

WESTMINSTER CITY COUNCIL

HEALTH AND WELLBEING BOARD – 22 JANUARY 2015

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

CHILD POVERTY – JSNA UPDATE AND NEXT STEPS

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 Better City, Better Lives and the Board's Joint Health and Wellbeing strategy share a priority which seeks to "give every child the best start in life." Addressing the causes and consequences of poverty and income deprivation have been a priority for Children's services for a number of years, notably via the borough's Child Poverty programme with Save The Children (2011-2014). This was a three year partnership that sought to respond to, and mitigate against the effects of, child poverty in the borough.

2. BACKGROUND

- 2.1 The government published its strategy on child poverty in the Spring of 2013. The borough does not currently have a single, standalone strategy on child poverty. The Child Poverty Act 2010 established 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 Tri-borough 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 Joint Health and Wellbeing Strategy (2013 to 2016) carries an objective of “giving every child the best start in life” and refers to carrying out a JSNA on income deprivation as a 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 and the Housing department 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 it should be the body which oversees child poverty policy and strategy in the borough. Given the findings of the JSNA and the impact that poverty has on child health and wellbeing in the short, medium and long term, the Board is ideally placed to oversee progress in addressing both the causes and consequences of child poverty.
- 5.3 With regards to ***strategy***, like Westminster, many local authorities do not publish a stand-alone child poverty 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 seeks to reduce child poverty could be a challenge to achieve on a scale that will affect child poverty statistics across the entire borough. The borough's Children's Plan was 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.
- 5.4 The local authority and its partners have more leverage in addressing the consequences of poverty on the child, ensuring that all major plans and strategies seek to maximise their contribution to the child poverty agenda.

6. RECOMMENDATION(S)

6.1 It is recommended that:

- a) The Health and Wellbeing Board agrees to be the body to oversee a co-ordinated response to child poverty in Westminster;
- b) The Director for Children's Services leads the next steps on behalf of the Board, working with statutory and voluntary partners;
- c) The Health and Wellbeing Board commissions a piece of work (led by Children's services) to establish whether and how all council and partner services contribute to alleviating child poverty and income deprivation locally through their existing plans and strategies. This would identify how children and families living in poverty are targeted for services in key plans and commissioning decisions. This approach will also enable effective identification of gaps in provision; and
- d) 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 Westminster.

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 Better City, Better Lives will ensure that 50% of families on the Troubled Families programme will have resolved their re-offending, Anti-Social Behaviour, and poor school attendance.
- 1.2 The Your Choice programme worked with over 100 gang members and at-risk young people to help them access support and mentoring, get into employment and training, and exit gangs.
- 1.3 Better City Better Lives carries a priority to enable school leavers and adults with barriers to work to enter employment.
- 1.4 In May 2014, the Public Health Investment Fund (PHIF) invited proposals that could make significant contributions to developing a more co-ordinated and focused approach to improving health and wellbeing. As a result Public Health are contributing funding 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 An initiative is underway to consider how best to increase parental employment rates. Pending the outcome, funding has been allocated by the PHIF referred to above to support pilot initiative(s).
- 2.2 The PHIF is also supporting the continuation and extension of the Welfare Reform Team which works with households in housing need who are affected by welfare reform, to support access to employment and prevent homelessness.

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

- 3.1 A key project via Better City Better Lives is provision for 886 free day care opportunities for two year olds. The Family Information Service are planning for the take-up of tax free childcare which will be launched in Autumn 15 and will enable working families¹ with children under the age of 12 to claim up to £2000 per child per year. This will benefit more working families than those who currently have access to workplace childcare voucher schemes.
 - 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
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the eligibility criteria for the targeted 2 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 Better City Better Lives will ensure that there is a place in education, employment and training for every young person after they complete their GCSEs.
- 4.2 A new Employment Passport has been rolled out across six schools in the Tri-borough area, helping ensure we have a skills ready workforce.
- 4.3 Working with the Sir Simon Milton Foundation, Network Rail and the University of Westminster, we will start on the building of the University Technical College to ensure that Westminster has a skills ready workforce which matches the needs of the employment market.
- 4.4 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 across the Tri-borough has risen. Officers are currently working on the re-procurement of the school meals service across the Tri-borough area, 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.

Priority 5 – Appropriate healthcare, at the right time

- 5.1 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 PHIF is being used to add capacity to enable the residential environmental health team to work more closely with GPs, health professionals and adult social care to intervene and advise where health issues that are linked with poor housing conditions have been identified, including undertaking arrange home visits.
- 6.2 A separate PHIF award is being used to establish a proactive residential environmental health service for council tenants in Westminster whose health and wellbeing is compromised by poor housing conditions.