



Child Poverty in Hammersmith and Fulham, Kensington and Chelsea, and Westminster

Tri-Borough Joint Strategic Needs Assessment (JSNA) Report 2014

March 2014

Website: www.jsna.info

This Report

This report describes the extent and nature of child poverty in the Tri-borough area, and summarises:

- What causes child poverty
- What works in tackling child poverty
- What is being done locally to alleviate the effects of it
- What further opportunities there are support those affected, beyond what is already being done

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CONTENTS

1. Executive Summary and recommendations	4
2. The definition of child poverty	4
3. The drivers of child poverty	8
4. The effects of child poverty	7
5. Child poverty rates in the tri-borough	13
6. The national response	19
7. Priorities recommended for attention in local strategies	20
Priority 1: Supporting families to engage with services	
Priority 2: Promoting parental employment	
Priority 3: All families have access to quality, affordable childcare	
Priority 4: Supporting the role of the school community	
Priority 5: Appropriate health care, at the right time	
Priority 6: Promoting family wellbeing by addressing housing related needs	
8. Local measures of progress	44
Appendices	46

1. Executive Summary and Recommendations

Introduction

Children who grow up in poverty face serious disadvantage and consequently struggle to thrive, learn and achieve, meaning the following generation may also experience a cycle of poverty. Evidence has shown that the foundations for virtually every aspect of human development are laid in early childhood, and that this has a lifelong impact on health and wellbeing, from obesity, heart disease and mental health through to educational achievement and economic status.

National research has found that child poverty in the UK results in additional public spending of £12 billion a year, 60% of which is spent on personal social services, school education, the police and criminal justice.¹

The Child Poverty Act 2010² established a framework for local partners to cooperate to tackle child poverty, by publishing a Joint Strategic Needs Assessment (JSNA) and prepare a Child Poverty Strategy. This report constitutes the JSNA for the boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster. This JSNA will inform commissioning decisions and local approaches to child poverty, with the local responsibility for strategy response remaining with each local authority.

The JSNA sets out to:

- describe child poverty and the effect it has on children and families
- describe the level of child poverty across Tri-borough area
- outline the drivers of child poverty
- identify examples of what is being done locally to alleviate the effects of child poverty
- provide recommendations for further action.

Findings

Acknowledging that the measurement of child poverty is complex, the JSNA reports that locally, 37% of children in Westminster are estimated to live in poverty, with 30% in Hammersmith and Fulham and 25% in Kensington and Chelsea (according to the local HMRC measure). Recent estimates mirror national findings; a fall in child poverty in the last few years is due to relative median incomes (wages) falling rather than households having greater levels of income. The areas of high child poverty, according to the HMRC definition, tend to coincide with areas of social housing across the three borough, which also tends to be areas with children, so the numbers affected are also high.

¹ <http://www.jrf.org.uk/publications/public-service-costs-child-poverty>

² Child Poverty Act 2010 <http://www.legislation.gov.uk/ukpga/2010/9/contents>

Children are well supported by services across the three boroughs and many outcomes for families are very good. Nevertheless, children who grow up in poverty may face additional disadvantages which affect their development, educational achievement and long-term outcomes. Low educational attainment, worklessness and lack of financial capability increase the risk that families will not have the resources for a decent standard of living, or for their children to achieve their potential in later life.

Priority areas and recommendations

Through engagement with stakeholders and a review of evidence, 16 recommendations were identified for consideration by each borough for their local strategy response and commissioning decisions. These recommendations were considered and 'filtered' at the summit of officers and partners in November 2013. The stakeholder engagement process, service mapping exercise and review of evidence/best practice identified six priority areas which highlight where the most effective action can be taken to address child poverty locally. The 16 recommendations were categorised into these six priority areas:

- Supporting families to engage with services
- Promoting parental employment
- Access to quality/affordable early years childcare, for all families
- Supporting the role of the school community
- Appropriate healthcare, at the right time
- Housing of a reasonable standard for all families

The rationale for each priority area is described below with the appropriate recommendations identified from the engagement summit.

The recommendations

Priority 1- Supporting families to engage with services

Recommendation 1: Develop an approach to engage and support hard to reach families, sponsoring a strengths-based model which focuses on engagement and building trusting relationships, and using a key-worker model where appropriate.

Priority 2 – Promoting parental employment

Recommendation 2: Local commissioning of employability support should be co-ordinated and joined-up. Service models should reflect diverse needs, the pathway to work and integrated provision, including co-location and alignment with relevant advice services.

Recommendation 3: Ensure that the diverse needs/barriers experienced by parents returning to work are addressed and that suitable progression measures are incorporated into how success of employability programmes is measured.

Recommendation 4: Local Authorities should work strategically with partners to

increase the number of family friendly employment opportunities, for example with local employers, through procurement terms and conditions and/or using planning levers (e.g. CIL).

Priority 3 – Access to quality/affordable early years childcare, for all families

Recommendation 5: Support families to explore the full range of childcare options that are available and recognise their relative merits (e.g. quality, flexibility and cost).

Recommendation 6: Ensure that early years childcare meets the needs of disadvantaged families. This might include the development of additional criteria: to increase provision for working families and/or to secure greater flexibility in the offer to facilitate take-up

Priority 4 – Supporting the role of the school community

Recommendation 7: Support schools to identify and address the needs of deprived families and explore how to make effective use of the Pupil Premium to address those needs.

Recommendation 8: Explore the potential to develop schools as community hubs, to make best use of their facilities as a location to provide a range of services tailored for parents and children.

Recommendation 9: Promote the early identification of families who may need additional support during transition to integrate their child successfully into nursery / reception / secondary school.

Recommendation 10: Identify and address the needs of those aged 5-13 yrs to support their transition from children to young people, ensuring that service design (e.g. of after school clubs; holiday provision) facilitates the engagement of children of poor families.

Priority 5 – Appropriate healthcare, at the right time

Recommendation 11: Ensure that the ‘Connecting Care for Children’ model is implemented within a broader social model of health, ensuring that primary healthcare works closely with children’s centres, early help and other family services to identify and address the family’s wider socio-economic issues more effectively.

Recommendation 12: In order to facilitate early identification of need and to provide earlier support for pregnant women, pilot Maternity Champions to facilitate access to maternity services for BME and vulnerable women. Ensure that the integrated maternity care pathway works effectively within broader children and family services and supports women to register with children’s centres ante-natally.

Recommendation 13: Increase children and families’ joint working with IAPT services and support improved access to mental health support for parents with depression

and anxiety. GPs, Adult Mental Health and CAMHS to ensure that assessments take account of the child's (and family's) broader needs, and that CAMHS are fully integrated into established care pathways.

Priority 6 – All families have access to housing of a reasonable standard

Recommendation 14: To ensure that all housing allocation policies (of all affordable tenures) are structured in a way so as to reduce child poverty.

Recommendation 15: Review targeted support for families who are homeless or threatened with homelessness to ensure that these families are engaging with the range of advice, support and care services available.

Recommendation 16: Ensure that the link between family health and poor housing conditions are recognised in housing strategy response. Develop greater integration between REHS and other front line services, particularly health and social care, to ensure that housing conditions are improved.

2. The Definition of Child Poverty

Background

Nationally, over five million people suffer from multiple disadvantage and around two million children live in workless households. Children who grow up in poverty face serious disadvantage and consequently struggle to thrive, learn and achieve, meaning the following generation may also continue in a cycle of poverty. Poverty can rob children of the chances others take for granted growing up.

Although child poverty is usually defined by household income, poverty is usually considered to be more far-reaching, impacting on opportunity, aspiration, social mobility and family stability.

How Child Poverty is measured and monitored

The main child poverty measure adopted in the UK – a **relative measure of child poverty** – is used across the EU. Child poverty is measured nationally using net household income, after removing council tax, income tax and national insurance. The approach identifies the proportion of the population with less than 60% of the median income. It is therefore a relative measure of the gap between the poorest and the middle (rather than the poorest and the richest) and is therefore sensitive to changes in the median population in the country: a fall in the country's average income will result in the rate of child poverty lowering.

Absolute poverty is also monitored at a national level. The threshold is the number at less than 60% of the median income in 2010/11, adjusted each year for inflation.

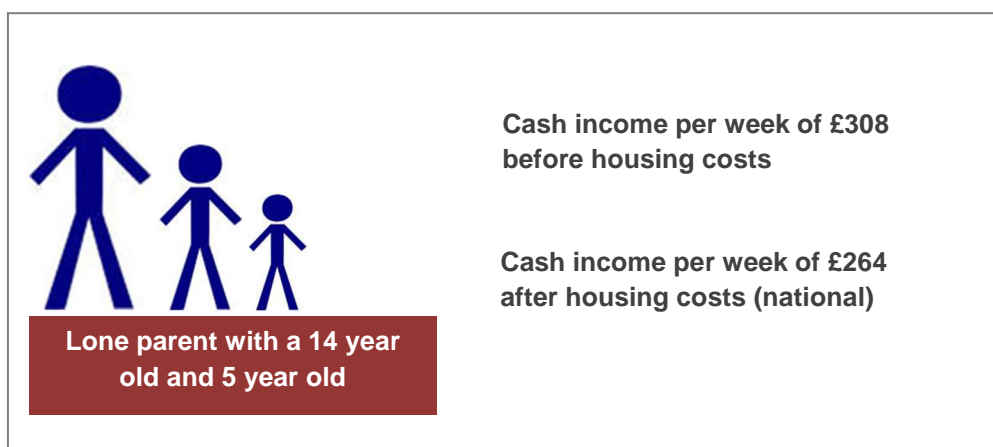
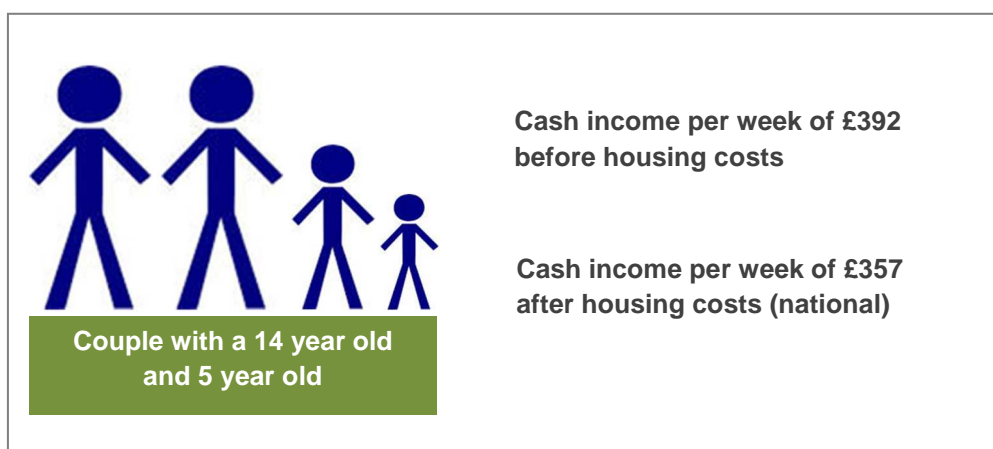
In early 2013, the government consulted on a **revised 'multidimensional' measure** of child poverty. The government's child poverty strategy was launched in February 2014, accompanied by an evidence report. The consultation runs until May 2014 but no revised measure of poverty was published in either report.

Not all local administrative datasets hold sufficient detail on household income to be able to replicate the national calculations of relative poverty at a local level. Therefore, the local **HMRC child poverty rates** are not exactly comparable to the national 'headline measure', but do still give a good indication of relative position by borough, ward, or small area.

Related to poverty figures, data is also published by the Department of Work and Pensions on the number of **children living in workless households**. This identifies households where at least one parent or guardian is claiming an out-of-work benefit.

Income thresholds and housing costs

In 2012/13, a child in a family classified as in child poverty according to the HMRC definitions would have a yearly income of less than the following:



The Tri-borough area is typified by high cost of housing, in particular for those in private housing receiving housing benefit. Changes to the welfare system resulting in a local 'cap' on housing benefit is having an impact on the cash income of workless families in the area. Some indicative estimates of cash income for those in social housing and private rented housing (receiving housing benefit) have been given below.

The Mayor of London's figures suggest:

- a lower quartile average rent for a two bed property in Kensington and Chelsea of £495
- for the W10 postcode area (which covers north Kensington and Hammersmith) the average rent is £326 per week
- upper quartile is £750 and £405 respectively
- this compares with a Local Housing Allowance cap for a two bedroom property of approximately £295 per week.

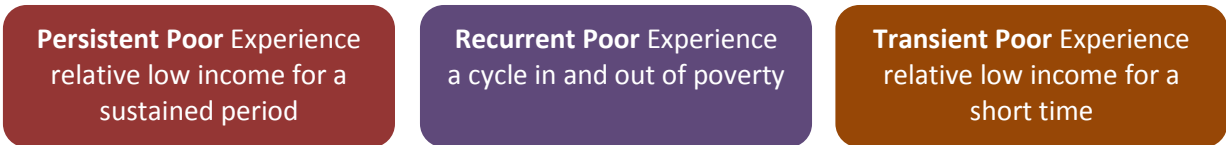
Hence the first example on p9 would see Cash income per week of £384 before housing costs, with the lowest rent at £495 (without any housing benefit).

3. The drivers of child poverty

The drivers and impacts of poverty are complex and inter-connected. Drivers of child poverty exist at both the individual and community level. At the individual level, parents may have difficulty gaining and sustaining employment due to such factors as low skills, a lack of suitable opportunities, job insecurity, poor health or disability, and caring responsibilities. Working families are at risk of poverty, with the London labour market suppressing wages and impacting particularly on low paid jobs.³ In 2012 just under 600,000 jobs in London were paid below the London Living Wage (£8.55 per hour). Over 40% of part-time jobs and 10% of full-time jobs are low paid.

Drivers of poverty also exist at community level. Limited access to services, poor quality housing and high crime rates can all affect quality of life and life chances.

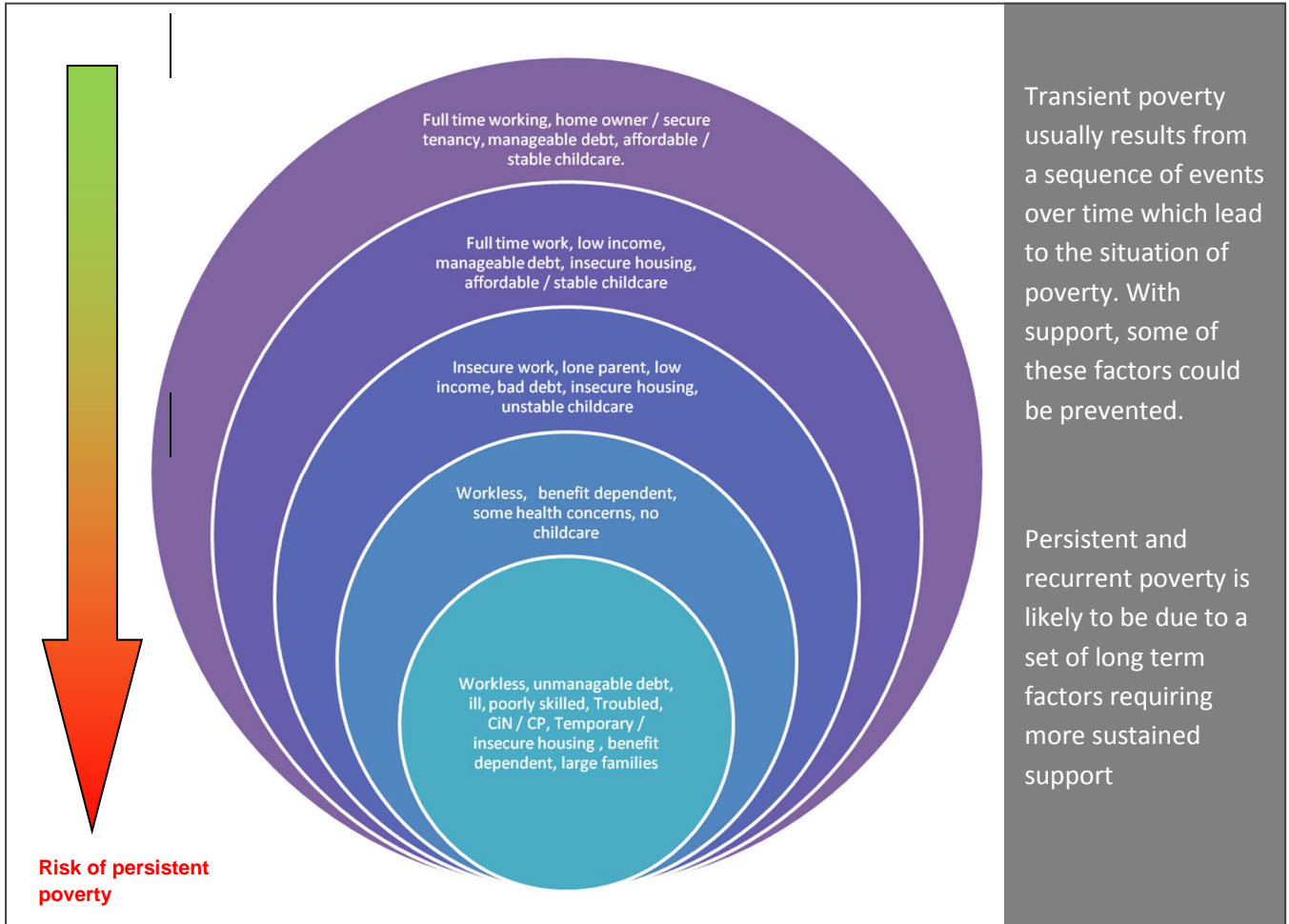
Experience of poverty can be summarised into three episodic types. These types are useful in understanding the most appropriate action to take in order to prevent child poverty or alleviate its effects at a local level.



Evidence has shown that two-thirds of those living below the poverty threshold at any one time have been in poverty for at least 3-4 years. Those in poverty for extended periods require more from services and agencies to move them out of poverty.

The diagram below identifies some of the 'drivers' that are risk factors for families in poverty:

³ Over the ten years to 2011/12, the number people in in-work poverty increased by 440,000. In the same period the number number of children in workless families in poverty fell by 170,000. Now, 57% of adults and children in poverty are in working families.



4. The Effects of Child Poverty

Children who grow up in poverty face serious disadvantage and consequently struggle to thrive, learn and achieve, meaning the following generation may also living in poverty. Low educational attainment, worklessness and lack of financial capability can increase the risk that families will not have the resources for a decent standard of living or for their children to achieve their potential in later life.

Impacts of child poverty

The Marmot Review found that the foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status.¹

Studies have found that children born into poverty are more likely to be born prematurely and of a low birth weight. They suffer a greater risk of death in the first year of life, but also in adulthood, facing more health problems in later life.

Children from disadvantaged backgrounds are also more likely to start primary school with poorer personal, social and emotional development, and are more likely to

develop behaviour disorders. These can risk affecting their educational attainment, and cause difficulties in relationships and to mental health throughout their life.²

A report by Save the Children (2012), presents the findings of two large-scale surveys, one of parents and one of children. It found that poverty was leaving well over half of parents cutting back on food so their children didn't go hungry; that children are going without warm coats in winter and new shoes when they need them. It found children often don't have a quiet space to do their homework or access to the resources they need to learn at home, such as the internet. It also found that children in poor homes miss out on experiences that many would say are central to a happy childhood – having a friend round for tea; going on a family holiday³.

Cost of child poverty

The Joseph Rowntree Foundation found⁴ that child poverty in the UK results in additional public spending of around £12 billion a year, 60% of which is spent on personal social services, school education, the police and criminal justice. Locally, this is estimated to be £170 million of public spending across the Tri-borough, of which £100 million is on social services, education, police and criminal justice. Those who have been in poverty for extended periods require more from services and agencies to move them out of poverty than those in

poverty for short periods. The cost in the UK of below-average employment rates and earnings levels for adults who grew up in poverty is about £13 billion a year. £5 billion represents extra benefit payments and lower tax revenues, and £8 billion is lost earnings to individuals, which has an onward impact on gross domestic product. Locally this has been estimated at £70 million for extra benefit payments and lower tax revenues each year for those growing up in child poverty across the Tri-borough area.

5. Rates of child poverty

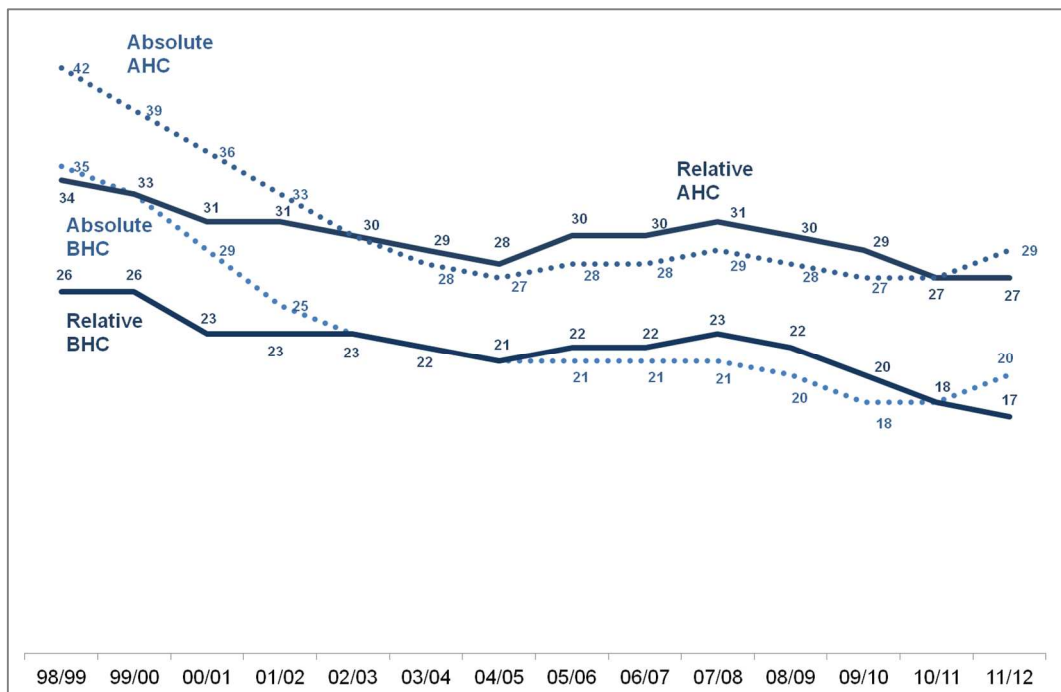
National measure of child poverty⁴

Levels of child poverty over time

According to the national indicator definition, 17% of children in England live in relative poverty before taking housing costs into account, rising to over a quarter (27%) after considering housing costs. The proportion in absolute poverty dropped considerably over the decade, but started to rise again in 2011/12. The proportion in relative poverty has been dropping since 2007/08. The drop between 2010/11 and 2011/12 was a result of the overall median wage in the overall population dropping (as absolute poverty rose in this period). The increase associated with housing costs appears to be widening.

Regional extracts from this data suggests the proportion of children in poverty in London was the same as nationally (17%) before housing costs and considerably higher (36%) after.

The London Child Poverty profile suggests a higher rate of child poverty in London. There were 375,000 people unemployed in London in 2012, up more than 40% since 2007. 190,000 people worked part-time but wanted a full-time job in 2012, nearly double the level in 2007 which is consistent with the finding that low paid, working households are now more likely to experience poverty than workless households. In 2012, 25% of economically active young adults in London were unemployed. This compares with 20% for young adults in the rest of England and is around three times the rate for all economically active working-age adults in London.



⁴ Households below average income, 2011/12, Department of Work and Pensions. Published June 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206778/full_hbai13.pdf

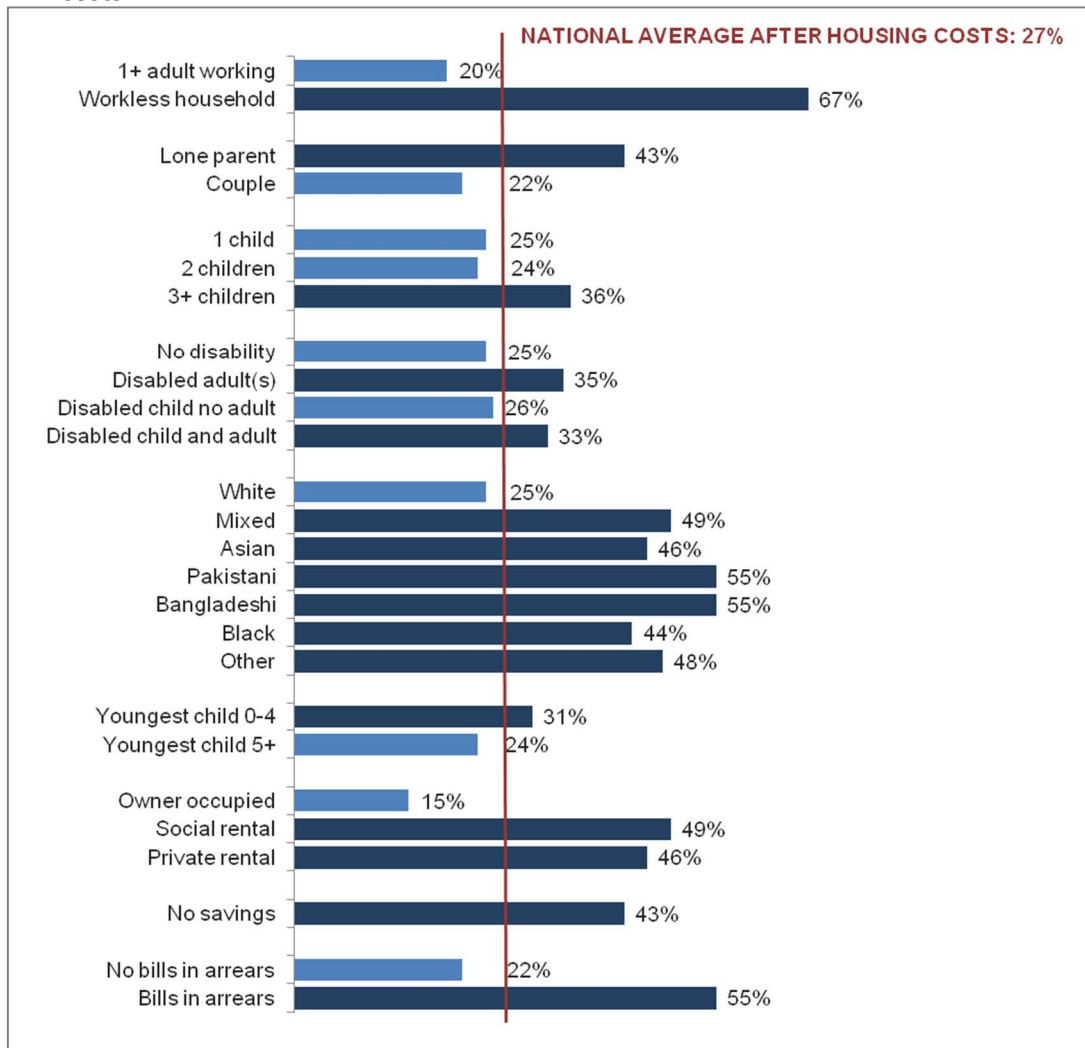
Groups most 'at-risk' of child poverty

Analysis of the national 'headline' measure of relative child poverty after housing costs highlights a range of population groups particularly 'at risk' of being classified as in poverty.

Workless households, lone parent households, families with disabled family members, particular ethnic groups, such as Bangladeshi and Pakistani groups, those in social housing, those with pre-school children, and those with no savings and in arrears with bills have been found to be particularly at risk (see below). There are likely to be significant overlaps between groups (e.g. lone parent and not working, ethnic minorities and large family sizes).

Other groups also known to be at risk include those with low or no qualifications, young mothers (under the age of 24), care leavers, families with young carers, and asylum seekers.

Rates of child poverty 2011/12 using national headline measure, after housing costs



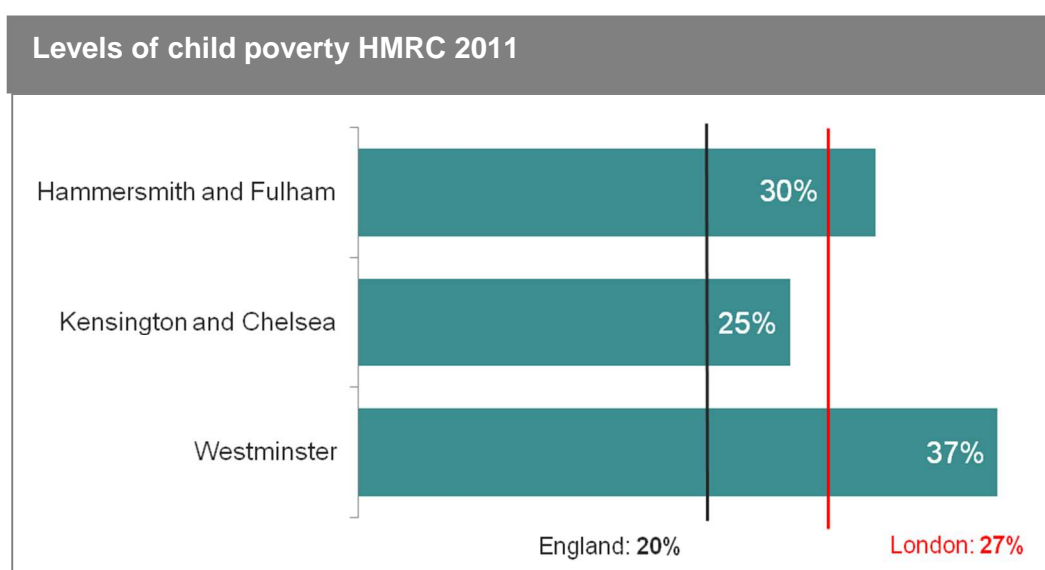
Local HMRC measure of child poverty⁵

The HMRC measure of child poverty is not directly comparable to the national 'headline' measure

Borough-level estimates of child poverty

Locally, over a third of children in Westminster are estimated to live in poverty, between a third and a quarter in Hammersmith and Fulham, and slightly less than that in Kensington and Chelsea. Recent estimates mirror national findings, with a fall in child poverty, due to median incomes falling faster than benefits.

The local measure of child poverty in Westminster is the 3rd highest in London and nationally. Hammersmith has a slightly higher rate than the London average but a much higher rate than nationally. The rate in Kensington and Chelsea is low compared to London but is high compared to nationally.



Numbers and ranks of child poverty HMRC 2011

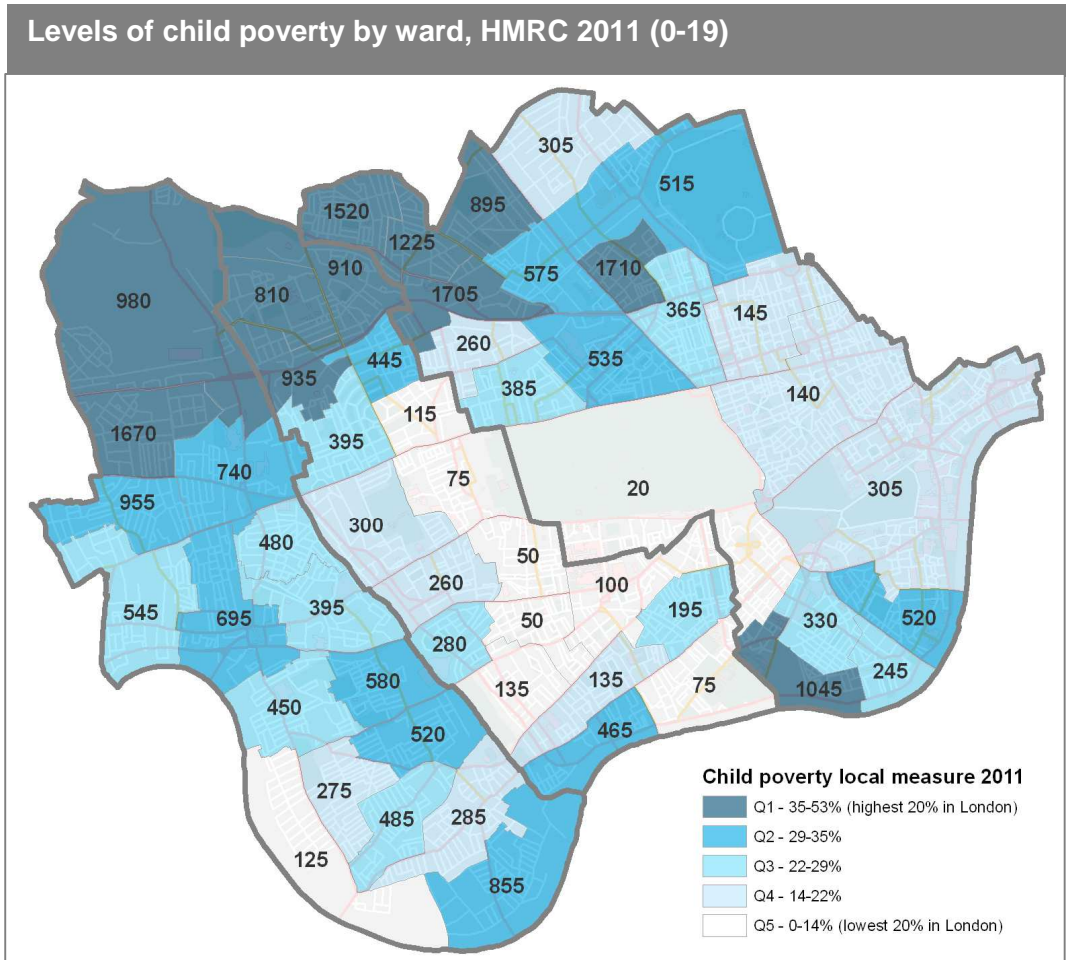
	Rate	Number (aged 0-19)	Rank in London Out of 33	Rank in GB Out of 409
HMRC measure 2011*				
H&F	30%	10,035	13	27
K&C	25%	5,735	18	67
Westminster	37%	12,750	3	3

*Measure is <20. Public health outcomes framework uses <16 as the measure

⁵ <http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm>

Ward-level estimates of child poverty

According to the HMRC definition, the areas with the highest *rates* of child poverty tend to coincide with areas of social housing across the three borough areas, which also tend to be areas with the highest concentration of children. This means the resulting *numbers* in these areas tend to be high.

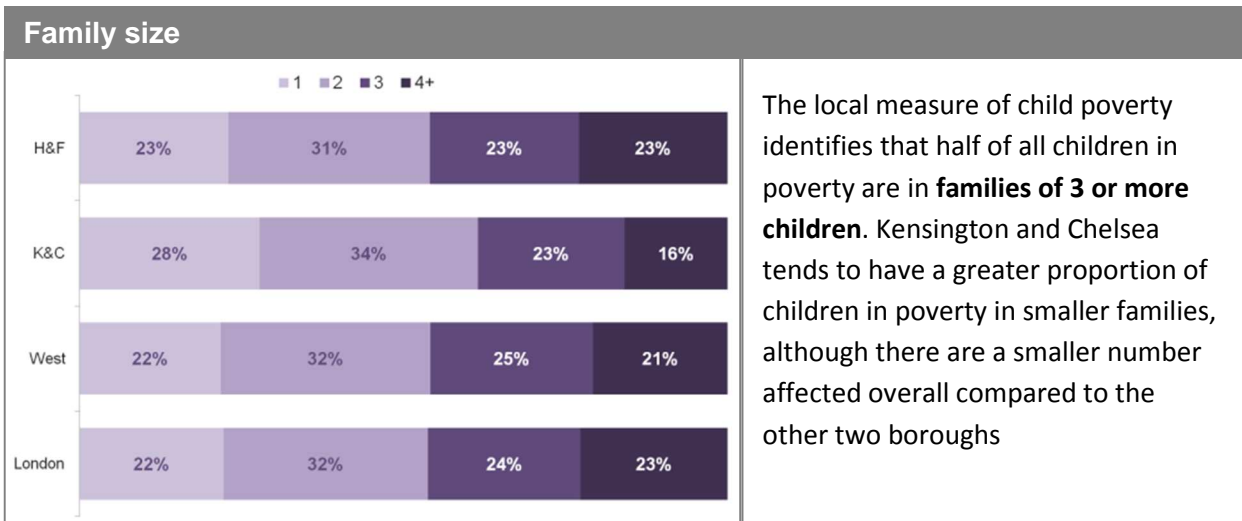
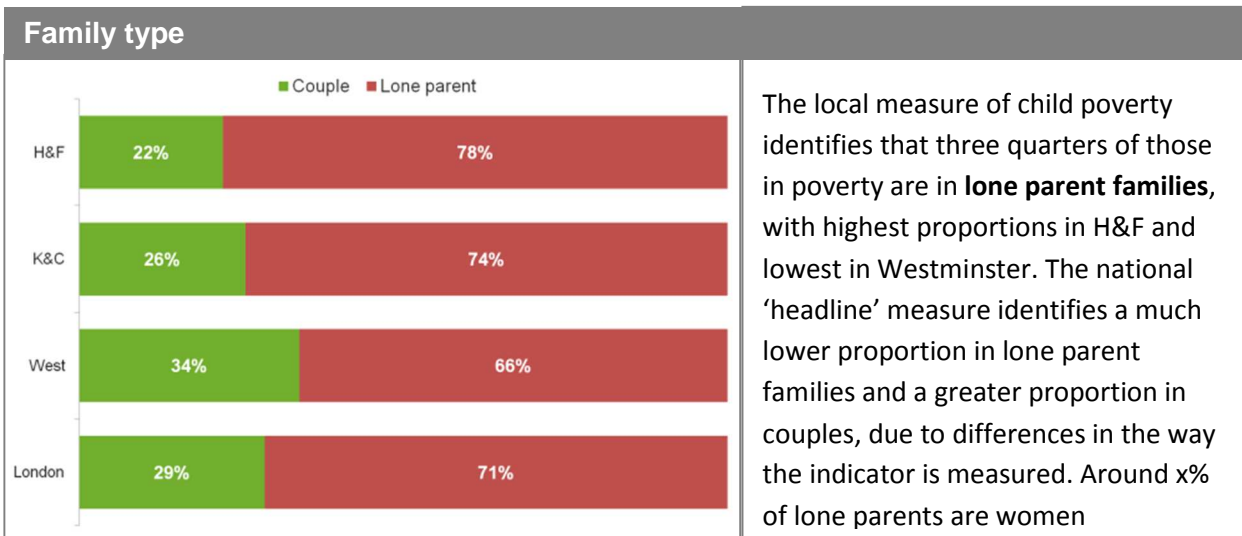


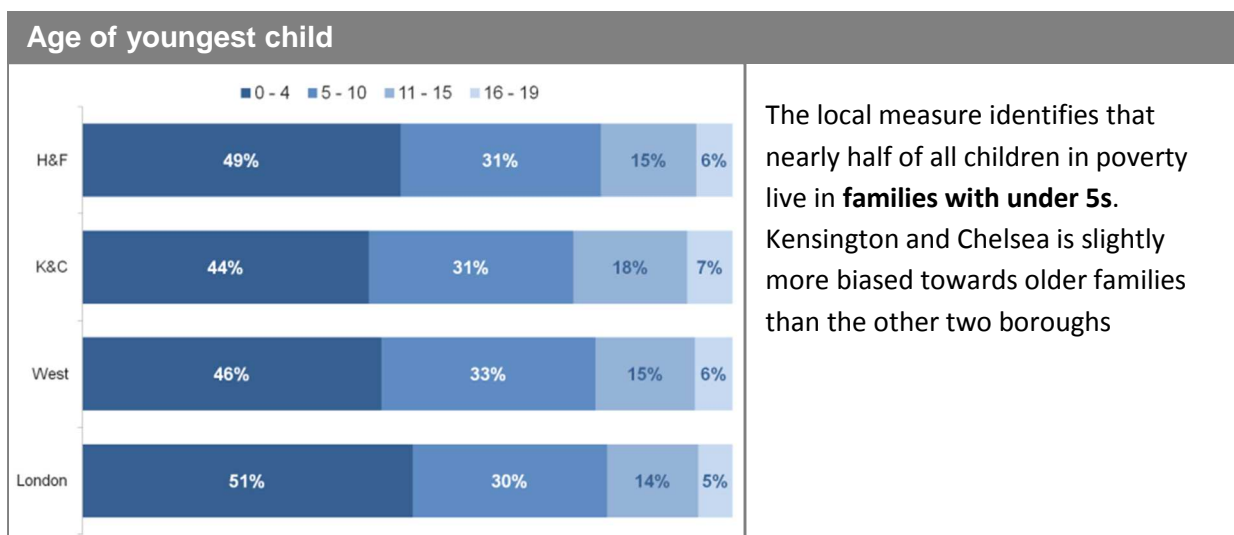
Wards with a particularly high proportion of children living in poverty have been highlighted below. Wards fall into the 9% highest in London for child poverty, with Church St, Westbourne and Queen’s Park ranked 1st, 2nd, and 9th in London respectively.

Levels of child poverty HMRC 2011 – highest 10 wards in the Tri-borough area					
	Resident children (0-19)	Number in poverty	Child poverty rate	% Lone parent	% 3+ children
Church Street	3195	1,710	53.6%	61%	53%
Westbourne	3340	1,705	51.0%	65%	49%
Queen's Park	3145	1,520	48.4%	66%	48%
Churchill	2240	1,045	46.6%	66%	47%
Harrow Road	2630	1,225	46.6%	71%	45%
College Park and Old Oak	2175	980	45.0%	78%	55%
Wormholt and White City	3745	1,670	44.6%	76%	55%
Golborne	2050	910	44.5%	76%	42%
Maida Vale	2160	895	41.5%	65%	46%
Notting Barns	2310	935	40.6%	75%	50%

Family characteristics of those in child poverty

According to local HMRC data, nearly three quarters of local children in poverty are from lone parent families, half are from families with 3 or more children and nearly half are in families with an under 5 year old.





Working and workless households

No reliable local data tells the full story about levels of worklessness among those in poverty, because the national 'headline' measure is not routinely disaggregated to a local authority level.

- Nationally, 63% of children in poverty (after housing costs) have at least one parent **in work** (62% in London). In two thirds of these cases, just one of the parents is working
- However, the local measure of child poverty identifies a far higher proportion of lone parent families than nationally, and higher levels of worklessness. This is probably a result of the way the local measure is constructed and not necessarily a reflection of any differences in the Tri-borough area
- *Regardless of poverty*, 28% of all households with children in Westminster in 2012 were workless households, followed by 22% Hammersmith and Fulham, and 15% in Kensington and Chelsea (London 18%)⁶
- DWP data on out-of-work benefit households by ward identifies where at least one adult is not working. Wards affected are broadly similar to those affected by the local child poverty measure

⁶ <http://www.ons.gov.uk/ons/rel/lmac/workless-households-for-regions-across-the-uk/2012/rft-table-c-children-areas.xls>

Numbers and characteristics of groups most 'at-risk' of child poverty locally

Local numbers estimated to be in poverty have been detailed below, by their characteristics:

Group	Characteristics in Tri-borough area
Workless households	No borough-level data on numbers of those in poverty where the household is completely out-of-work. London proportions (38% workless) applied to local measures suggest around 3,000 in H&F, 1,600 in K&C, and 3,200 in Westminster. From the local measure, the numbers in poverty where at least one parent is on Income Support or JSA are 6,900 in H&F, 3,700 in K&C, and 7,500 in Westminster. Regardless of poverty levels, in 2012 there were 7,000 workless households in H&F, 5,000 in K&C and 14,000 in Westminster
Lone parents	Local poverty measure identifies 7,800 children in lone parent families in poverty in H&F, 4,200 in K&C, 8,400 in Westminster in 2011. Accounts for three quarters of child poverty cases in H&F/K&C and two thirds in Westminster. However, national headline measure of child poverty suggests much smaller proportions of poverty from lone parents than local measure. Locally 92-95% of lone parents are women
Those with large family sizes (3+ children)	Nearly half of children in poverty are in large families (slightly lower in K&C). 4,600 children in families of 3+ in H&F; 2,200 in K&C; 5,900 in Westminster using local measure 2011
Parents with a disability	Nationally, around 1 in 5-6 of children in poverty have 1 or more parent with disability/in receipt of disability benefits. As a rough guide, if applied to local poverty measure, estimates are around 1,800 in H&F, 1,000 in K&C and 2,300 in Westminster
Children with a disability	The numbers where children in poverty have a disability (regardless of whether the adult has a disability) is likely to be just over half the figure for parents (see above), with nearly half where the adult also has a disability
Black and minority ethnic families	Estimated number of children (aged 0-19) from Bangladeshi/ Pakistani groups likely to be in poverty (based on 2011 Census and 50% poverty levels): 300 in H&F; 200 in K&C and 1,200 in Westminster. Middle Eastern and North African population likely to be a particular 'at-risk' group locally. Estimated number of children (aged 0-19) from Arab and 'Other Ethnic' groups likely to be in poverty (based on 2011 Census and 50% poverty levels): 1,100 in H&F; 1,000 in K&C and 2,700 in Westminster.
Youngest child	Local poverty measure suggests half of children in poverty are in households with a youngest child aged 0-4 years old. This is 4,900 in H&F, 2,500 in K&C, and 5,900 in Westminster in 2011
Those living in social housing	A large proportion of children in poverty will be living in social housing, with a smaller (and probably decreasing) proportion likely to be in private housing <i>There may be a continual 'churn' of children in poverty into social housing due to the nature and eligibility for social housing, and resulting movement out once families are out of poverty.</i>
No qualifications	Nationally, 3 in 10 adults with no qualifications are in poverty, rising to 4 in 10 after housing costs. Locally, number of parents in employment with no qualifications: 1,191 (H&F), 761 (K&C), 1,477 (Westminster). Similar numbers of those unemployed with no qualifications
Young carers	Levels of poverty not known. Number of residents aged under 15 providing unpaid care estimated at: 267 (H&F), 186 (K&C), 332 (Westminster)
Teenage parents/ young parents (<24)	Children with teenage mothers 63% more likely to live in poverty than those in their twenties. Around 50-60 NHS births to mothers aged under 19 each year in H&F; 20-30 in K&C; 40-50 in West each year

6. The national response

The government's draft strategy to tackle child poverty over the next three years was published on 27th February 2014. A period of consultation will run until 22nd May 2014. The draft strategy builds on the previous 2011 strategy and is accompanied by "an evidence review of the drivers of child poverty for families in poverty now and for poor children growing up to be poor adults."

Much of the strategy comprised of a summary of existing policies, such as: reforming the welfare system through Universal Credit; providing free school meals for all infant school children from September 2014; and increasing personal tax allowances.

The strategy found that definition and measurement of poverty continues to be problematic and the current proxy measure is based on family income. What is agreed is that the experience of current poverty, and the length of time spent in poverty, is associated with an increased risk of future poverty.

The evidence review drew a number of conclusions which should be considered when formulating a strategy and policy response.

The first conclusion is that looking at children likely to be stuck in poverty for longer is important. Those children affected suffer the worst outcomes and are at greatest risk of becoming poor adults. The key factor for child poverty now is parental worklessness and low earnings. The other main factors include low parental qualifications, parental ill health, family instability and family size.

The second conclusion is that there are a range of factors that increase the risk of a poor child growing up to be a poor adult. The most influential factor is child educational attainment. Other main factors (all of which act to some extent through educational attainment) are: low parental qualifications, parental ill health, child ill health, the home environment, children's non-cognitive skills and childhood poverty itself.

The government's lengthy consultation, ahead of the draft strategy consultation, referred to three components to address child poverty:

Supporting families to achieve financial independence

The government state their intent to "support all those who can work to work, and believes that the system should reward them for doing so." Measures to address this include:

- Remove financial disincentives to work to reward those who "work themselves out of poverty"
- Support parents who can work but currently don't, through tailored support
- Help families avoid unmanageable debt and stress and improve financial management
- Increase families' incomes by ensuring parents can get, stay or develop in work
- Tackle barriers to this, like: affordable childcare; availability and flexibility of local employment; and transport issues

Supporting family life and children's life chances

- A focus on improving education, health and family outcomes and ensuring that child poverty doesn't translate into poor experiences and outcomes
- This includes narrowing the gap in outcomes between poor children and the rest

- Working with families to improve physical and mental health outcomes for children and parents
- Improving support and access for those with poor health and/ or disabilities
- Supporting parents to undertake their role as well as possible and strengthening their capabilities and ensuring children are safe
- Addressing specific barriers for looked after children, children from some ethnic groups, and teenage parents

Place and delivery

Given the complexity of both the drivers and the solutions to child poverty, this has been a focal area for many initiatives to alleviate the impact of child poverty in the past. It incorporates the following principles:

- Ensuring that the child's environment supports them to thrive
- This includes the opportunity to grow up free from homelessness and overcrowding, and in decent homes
- Ensure that children and families have the opportunity to thrive in safe and cohesive communities, with equal access to work, cultural and leisure opportunities

7. Alleviating child poverty: the local picture

The causes and consequences of child poverty are complex and inter-connected. Children who grow up in poverty face disadvantages and poor outcomes in education, housing, employment, financial capability and health. The work of statutory and voluntary agencies are increasingly focused on supporting the most vulnerable groups which correlate closely with those most likely to be in poverty.

Significant progress has been made and education is an example of what can be done: children on free school meals in London do much better than similarly poor children elsewhere, and the gap between those on free school meals and other children is lowest in London. London's success goes further: boys, girls, poor, not poor, children of all ethnic backgrounds now do better in London's schools than the national average, a reversal of the position a decade ago⁷

The health indicators associated with child poverty have also improved in the last ten years as a result of policy efforts and systemic change: teenage pregnancies have lowered and mortality rates improved, although obesity continues to rise. Across all three boroughs there are services and programmes to alleviate the causes and consequences of child poverty. However there is still an increased risk that families in poverty do not have the resources for a decent standard of living, or for their children to achieve their potential in later life.

A key policy of the coalition government is welfare reform and those at risk or experiencing poverty have been impacted by changes to housing benefit and overall benefits caps. A number of multi-agency initiatives are in place across Tri-borough which address the impact of welfare reform:

- Each borough has a multi-agency Board / working group in place to assess and respond to the welfare reforms. Representation from Housing, Children's services and Adults services (in addition to partners from JobCentre Plus) manage the impact of welfare reforms in each borough.
- Particular focus has been on sharing of information to ensure vulnerable children and families are targeted for support in advance of the reforms affecting them.
- Finding sustainable employment has been a focus, to enable families to avoid the benefit caps.
- JCP and council staff have written and visited households affected, offering 1:1 support, particularly to those in temporary accommodation.
- Discretionary Housing Payments (DHP) have been used in all three boroughs to dampen the immediate impact on families affected by the caps.
- In the longer term, a sustainable solution needs to be identified for those families dependent on DHP and other temporary solutions.

⁷ London Child poverty profile October 2013

8. Introducing the priority areas and recommendations

In order to identify the issues related to child poverty on which local action is most needed and where it might have the greatest capacity to effect change, extensive engagement with key stakeholders was undertaken between August and November 2013, alongside a review of available literature.

The programme of engagement concluded with an Engagement Summit attended by key stakeholders including representation from children's services, public health, housing, school nurses, and family and children's teams.

There have been many suggestions for activity and services that might improve family resilience and support them with the practical steps necessary to improve their situation. These have all been recorded and will feed into strategy development and work planning.

From this engagement six key themes have been identified as priority areas for action to better address child poverty:

1. Supporting families to engage with services
2. Promoting parental employment
3. All families have access to quality, affordable childcare
4. Supporting the role of the school community
5. Appropriate health care, at the right time
6. All families have access to housing of a reasonable standard

The following section outlines each of these themes in turn and why it is a priority. It also presents the evidence base for action, where this is available.

Finally, recommendations are presented which relate to each of the priority areas. These recommendations were developed during the engagement process and reflect the key priorities for local action identified in consultation with key stakeholders.

A list of those consulted can be found as appendix 1.

“...some parents do not know what is out there – they don’t know what services can help them but when they are well advertised people do attend.”

(RBKC parents forum, 2013)

1. Supporting families to engage with services

Families in poverty are often reliant on public services, and yet there is an increasing body of evidence that there is a large amount of financial support and service provision which is not accessed by disadvantaged families⁸.

There are a range of real and perceived barriers including complexity of benefit and tax systems, confusion of eligibility criteria, lack of awareness or knowledge of services (among parents and professionals), lack of quality affordable and flexible childcare, and fear of stigmatisation. Services may also be viewed with mistrust and suspicion. Some recent research suggests that more affluent individuals and groups are more advantaged in accessing public services⁹.

The local picture

There are a range of services in place within tri-borough which aim to address the varied factors which contribute to child poverty e.g. employment support, affordable childcare, accessible healthcare, family planning and debt/financial advice.

However, a reoccurring issue highlighted by local parents and front line providers is the confusion around service provision and eligibility criteria, which means that services are not being accessed. The following barriers to accessing services were identified through local engagement:

Local voice

This section reports on themes taken from the views and opinions gathered during the engagement stage of the JSNA, and backed up with evidence where appropriate

Language	For many families living in London, English is not their first language. Accessing services or knowing where to/how to access services can be challenging. The 2011 Census identifies 2-4% of the population not able to speak English well
Mental health	Front line workers are reporting that mental health problems are becoming more common amongst families, in particular anxiety disorders, stress and depression. This means they do not access services, some of which they may need urgently.
Isolation	Isolation is closely connected to mental health. Those suffering from mental health issues tend to isolate themselves and stop accessing services.
Unaware of	Parents do not always know what services exist in their local

⁸ Phillips D, Telfer C, Scott G (2011). *Hopes and expectations: How families living in severe poverty engage with anti-poverty services*. Edinburgh: Save the Children

⁹ Hastings, A. and Matthews, P. (2011) *"Sharp Elbows": Do the Middle-Classes have Advantages in Public Service Provision and if so how?* Project Report. University Of Glasgow, Glasgow, UK.

services	area.
Unaware of need	Many parents are not aware of the factors contributing to child poverty (e.g. the link between unaffordable childcare and child poverty). Consequently parents do not always know what they need to improve their lives.
Stigmatisation	Parents reported issues such as “embarrassment in accessing services” and not wanting to “admit that the family are in poverty”.

The impact of welfare reform changes on families is a common topic in discussions with both front line workers and parents locally.

Evidence base for what works

Evidence from the child poverty local authority pilots¹⁰ indicate a number of factors are important for services to effectively support and engage with families:

- Activities and services must be targeted effectively with monitoring in place to measure effectiveness and value for money
- A tailored approach requiring multi-agency working
- Outreach to deliver information and services in a range of community settings
- Flexible and responsive services
- Approachable and helpful staff with a good knowledge of local service provision.
- Persistence may be required to maintain contact with the family, overcome mistrust and demonstrate commitment
- Co-production with families and local community and voluntary sector
- Assessment and progress measures are required. Strength based assessments, identifying needs and barriers are key to effective engagement.

The pilots also recommend that families are targeted through existing services, especially Children’s Centres. One successful example of this in the Tri-borough is Jobcentre Plus staff working out of Children’s Centres to provide employment support services.

To conclude, the following recommendation is designed to support families to engage with existing services:

Recommendation 1: Develop an approach to engage and support hard to reach families, sponsoring a strengths-based model which focuses on engagement and building trusting relationships, and using a key-worker model where appropriate.

¹⁰ Department for Work and Pensions (2012) *Helping Families Thrive. Lessons learned from the Child Poverty Pilot Programme*

2. Promoting Parental employment

Introduction

The employment status of parents is inexorably linked with child poverty and many programmes designed to address child poverty focus on getting parents into sustainable employment. International research has found that the countries with the lowest child poverty rates are those with high parental (particularly maternal) employment as well as low in-work poverty¹¹. Supporting families into work and increasing their earnings is a focus for action in the recent Government consultation on the child poverty strategy¹²

Specific consideration is required for maternal employment. Women are at a greater risk of living in poverty and for longer spaces of time (22% of women have a persistent low income compared to 14% of men). Women make up the vast majority of single parents, comprise the majority of benefits recipients, and occupy most of the available part-time roles. Women in general earn less and this is evident in the pay gap, 15% less than men for full-time work and 37% less for part-time work. Women tend to occupy employment on the lowest earning pay scales, as they dominate roles in the care sector, service sectors and administration.

An explicit intention of current welfare reform is to incentivise employment, including parental employment. CPAG¹³ identify that a broad range of policy actions may be required to make this a feasible option for parents, for example addressing low pay and the supply of jobs that offer part-time/flexible working, in addition to addressing individual barriers to work such as low skills.

The local picture

It has been identified that there are a range of issues which can pose barriers to parents entering or re-entering the job market in London including greater competition for jobs, commuting time and costs, and childcare costs. The three Local Authorities have strategies/commissioning plans to improve local employment rates. These plans need to take account of the employment support needs of different groups within the population including parents and, as noted previously, the specific needs of women.

The barriers to employment faced by parents reported at local engagement events appear to be consistent with those faced by parents across London and the rest of the UK. Barriers identified through the local engagement are highlighted in the table below.

¹¹ Fauth B, Renton Z, Solomon E (2013) Tackling child poverty and promoting children's well-being: lessons from abroad. London: National Children's Bureau

¹² HM Government (2014) Consultation on the Child Poverty Strategy.

¹³ Child Poverty Action Group (2012) We can work it out: parental employment in London

Local voice	
<i>This section reports on themes taken from the views and opinions gathered during the engagement stage of the JSNA, and backed up with evidence where appropriate</i>	
Lack of part time roles	<p>It was reported that mothers in particular want to work but need part time roles so they can strike the right balance between being a parent and returning to work/still having a career. The view is that there is a distinct lack of part time roles available.</p> <p>This view is also supported by national evidence¹⁴. Only 20% of jobs in London are part-time and largely concentrated in the low wage economy (including unsocial hours). As a consequence of this lack of availability, there is a pressure to take any job, often lower skilled and lower paid jobs, which poses a risk of falling back out of work.</p>
No flexible working conditions	<p>It was reported that when mothers do decide they would like to return to work after having children, often they would like roles where flexible working is permitted. This allows the 'school pick up and drop off'. It was suggested that there are not enough employment opportunities across the triborough that offer flexible working as an option.</p> <p><i>'The jobs available do not appear to offer flexible working hours unless you are happy to take a zero hour contract position, to which there are no positives – only negatives'. (RBKC Advice Forum, 2013)</i></p>
Unaffordable childcare	<p>Childcare was another issue discussed. It was reported that many parents cannot afford to put children into full time childcare while they work therefore not working is their only affordable option. If they could afford to work they would.</p> <p><i>"Putting my child into childcare while my partner and I tried to go back to work was challenging because of the cost. My job doesn't allow me to do flexi-time so we had to juggle which was very difficult..." (RBKC Parents Forum, 2013)</i></p>
The need for sustainable support	<p>It was reported that some parents in the triborough area who are living in poverty have not worked for many years. Subsequently they have lost confidence and feel their skills are no longer relevant. In order to get these parents into work and sustain employment they require ongoing support which extends for some time beyond re-entering the workplace.</p> <p>It was also suggested that the chances of sustaining employment is higher if employment support is tailored to individual need. Parents will be on different stages of the 'pathway to work'. Individualised support is important and measures of success should take account of individual journeys and progression.</p>

¹⁴ Child Poverty Action Group (2012) We can work it out: parental employment in London

The above highlights some key issues relating to parental employment for further consideration by key stakeholders. Each area is worthy of further analysis and it is recommended that this is central to the development of local employment strategies.

These issues broadly fit the 'supply led' and 'demand led' categories identified by CPAG. A 'supply led' approach focuses on improving parental employability/skills while the 'demand led' approach focuses on the nature and types of jobs being created in the labour market. CPAG suggest that policies should focus on both approaches.

Local Authorities and other stakeholders have a role to play in shaping their own employment practices to encourage flexible working job opportunities and promoting the London Living Wage. The particular challenges experienced by women need to be better understood and prioritised in strategies.

Evidence base for what works

Increasing parental employment and employability (**'Supply led' approach**) was a central tenet of the child poverty local authority pilots, with high demand for employment support. Qualitative evidence from the pilots highlighted the following features of effective practice:

- Individualised approach. An action plan based on a holistic assessment and that is 'owned' by the parent. Tailored support that is responsive to individual need.
- Progression. Quick wins that demonstrate early progress and the commitment to providing support, building self-confidence and confidence in provision.
- Addressing barriers. A flexible source of funding for professionals to access, and able to support a range of activities and address a range of costs incurred by employment and employability activity (e.g. training, transport and childcare)
- Sustained support. Long-term support built on a trusting relationship with a single key worker who can deliver or coordinate the range of support required.

Some examples of a **'demand led' approach** are provided by CPAG:

- Women Like Us. A pilot to increase employers interest in part-time jobs and which brokered jobs for mothers on low income. 43% of mothers participating achieved quality part-time jobs
- Newham Workplace. Work experience and work placements created for parents via local authority supply chains and section 106 was used to secure local jobs. Bespoke training and pathways to work created for specific employers including John Lewis.
- Islington Local Authority. The priority of the business employment team is to find flexible or school hour employment opportunities. The authority is a living wage employer, with subcontractors also paying London Living Wage

To conclude, the following recommendations are designed to improve parental employment opportunities

- *Recommendation 2: Local commissioning of employability support should be co-ordinated and joined-up. Service models should reflect diverse needs, the pathway to work and integrated provision, including co-location and alignment with relevant advice services.*
- *Recommendation 3: Ensure that the diverse needs/barriers experienced by parents returning to work are addressed and that suitable progression measures are incorporated into how success of employability programmes is measured.*
- *Recommendation 4: Local Authorities should work strategically with partners to increase the number of family friendly employment opportunities, for example with local employers, through procurement terms and conditions and/or using planning levers (e.g. CIL).*

3. All families have access to quality, affordable early years childcare

Introduction

The need for flexible, affordable childcare for parents is a key factor in obtaining sustainable employment. Recent research has demonstrated that childcare can promote higher employment rates by enabling parents to balance their work and parental responsibilities¹⁵. Maternal employment is particularly important and is lower in London than elsewhere in the country. When the London Child Poverty Commission examined the causes of this poverty in 2008, it came to the conclusion that the underlying causes of this entrenched child poverty are surprisingly simple – the employment rate among parents, in particular mothers, is much lower than elsewhere in the country, driven in part by a lack of part-time jobs and flexible childcare, as well as higher housing, childcare and living costs.

Parents in London who do work are more likely to require longer hours to cover commuting time. They are also less likely than people in any other region to have access to informal childcare to reduce their childcare costs. Although some parents may be entitled to free childcare this is only for 15 hours per week (for two year olds in disadvantaged families) and universally for three year olds. London, nursery care for children under two is 25 per cent more expensive than the average across Britain.¹⁶

A national study found that one of the main reasons for people not working or looking for work was ‘to look after their children’, with a lack of suitable and affordable childcare cited as one of the barriers.¹⁷ London, nursery care for children under two is 25 per cent more expensive than the average across Britain.¹⁸ The economic upturn has offered greater employment opportunities but in 2012 40% of part time jobs offered less than the London Living Wage.¹⁹

The local picture

A survey of parents conducted by the Family Voices Family Choices parents forum²⁰ voted ‘affordable childcare’ as the second most important category of schemes the government should invest in – parents want to go to work with the knowledge their child is with a quality childcare provider. This is consistent with local information:

¹⁵ Mason P et al (2011) Local authority child poverty innovation pilot evaluation: Final synthesis report. Department for Education

¹⁶ Family and Childcare Trust (2013) *Childcare cost survey*: UK

¹⁷ Collard S and Atkinson A (2009) *Making decisions about work in one-earner couple households*. London: Department for Work and Pensions

¹⁸ Family and Childcare Trust (2013) *Childcare cost survey*: UK

¹⁹ London Poverty Profile 2013

²⁰ Kensington and Chelsea Children’s Trust (2013). You told us: what children, young people and families have told us about growing up and living in Kensington and Chelsea

“Childcare is very expensive and simply not an option for many. With both my partner and I working we could barely afford the cost of childcare for my only child. I would ask my parents to help me when I really ran into difficulty but they are getting too old to help out.”

(Mother, 2013)

Local voice

This section reports the views and opinions gathered during the engagement stage of the JSNA, and is backed up with evidence where appropriate.

Childcare is unaffordable for many parents living in London.	<p>During engagement both parents and professionals who were consulted with were all in agreement that childcare is very expensive for most families. It often prevents both parents being able to work full time because they are better off financially taking care of their children themselves.</p> <p>In London, the average cost of a nursery place for a child under two is now £5.33 per hour. A parent in London buying 50 hours of childcare per week for a child under two would face an average annual bill of nearly £14,000 per year.²¹</p>
Disincentive to work	<p>Because parents cannot afford to work as well as access childcare, many parents choose not to work. Mothers in particular stated that they would prefer to work part time but there are very few part time jobs available.</p>
In-work poverty	<p>A common issue existing across the tri-borough is where both parents are employed and struggling to pay for childcare which leaves them in poverty unable to pay for every-day essential items e.g clothing.</p> <p>A social worker from one of the boroughs informed us that <i>'in work poverty is ever increasing amongst families and can sometimes go unnoticed because both parents are in employment so an assumption is made that they are coping well.'</i></p>
Maternal employment	<p>The reduction in full-time places in maintained sector will have a major impact on maternal employability</p>
Supporting families to access childcare	<p>Parents need information on the range of childcare options available. Nursery schools and childminders were mentioned as potential options, with the latter often providing greater flexibility. Anecdotal evidence suggests there is a general preference for nursery places while childminders have vacancies. Upfront costs of childcare (such as deposits and fees) are a barrier for low income families.</p>

“Childcare for children aged 11-14 is a particular headache. They are too young to be left alone in the house (or worse) every day until 6.30/7pm but too old to go to a child-minder. What on earth do we do with them? The clubs promised by our local secondary school didn’t really materialise and are largely organised voluntarily out of hours by individual teachers/school.”

(Claire from Islington, 2013)

²¹ Family and Childcare Trust (2013) *Childcare cost survey:UK*

²² Parental Employment in London. (2013) Economy Committee: London Assembly

Evidence base for what works

High quality childcare is consistently identified as key to supporting parents into work. The child poverty pilots identified a range of issues that impact on the uptake of childcare and need to be addressed:

- **Affordability** – childcare can be expensive but if it is to be used widely and accessed by those most in need it needs to be available to families at a realistic cost, giving parents an incentive to go back to work with the knowledge their child is in good quality and affordable childcare.
- **Awareness** – parents can be unclear about what is available and where to go for information on childcare therefore it is essential that all local and community based services make every attempt to promote what is available.
- **Confidence** – parents can be unsure or concerned about the quality of available childcare.
- **Availability** – concerns about a lack of flexible childcare e.g. outside of standard working hours or available from late morning to early afternoon. Proximity is very important as parents do not want to travel long distances from their workplace to childcare and back to their home.
- **Funding** – funding for childcare can be linked to training (rather than provided to the parent). This means that parents can be concerned about changes to the provision accessed. Some research has cited the inflexibility of the free nursery entitlement as problematic, meaning that employment has been difficult to sustain.
- **Perception** - even if affordable childcare is available parents can require support and encouragement to access it. Some evidence suggests that parents feel that children under 2 should be with families, while some parents view statutory services with suspicion.

Evidence from the Childcare Affordability Pilots suggests barriers relating to work, childcare and finance are interlinked and have to be overcome together.

To conclude this section the following recommendations have been produced in an attempt to improve the unaffordable childcare issue in these three boroughs in London:

Recommendation 5: Support families to explore the full range of childcare options that are available and recognise their relative merits (e.g. quality, flexibility and cost).

Recommendation 6: Ensure that early years childcare meets the needs of disadvantaged families. This might include the development of additional criteria: to increase provision for working families and/or to secure greater flexibility in the offer to facilitate take-up.

4. Supporting the role of the school community

Introduction

Children born into poverty are more likely to have poor physical and mental health outcomes throughout their life. They are also more likely to have poor personal, social and emotional development which can affect educational achievement. For example, children from disadvantaged backgrounds are far less likely to get good GCSE results. Recent statistics show that in 2013, 37.9% of pupils who qualified for free school meals got 5 GCSEs (including English and Maths) at A* to C, compared with 64.6% of pupils who do not qualify²³.

The Pupil Premium is additional funding available to publicly funded schools in England to improve the attainment of disadvantaged pupils and reduce the inequalities gap. The funding is paid for pupils who have received free school meals in the last 6 years or been in care for 6 months or longer.

Educational achievement has an impact on a range of positive outcomes, including health, and the school plays an important role in supporting children, their families, and the community²⁴. In 2013 the government signalled their intent for schools to be a focal point in the local community:²⁵

“Schools are central to their local community, trusted by parents. The government would like to see primary school sites open for more hours in the day, from 8-6 if possible, and for more weeks in the year, offering a blend of education, childcare and extra-curricular activities”

Schools play an active role in improving health outcomes for children and young people through the provision of after school activities. Most schools either provide or host a variety of after school activities these may include sports, dance, cooking, art and learning. These encourage physical activity and can lead to a long-term interest in these pursuits.

The local picture

The local stakeholder engagement identified a gap in service provision of support/advisory services for children aged between 5-13 years, leaving this group potentially vulnerable and exposed. Children aged from birth to 5 years are well supported, e.g. through Children’s Centres where there is a significant level of

²³ Department of Education <https://www.gov.uk/government/publications/gcse-and-equivalent-attainment-by-pupil-characteristics-2012-to-2013> (accessed 20 February 2014)

²⁴ Marmot, M (2010) *Fair Society, Healthy lives. The Marmot Review: Strategic Review of Health Inequalities in England post-2010*

²⁵ HM Government (2013) *More affordable childcare.*

“Homework clubs – they are an excellent resource ... it is important that they are used to their full potential. They need to involve parents and children and help both to learn about how they can help each other learn together. This work needs to be sustained and on a long-term basis.”

(Westminster Outreach Team, 2013)

support/advisory services for families who may be in poverty. However, once a child exceeds 5 years, the services available appear to decrease. This needs to be addressed as this is a transitional age where developing to full potential is key. It is essential this process is smooth, encouraging them to thrive as their education is to equip them for life.

Other issues highlighted during the engagement programme are identified in the table below:

Local voice	
<i>This section reports on themes taken from the views and opinions gathered during the engagement stage of the JSNA, and backed up with evidence where appropriate</i>	
Pupil Premium	Explore how better use could be made of the pupil premium for individual children and young people to meet particular needs as they arise e.g. help with school uniform in transition, resources to use at home to support homework.
Meeting the needs of deprived families	<p>There is a broad programme of holiday activities across the tri-borough area and this is well advertised to families. This offer contributes significantly to improving health outcomes for some children and young people.</p> <p><i>“Some children’s clubs are very expensive and this is a significant problem during school holidays – schemes that are attached to the school during term time are the most effective, like breakfast clubs.” (RBKC advice forum, 2013)”</i></p> <p>Schools need to be supported to consider themselves as an integral component of multi-agency working. There has been good practice in Westminster schools which needs to be promoted and developed.</p>
The role of the school as community hub	<p>The school was identified as a potential setting for the location of a range of services. On the whole parents view the school as a setting that can be trusted and provides a safe environment. Childcare may be able to be provided onsite.</p> <p>Schools develop relationships with their local community on the back of which a range of information and support might be provided e.g. on benefits, housing, employment support, parenting classes.</p>

	<p>One suggestion recommended having a social worker based at the school for part of the week.</p> <p>However, the engagement also highlighted that schools are educational establishments and cannot possibly provide every service that children and families require.</p>
Homework clubs and revision clubs	<p>When children in Westminster were asked what type of service they would like to see more of the top response was <i>'more after school clubs and more revision classes'</i>²⁶. Children were very much aware of the poverty cycle and believed in order to get the best out of life they should work hard at school and achieve as high as they can. These suggestions would also provide a safe learning environment if their parents are working and cannot afford childcare.</p> <p>Many parents and professionals expressed their positive feelings on homework and revision clubs.</p>
Transition into nursery/reception/secondary school	<p>It was reported that many children come into nursery / reception with no experience of larger group social interaction. Children don't know what to expect or what is expected of them. Often families have had little prior contact with services.</p>
There are fewer services for children aged between 5 - 13 years in the tri-borough.	<p>Local providers/staff and GPs have commented on the perceived lack of services aimed at children from 5- 13 leaving them more vulnerable and unsupported than other age groups, particularly during transition periods (e.g. into primary secondary school).</p>

Evidence base for what works

The child poverty local authority pilots identified that working in venues (including schools) where families feel comfortable is essential for full engagement. The School Gates initiative (which took Job Centre Plus staff into schools to provide employment support) found that schools were a great place to meet parents "on their own turf".²⁷ There needs to be good relationships with users, available space, appropriate management and front line staff who can support the service.

There is limited research available on what interventions work that specifically target

²⁶ Save the Children (2013) Young people's views on child poverty in Westminster

²⁷ Marangozov R and Dewson S (2011). Study of School Gates Employment Support Initiative. Sheffield: Department for Work and Pensions

8-13 year olds. The Families and Schools Together (FAST) parental engagement programme has been endorsed by both the Children's Workforce Development Council (CWDC) and the United Nations and has been shown to improve family functioning and child performance and behaviour.

There are also some examples of good practice such as a mentoring programme for 5-11 year olds with behavioural difficulties, run in Islington by Chance UK which has been shown to improve scores on the Goodman's Strength and Difficulties Questionnaire (SDQ)²⁸.

In conclusion, the following recommendations have been developed to reflect the key role of the school in the local community and the findings from the local engagement:

Recommendation 7: Support schools to identify and address the needs of deprived families and explore how to make effective use of the Pupil Premium to address those needs.

Recommendation 8: Explore the potential to develop schools as community hubs, to make best use of their facilities as a location to provide a range of services tailored for parents and children.

Recommendation 9: Promote the early identification of families who may need additional support during transition to integrate their child successfully into nursery / reception / secondary school.

Recommendation 10: Identify and address the needs of those aged 5-13 yrs to support their transition from children to young people, ensuring that service design (e.g. of after school clubs; holiday provision) facilitates the engagement of children of poor families.

²⁸ C4EO – Child Poverty <http://www.c4eo.org.uk/themes/poverty/vlpdetails.aspx?lpeid=305> (accessed 11/02/2014)

5. Accessing appropriate health care, at the right time

Introduction

Children and families living in poverty experience high levels of stress and anxiety, which affects both their mental and physical health. This can lead to families becoming socially isolated and children experiencing reduced opportunities for play, engagement in sports, leisure and social activities.

Recent research has demonstrated the vital importance of early access to maternity services and providing early help in pregnancy to ensure the best outcomes for women and their babies.

High maternal levels of anxiety in pregnancy can directly affect the unborn child. This can increase the risk of low birth weight and affect their brain development, subsequently cause lasting problems well in to childhood and adulthood (see WAVE Trust for research).

Poorer children have high rates of accidents, long term conditions and can experience more illness and allergies. Causes are multi-factorial but are related to poorer environmental and housing conditions, reduced opportunities for active play, a poorer diet, sleep disturbed by overcrowded conditions and the effects of parental mental illness or disability.

Children from deprived communities also have higher rates of obesity and increased risks of associated health problems. Poor families from bme communities and those with English as an additional language may also have difficulty accessing timely health services.

Improving timely access to maternity services, health and early support services help identify and address problems earlier and reduce the poorer health outcomes for children living in poverty. Timely and more integrated community services also reduces use and costs of hospital and emergency care

The local picture

Vulnerable pregnant women, including BME women with English as an additional language (EAL), experience more difficulty accessing maternity services and the support they need in pregnancy²⁹.

Inadequate interpreting services is a significant factor for local women with EAL and parents in deprived wards have asked for more help to understand and access maternity and support services and more help with financial, housing and benefits advice.

A new Maternity Champions programme is being set up to help pregnant women, especially those from bme backgrounds, to access maternity and other community & early help services. They will work closely with midwives and children's centres and be part of a new maternity pathway being rolled out across the tri-borough. This will provide more integrated support for vulnerable pregnant women through closer working between midwives, health visitors and GPs. Health visitors will provide ante

²⁹ BME Health Forum (2013) A study into the experiences of Black and Minority Ethnic Maternity Service Users at Imperial College Healthcare NHS Trust April 2011-March 2013 http://www.bmehf.org.uk/files/9913/7304/2177/Maternity_Report_Final.pdf

natal contacts with pregnant women and all community midwives from Imperial will be located co-located in children's centres and some GP practices.

Across the tri-borough, families make frequent use of urgent care and A&E services in addition to GP services, often for relatively minor illnesses or problems. The main causes of hospital admissions for children are extraction of teeth under anaesthetic (mostly for the first teeth) and respiratory infections (include social gradient).

The 'Itchy, Sneezzy, Wheezy' project aims to reduce children's admissions for respiratory illness such as asthma, though better identification and treatment of allergic illness in the community. Also, a new *Connected Care* pilot initiative is being implemented which provides specialist advice and support from paediatricians working closely with GPs, nurses, school nurses and health visitors to improve identification and management of common health conditions to prevent escalation and the need for hospital services.

Keep Smiling, is a targeted oral health promotion campaign that provides fluoride varnish and toothbrushing sessions in selected primary schools where rates of dental decay are highest, mainly in the most deprived wards. Brushing for Life packs are distributed by health visitors and all early years' staff and some Community Champions projects deliver oral health promotion messages and promote earlier access to a dentist.

According to the National Child Measurement Programme (NCMP) data (2012/13) Year 6 obesity rates across the Tri borough area are all above the national average. Reinforcing healthy lifestyles is important to avoid starting smoking, continue an active lifestyle, and build resilience with regard to alcohol and drug use, sexual health and mental health.

Early years health promotion and early intervention health services are provided in all three boroughs, with some variation in the level and type of provision. These services are delivered mainly through Children's Centres, health centres, nurseries, schools and other community settings. Public Health, Early Years and Children's Services are working closely together to commission targeted health promotion and early help services e.g. children's obesity prevention and healthy weight services in areas of highest deprivation, children's centre outreach and emergency welfare provision for homeless and vulnerably housed families.

Local engagement found that front-line staff (e.g. in children's centres/advice services) have observed an increase in mental health problems amongst parents accessing services, typically anxiety or depression arising from concerns about getting work or welfare changes. This includes higher rates of ante natal and post natal depression.

IAPT (cognitive based therapy and programmes for mild to moderate mental health problem) are not as well utilised as they could be, and a new Westminster IAPT pilot programme for new mothers is being evaluated at Churchill Gardens Children's Centre as a way of increasing access to mental health support.

A specialist perinatal mental health visitor provides individual and group interventions for women in North Kensington. Early Help, parenting programmes, Troubled Families and Family Nurse Partnership all provide emotional and mental health support to different groups of vulnerable families, most of which are living in

poverty.

The health issues highlighted in the engagement focussed on mental health, isolation and access to services are detailed in the table below:

Local voice	
<i>This section reports on themes taken from the views and opinions gathered during the engagement stage of the JSNA, and backed up with evidence where appropriate</i>	
Parental Mental health problems increasing	Local service providers have identified an increase in parents presenting with mental health problems from across the tri-borough. This is commonly attributed to anxiety about welfare reforms, unemployment and financial worries, and includes families who are working but suffering from in-work poverty. The most common problems are depression, stress, anxiety and sleepless nights.
Lack of capacity and expertise in front line services to help parents with mental health issues.	Staff who work in non-health related settings have emphasised that they feel that do not have the capacity or expertise to manage parents' mental health problems, including those with more significant mental health illness. They feel under pressure and are concerned about not delivering what their services were set up to provide, wider family support, as they are now spending much more time dealing with welfare reform related issues. Need more help from mental health services and better awareness of available services e.g. IAPT
Pressures on children to translate for parents	Staff working in non-health settings reported that parents who do not have English as their first language are bringing their children to translate all their family issues to the staff, including financial worries, housing issues, school movement issues, etc. This puts an unacceptable amount of pressure on children and is having a detrimental impact on their mental health.
Isolation	Some parents have become overwhelmed by financial pressures and anxiety, that they lose confidence and just stay in their homes. Subsequently, their children are often kept inside too which is not healthy. If families become isolated they often lack knowledge about who can support them through the current welfare changes. Often, parents are not aware of services they are eligible for, or grants they are entitled to access.
Better joint working between services to improve access to joined up services	The engagement process reported on some good examples of joint working e.g. speech and language therapists and health visitors working with children's centre staff and some effective integrated services, e.g. the Safeguarding Health Visitors in Hammersmith and Fulham integrated with social care. The Connected Care Model is helping to create better links between hospital services and GPs for children with health problems, but with Children's Centres playing a pivotal role in supporting young families they need to be better linked to this model. One recommendation was that each centre should have a link GP,

	<p>similar to the link health visitor model.</p> <p>Closer links are also needed between GPs and Early Help staff, dentists, pharmacists, midwives, social care, advice services schools and other services to provide more joined up access to health care and to reduce high use of A&E services. A social model of care is needed, that takes account of all the factors impacting on children’s health and well being, including poverty.</p>
<p>Access to maternity services and earlier help during pregnancy</p>	<p>A significant percentage of women do not book early enough into maternity services and those with English as an additional language and from bme groups often find it difficult to access and navigate the different tests, and appointments. Translators are not always available to explain things. Access to interpreting services needs to be improved for pregnant BME women</p> <p>Also, pregnancy can create extra stress on the expectant women and her partner, including the impact of housing and financial worries. Pregnant women should be supported to register with Children’s Centres at ante-natal stage.</p>

Examples of good practice

There were a number of examples of local good practice identified by stakeholders across the boroughs including:

- integrated maternity care, joint working between midwives and a named health visitor to support vulnerable pregnant women before the baby is born
- specialist perinatal mental health visitor providing individual and group interventions for women with ante natal and post natal depression in North Kensington
- The Family Nurse Partnership programme which achieves very good maternal and child outcomes by starting in pregnancy and providing consistent, evidence based out-reach services for vulnerable first time teen parents
- Voluntary and community sector organisations befriending isolated mothers and parents including Home Start, Family Friends
- the value of universal provision of the Healthy Child Programme health visiting services and Early Speech & Language Therapy (SLT) intervention delivered through Children’s Centres, which supports early identification for locality referrals or more specialist therapies
- the Keep Smiling oral health promotion programme
- training volunteers to support breastfeeding programmes

- provision of early evening and weekend child development review appointments and clinics as which increase uptake of services and result in more engagement with fathers
- Community Champions successful community engagement in health promoting activities and signposting families in deprived communities to health services
- Nursery Nurse led Sleep management interventions (RBKC)
- BOOST children's obesity prevention programme for 0-5 years
- Community paediatric clinics for management of allergic illness

Recommendation 11: Ensure that the 'Connecting Care for Children' model is implemented within a broader social model of health, ensuring that primary healthcare works closely with children's centres, early help and other family services to identify and address the family's wider socio-economic issues more effectively.

Recommendation 12: In order to facilitate early identification of need and to provide earlier support for pregnant women, pilot Maternity Champions to facilitate access to maternity services for bme and vulnerable women. Ensure that the integrated maternity care pathway works effectively within broader children and family services and supports women to register with children's centres ante-natally.

Recommendation 13: Increase children and families' joint working with IAPT services and support improved access to mental health support for parents with depression and anxiety. GPs, Adult Mental Health and CAMHS to ensure that assessments take account of the child's (and family's) broader needs, and that CAMHS are fully integrated into established care pathways.

Consider another recommendation somewhere in report about improving access to interpreting services and language line to ensure equitable access to welfare rights, financial, health advice, etc as bme families with EAL are over represented in low income/poor families. Children should not be asked or used as interpreters

6. Promoting family wellbeing by addressing housing related needs

Introduction

The condition and structure of housing and its amenities can significantly impact on health and well being. Poor ventilation, energy efficiency, insulation, damp, condensation, and inefficient heating / excess heat can all have an impact on health and lead to and exacerbate long term medical conditions.

Children living in poor or overcrowded housing are more likely to have respiratory problems, be at risk of infections, and experience long-term ill health and disability. They are also more likely to experience mental health problems such as anxiety and depression. It can also affect nutrition and development, educational attainment and future life opportunities³⁰

The local picture

The tri-borough area is one of the most densely populated areas in the country. There are pockets of concentrated social housing with many children living in **overcrowded** conditions. A recent study involving local families in Kensington and Chelsea raised housing conditions as a key issue. Evidence reported that over a quarter of parents were living in overcrowded conditions and that welfare reforms were moving families into cramped conditions. Working with partners, Westminster City Council delivered a number of successful projects aimed at mitigating the impact of overcrowding, including case workers offering a range of services such as minor space saving adaptations.

It is important for the children in overcrowded homes to have **access to open spaces** and good quality safe **outdoor play** experiences. There are many good quality parks, open spaces and playgrounds in each of the local authority areas and there has been significant investment in playgrounds and parks in recent years. It is important that this legacy is maintained and that children and families can continue to access safe open spaces and playgrounds within their communities.

The condition of **housing stock** across the tri-borough area poses challenges in improving **energy efficiency**. High numbers of flats, older properties and properties in conservation areas make many homes 'difficult to treat' with traditional methods such as cavity wall and loft insulation. Vulnerable occupiers, such as young children and the elderly are particularly at risk and also have the greatest exposure to a cold home environment due to the lengthy periods that they spend indoors.

All three boroughs are among the **least affordable** boroughs in London to buy a property, and private sector rents are also high. All three boroughs have also seen a rise in the use of **temporary accommodation**, particularly since welfare reforms began and housing benefit has been reduced for many residents.

Efforts are being made to address these issues e.g. Westminster City Council has an

³⁰ Harker, L (2006) *Chance of a lifetime: the impact of bad housing on children's lives*. London: Shelter

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ambitious programme of **housing renewal** which will deliver over **xx** homes. These will be a mixture of new social housing units, affordable rented products and private properties. Planning powers will also be used to deliver more homes, with developments over **X**sqm required to deliver 35% affordable homes. The masterplans will also focus on improving the public realm including green space, play areas and facilities for young people.

The Kensington and Chelsea Tenant Management Organisation has been working closely with the Council to improve the quality of housing stock, and to reduce energy consumption and address fuel poverty through insulation works. The Council is investing to deliver improvements in its housing stock as well as looking at potential regeneration opportunities. RBKC also commissions supported housing schemes for single parents at risk of homelessness, which aim to support families in the transition to permanent housing through the provision of support and advice services that include resettlement and employment and training support. A Tenancy Sustainment Team also supports families in temporary accommodation

Engagement with local stakeholders identified the following themes in relation to housing:

Local voice

This section reports the views and opinions gathered during the engagement stage of the JSNA, and is backed up with evidence where appropriate.

Overcrowding	It was reported that many families across the tri-borough are living in cramped conditions and in housing which is too small for their needs. It was reported that children don't have their own space to sleep/eat/ do homework etc.
Welfare reform	The view was expressed that families have been asked to move out of the borough in order to live in a house which accommodates the size of the family better.
Cost of rent	The cost of rent is so high in London compared to other parts of the UK, and many families struggle to afford the rent.
Fear of losing local support networks	Parents have reported feeling afraid that they will be moved away from the borough they 'grew up in' because of their inability to afford housing costs.

Evidence base for what works

Residential environmental health service (REHS) departments have an important function in addressing housing conditions and the associated home visits can highlight otherwise hidden issues which can be addressed through referral to other services, for example health or social care. When dealing with private sector properties, the REHS has enforcement powers, using the Housing Health and Safety Rating System (HHSRS), although these powers do not extend to public sector housing and there is no duty on arms length management organisations to ensure that the standard required by the HHSRS is maintained. In Westminster initiatives to overcome this anomaly were introduced, namely the Healthy Futures and

Well@Home projects

A strand of the **Warm Homes Healthy People** targeted families living in council properties, who were most likely to be affected by welfare reform, under occupation and reductions in benefits. Visits were carried out by CityWest Homes (CWH) staff that had been specially trained to give advice in energy saving and trained to refer to other specialist advisors. The project was successful, visiting and advising 200 families with young children; and providing practical assistance and advice to 120 other families .

The Healthy Homes checks were delivered through RES and CWH and lasted between 1-2 hours. During the visit the household received advice about fuel tariffs, income maximization; fuel debt, practical support in keeping warm and a survey to identify the need for heating and insulation improvements

In Kensington and Chelsea two specialist officers have been appointed to engage with every tenant impacted by welfare reform changes, and the Housing Department has set up a welfare reform team to engage with all households impacted by the changes in Temporary Accommodation; the team give bespoke advice on accessing accommodation that is affordable and on training and employment options

To conclude, the following recommendations are made with regard to housing

Recommendation 14: To ensure that all housing allocation policies (of all affordable tenures) are structured in a way so as to reduce child poverty.

Recommendation 15: Review targeted support for families who are homeless or threatened with homelessness to ensure that these families are engaging with the range of advice, support and care services available

Recommendation 16: Ensure that the link between family health and poor housing conditions are recognised in housing strategy response. Develop greater integration between REHS and other front line services, particularly health and social care, to ensure that housing conditions are improved

Conclusion

This report assesses child poverty needs across Tri-borough, making comparisons with published data, both regionally and nationally. Data has been reinforced by views of children, families and stakeholders via a comprehensive stakeholder engagement process.

The findings of this report conclude that the profile of child poverty has changed over the last 10 years, from predominantly workless families to low-paid working families. There are significant barriers around housing and childcare which make alleviating child poverty a significant challenge in London. The economic downturn and recovery has also been reflected in the demography of families living in poverty in each of the three boroughs; in the current climate having a job does not necessarily lift families out of poverty.

Research suggests that education is the long-term solution to break the generational cycle of poverty, yet the success in education standards in London over the last 10 years has not resulted in more young people finding paid work. On the contrary, the unemployment rate for young adults (aged 16 to 24) started to rise before the recession and has grown at a faster rate. In 2012 25% of economically active young adults in London were unemployed, compared with 20% for young adults in the rest of England.

Each borough has a duty to prepare a strategy to alleviate child poverty and the findings of this assessment and the research cited in it, can be used to inform local responses.

¹ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

² <http://www.instituteofhealthequity.org/projects/demographics-finance-and-policy-london-2011-15-effects-on-housing-employment-and-income-and-strategies-to-reduce-health-inequalities/the-impact-of-the-economic-downturn-and-policy-changes-on-health-inequalities-in-london-full-report>

³ Child Poverty in 2012: *It shouldn't happen here*, Save the Children, 2012

⁴ Estimating the costs of child poverty Round-up: Reviewing the evidence Joseph Rowntree Foundation October 2008

Appendix 1. List of stakeholders included in engagement (needs completion)

Westminster

Pimlico Toy Centre Manager
Children Centre Manager (South)
Children Centre Manager (North East)
Children Centre Manager (North West)
Bayswater Family Centre Manager
Community Safety Team Manager

RBKC

RKBC Advice Forum (staff from citizen advice forum, kcsc staff,
Parents Forum (St Quintin's - children with disabilities)

Hammersmith and Fulham

Health visitor
Social Workers

Engagement Summit - LA teams, housing, school nurses, children & family teams,