



Foundations for a Healthy Future: Ending Poverty Together

Director of Public Health Report 2024





Foreword

Thank you for reading the 2024 Director of Public Health (DPH) report for Sheffield. For this year I have focused on poverty. We often talk of “the determinants of health”, but there are few as fundamental as poverty. Too many people in Sheffield cannot afford what they need to live the life they want. This deprivation robs them of opportunities, undermines their wellbeing and cuts lives short.

At its heart, poverty means not being able to afford essential goods and services and waking up each day facing insecurity, uncertainty, and the relentless stress that accompanies this. It limits choices, marginalises individuals, and exposes them to discrimination. Society frequently frames poverty in terms of personal responsibility, but people exercise agency within constraints—structural barriers, societal norms, and environmental conditions. Poverty is almost always a result of systemic issues, not individual choices.

The poverty statistics for Sheffield, as in much of the UK, are moving in the wrong direction. Whether measured by absolute terms (the number of people in destitution) or relative terms (not having enough to live like most others in the community), the situation is worsening. The proportion of the population living in poverty has risen steeply over the last decade, and poverty is becoming more entrenched. Destitution, in particular, is rising at the fastest rate.

Some groups are more affected than others including children, many minoritised ethnic groups, disabled people, informal carers, large families, refugees and asylum seekers, families on benefits, and young people living independently. Alarming, many people in work are also in poverty. Nationally, the social security safety net has been eroded, with £50 billion less spent now than in 2010, and benefits failing to keep pace with inflation.



Yet, poverty is not inevitable. We know that policy decisions can and do influence poverty rates. For instance, when the UK had a national strategy, child poverty rates fell. As a country, we already understand much about what needs to be done to reduce poverty and how to achieve it. Small but targeted changes—such as adjustments to the benefits system—can have profound impacts. When people receive more financial support, they use it to improve their lives, invest in their families, and contribute to local economies. While some argue that addressing poverty is unaffordable, maintaining the status quo comes with significant costs to society, the economy, and public services.

Our **City Goals** make it clear that we want to shape our city around fairness, equity, wellbeing and combating poverty. As a single city, we may not be able to eliminate poverty entirely, but we can and should address its consequences and tackle its root causes wherever possible. Poverty is a “wicked” issue—complex, multifaceted, and without a single solution or responsible authority. However, local actions matter. Sheffield has demonstrated this through its response to the cost-of-living crisis, as well as initiatives in welfare advice, revenue and benefits, food systems, housing, debt support, skills development, and beyond. Even where national intervention is necessary, innovation often begins locally.

This report is both a call to action and a statement of intent. As a city, we must continue to build on what we know works and find new ways to reduce poverty and its devastating effects. Together, we can make meaningful progress towards a fairer, healthier Sheffield. Looking ahead, our shared ambition should be nothing less than a future free of poverty—a future where everyone has the resources and opportunities they need to thrive. While the challenges are significant, they are not insurmountable.

By working collaboratively, advocating for change, and prioritising those most in need, we can take tangible steps towards this vision. Poverty is not an inevitability; it is a challenge we have the power to overcome. Let us move forward with determination, compassion, and a commitment to creating a city where no one is left behind.

I should be clear, this report is my contribution to renewing our city-wide discussion about how poverty impacts health and wellbeing, as we sharpen our focus on its structural causes. Its not the beginning of that conversation, and it isn't intended to be a final word or a definitive "plan". Many other people and bodies will continue this conversation, as will I. I have kept this report relatively light on statistics and tried to tell the story in a meaningful way. As we go forward, we can enrich and expand the narrative with more data and, crucially, by listening to those with lived experience.

Acknowledgements

I would like to thank all those who have contributed to this report, especially the **Changing Futures** Associates who generously shared their lived experiences which are included in quotes throughout. I would also like to thank Cat Arnold, Ian Baxter, Anna Wharton, Emma Dickinson, Susie Fox, Colin Havard, Keith Leyland, Sylvia Ward, Helen Watson and the Sheffield Poverty Truth Commission. As is always the case without the support of many others these reports don't come together.



A handwritten signature in black ink that reads "Greg". The signature is written in a cursive, slightly stylized font.



Why poverty matters for health and wellbeing

People living in poverty spend more of their life in poor health and die younger than people who don't live in poverty.

Poverty causes physical and mental health problems for children and adults.

Living in poverty means waking up each day experiencing uncertainty and stress and facing discrimination and stigma from society. This can lead to low self-esteem and shame, avoidance of social activities or services, loneliness and untreated health issues.

Ongoing stress raises the risk of depression, anxiety, and physical problems including high blood pressure, and people may turn to health-harming coping mechanisms such as tobacco or alcohol or drug use. For children, poverty stigma can negatively impact on self-esteem, sense of belonging and friendships, leading to low mood, anxiety or behaviour issues.

Poverty makes it very difficult to access the essential building blocks for a healthy life.

It makes it difficult to buy, store, and prepare nutritious food, weakening the immune system and increasing vulnerability to infections and chronic illnesses. In children, poor nutrition stunts growth and causes developmental delays. Additionally, poverty often forces individuals to live in insecure, overcrowded, unsafe, or cold housing, which contributes to respiratory problems, infectious diseases, injuries, and further stress, anxiety, and sleep deprivation.

Poverty also means that people are more likely to be living in areas with more polluted air which increases the risk of pregnancy loss, babies being born too early, lung and heart problems and dementia. These areas have less green space and fewer parks, which makes it harder to be physically active. In these areas there are also more adverts for unhealthy foods, more hot food takeaways and fewer shops that sell a variety of affordable healthy foods, which limits choice and increases the risk

“ Not knowing if you can pay the bills, you feel so much anxiety – it has a big impact on your mental health. And not eating properly, having a cold house, it makes your physical health worse too. ”

/// Mould was building up because of the damp so I was getting complaints from my landlord, but even working full time I couldn't afford to heat my house. ///



of overweight and obesity, Type 2 diabetes and heart disease. Poverty can also mean not being able to afford period products and using unsafe alternatives which leads to more shame and social isolation and can cause infections.

Children living in poverty often face barriers to learning, such as hunger, lack of school supplies, or inadequate access to technology, which hinder academic achievement. These challenges can result in lower educational attainment, limiting their ability to pursue higher education or vocational training, reducing employment prospects and perpetuating cycles of low-income, unstable, health-harming jobs.

Poverty makes it much harder to access healthcare services.

Low paid or insecure jobs often lack flexibility or paid time off, making it difficult for people to attend appointments. Poverty makes it hard to afford the cost of transport to get to appointments, wait on the phone to make an appointment or access the internet for online services. In many areas with high levels of poverty, there are fewer GPs than in richer areas, which means longer waiting times and problems getting worse.

People experiencing poverty can find it harder to find their way through the healthcare system which adds to delays in accessing the care that is needed. These issues mean that in more deprived areas there is a lower uptake of cancer screening services and lower child vaccination rates, more people living with multiple long-term conditions, higher emergency hospital admissions, higher death rates and lower life expectancy.

The poverty picture

More people are being pushed into poverty, and those in poverty are finding life harder. Poverty is experienced unfairly in our city: some areas are far more deprived than others and some groups of people are more likely to experience poverty. There are strong societal forces that keep people trapped in poverty.

/// I went to being single and couldn't afford what I could before. ///

Some groups of people are at much greater risk of poverty.

Children consistently have the highest poverty rates, while pensioners and working age adults without children now have the lowest. Poverty disproportionately impacts on many minoritised ethnic groups, disabled people, informal carers, large families, refugees and asylum seekers, families on benefits, and young people living independently.

Strong societal forces trap people in poverty.

It can be easy to think about poverty as being about individual actions, and of course people can and do shape their own lives. But there are strong societal forces that trap individuals and families in poverty that are beyond their control.

These include the availability of secure work, housing costs, government choices on benefit levels, rising costs of living, and discrimination, including racism. Poverty is not inevitable, nor is it the “fault” of individuals as is often portrayed. It has not always been this common in the UK – government policies can, and have, made a significant difference in the recent past.

Life events have an impact.

Losing a loved one, illness, unemployment, or relationship breakdown can plunge people into financial hardship, particularly those who are already struggling to make ends meet.

Since 2022, the cost of living has gone up a lot.

Particularly the cost of food, rent and energy. Prices for goods and services went up by 21% between 2021 and 2024. Pay and benefits aren't going up fast enough to keep up with these rising prices. This is especially

**People tell you to budget,
but you can only budget what
you've got!**

hard for those who don't have much money because they spend more of their income on things they really need.

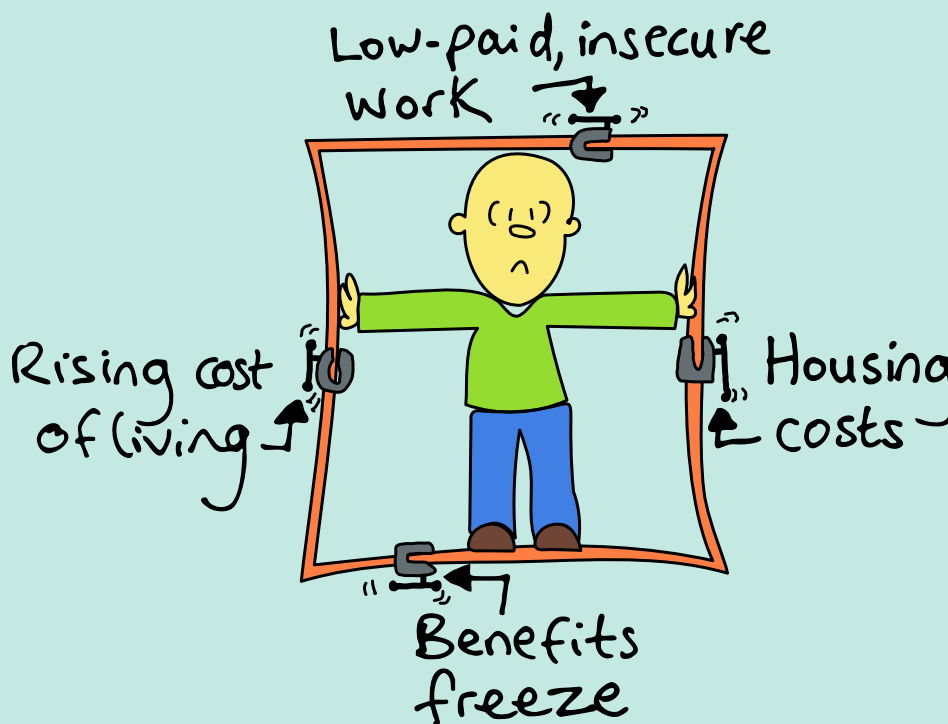
It costs more to be poor.

Essential services like energy, credit, insurance and how you pay for things cost more if you're poor, a situation known as the 'poverty premium'. For example, if you can pay bills or replace your washing machine in one lump sum it usually

costs you less, but this is not an option available to those on a low income.

Poverty is a long-lasting issue that affects many generations.

Poor health can make it harder to access education and jobs, which keeps families stuck in poverty for many years. While being born into poverty doesn't decide your future, it is an important factor that can lead to more inequalities.



Source: Joseph Rowntree Foundation

Employment is often a necessary but increasingly insufficient route out of poverty.

Whilst paid employment can help people to get out of poverty, an increasing number of households with working adults experience poverty. This may be because their work is low paid or insecure with irregular hours, or because illness means they are off sick from work.

Support networks and relationships matter.

People rely on informal support networks when experiencing financial insecurity and we need to bolster, not undermine, those networks. Relationships also matter within communities and between those working within a complex support and welfare system.

We can't afford to leave people in poverty.

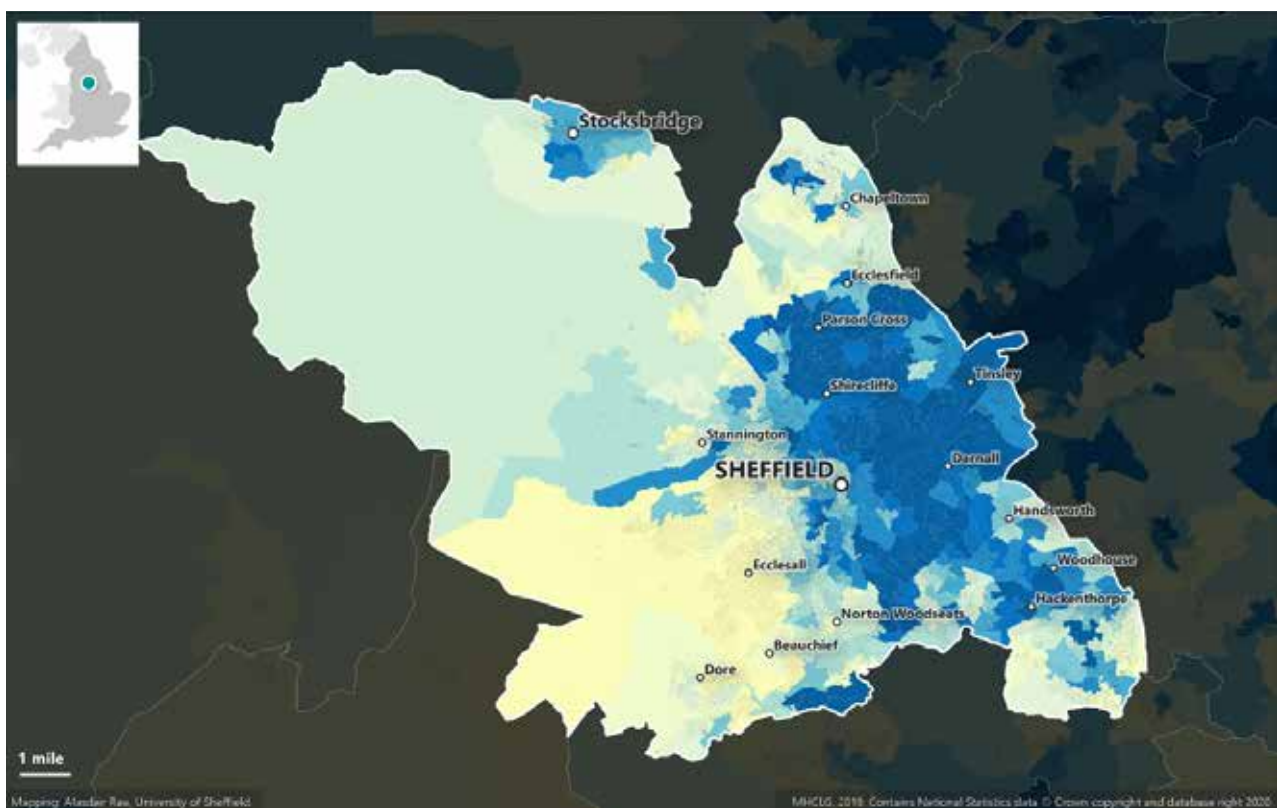
Eradicating poverty is the right thing to do, but we often hear arguments there's not enough money to do it. These arguments, however, fail to recognise that the consequences of poverty costs everybody money, from local authorities paying for temporary hotel accommodation for families made homeless because their private rent went up too much, to the losses to the wider economy due to people unable to participate fully because money struggles stop them accessing the skills and knowledge they need. Tackling poverty is the fiscally responsible thing to do: we need to address root causes of poverty and restructure how the country's money and resources are spent.

“Once you're born into poverty, your future is mapped out for you. You think 'this is my place'.”

Poverty in Sheffield

Sheffield is a poor city with some rich areas within it.

Approximately 1 in 4 people in Sheffield are living in poverty. The city has some of the most deprived neighbourhoods in the country, as well as a few of the most well off.



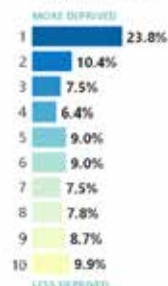
What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **Sheffield**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).



Local authority profile

% of LSOAs in each national deprivation decile



Poverty in Sheffield is increasing.

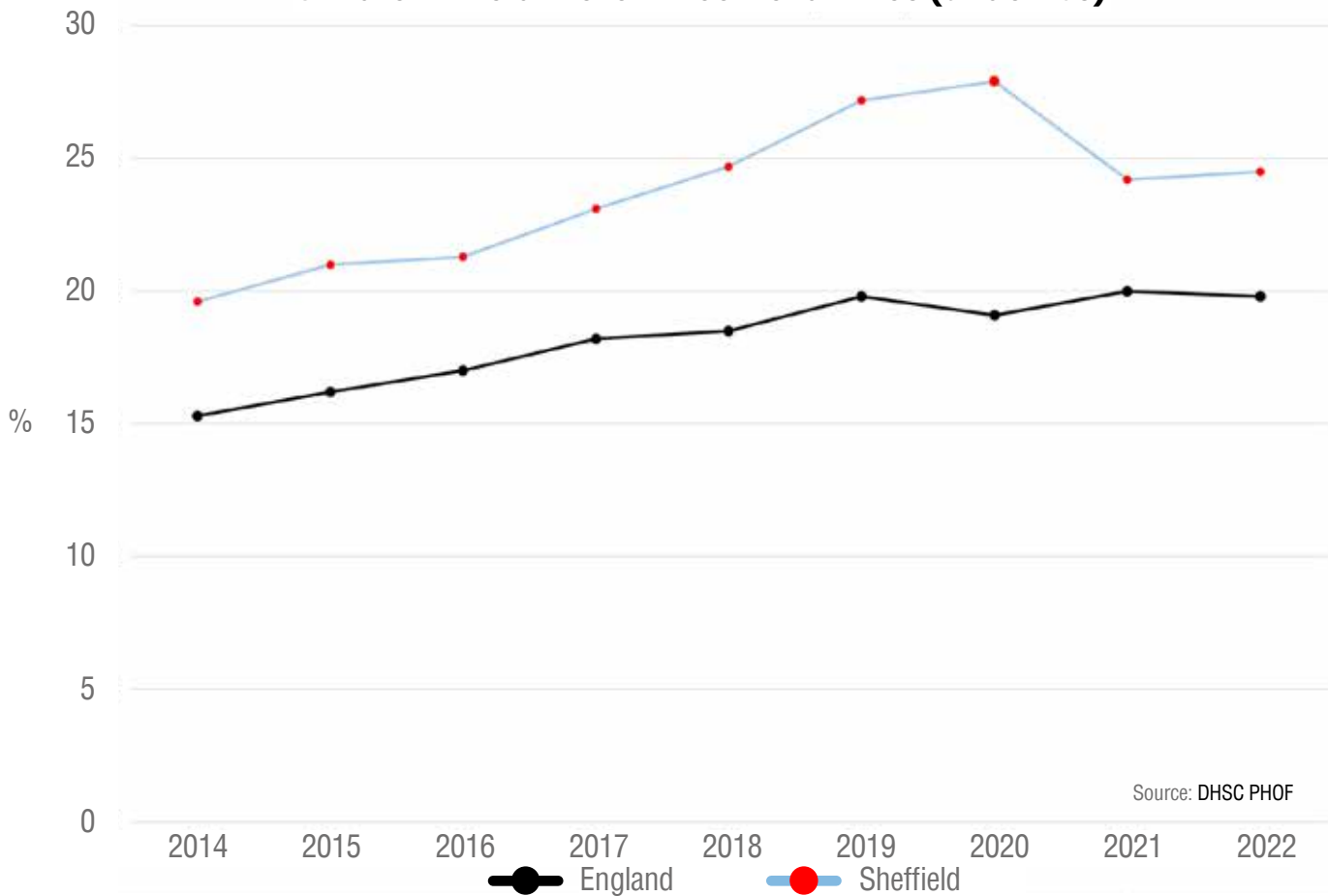
Poverty can be measured in different ways – before housing costs, after housing costs, and child poverty.

On all of these measures, poverty has increased over the last ten years, both nationally and locally.

Poverty is also getting deeper.

It's not just that more people are living in poverty, but that those in poverty are increasingly likely to be going without essentials like enough food or warmth. The percentage of people who are in very deep poverty – with an income far below the standard poverty line – now make up the largest group of people in poverty.

Children in relative low income families (under 16s)



This graph shows that child poverty in Sheffield is increasing and we have more child poverty than the England average.

An increasing number of people are in 'negative budgets', where they simply can't afford their living costs even after debt advisors have given them all the help they're entitled to.

An estimated 47,500 people in Sheffield are in this situation. Sheffield Citizens Advice are dealing with increasingly complex cases, with more support needed for each individual accessing the service.

Food banks in Sheffield are increasingly struggling to support people.

Many more people need help from food banks at the same time as food has become much more difficult to access. This is because food costs more, there is less food being donated, and surplus food that used to be widely available in the city has reduced significantly as businesses have reduced waste for financial and environmental reasons.

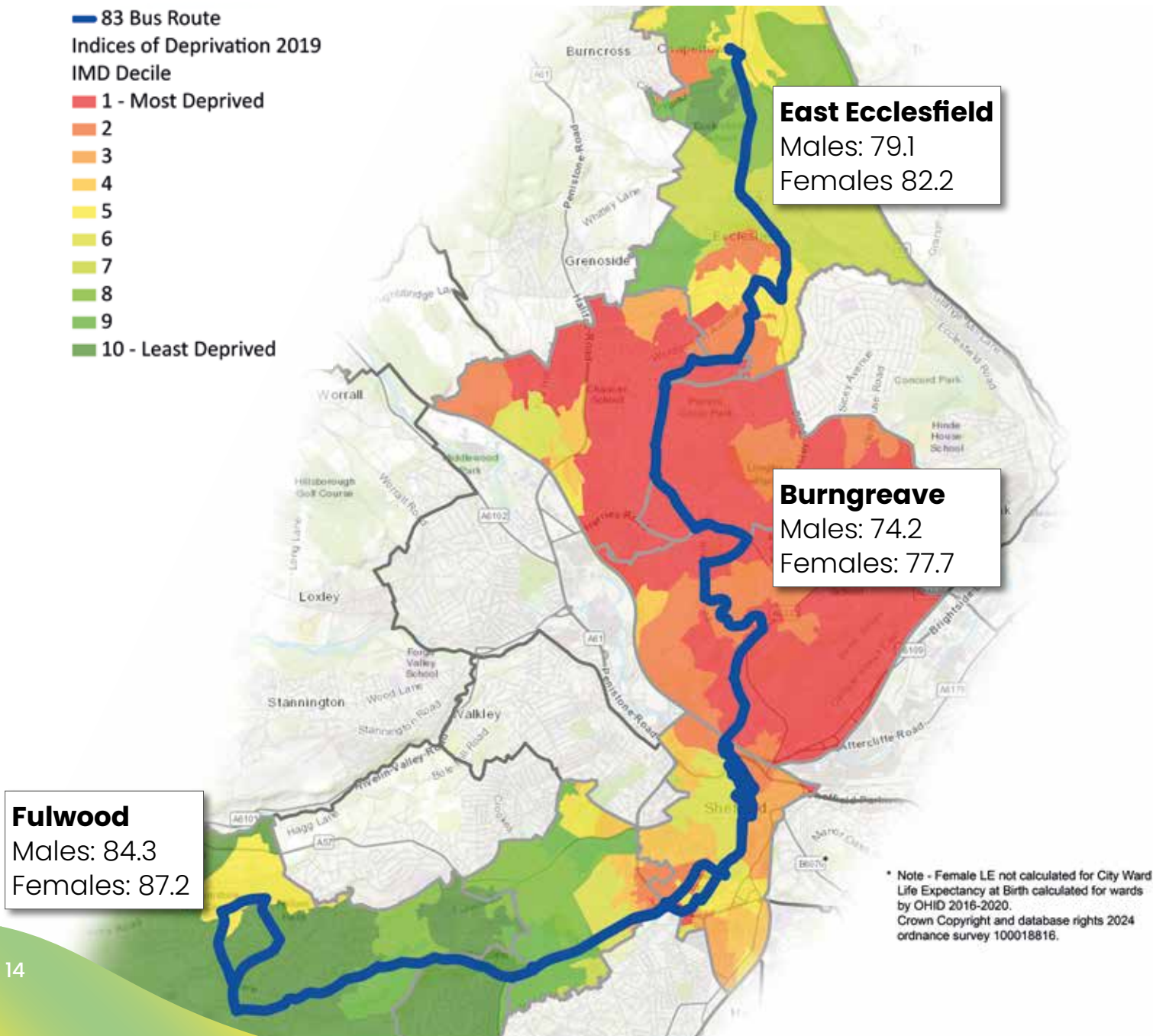


Unfair gaps in length and quality of life between the rich and the poor are getting bigger.

The effects of poverty can be seen in the differences in life expectancy in different parts of Sheffield, illustrated by the No.83 bus route. The journey starts in Fulwood where women live to an average of 87.2 years.

By the time the bus has travelled just 40 minutes to Burngreave ward, this has fallen to just 77.7 years, meaning that a baby girl born here can expect to die 10 years earlier.

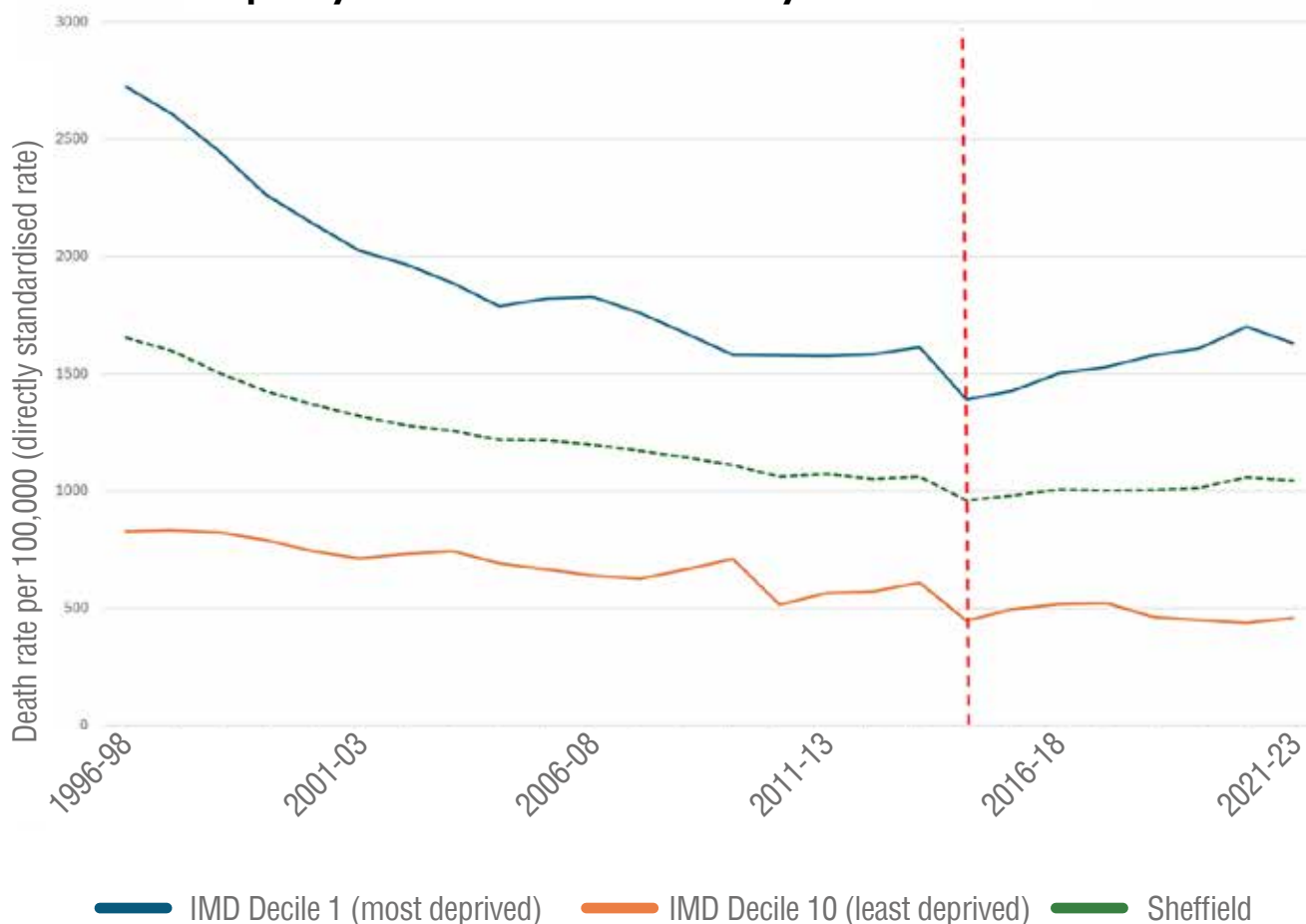
Life Expectancy at birth along the 83 bus route



Whatever age you are, you are more likely to die in the next year if you live in the most deprived areas in the city compared to the least deprived areas. This unfair gap is even more pronounced when we look at deaths under the age of 75 which we would expect to be preventable.

People living in the most deprived wards are currently three times more likely to die early compared to those in the least deprived. Since 2015, we've seen that gap widen, with the death rate increasing in the most deprived area while it has stayed steady in the least deprived, this reverses the trend we saw before 2015 when the gap between these groups was narrowing.

Inequality in rates of death under 75 years in Sheffield



Source: Sheffield City Council Public Health Intelligence Team

How has Sheffield responded?

The challenges set out above are significant, but there is also huge strength in the way that people and organisations in Sheffield are supporting each other through them, in many cases exceeding examples of best practice from across the country. These are just a few examples.

A multi-agency **Cost of Living response** was established in 2022, bringing together public, private and voluntary sector organisations, and drawing on our learning from work together during Covid.

Working in partnership.

The Cost of Living response has been overseen by a Strategy Group, chaired by the Council Leader, with cross-party elected members, and representatives from across public, private and voluntary sector. Tactical-level groups have worked in partnership to respond to the crisis. Alongside this, a dedicated **Cost of Living Hub** was established by Sheffield City Council.

Trusted support embedded within communities and neighbourhoods.

A network of over 300 **Welcome Places** was established within communities, including libraries, Family Hubs and voluntary-sector hubs, providing a warm welcome and a gateway to extra support. The Shared Prosperity Fund has been used to **'help the helpers'**, bolstering the support being given by these organisations who are trusted within communities.

Extensive communications have been sent to residents, both citywide and targeted, including short videos circulated within community messaging groups and social media to reach those whose first language is not English.

I found out about Household Support Fund. I had two payments last year and it really got me out of a difficult place. It was easy to apply for and I got the money really quickly.

Enhancing local social security provision as gateway not gatekeeper.

The Household Support Scheme application scheme has been streamlined to provide payments within 24 hours, with enhanced payments for those groups disproportionately affected by cost of living crisis. A cash-first approach (support in the form of money, not things) has been adopted where possible as this maximises dignity, choice, and control for recipients of support, reflecting that lack of income is the primary cause of financial hardship.

Data and intelligence have been used to understand impacts and better target interventions, this includes a local data dashboard which has provided an evidence base, and the use of SCC benefits data to identify and offer extra support to households most at risk.

As a City, we have come together to deliver support to create lasting ways for people to get out of poverty.

Independent welfare benefits and debt advice, including through the work of partners like **Citizens Advice Sheffield**, which supports thousands of people each year by phone, email, in person at around 40

locations across the city including GP practices, community organisations and food banks, and by video through simple digital gateways embedded in trusted locations that allow someone to speak to an advisor. They also provide specialist support to people experiencing serious mental health issues and d/Deaf clients (in BSL).

Income maximisation support, a Sheffield City Council pilot of in-person support in the south of the city and close working with Yorkshire Water to reduce water rates (11,000 Council tenants moved to a social tariff with a total reduction in bills of £2,379,766), auto-enrolment of children onto free school meals, and partnership work to increase Pension Credit take-up this winter.

Hyper-local employment and skills support: long-established work between the VCSE sector and SCC delivering a network of trusted, accessible community hubs to provide 'open doors' across the city. Many economically inactive people do not engage directly with statutory organisations. SPF People & Skills funding has enabled commissioning of **30 employment support projects across 25 providers**.

Holiday Activities and Food:

provision of free holiday club sessions for low-income children who receive income-assessed/benefits-related free school meals with the primary aim for children to have fun, access high-quality activities and a nutritious meal, in schools and community venues that are familiar to the communities that need them.

Recognising that poverty drives many other issues,

for example, Sheffield is a flagship location of Homewards, a Royal Foundation programme working to end homelessness; and public health approaches to reduce infant mortality and tackle smoking are shaping interventions that recognise the particular challenges faced by people in poverty.

We have focussed on **working with people with lived experience** to ensure that anti-poverty responses are meaningful:

Our Cost of living response has been shaped in close collaboration with those affected, working closely with voluntary and community sector groups.

Sheffield Poverty Truth is currently underway, with a group of people with lived experience of poverty (community commissioners) coming together with leaders within the city (civic commissioners, including SCC Chief Executive and Deputy Leader, SY Policy Chief Constable, Sheffield College Principle, and senior business leaders) to collectively work to understand the nature of poverty and explore creative ways to address it.

Co-production expertise has been developed by the **Sheffield Changing Futures** programme, and their associates have shared their lived experiences for this report.



Shifting from crisis to longer term

Sheffield's response to the Cost of Living crisis show much that we should be proud of as a city. In the face of adversity, people, organisations and communities have come together to support each other. This is something to celebrate.

However, the problem with seeing the poverty situation as a crisis is that we only focus on short-term actions. Whilst these immediate measures are necessary, we also need to look further and wider and reshape the strong structural forces that trap people in poverty.

As a city we have developed a set of long-term **City Goals**, and our new 10-year **Fair and Healthy Sheffield Plan** which speak to our commitment and determination to tackle poverty.

National action is important, but that doesn't mean we can't do things locally. Decisions made at the national level have a huge impact on poverty in our city, particularly those about the welfare system such as Universal Credit rules or the 2-child limit. However, policy innovations often start on a local level and we can test and develop ideas. We also have many local levers that we can make the most of, even in the face of funding challenges, including local welfare, food system, housing system, skills, advice, and more.

So, what can we do about poverty?

We need to start by **imagining a society with no poverty and build support to achieve that.** We need to envision a future free from poverty, one where everyone in Sheffield has the resources to live fulfilled and healthy lives. Poverty and inequality aren't inevitable facts of life – we can choose a different future.

The first step toward this is to believe that it is possible. The very way we talk about poverty can shift our approach, it can also reduce stigma (which in itself is positive as we have seen with HIV and mental illness).

Then we must build on our City-wide learning and the extensive research about what has reduced poverty in the UK and other settings, and both abolish policies that are increasing poverty and expand measures that will prevent or reduce poverty.

Support and strengthen the anti-poverty measures already underway, particularly where they are at risk due to unstable funding.

Efforts to tackle poverty in Sheffield have already made a tangible difference, but many of these initiatives face significant challenges due to precarious funding. Securing stable, long-term funding is essential to ensure these programs can continue delivering critical support to those in need.

Identify areas where further improvements can be made, such as instances where fragmented or hard-to-navigate services are making life more difficult for people living in poverty.

Too often, the services designed to help those living in poverty are fragmented, overlapping, or difficult to access. This complexity adds unnecessary stress to people already facing significant challenges. A thorough review of these systems can help streamline processes, reduce bureaucracy, and make vital services more accessible and user-friendly, ensuring that support reaches those who need it most.

Those who are affected by poverty consistently say the response to help them can be fragmented and in different places. Poverty in itself can make it harder to access services, including universal services like health care. We can and should address this.

Determine who is responsible for addressing poverty in the city and create a coalition of partners to work together.

Poverty is a systemic issue that requires collective action across multiple sectors. Identifying key stakeholders—including local government, NHS organisations, voluntary organisations, businesses, credit unions and community groups—is crucial for building a

unified response. A coalition of partners working collaboratively can pool resources, align efforts, and drive impactful, coordinated action to address the root causes of poverty.

Develop anti-poverty measures in collaboration with those who have experienced living in poverty.

Policies and initiatives are most effective when they are informed by the lived experiences of those they aim to support. Engaging people who have experienced poverty ensures that measures address real-world challenges and avoid unintended consequences. This collaborative approach empowers individuals, fosters trust, and creates solutions that are practical, relevant, and impactful.

Advocate to national government for an effective, compassionate social security system.

Local actions can only go so far without supportive national policies. Advocacy efforts should focus on urging the government to create a fair and compassionate social security system that provides a safety net for all. Key priorities include introducing an essentials guarantee to ensure no one falls below a basic standard of living, abolishing the two-child limit, and reforming Universal Credit to better meet the needs of vulnerable families.



Address the wider forces that shape people's income and spending.

Tackling these systemic issues requires a holistic approach that includes improving access to affordable housing, creating quality jobs, increasing wages, and enhancing skills and education opportunities. Equally important are measures to reduce costs for essential services like childcare, health, and transport. Leveraging local procurement to support ethical and inclusive practices can further help to reduce inequality and promote financial stability for residents.

Lastly, as we focus on economic growth, not losing the link between growth as a route out of structural poverty if we get it right.

Economic growth plays a crucial role in addressing structural poverty in the city, serving as a foundation for long-term prosperity when managed effectively. By fostering sustainable growth, the city can create pathways out of poverty while securing a more stable economic future. Employment remains a key factor in protecting against poverty, although its protective power has diminished compared to the past.

To maximise the benefits of economic growth, it is essential to prioritise not just financial outcomes but also social wellbeing. This means ensuring that job creation focuses on quality employment—jobs that offer fair pay, security, reasonable hours without sudden cancellations, flexibility, opportunities for advancement, dignity, and respect.

Balancing these economic and social priorities will be vital in building a city where growth benefits everyone. There is a legitimate conversation to be had around the role of the business sector. Some of this is inherent in the growth plan for the city and the very creation of jobs and wealth, some of it is about the social value that good jobs and good skills development can bring.

There are many examples of good work on this from across the business sector in the city. We should explore this further in a purposeful way.

Recommendations

This report has set out many reminders on why poverty matters to our health, our wellbeing and well beyond. We know that poverty can be reduced through policy changes, and in many respects we do know what to do, and it has been costed.

Realising the investment needed to address long term preventative policy priorities isn't easy, but the alternative—keeping things as they are—comes with unacceptable human suffering and huge financial cost for the state.

1

Refuse to accept things as they are. Actively create a different future with a reset vision and mission.

We need to believe it is possible to create a Sheffield where everyone has the resources they need to live fulfilled and healthy lives.

Tacking poverty is a moral cause. Of course it has an impact on health, education, crime and many other areas but the dignity of humans and the powerlessness that poverty throws up is a moral issue. We should never accept there is nothing we can do. Change is possible, we do know what to do, we are doing the right things in many respects.



We know the challenge can't be wished away. Solutions need deep and detailed thinking of how our welfare state, our health system and other systems are intertwined. Nobody thinks answers are easy.

I have made three broad recommendations:

2

Refresh the City's anti-poverty approach.

Whilst there isn't a single focal point for the city's work on poverty, or a single strategy, there is plenty of scope for systematically refreshing our work on anti-poverty across many areas of focus. Resource constraints notwithstanding, the power at local level is not trivial and our local interventions matter.

This can be in terms of what we directly resource, or the advocacy we can bring to bear on specific policies, or what we can do to conduct a complex system or how we shape and frame narrative at many areas of geography. We should do this. As a minimum this should include:

- a. Championing the work that communities, individuals and organisations have been doing so far.
- b. Co-designing interventions with people who have lived experience of poverty - positively amplifying the voices of those who live with poverty and giving them power and influence.
- c. Improving public services where these are difficult to navigate or are making life harder for people in poverty or where there is more we can do in addressing structural drivers of poverty locally.
- d. Evaluate our current approaches, sharing our learning and embracing learning from other places about what works to address poverty.
- e. Building on our partnership-working across the city and agree an accountable body for our progress to eliminate poverty
- f. Use all the mechanisms available to us to advocate for national policies and strategies that will reduce the number of people in poverty.

3

Shape this work through a set of shared principles. Some suggestions are here:

- a. Income maximisation and a cash first approach (help via money, not things) and social security system as a gateway rather than gatekeeper.
- b. Ensure simple routes for help and support.
- c. Focus on the three main drivers of poverty – income from employment, costs of living, and income from social security and benefits in kind.
- d. Focus on changing wider structures and environments rather than the actions of individuals.
- e. Talk about poverty in a way that tackles stigma and shame. Framing matters enormously. How we talk about something can significantly shift how people think about it and their support for taking action.
- f. Recognise that ‘sticking plasters’ are sometimes needed, but these should go alongside longer-term support out of poverty.
- g. Create a society where negative early experiences don’t dictate your future – opportunities, particularly education and skills development, offered at multiple points during someone’s life to give people meaningful second chances.
- h. Value support networks and relationships: at its core, this work is about people—those living in poverty, those working within the support system, and the communities they are part of.

Closing Comments

As I noted at the outset of this report, this is neither the beginning nor the conclusion of our conversation about poverty, nor is it the only contribution to what we do next.

Many stakeholders across the city bring enormously valuable contributions to making meaningful progress in tackling poverty. Some of this will not be easy, but we must remain steadfast and undeterred.







Photo credit: Zest and Ethan Lemon Art

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