

HAMMERSMITH AND FULHAM

HEALTH AND WELLBEING BOARD – 26 JANUARY 2015

REPORT BY THE TRI-BOROUGH EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES

Developing an approach to tackling Child Poverty

This paper provides an update report following the JSNA on child poverty (published in July 2014) and recommends further activity.

FOR DECISION

1. INTRODUCTION

- 1.1 Child poverty was not explicitly prioritised in the Joint Health and Wellbeing strategy when it was endorsed by the Board in June 2013. Children's services are the main contributor to Priority 3 of the strategy (every child has the best start in life), as the lead agent identified "to lower the proportion of children living in poverty and to ensure that fewer children have poor health, education and welfare outcomes that are known to relate to poverty."
- 1.2 Since the strategy was drafted, "out of work" child poverty has reduced (attributed to the measure being relative to median income) and "in work" poverty has increased (attributed to the suppression of wages). A joint JSNA has been published and the incoming administration has committed to developing a strategy to promote early intervention and reduce child poverty, via its manifesto of April 2014.

2. BACKGROUND

- 2.1 The government published its strategy on child poverty in April 2014. The Child Poverty Act 2010 establishes a statutory framework for local partners to cooperate to tackle child poverty. The expectation is that partners **publish** a Joint Strategic Needs Assessment and **prepare** a Child Poverty strategy. This note provides a short update on needs assessment and strategy and recommends next steps for the Board to consider.
- 2.2 The Public Health team led a cross departmental 'deep dive' JSNA on child poverty in early 2014, across all three boroughs. The final report was considered for approval by the Health and Wellbeing Board in March 2014 and was published in April 2014. The borough has therefore met its duty with regards to assessment of needs. The Board noted the JSNA, which presented some potential recommendations and proposed a set of priorities. Whilst no specific actions were commissioned by the Board as a result of the JSNA, this report provides a brief update on how services have targeted to meet needs found in the JSNA study.

3. NEED: what the JSNA found and recent activity to support families

- 3.1 The Health and Wellbeing Strategy carries an objective of “giving every child the best start in life” and a JSNA on child poverty contributed to this priority. The JSNA reinforced what we know about levels of deprivation in some areas of the borough and demonstrated that the drivers of child poverty are complex and multi-faceted. It also demonstrated that the child poverty is intrinsically linked to family income, and that families have been affected by the recent economic downturn and changes to benefits.
- 3.2 Historically, child poverty affected ‘workless’ families in London and efforts were focussed on supporting families where no adult was in sustainable employment. However the trend in recent years is for working families to represent an increasing proportion of those living in poverty, because of low pay, employment conditions and high housing costs. For example, unemployment in London has reduced significantly since the start of the recession, yet levels of child poverty have increased.
- 3.3 Addressing the causes and consequences of child poverty therefore requires attention from a range of agencies, both statutory and voluntary with Children’s Services just being one. Schools and wider children’s services play a key role in dealing with the consequences of child poverty.
- 3.4 The JSNA report suggested 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
 - All families have access to housing of a reasonable standard.

The appendix provides some examples of recent service developments to address the priorities identified.

- 3.5 The Troubled Families programme, Early Help services and response to welfare reforms by Children's Services all ensure that those most likely to be in poverty are targeted for support. The importance of targeted parental employment support, pay and conditions and housing costs, and the related impact on child health, mean that the causes and consequences of child poverty extend across the whole family and need to be tackled by departments across the council and by the NHS. Child Poverty cannot be reduced and its impact alleviated by Children’s Services alone.

4. CONSULTATION

- 4.1 The JSNA on child poverty was produced via wide consultation with local authority departments, NHS partners, statutory providers and voluntary / community sector partners. An engagement summit was held in November 2013, attended by over 70 representatives from a breadth of organisations. The draft JSNA was considered by the Health and Wellbeing board in March 2014.

5. OPTIONS

- 5.1 The Health and Wellbeing Board is asked to consider options on *governance* of child poverty policy and *strategy* development to address the needs identified via the JSNA and elsewhere.
- 5.2 ***With regards to governance***, the Board is asked to consider and decide whether:
- A) The Lead member for Children should be identified as the portfolio holder for child poverty policy and strategy development; and
 - B) The Health and Wellbeing Board should be the body which oversees child poverty policy and strategy in the borough.
- 5.3 ***With regards to strategy***, some local authorities do not publish a stand-alone child poverty strategy and the borough does not currently have such a strategy. The local authority has few levers over national tax and benefits policy or the austerity measures set out by central government. A child poverty strategy that contains measures to address the *causes* of child poverty (e.g. to increase family income) could be a challenge to achieve on a scale that will affect child poverty statistics across the borough. The local authority and its partners have more leverage in addressing the *consequences* of poverty on the child and ensuring that its major plans and strategies consider their contribution but these are more difficult to measure and quantify. As a result, some local authorities reflect child poverty in all major strategy and commissioning decisions of the council and partners rather than in one single document.
- 5.4 In LBHF, at present there is no specific strategy dedicated to child poverty. The borough's Children's Plan has been the strategy vehicle used to articulate an approach to alleviate child poverty locally to date, however the statutory duty to produce a children's plan has been removed.
- 5.5 It is recommended that the Board commissions a standalone child poverty strategy for the borough, working across statutory and voluntary partners and with parents locally. Specifically, a strategy should include contribution from children's services but also from Housing, Health, Regeneration and Economic Development departments which all have a role in alleviating child poverty.

6. RECOMMENDATION(S)

6.1 It is recommended that:

- a) The Lead member for Children should be identified as the portfolio holder for child poverty policy and strategy development, delegating to the Director for Children's Services on behalf of the Board, working with statutory and voluntary partners.
- b) The Health and Wellbeing Board commissions a child poverty strategy, led by Children's services and working across statutory and voluntary partners and with parents locally. It is also recommended that each partner on the Health and Wellbeing Board commits relevant resources as required, to ensure consistent contribution from all agencies.

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Background papers: Child Poverty JSNA July 2014. Child Poverty Act 2010.

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Appendix A: Examples of recent service developments, contributing to child poverty in Hammersmith and Fulham.

The following provides just a few examples of how existing services and planned investment is meeting the needs identified via the JSNA.

Priority 1- Supporting families to engage with services

1.1 In May 2014, the Public Health Investment Fund invited proposals that could make significant contributions to developing a more co-ordinated and focused approach to improving health and wellbeing.

1.2 Public Health are contributing over £1m during the coming three year period to support the continued provision of targeted activity in children centres ensuring that vulnerable families are able to access a range of health promoting and preventative services.

Priority 2 – Promoting parental employment

2.1 Part of the £1m allocation referred to in paragraph 1.2 will be targeted specifically at initiatives to support parents into employment.

2.2 The Public Health Investment Fund is funding an initiative that will target employers within the Tri-borough area to promote the London Healthy Workplace Charter and engage with businesses to support them to achieve recommended standards. It is intended that one area of focus will be family friendly terms and conditions.

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

3.1 A task and finish group is in development to review childcare in the borough, including affordability and quality.

3.2 Early years and childcare providers within each borough already provide a mix of sessional and flexible day care in order to meet the needs of local families. Now that the eligibility criteria for the targeted two year old offer has expanded to include more low income families, additional places will be created that suit the needs of these families as demand grows for parents wishing to take up this offer.

Priority 4 – Supporting the role of the school community

4.1 From September 2014 all children in Reception, Year 1 and Year 2 became entitled to a Free School Lunch. Officers have been working with schools within the school meals contract to implement this change. Early indications are that from an already high base, school meals consumption has risen. Officers are currently working on the re-procurement of the school meals service, on behalf of schools. Schools have determined that all school lunches under the new contract will meet the Food for Life Silver or Gold Standards and that new providers will also contribute to local

employability by seeking their workforce from the local area and the provision of workforce training.

- 4.2 From 1 January 2015, schools across England are legally required to ensure milk is made available during the school day to all pupils (5-18 years) who want it. Schools can make milk available at either mid-morning or afternoon break or at lunchtime. Those infant school pupils who are receiving free school meals will receive it as part of their lunch. Older pupils who are registered for Free School Meals will receive the milk free at whatever time the school makes it available.
- 4.3 As part of the School Food Plan funding was allocated to Magic Breakfast to pilot and evaluate a number of models of school breakfast club provision. Public Health worked with Magic Breakfast to identify and contact eligible schools. 12 schools with high Free School Meal eligibility across the Tri-borough have taken the opportunity to take part in this 2 year pilot. These include 4 primary schools, 6 secondary schools and 1 Pupil Referral Unit which will significantly expand the number of free breakfasts available to pupils.
- 4.4 The boroughs' Housing Strategy (draft) includes reference to key worker housing, particularly in relation to priority on the HomeBuy Register.

Priority 5 – Appropriate healthcare, at the right time

- 5.1 Action is underway to improve the maternal and child health outcomes of the most disadvantaged groups. Maternity champions for Old Oak have been recruited and are currently being trained. This initiative has a particular emphasis on improving access to services and enhancing the support available to BME and other families who find it difficult to access mainstream provision.
- 5.2 Implementation of the maternity champions initiative is being supported by community midwives, who are also now operating out of children's centres in areas of the highest deprivation across all three borough. This enables earlier and more timely access to maternity services and the provision of a more integrated maternity care pathway.
- 5.3 The CCGs have recently launched a programme called Connected Care for Children. This model brings paediatricians out of hospitals into GP practice hubs to enhance local clinical knowledge of children's health. There is an opportunity to encourage these hubs to network with local children's centres and seek fresh opportunities for integrated services and support for families.

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

- 6.1 An award from the Public Health Investment Fund is being used to add capacity to the residential environmental health team to specifically target those residents whose health and wellbeing is vulnerable to poor housing conditions, undertaking home visits to identify and address any housing issues that might compromised their health and wellbeing / put them at risk and developing and implementing an action

plan to address these issues. There is a specific focus in this work on households with young children.

6.2 The Public Health Investment Fund is also funding the expansion of the Housing Department's Occupancy Team role to offer an enhanced 'In-Situ' overcrowding service. This will involve working with overcrowded tenants, giving advice and practical assistance to better use the space that tenants have within their existing property. The project aims to improve living conditions and will be of direct benefit to poor families.

6.3 A Housing Strategy will be issued in draft form for consultation, including findings from a Housing Needs Assessment. Following a consultation period the intention is to bring a final strategy for approval to Cabinet in Spring 2015.