year**. Of these, **1,177** received a Speech and Language intervention **1,676** received an Educational Psychology intervention.

Targeted schools Raising Early Attainment in Literacy (REAL) support outcomes for the 2023/2024 academic year.

- One Early Years Outreach Worker was allocated to each of the five clusters of schools receiving Targeted support, making referrals for families needing support.
- There were **122** Outreach Worker Support Requests (up to 30 June 2024), **41** of these were referrals to REAL.

41 families referred for support; 60% completed the intervention



Proportionate universalism: Healthy and Hearty Project

An example from our Prevention of ill health and preventable deaths theme

“No matter how hard I try to book an appointment, I just can't get one. They always want to talk to me on the phone when I am telling them I need to come in and see somebody. I would rather come to see you. You are more helpful, even though we are just talking about blood pressure.”

Healthy and Hearty Drop-in attendee

Data tells us that many Black Caribbean people in Manchester are not receiving the right treatment for cardiovascular disease (CVD) or are not being supported to adhere to it.^{6,7} Despite having a higher prevalence of CVD compared with other ethnic groups, less than a third of Black Caribbean patients in Manchester have a Lipid Profile^d at a target level and around 30% of patients have not had a lipid blood test in the past 12 months. The Winning Hearts and Minds Healthy Hearts team has worked with a GP surgery in Hulme (an area with a large Black Caribbean community) to improve outcomes related to this disease.

In partnership with two Black-led Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations (BHA for Equality and the Caribbean and African Health Network) the team worked to deliver the Healthy and Hearty project – named after a common phrase used by Black Caribbean people in Manchester.

Bespoke text messages and an accompanying e-flyer were created featuring culturally appropriate messages and images. They invited Black Caribbean patients with high blood pressure, and those who had not had a recent blood-pressure check, to drop-in sessions at Hulme's Cornbrook Medical Centre.

Akil, one of the project Community Development and Engagement Workers, ran four monthly drop-in sessions between May and August 2024. During the sessions, Akil took people's blood pressure and asked them about their health and wellbeing. They were able to talk to him in a non-pressured environment, with no time limits. Akil is a Black Caribbean man, and patients felt more comfortable talking to someone who has similar lived experience and understands the cultural factors for their community.

^d See Glossary, [page 75](#) for definition.

"We are definitely starting to see the influence of the Making Manchester Fairer approach on work being developed and delivered by the wider Public Health department, outside of the original actions from the plan. I lead the Healthcare Public Health and Prevention Theme Team, whose responsibilities include commissioned services such as alcohol and substance misuse. We are actively looking at how a focus on equity and proportionate universalism could be applied to future commissioning processes. This will help ensure that all the services we commission contribute to the overall aim of reducing inequalities in the city."



Dr Peter Davey

**Assistant Director of Public Health/
Consultant in Public Health (Manchester
City Council) and lead for the Prevention of
ill health and preventable deaths theme**

Building foundations of health in communities

STAT

2,781 households in Manchester were in temporary accommodation in July 2024.⁸

FACT

Poor physical housing conditions (including homelessness and temporary accommodation) contribute to health risks – both physical and mental.

IMPACT

The number of affordable homes^e built in 2023/24 (603) marked the largest annual delivery of affordable housing in the city in a decade.

The eight themes identified for action in Making Manchester Fairer reflect the foundations of health in communities. Tackling poverty, taking action on racial injustice, and shifting power to communities are essential components of the Making Manchester Fairer approach (figure 3). These three components – the golden thread running through all the themes – are captured in distinct sections of the report. Our ambition to reduce health inequalities will only succeed if we ensure **all** our actions to build the foundations of good health:

- Take into account an understanding of how our actions (or lack of them) impact residents affected by **poverty** (p.27)
- Take into account an understanding of how **racial injustices** worsen inequalities across the range of social determinants (p.48)
- Are informed by resident and **community** engagement and an understanding of what matters for local residents. (p.32)

Throughout the report, examples are given from each of the other five themes, showing how they have been delivered with this approach.

^e See Glossary, [page 74](#) for definition.

Early years, children and young people

Many health challenges and inequalities in later life have their foundations in early childhood, the poorest families experiencing the worst health outcomes. A good education, and support for social and emotional development, are also important for future health and wellbeing.

Work and employment

Good-quality work is sustainable, pays a living wage and offers opportunities for development. Poor-quality work, unstable or intermittent employment and unemployment can have effects on physical and mental health. In particular, long-term unemployment can contribute significantly to poor health and low wellbeing, increasing the risk of early deaths.

Prevention of ill health and preventable deaths

This theme addresses healthy habits and services that keep us well. The big killers – heart disease, stroke, cancer and lung disease – are responsible for the majority of preventable deaths in Manchester. We also know that there are inequalities in access and outcomes in relation to the services that prevent, detect and treat long-term conditions.

The ways people are referred to services may not be culturally appropriate or sensitive to all circumstances, while a lack of accessible information and a distrust of statutory services can also play a role.

Mental ill health is now the most common single cause of life years lost due to disability in the Western world (23%, compared to

16% each for cardiovascular disease and cancer).⁹ Good mental health and wellbeing provides a foundation for our general health (physical and social) and enables us to achieve our potential and have a good quality of life. This benefits us as individuals, as well as our families and friends, and the communities and society around us.

Homes and housing

Poor-quality housing is harmful to physical and mental health and widens health inequalities.^{10,11,12,13,14} Unaffordable housing contributes to poverty and can lead to homelessness.^{15, 16, 17} The past two decades have seen a huge increase in the city's population, driving an exceptionally high demand for housing and increases in costs. Many Manchester residents continue to earn well below the average income, and too many remain on the housing register for too long. The supply of new affordable housing is a challenge because of the availability of land and cost challenges.

Places, transport and climate change

Places that provide the conditions for good health have good air quality, transport links and easy access to green space.^{18, 19, 20, 21} Climate change is one of the biggest public health threats and challenges we face. Some communities in our city are disproportionately exposed to harmful environmental conditions and may experience higher levels of pollution, fewer green spaces, and greater vulnerability to environmental hazards. Additionally, these groups might have less influence over environmental policies or decisions that directly affect their wellbeing.

Building foundations of health in communities: the Silk Street development

An example from our Homes and housing theme

"I can actually say I am at home, and I am happy to come home. That's how nice it feels. It was stressful where we were, but here, the kids have settled in really well. They are more relaxed, and they are happy to go out to work and come back to their new home. After 17 years of stress and being unwell, being here feels like I'm living a real life."

Judith Caines, who in July 2023 moved from temporary accommodation into Manchester City Council's new Silk Street housing development with her three children



Alongside working to end homelessness in the city, tackling inequalities, creating neighbourhoods where people want to live and ensuring that housing plays its part on Manchester's journey to zero carbon, Manchester's ten-year Housing Strategy has an ambitious target of building 36,000 new homes, 10,000 of which will be affordable.

In July 2023, the first homes in Manchester's new Silk Street development were allocated to local residents on the social housing register. This Council-led project has brought back into use publicly owned brownfield land to build 69 low-carbon, affordable homes^f with a mix of variously sized apartments and houses.

^f See Glossary, [page 74](#) for definition.

All the homes have solar panels, generous gardens, private driveways with electric charging points and ground-source heat pumps, reducing their environmental footprint and minimising energy costs for residents. The design encourages neighbours to connect in dedicated communal spaces, including outdoor play areas and a shared rooftop garden.

Twelve apprentices, including three from the local area, gained important experience by working on a range of elements, including electrical installation, mechanical work and project management.

The development has also provided wider social value in the area, including work experience and site visits from local schools to see the building operation first hand. The developers helped improve a neighbouring nursery garden and, in partnership with the Council's local Neighbourhood Team, contributed towards improvements to a nearby Peace Garden and War Memorial.

The development also enabled 37 'right size' moves, helping people in larger family homes to move into more manageable properties. This in turn has freed up larger, high-demand homes and helped residents to counteract cost-of-living rises by lowering their housing costs.

"At a recent Strategic Housing Board meeting, we discussed with housing partners and commissioners the need for more larger family homes, more adapted homes, more homes to enable people to live independently, and the importance of tackling damp, mould and condensation. We also heard two case studies about infant deaths where the housing situation made the family life more difficult. The Making Manchester Fairer approach has ensured that it's not about buildings, it's about people."



Martin Oldfield

Assistant Director of Strategic Housing (Manchester City Council) and co-lead for the Homes and housing theme

**HOW WE ARE
DOING IT**

Tackling poverty

STAT

In 2022/23, 47.9% (63,266) of children and young people in Manchester were considered to be living in poverty. This increased from 44.7% (59,133) in 2021/22.²²

FACT

Poverty is associated with worse physical and mental health, and a life expectancy that is lower than average. If you don't have enough money to meet your basic needs – sufficient and healthy food, a warm and safe house, and a sense of control over your life – your health will suffer over time. Poverty is stressful. It also affects access to work and job opportunities and can harm educational attainment.^{4, 23}

IMPACT

Early evaluation of a pilot project that provided advice for patients in Manchester Foundation Trust hospitals found many examples of families' incomes increasing by over £500 a month as a result of the advice received. There was also a positive impact on staff, as workloads were reduced and staff were freed up to focus on other aspects of patient care.

"Poverty is a public health problem and requires a public health response, where action is taken across the breadth of the system to both prevent and mitigate the impacts of poverty on health."

Faculty of Public Health, 2024

Tackling poverty is crucial to alleviating health inequalities and creating a more equitable city for all residents. Residents and partner organisations were instrumental in developing the Manchester Anti-Poverty Strategy, which was formally incorporated into Making Manchester Fairer in early 2023. This approach is helping to embed tackling poverty in everything we do to make Manchester fairer. The Anti-Poverty Strategy²⁴ draws on information and data from local organisations and national research to produce evidence-based recommendations to tackle poverty, its causes, and its consequences in our city.

Tackling poverty: the Cost-of-living Advice Line

An example from our Prevention of ill health and preventable deaths theme

“It’s brilliant and has given me a clear route to help with everything from food support and vaccinations to short-breaks help. Every single parent needs their own admin team, and this booklet and the advice on the phone gave me that. It’s taken something off my shoulders that I didn’t know was there.”

A Manchester resident who contacted the Cost-of-living Advice Line

“Pharmacies are often the hub and a connecting point for people. Nearly all of us have prescriptions made up or dropped off at our homes. It’s such an effective way of getting help straight to people and often into the homes of those who are less mobile or perhaps have a range of medical conditions.”

Mr Kapoor, Kapoor Pharmacies



The cost-of-living crisis has had a significant impact on the lives of residents in the city and has meant that some who were previously managing have now needed information and advice. Reacting quickly to the emerging crisis, the Council set up a cross-directorate task force to support residents.

The Cost-of-living Advice Line emerged from this group. It has responded to calls from 13,142 residents since October 2022 covering a range of issues, such as support with food (25.1%), benefits queries or help with rent (25%), help and advice with debt and paying bills (27.7%) and help getting online (2%).

To extend support to people who might be unwell or living with long-term conditions, we teamed up with pharmacies across the city to attach leaflets with cost-of-living information to prescriptions. This meant that the information was being picked up or was delivered directly to residents’ homes.

Tackling poverty: the Anti-Poverty School Toolkit

An example from our Early years, children and young people theme

“The Anti-Poverty School Toolkit enabled us to look at our approach through a wider lens. As part of this process, we involved staff, parents and children in a consultation, asking them about any financial stress that school potentially creates and what we could do to improve.

“Unexpected costs that occur during the year were identified. The annual school book fair traditionally held on parents’ evening was cancelled, as it was identified as putting too much financial pressure on parents and led to feelings of guilt. Instead, we have the local library to sign up children and have reached out for book donations to make available for the children at 10p a book.

“Through the consultation it was identified that our low-waged staff also have financial stresses. We worked to ensure they can get all the support we offer to families. In addition, any school meals left over are boxed up and left out for staff to take. A teaching assistant recently said that this had made such a difference to what she could afford to feed her children, knowing she had a hot meal from school.”

Member of school staff, Kingsway Community Trust



Poverty affects educational attainment by creating conditions that make it hard to learn. Costs associated with the school day – trips, food technology, ‘no uniform’ days and uniform costs – can mean some children can’t fully and fairly participate in the wider range of activities and opportunities that school offers.

Manchester City Council’s **Anti-Poverty School Toolkit** has enabled schools to identify and reduce additional costs for parents. It includes information about the impacts of poverty, guidance on use, monitoring and evaluation, an audit tool and a school costs calculator.

Tackling poverty: Citizens Advice Manchester Hospitals Pilot

An example from our Prevention of ill health and preventable deaths theme

“I was supporting a family who were in homelessness accommodation, and the family consisted of a single pregnant mother with two children. I noticed they weren’t getting the correct amount of Universal Credit and advised them to ask for it to be amended – and for a full backdate to when they would have been entitled. Within 24 hours of agreeing to this, Universal Credit paid the family the amount they were entitled to: £5,100.”

Citizens Advice Manchester Adviser, Royal Manchester Children’s Hospital

“We’re in homeless accommodation, so this money will make a big difference. I’ll never see this amount again in my life. You changed our lives, and I hope you tell everyone in the hospital what you do.”

A resident who received advice from Citizens Advice Manchester at Royal Manchester Children’s Hospital



Trusted and timely advice is a key step in tackling poverty. Providing advice in places where residents go in their day-to-day lives makes sure residents receive the necessary advice and support when they need it.

Since January 2024, a pilot project delivered by a partnership between Citizens Advice Manchester and Manchester University NHS Foundation Trust has been advising patients and staff at North Manchester General and Royal Manchester Children’s Hospital, and the service was extended to Wythenshawe Hospital in July 2024. Advisers are available four days a week face to face, and one day a week over the phone.

The team can support clients with welfare, housing, energy, employment, and Level 1 immigration advice. They also make in-house referrals to specialist energy and debt advisers, as well as referrals to external organisations where relevant.

Tackling poverty: Cultural Food Grants (Rafiki)

An example from our Poverty, income and debt theme

“The Cultural Food Grants have significantly helped our members, particularly those in crisis and unable to afford enough food for their families. For many of our members, cultural food from Bangladesh is not always affordable in the UK, as it tends to be pricier. However, these foods are deeply meaningful as they connect people to their cultural identity and heritage.

“Being able to access familiar, comforting food helps lift the spirits of our members, offering them both physical and emotional nourishment during difficult times. The joy they feel when they receive these foods is immeasurable, as it reminds them of home and brings a sense of belonging. We truly appreciate the support and the impact it’s had on our community, thanks to the Rafiki project.”

Better We CIC, a small grassroots VCFSE organisation allocated funds through the Rafiki Network

Food is a vital part of cultural identity, but many mainstream food aid programmes provide generic food items that may not align with the cultural and religious needs of communities. For example, halal, kosher, or specific ethnic foods may be unavailable, leading to a disconnect between the assistance provided and the actual needs of residents.

The Our Manchester Food Partnership, aimed at making it easier for Manchester residents to get affordable and good-quality food, was initially established to address the urgent need for emergency food support during the pandemic. It has since grown to support over 130 social food providers, including affordable food schemes, food banks and community grocers or pantries. In 2024, the Council's Our Manchester Food Partnership team was integrated into the team delivering the Making Manchester Fairer programme.

In 2022/2023, Rafiki (formerly known as the Manchester BME Network) was awarded £30,000 through the Our Manchester Food Partnership to deliver culturally appropriate food to individuals and families who often find themselves excluded from mainstream food aid due to cultural dietary requirements.

Rafiki allocated the funds directly to its members – who are aware of the needs and preferences within their communities – to purchase the necessary food items. This strategy not only ensured that the food was culturally appropriate, but also empowered community members by involving them in the process.

Rafiki's approach of allocating funds to community members for them to distribute puts trust in the hands of the community and supports grassroots, community-led approaches to tackling food insecurity.

Shifting power to communities

STAT

There are almost 4,000 charities, community groups, faith organisations and not-for-profit social enterprise organisations doing community work across the city.²⁵

FACT

The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector makes a significant contribution to our ambitions to improve health and wellbeing and reduce entrenched inequalities.

IMPACT

The organisations funded by Manchester City Council's Our Manchester Voluntary and Community Sector (OMVCS) Fund and Supporting Communities Fund (SCF) supported 4,000 volunteers to deliver 269,000 volunteering hours in 2023/24; this equates to a monetary value of around £2.81million (based on the current rate of £12 per hour for the Real Living Wage).

"We set up a parent-led focus group at the beginning of this work to ensure that local parents' and young people's voices integrated into the services we offer. Parents asked for training around the law and for resources such as template letters they could take away and use. We know that when given knowledge, our parents will share it with other parents."

**Tanya Finn, Regen Me Community Interest Company,
funded by Manchester Family Hubs to provide services for families
with children with special education needs and disabilities**

The communities we belong to support and nurture our health. Connected communities, where people feel valued and involved in decisions that affect them and have a greater sense of control over their daily lives, are good for health and wellbeing and improving health equity.

Communities may be groups of people living in the same place, or people who share a common identity or experience. Creating the conditions for individuals and communities to be empowered – shifting power to communities – is essential for a long-term approach to addressing inequalities.



Making Manchester Fairer can only make a real difference if local people are empowered to find solutions – and then supported to make them happen. It has been especially important to involve those with first-hand experience of discrimination, and those who have struggled living in conditions that harm their health.

The Making Manchester Fairer Action Plan includes a number of actions within the Communities and power theme. Like our work around challenging poverty and taking action on racial injustice, our commitment to shifting power to communities is a 'golden thread' that must run through all the work.

Making Manchester Fairer is working to strengthen resident and community influence on the delivery of the programme and on services and activities related to the full range of social determinants of health through:

- Community engagement
- Building trust
- Involving residents in programme decision-making
- Co-production
- Working with and supporting Manchester's grassroots VCFSE sector.

Shifting power to communities: community engagement quality standards

An example from our Communities and power theme

“One of the key advantages of the toolkit is that it allows me to assess the effectiveness of my engagement efforts. Before using it, I relied on a degree of guesswork to determine the best approach. Now, with the toolkit, I can follow a clear, data-driven process. I’m excited to apply it to my other projects and see the results it delivers.”

**Farzana Ali, Central Neighbourhood Project Lead and
one of the Community Power Pioneers**



The Council and its partners already have lots of interaction with different residents, communities and groups across the city, but we know that the type of interaction can vary, as can the quality and approach to engagement. External provider TPXimpact

was commissioned to assess community engagement and involvement approaches using a range of methods, such as focus groups, observations and examining existing policies and other documentation.

As a result, a set of **community engagement quality standards** were developed and used to inform the development of a toolkit to promote best practice in building community power. The standards and toolkit are being tested in real life across different settings by Community Power Pioneers to strengthen and develop their approaches to engaging and developing community power with residents. The Pioneers include two Council services (Neighbourhood Teams and Human Resources), a partner organisation (Mosscafe St Vincent, a registered social landlord) and a neighbourhood (Cheetham, in the north of the city).

"There is now a greater understanding of community power across the organisation. Colleagues actively recognise the impact on residents' health and wellbeing when they know they are being heard and are able to influence decisions in areas that matter to them. The development of a set of quality standards for engagement will help us build a framework to strengthen our approach to community power, not only within the Council, but across the wider Manchester system."



Shefali Kapoor

Director of Communities (Manchester City Council)
and lead for the Communities and power theme

Shifting power to communities: involving residents in programme decision-making

"I wanted to be a part of the Making Manchester Fairer Programme Board because I am deeply committed to making a positive impact on health equity and social justice in Manchester. Through my work I've seen first hand the challenges that marginalised communities face, particularly those from Black and minority ethnic backgrounds. Being on the Programme Board gives me the opportunity to advocate for these communities, influence policy, and help drive initiatives that will create a fairer and more inclusive Manchester for all."

Adil Mohammed Javed, Founder and CEO of Alchemy Arts, and Non-Executive Member of the Making Manchester Fairer Programme Board

"Just to say a big thank you for having me on board. It is great to be able to share thoughts and concerns about our city in such a supportive and productive environment."

Sameera Reyani, member of the Making Manchester Fairer Community Forum

"The Community Forum has made a fantastic start, and alongside shaping future action plan themes, and attending Board and Manchester Health Scrutiny Committee meetings, members are exploring how the forum will make a real difference to people's lives."

Healthy Me Healthy Communities, a Manchester VCFSE organisation commissioned to host the Making Manchester Fairer Community Forum

"I joined the Anti-Poverty Insight Group to highlight and discuss injustices in the hope of improving the lived experiences of people so that they will not have to endure the burgeoning public health crisis, which destroys people's quality of life and offers no hope."

Member of the Making Manchester Fairer Anti-Poverty Insight Group

Promoting the wellbeing of individuals, families and communities in this city means more than simply making sure that services' promotional materials are representative and accessible. It also means making services flexible, culturally safe, aware and appropriate. This can only happen when we listen to, work with and include people with lived experience of the challenges we are trying to address in the development and delivery of services, corporate plans and strategies.

Back in 2022, as part of work to create our action plan, conversations with residents helped us understand a perception that commissioners and senior managers are too far away from what is happening on the ground. One way to address this is to include residents with lived experience in making decisions about how we deliver the plan.

The **Making Manchester Fairer Programme Board**, established in 2023, sits at one of the highest levels of decision-making and is responsible for setting the strategic direction of the programme. It holds partners responsible for delivering the plan to account, making sure that the Making Manchester Fairer principles of health equity, proportionate universalism, and community and resident engagement and involvement are consistently applied and central throughout delivery.

While some members of the Board were chosen due to their position and ability to influence services within their organisation (our 'Executive' Board members), the majority of the Board's members have been selected through open recruitment. This aimed to attract applications from residents with lived experience of the Making Manchester Fairer challenges and from communities often underrepresented in strategic decision-making.

In addition to our Programme Board, the creation of the **Making Manchester Fairer Community Forum** has been critical to ensuring that community perspective and the voice of lived experience are embedded in our decision-making structure.

Throughout 2023 we worked with VCFSE organisation Healthy Me Healthy Communities to recruit 16 residents who, between them, reflect the rich diversity of the Manchester population. An extensive communications campaign included culturally appropriate materials designed to speak to many different communities. This resulted in over 190 applications, the majority from areas of the city that have been targeted for cost-of-living support. The campaign had a good response from the over-50s and people with disabilities and long-term conditions; 50% of applications were from people from Black, Asian and minority ethnic groups, and 45% of applicants had caring responsibilities.

We worked with a range of VCFSE organisations on the campaign. They were vital in helping to support residents who were interested in community power but who perhaps didn't have the confidence to apply. The Community Forum supports the Making Manchester Fairer Programme Board to hold partners to account from a community perspective, and it works with the Board by reviewing, questioning and supporting the development of programme delivery plans.

Established in August 2024, the **Making Manchester Fairer Anti-Poverty Insight Group** plays a vital role in deciding which actions from the Anti-Poverty Strategy are most critical and how they should be delivered to maximise impact. Made up of residents and representatives from poverty-focused VCFSE organisations, the group was established following an 'expression of interest' process that was co-designed by Making Manchester Fairer's Anti-Poverty team and key stakeholders working in the 'poverty space'.

"Our Anti-Poverty Strategy, co-produced with residents and VCFSE organisations, includes a number of actions to prevent and mitigate against poverty, as well as to provide pathways out of poverty. One of the most important actions under the 'inclusive delivery' theme has been to establish the Anti-Poverty Insight Group. Working in partnership with VCFSE organisation Something To Aim For, we've worked hard to create a group that includes Manchester residents with lived experience, as well as representatives of grassroots organisations that are working on the ground in communities. The group has already influenced the delivery of the strategy, and its perspectives, energy and ideas have been invaluable – we couldn't do this without them."



Sade Fraser

Anti-Poverty Strategy Lead (Manchester City Council) and lead for the Poverty, income and debt theme

Shifting power to communities: Community Health Equity Manchester (CHEM)

An example from our Tackling systemic and structural racism and discrimination theme

“It has been a very innovative piece of engagement work with the community. On the Sounding Board we bring together organisations and individuals who are at the heart of the community – trusted organisations for communities that sometimes, when they’ve got real problems, may not necessarily go straight to the mainstream services because of fear or other issues. They will probably turn up at the doors of these really great small organisations in our neighbourhoods. So we have all of them round that table.”

Atiha Chaudry, Manchester BME Network, host of CHEM’s South Asian Sounding Board

Stigma and discrimination are powerful mechanisms within systems and cultures that create and compound fear and mistrust. Historical injustices have left some of our communities, including disabled people and people from Black, Asian and minority ethnic groups, feeling distrustful of mainstream services.

Community Health Equity Manchester (CHEM) is an example of work being delivered across our Communities and power and Tackling systemic and structural racism and discrimination themes to gain the trust and confidence of communities through culturally proficient, sustainable engagement and involvement.

Established in 2020 in response to the disproportionate impact of COVID-19 on specific communities in Manchester, CHEM has evolved to address wider health inequalities by providing infrastructure for strategic engagement with minoritised or underserved communities in the city. It achieves its objectives through a

combination of collaborative working, influence and advocacy, bringing together leaders from across the system.

Based on evidence of which communities are most likely to experience discrimination and fare worse across a range of socioeconomic markers, CHEM has established **Sounding Boards** for each of its priority groups:

- Racially minoritised people and communities that are impacted by racial inequality
- Disabled people, including people with learning disabilities
- ‘Inclusion health groups’: new or undocumented migrants, asylum seekers and refugees, Roma, gypsies and travellers, and sex workers
- LGBTQ+ people (with focus on intersectionality – how the interaction and cumulative effects of multiple forms of discrimination affect daily life).

Shifting power to communities: Young Training Practitioners

An example from our Young People's Mental Health and Wellbeing Kickstarter

"We work together with more experienced mental health practitioners to tailor the training, using our lived experience to make it as effective as possible."

"We all have different experiences and perspectives to bring. For example, we noticed that social media wasn't mentioned in the existing training about self-harm and suicide, but we know that this is a big part of young people's experiences. As soon as we brought it up, our manager said that this is something important to focus on."

Young Training Practitioners, 42nd Street

"I just wanted to say how brilliant the training was just now and how exceptional [Young Practitioner 1] and [Young Practitioner 2] were. Their approach was so real and authentic, bringing so much intelligent evidence-based reflection and personal experience. Absolute heroes!"

**Feedback from a participant in training co-delivered by
42nd Street's Young Training Practitioners**



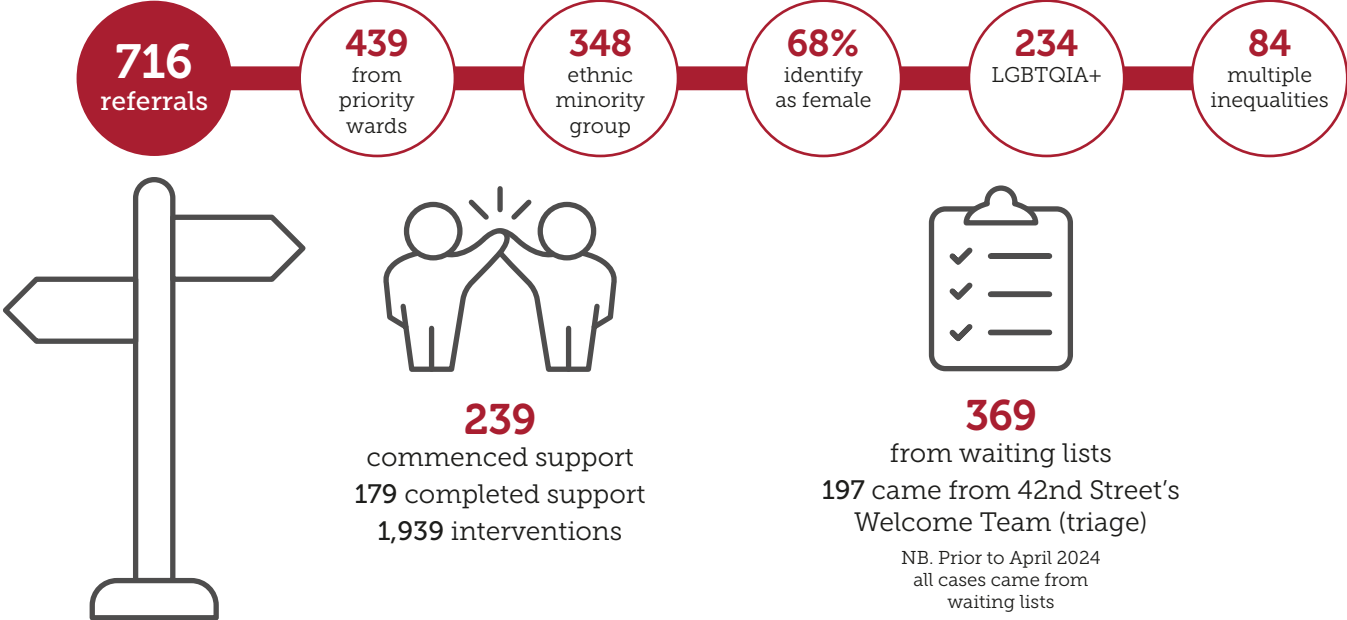
Communities will get involved if they are asked, listened to and given opportunities and responsibilities, not only to be part of the solutions, but to create and provide the solutions too. **Co-production** is a term that describes partnership working between people who use health and care services and the organisations that provide them. It engages groups of people at the earliest stages

of service design, development and evaluation. This approach acknowledges that people with lived experience of a particular condition or social determinant of health are often best placed to advise on what support and services will make a positive difference to their lives.

Launched in November 2023, the Young People's Kickstarter focuses on inequalities in young people's mental health and wellbeing. VCFSE provider 42nd Street^g was commissioned to provide direct mental health support for young people from racially minoritised communities, LGBTQ+ young people and young people with experience of being in the care system.

^g See Glossary, [page 74](#) for more info and links.

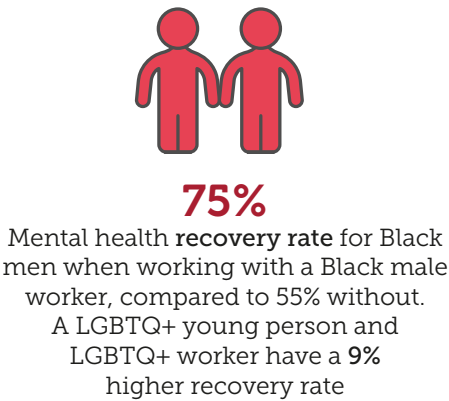
Demographic data for referrals to the Young People's Kickstarter,
November 2023 – January 2025



In addition to the provision of mental health support for young people, 42nd Street recruited three Young Training Practitioners to co-produce and deliver training around young people's mental health alongside existing training practitioners. Each of them was brought up in the city and has relevant lived experience in relation to the targeted cohorts; they have experienced first hand the geographical, cultural and identity-based issues that the Kickstarter is seeking to address. The training, targeted at practitioners and managers within the VCFSE sector working with children and

young people, is aimed at increasing the sector's skills, capacity and infrastructure to support a larger number of young people with their mental health and wellbeing.

42nd Street strives to match young people receiving direct mental health support with workers who share a similar identity: emerging learning suggests that when a young person works with a worker they identify with, the recovery rates are much higher. For example, young Black men usually have a recovery rate of approximately 55%, but with a Black male worker it rises to approximately 75%. With an LGBTQ+ young person and an LGBTQ+ worker, the recovery rates are around 9% higher.



Shifting power to communities: In Our Nature 'Let's Go Green' project

An example from our Places, transport and climate change theme

"I had a great experience. I used public transport after 15 years and it was so convenient. It made me realise that I don't need a car all the time to get around. I can use public transport."

"I have never been on any public transport before, but now I can go to town and around Manchester on my own. I am quite confident now."

"It was a wonderful experience and just goes to show that you can get around places quite easily on public transport. I will surely be planning more days out using public transport."

Participants in Let's Go Green, a project supported by In Our Nature



Flavours from Manchester, a Manchester-based grassroots VCFSE group, responded to an invitation from the In Our Nature programme for people living, working or studying in the city to share their ideas for projects to reduce carbon emissions and bring wider financial, health and wellbeing benefits to Manchester's residents.

Shaeda, who runs the group, engages with many people across the city, including Afghan refugees, Arab women, Pakistani-heritage women, and young people. Many of them experience feelings of isolation within their communities, especially if English is not their first language. The group's project, Let's Go Green, aimed to address barriers towards using public transport. Shaeda came up with the idea when she noticed that her mother needed someone to drive her to the airport, despite living only a few minutes' walk away from a train and tram stop.

As part of the project, participants were shown how to book train tickets and how to navigate to their destination using their smartphones. It also helped familiarise the group with using maps and building skills to know their surroundings. Through visiting local parks, the group were encouraged to explore the natural environment around Manchester and develop an awareness of climate change, its impact and how individuals can make a difference.

Over the course of the project, 45 people were empowered to start using public transport regularly. Fourteen group public transport trips were taken, covering some 135 miles. This saved 732.41kg of CO₂ through reduced car use. A year on, 90% of participants are using public transport more often than before, and 48% said they drive less often. All participants said that their involvement in the project means they now walk more, and 90% are going out on their own and doing things they enjoy rather than staying at home.

The project has been so successful that through the continued support of In Our Nature, it is now being replicated in north Manchester with women with a range of health concerns.

Shifting power to communities: Family Hubs VCFSE Small Grants (Aim4Hope)

An example from our Early years, children and young people's theme

"Since attending the Aim4Hope mentoring sessions, my daughter has made vast improvements within herself. Her confidence has flourished and the stimulation they are providing has been beneficial to her behaviour at home and school."

Parent of a child at a Wythenshawe school

"At the start of the sessions, he would struggle with authority and managing his emotions, which would lead to an 'outburst'. During our sessions he has had conversations with our mentors about 'actions and reactions'. He has shown he has taken these conversations on board and will withdraw from negative interactions with his peers and talk to a mentor when something negative is done or said to him.

"We worked on a number of ways he can deal with situations, and he has shown great strides in controlling his emotions. He is now a completely different child to the one we met at the start of our sessions."

Feedback from Aim4Hope, funded by Crossacres Family Hub in Wythenshawe to support young people at risk of exclusion from school



Manchester's four Family Hubs^h offer a place-based approach that joins up the planning and delivery of family services and provides an opportunity to do more to support families at the earliest opportunity. They bring services together to improve access and the connections between families, professionals, services and providers, by putting relationships at the heart of family support.

Through small grants, the Family Hubs have awarded approximately £200,000 to Manchester-based VCFSE organisations to improve outcomes for children and families

^h See Glossary, [page 75](#) for more information.

by developing and delivering culturally proficient services through co-production and activities that meet local need.

Aim4Hope is one of the organisations funded by Crossacres Family Hub to help tackle educational inequalities in Wythenshawe, where schools have the lowest attendance levels in Manchester. Led by individuals who live locally and have a good understanding of the educational and racial inequalities that some Wythenshawe young people experience, Aim4Hope works in the community to support young people at risk of exclusion, aiming to keep them in education.



"Our Family Hubs programme has a clear focus on equity, and our Family Hub sites are located in areas of the city where communities are experiencing inequalities. Close working with those communities has informed all aspects of the Family Hubs, from branding to the services they offer. Partnership working and co-location of VCFSE services within the hubs is helping to ensure that services are culturally competent, and our monitoring shows that the reach of services to under-5s from communities impacted by racial inequalities is higher in Family Hub areas than other parts of the city. Our Family Hubs are giving all children and families the help they need, when they need it, in the place they live."



Nasreen King

Acting Assistant Director, Early Intervention and Prevention (Manchester City Council) and co-lead for the Early years, children and young people theme

Shifting power to communities: Winning Hearts and Minds

An example from our Communities and power theme

“The thing I liked most was the different approach. We had a lot of separate groups in areas that were working great individually, but there didn’t seem to be a kind of thread that went between them. Winning Hearts and Minds was there to fill that gap – to create roads between people.”

Joe Hartley, Moston resident

“What we’ve seen is Winning Hearts and Minds almost coming along as their champions – as their support and as a little bit of a push. That’s been quite good to see. ‘Have you thought about doing this differently?’ ‘Have you thought of doing more?’ ‘Have you thought of getting this funding?’ By helping those community groups navigate the funding, we’ve seen the Winning Hearts and Minds fieldworkers being almost like a running mate or a friend, helping through that process.”

Councillor Hannah Priest, Former Charlestown councillor



Established to address long-standing inequalities in heart health and mental health, Winning Hearts and Minds fieldworkers – recruited from and embedded in local communities – are building relationships and trust and supporting community-led initiatives to improve health and wellbeing. This approach focuses on north

Manchester, where in some areas the rate of early deaths due to circulatory disease is as high as 76.9% more than expected, given the age of the population.

North Manchester experiences some of the most challenging conditions in the city – crime rates are higher, educational attainment is lower, housing is poorer quality, jobs are fewer and less well paid, health is poorer, and life expectancy is lower. The VCFSE sector has also had less capacity and resource compared to the rest of the city.

Winning Hearts and Minds sets out to improve both heart and mental health by addressing the building blocks of good health to create conditions for improved health and wellbeing.

Winning Hearts and Minds fieldworkers get under the skin of communities – tapping into a community's experience and expertise to build initiatives led by the people who know it best. Their on-the-ground support for people in the community includes building trust and relationships with them; collating the knowledge, learning and understanding direct from the community; and sharing insight with the systems and leaders that can effect change on both a policy and strategic level.

A recent evaluation found that the 'community-led initiatives' element of the Winning Hearts and Minds programme saw the following outcomes:

- Supported community projects, groups and services
- Increased community networks
- Support for the local economy
- Increased local representation
- Supported individuals
- Systemic transformation.

Over the past five years, community-led initiatives have seen more than 20,000 community members connected to local groups, organisations and services. More than 60% of north Manchester schools and colleges have been supported, and almost £190,000 of external funding has been secured for local initiatives.



Taking action on racial injustice

STAT

Early Years Foundation Stage (Year One) attainment in Manchester remains lower than Greater Manchester, the north west and England, and experienced a larger reduction between 2019 and 2022. Pupils eligible for free school meals (a widely used measure of disadvantage in the education system) had the lowest levels of attainment (47%) and experienced the largest decrease between 2019 and 2022 (13%). Asian Indian children saw the largest decrease between 2019 and 2022 (24%). In this cohort, children eligible for free school meals had the lowest attainment.²⁶

FACT

Good-quality preschool education can counteract some of the impacts of childhood poverty on later life by supporting children's cognitive, physical, social and emotional development, providing a safe environment for young children to learn and interact with their peers.

IMPACT

A strengthened Early Years offer to families from communities impacted by racial inequality, new migrants, and families with children with special educational needs and disabilities (SEND) has seen 69.7% of eligible two-year-olds accessing provision, 64% of those being from communities impacted by racial inequality. Families accessing SEND support increased by 81% across the city, 62% of those families being seen at a Family Hub site.

Manchester is an increasingly diverse city, the 2021 Census telling us that over half the population (51.3%) are from Black, Asian and other minority ethnic groups. Nearly a third (31%) of the population were born outside the UK, and at least 94 languages are reported as being spoken as a main language.

Racially minoritised people in our city have higher odds of living in areas experiencing disadvantage and are more likely to experience unemployment and low pay. Some communities are also less likely to have access to a range of services and opportunities as a result of structural and systemic discrimination. Experiences of racism and discrimination can have long-term impacts on health and wellbeing; for example, everyday discrimination has been linked to heart disease, infant mortality, mental illness, substance misuse and life expectancy.

Racism and discrimination are evident at a number of levels. At a personal level, experiences of racism and discrimination can be psychosocial stressors that build over time, resulting in long-term impacts on health and wellbeing. At a wider, more structural level, racially minoritised people and communities are alienated from positions of power and resources by legislation and face day-to-day discrimination by institutions. Structural racism (also known as systemic racism) is the condition where these laws, institutional practices, customs and guiding ideas combine to harm racially minoritised populations in ways not experienced by White counterparts.

Improving the experience and outcomes of communities experiencing racial inequality, and of other communities marginalised or facing discrimination, is a fundamental component in addressing inequalities. For Making Manchester Fairer, taking action on racism plays such a significant role in tackling health inequalities that it is not only a theme in its own right, but also one of the principles that must shape all our activities, including our work with children and young people, our services for older people, our approach to working with communities, and our approach to monitoring and evaluation.

"We know that health and racism are inextricably linked and have a harmful impact on racially marginalised communities. Quality education, employment, liveable wages, healthy food, stable and affordable housing, and safe and sustainable communities are factors that shape health. When these factors are distributed in unfair and unjust ways, they contribute to racial and ethnic disparities in health. One of the ways we are enabling our workforce to be equipped and confident to implement the right solutions that will improve outcomes for communities experiencing racial inequality and discrimination is through the delivery of a Race and Health Equity programme. Another key part of our work to address racism and discrimination is through the work of Community Health Equity Manchester, which has become a pivotal part of our system infrastructure for addressing health inequalities."



Sharmila Kar

**Joint Director Equality & Engagement
(NHS Manchester Integrated Care
Partnership/Manchester City Council)**

Taking action on racial injustice: Race and Health Equity Education Programme

An example from our Tackling systemic and structural racism and discrimination theme

"If we reflect on recent years, there's been the tragic death of Awaab Ishak [a toddler who died from a respiratory condition caused by exposure to mould in his rented home], and housing sector reviews finding that the households living in our homes were becoming increasingly diverse and facing greater hardships and inequalities. At the same time, the housing sector was perceived to be less diverse and more distant in its management approach. That's what drove me to get involved in the programme.

"I've found it incredibly powerful working with other stakeholders and exploring racism in the way we have. I'm in a privileged leadership role in an organisation that can make a difference. There have been some big takeaways: how we ensure our workforce reflects the communities we work with; access to affordable housing; how we provide support services that start to address inequality; hearing the voices of the many people we work with; and making sure Manchester Housing Providers Partnership is seen as a strong partner tackling institutionalised and structural racism."

**Guy Cresswell, Executive Director, Great Places Housing Group,
member of Manchester Housing Providers Partnership and
Making Manchester Fairer co-lead (Homes and housing)**



Guy was one of around sixty participants from Manchester City Council, its partner agencies, and sectors such as housing, health and Greater Manchester Police to complete Manchester City Council's first Race and Health Equity Education Programme. Delivered over 2023/24, the programme was commissioned to support the workforce to be better informed, equipped, and confident to implement the right solutions to improve outcomes for communities impacted by racial inequality and discrimination.

Aimed at increasing understanding of racism and discrimination and their impact on health outcomes and inequalities, the programme supported participants to develop the skills, knowledge and expertise to implement anti-racist and anti-discriminatory practices. It helps them build confidence to challenge racism and discrimination in the workplace and to effectively engage and involve racially minoritised communities.

Early findings from an internal evaluation suggest that there has been a shift in confidence to challenge personal assumptions, a better understanding of 'allyship' – active support for a marginalised group without being a member of it – and increased confidence in holding difficult conversations on issues of race and health equity. Participant feedback was used to inform the design of the programme for 2024/25, which was launched in December 2024.

"Taking a health inequalities approach to my work and undertaking the Race and Health Equity Training have made a real difference to the way I think about interconnected issues. Working with a range of internal colleagues to deliver Theme 6 priorities has been really rewarding, and we are really starting to make progress to improve access to green infrastructure and address challenges such as air quality and extreme heat. We are also removing the barriers to active travel, and ensuring that health inequality objectives are embedded in all our citywide strategies."



David Houliston

Head of City Policy (Manchester City Council) and co-lead for the Places, transport and climate change theme

Taking action on racial injustice: WorkWell

An example from our Work and employment theme

“The programme really boosted my self-confidence, empowering me to pursue my career goals more confidently. I now feel more prepared to apply for roles that not only require my existing skills, but also those the employers are looking for.

I understand now that it's about matching my abilities to job descriptions.”

Work Ready Programme participant

Launched in Manchester in December 2024, WorkWell connects work and health services. Led by NHS Greater Manchester and funded by the UK Government, WorkWell aims to support 8,000 people across Greater Manchester by March 2026. In Manchester, 1,620 residents will be helped by the programme through a budget of £1.3million from the Department for Work and Pensions (DWP).

A major component of the WorkWell model builds on the success of two Communities Impacted by Racial Inequality pilot projects commissioned by Manchester City Council's Work and Skills Team and delivered over the previous 18 months. One was Alchemy Arts' 'Work Ready Programme' aimed at empowering South Asian women, particularly of Pakistani heritage, in Cheetham Hill. Alchemy Arts was able to provide culturally sensitive employment support and enhance employability by building the women's confidence and improving their digital literacy.

In combination with a second project delivered by VCFSE organisation Wai Yin in Longsight, 86 participants reported an increase in confidence and reduction in social isolation, 33 reported an improvement in skills, 17 progressed into volunteering, 14 undertook formal training, and 15 found employment.

These results showed the value of support from grassroots VCFSE partners, who are connected to their communities and better placed to understand their needs. WorkWell has built on this learning and has commissioned two VCFSE organisations to provide employability support for a minimum of 312 residents from racially minoritised communities.

Taking action on racial injustice: developing an Inclusive Data Strategy

An example from work across our Communities and power and Tackling systemic and structural racism and discrimination themes

Too often, data is difficult to access, or we find gaps and inconsistencies in data about some of our most disadvantaged communities, which prevent us effectively prioritising interventions and addressing inequalities. In part, these difficulties stem from the fact that the way we collect, store, analyse and use data is not inclusive enough.

People who have already experienced discrimination – for example due to their ethnicity or immigration status – may fear that providing personal data or accessing certain services could lead to unequal treatment, further discrimination, or worsen their situation. Some communities may have fears about how their data may be used by those in power. These concerns are often based on their experience in the past where information has been used in ways they disagreed with or did not consent to.

Lack of trust in the Government and Government statistics can be a major barrier to people's participation in data collection and research. Online data-collection methods can exclude those with limited or no digital access, or who lack the necessary digital skills. An inability of front-line staff to properly explain how and why they are collecting certain data can lead to an unwillingness or refusal to give it. The resulting gaps in data can mean that some groups are less visible, ultimately leading to policy decisions that may not adequately reflect them and increasing their distrust.

Building on the recommendations of the national Inclusive Data Taskforce, we have started to develop a local Inclusive Data Strategy for Manchester. As a first step, we have worked with communities through our Community Health Equity Manchester Sounding Boards and the Manchester Lived Experience Leaders Group to redesign the Council's corporate privacy notice to make the content clearer, more accessible and more understandable. By developing an Easy Read version, we aim to improve our residents' understanding of what data the Council collects and how we use it. This will serve as a template for local partners to redesign their privacy notices in a similar manner.

WHAT HELPS US

Harnessing creative and collaborative action, working across the system

STAT

In Manchester, there are an estimated 47,000–65,000 people who have experienced four or more of the ten Adverse Childhood Experiences that impact on health and life outcomes. Up to 46% of people known to drugs and alcohol services also have mental health support needs.²⁷

FACT

Services are often reactive at the point that people reach crisis, and access to support can be based around thresholds, rather than being proactive, preventative, strength-based and based around what matters to the individual. Transitions and life events can act as trigger points, creating escalations in circumstances for people experiencing multiple disadvantages. These represent opportunities where more joined-up partnership working could have a positive impact.

IMPACT

An evaluation of two years of our Early Help for Adults Facing Complex Disadvantage Kickstarter included costed case studies showing support has reduced demand within Homelessness, Mental Health Crisis Services, Greater Manchester Police and the North West Ambulance Service.

It has reduced domestic abuse incidents, the risk of financial abuse and substance use, and has improved physical health.

Health equity affects everyone, and we all have a role to play in reducing health inequalities. We recognise that no one person or organisation holds all the levers to address health inequalities. By embedding partnerships within neighbourhoods and across the city and ensuring that community groups and residents have a growing voice and influence, we are creating the conditions for joined-up, co-designed activities that can improve health outcomes and create health equity.

The Making Manchester Fairer Action Plan was developed in collaboration with system-wide partners who share Manchester's ambition and commitment to improve health outcomes and create a fairer Manchester. In our delivery, we are challenging how we work together to produce solutions that place the person at the heart of everything we do, generating cross-cutting work across the system.

The collaborative Making Manchester Fairer approach has strengthened relationships and partnerships across the various Council directorates, ensuring that they all understand that tackling health inequalities requires a system-wide approach.

Harnessing creative and collaborative action: Multi-Agency Prevention and Support (MAPS) forums

An example from our Early Help for Adults Facing Complex Disadvantage Kickstarter

“Multi-Agency Prevention and Support (MAPS) have supported the growth of collaboration across Manchester, giving the space to exchange ideas and knowledge between all services involved. Partnerships have been built since the start of MAPS and they have continued to strengthen and grow. MAPS have given Change Grow Live a better perspective in developing wraparound support plans to help people to move forward and build better lives. They have ensured partnership working at the core of the meetings and in developing support plans for the people in our neighbourhoods. This has been evident in the outcomes.

“The Early Help Navigators ensure joint working is in place to make sure work is not duplicated and the support plans developed in the MAPS are actioned by all services involved.”

Chris Lord, Bringing Services Together Lead, Change Grow Live

This Kickstarter exemplifies Making Manchester Fairer’s principle of collaborative action. It is delivered in partnership by Manchester City Council and three local VCFSE providers: Shelter, Big Life, and Back on Track. It brings agencies from across the system together to share information and co-ordinate support, underpinned by the key principles of early intervention and prevention, person-centred and strength-based approaches, and developing resilience.

The Kickstarter focuses on adults experiencing multiple disadvantages who have often had negative experiences with services in the past, or who face barriers due to trauma. Without well-co-ordinated support, they often present repeatedly at different services, generating multiple ‘contacts’ but without receiving the right support at the right time.

The project is an expansion of an Early Help for Adults pilot, which identified and tackled barriers that many face accessing mainstream support. It established neighbourhood-based Multi-Agency Prevention and Support (MAPS) forums, which bring together locally based partners from a range of services. The forums share local knowledge and specialist service insight, discuss cases and build action plans, co-ordinating cases across the system.

Building on learning and data from the pilot, the Kickstarter team identified and developed strong working relationships with various statutory and voluntary sector services across the city that were already working with adults who would benefit from this co-ordinated, multi-agency approach. This created robust ways to refer them into the MAPS, which were scaled up across the city.

The Kickstarter also commissioned 'navigators' to work with people face to face, helping them navigate the system and providing holistic, trauma-responsive and person-centred support, alongside peer support and access to education, training and work. Navigators draw on the intelligence of the MAPS and other VCFSE partners to provide a single point of contact. Priorities and goals are set by the individual and addressed in the order that is important to them, regardless of the initial referral purpose.

The Kickstarter has significantly strengthened relationships with key partners across statutory and voluntary sectors. It has brought a significant increase in referrals and in people receiving early help and prevention support, as well as increasing referrals from previously underrepresented groups.

Harnessing creative and collaborative action: Trauma-Responsive Community Hubs

"The hub gave me confidence to go outside again and talk to people. When I first came, I didn't speak, I just listened. Now I come to do exercise and Tai Chi. It's helped a lot with my stress and mental health."

"I have been around people who are local, and some people I know, and I have been linked to other agencies. It is a safe place to go, and I come every week now."

"We have nowhere to go, so this is our community. It helps me very much."

"I lost a person – I gained many people here."

**Testimonies from residents attending Manchester's
Trauma-Responsive Community Hubs**



Exposure to trauma can limit human potential, compromise quality of life, create health problems and shorten life expectancy. Trauma can affect the ability of individuals and communities to feel safe and develop trusting relationships with services. Adverse Childhood Experiences (ACEs) include a wide range of stressful or traumatic experiences that can occur from conception to the age of 18, including abuse, neglect, and household dysfunction.

A trauma-responsive approach aims to improve the accessibility and quality of services by making them safe and culturally sensitive, so that people have trust in them and want to use them. It encourages those who develop and deliver services to work in collaboration and partnership with people and to empower them to make choices about their health and wellbeing.

Manchester City Council's ACEs and Trauma-Responsive Programme aims to support organisations across the city to embed trauma-informed approaches into their everyday practice and to create ACE-aware, trauma-informed, trauma-responsive and resilient communities. In partnership with Barnardo's, the Programme Team are working to establish Trauma-Responsive Community Hubs that support local communities by addressing the effects of trauma and adversity through the promotion of individual, family and community resilience. Trauma-Responsive Community Hubs listen to the community and provide services in an inclusive, kind and person-centred way.

One example is the M8 Collective Hub at the Welcome Centre in Cheetham Hill, an area of the city particularly impacted by inequalities. Established with partners including the North Manchester Community Partnership, Mood Swings, Breakthrough, Manchester Local Care Organisation, Big Manchester, Wai Yin Society and Be Well (social prescribing service), the centre provides advice and guidance around immigration, disability services and money. It also offers a range of activities to promote good health and wellbeing, including art classes, gardening projects, chair-based yoga and volunteering opportunities.

Harnessing creative and collaborative action: Health Determinants Research Collaboration

An example from work across our Communities and power and Tackling systemic and structural racism and discrimination themes

Too often, communities are 'consulted' on preset solutions that don't relate to what they feel are important issues. Health Determinants Research Collaborations (HDRCs) are local government-led partnerships that help local people to turn their own priorities into the subject of joint research. They allow people to see the impact of the research on local decisions by connecting councils, academics and local people to work together.

Funded by the National Institute for Health Research, each HDRC is hosted by a local authority, which works with university partners to build the necessary collaborative infrastructure to plan and undertake research. It brings together local government knowledge and research skills from the academic community, to improve health and secure better outcomes for the public.

In 2023, Manchester City Council and local partners successfully applied for £5million to establish an HDRC in Manchester. We are now in the first year of delivering our plan to embed community-led, evidence-based policy and practice across the Council, working in partnership with The University of Manchester, Manchester Metropolitan University, Manchester's VCFSE organisations (represented by Macc, Manchester's VCFSE support organisation) and the Manchester Patient and Public Advisory Group.

The Manchester HDRC mission is 'putting communities at the heart of policy' through the following principles:

- **Local residents are more able to directly influence decisions** about their area if they have greater control and influence over research activities and learning new skills and experience
- **Improved decision-making** and impact across the Council and partner organisations, through officer and councillor engagement and clear governance arrangements
- Investment will **turbocharge what we are already doing** so that it becomes more consistent with more impact
- Better, more **'real life' research**, improving our understanding of the determinants of health at a local level
- **Dissemination of learning** through Core Cities, Greater Manchester, the Government, academia and the VCFSE sector
- **Sustainable legacy** of working in this way beyond the investment.

Harnessing creative and collaborative action: tackling the impacts of damp and mould

An example from our Homes and housing theme

“From a clinician’s point of view, this project has been invaluable. Historically, when families have raised issues with us, we have written letters and given them to the family for support to take to whomever they felt appropriate. We never saw many results from this, so I think a lot of us stopped asking too much.

“This project has focused our attention. I now routinely ask all patients about their environment – both home and traffic surrounding them – because I feel that if they raise an issue, I have something concrete I can do for them. It’s a simple form for the patient to complete in the clinic, and they can see we’ll do something about their issue. Having a central point of contact has made a huge difference.”

**Dr Louise Turnbull, Consultant in Paediatric Respiratory
Medicine, Royal Manchester Children’s Hospital**

Respiratory disease is an umbrella term for conditions affecting the lungs and airways, including lung cancers, infections, and chronic diseases such as asthma. The UK has some of the highest mortality rates from these conditions in Europe, outcomes remaining broadly static over the past decade. Preventable deaths from respiratory diseases increase with socioeconomic deprivation, areas of the north west having some of the highest levels of deprivation and respiratory mortality in the country.

In 2023, Manchester’s Public Health Department funded a pilot project targeting children in hospital with respiratory issues and due to be discharged. In cases where clinicians suspect that a child’s health is being affected by damp and mould in their home, they can make a direct referral to

Manchester Care and Repair, an independent charitable organisation helping older and vulnerable people to live independently.

Depending on the type of housing the child lives in (privately rented, socially rented or owned by the child’s parent or guardian), Manchester Care and Repair will either carry out a full property inspection, or liaise with the Council’s Strategic Housing or Housing Enforcement and Compliance Teams to ensure that issues are acted on by social or private landlords. In some cases, funding can be made available for remedial work, such as essential repairs, additional ventilation, or a deep clean.

To date, 190 referrals have been received. Early feedback from patients and healthcare professionals who have been part of the pilot suggests:

- Healthcare professionals feel empowered to help their patients
- Families feel they have been listened to and empowered; those who received remedial work or advice have found it valuable
- A faster resolution to damp and mould for some families
- Some children have been discharged earlier from hospital
- Additional issues of disrepair in homes have been identified and acted on
- Improved partnership working, creating better links between health services and the Council.

Collecting and using the right data; building on what works

STAT

The index of multiple deprivation (IMD) is the official measure of relative deprivation used for small areas in England. Manchester is the sixth most deprived local authority in England (IMD 2019); 58% of Manchester's residents live in the top 20% most deprived areas in the country, so this is not always a useful measure for targeting local interventions.²⁸

FACT

We know that the interaction between the wider determinants of health is complex and they are rarely experienced in isolation, resulting in greater inequality. The data we use to shape services and activities should reflect this complexity and these interactions.

IMPACT

To help make sure the resources for our Children's Kickstarter were targeted to have the greatest impact, a combination of data was assessed. Contemporary Experian MOSAIC dataⁱ was analysed to identify wards within the city with large proportions of residents likely to be adversely affected by the cost-of-living crisis and have a discretionary income of less than £30 a month. School-level Good Level of Development data was evaluated for each of the schools in these 'priority' wards. This layered approach takes account of the contextual and social challenges associated with low attainment.

An innovative approach to tackling health inequalities requires a commitment to using data in inventive and novel ways to understand the current patterns of inequalities and how they are changing. By collecting and using the right data and ensuring that we continually build on solid evidence of what works, we are helping to put a consideration of inequalities at the heart of policymaking.

We have developed an approach that more directly and consistently measures the gaps in outcomes **within** the city as well as **between** Manchester and other parts of the country. These 'gap metrics' will be built into the way the Council and its partners routinely monitor performance.

Using data and evidence in this way is helping to target activities and services better and lets citizens hold decision-makers accountable for their efforts to change how policies and services are delivered. By making data easily accessible and understandable we are actively empowering communities to develop their own solutions to the inequalities they face.

ⁱ See Glossary, [page 75](#) for definition..

Collecting and using the right data: Annual Temperature Check, Measuring Inequalities Toolkit and Social Return on Investment

Examples that cut across the whole programme

“Feedback from people involved in developing policies to address local inequalities, and from information analysts, has told us that there is a clear need for a tool that describes and clearly explains the different methods that can be used to measure the inequality gap. We have developed the free-to-access Measuring Inequalities Toolkit with our university partner to help meet this need.”

Neil Bendel, Public Health Specialist (Health Intelligence), Manchester City Council



Measures of socioeconomic inequalities are important for health and social policy and for society in general, but it is important that these measurements are presented in an accurate and targeted way to drive better-quality decision-making. We have adopted five key principles to govern our approach to using and presenting data on inequalities:



Targeted

Finding and measuring the most meaningful inequalities and using targeted demographic data to present this



Measured

Building on existing performance reporting by presenting changes in inequality alongside measures of overall improvement



Monitored

Routinely tracking inequalities over time



Standardised

Supporting partners in Manchester to adopt and present inequality measures using appropriate methodologies



Shared

Adopting a consistent methodology across all partners for summarising gaps between areas or communities within the city



Illustration from [Measuring Inequalities Toolkit](https://rise.articulate.com/share/1NySQo5v5_opiceeVoJkcBN6Ewehuv79#/): https://rise.articulate.com/share/1NySQo5v5_opiceeVoJkcBN6Ewehuv79#/

This approach to measuring inequalities is embodied in our **Making Manchester Fairer Annual Temperature Check**. This contains a carefully developed set of the most meaningful measures of inequality in the city, presented using targeted demographic data and clear, accessible infographics. The Temperature Check provides an annual assessment of whether the ambitions outlined in the action plan are starting to have an impact on our overall aim of reducing inequality in Manchester.

In 2024, we developed and launched the **Measuring Inequalities Toolkit** in collaboration with The University of Manchester. It is designed to be used by specialists and generalists alike and fills the need for an easy-to-use, interactive training

package that illustrates and explains some of the most common methods for measuring health and other forms of inequality. The Toolkit is designed to improve the monitoring of interventions to address inequalities and was co-produced with analysts and other potential users to ensure that it was user-friendly and widely relevant. It has the potential to widen awareness and promote practice that focuses on health inequalities and equity in Manchester and beyond.

If we want to achieve our aim of mainstreaming our approach to reducing inequalities, we need to be able to clearly explain to policy- and decision-makers the value of the work we are delivering from the widest possible perspective.

To help us do this we have adopted a framework for measuring and accounting for a broader concept of value that includes the social, environmental and economic costs and benefits of our work. This is called **Social Return on Investment**. This approach has helped deepen our understanding of the different elements of the work being delivered and the individual stories within them.

Starting with the Young People's Kickstarter, we have developed Social Return on Investment models for the first three of our five Kickstarter projects. The model for our Young People's Kickstarter suggests that for every £1 invested, there is an estimated social return of £72. This comes primarily from improvements in wellbeing (and associated benefits) for those young people receiving direct support, as well as from projected improvements in a number of health, education, employment and other social outcomes for those young people actively engaged with practitioners and who have benefited from the training.

Collecting and using the right data: using carbon footprints

An example from our Places, transport and climate change theme

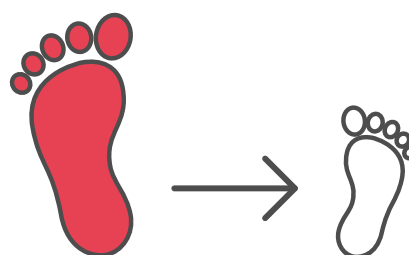
“That is mega! I can’t believe that! It really has inspired me to keep doing the swap shops. I will pop this in our newsletter as well, as the mums would like to know, I’m sure!”

A participant of the In Our Nature’s Walking Mums Club reacting to the impact of their activity on reducing emissions

The club has brought together 76 new parents to learn how to make more sustainable choices, including reducing energy use at home and swap shops to save money and minimise waste. Calculating their carbon footprint revealed they had reduced their emissions by 386.8kg of CO₂.

Making data openly available in an accessible format empowers communities to act on issues that are important to them and to drive changes themselves. Understanding local carbon footprints can help Manchester’s residents identify where action they take on climate change will make the biggest difference. It can also help to shape community-led initiatives and help make Manchester a greener, healthier and more connected city.

One of the ways Manchester’s In Our Nature programme puts communities at the heart of climate action is by using data to create and share local carbon footprints, based on energy use and transport-related emissions for each Council ward in Manchester. The footprints have been provided as an annual average per person, to account for differences in Council ward populations and sizes. They highlight the coverage, frequency and reliability of public transport in individual wards. The local footprints have been made freely available online and are being used by community groups as part of project co-design.



386.8kg

reduction in CO₂ by 76 members of the In Our Nature’s Walking Mums Club, who learned about making more sustainable choices

Taking a life-course approach

STAT

More than half of Manchester's residents aged over 60 are digitally excluded (not having the access, skills and confidence to use the internet and benefit fully from digital technology in everyday life).²⁹

FACT

Digital technologies are changing how health and care are delivered and can make services more efficient, accessible, flexible and person-centred. Digital exclusion can be a barrier to using online tools that support self-care, as well as accessing services.

IMPACT

Manchester's Age Friendly Strategy – 'Manchester: A city for life', includes a commitment to develop age-positive and realistic communications, using physical media where needed or requested, while working to increase levels of digital inclusion among the over-50s. In 2024, the Age Friendly Manchester newsletter was relaunched, and free copies were available in supermarkets, community centres, libraries and other public buildings. At the same time, the monthly eBulletin reaches over 12,000 subscribers.

Age Friendly Manchester Older People's Board members have campaigned for Manchester residents in middle to later life to have equality and a voice in the affairs of the city. We have tried to influence the way services are designed and delivered, and continue to make sure our opinions and aspirations are taken seriously.



Elaine Unegbu,
Chair, Age Friendly Manchester Older People's Board

To make Manchester fairer we must address health inequalities for residents across all life stages, from before birth to later life. Taking a life-course approach makes sure that we address the needs of all age groups, including the unique challenges faced by older people.

The Making Manchester Fairer approach is fundamental to the Council's Age Friendly Manchester Plan, which acts to tackle health inequalities in older adults and the over-50s. Manchester's Age Friendly programme is seen across the world as an example of good practice and innovation. Manchester was the first UK city to join the World Health Organization's Network of Age Friendly Cities and Communities, committing Manchester to working towards being a better place to grow older.

The focus of our Age Friendly Strategy and accompanying work programme is driven by the Age Friendly Board, made up of Manchester residents aged over 50 who know what issues those in middle to later life face and what is important to them. They are dedicated to getting older people's voices heard, to making places and services more age friendly, and promoting age equality.

Taking a life-course approach: supporting uptake of Pension Credit

An example from our Poverty, income and debt theme

"I had put an application in for Pension Credit in June 2023 and this was refused. I came to Cheetham Hill Advice Centre to see if they could help. I needed a translator in Urdu so I could explain myself and understand. With the adviser and the interpreter, I was able to give the Government all the correct details for my family. This meant we got our correct entitlement, and all our details updated on the system. The adviser explained everything to me and now I understand what information I have to give and why.

"This decision has been life-changing for us and we cannot thank Cheetham Hill Advice Centre enough. They were essential in helping me to sort out this issue. Having a place that will help when you have a language barrier is so important."

Ahmed, a recipient of advice from Cheetham Hill Advice Centre

Hasan topped up his pension - have you?

Thousands of people across Manchester are missing out on Pension Credit, Attendance Allowance, Winter Fuel Payment and Housing Benefit.

Call Independent Age for a FREE benefits check on 0800 319 6789

Monday to Friday, 8.30am–5.30pm
or visit [independentage.org](https://www.independentage.org)

THE PENSION TOP up logo, Manchester City Council logo, Independent Age logo, and a QR code with the text 'SCAN HERE FOR ADVICE'.

In response to changes to eligibility for the Winter Fuel Payment (only those on Pension Credit now receive it), a citywide cross-Council campaign was launched to encourage uptake of Pension Credit in partnership with Independent Age – a national charity focused on financial hardship. This resulted in a five-fold increase in calls to Independent Age from Manchester residents looking for Pension Credit support. Calls to the Cost-of-living advice line doubled following work with GPs and a text message campaign.

Support from the advice line was supplemented by additional benefits advice from Cheetham Hill Advice Centre, with an additional part-time adviser for four months, focusing on supporting older people with applications for Pension Credit and Attendance Allowance. As well as providing advice surgeries, staff went out to older people's groups and organisations to encourage uptake of these entitlements.

Taking a life-course approach: the Extreme Heat Plan

An example from our Places, transport and climate change theme

"Including older people in discussions around climate change and extreme heat action is vital, as we are one of the main groups that will be significantly impacted by the heat and other consequences of climate change. I am a member of the Manchester Climate Change Partnership, which ensures that the voice of older people is fed through this work.

"The Age Friendly Manchester Older People's Board wants to make sure that any communications and plans for extreme heat action are developed with older citizens in mind, including the design of the concept and communications about how to understand and access any of the support."

Elaine Unegbu, Chair of the Age Friendly Manchester Older People's Board

Older age increases an individual's risk during a heatwave. The UK Health Security Agency published analysis of deaths during heat periods in 2022 that suggests five heat periods that summer resulted in 2,803 excess deaths in people aged 65 and over across England. Climate projections suggest that Manchester will face warmer summers in the future, and there is an increased likelihood that we will face very intense heatwaves.

Manchester's Extreme Heat Plan, which looks at vulnerability, inequality and how to build resilience, drew on learning from Project Heatwave, a VCFSE-led system of support for older people, during a period of extreme heat in Salford.

Age Friendly Manchester provided the perspective of older people in the development of the Plan, the shape of surveys, and focus group questions being developed by the Greater Manchester Heat Communications Group. Age Friendly Manchester will be bringing together a group of older citizens to take part in the focus group and encouraging input to the survey to make sure older people's voices feature in the development of extreme heat action.

Through involvement with the Greater Manchester Greener Later Life planning group, older people have been involved in conversations around a pilot for a 'cool space' in Gorton. There will be further involvement to support broader programmes on the health impacts of climate change, air quality, adverse weather and damp and mould.

Conclusion and next steps

Making Manchester Fairer in Action has illustrated how we are taking action on inequalities in the city: building the foundations for good health in communities, focusing on equity, and starting to deliver approaches at a scale and intensity proportionate to the level of need. At the heart of the **Making Manchester Fairer Approach** is the golden thread that runs through everything we do: tackling poverty, shifting power to communities, and taking action on racial injustice.

None of us can do this on our own, but by working together we can make a huge difference. I hope our report has demonstrated the power of creative and collaborative action for tackling long-standing challenging issues, and the importance of thinking differently about how we collect and use data to inform what we do.

For us to succeed, our workforce, commissioners and leaders across all the services and organisations that impact and influence the social determinants of health need to have the knowledge, understanding and ability to play their part in addressing inequalities.

An evaluation of the first year of Making Manchester Fairer suggested that we have successfully increased awareness of health inequalities across the Manchester 'system'. The influence of Making Manchester Fairer can also clearly be seen in a number of important citywide strategies that will shape the way

services are delivered for years to come. The city's overarching Our Manchester Strategy 2025–2035, setting out Manchester's vision and ambitions for the next ten years, has had health equity at the heart of its planning and engagement, underpinned by Making Manchester Fairer work and evidence.

Manchester City Council has also recently formally adopted the Socioeconomic Duty, demonstrating the Council's commitment to tackling poverty at a senior level. Integration of the Duty into policy development and decision-making processes means that the impact on people most likely to experience poverty will be considered in everything the Council does.

Two years into the delivery of our Making Manchester Fairer Action Plan, we are working with partners to use what we have learnt to update it. The next steps for the programme include:

1. Refreshing and refining the objectives for each of the eight themes and linking this to how we demonstrate and measure impact.
2. With structures for community and resident involvement in the delivery of Making Manchester Fairer now in place, strengthening the voice of lived experience. This will further empower Manchester's communities to shape our future direction and take advantage of the exciting opportunities for community-led research offered by the Manchester Health Determinants Research Collaboration.

3. Strengthening our approach to the delivery of Making Manchester Fairer at neighbourhood level, supporting neighbourhood inequality plans, and making the most of public service reform initiatives and integrated neighbourhood teams. This includes working with 'hyper-local' smaller geographies that are recognised as neighbourhoods by local communities and residents.
4. Continuing to innovate in our approach to collecting and using the right data by carrying out an assessment of the inclusivity of the data system in Manchester and developing an action plan to improve it. We will continue to support partners across the system to adopt our approach to measuring inequalities, as well as embedding it into corporate reporting.
5. Creating Communities of Practice that will support our staff to work with residents in a way that is strength-based, person-centred, trauma-responsive, culturally safe and appropriate, and actively anti-racist.
6. Looking at how we can better work with the VCFSE sector to deliver the programme, exploring the use of social investment and brokerage to strategically connect investment opportunities with what works, based on outcomes and community insight.
7. Finally, we will renew our focus on capturing, sharing and using our insights to shape the programme and to influence local, regional and national policies. We will share our learning with other 'Marmot places' and people across the country who feel as passionately as we do about tackling inequalities in order to build momentum for health equity UK-wide.

Even when there is resistance to efforts to highlight inequalities and address the systemic barriers that have historically disadvantaged marginalised groups, we will not deviate from our commitment to tackling racial injustice and all forms of discrimination in everything that we do.

**This is Manchester.
We know the facts.
It's time to act.**

Glossary

42nd Street

An organisation that provides support and advice for young people with emotional health and wellbeing issues. www.42ndstreet.org.uk

Adverse Childhood Experiences (ACEs)

ACEs are highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to and breaches of the young person's safety, security, trust or bodily integrity. (Young Minds, 2018)

Affordable homes

Manchester uses the national definition of affordable housing set out in the National Planning Policy Framework (NPPF). This covers all new-build properties available for sale or rent below market value, including Social Rent, Affordable Rent, Discounted Market Rent, Shared Ownership, Rent to Buy and Discounted Market Sale. NPPF affordable housing definition: www.gov.uk/guidance/national-planning-policy-framework/annex-2-glossary:

- a) Social Rent: meets all of the following conditions: (i) the rent is set in accordance with the Government's rent policy for Social Rent; (ii) the landlord is a registered provider; and (iii) it includes provisions to remain at an affordable price for future eligible households, or for the subsidy to be recycled for alternative affordable housing provision.
- b) Other affordable housing for rent: meets all of the following conditions: (iv) the rent is set in accordance with the Government's rent policy for Affordable Rent, or is at least 20% below local market rents (including service charges where applicable); (v) the landlord is a registered provider, except where it is included as part of a Build to Rent scheme (in which case the landlord need not be a registered provider); and (vi) it includes provisions to remain at an affordable price for future eligible households, or for the subsidy to be recycled for alternative affordable housing provision. For Build to Rent schemes affordable housing for rent is expected to be the normal form of affordable housing provision (and, in this context, is known as Affordable Private Rent).
- c) Discounted market sales housing is that sold at a discount of at least 20% below local market value. Eligibility is determined with regard to local incomes and local house prices. Provisions should be in place to ensure housing remains at a discount for future eligible households.
- d) Another affordable route to home ownership is housing provided for sale that provides a route to ownership for those who could not achieve home ownership through the market. It includes shared ownership, relevant equity loans, 75 other low-cost homes for sale (at a price equivalent to at least 20% below local market value) and Rent to Buy (which includes a period of intermediate rent).

Where public grant funding is provided, there should be provisions for the homes to remain at an affordable price for future eligible households, or for any receipts to be recycled for alternative affordable housing provision, or refunded to the Government or the relevant authority specified in the funding agreement.

Everyday discrimination

A measure of chronic and routine unfair treatment in everyday life adopted from the Detroit Area Study. Respondents were asked to report on how often they experience unfair treatment in their day-to-day life on a six-point scale.

Experian MOSAIC data

System for geodemographic classification of households that uses consumer, household and individual data collated from a number of Government and commercial sources.

Family Hubs

This programme aims to join up and enhance services delivered through transformed Family Hubs in local authority areas, ensuring all families can access the support they need.

www.gov.uk/government/collections/family-hubs-and-start-for-life-programme

Food Insecure

Lacking reliable access to sufficient, affordable, nutritious food.

Good Levels of Development

This is where a child has reached the expected levels of development by the end of their Reception year in Communication and Language, Physical Development, Personal, Social and Emotional Development, Literacy, Maths, Understanding the World, and Expressive Arts and Design.

Institutional racism

The collective failure of an organisation to provide an appropriate and professional service for people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racial stereotyping. Macpherson report: Stephen Lawrence Inquiry.

Lipid Profile

Lipid profile is a blood test to measure the different types of cholesterol. Having too much of certain types of cholesterol, which doctors often call high cholesterol or hyperlipidaemia, can increase the risk of having a heart attack or stroke. The test helps doctors understand the risk.

Primary Care Networks

Groups of GP practices that work with community, mental health, social care, pharmacy, hospital and voluntary services to provide care in their local areas.

Proportionate universalism

Recognises and tackles inequalities while aiming to improve the health of everyone. This approach ensures that resources are allocated according to need.

Systemic racism/Structural racism

People and communities that experience racial inequality are alienated from positions of power and resources by legislation and face day-to-day discrimination by institutions. Structural racism (also known as systemic racism) is the condition where these laws, 76 institutional practices, customs and guiding ideas combine to harm racially minoritised populations in ways not experienced by White counterparts. For example, in the workplace this registers as modes of discrimination, which can determine who gets hired, trained, promoted, retained, demoted and dismissed. Thus, racism contributes to the maintenance of an economic system that creates and reproduces racial and ethnic inequality.

Trauma-responsive practice

Trauma-responsive practice is an approach grounded in the understanding that trauma exposure can affect an individual's neurological, biological, psychological and social development. Trauma-responsive practice acknowledges the need to see beyond an individual's behaviours, and asks 'What does this person need?' rather than 'What is wrong with this person?'

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