LONDON BOROUGH OF HAVERING

# Child Poverty Needs Assessment

2018

Risk Factors, Prevalence & Outcomes

Current Interventions & Service Gaps

*By London Borough of Havering*

Version 2.1 (December, 2018)

HAVERING
J S N A

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# Acknowledgements


| Name | Position | Topic | Department |
|---|---|---|---|
| Anthony Wakhisi | Principal Public Health Specialist | Main Author, Executive Summary, Background, Socio-demographics & Final Report Compilation. | Public Health |
| Claire Alp | Senior Public Health Specialist | Health Outcomes & Review of the Executive Summary | Public Health |
| Alex Healey | Money Advice Officer | Household Income & Financial exclusion | Homes & Housing |
| Deborah Moonasar | Skills & Business Engagement Manager | Long-term Unemployment | Economic Development |
| Kit Weller | Community Safety Analyst | Domestic Violence & Crime | Community Safety and Development Team |
| Elaine Greenway | Consultant Public Health | Substance Misuse & Mental Health | Public Health |
| Joe Agius | Housing Strategy and Policy Officer | Housing, Overcrowding & Homelessness | Housing Services |
| Gary Jones / Jane Carroll / Ali Omar | Children Services | Children in Need, Looked After Children & Children Not in Education, Employment or Training (NEET) | Children Services |
| Trevor Cook | School Provision & Commissioning Manager | Educational Outcomes | Learning & Achievement team (Children Services) |
| Lisa Burscheidt | Clinical Librarian | Evidence Search - All Topics | NHS Aubrey Keep Library Service |
| Mayoor Sunilkumar | Principal Public Health Analyst | Data Analysis & Graphics | Public Health |
| Hasna Begum | Public Health Analyst | Editing & Maps | Public Health |

# Executive Summary

## 1 Context

The impact of poverty on a child is well-documented. Children growing up in poverty are affected in every area of their development - physical, intellectual, social and emotional. They are less likely to have reached expected levels of development by the time they start school,[1] their educational attainment will be lower than their peers,[2] and they are more likely to experience adverse health outcomes.[3] Living in a poor family can reduce children's expectations for their own lives and lead to a cycle of intergenerational poverty.[4] As adults, children who have grown up in poverty are more likely to be unemployed, live in poorer housing and suffer ill health.

In the UK, children are considered to be living in poverty if their family is in receipt of out-of-work benefits or tax credits and has a reported income of less than 60% of median income.[5] A sixth of children (16%) aged below 16 in Havering are living in poverty.[6] This is significantly lower than the London (19%) and England (17%) averages, but nonetheless means that more than 7,000 children in Havering are at greater risk of poorer health and education outcomes and the wider-reaching, longer-term impacts of these. Heaton, Gooshays and Brooklands wards have the highest proportion of children living in poverty - 19-21% before housing costs are taken into consideration and 30-33% after housing costs are accounted for.

This summary provides an overview of collated intelligence on child poverty in Havering and recommends steps that should be taken locally to address associated factors. For more detail, please refer to the full needs assessment at: https://www.haveringdata.net/joint-strategic-needs-assessment/

## 2 Causes, risk factors and high risk groups

### 2.1 Direct causes

Poverty is seldom the result of any one factor, and almost always results from an overlapping, shifting series of influences that include employment opportunities, state support and individual factors.[7]

[1] Waldfogel J.,et al.(2010) Low income and early cognitive development in the UK.Sutton Trust:1–60.
[2] Goodman A, et al. (2010). Poorer children's educational attainment. Joseph Rowntree Foundation.
[3] Royal College of Paediatrics and Child Health. (2017). State of Child Health 2017
[4] Gregg, P., et al (2017). Children in jobless households across Europe. Institute of Education.
[5] http://researchbriefings.files.parliament.uk/documents/SN07096/SN07096.pdf
[6] HM Revenue and Customs: Personal Tax Credits: Related Statistics - Child Poverty Statistics
[7] Joseph Rowntree Foundation. (2016). UK Poverty: Causes, costs and solutions

## Worklessness and Low Income

Worklessness is a strong driver of poverty, but it is important to recognise that being employed is not an automatic solution as 55% of people living in poverty in the UK are in working households. [8]

In Havering, 80% of people aged 16-64 are in employment, higher than London (74%) and England (75%). However, only 43% are within managerial and professional employment groups, compared to 55% in London and 46% in England. Despite relatively low deprivation scores and high employment rates in Havering, the average gross income per household (£44,430) is low compared to the London average (£51,770). The most income- and employment-deprived wards are in the north of the borough and include Gooshays, Havering Park and Heaton.

The impacts of low income are exacerbated by costs of living including accommodation, transport, fuel and food which have a significant impact on a household's disposable income. 7,365 children in Havering are classified as living in poverty before housing costs are taken into account. Modelled figures that account for living costs see this number rise to 13,485 children. Between November 2014 and November 2015, Havering experienced a 12.5% increase in the average cost of rental properties. This grew by a further 5% over the following two years.

Latest data (February 2018) shows that there were 2,620 unemployment-related benefits claimants aged 16-64 in Havering. At 1.7% of the population, this is lower than London (2.1%) and England (2.0%). However, inequality exists and claimants rise to 3.3% of the population in Gooshays, 2.8% in Heaton and 1.9% in Romford Town, compared to 0.5% in Upminster. Gooshays, Heaton and Romford Town wards also had the highest number of people receiving Employment Support Allowance and incapacity benefits (December 2016).

## Welfare System Changes

Changes to the welfare system have been designed to incentivise employment as a route towards increasing income and thus protecting against poverty. However, concerns have been raised over the initial implementation of the new system, and projections suggest it may result in an additional one million children living in poverty in 2020.[9]

[8] Joseph Rowntree Foundation (2014). The benefits of tackling worklessness and low pay.
[9] Child Poverty Action Group (2017). The Austerity Generation

A significant number of individuals in Havering especially in deprived areas are faced with financial exclusion. With the implementation of the universal credit service in June 2018 some families will not only experience further reduction in their incomes, but may find it challenging to access benefits using the new digital system. Financial exclusion affects the unemployed and under-employed if they are not able to access the services and skill development opportunities are available to support them to become fully employed individuals.

## 2.2 Risk Factors

The following factors are associated with poverty:

- **Parent ill health and disability** can increase costs of living, including those associated with caring and managing the illness, and can reduce capacity to work. Children in families with a disabled adult are over a third more likely to be in poverty than children in families with no disabled adult (22% compared to 16%).[10]
- Child poverty is more common among **some ethnic groups**. In the UK, child poverty is higher among the Bangladeshi, Pakistani, Black and Chinese ethnic groups than it is among the Indian or White ethnic groups.[11] A recent report found that over 40% of Bangladeshi and Pakistani children in the UK were growing up in poverty, compared to 15% of children in the white majority population.[12]
- **Lone parent families** are more likely to live in poverty. In 2015/16, 46% of households in the UK with lone parents were living in poverty, compared to 21% of two-parent households. Between the 2001 and 2011 census, one-adult households with children under 16 in Havering increased from 4,005 to 7,224.
- **Crime** has a two-way relationship with poverty, with parental imprisonment being associated with adverse outcomes for children and poverty potentially increasing a child's propensity to become involved in crime or a gang. In 2016, rates of adult offending in Havering ranged from 500-800/100,000 adult population in the four most deprived wards, compared to an average of 228/100,000 across the borough. In the same year, 78 young people (0-17 years) in Havering entered the youth justice system for the first time. The highest proportion of youth victims of crime came from the four most deprived wards.
- **Domestic violence** is another factor that has a two-way association with poverty, with poverty acting as a driver of abuse, and abuse acting as a driver of poverty vulnerability for partners fleeing abusive relationships.[13] Between October 2016 and September 2017 there were 4,333 incidents of domestic abuse reported in

[10] DWP (2013b)
[11] Joseph Rowntree Foundation. (2017). UK Poverty 2017
[12] Joseph Rowntree Foundation. (2015). Six things about how poverty affects different ethnic groups
[13] Fahmy, E. et al. Evidence and policy review: Domestic violence and poverty

Havering, of which 2,284 were classified as criminal offences. Gooshays, Heaton, Romford Town and Brooklands, among the most deprived wards in the borough, had the highest incidents of domestic abuse reported.

- **Substance misuse** by parents has a two-way association with child poverty. Alcohol misuse is both a driver of and response to poverty, often co-existing with a variety of other problems such as mental ill health. Alcohol misuse can undermine protective factors against vulnerability to homelessness such as social networks that help to maintain employment. Latest records (March 2018) show there were 207 children living with parents who were attending the drugs and alcohol treatment service in Havering. 48 of these parents were also unemployed. There were also 32 children reported as attending the youth drugs and alcohol treatment service.
- **Poor housing** tends to be an outcome, rather than driver, of poverty, with low incomes preventing access to, and sustainability of, many housing options.[14] Children living in poor or overcrowded conditions are more likely to have respiratory problems, be at risk of infections and have mental health problems, and struggle more with learning and education.[15] In 2016/17 there were 738 homeless households in Havering, an increase of 67% since 2010/11. This is equal to a rate of 7.2/1,000 households, more than twice the England average (3.3/1,000) but about half the London average (15/1,000). Generally the largest percentage of households who approached the council as homeless in 2017 came from the more deprived wards. Romford Town (1,014), Brooklands (796) and Gooshays (786) have the highest number of overcrowded households, collectively accounting for 36% of all overcrowded households in Havering.

## 2.3 High Risk Groups

Evidence shows that some groups of children are at greater risk of experiencing poverty. Children in the groups described below are also more likely to come from poorer backgrounds, highlighting the cyclical and intergenerational nature of poverty. When appropriate and timely support and intervention are provided, it is possible for this cycle to be broken.

- Nearly half (45%) of children identified as **Children in Need** in Havering reside in the five most deprived wards (although it should be noted that these wards have a higher proportion of children than less deprived wards). Many present with a range of health, behavioural and developmental issues which put them at risk of continuing poverty. In March 2018 there were 455 Children in Need in Havering.

[14] Joseph Rowntree Foundation. (2013). The Links Between Housing and Poverty
[15] Harker, L. (2006) Chance of a lifetime: The impact of bad housing on children's lives

- Latest available data (2018) shows there are 245 **Looked After Children** in Havering. This is equal to a rate of 44/10,000 children which is significantly lower than the London and England average. Overall Havering's rate has been rising over the last 7 years but has remained lower than the England and London averages. Data on the proportion of children who lived in areas of deprivation prior to coming into local authority care was not available.
- **Children with Special Education Needs and Disabilities (SEND)** are at increased risk of experiencing inequalities including being more likely to live in poverty, have fewer educational qualifications, experience delays in receiving effective and appropriate healthcare, and experience prejudice and abuse.[16] In 2017 there were 3,514 pupils with special education needs (SEN) in Havering schools and institutions. This equates to 8.9%, significantly lower than the London (14.3%) and England (14.4%) averages. Gooshays, Heaton and South Hornchurch are amongst Havering's most deprived wards and have the highest rate of children with SEND.
- **Young People not in education, employment or training (NEET)** are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood and lifelong poverty. In 2017 the percentage of young people classified as NEET in Havering was 3.3%, below the London (4.6%) and England (5.7%) averages. Ward level analysis shows NEET hot spots are in Romford Town (7.1%), Harold Wood (6.4%), Havering Park (5.3%) and Gooshays (4%) where deprivation is relatively higher.
- **Young Carers** living in households where one or more adult has reduced capacity to work are more likely to be living poverty. Caring responsibilities also leave young people with reduced capacity to engage with training and education or work, increasing the probability of them living in poverty in the future.[17,18] In Havering over 400 children aged below 16 years are estimated to be providing unpaid care. More than one in five (22%) provide at least 20 hours per week. Gooshays (12/1,000) and Heaton (15/1,000) have the highest number of children carers, equating to 42 in each ward.

# 3 The impact of poverty

## 3.1 Health outcomes

Poverty is a significant driver of poor health outcomes. Children living in poverty are more likely than children growing up in more affluent families to die in the first year of life, become overweight, have tooth decay and develop chronic conditions such as

[16] Korkodilos, M. (2017). Supporting children and young people with disabilities in london
[17] Children's Society 'Young Carers in Focus' programme
[18] Children's Society's 'Hidden from View'

asthma. Persistent poverty increases young people's likelihood of developing conditions such as depression and engaging in risky behaviours. Poverty can be both a causal factor and a consequence of mental ill health.

Premature births and low birthweight are strong risk factors for infant mortality, and both are strongly associated with deprivation. In 2016/17, a total of 69 live births (2.3%) in Havering were classified as low birthweight, similar to the London and England averages.

Breastfeeding has health benefits for mother and baby and economic benefits for families. In 2016/17, 60% of Havering mothers breastfeed their babies in the first 48 hours after delivery, significantly worse than the England average (75%). Recent data on the association between breastfeeding and deprivation is not available, but nationally in 2010, 46% of infants in the most deprived areas were breastfed compared to 65% in the least deprived areas.

There is a strong association between deprivation and excess weight, with prevalence higher among children from more deprived areas. 2013-16 data for Havering shows that, at Reception age, 20-23% of children were overweight or obese in wards in the least deprived quintile (IMD 2015) compared to 25-30% in the most deprived quintile. In Year 6, the prevalence rate is 27-35% in wards in the least deprived quintile compared to 39-41% in the most deprived.

Children eligible for free school meals (an indicator of deprivation) are more likely to have dental disease than their peers.[19] Data on dental health and deprivation in Havering was not available. Overall in Havering in 2014/15, 20.0% of 5 year olds had one or more decayed, missing or filled teeth, similar to England (24.8%) and significantly better than London (27.3%). Given the adverse experiences associated with poor dental health, this indicates that school readiness and attendance could be negatively impacted for a fifth of children starting school in Havering each year.

Deprivation can be both a driver and consequence of teenage pregnancy. Under 18 conceptions are associated with single parenthood which is a driver of child poverty. Between 2008/9 and 2012/13, 1.2% of deliveries in Havering were to mothers aged 12-17. The rate was significantly higher in Gooshays (2.5%), Heaton (2.5%) and Rainham and Wennington (2.2%) which are among Havering's most deprived wards.

## 3.2 Education outcomes

There are 39,598 pupils in all schools in Havering, the majority of whom are in state funded primary (22,471) and secondary (15,986) schools. There are 87 schools in the borough (60 primary, 18 secondary, 6 independent and 3 special schools).

[19] Health and Social Care Information Centre. (2015). Child Dental Health Survey 2013, England, Wales and Northern Ireland.

Trend analysis shows pupil performance in Havering at all levels has been improving over the years. However the performance of children from deprived backgrounds has remained consistently lower than those from less deprived backgrounds.

In 2016/17, 57% of pupils from deprived backgrounds achieved good development at the end of Reception year compared to 72% for all pupils.

In 2017, 58% of pupils from deprived backgrounds attained the expected standard at the end of Key Stage 2 in reading, writing and maths compared to 78% of those from less deprived backgrounds. Whilst the gap in performance between disadvantaged and non-disadvantaged pupils at Key Stage 2 narrowed for England and other comparators between 2016 and 2017 it widened for Havering from 15% to 20%.

In 2017, 52% of pupils from deprived backgrounds did not achieve 5 or more A*-C GCSE grades including English and Mathematics at the end of Key Stage 4, compared to 26% for less deprived. The gap in performance between disadvantaged pupils and non-disadvantaged pupils decreased for England and other comparators between 2013 and 2016, but widened slightly for Havering from below 25% to 26%. The gap has been consistently higher than the London and Outer London average for the past 5 years.

## 4 What works in tackling the effects of child poverty

Family, home environment, health and education are key factors in a sustainable approach to tackling the negative impacts of child poverty. Intervening early to support children's development and attainment acts as insurance for the future by improving life chances; helping children to progress and preventing them from becoming the next generation of disadvantaged parents.[20] Approaches focus on supporting a child's physical, cognitive, behavioural and social and emotional development. Evidence shows that effective intervention at any point during childhood and adolescence will improve life chances, helping to manage the complex interaction of risk factors and adverse childhood experiences that young people encounter, and enabling the fostering of personal strengths and skills that prepare them for adult life.[21] To have greatest impact on reducing inequalities, services should ideally be provided universally but with a scale and intensity that is proportionate to the level of disadvantage - known as proportionate universalism.[22]

[20] HM Government. (2011). A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives

[21] Early Intervention Foundation (2018) Why early intervention matters

[22] The Marmot Review. (2010). Fair Society, Healthy Lives

The UK Child Poverty Strategy describes three overarching steps to tackling child poverty: [23]

- **Supporting families into work and increasing earnings by creating jobs and helping businesses to grow.** Children in families where at least one parent works are three times less likely to be in relative poverty than children in families with no working parent.[24]
- **Improving the living standards of low-income families,** increasing their income and, for those who cannot work, providing a welfare safety net.
- **Raising the educational attainment of children from low-income families,** ensuring that in the early years they access state-funded nursery places to support their development and school readiness, and during school years receive additional support provided via government premiums such as Pupil Premium and free school meals in order to close the gap between them and their peers.

Other measures discussed in the strategy cover:

- **Increasing resilience of families** by supporting parenting skills, helping parents to share care and stay in work, minimising the adverse impacts of separation on children, and supporting children and parents' mental health.
- **Ensuring all young people leave school able to thrive** by providing the support, advice, skills and confidence to move successfully into education, training or the labour market and towards independence.
- **Enabling young people leaving care to maximise their potential**, with proper support around housing, employment and training.

## 5 Key findings & recommendations

An overview of current interventions and approaches being taken to address poverty in Havering is provided in Table 1. Taking into account the evidence base for what works, recommendations for future improvement identified as part of the needs assessment are provided. Further information can be found in the full needs assessment and from the teams responsible for the recommendations made.

[23] HM Government (2014) Child_Poverty Strategy.pdf
[24] DWP (2013b)

**Table 1: Current Interventions & Recommendations**

| Risk Factor/ Outcome | Current Approach/ Interventions | Recommendations | Responsibility |
|---|---|---|---|
| Unemployment and Low Household Income | Individuals are signposted or referred to various programmes that address issues related to unemployment and low household income. However lack of coordination means individuals are often recycled through similar provisions and may be supported by several departments that are not always working in partnership.<br><br>The Havering Employment and Skills Plan 2018-2021 includes a brokerage service which advocates for, and works with, individuals to support training and job progression to improve their life chances.<br><br>Training is offered but does not appear consistent with the changing local economy and labour market.<br><br>Funded childcare provision enables parents to engage in income generating activities. | Develop an integrated advice service that has a common assessment framework for providers of training and employment support, a referral management system and skills passport, and skilled front line staff able to cross refer and provide appropriate multi-agency support.<br><br>Implement the Havering Employment and Skills Plan in full.<br><br>Improve communication of support available.<br><br>Review courses offered by education institutions to ensure they focus on skills needed in the local labour market.<br><br>Promote flexible childcare to enable parents to engage in income generating activities. | Homes & Housing<br><br>Education |
| Financial Exclusion | The Welfare Benefits and Financial Inclusion team provides expert advice on benefits, welfare reform, employment, income maximisation, budgeting and debt. All Council staff can refer tenants in financial difficulty to this support.<br><br>Additional multiagency support is available for residents affected by the benefit cap, universal | Prioritise digital inclusion to support vulnerable families to use the internet, manage money, and access welfare support.<br><br>Work with schools and colleges to ensure money management is included in curriculums/ offers.<br><br>Collaborate with multiple agencies providing debt | Homes & Housing<br><br>Education<br><br>Corporate |

| Risk Factor/ Outcome | Current Approach/ Interventions | Recommendations | Responsibility |
|---|---|---|---|
| | credit, under occupancy and in crisis situations.<br><br>Numerous national schemes are promoted locally to families living in poverty e.g. provision of school uniform, free school meals, utility company discounts and Healthy Start Vouchers. | advice to increase uptake of this support.<br><br>Consider becoming accredited as a Living Wage Employer. | |
| Crime | Activity to tackle crime is guided by the Havering Community Safety Partnership Plan 2017/18-2019/20. The plan identifies violence against women and girls, group violence and gangs, child sexual exploitation, hate crime and extremism, burglary and reoffending as local priorities. Actions tend to be based on risk and harm and do not fully consider deprivation as a driver. | Community Safety team and Metropolitan Police Service to work in partnership with agencies working to prevent and alleviate poverty, to strengthen actions to address deprivation as an underlying driver of crime in future annual plans. | Community Safety and Partnership |
| Domestic Abuse | Activity to tackle domestic abuse is guided by the Havering Community Safety Partnership Plan 2017/18-2019/20. The plan focuses on victims and perpetrators coming to the attention of responsible authorities and partner agencies. Deprivation is not considered as a key contributory factor. | Community Safety team and Metropolitan Police Service to work in partnership with agencies working to prevent and alleviate poverty, to help direct targeted work in deprived areas. | Community Safety Partnership |
| Substance Misuse | Preventing problems associated with substance misuse is a key priority locally. The Havering Drug and Alcohol Harm Reduction Strategy 2016-19 describes a broad range of actions that rely on partnership working to prevent harm to individuals, families and the wider community. This includes health improvement campaigns, education and | The Health and Wellbeing in Schools network should continue to bring together schools, school nurses and other agencies to provide a platform for coordination of prevention approaches and discussion regarding the impact of, and response to, parental alcohol and drug misuse on pupils. | Public Health<br><br>NELFT School Nursing Service<br><br>Education<br><br>Adult Substance |

| Risk Factor/ Outcome | Current Approach/ Interventions | Recommendations | Responsibility |
|---|---|---|---|
| | prevention approaches in schools, large scale delivery of brief advice through Making Every Contact Count, and specialist support for young people affected by substance misuse.<br><br>Arrangements for smooth transfer between prison treatment services and community treatment services are fragmented. Without ongoing treatment, there is a higher risk of ex-prisoners relapsing and reoffending. | Review and strengthen current joint working protocol in order to ensure arrangements are effective in identifying and supporting both substance misusing parents and their children.<br><br>Broaden North Locality pilot to ensure children and young people affected by parental substance misuse have a dedicated health/ social care key worker to provide appropriate help and support.<br><br>Work with partners and neighbouring boroughs to improve arrangements for ex-offenders transferred into community treatment. | Misuse Treatment and Recovery Service<br><br>Imago Young Carers Service<br><br>Early Help Service |
| Housing | Support is provided for homelessness and overcrowding via a range of measures including statutory support provided to anyone at risk of becoming homeless, alleviation of domestic overcrowding (including mutual exchanges and choice-based lettings) and tenant protection mechanisms (including prohibition orders and direct intervention by the Housing team).<br><br>The Council is creating two new housing zones and undertaking major redevelopment across 12 housing estates. | Improve engagement, communication, information and education with affected households and other stakeholders to help generate better understanding and cooperation.<br><br>Reach out to individuals from the most affected wards to ensure they benefit from current interventions.<br><br>Maximise the proportion of affordable homes in new developments in all estates in designated Housing Zones to help increase affordable housing stock. | Homes and Housing |
| High risk groups | Ongoing and planned activity throughout Children's Services aims to improve outcomes for vulnerable groups and in doing so help to reduce inequality. | Continue to ensure there are robust Early Help, social care, SEND and young carers services in place to enable early identification of needs and | Children's Services |

| Risk Factor/ Outcome | Current Approach/ Interventions | Recommendations | Responsibility |
|---|---|---|---|
| | The recent North Locality Pilot provided multi-agency support to families identified by schools as being at risk of developing increasing needs but who do not meet existing thresholds. Early findings identified a need for advice and support around housing and debt. | provide planned and meaningful multiagency support to vulnerable families and young people.<br><br>Extend locality pilot approach across Early Help.<br><br>Encourage Primary Care to increase annual health checks for patients with learning disabilities to increase consistency of care. | |
| Health Outcomes:<br><br>Birthweight and infant and child mortality | Maternity, GP and Health Visiting services work together to support families throughout the antenatal period. Antenatal checks by Health Visitors are targeted at vulnerable families, as identified by other health and care professionals. | Use the Early Help Operational Forum to improve communication between cross-sector universal services, using intelligence from Maternity and Health Visiting services to ensure the support provided in Children's Centres meets the needs of disadvantaged families. | Early Help<br><br>Public Health<br><br>BHRUT<br><br>NELFT |
| Health Outcomes:<br><br>Infant Feeding | BHRUT has achieved Stage 2 of the Unicef Baby Friendly accreditation helping to ensure consistent advice is provided on breastfeeding. The Healthy Start scheme is promoted.<br><br>In the community, Early Help and Health Visiting services, alongside voluntary sector organisations provide infant feeding and 'starting solid foods' sessions. | Use the Infant Feeding Action Plan to drive forward actions to promote and support breastfeeding in areas of deprivation | Early Help<br><br>Public Health<br><br>NELFT |
| Health Outcomes:<br><br>Healthy Weight | All children in Reception and Key Stage 1 children receive a free daily portion of fruit or vegetables and a meal via the government schemes helping to reduce inequalities associated with healthy eating. | Improve coordination and promotion of Healthy Start vouchers and develop volunteer-led family cooking sessions in Children's Centres, incorporating practical advice on making the most | Public Health<br><br>Early Help<br><br>Environmental Health |

| Risk Factor/ Outcome | Current Approach/ Interventions | Recommendations | Responsibility |
|---|---|---|---|
| | In Key Stages 2-4, free school meals are available to those from lower income families. In Havering this national scheme is delivered as an opt-out instead of opt-in process to increase the number of children accessing this entitlement.<br><br>The School Nursing Service, Havering Sports Collective and Havering Catering Service are working together to target support in schools with greater levels of obesity and deprivation.<br><br>The Health and Sports Development team provides targeted opportunities to participate in sport in disadvantaged communities. | of Healthy Start vouchers and cooking on a budget.<br><br>Scope options for introducing Healthier Catering Commitment and consider targeting businesses in deprived areas. | |
| Health Outcomes:<br><br>Dental Care | The Early Years Quality Assurance team has funded access to online oral health promotion support and supervised toothbrushing resources for Early Years providers and wider system partners.<br><br>The NHSE-commissioned oral health service is targeted at families with children under 5 years, vulnerable children and adults, and anyone involved in their care. The service also provides tooth brushing support and fluoride varnish to Reception and Year 1 pupils in the 10 most deprived schools. | Build stronger links between the NHSE-commissioned Oral Health Promotion service and Early Years-commissioned oral health support, Health Visitors, School Nurses and Early Help practitioners to ensure optimal targeting and coverage. | Public Health<br><br>NHSE<br><br>NELFT<br><br>Early Help |
| Health Outcomes:<br><br>Alcohol, tobacco and drug use, | The Health and Wellbeing in Schools Service provides support to schools to audit their PSHEE provision and offers training for school staff. | Support schools to develop effective PSHE and SRE policies and curriculums, taking a whole school approach that takes into consideration the | Public Health |

| Risk Factor/ Outcome | Current Approach/ Interventions | Recommendations | Responsibility |
|---|---|---|---|
| mental health and sexual health | Universal telephone-based smoking cessation service, with an enhanced level of face-to-face support for pregnant women.<br><br>The CCard scheme provides free condoms to young people.<br><br>Youth Services runs a weekly sexual health advice session at MyPlace and is commencing delivery of Go Girls (aimed at increasing self-esteem in girls aged 14-19) and Delay (aimed at empowering young women to delay sexual activity). | particular needs of vulnerable pupils including those living in poverty. | |
| Joint Health and Education Outcomes | The Healthy Early Years London programme has been piloted by the Early Years Quality Assurance team and Public Health to bring together health and education factors in the promotion of school readiness.<br><br>Kitchen Social was delivered for the first time in Havering in 2017 aimed at engaging families in learning activities during school holidays reducing holiday hunger. It was delivered universally but located in areas of greater deprivation to increase access by families in greater need. | Develop plan for rollout of Healthy Early Years London programme to settings in deprived areas.<br><br>Continue delivery of Kitchen Social in future years. | Public Health<br><br>Early Years QA<br><br>Havering Adult College |
| Education Outcomes:<br><br>Early Years | An increasing number of children from low income families are accessing free childcare.<br><br>The number of better-qualified staff in pre-school settings is helping to improve school readiness. | Improve collaborative working with stakeholders such as health, housing, and employment/skills in order to identify and address barriers that children from low-income families face. | Education |

| Risk Factor/ Outcome | Current Approach/ Interventions | Recommendations | Responsibility |
|---|---|---|---|
| | Early Years Pupil Premium helps to ensure that 3 and 4 year olds from the most disadvantaged backgrounds get the best start in life. | | |
| Education Outcomes:<br><br>School | Pupil attendance is improving and the In Year Fair Access Panel has been set up to reduce the numbers of children excluded from school.<br><br>Pupil Premium is helping children from the most disadvantaged backgrounds get the best start in life. | Improve collaborative working with stakeholders such as health, housing, and employment/skills in order to identify and address barriers that children from low-income families face. | Education |
| Education Outcomes:<br><br>Post-16 | Children from low-income families are being supported to stay in education to support them to get the right skills and training for employment. | Improve collaborative working with stakeholders such as health, housing, and employment/skills in order to identify and address barriers that children from low-income families face. | Education |
| Education Outcomes:<br><br>Adults | Havering Adult College provides free courses and learning opportunities to parents and carers aimed at developing their skills and engaging them in their children's learning. | Improve collaborative working with stakeholders such as health, housing, and employment/skills in order to identify and address barriers that parents and carers from low-income families face. | Education |

## 6 List of Abbreviations

| Abbreviation | Description |
|---|---|
| BME | Black and Minority Ethnic |
| CAD | Children and Adults with Disabilities |
| CiN | Children in Need |
| LAC | Looked After Child |
| NEET | Not in Education, Employment or Training |
| NHSE | NHS England |
| PSHEE | Personal Social Health and Economic Education |
| SEND | Special Education Needs and Disability |

# 1. Background

Over 7,000 (16%) children aged below 16 in Havering are living in poverty.[25] Child poverty is an important issue for public health as evidence shows childhood poverty often leads to premature mortality and poor health outcomes in adulthood.[26] However, Havering's child poverty rate is significantly lower than the London (19%) and England (17%) average. Nationally, minimal progress has been achieved in tackling child poverty with rates on average remaining the same over the last ten years.

## 1.1 Measuring poverty

In the UK, the headline measures of poverty are based on household income.[27] In particular, two commonly used measures are:

- Relative poverty - An individual is in relative low income (or relative poverty) if they are living in a household with income below 60% of median household income.
- Absolute poverty - An individual is in absolute low income (or absolute poverty) if they are living in households with income below 60% of the 2010/11 median, uprated for inflation.

Put simply, the relative low income measure looks at inequality between low and middle income households. The absolute low income measure on the other hand indicates the extent to which living standards of low-income households are improving over time.

Estimates of child poverty by a local area are published by Her Majesty Revenue & Customs (HMRC) based on benefits and tax credit data. The HMRC measure is based on a relative poverty threshold. Children are considered as being in low income households and therefore living in poverty if the family is in receipt of out-of-work benefits or tax credits and has a reported income of less than 60% of median income.[28]

Housing costs have a major impact on a household's disposable income.[29] Modelled figures that include housing costs show a significant rise in number of children living

[25] HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics) www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2015-snapshot-as-at-31-august-2015
[26] https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives
[27] House of Commons, Briefing paper, June 2016, Poverty in the UK: statistics
[28] http://researchbriefings.files.parliament.uk/documents/SN07096/SN07096.pdf
[29] Income can be measured before or after housing costs have been deducted (BHC or AHC). Poverty levels are generally higher when household incomes are measured AHC, as households at the lower end of the income distribution tend to spend a larger share of their income on housing than higher-income households.

in poverty. For Havering, the number rises to 13,485, equivalent to 1 in 4 children (25%).[30] Among Havering wards, Heaton (39%) and Gooshays (35%) have the highest percentage of children living in poverty (after housing costs). These are also the most deprived wards in the borough.

## 1.2 Policy Context

Income-based measures of poverty however have been criticised as failing to acknowledge the root causes of poverty and resulting in skewed policy responses that try to lift those just below the poverty threshold to just above it. To address this limitation the Welfare Reform and Work Act 2016[31] abolished income related targets as specified by the Child Poverty Act 2010[32] and instead introduced statutory 'life chances' indicators relating to children living in workless households, troubled families and educational attainment.

A policy paper published by the Department for Work and Pensions in April 2017, *Improving Lives: Helping Workless Families* set out seven other non-statutory indicator areas for child poverty, relating to parental conflict; poor parental mental health; drug and alcohol dependency; problem debt; homelessness; early years; and youth employment.[33]

## 1.3 Impact of child poverty

In the UK it is estimated that child poverty costs the government at least £29 billion each year. The costs mainly result from additional demand on services and benefits, as well as reduced tax receipts.[34]

The impact of poverty on a child is well documented. Children growing up in poverty are affected in every area of their development (physical intellectual, social and emotional). As adults, they are more likely to suffer ill health, unemployment and poor housing. Living in a poor family can reduce children's expectations for their own lives and lead to a cycle of intergenerational poverty.[35]

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[30] End Child Poverty (2018). http://www.endchildpoverty.org.uk/poverty-in-your-area-2018/
[31] http://www.legislation.gov.uk/ukpga/2016/7/contents/enacted
[32] http://www.legislation.gov.uk/ukpga/2010/9/pdfs/ukpga_20100009_en.pdf
[33] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/621364/improving-lives-helping-workless-families-web-version.pdf
[34] D Hirsch, An estimate of the Cost of Child Poverty in 2013
[35] Gregg, P., Jerrim, J., Macmillan, L. and Shure, N. (2017). Children in jobless households across Europe: Evidence on the association with medium- and long-term outcomes. Institute of Education. http://repec.ioe.ac.uk/REPEc/pdf/qsswp1705.pdf

Living in poverty is also associated with negative educational outcomes and adverse long term social outcomes. Child poverty impacts on children's school readiness[36] and general educational attainment.[37]

Poverty is also associated with a higher risk of both illness and premature death. Children born in the poorest areas of the UK weigh, on average 200 grams less at birth than those born in the richest areas, are more likely to die at birth or in infancy than children born into richer families and are more likely to suffer chronic illness during childhood or to have a disability. Poorer health over the course of a lifetime has an impact on life expectancy: professionals live, on average, 8 years longer than unskilled workers.[38]

## 1.4 Direct Causes of Child Poverty

Poverty is seldom the result of a single factor, but almost always of an overlapping, shifting series of influences that include market opportunities, state support, and individual initiative. In the UK today, key direct causes are mainly worklessness, low paid work and ineffective benefit system.

### Worklessness

There are strong links between individual and household employment patterns and low income and poverty.[39] Working-age adults and children in working families are much less likely to be in relative low income/poverty than those in families where no-one is in work. [40] In 2016/17, 10% of working-age adults in working families in the UK were in relative low income/ poverty (Before Housing Costs - BHC) compared to 38% in workless families, while 15% of children in working families were in relative low income/poverty (BHC) compared to 50% in workless families.[41]

### Low paid work and inadequate benefits

Being employed is not always a guaranteed route out of poverty. Most readily available jobs offer low wages that are not sufficient to protect households from poverty. Some people are also forced to work part-time due to caring responsibilities,

[36] Waldfogel J, Washbrook E. Low income and early cognitive development in the UK.Sutton Trust, 2010:1–60.
[37] Goodman A, Gregg P. (2010). Poorer children's educational attainment: how important are attitudes and behaviour? Joseph Rowntree Foundation, 2010.
[38] See, for example, http://www.ons.gov.uk/ons/rel/subnational-health4/life-expec-at-birth-ag....
[39] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/285389/Cm_8781_Child_Poverty_Evidence_Review_Print.pdf
[40] https://www.jrf.org.uk/report/uk-poverty-2017
[41] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691917/households-below-average-income-1994-1995-2016-2017.pdf

ill health or disability. In the UK more than half (55%) of people living in poverty are in working households.[42]

Children living with lone parents are also more likely to be living in poverty as compared to those with both parents. In 2015/16, 46% of households in the UK with lone parents were within the poverty bracket as compared to only 21% for those with both parents.

Although welfare benefits are meant to cushion vulnerable households against poverty the amount is often not high enough to meet all essential needs. Furthermore a recent study by the International Public Policy Research (IPPR) group shows that one million more children in the UK are likely to be in poverty in 2020 as a result of cuts to the new benefit programme. According to the data, the freezes and cuts to Universal Credit work allowances will leave lone parents worse off by, on average, £710 a year, couples £250 a year. And a single parent already working full time on the national living wage would have to work an extra 41 days a year to make up for the losses suffered as a result of the cuts.[43]

## 1.5 Risk Factors

Poverty is not distributed randomly across the population. Some groups have far higher poverty rates than others. Important factors shaping these patterns include: disability, ethnicity and parental ill health. Others include crime, domestic violence, substance misuse, housing and homelessness.

### Disability

Disability is strongly associated with poverty, both because disability brings with it extra costs which reduce the resources available relative to non-disabled people, and because it often reduces the capacity to work. Children who have a disability are more likely to experience inequalities; they are more likely to live in poverty, to have fewer educational qualifications, to be unemployed, to experience delays in receiving timely, effective and appropriate healthcare, to have poorer health outcomes and to experience prejudice and abuse. Prevention of disabilities in children is important, and key elements of a primary preventive approach include: [44]

- Reducing socio-economic disadvantage, exposure to smoking and exposure to environmental hazards
- Improving material environments and immunisation uptake (improving immunisation uptake is one of PHE London's five priority areas of work)
- Safe alcohol consumption in pregnancy
- Adequate dietary intake of key nutrients

[42] https://www.jrf.org.uk/report/benefits-tackling-worklessness-and-low-pay
[43] http://www.cpag.org.uk/sites/default/files/Austerity%20Generation%20FINAL.pdf
[44] https://publichealthmatters.blog.gov.uk/2017/10/05/supporting-children-and-young-people-with-disabilities-in-london/

## Ethnicity

Poverty varies across different ethnic groups in the UK. In the past 20 years, working-age people in the white ethnic group have always had the lowest risk of poverty, with those from the Indian group having the second lowest. Those in the Bangladeshi and Pakistani groups have continuously had the highest and second highest poverty rates respectively, with the people in the Black, and Chinese and Other ethnic groups having similar rates.[45] Drivers for high poverty rates among BME groups include: high unemployment rates, high rates of economic inactivity and low pay for those in work.

## Parental ill health

Ill health (which includes physical and mental illness and disability) creates significant barriers to work. Children in families with a disabled adult are over a third more likely to be in poverty than children in families with no disabled adult (22% compared to 16%).[46]Substance misuse can also create barriers to work. Around 70% of parents in the UK who are problem drug users (and have accessed treatment) are not employed.[47]

## Crime

It is estimated that there are some 200,000 children in England and Wales with a parent in prison, with more children being affected by imprisonment than by divorce each year.

There is a strong association between parental imprisonment and adverse outcomes for children. Compared to their peers, children of prisoners have been found to have three times the risk of mental health problems, anti-social delinquent behaviour and other adverse outcomes.[48]

The disadvantages of poverty may also increase children's propensity to get into a lifestyle of crime or they may be vulnerable to becoming part of a gang, attracted to the ostensibly strong peer relationships and bonds offered within that culture.

## Domestic Violence

International evidence shows that tackling women's poverty and gender inequalities in particular is much more effective at tackling children's poverty, and other areas of deprivation such as health and educational outcomes, than any other measure.[49]

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[45] https://www.jrf.org.uk/report/uk-poverty-2017

[46] DWP (2013b)

[47] Advisory Council on the Misuse of Drugs (2011). This estimate was drawn from limited sources of informationas they only relate to those problem drug users who have identified themselves as parents and accessed treatment and are not uniformly recorded throughout the UK.

[48] http://www.russellwebster.com/how-parental-imprisonment-affects-childrens-mental-health/

[49] https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/2186-women-poverty-policy.pdf

Low-income families are significantly more likely to contend with domestic violence, as poverty can act as a fuelling factor in this type of conflict. Domestic violence and abuse can also be a driver of poverty vulnerability for partners fleeing abuse. Women experiencing domestic violence/abuse often become single parents with limited capacity to earn independently, and are more likely to report both financial difficulties and ongoing financial abuse from abusive former partners.[50]

**Substance Misuse**

Parental substance misuse is an influential driver of child poverty. Alcohol use has been described as both a response to, and a driver of, poverty[51], with substance misuse and poverty often co-existing with a variety of other problems such as mental ill-health. It is often difficult to disentangle these problems.[52]

Harmful use of alcohol and drugs has a very visible impact on family finances when it results in unemployment and loss of earnings. Alcohol use can undermine protective factors such as the breakdown of those social networks that help to maintain employment or protect against vulnerability to homelessness.[53] Available evidence indicates that being a problem drinker is associated with a reduced probability of working of between 7 and 31%.[54]

**Housing**

Evidence that poverty affects housing circumstances is generally stronger than evidence that housing circumstances affect poverty. Low incomes prevent access to many potential housing options, or make them hard to sustain.[55]

Children living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections, and have mental health problems. Growing up in bad housing also has a long-term impact on children's life chances because of the effect it has on a child's learning and education.[56]

[50] https://research-information.bristol.ac.uk/files/128551400/JRF_DV_POVERTY_REPORT_FINAL_COPY_.pdf
[51] Liverpool John Moores University Centre for Public Health (2016) *Understanding the relationship between poverty and alcohol misuse*
[52] Parental substance misuse and social worker intervention SMITH Lauren 2017;:20-.
[53] Sosin and Bruni (1997) as cited in
[54] MacDonald and Shields (2004) as cited in Liverpool John Moores University Centre for Public Health (2016) *Understanding the relationship between poverty and alcohol misuse*
[55] https://www.jrf.org.uk/report/links-between-housing-and-poverty
[56] https://england.shelter.org.uk/__data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

## 1.6 High Risk Groups

Evidence shows that some groups of children are at a higher risk of experiencing poverty. These include: Children in Need, Looked after Children, Children with Special Education Needs and Disability (SEND), Children Not in Education, Employment or Training (NEET) and Young Carers.

### Children in Need

Children in Need (CiN) is a status given to children and young people under 18 years old, who require services from their local authority, to achieve or maintain a reasonable standard of health or development and/or to prevent significant or further harm to their health or development. Many of these children present with a range of physical health, mental health, behavioural problems or developmental issues. The major risk is that without early identification, these children and young people will not get the support they need to achieve sustained outcomes and may experience poorer life chances, opportunities (education, employment and training) and increased health and development issues.

### Looked After Children

A Looked After Child (LAC) is defined as a child cared for by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours. LAC are monitored closer than other children because of the higher probability of them having poor outcomes in education, physical and mental health. LAC who enter care later are more likely to have multiple placements and poor outcomes around education, employment and training. Young people in care are also over-represented within mental health services.

### Children with Special Education Needs and Disability

A child or young person with special education needs and disability (SEND) is described as having a learning difficulty or disability which calls for special educational provision to be made for them. Evidence shows that there is a strong link between poverty and SEND. Children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in childhood, and are less likely to move out of SEND categories while at school. At the same time, children with SEND are more likely than their peers to be born into poverty, and also more likely to experience poverty as they grow up.[57]

### Young People Not Education, Employment or Training

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood and lifelong poverty. To support more young people to study and

[57] https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty

gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation (Education and Skills Act 2008)[58] was introduced requiring that all young people remain in some form of education or training until the end of the academic year in which they turn 17.

### Young Carers

According to the 2011 Census, over 166,000 children in England are caring for their parents, siblings or other family members. Evidence shows that caring has a long-term negative impact on children as most regularly miss school due to caring responsibilities and eventually end up with relatively lower educational attainment and consequently a high probability of living in poverty thereafter.[59] [60] Research has also shown that young carers' families in the UK have an average annual income which is £5,000 less than other families and young carers are over four times more likely to live in a household where no adults are in work. Young carers are 1.6 times more likely to have a mother who has no educational qualifications, over twice as likely to live in households where at least one adult has a limiting disability and 1.6 times as likely to live in households where there are three or more other children living. All of these risk factors mean that young carers are at a significantly higher risk of living in child poverty than other children.[61]

## 1.7 Tackling Child Poverty – What Works

The UK Child Poverty Strategy[62] describes three key steps vital in tackling child poverty:

### Supporting families into work and increasing earnings by creating jobs and helping businesses to grow

This strategy is premised on the evidence which shows that the root causes of families being in poverty are worklessness or low earnings (either not working enough hours or not being paid enough)[63]. Children in workless families are three times more likely to be in relative poverty than families where at least one parent works.[64]

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[58] https://www.legislation.gov.uk/ukpga/2008/25/contents
[59] The Young Carers in Focus (YCiF) programme, led by The Children's Society, brings partners together from YMCA Fairthorne Manor, DigitalMe, Rethink Mental Illness and The Fatherhood Institute.
[60] The Children's Society's 'Hidden from View' report analyses data from a government study of 15,000 young people, aged 13 and 14, over a seven-year period, from 2004 – 2011. Of the 15,427 young people who completed the first wave, 689 (4.4%) identified themselves as young carers.
[61] http://www.childrenssociety.org.uk/sites/default/files/tcs/report_hidden-from-view_young-carers_final.pdf
[62] https://www.jrf.org.uk/report/we-can-solve-poverty-uk
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf
[63] HM Government (2014)
[64] DWP (2013b)

**Improving living standards**

Supporting the living standards of low-income families, increasing their income and for those who cannot work, providing a welfare safety net.

**Preventing poor children from becoming poor adults through raising their educational attainment**

Evidence shows that poor children are four times more likely to become poor adults as other children from more affluent families.[65] Raising the educational attainment of poor children is the key to breaking this cycle. In the UK, this may include working with children centres to ensure children from poor families have quality early years education by facilitating access to state funded nursery places.

For older children in primary and secondary schools, ensuring all disadvantaged pupils have access to government premiums (support funds) which are meant to help them perform better, and close the gap between them and their peers

**Other measures include:**

Supporting people to be good parents, helping parents share care and stay in work, minimising the adverse impacts of separation on children, and supporting children and parents' mental health.

Ensuring all young people leave school with the support, advice, skills and confidence to move successfully into education, training or the labour market and towards independence.

Enabling young people leaving care to maximise their potential, with proper support around housing, employment and training.

## 1.8 Needs Assessment

Although Havering is one of the least deprived boroughs in London, over 7,000 children are living in poverty. The proportion of children living in poverty is also substantially higher in deprived wards such as Heaton (39%) and Gooshays (35%). There is therefore a need for a comprehensive needs assessment to highlight what child poverty looks like in Havering, identify who is in poverty, where they live, why they are in poverty, what is being done locally to address the problem, existing gaps and draw recommendations on what more can be done.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/302905/35357_Cm_8781_accessible.pdf

## Aims

- To describe the key drivers of child poverty in Havering and compare related statistics with the national, regional and statistical neighbour's metrics.
- To identify families at risk of poverty in Havering.
- To describe poverty patterns and their impact on children and families in Havering.
- To describe current child poverty interventions being implemented locally and identify any gaps.
- To describe evidence based interventions that are effective in reducing child poverty.
- To make recommendations on addressing identified needs.

## The Process and Governance

This child poverty needs assessment was initially done as a rapid assessment focusing on key poverty related statistics to support the development of the Havering Financial Inclusion Strategy, 2018-2021.[66] Later the JSNA steering group agreed to develop the report into a comprehensive needs assessment / deep dive with contributions from various service leads within the borough. A working group consisting of representatives from Children Services, Public Health, Joint Commissioning, Adult Social Care, Education, Crime and Housing was formed and modalities for the assessment agreed. The process was led by the Public Health Intelligence team and involved providing guidance on the needs assessment methodology, data analysis and compiling the final report. The exercise was carried between January 2018 and July 2018.

## Report structure

The report is made of six chapters namely: Local Context (Havering child population socio-demographic characteristics), Direct Causes of Child Poverty, Risk Factors associated with child poverty, High Risk Groups (groups within the population that are more likely to experience child poverty), the Impact of Child Poverty on Health Outcomes and the Impact of Child Poverty on Educational Outcomes. Current interventions, service gaps and recommendations are included for each risk factor/high risk group. Latest relevant statistics are highlighted throughout the document and where possible compared with London, England and the London Borough of Bexley (Havering's closest statistical neighbour).

[66] http://democracy.havering.gov.uk/documents/s27463/Financial%20Inclusion%20Strategy.pdf

# 2. Local Context: Facts & Figures

This chapter describes the Havering child population characteristics by age, gender, area of residence within the borough, associated deprivation ranking and also includes a breakdown of the GP registered population and population growth projections up to 2032.

**Summary**

There are over 54,000 residents aged 0-17 years in Havering. Over half (57%) are children aged 0 – 9 years. GP registrations which are typically higher than ONS borough estimates show that a total of 55,442 children (0-17 years) are registered with a GP practice within the Havering CCG. Overall children account for about a fifth of the total registered population.

The most deprived wards (Gooshays, Heaton, Havering Park, Brooklands, South Hornchurch and Rainham and Wennington) have relatively higher child populations (5.1% - 7.1%) as compared to the less deprived ones (3.4% - 4.3%).

There are approximately 10,254 children aged below 16 from the Black and Minority Ethnic (BME) groups (23% of the total population - 44,388). Brooklands (37%), Heaton (32%) and South Hornchurch (30%) wards have the largest BME proportions.

Havering has experienced the largest net inflow of children across all London boroughs in recent years. In a six year period (from 2010 to 2015), 4,536 children have settled in the borough from another part of the United Kingdom, the majority from neighbouring London boroughs.

The GLA ethnic population projections show that the Black and Minority Ethnic groups' population will increase by nearly 23,000 people (6%) by 2032.

With a younger population migrating into the borough, there has been a corresponding change in the number of births to women which show a rise by over 800 births (34%) between 2004 and 2016.

Most of the children currently living in poverty are within wards classified as deprived. The rise in child population in Havering is also largely associated with a high fertility rate among mothers from deprived wards and ethnic minority groups.

There is therefore need to direct proportionately more resources towards child poverty prevention activities in these wards and among ethnic minority groups, while identifying children in smaller pockets of poverty around the borough.

## 2.1 Age & Gender

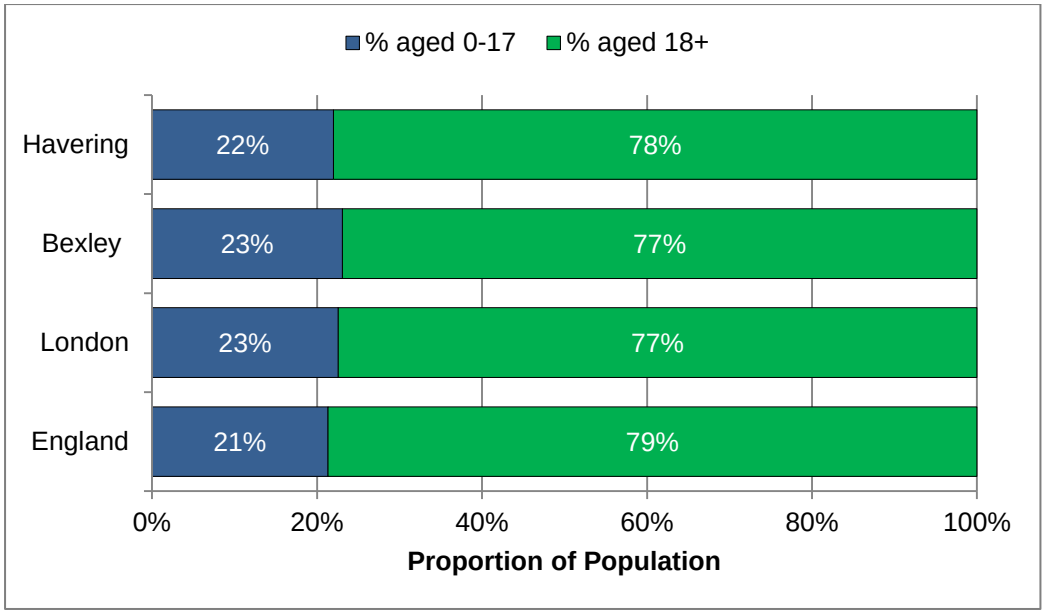
There are over 54,000 residents aged 0-17 in Havering. Over half (57%) are children aged 0 – 9 years (Table 2). Figure 1 also shows that 1 in 5 residents (22%) in Havering are children aged 0-17 years. This ratio is similar to that of Bexley, London and England.

Table 2: Estimated population of Havering residents aged 0 -17 years by gender, 2016.

| Age Band (Years) | Male | Female | Persons | Persons % |
|---|---|---|---|---|
| 00-04 | 8617 | 8391 | 17008 | 31.2 |
| 05-09 | 7138 | 7017 | 14155 | 26.0 |
| 10-14 | 7346 | 7065 | 14411 | 26.5 |
| 15-17 | 4499 | 4377 | 8876 | 16.3 |
| **Total** | **27600** | **26850** | **54450** | **100** |

Source: Mid-year population estimates 2016; Office for National Statistics (ONS)

Figure 1: Proportions of population aged 0-17 and 18 and over within Havering, Bexley, London and England.



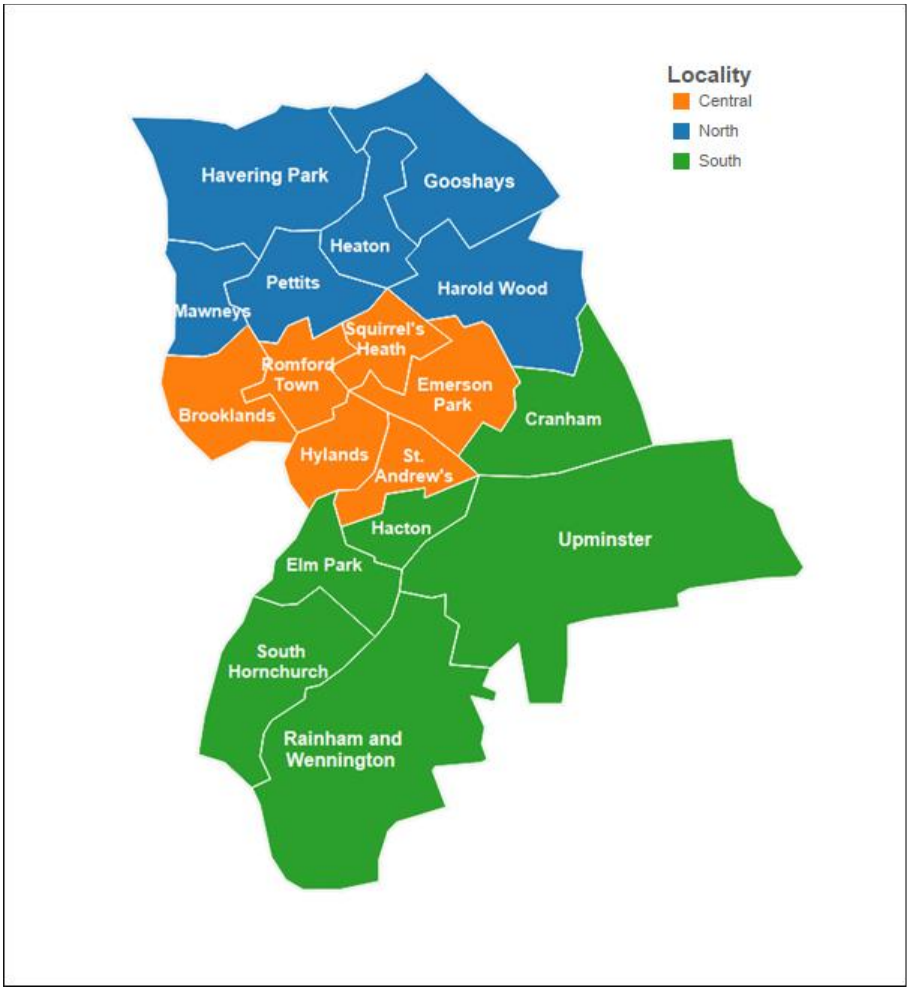

Source: Mid-year population estimates 2016; Office for National Statistics (ONS)

## 2.2 Localities

Havering has three localities namely, North, Central and South which consist of a number of electoral wards created for the purpose of planning and service delivery

(Figure 2). North Locality has the highest number of children aged 0 -17 (19,615, 36%) as compared to Central (18,143, 33%) and South (16,445, 30%) localities.

Figure 2: London Borough of Havering Localities and Wards



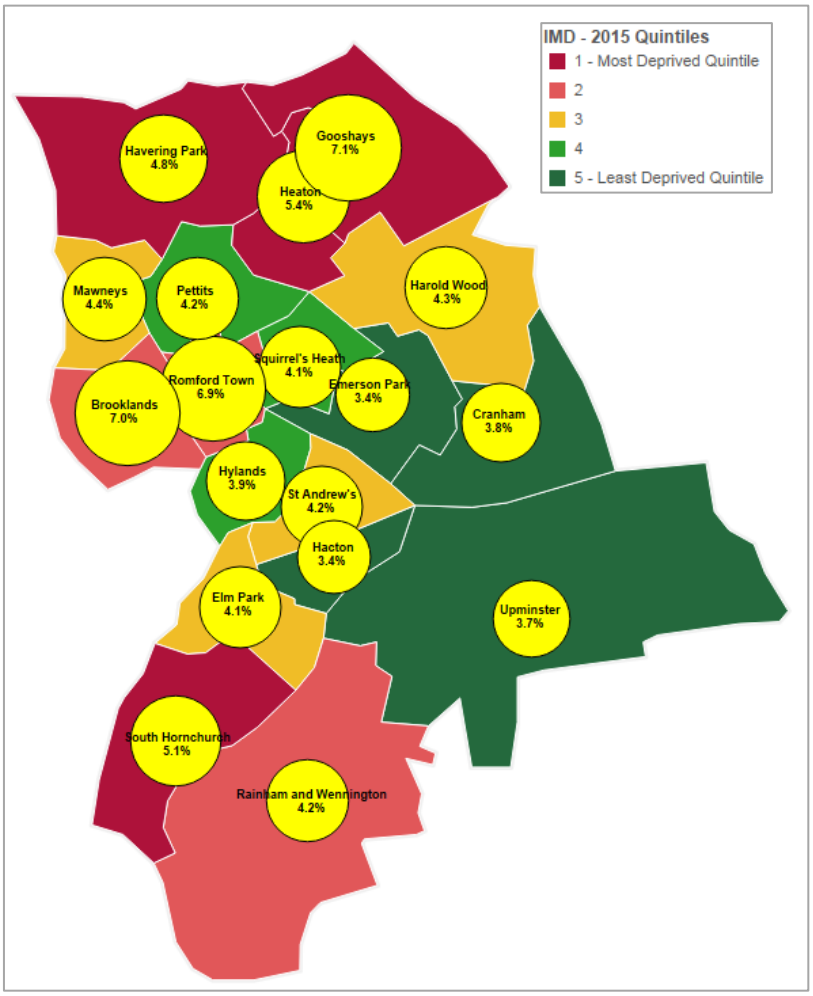

Source: London Borough of Havering, Public Health Intelligence

## 2.3 Deprivation

Figure 3 shows child population percentages by the five deprivation quintiles in Havering based on the Index of Multiple Deprivation (IMD) 2015 scores.[67] The most deprived wards (Gooshays, Heaton, Havering Park, Brooklands, South Hornchurch and Rainham and Wennington) have relatively higher child populations (5.1% - 7.1%) as compared to the less deprived ones (3.4% - 4.3%).

[67] The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Figure 3: Percentage of all children aged 0-17 within Havering by ward and IMD Quintiles.



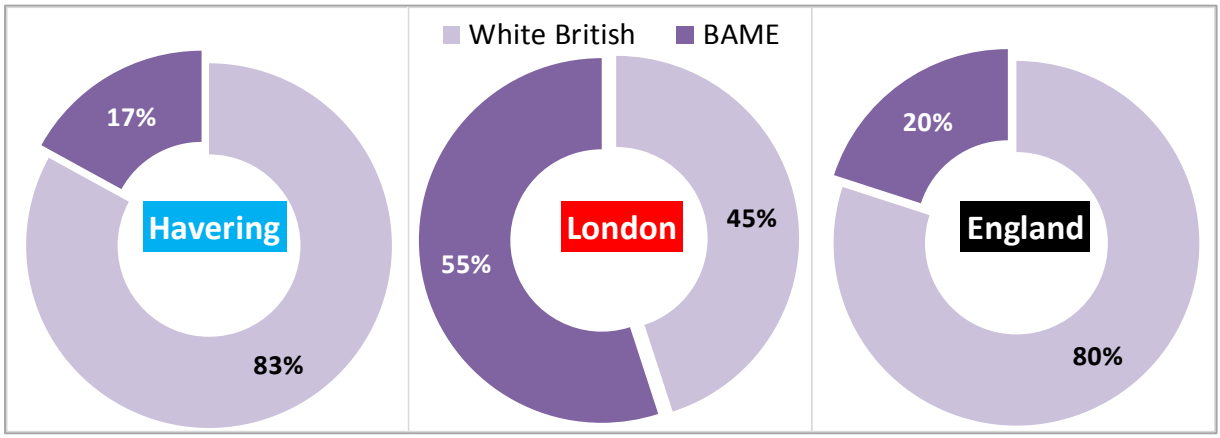

Source: ONS Mid-Year Estimates at Ward level 2015; IMD 2015

## 2.4 Ethnicity

Ethnicity is considered a major factor in child poverty. In the UK, child poverty is much higher among ethnic minority groups than in the rest of the population. A recent study commissioned by the Joseph Rowntree Foundation found that over 40% of Bangladeshi and Pakistani children in the UK were growing up in poverty, compared to 31% of Chinese, 22% of Black Caribbean and 15% of children in the white majority population. This was mainly attributed to a large proportion of minority ethnic groups engaging in low paid jobs or being unemployed and relying on benefits.[68] In Havering there are approximately over 40,000 (17%) people from black and minority ethnic groups (Figure 4). This is however, a relatively lower proportion as compared to London (55%) and England (20%).

[68] https://www.jrf.org.uk/blog/six-things-about-how-poverty-affects-different-ethnic-groups-uk

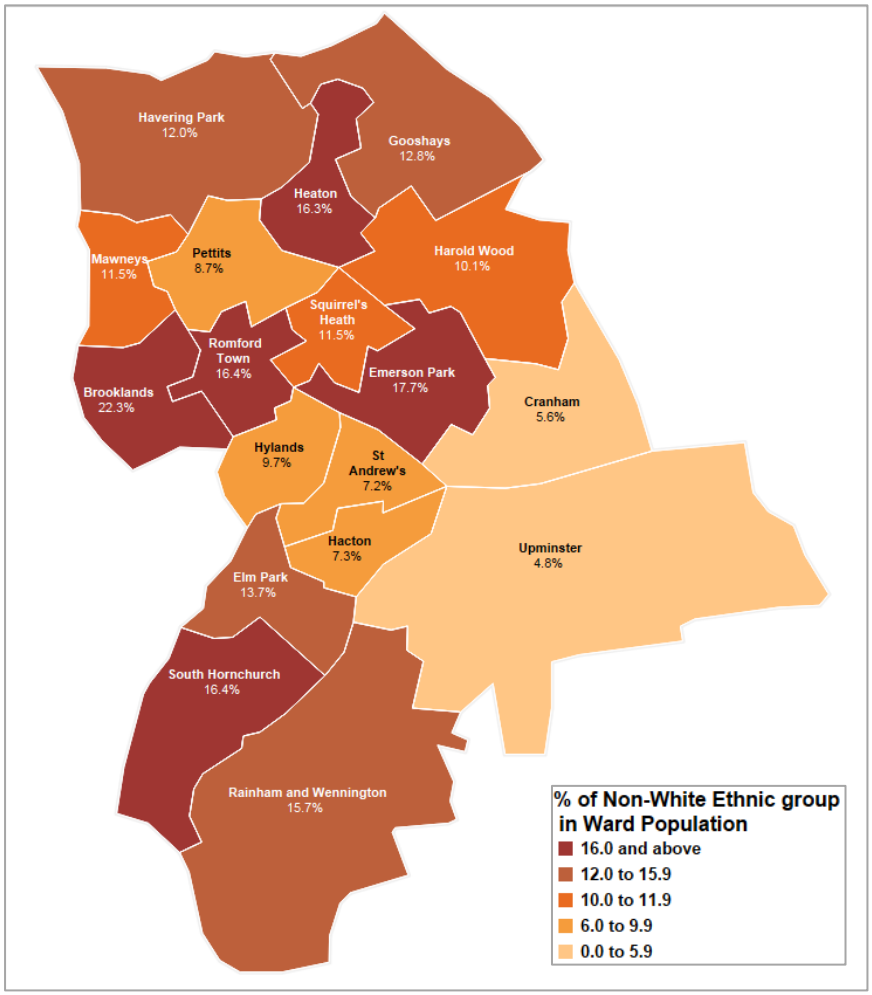
Figure 4: Havering 2011 Census Population, broken down by White British and BAME (Black and Minority Ethnic) groups




Data source: Census 2011; Office for National Statistics (ONS); Produced by Public Health Intelligence

The majority of the minority ethnic population live in the most deprived wards in the borough mainly due to the inability to afford better housing in other less deprived wards. These include Brooklands, Emerson Park and South Hornchurch (Figure 5). Romford town has a large BME population (16.4%) mainly due to work opportunities as well as affordable housing.

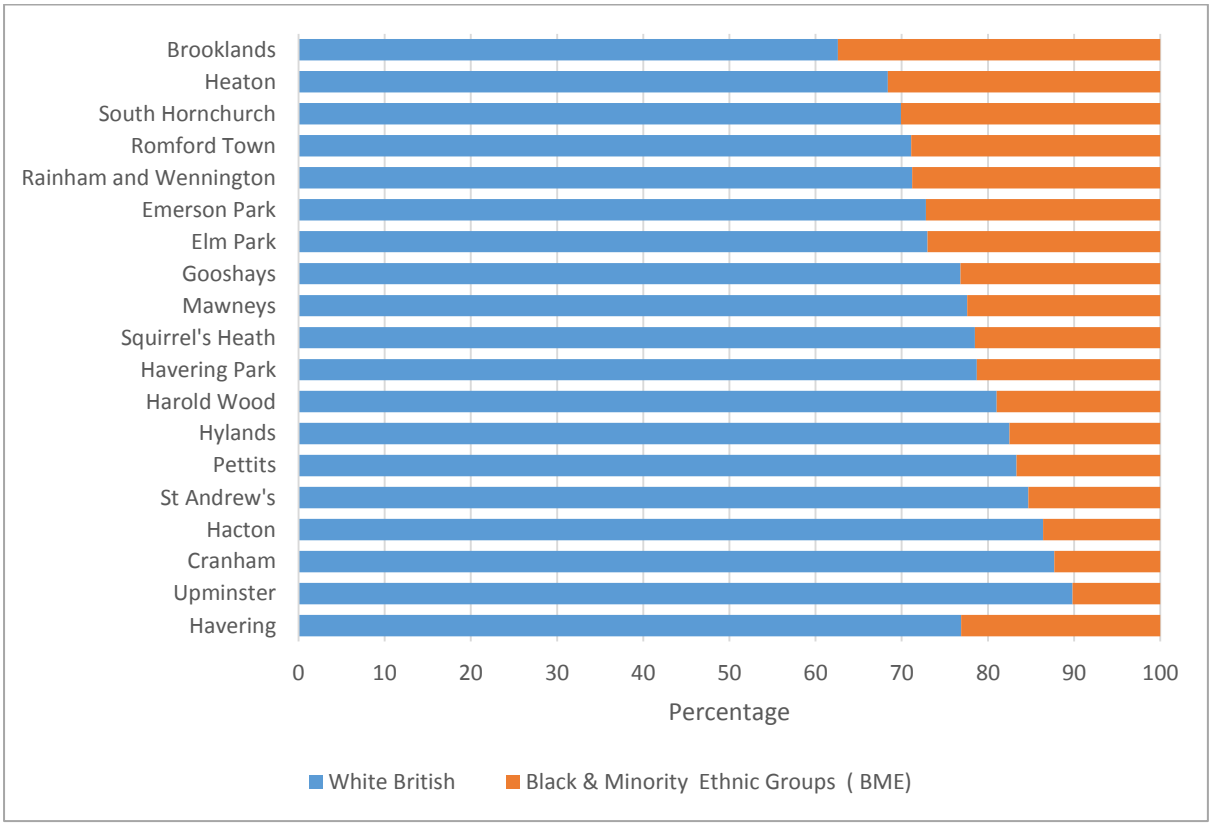
Figure 5: Percentage of people stating their ethnicity as not White (all non-White categories) in Havering, by wards.




Data source: Census 2011; Office for National Statistics (ONS); Produced by Public Health Intelligence

There are approximately 10,254 children aged below 16 from the black and minority ethnic (BME) groups (23% of the total population - 44,388). Brooklands (37%), Heaton (32%) and South Hornchurch (30%) wards have the largest BME proportions (Figure 6).

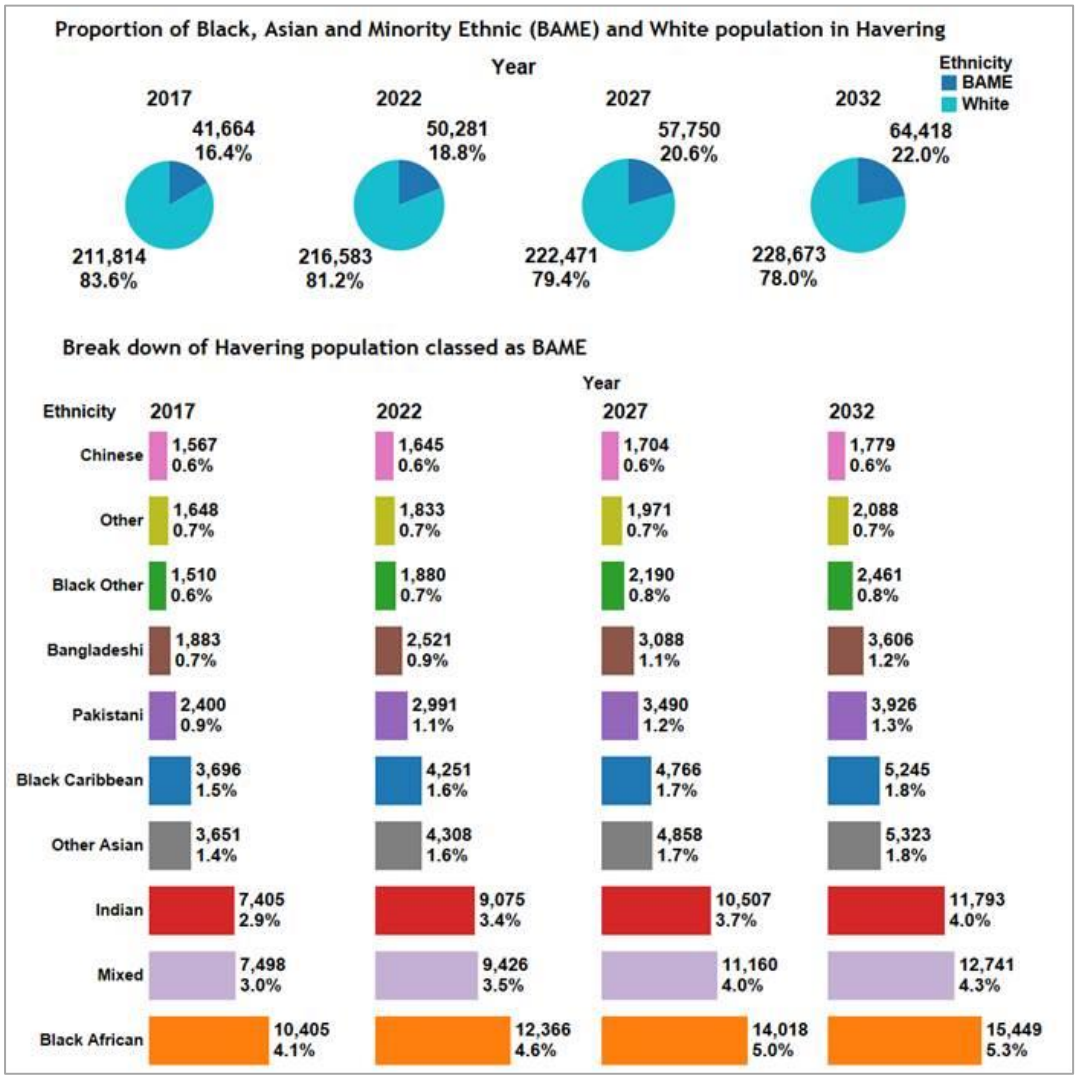
Figure 6: Children aged below 16 in Havering by ethnicity and ward, Census 2011




Source: Census 2011

The GLA ethnic population projections from the 2015 Long-term Migration Based Tool show that the Black, Asian & Minority Ethnic groups (BAME) population will rise by nearly 23,000 (6%) by 2032 (Figure 7).

Figure 7: Projected proportion of Havering population by ethnicity

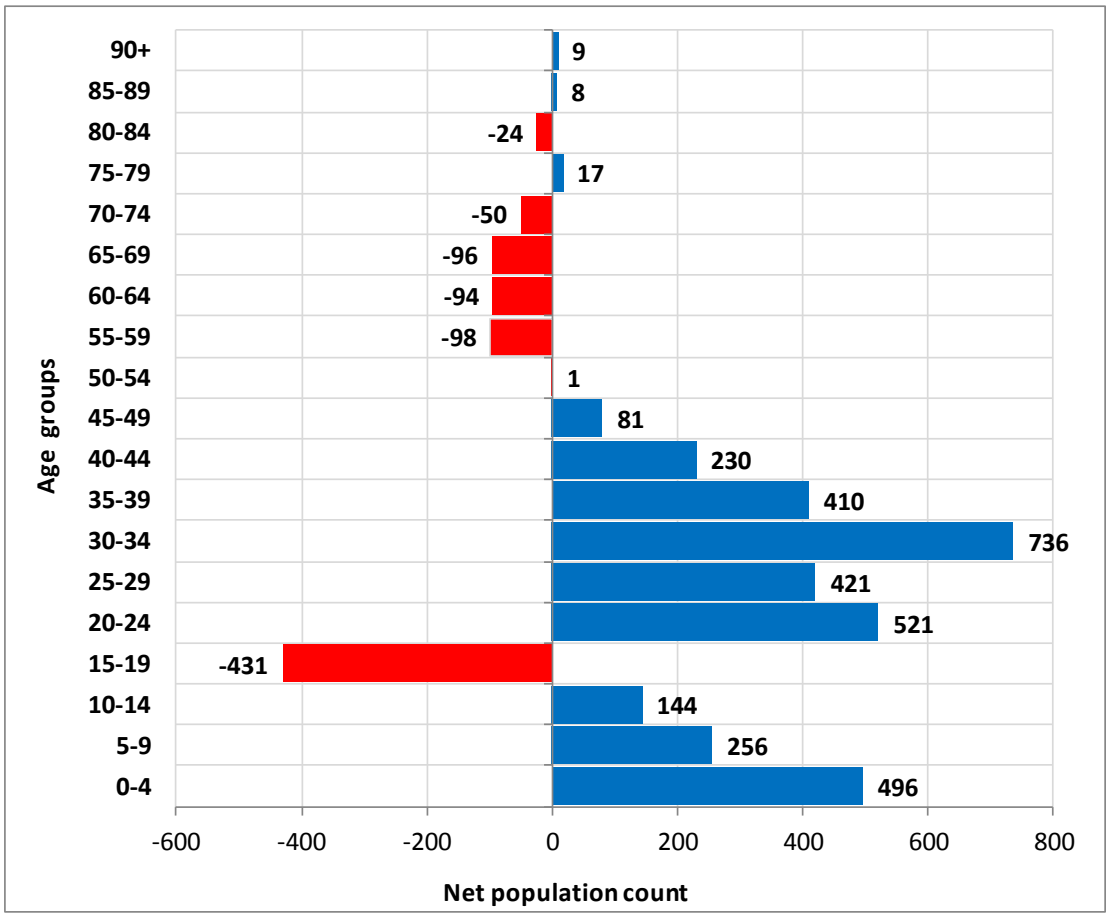



Data source: GLA 2015 Round Trend-based ethnic group projections, long-term migration scenario; Greater London Authority (GLA); Produced by Public Health Intelligence

## 2.5 Population Change

The observed rise in the ethnic minority population in Havering is mainly driven by migration and a high fertility rate associated with women from minority ethnic groups. But recent data shows younger persons from majority white population have also been moving into the borough in search of affordable housing. Figure 10 shows that during the 2015/16 period the majority of persons migrating to the borough were aged 20-49 years.

Figure 8: Net population change due to migration in Havering, from mid-2015 to mid-2016 five-year age-group



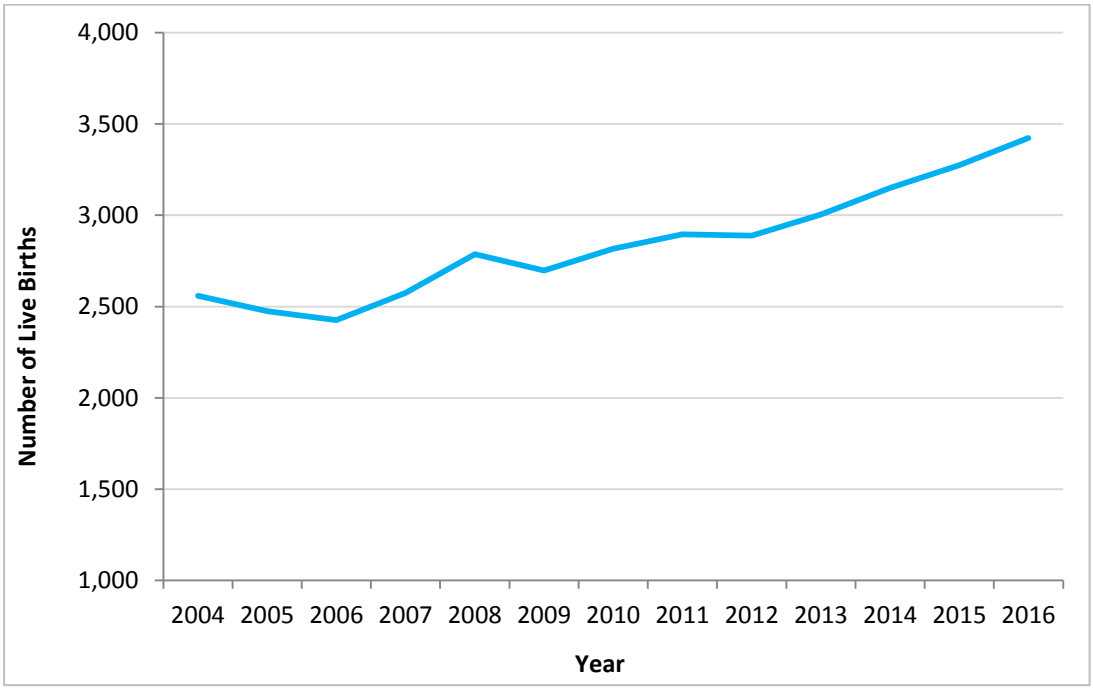

Data source: Mid-year population estimates 2016 Analysis Tool; Office for National Statistics (ONS); Produced by Public Health Intelligence

## Births and Migration of Children

With a younger population migrating into the borough, there has been a corresponding change in the number of births to women which show a rise by over 800 births (34%) between 2004 and 2016 (Figure 9). The general fertility rate (GFR)[69] figure 10 shows has consequently changed from 58 (per 1,000 women aged 15-44) in 2004 to 70 in 2016. This equates to an additional 12 births per 1,000 women aged 15-44 within the period.

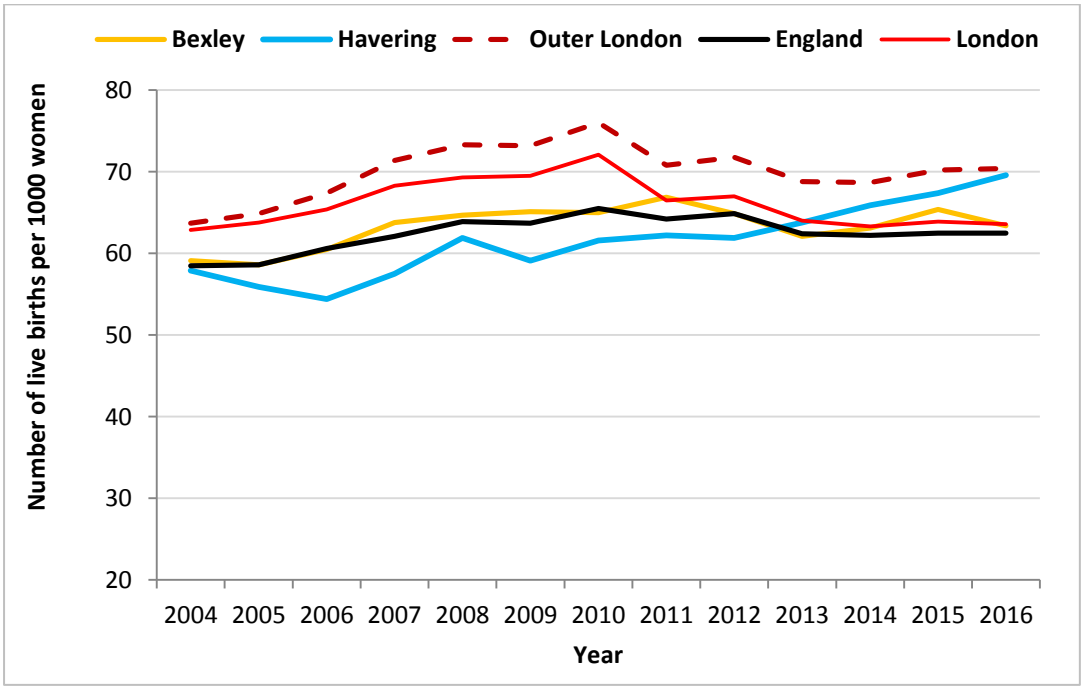
[69] General Fertility Rate (GFR) is defined as the number of live births in a geographic area in a year per 1,000 women of childbearing age (defined as age 15 to 44 years)

Figure 9: Number of live births to women resident in Havering, 2004 to 2016.




Data source: Birth Summary Tables 2004-2016; Office for National Statistics (ONS); Produced by Public Health Intelligence

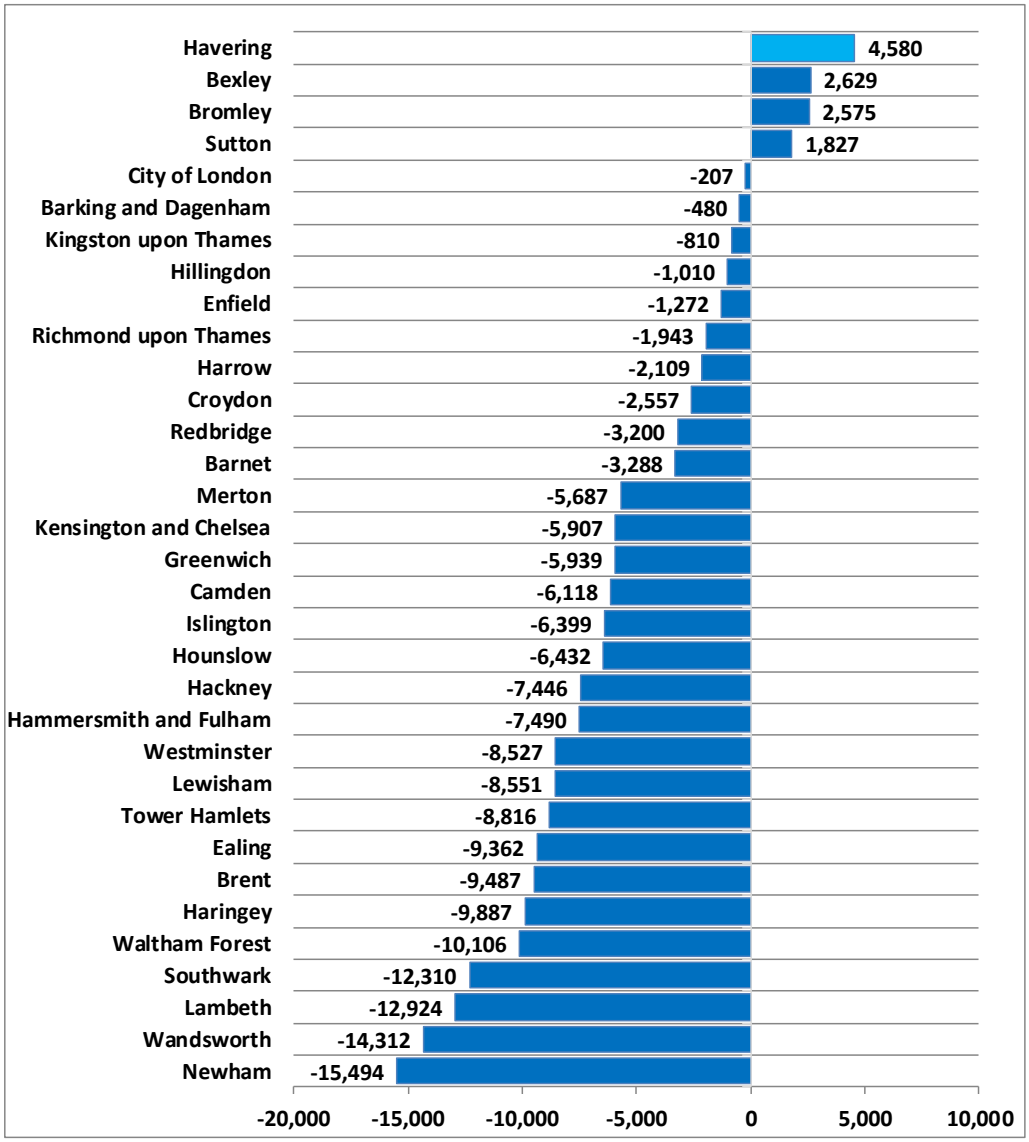
Figure 10: General Fertility Rate (live births per 1,000 women aged 15-44), Havering and comparators, 2004 to 2016




Data source: Live Births, General Fertility Rates and Total Fertility Rates 2004-2016; Office for National Statistics (ONS); Produced by Public Health Intelligence

In addition, Havering has experienced the largest net inflow of children across all London boroughs in recent years. In a six year period (from 2011 to 2016), 4,580 children settled in the borough from another part of the United Kingdom (see Figure11). Figure 11 also illustrates that there is migration of children out of Inner London Boroughs, which have experienced a negative net flow, into Outer London Boroughs. However, the biggest inflows of children into Havering in 2016 came from neighbouring Outer London Boroughs, Redbridge (407 children) and Barking & Dagenham (342 children).[70]

Figure 11: Net flow of children by London Borough, 2011-2016




Data source: Internal Migration Flows 2011-2016; Greater London Authority (GLA); Produced by Public Health Intelligence

[70] Internal migration flows for school children (July 2016) Greater London Authority using internal migration estimates mid-2010 to mid-2015 (June 2016) Office for National Statistics

## 2.6 GP Registered Population – Children

A total of 55,442 children (0-17 years) are registered with a GP practice within the Havering CCG. The majority are aged 0-9 (59%). Children account for about a fifth of the total registered population (Table 3).

Table 3: Children (0-17 years) registered with a GP practice within the Havering CCG

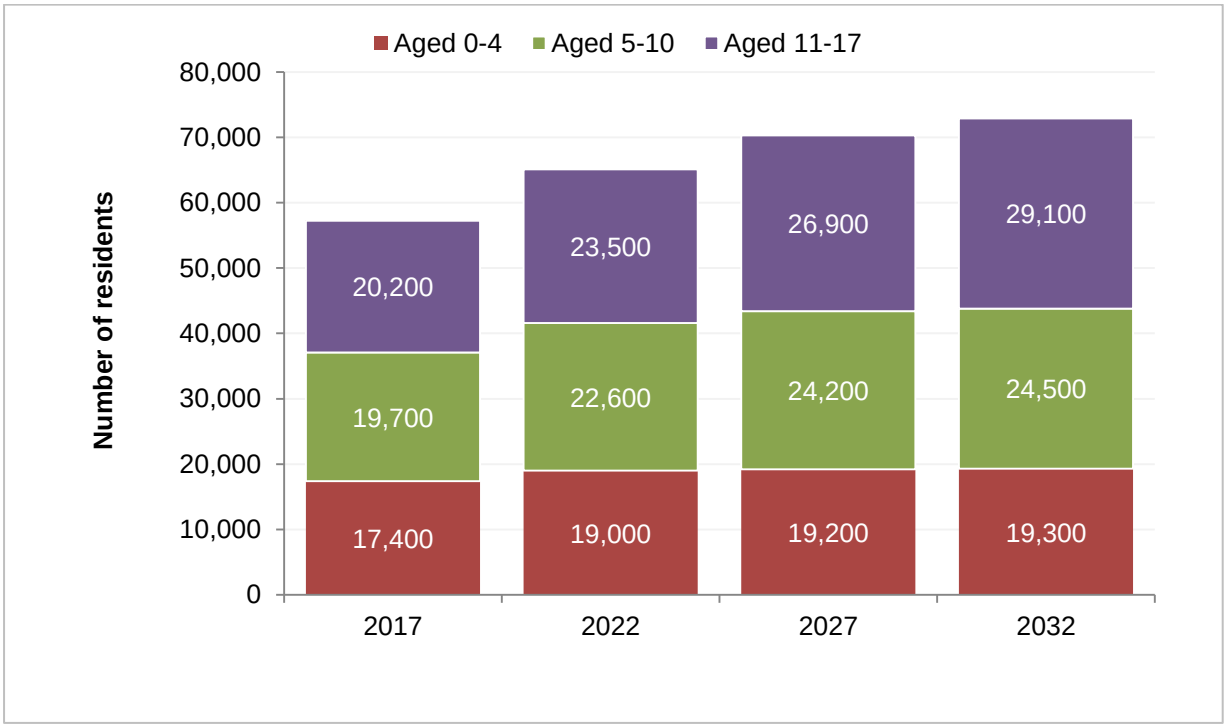
| Age Group (Years) | Number | | | % of all aged 0-17 years | | | % Total Population[β] | | |
|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Person | Male | Female | Person | Male | Female | Person |
| 0-4 | 8741 | 8492 | 17233 | 31.0 | 31.1 | 31.1 | 6.6 | 6.0 | 6.3 |
| 5-9 | 8761 | 8273 | 17034 | 31.1 | 30.3 | 30.7 | 6.6 | 5.9 | 6.2 |
| 10-14 | 7647 | 7589 | 15236 | 27.2 | 27.8 | 27.5 | 5.7 | 5.4 | 5.6 |
| 15-17 | 3012 | 2927 | 9061 | 10.7 | 10.7 | 16.3 | 2.3 | 2.1 | 3.3 |
| Total | 28161 | 27281 | 55442 | 100 | 100 | 100 | 21.1 | 19.3 | 20.2 |

β - Total population (274,197), Male (133,198), Female (140,999)
Source: NHS Digital, April 2017

## 2.7 Havering Children Population Projections

Currently the largest number of children (20,200) is within the 11-17 age category. This age group is projected to experience a 44% rise (8,900) by 2032. The smallest projected increase is expected to be within the 0-4 year old category (Figure 12).

Figure 12: Projected population change by age group - 2017, 2022, 2027 and 2032.




Source: GLA 2016 Demographic Projections – Local Authority population projection Housing-led Model; Greater London Authority (GLA).

## 2.8 Conclusion

Most of the children currently living in poverty are within wards classified as deprived. The rise in the child population in Havering is also largely associated with the high fertility rate among mothers in deprived wards and those from ethnic minority groups. There is therefore a need to direct proportionately more resources towards child poverty prevention and intervention activities in these wards and among ethnic minority groups, while identifying children in smaller pockets of poverty around the borough.

# 3 Risk Factors

This chapter examines key factors that evidence shows are associated with child poverty. These include: unemployment, low household income, financial exclusion, crime, domestic violence, substance misuse, housing and homelessness. For each factor we highlight latest prevalence rates and trends where data is available and compare with London, England and Bexley. We also describe current related interventions in Havering and make recommendations on addressing identified gaps.

## 3.1 Unemployment and low household income

**Summary**

Havering has a higher percentage of persons in employment (80% of persons aged 16-64) as compared to London (74%) and England (75%). However, only 43% are within the upper social class (manager, professional and associate professional)[71] as compared to 55% in London and 46% in England.

There were 2,620 (age 16-64) unemployment related benefits claimants in Havering as of February 2018. This was a slightly lower percentage (1.7%) as compared to London (2.1%) and England (2%).[72] Among wards, Gooshays (350, 3.3%), Heaton (240, 2.8%) and Romford Town (225, 1.9%) have the highest number of unemployment related benefits claimants[73] while Upminster (40, 0.5%) has the lowest.

The three wards with the highest number of claimants account for approximately a third (32%) of all cases whereas the lowest three (Cranham, Emerson Park, Upminster) account for only 6%. This is however consistent with the Havering age structure where the latter wards have fewer working age persons as compared to the former. Gooshays and Heaton are also among the most deprived wards in the borough.

There were 6,700 (4.3% of age16-64) people in Havering on Employment Support Allowance (ESA) and Incapacity benefits in December 2016. This was lower than the London (4.8%) and England (5.8%) average. Among wards Gooshays (795, 8.4%), Heaton (635, 8.4%) and Romford Town (485, 4.6%) had the highest number of claimants of ESA.

[71] http://webarchive.nationalarchives.gov.uk/20160106225424/http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/soc2010-volume-1-structure-and-descriptions-of-unit-groups/index.html#

[72] https://www.nomisweb.co.uk/reports/lmp/la/1946157270/report.aspx?c1=2013265927&c2=2092957699

[73] Funds paid by the state to unemployed workers who have lost their jobs due to layoffs or retrenchment. Unemployment compensation is meant to provide a source of income for jobless workers until they can find employment.

Emerson Park (160, 2.2%), Cranham (155, 2%) and Upminster (150, 1.8%) had the lowest number of claimants.

The three wards with the highest number of claimants account for approximately a third (30%) of all cases whereas the lowest three) account for only 7%. This is however consistent with the Havering age structure where the latter wards have fewer working age persons as compared to the former. Gooshays and Heaton are also among the most deprived wards in the borough.

Gooshays, Havering Park and Heaton, Brooklands and South Hornchurch are the most income deprived wards in Havering. Children living in these areas are therefore at a greater risk of child poverty as compared to other wards in the borough.

The Havering council currently implements or signposts individuals to various programmes that address issues related to unemployment and low household income. However there is a lack of coordination of support to individuals who are often recycled through similar provisions and are also likely to be supported by several departments within the Council.

There is a need for an integrated advice service that has skilled front line staff able to cross refer and provide appropriate support for clients.

The implementation of the fully integrated Havering Employment and Skills plan expected to commence this year (2018) with all its' elements would address most of the identified issues and improve the life chances of children and residents in general.

### 3.1.1 Background

There are strong links between individual and household employment patterns and low income and poverty.[74] Working-age adults and children in working families are much less likely to be in relative low income/poverty than those in families where no-one is in work. [75] [76] In 2016/17, 10% of working-age adults in working families in the UK were in relative low income poverty (Before Housing Costs - BHC) compared to 38% in workless families, while 15% of children in working families were in relative low income/poverty (BHC) compared to 50% in workless families.[77]

[74] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/285389/Cm_8781_Child_Poverty_Evidence_Review_Print.pdf

[75] https://www.jrf.org.uk/report/uk-poverty-2017

[76] https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-employment-lowpay-summary.pdf

[77] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691917/households-below-average-income-1994-1995-2016-2017.pdf

### 3.1.2 Prevalence

**Unemployment and related income claimants**

Havering has a higher percentage of persons in employment (80% of persons aged 16-64) as compared to London (74%) and England (75%). However, only 43% are within the upper social class (manager, professional and associate professional)[78] as compared to 55% in London and 46% in England. This is also reflected in qualifications where only 47% have NVQ3 and above compared to 66% in London and 57% in England.[79]

There were 2,620 (age 16-64) unemployment related benefits claimants in Havering as of February 2018. This was a slightly lower percentage (1.7%) as compared to London (2.1%) and England (2%).[80] Among wards, Gooshays (350, 3.3%), Heaton (240, 2.8%) and Romford Town (225, 1.9%) have the highest number of unemployment related benefits claimants while Upminster (40, 0.5%) has the lowest (Figure 13).

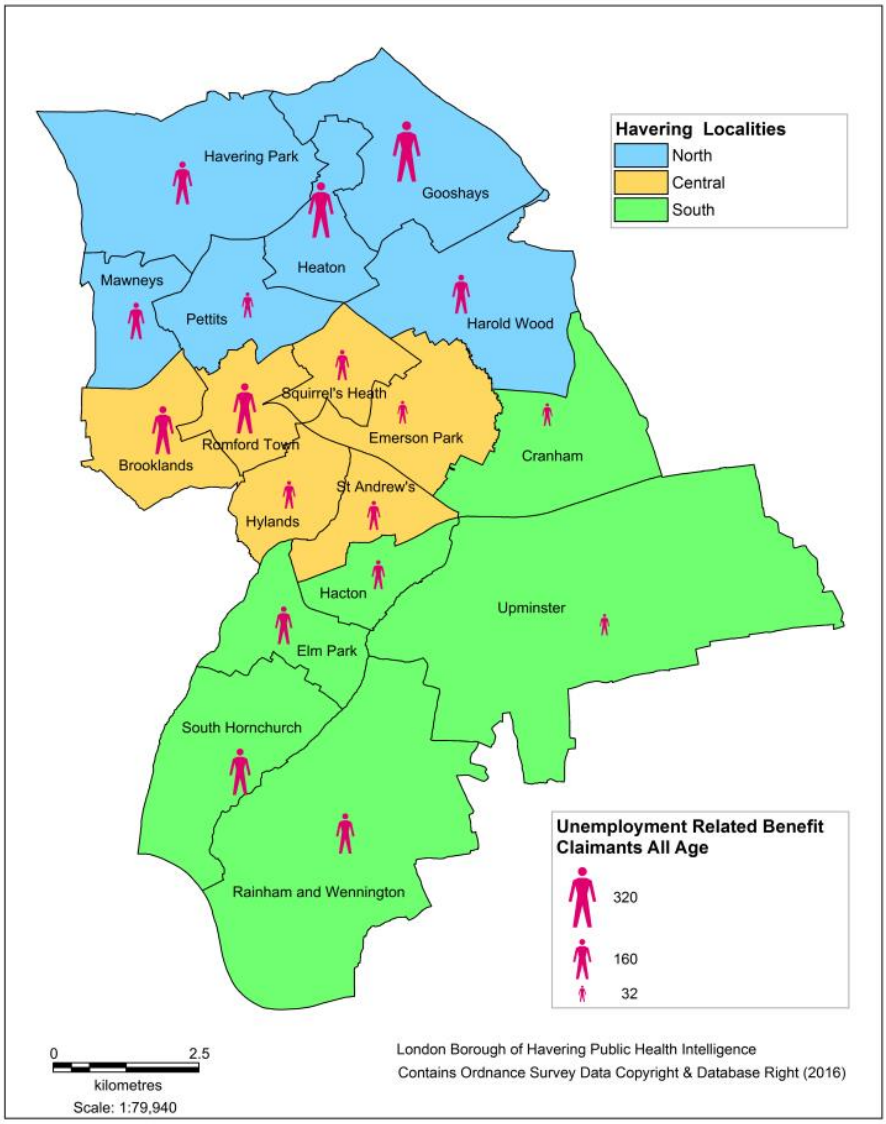
The three wards with the highest number of claimants account for approximately a third (32%) of all cases whereas the lowest three (Cranham, Emerson Park, Upminster) account for only 6%. This is however consistent with the Havering age structure where the latter wards have fewer working age persons as compared to the former. Gooshays and Heaton are also among the most deprived wards in the borough.

[78] http://webarchive.nationalarchives.gov.uk/20160106225424/http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/soc2010-volume-1-structure-and-descriptions-of-unit-groups/index.html#

[79] https://www.nomisweb.co.uk/reports/lmp/la/1946157270/report.aspx?town=havering

[80] https://www.nomisweb.co.uk/reports/lmp/la/1946157270/report.aspx?c1=2013265927&c2=2092957699

Figure 13: All unemployment related benefit claimants, ages 16-64 (July 2017).

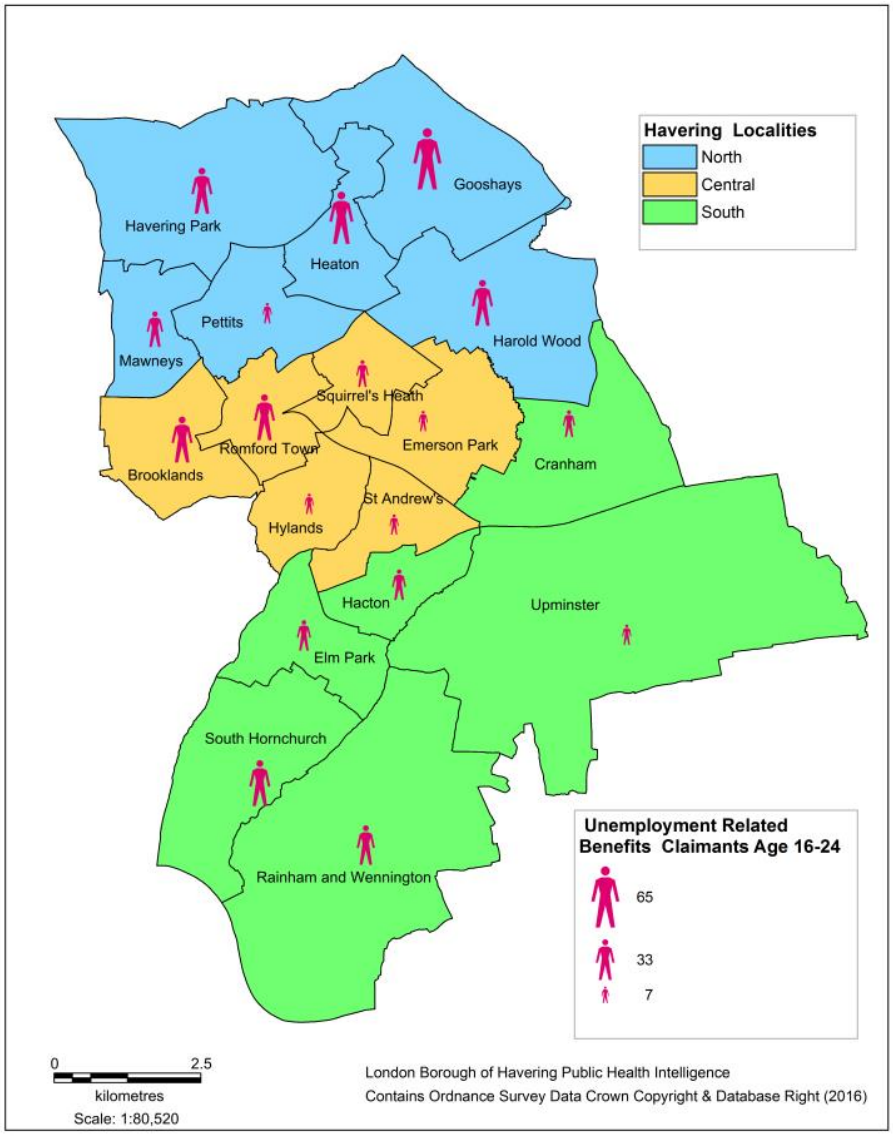



Source: www.nomisweb.co.uk

There were 500 (2.5%) young people (age 16-24) on unemployment related benefits in Havering as of February 2018. This was a similar percentage to London but lower than the England average (2.9%).

Among wards, Gooshays (65) and Heaton (50) had the highest number of unemployment related benefit claimants aged 16-24 whereas Emerson Park, Hylands, Pettits, St. Andrew's and Upminster had the lowest (10 each). This is also consistent with the Havering age structure where Gooshays and Heaton have a relatively higher population of persons aged 16-24 and are among the most deprived wards in the borough (Figure 14).

Figure 14: All unemployment related benefit claimants aged 16-24 (July 2017)




Source: www.nomisweb.co.uk

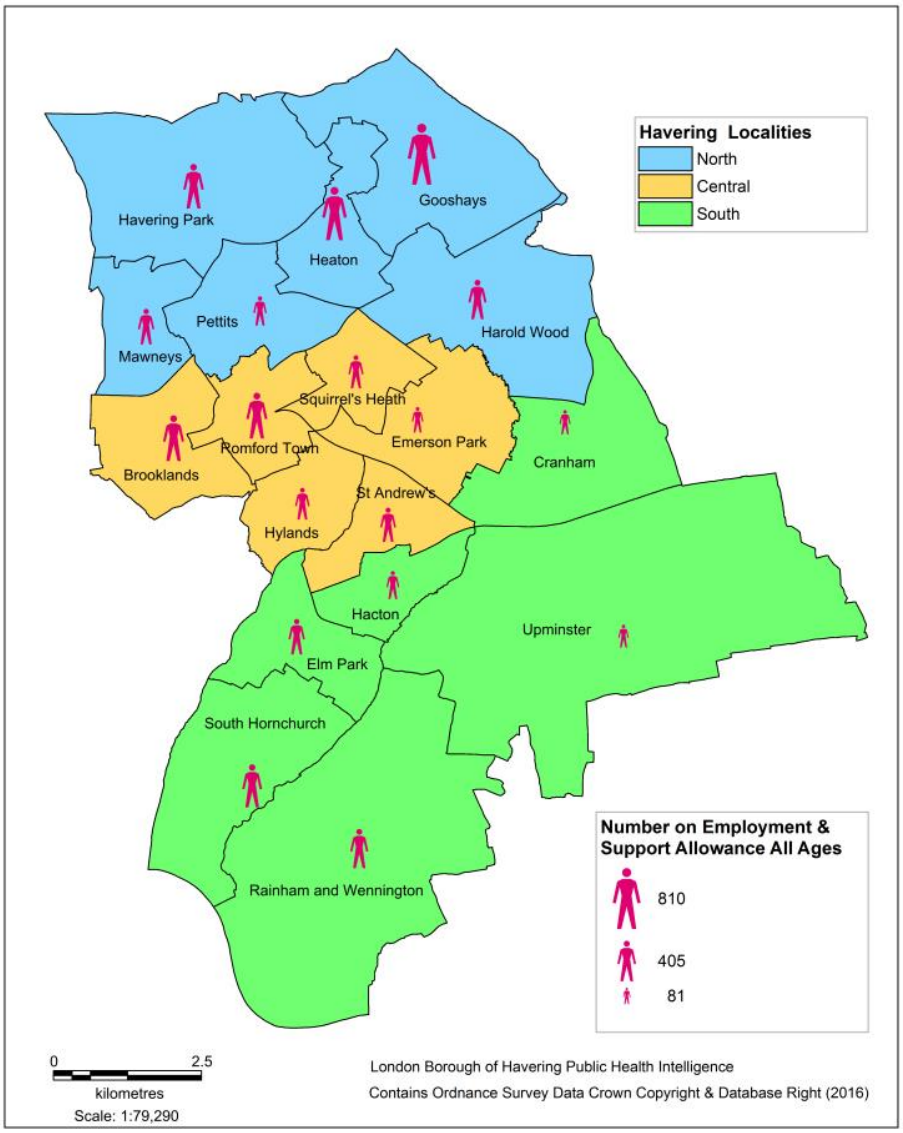
## Employment and Support Allowance

There were 6,700 (4.3% of age16-64) people in Havering on Employment Support Allowance (ESA) and Incapacity benefits as of December 2016. This was lower than the London (4.8%) and England (5.8%) average. Among wards Gooshays (795, 8.4%), Heaton (635, 8.4%) and Romford Town (485, 4.6%) had the highest number of claimants of ESA[81]. Emerson Park (170), Cranham (155) and Upminster (145) had the lowest number of claimants.

[81] Employment and Support Allowance (ESA) is the UK welfare benefit designed to give financial support to people having difficulty finding a job because of a long-term illness or disability and then help them back to work despite their disability.

The three wards with the highest number of claimants account for approximately a third (30%) of all cases whereas the lowest three account for only 7% (Figure 15). This is however consistent with the Havering age structure where the latter wards have fewer working age persons as compared to the former. Gooshays and Heaton are also among the most deprived wards in the borough.

Figure 15: Number of Havering residents on Employment and Support Allowance, ages16-64, February 2017.



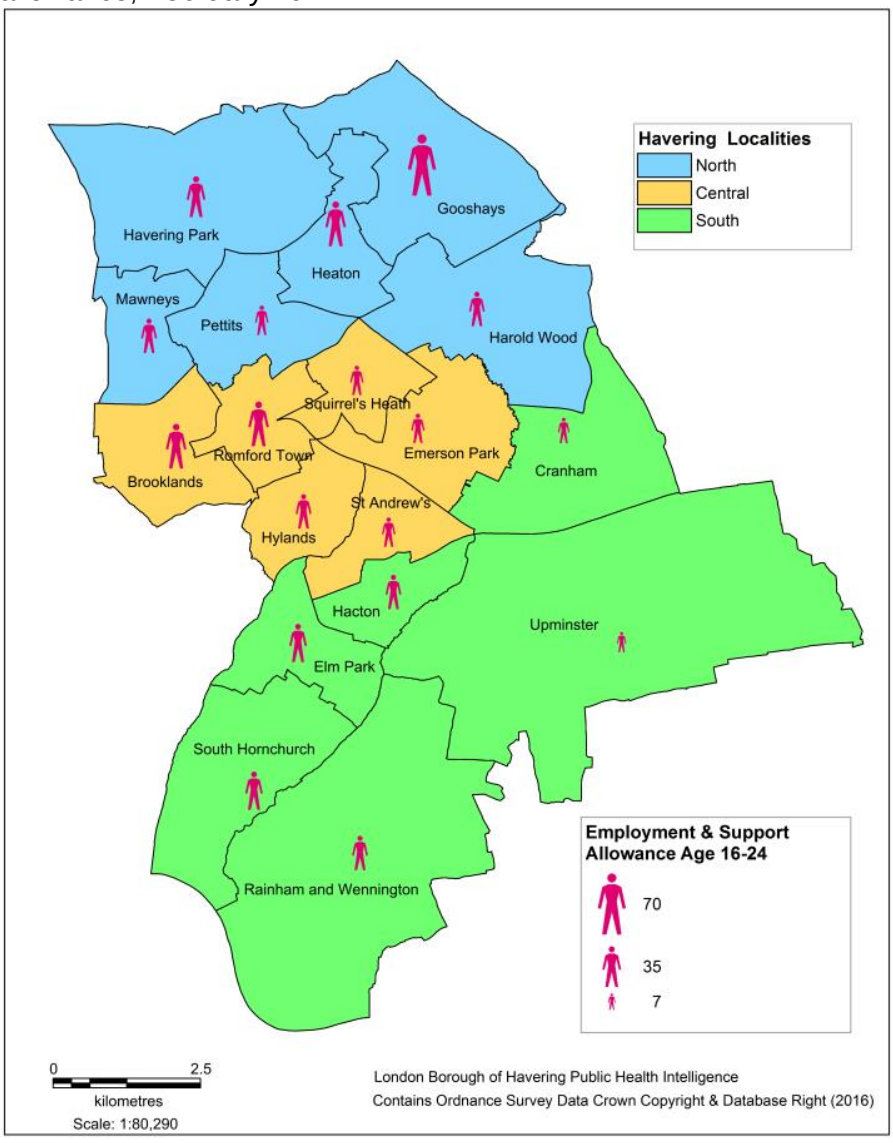

Source: www.nomisweb.co.uk

There were 360 (1.3% of young people aged 16-24) on ESA benefits in Havering as of February 2017. This was higher than the London average (1.1%) but lower than the England average (1.7%).

Among wards, Gooshays (70), Brooklands (40), Heaton (40) and Romford Town (40) had the highest number of claimants of ESA aged 16-24 years while Cranham (15) and Upminster (10) had the lowest (Figure 16). The highest four wards account for

more than a third (37%) of all claimants. This is also consistent with the Havering age structure where the four wards have a relatively higher population of persons aged 16-24 and are among the most deprived wards in the borough.

Figure 16: Number of Havering residents aged 16-24 on employment and support allowance, February 2017



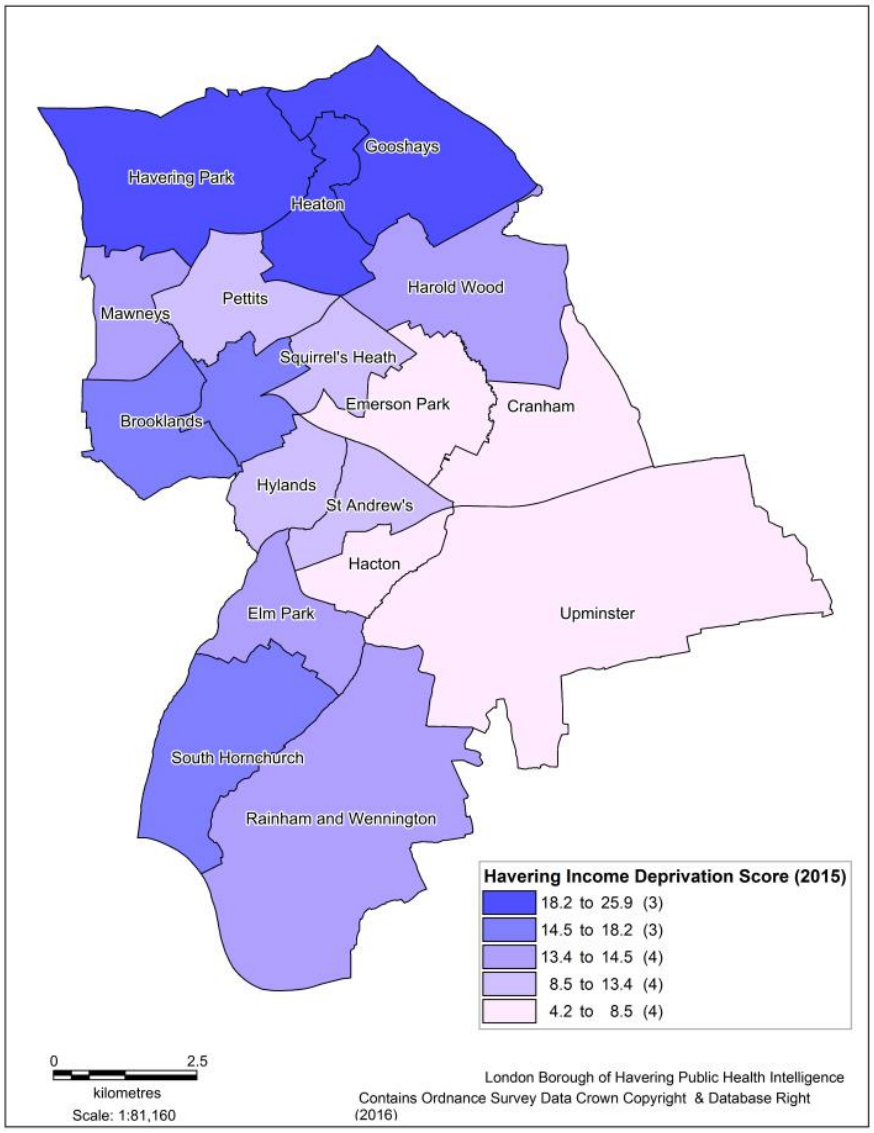

Source: www.nomisweb.co.uk

## Deprivation

Children in households that depend on means-tested benefits as the main source of income are most likely to be living in poverty. The income deprivation domain of the Index of Multiple Deprivation (IMD) 2015 is therefore a good measure of geographical areas that are at high risk of child poverty. The measure provides the proportion of people in an area who are living on low incomes. In practice, this is operationalized as the proportion of people who are dependent on means-tested benefits (including any dependents of claimants).

Gooshays, Havering Park and Heaton, Brooklands and South Hornchurch are the most income deprived wards in Havering (Figure 17). Children living in these areas are therefore at a greater risk of child poverty as compared to other wards in the borough.

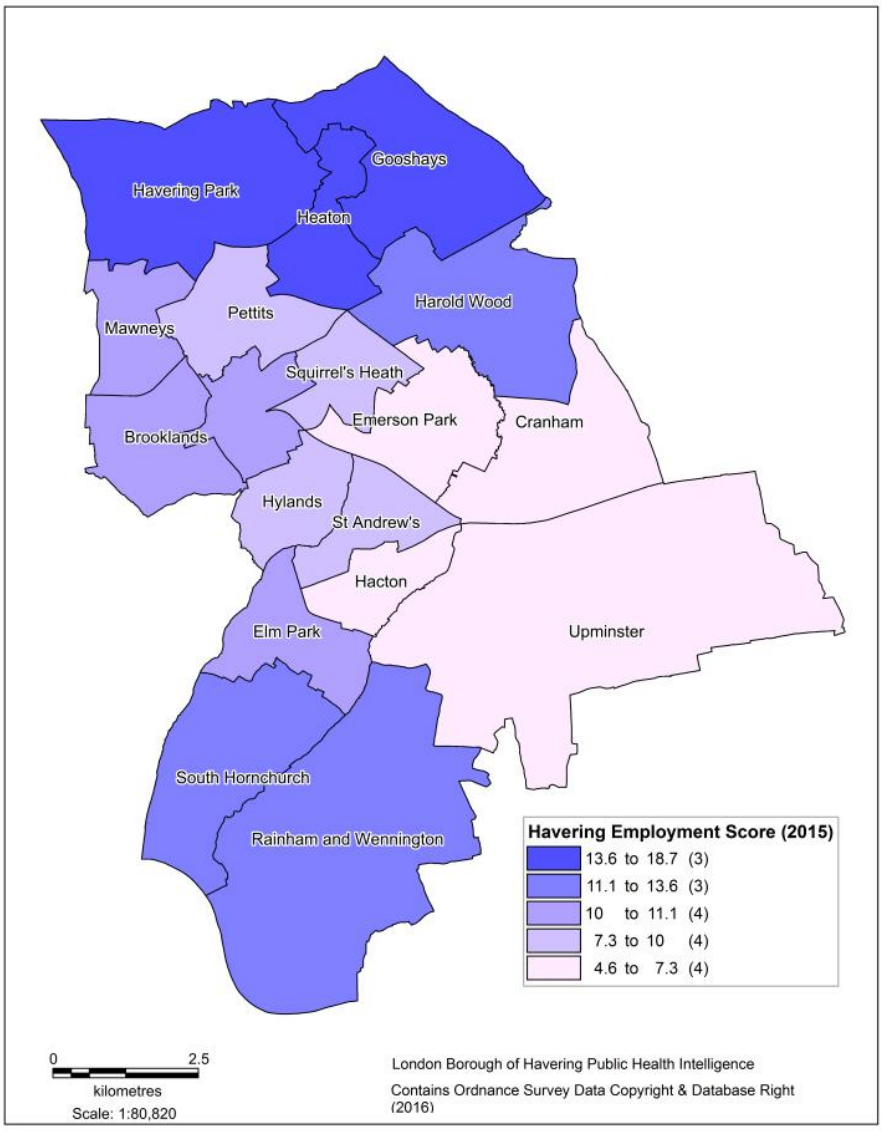
Figure 17: Index of deprivation, income score (IMD 2015)




Source: Index of deprivation, 2015

The Index of deprivation, employment score measures the proportion of working age people (16-64) who are involuntarily out of work – including those unable to work due to incapacity or disability. This is measured by the number of people claiming relevant benefits which include Jobseeker's Allowance (JSA), Employment and Support Allowance (ESA) and Severe Disablement Allowance. Gooshays, Havering Park and Heaton are the most employment deprived wards in Havering (Figure 18).

Figure 18: Index of deprivation, employment score (IMD 2015)

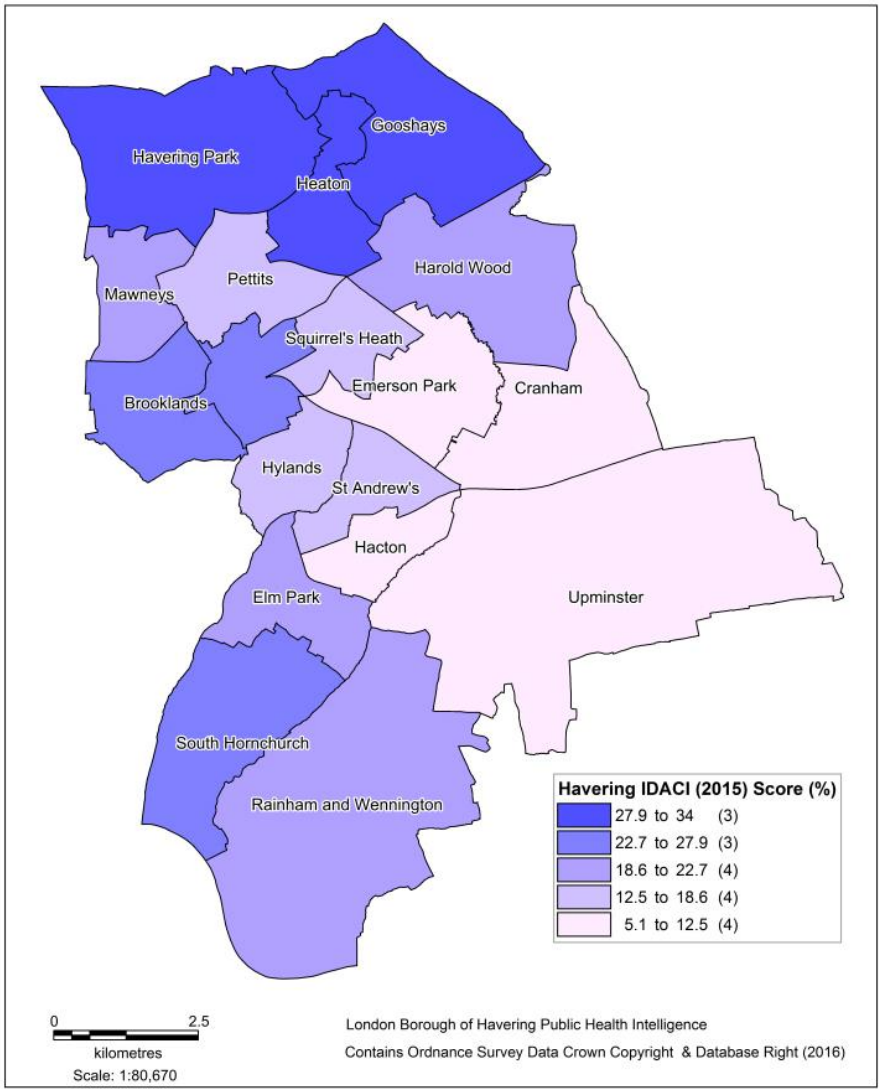



Source: Index of deprivation, 2015

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged below 16 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

Gooshays, Havering Park and Heaton have the highest percentage of children living in poverty in Havering (Figure 19).

Figure 19: Index of deprivation, income deprivation affecting children (IDACI), score (IMD 2015)



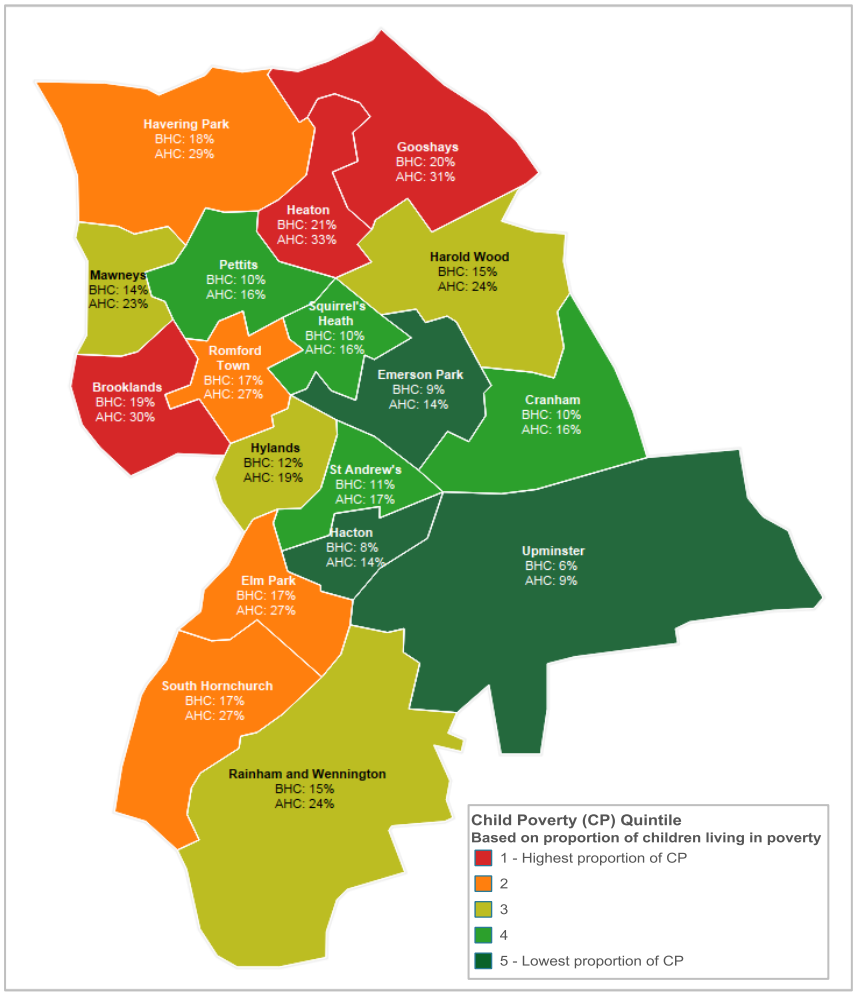

Source: Index of deprivation, 2015

## Inequality

While the majority of children in Havering are not poor, over 7,000 children aged below 16 years live in poverty.[82] Using a proxy measure of child poverty, produced by Her Majesty's Revenue and Customs (HMRC)[83], proportions of children living in poverty by wards are shown in Figure 20. Gooshays and Heaton have the highest percentage of children living in poverty before housing cost (BHC) and after (AHC).

[82] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0
[83] It measures the proportion of children living in families in receipt of out-of-work benefits or in receipt of tax credits where their reported income is less than 60 per cent median income.

Figure 20: Percentage of children in poverty by ward (before housing costs – BHC; and after housing costs – AHC), Oct-Dec 2015 estimates




Source: End Child Poverty Commission, 2015; London's Poverty Profile using Her Majesty's Revenue and Customs (HMRC) measure.

### 3.1.3 Current Interventions

The Havering council currently implements or signposts individuals to the following programmes to address employment and low household income related issues:

- Adult skills development through a range of local providers including directly through the Council Adult College.[84] The programme is funded by the national government through ESFA.[85]

[84] https://haveringadultcollege.co.uk/

[85] The ESFA brings together the former responsibilities of the Education Funding Agency (EFA) and Skills Funding Agency (SFA) to create a single agency accountable for funding education and skills for children, young people and adults. ESFA is an executive agency, sponsored by the Department for Education

- Apprenticeships (all age) through a levy system provided by a number of organisations both private and public sector across the borough.

- Department for Work & Pensions (DWP) commissioned programmes such as sector based work academies where real jobs are secured and individuals are guaranteed an interview following training.

- National Careers Service[86] - Provides information, advice and guidance to help individuals make decisions on learning, training and work. The service offers confidential and impartial advice and is supported by qualified careers advisers. Advice and guidance are offered on line and face to face.

- European Social Fund programmes[87] - targeted at long term unemployed and those facing barriers to re-entering the labour market.

- Lottery Funded projects[88] - aimed at addressing barriers such as disability, psychological, lack of skills, long term illness and getting individuals closer to the labour market.

- The Employment and skills plan[89] is a new strategy in Havering to be implemented as from 2018. The plan proposes a brokerage which will advocate for and work with individuals to support them to improve their life chances through upskilling to get into work or progressing in work (impacting the low paid). The brokerage will work with an individual to find the training, find employers, job match, mentor and support along the journey and post-employment. The brokerage team will initially comprise members of the front facing staff of the council from existing departments/teams and will collaborate with other front facing staff from local providers of training/education/advice. The solution described above has been proven to work in other London Boroughs e.g. Barking and Dagenham, Lambeth and Redbridge.

### 3.1.4 Service / Intervention Gaps

There is a lack of coordination of support to individuals who are often recycled through similar provision and are also likely to be supported by several departments within the Council.

An integrated advice service that has skilled front line staff able to cross refer and provide appropriate support is lacking.

There is no common assessment framework for providers of training and employment support across the borough.

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[86] https://nationalcareersservice.direct.gov.uk/about-us/home
[87] https://www.gov.uk/education/european-social-fund-esf-and-skills-funding
[88] https://www.biglotteryfund.org.uk/global-content/programmes/england/building-better-opportunities/london
[89] http://democracy.havering.gov.uk/documents/s28341/FINAL%20Havering%20Employment%20and%20Skills%20Plan%202018-%202021.pdf

Most LBH staff dealing with service users are not fully aware of support available across the Council and its partners.

Training offered by Havering institutions appears not consistent with the changing local economy and labour market.

There is a shortfall of child care and nursery places in Havering which makes it difficult for some parents with young children to work or engage in other income generating activities.

### 3.1.5 Recommendations

There is a need for an integrated advice service that has skilled front line staff able to cross refer and provide appropriate support for clients.

A common assessment framework is needed for providers of training and employment support across the borough.

Data sharing agreements should be implemented across the Council and with external providers to avoid duplication of support services.

Staff training programme to ensure LBH staff dealing with service users are aware of support available across the Council and its partners.

Skills training curriculums in Havering institutions should be reviewed to ensure that they focus on skills needed in the local labour market.

All client facing services in the borough should have an integrated approach to prevent duplication and provide a tailored customer journey.

Implementation of a referral management system and skills passport to record and track customer journey and provide intervention / support at appropriate points.

Creation of increased and flexible childcare / nursery provision to address reported shortfall and enable parents to engage in income generating activities.

Full implementation of the Havering 2018-21 employment and skills plan.

### 3.1.6 Conclusion

Long term unemployment and low paid employment affects families and increases the chances of children living in poverty. Improving individual skills through training enables them to secure employment / progress in employment and improve their personal and family incomes. The implementation of the fully integrated Havering

Employment and Skills plan[90] with all its' elements would address these issues and improve the life chances of children and residents in general.

## 3.2 Financial Exclusion & Low Household Income

**Summary**

Havering is a relatively affluent borough and ranks 5th out of 32 London Boroughs (1 being the best and 32 the worst) for income inequality (with mean income being 121% of median income). However, 21% of local employees are in jobs paid below the London Living Wage, placing Havering 14th amongst 32 London Boroughs against this measure.

Despite low deprivation scores and high employment rates, the average gross income per household in Havering (at £44,430) is low in comparison with the London average (£51,770) (and in the lowest third of all London Boroughs) but slightly higher than the national average (£39,557).[91] The most income deprived wards are in the north of the borough and include Gooshays, Havering Park and Heaton. These are also the most employment deprived wards.

In 2018, 2,083 residents were recognised as under-employed within the borough. Financial exclusion affects the under-employed if they are not able to access the services and skill development opportunities that could lead them to becoming fully employed individuals, which in turn can lead to in-work poverty, not least by keeping wages down.

Between November 2014 and November 2015, the London Borough of Havering, along with the neighbouring borough of Barking and Dagenham, experienced a 12.5% increase in the average cost of rental properties. This grew by a further 5% over the following two years, and was at £1,210 per calendar month as at November 2017. The ever increasing rental costs within the borough mean that financial pressures are continuing to be felt, particularly by those renting in the private sector.[92]

A significant number of individuals in Havering especially in deprived areas are faced with financial exclusion. With the implementation of the universal credit service in June 2018 some families will not only experience further reduction in their incomes but will also find it challenging to access benefits as the whole process will be digital (on-line).

90 http://democracy.havering.gov.uk/documents/s27458/Havering%20Employment%20and%20Skills%20Plan%202018-%202021.pdf

91 http://www.londonspovertyprofile.org.uk/indicators/boroughs/havering

92 http://www.londonspovertyprofile.org.uk/indicators/boroughs/havering

There is a need for training of vulnerable groups around use of the internet, money management skills, and how to access welfare support. Long term measures may include introducing money management courses in schools and colleges.

### 3.2.1 Background

Put simply, Financial Exclusion is when an adult does not have access to, or cannot adequately use a variety of appropriate financial services. Financial products are considered "appropriate" if their provision, structure and costs do not lead the customer to encounter access and/or use difficulties. These services must be administered in a responsible and safe manner to the consumer, and sustainably for the provider in a well-regulated environment. In its elementary form, someone will experience Financial Inclusion if they; have access to a basic bank account; can manage day-to-day financial transactions; meet expenses (both predictable and unpredictable); manage a loss of earned income; and avoid or reduce problem debt.[93] More progressive forms of financial inclusion are; being able to access loans for potential business investments; insurances in order to mitigate financial risk; mobile/internet banking, and saving products. Without intervention, financial exclusion can stimulate social exclusion, poverty and inequality.

In most cases where a family is struggling with money, they will also be in receipt of one or more means tested benefits. Welfare reforms both past and present are having a real impact on child poverty levels and many families are currently struggling to make ends meet. In particular, the introduction of the benefit cap has seen many residents already under pressure financially sink further under the poverty line. The benefit cap is a limit on the total amount of benefits one can get, and any reduction is taken from housing benefit. There are exceptions, but essentially it is an attempt to incentivise work and de-incentivise a life on benefits. Universal Credit Full Service[94] will be implemented in Havering as from June 2018. It is the biggest change in Britain's Welfare Benefits System in recent history, and the Council must be adequately prepared for the impact it will have on residents in the borough.

Under occupancy is another major welfare reform that was introduced in April 2013. Housing Benefit claimants living in social housing, aged between 16 years old and pension credit age, with a 'spare' bedroom may see a reduction of their housing benefit. There are exceptions, and Discretionary Housing Payment (DHP) can be paid in exceptional circumstances. Households affected by under occupancy are already on low incomes as they are on housing benefit, and with the reduction being either 14% or 25%, residents affected by under occupancy will find their budgets stretched.

[93] https://publications.parliament.uk/pa/ld201617/ldselect/ldfinexcl/132/13206.htm
[94] https://www.moneyadviceservice.org.uk/en/articles/universal-credit-an-introduction

These major welfare reforms mean that, households have even less money to live on than their standard allowance. This is the minimum amount the government say you have to live on based on your personal circumstances. Taking into account the fact that working age benefit amounts have been frozen and are not rising in line with inflation or the cost of living, households who rely on the system are struggling. Children's education, health, and general wellbeing are negatively impacted by living in low income households. Children living in households afflicted by welfare reforms are therefore directly affected by the changes.

Individuals affected will often pay more for basic financial transactions, as cashing in a cheque for example may incur a 10% charge or more. Some services such as contract mobile phones and Wi-Fi/Broadband are simply not available to customers without bank accounts, and for most jobs owning a bank account is now a pre-requisite. Persons without access to insurances or savings are vulnerable to risks such as theft, redundancy, and unexpected costs.

Children living in households that are financially excluded often experience difficulties in meeting their basic needs such as food, school uniforms etc. People without access to the global financial system often turn to loan sharks and illegal money lenders for emergency cash which in turn places them and their children at risk of serious harm and perpetual indebtedness.

### 3.2.2 Prevalence

Havering is a relatively affluent borough and ranks 5th out of 32 London Boroughs (1 being the best and 32 the worst) for income inequality (with mean income being 121% of median income). The borough's overall poverty rate is 17%, compared with 27% across the whole of London, placing it 5th out of the 32 London Boroughs.

21% of local employees are in jobs paid below the London Living Wage, placing Havering 14th amongst 32 London Boroughs against this measure. Despite low deprivation scores and high employment rates, the average gross income per household in Havering (at £44,430) is low in comparison with the London average (£51,770) (and in the lowest third of all London Boroughs) but slightly higher than the national average (£39,557).[95] The most income deprived wards are in the north of the borough and include Gooshays, Havering Park and Heaton.

"Under-employment" is the under-use of a worker due to a job that does not use the worker's skills or leaves the worker idle. In 2018, 2,083 residents were recognised as under-employed within the borough. Financial exclusion affects the under-employed if they are not able to access the services and skills development opportunities that

[95] http://www.londonspovertyprofile.org.uk/indicators/boroughs/havering

could lead them to becoming fully employed individuals, which in turn can lead to in-work poverty, not least by keeping wages down.

More people moved into residential accommodation in Havering during 2015 than in any other London borough. Linked to this, the borough has seen a significant increase in the private rented sector. The 2011 Census revealed that the private rented sector in Havering had almost doubled over the previous five years, and the rapid growth of this sector has continued year on year.

Private rent in the borough remains more affordable for low earners than anywhere else in London and the borough ranks 22nd out of 32 London Boroughs for landlord repossession orders per 1,000 renting households.[96] This, combined with recent welfare reforms, has resulted in people on low incomes and / or claiming housing benefit moving out of central London, towards outer London boroughs such as Havering. However, between November 2014 and November 2015, the London Borough of Havering, along with the neighbouring borough of Barking and Dagenham, experienced a 12.5% increase in the average cost of rental properties. This grew by a further 5% over the following two years, and was at £1,210 per calendar month as at November 2017.

The ever increasing rental costs within the borough mean that financial pressures are continuing to be felt, particularly by those renting in the private sector. The rate of homeless households in temporary accommodation (at 7 per 1,000) is lower than across London (at 14.9 per 1,000) but higher than the national figure (at 3.4 per 1,000). The rate of statutory homelessness is similar to the rest of London but higher than across England as a whole. However, the borough has the third highest rate of homelessness acceptances per 1,000 households in London.[97]

### 3.2.3 Current Interventions

The Welfare Benefits and Financial Inclusion team in Havering currently provides expert advice on issues such as Benefits, Welfare Reform, Employment, Income Maximisation, Budgeting, and Debt. All council staff can make a referral to welfare.reforms@havering.gov.uk if they have a tenant in financial difficulty that requires advice, support, or guidance. Residents can also get in touch on 01708432537 or visit the Chippenham Road Housing Office in Harold Hill.

There is also a focus on residents affected by the Benefit Cap, Universal Credit, and Under Occupancy, with each reform having its own special process and customer journey. The DWP is providing funding for Personal Budgeting Support (PBS) and Assisted Digital Support (ADS) for Universal Credit Claimants. Personal budgeting support is about helping claimants adapt to three key changes that Universal Credit

[96] http://www.londonspovertyprofile.org.uk/indicators/boroughs/havering
[97] http://www.londonspovertyprofile.org.uk/indicators/boroughs/havering

brings i.e. a single household payment, paid monthly, with the rent being paid directly to the claimant. There are two key elements to PBS: Money advice to help claimants cope with managing their money on a monthly basis and paying bills on time, and assessing whether it is necessary for an alternative payment arrangement to be put in place. ADS is providing advice and guidance on the digital aspect of UC to new claimants.

Havering Citizens Advice Bureau (CAB) have recently confirmed a new partnership with The Department for Work and Pensions. The CAB will now be able to assist Havering tenants with the maintenance of their UC claim. They will be based in Libraries across the Borough – times and days are yet to be released. The team can also help in crisis situations by assisting tenants with Emergency Assistance Scheme applications, providing food bank vouchers, or distributing emergency furniture vouchers (limit of £75 to be used at Lighthouse Furniture Project).

The Council's Skills and Business Engagement have been working on a plan to introduce a new brokerage service as described in the Havering Employment and Skills Training Plan 2018-2022.[98]

On a national scale, there are numerous schemes and funding streams available to families living in poverty. Organisations and authorities working alongside these households can also apply for help in some cases. For example, there is a local government grant that can help with the provision of school uniform for parents who are unable to afford it themselves. It is the Head Teachers responsibility to apply for this money.

Many utility suppliers such as British Gas, EDF and Thames Water have Trust Funds will write off some or all of a customer's utility debt in special circumstances. These trust funds are discretionary and there is no right of appeal. Almost every Water supplier will have a social tariff/s for low income households, and most energy suppliers are now a part of the Government led Warm Home Discount scheme which is an annual £140 payment towards electricity bills for customers who meet certain eligibility criteria.

For pregnant mothers or persons with children under the age of four, they could qualify for the Healthy Start programme where free vouchers are provided every week for expenditure on milk, fruit and vegetables, and infant formula milk. You can also get free vitamins. To be eligible, one has to be on certain benefits, or be pregnant and under 18.

98 http://democracy.havering.gov.uk/documents/s28341/FINAL%20Havering%20Employment%20and%20Skills%20Plan%202018-%202021.pdf

Colleges across the country also subsidise many of their courses for benefit claimants. Havering Adult College for example, has a reduced course fee for over 60's. They also have an Adult College Employability Training Team that work with the Local Jobcentre Plus to produce a range of free opportunities to support claimants who want to return to work.

The Governments free school meals programme aims to provide a nutritionally balanced meal for as many children as possible. If a parent is in receipt of certain means tested benefits they may be eligible for free school meals.

The current Government is steadily increasing the minimum tax allowance. This means that low earners are able to keep more of their money before they see a deduction in their wages.

Havering Citizens Advice Bureau also provides a wide range of advice services to Havering residents.

### 3.2.4 Service / Intervention Gaps

Recent studies by the 4in10 Campaign Network found that in work poverty has risen by 50% in the last decade and two of children living in poverty are in working households. Poverty rates are expected to rise significantly by 2021 and based on the numbers of families in work yet still experiencing poverty, it would appear that just solely returning to work is no longer the answer.

There is currently a working group within Government that is exploring different ways to improve the nation's Financial Capability. Financial Capability is the combination of attitude, knowledge, skills and self-efficiency needed to make and exercise money management decisions that best fit the circumstances of one's life.

Havering's Financial Inclusion Strategy[99] highlights the need to implement money management courses in schools and colleges going forward. This if successfully implemented is expected to have a long lasting positive impact on household incomes within the borough.

Indebtedness is an issue many face, yet seemingly lots of residents are yet to seek help and advice regarding money they owe. Although the Council works alongside Mary Ward Legal Centre (MWLC), referrals are relatively low. At most, MWLC will see three Havering Tenants a week. There is need to collaborate with other agencies providing a similar service. These include:  Step-change, Christians against Poverty, and National Debt-line who all offer free support and advice to those in debt. Others include: Gingerbread, Carers UK, The Lightbulb, and Samaritans who can help with employment, benefit entitlements, and support.

[99] http://democracy.havering.gov.uk/documents/s27463/Financial%20Inclusion%20Strategy.pdf

Government budget cuts have also affected community initiatives like Early Help Job Clubs which offer basic IT training and currently can only run the service one day a week. Most institutions including Havering Council have most of their services online due to the cost effective nature of digital self-service. Unfortunately persons with greatest need are more likely not to access these services as they often lack the digital knowhow and/or resources. The inability to access digital platforms may also mean they miss out on discounts provided by water, gas and electricity companies specifically designed for persons experiencing financial difficulties.

### 3.2.5 Recommendations

Digital inclusion is rapidly becoming a priority area that the Council needs to focus on. This follows the increase in utilization of digital assistance, digital self-service, and technology advances in information and general service provision. As it stands Havering does not currently have a Digital inclusion Officer/Team and as mentioned in Service Gaps, many residents in Havering are missing out because they are either not computer literate, or do not have access to a computer/the internet. The Community Engagement team is currently working on getting more access points and public computers in our Library's.
It is crucial that service users are signposted to the right department to ensure that they are accessing the right services and a record is kept of the needs across the borough. By improving the level of information shared across the council, staff should feel more confident in signposting service users to appropriate services.

Currently, Havering Council is not a London Living Wage Employer. The council should consider becoming accredited, and then provide support and incentives for other organisations in Havering to do the same. A good example of how this works is evident in the London Borough of Greenwich. The council recently became an accredited London Living Wage employer and now offers a Business Rate Relief Scheme to businesses that also become accredited. Were it to have a ripple effect (as studies by 4in10 Campaign Network have shown), the standard of living and average rates of pay in Havering would rise.

### 3.2.6 Conclusion

Financial exclusion is the process whereby people encounter difficulties accessing financial services and products in the mainstream market that are appropriate to their needs. These products and services include the ability to get a bank account, lower rates of interest on loans and access to internet banking. Access to and understanding of these services and products would enable residents to become financially included and develop long term skills to help them in the future with any monetary issues.

A significant number of individuals in Havering especially in deprived areas are faced with financial exclusion. With the implementation of the universal credit service in

June 2018 some families will not only experience further reduction in their incomes but will also find it challenging to access benefits as the whole process will be digital (on-line).

There is a need for training of vulnerable groups around use of the internet and the digital benefits processing system and in money management skills. Long term measures may include introducing money management courses in schools and colleges.

## 3.3 Crime

**Summary**


The latest data from Public Health England shows that in 2016, 78 young people (0-17 years) in Havering entered the youth justice system for the first time, a significant drop from 221 in 2010.

Wards in Havering with the highest proportion of youth victims of crime were Havering Park, Heaton, and Gooshays, along with South Hornchurch in the south west of the borough. These are also the most deprived wards in the borough.

There were 569 adult offenders recorded in Havering in 2016. This is equivalent to a rate of 228/100,000. Ward level data shows Gooshays, Heaton, Brooklands and South Hornchurch have the highest rates of adult offending (5-8/1,000). These wards are also among the most deprived in the borough.

Activity to tackle crime in Havering is guided by the annual Community Safety Plan which sets out the types of crime which have been identified as a local priority. From this, local strategies will dictate individual actions which will be taken by agencies (such as council departments, police, and probation services). There will often be significant crossover between local plans and the Mayor of London's policing plan for the whole of London, set for the duration of their term in office.

Actions to tackle crime in Havering target offenders and vulnerable victims based on risk and harm and do not necessarily consider varying levels of deprivation. However there is need to work with other agencies tackling deprivation which evidence shows is a major driver of crime.

### 3.3.1 Background

It is estimated that there are some 200,000 children in England and Wales with a parent in prison, with more children being affected by imprisonment than by divorce each year. The impact of a parent's imprisoning on a child is deep and wide ranging. The emotional effects of being away from a parent for a long time, the stigma of imprisonment, reduced resources and financial support and possibly being taken into care, especially in the cases of lone parents, can all impact upon the child.

There is a strong association between parental imprisonment and adverse outcomes for children. Compared to their peers, children of prisoners have been found to have three times the risk of mental health problems, anti-social delinquent behaviour and other adverse outcomes.[100]

The disadvantages of poverty may also increase children's propensity to get into a lifestyle of crime or they may be vulnerable to becoming part of a gang, attracted to the ostensibly strong peer relationships and bonds offered within that culture.

### 3.3.2 Prevalence

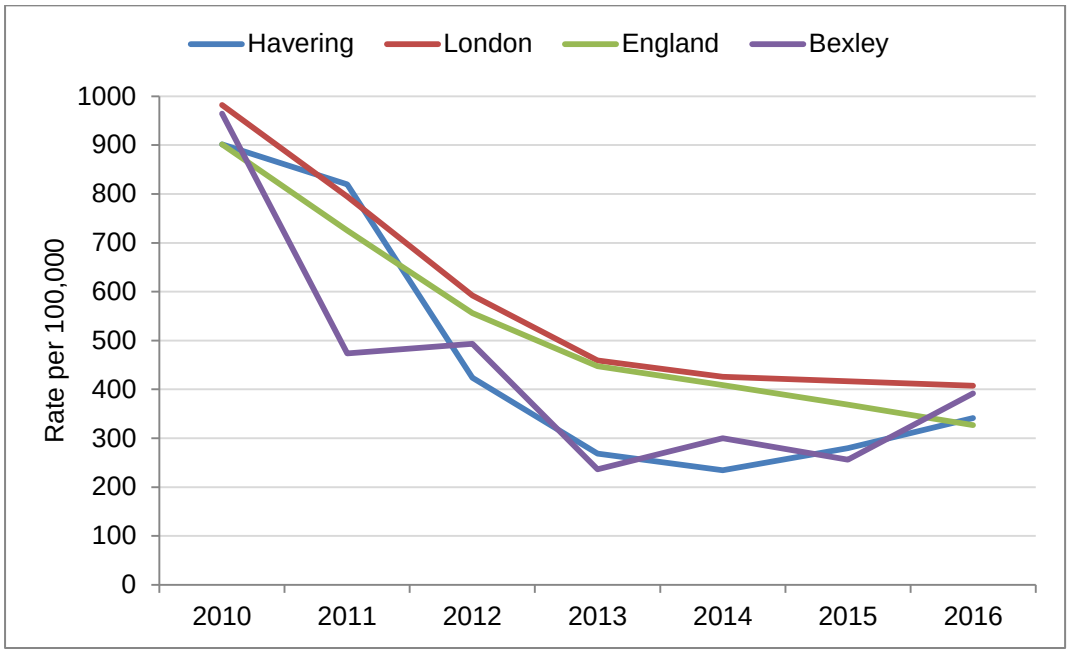
**First time entrants to the youth justice system**

The latest data from Public Health England shows that in 2016, 78 young people (0-17 years) in Havering entered the youth justice system for the first time, a significant drop from 221 in 2010.[101] This was equivalent to a rate of 341/100,000 people which is similar to the England (327/100,000) average but lower than the London (407/100,000) and Bexley (398/100,000) average. Figure 21 below shows that youth crime rates have generally been dropping over the last 8 years. Latest figures are a third of what they were 8 years ago.

[100] http://www.russellwebster.com/how-parental-imprisonment-affects-childrens-mental-health/

[101] https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-december-2016

Figure 21: Young people aged 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population.

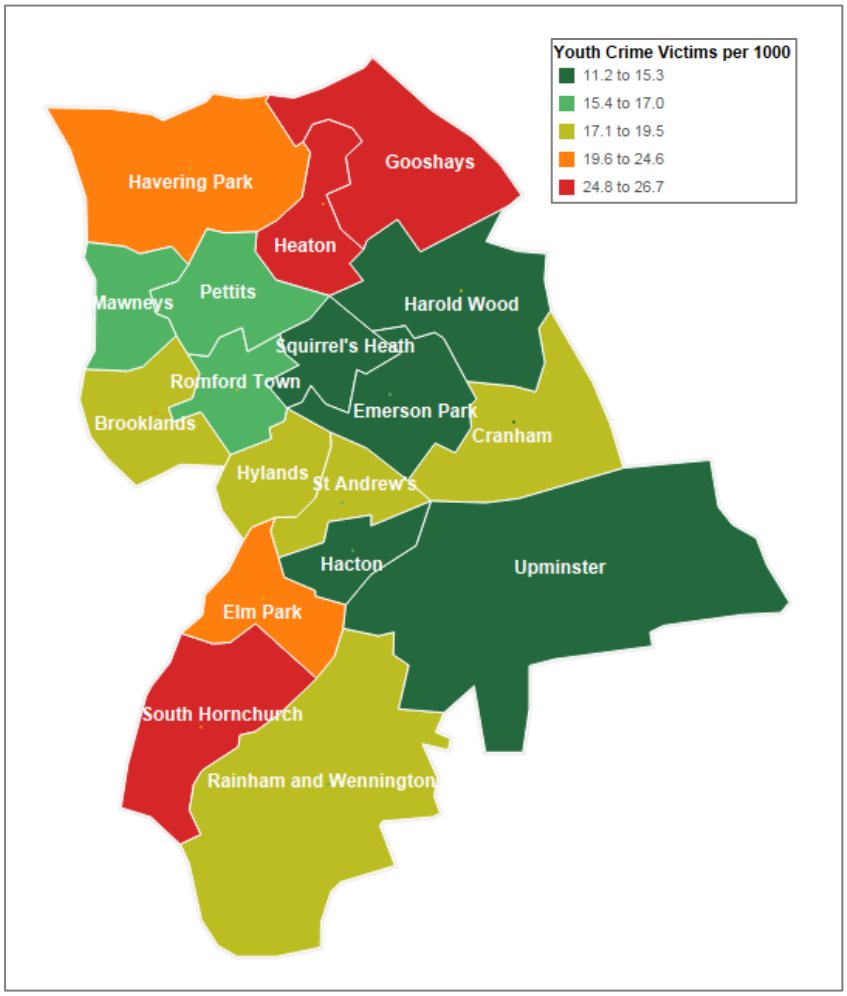



Source: Public Health Outcomes Framework

### Youth Victims of Crime

Data from the metropolitan police crime recording system for the 2017 calendar year shows that the wards in Havering with the highest proportion of youth victims of crime (25-27/1000) were Havering Park, Heaton, and Gooshays, along with South Hornchurch in the south west of the borough (Figure 22).These are also the most deprived wards in the borough.

Figure 22: Youth crime victims per 1,000 youth population, Havering, 2017

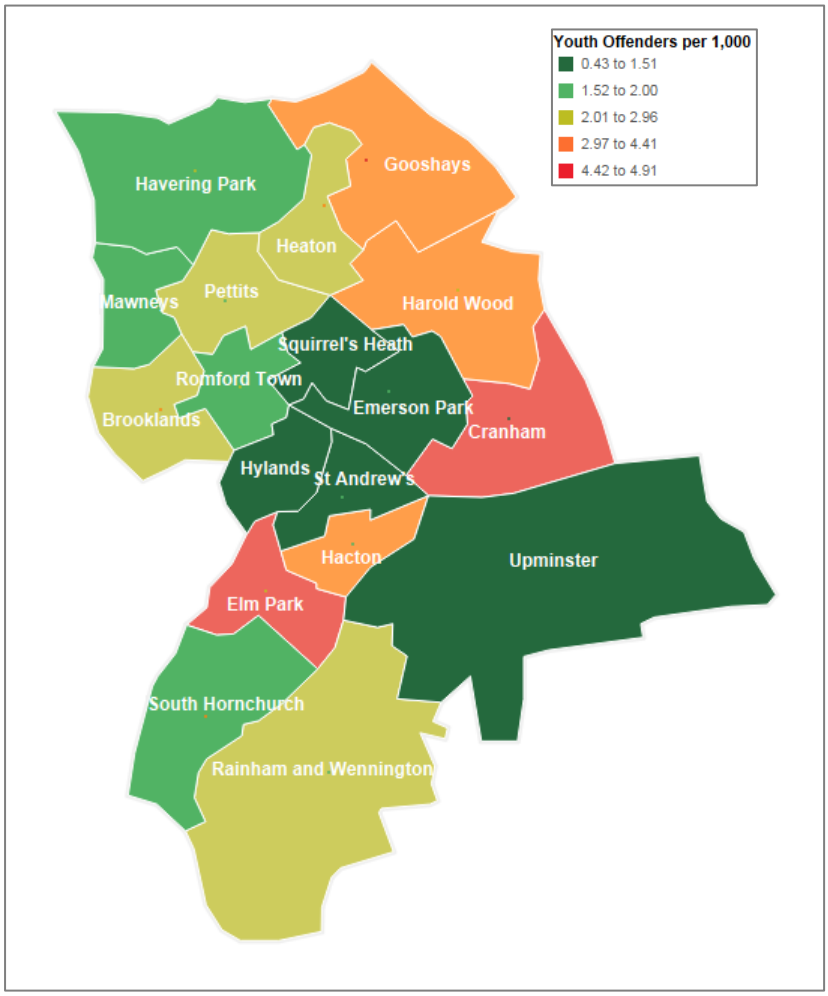



Source: London Metropolitan Police Database

## Youth Offenders

The number of youth offenders is significantly smaller compared to victims. Figure 23 shows that Cranham and Elm Park have the highest rate of youth offenders (5/1,000) and there appears to be no association between youth offending and ward level deprivation.

Figure 23: Youth Offenders per 1,000 youth population, Havering, 2017




Source: London Metropolitan Police Database

Table 4 (below) shows the number of young offenders in wards with more than five young people accused of crime. Gooshays, Cranham and Elm Park had the highest numbers and rates of youth offenders in 2017.

Table 4: Number of youth offenders and youth population by Havering Wards, 2017

| Ward | Number of Young Offenders aged 0-17 | Population aged 0-17 | Per 1,000 pop aged 0-17 |
|---|---|---|---|
| Brooklands | 9 | 4353 | 2.07 |
| Cranham | 13 | 2652 | 4.90 |
| Elm Park | 13 | 2897 | 4.49 |
| Gooshays | 14 | 4571 | 3.06 |

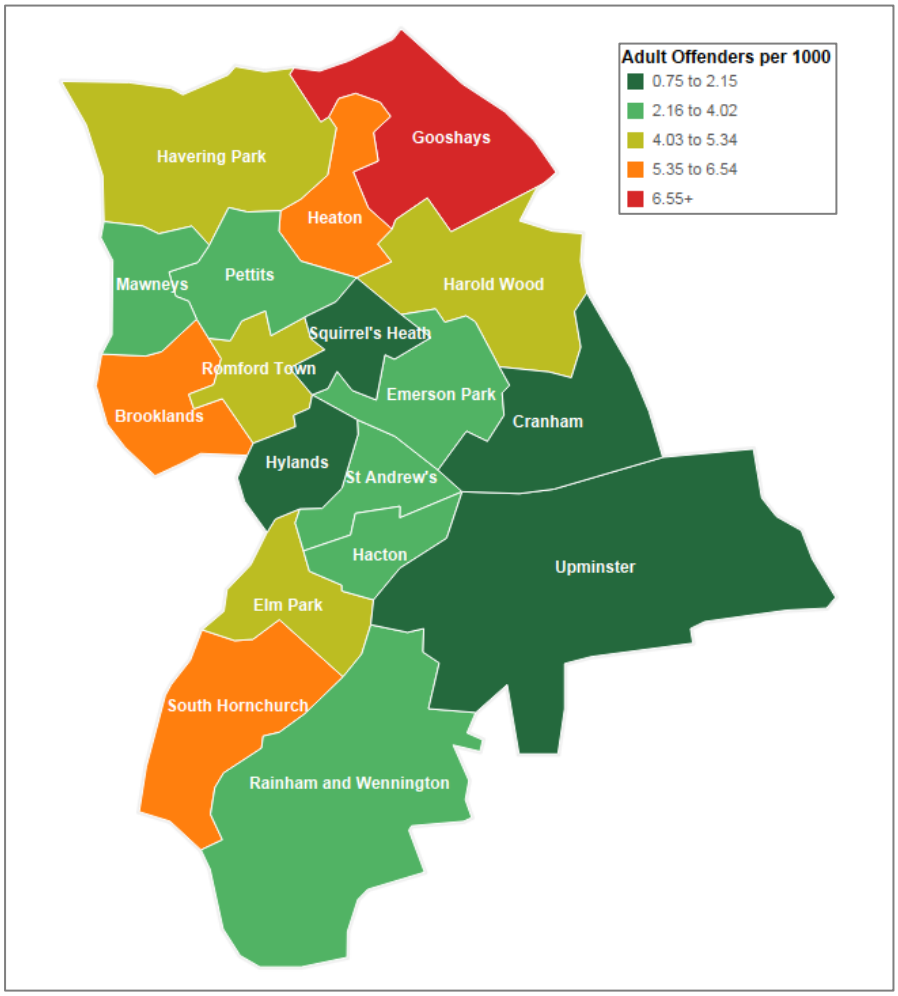
| | | | |
|---|---|---|---|
| Hacton | 7 | 2219 | 3.15 |
| Harold Wood | 9 | 3029 | 2.97 |
| Heaton | 8 | 3817 | 2.10 |
| Pettits | 6 | 2584 | 2.32 |
| Rainham and Wennington | 7 | 2939 | 2.38 |
| Romford Town | 7 | 3897 | 1.80 |
| South Hornchurch | 6 | 3542 | 1.69 |

Source: London Metropolitan Police Database

### Adult offending

There were 569 adult offenders recorded in Havering in 2016. This is equivalent to a rate of 228/100,000 which is similar to the Bexley (227/100,000), London (278/100,000) and England (218/100,000) average. Ward level data in Havering shows Gooshays, Heaton, Brooklands and South Hornchurch have the highest rates of adult offending (5 – 8 /1,000). These wards are also among the most deprived in the borough.

Figure 24: Adult Offenders per 1,000 adult population, Havering, 2017




Source: London Metropolitan Police Database

### 3.3.3 Current Interventions

The current strategy for tackling crime in Havering is contained in the Havering Community Safety Partnership Plan 2017/18 – 2019/20.[102] Actions include:

- Protecting vulnerable individuals/victims by particularly focussing on where volume and risk of repeat victimisation are greatest which includes violence against women and girls, serious group violence, child sexual exploitation, hate crime and extremism.
- Supporting the most prolific and/or high harm offenders by particularly focussing, where risks associated with reoffending and harm are highest, will be offenders with drug and alcohol misuse, reoffenders, and those with links to gangs.

[102] http://democracy.havering.gov.uk/documents/s26591/Appendix%201%20-%20Havering%20Community%20Safety%20Partnership%20Plan.pdf

- Creating Safer Locations by reducing the volume of crime in areas which are disproportionately affected which include local town centres and retail areas across Havering and burglary hotspots.
- Community engagement to enable communities to report and receive information, as well as being part of potential solutions. This will also help to close the gap between perceptions of crime and actual levels of crime in the borough

The Mayor's Office for Policing and Crime provide a number of overarching plans which set direction for Local Authorities and the Metropolitan Police Service. *A safer city for all Londoners: Police and Crime Plan 2017-2021* sets out the Mayor's priorities for his term, with those relevant to this report being *keeping children and young people safe;* and *tackling violence against women and girls*.

The *keeping children and young people* safe section of the Police and Crime Plan sets out the Mayor's intention to tackle knife crime and gang violence; safeguard young Londoners and support those who are victims; preventing young people entering the Criminal Justice System; and tackling re-offending by young people. The first strategy related to this which was the *London Knife Crime Strategy* released in June 2017.

Elements of the work listed above already take place in Havering, and have been ongoing for several years. 2017 saw a refresh of the Havering *Serious Group Violence and Knife Crime Strategy*, and the local Tackling Violence Against Women and Girls (VAWG) strategy is in the process of being refreshed following the release of the mayor of London's VAWG strategy earlier in 2018.

### 3.3.4 Service / Intervention Gaps

There are insufficient resources for Havering Community Safety Partnership to effectively address all types of crimes occurring in the borough; in that there will always be further pieces of work which could take place in the sphere of crime prevention and detection.

### 3.3.5 Recommendations

Partnership working is regarded as a key aspect in crime prevention and reduction, and the *Crime and Disorder Act 1998* specifies public organisations which are required to work together to tackle crime and disorder as local Authorities, Police, Health, Fire Services, and probation.

There are insufficient resources for Havering Community Safety Partnership to concentrate on reducing all crimes; therefore the high-harm crimes must be prioritised.

In keeping with the themes set by the Mayor of London, Havering's priorities for 2018-19 are *protecting vulnerable victims/individuals*; *supporting high harm offenders*; *creating safer locations*; and *community engagement and public confidence*.

Individual crime types which will be incorporated under these priorities are youth violence, knife crime, and gang activity; and violence against women and girls (VAWG). VAWG is a wide-ranging area of work which includes domestic abuse (involving individuals of any gender in an intimate or familial relationship), Child Sexual Exploitation, and sexual violence.

Key themes throughout these types of crime are:

*Victims*
Work should take place to attempt to educate potential victims, relevant to demographics or characteristics of each type of crime. This could include input from *Safer Schools* police officers; or delivery of Havering's *Junior Citizen Scheme* which provides safety advice to primary school children. Victims must be encouraged to report offences, ideally through the formal route of reporting to police; however there are alternative routes which enable the victim to seek help if they do not wish to speak to police; such as a third-party reporting service, or an agency which can provide support directly.

Where agencies identify a safeguarding concern they must have the confidence in sharing data with relevant partners to enable concerns to be discussed and risks managed. Victims must be supported; making them feel listened to and understood; central to the process of investigation; and treated in a manner which gives them confidence to report any further incidents and reduce repeat victimisation.

*Offenders*
As with victims, the process of educating and deterring may begin at a relatively early age, with this particularly relevant for youth violence and knife crime. Information should be shared between partners to identify those involved in, or with potential to be drawn into offending, and intervention and/or support offered accordingly. Where available, diversionary routes, exit schemes or perpetrator re-education may be appropriate.

*Locations*
Work will take place with partners to ensure locations are safe for victims and those in need, and hostile to offenders. This could include raising awareness of steps one can take to secure their home, or personal property wherever it is left; such as the *Safe Zones* crime prevention initiative which is delivered to areas which have suffered burglary. When the location is a public space this could include designing-

out dark, concealed areas which offenders could hide in; upskilling staff to identify signs of offending or how to treat victims; or using powers available to the Council, police, Fire Brigade, and other agencies to encourage support for responsible premises management and ensure relevant legislation is complied with.

### 3.3.6 Conclusion

There is correlation between areas identified as experiencing higher levels of deprivation and higher rates of crime. Work which takes place in Havering is focused on attempting to reduce victims or offenders of specific crime types rather than attempting to reduce inequalities between areas experiencing differing levels of deprivation. However there is need to work with other agencies tackling deprivation which evidence shows is a major driver of crime.

Elements of prevention and reduction work which involve educating professionals and encouraging the sharing of information between agencies should ensure that proactive professional intervention occurs regardless of where a young person is brought up in the borough.

## 3.4 Domestic Violence

### Summary

Between October 2016 and September 2017 there were 4,333 incidents of domestic abuse reported in Havering, and 2,284 criminal offences which were classified as domestic abuse. At ward level Gooshays, Heaton, Romford Town and Brooklands had the highest incidents of domestic abuse reported. These wards (apart from Romford Town) are also among the most deprived in the borough.

Based on London Crime and Sexual Violence dashboard data Havering had a joint 6th highest rate (with three other boroughs) of domestic abuse (17/1,000) among London boroughs in 2016/17. Barking and Dagenham had the highest rate (23/1,000) while Richmond had the lowest (11/1,000).

Activities to tackle domestic abuse in Havering are guided by the annual Community Safety Plan which sets out matters which have been identified as a local priority; with Havering's *Protecting Vulnerable People* priority encompassing work to tackle domestic abuse in Havering.

Action to tackle domestic abuse in Havering is delivered consistently based on victims and perpetrators coming to attention of responsible authorities and partner agencies, rather than delivery altering across wards based on levels of deprivation. However evidence shows there is a significant correlation between deprivation and domestic abuse hence there is need for collaborative work with other agencies involved in poverty alleviation and prevention activities in the borough.

### 3.4.1 Background

Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality[103].

International evidence shows that tackling women's poverty and gender inequalities in particular is much more effective at tackling children's poverty, and other areas of deprivation such as health and educational outcomes, than any other measure.[104]

Low-income families are significantly more likely to contend with domestic violence, as poverty can act as a fuelling factor in this type of conflict. Domestic violence and abuse can also be a driver of poverty vulnerability for partners fleeing abuse. Women experiencing domestic violence/abuse often become single parents with limited

[103] As taken from the Metropolitan Police website
[104] https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/2186-women-poverty-policy.pdf

capacity to earn independently, and are more likely to report both financial difficulties and ongoing financial abuse from abusive former partners.[105]

Helping women to better address the financial impacts of abuse and to access debt services and future employment opportunities is therefore essential in addressing child poverty.

In addition to addressing the issues with adult partners living in these situations involving poverty and violence, children in these circumstances must be offered appropriate protection. Often children from violent families are forgotten and left to cope on their own, such as when the threshold for social services intervention is not met, or if families refuse to engage with the (voluntary) early help provision. Such exclusion of children can lead to depression, self-harming, and violence as they try to cope with their feelings. Family abuse maybe passed down through many generations as the children grow up to become abusive themselves.[106]

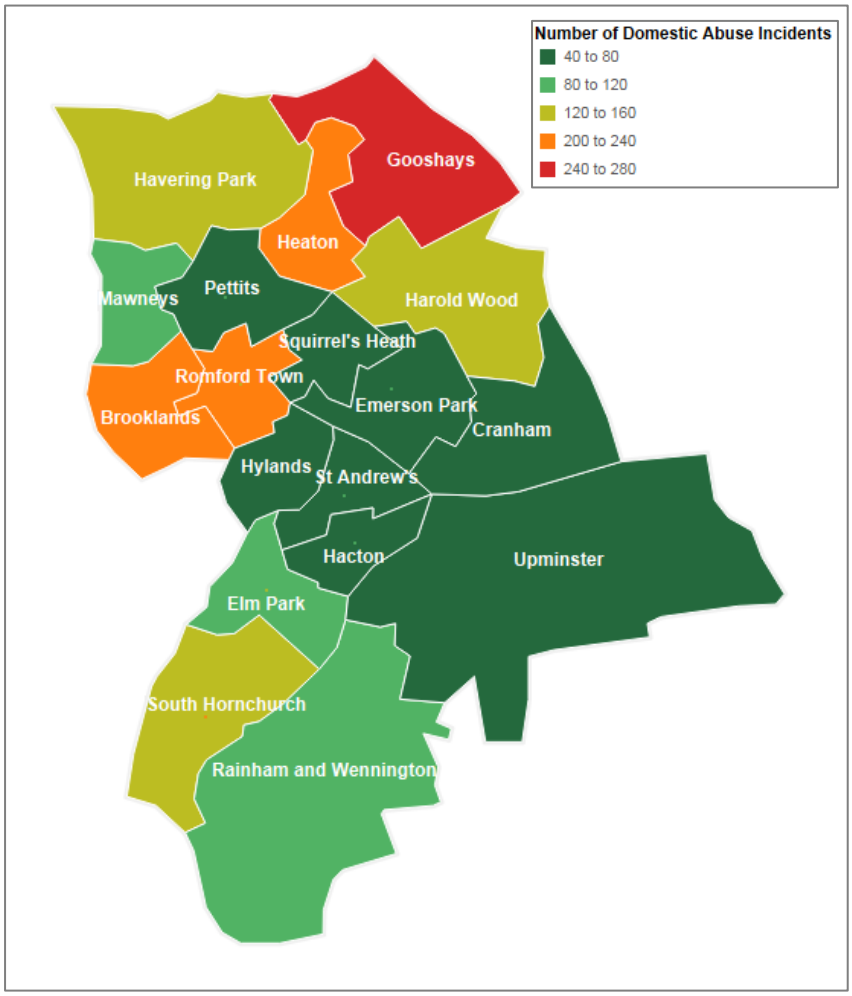
### 3.4.2 Prevalence

Data from the London crime and sexual violence dashboard shows that there were 2,842 cases of domestic abuse recorded by the police across London in 2016/17. Based on this data Havering had a joint 6th highest rate (with three other boroughs) of domestic abuse (17/1,000). Barking and Dagenham had the highest rate (23/1,000) while Richmond had the lowest (11/1,000). Bexley which is Havering's statistical neighbor had a rate of 15/1,000.

The Havering Strategic Assessment of Crime and Disorder survey however found more cases of domestic abuse[107]. In 2017 alone there were 2,284 criminal offences which were counted as domestic abuse and 4,333 domestic abuse incidents[108]. The map shows Gooshays, Heaton, Romford Town and Brooklands had the highest incidents of domestic abuse reported (Figure 25).

[105] https://research-information.bristol.ac.uk/files/128551400/JRF_DV_POVERTY_REPORT_FINAL_COPY_.pdf
[106] https://www.unicef.org/media/files/BehindClosedDoors.pdf
[107] Taken from the Metropolitan Police Metstats2 system, which gathers information from the Police Crime Recording Information System
[108] Taken from the Metropolitan Police *Metstats2* system

Figure 25: Number of Domestic Abuse Offences by Ward, 2016/17




Source: London Metropolitan Police Database

### 3.4.3 Current Interventions

Tackling domestic abuse is a priority for Havering Community Safety Partnership, under the *protecting vulnerable victims and individuals* strand of the Community Safety Plan. The London Borough of Havering employs an officer dedicated to tackling domestic abuse and linked areas of work such as sexual violence. This officer co-ordinates the local *Multi-Agency Risk Assessment Conference* (MARAC) which discusses high-risk cases of domestic abuse referred to the group by police, social services, housing associations or other professionals, and considers measures that can be put in place to safeguard the individuals involved and manage risks arising from the situation.

Other projects include training professionals who come into contact with members of the public; upskilling them to identify signs of abuse and ensure that concerns are referred to the correct agency for onwards support.

An example of these public-facing services can be found in the children's centres operated by the London Borough of Havering, which provide parenting programmes as well as offering health checks for young children. Professionals working at these facilities receive domestic abuse awareness training which allows them to carry out referrals if they suspect anyone they meet with is suffering domestic abuse.

Agencies involved in supporting victims of abuse, such as *Havering Women's Aid* are also able to use children's centres to meet with clients; and the *Solace* Women's Aid domestic abuse support programme is also delivered from certain children's centres. Other council departments, such as *housing* are aware of services that they can refer victims to if they are fleeing a violent relationship; and other community safety partners such as *London Fire Brigade* are aware of indicators of domestic abuse which they may encounter when conducting home safety visits, and how to flag these to support agencies.

The London Borough of Havering (council) also fund two refuges, both of which accept women with children; provide support groups for women; weekly drop in advice services for all victims; and a men's helpline. The pan-London Mopac funded IDVA services provide additional IDVAs in the local maternity unit; children's services; and the police station, until March 2019

### 3.4.4 Service / Intervention Gaps

The most recent strategy from central government focuses on preventing violence, providing services to those affected, working in partnership to tackle violence, and improving justice outcomes and risk reduction.

Recent governments have demonstrated a commitment to tackling domestic abuse by responding to gaps in legislation which exist, and recent changes include an offence of *coercive and controlling behavior* which came into force in December 2015*;* which enables prosecution for a pattern of manipulative behavior which does not involve physical violence, yet amounts to psychological and emotional abuse; and would have been difficult to act on under prior legislation.

March 2014 saw the introduction of the *Domestic Violence Disclosure Scheme* which allows individuals to ask police if their partner has a violent past. Police will consider disclosing any information depending on the proportionality and necessity of doing so. If Police become aware that a person with a violent history is in a relationship then they can make a proactive disclosure of information in order to safeguard the offender's new partner, after consideration has been given to the necessity in doing this against the risk to the partner.

The Mayor of London released his *violence against women and girls strategy* in Spring 2018. Havering delayed release of our local strategy covering the same topics until after the Mayor's strategy for London was released, in order to ensure

that local priorities are aligned with those set by the Mayor, and the Havering VAWG strategy is due to be launched in Summer 2018.

It is acknowledged locally that interventions regarding domestic abuse are focused on the victims, and there is a lack of service for perpetrators. Perpetrator programmes are generally considered as expensive to run due to each course lasting several months and running a support programme for the victims parallel to the perpetrators course. Perpetrators attending such courses also need to be accepting of their wrongdoings and willing to change their behavior. The National College of Policing found that the evidence relating to domestic violence perpetrator programmes was inconclusive in terms of whether they were effective or not. There was evidence however, to suggest that programmes that paid attention to a person's readiness and motivation to change had some positive effects.[109]

### 3.4.5 Recommendations

There is need for more regular funding for domestic abuse intervention activities in Havering. Currently domestic abuse services are delivered by third sector organisations which either rely on donations; funding from Local Authorities; or from bids for funding released by organisations such as the Mayor's Office for Policing and Crime, or central government. Locally, funding has been obtained by the London Borough of Havering to support group sessions, and provision of an *Independent Domestic Violence Advocate* to advise and guide victims through the process of a police investigation and court hearing.

### 3.4.6 Conclusion

There is a correlation between areas identified as experiencing higher levels of deprivation and higher rates of domestic abuse incidents.

Domestic abuse is different to conventional crimes in that the victims may not want to report crimes to police or other agencies because they may perceive that this could lead to a worse situation for themselves; either from reprisals by the perpetrator for telling authorities, or by this causing an end to the relationship which could cause financial issues, homelessness, or issues with contact and custody of children. For this reason, there is a positive to be taken in a rise in domestic abuse levels, because it demonstrates that victims are having the confidence to come forward and report crimes; which hopefully leads to positive steps in ending violence in the relationship.

Domestic abuse is a priority for services in Havering regardless of the background of the victim and perpetrator involved. Professionals who may come into contact with victims of domestic abuse are trained to identify signs of abuse, and a key part of

[109] http://whatworks.college.police.uk/Research/Systematic_Review_Series/Pages/DA_perp_prog.aspx

Havering's violence against women and girls strategy (VAWG) is delivering this training to as many professionals as possible, so that there are no differences in delivery of service across the borough.

Action to tackle domestic abuse and the wider VAWG agenda in Havering is delivered consistently based on victims and perpetrators coming to attention of responsible authorities and partner agencies, rather than delivery altering across wards based on levels of deprivation. However evidence shows there is a significant correlation between deprivation and domestic abuse hence there is need for collaborative work with other agencies involved in poverty alleviation and prevention activities in the borough.

## 3.5 Substance Misuse

### Summary

In March 2018 there were 207 children living with parents attending the drugs and alcohol treatment service in Havering. About a quarter (48) of these parents were also unemployed.

There were also 32 children reported as attending the drugs and alcohol treatment service. They were mainly from Romford Town, South Hornchurch and Rainham & Wennington wards.

Parental substance misuse is an influential driver of child poverty. Alcohol use has been described as both a response to, and a driver of poverty with substance misuse and poverty often co-existing with a variety of other problems such as mental ill-health.

Preventing problems associated with substance misuse is a key priority locally. The local strategy to prevent harms caused by drugs and alcohol describes a broad range of actions to prevent harm to (a) the individual (b) families, and (c) the wider community.

The Healthy Child Programme 5-19 guidance recommends that school nursing services contribute as part of a multi-agency response to prevention and early intervention in drug and alcohol use.

Council and Adult Substance Misuse Treatment and Recovery Service should review current joint working protocol in order to ensure that current arrangements are effective in identifying and supporting both substance misusing parents and their children.

### 3.5.1 Background

Parental substance misuse is an influential driver of child poverty. Alcohol use has been described as both a response to, and a driver of, poverty[110], with substance misuse and poverty often co-existing with a variety of other problems such as mental ill-health. It is often difficult to disentangle these problems.[111]

Harmful use of alcohol and drugs has a very visible impact on family finances when it results in unemployment and loss of earnings. Alcohol use can undermine protective factors such as the breakdown of those social networks that help to maintain

[110] Liverpool John Moores University Centre for Public Health (2016) *Understanding the relationship between poverty and alcohol misuse*

[111] Parental substance misuse and social worker intervention SMITH Lauren 2017

employment or protect against vulnerability to homelessness.[112] Available evidence indicates that being a problem drinker is associated with a reduced probability of working of between 7 and 31%.[113]

The crude measure of child poverty (growing up in a household with an income below 60 percent of the national median), does not take into account two important issues. First, that where parents are struggling with an addiction, household income is often diverted away from children.[114] A report by the Centre for Social Justice says:

> "*Give a few extra pounds to a heroin-addicted mother and the chances are that these benefits will be spent feeding her habit, rather than looking after her child."*[115]

Secondly, the crude measure does not acknowledge that poverty can also be about a lack of opportunity, aspiration and stability. According to a government survey in 2013, ninety percent of the public believe that parental addiction is the biggest factor in whether a child grows up in poverty.[116] Parental substance misuse is a powerful influence on the future prospects of a child[117] [118] [119] permeating into family life and diminishing the opportunities of those children who are affected, for example:

- whilst not all parents who drink or take drugs cause harm to their children, using substances can make it difficult to for parents to cope with the stresses of family life
- parental substance misuse is characterised as an "adverse childhood experience" (ACE); strong relationships having been found between ACEs and risky behaviours in later life, including higher risk of drinking, smoking and using illegal drugs[120]

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[112] Sosin and Bruni (1997) as cited in

[113] MacDonald and Shields (2004) as cited in Liverpool John Moores University Centre for Public Health (2016) *Understanding the relationship between poverty and alcohol misuse*

[114] HM Government, *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives*, London: HM Government, 2010

[115] The Centre for Social Justice (2013) *Why addiction traps children in poverty*

[116] HM Government, *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives*, London: HM Government, 2010

[117] https://www.nspcc.org.uk/services-and-resources/research-and-resources/2017/fedup-final-evaluation/

[118] https://www.jrf.org.uk/report/effect-parental-substance-abuse-young-people

[119] Mackenbach JP. *Can we reduce health inequalities? An analysis of the English strategy (1997–2010). J Epidemiol Community Health 2011;* 65*:568–75. doi:10.1136/jech.2010.128280*

[120] PHE (2017) *Better mental health: JSNA toolkit, Chapter 5 Children and young people*

- children of substance-misusing parents are at higher risk of experimenting with substances, which in itself is associated with truancy and achievement at school, and subsequent impacts on future life chances[121]
- substance misuse is a risk factor for unplanned pregnancy, which in itself is a risk factor for poorer outcomes for women and children (compared to children born as a result of a planned pregnancy)[122]
- as well as entrenching poverty in the most deprived communities, substance misuse also blights the lives of those otherwise considered prosperous; a child with a wealthy parent addicted to drugs could be described as living in a form of poverty[123]
- 81% of adult prisoners reported using illicit drugs at some point prior to entering prison. Harmful, hazardous and dependent drinking are common problems among people entering prison. Children with a parent in prison are twice as likely to experience conduct and mental health problems, and less likely to do well at school, and three times more likely to be involved in offending[124], thus impacting on their future life chances
- a study in Scotland found that many of the young people interviewed who were affected by parental substance misuse felt that their childhood was shortened as a result of assuming early responsibility for their own and others' wellbeing[125], and whilst the effects of parental drug and alcohol abuse were similar, the former brought with it more anxiety and social stigma, and the latter more associated with violence and parental absence.

### 3.5.2 Prevalence

**Parental substance Misuse**

In the UK there are estimated to be between 250,000 and 350,000 dependent children living with parental drug misuse, and 920,000 living with parental alcohol misuse[126] . It is estimated that there are 2,189 children in Havering living in a household with an adult who is alcohol dependent.[127]

[121] PHE (2017) Young people – substance misuse JSNA support pack 2017-18
[122] https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-applying-all-our-health/sexual-and-reproductive-health-and-hiv-applying-all-our-health
[123] The Centre for Social Justice (2013) *Why addiction traps children in poverty*
[124] Barnardoes *Children affected by parent imprisonment* *http://www.barnardos.org.uk/what_we_do/our_work/children_of_prisoners.htm [accessed Mar 18]*
[125] Joseph Rowntree Foundation (2004) *The effect of parental substance abuse on young people* *https://www.jrf.org.uk/report/effect-parental-substance-abuse-young-people*
[126] Alcohol Concern (2000) *Britain's Ruin* as cited in Joseph Rowntree Foundation (2004) *The effect of parental substance abuse on young people* *https://www.jrf.org.uk/report/effect-parental-substance-abuse-young-people*
[127] https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england

In 2011-12 (latest available data) the numbers of Havering parents in drug treatment and alcohol treatment who had children living with them full time was 58 and 55 respectively.[128] Havering's rate for children with parents in drug treatment for the same period was 130/100,000 children and 124/100,000 for alcohol treatment. These rates were similar London's and England's average.[129]

Table 5 summarises information provided by WDP Havering[130], which provides the Council's substance misuse treatment and recovery service. There are currently 207 children living with parents receiving substance misuse treatment in Havering, 48 of who are unemployed.

Table 5: Number of children living with parents receiving drugs & alcohol treatment and unemployed parents receiving treatment with children living at home, Havering, March 2018.

| Tier | Number of children living with parents receiving drugs treatment | Number of children living with parents receiving alcohol treatment | Number of unemployed parents receiving treatment with children living at home |
|---|---|---|---|
| Tier 2[131] | 17 | 22 | 5 |
| Tier 3[132] | 117 | 51 | 43 |
| Total | 134 | 73 | 48 |

Source: WDP Havering

## Children involved in substance misuse

Since 2001, there has been a national downward trend in the school age population who report using substances.[133] Data provided by CGL[134], which provides the Council's specialist substance misuse treatment service for children and young people shows that there are currently (March 2018) 32 young people in Havering attending the service. They are mainly from Romford Town, South Hornchurch and Rainham & Wennington wards. All of the young people on the current caseload are

[128] Children aged 0-15
[129] Public Health Outcomes Framework https://fingertips.phe.org.uk/search/substance#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000016/iid/90835/age/169/sex/4
[130] http://www.wdp.org.uk/find-us/london/havering
[131] Include provision of info and advice, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction (including needle exchange) and aftercare.
132 Includes provision of community based specialised drug assessment and co-ordinated care planned treatment and drug specialist liaison.
[133] "Using substances" means that a substance has been used at any point in the previous year
[134] https://www.changegrowlive.org/young-people/cgl-wize-up-havering

in education or alternative education (i.e. none are NEET). Two of the young people are Looked After, the remainder live with parents.

### 3.5.3 Current Interventions

Preventing problems associated with substance misuse is a key priority locally. The local strategy to prevent harms caused by drugs and alcohol describes a broad range of actions to prevent harm to (a) the individual (b) families, and (c) the wider community. It relies on strong partnership working, and includes actions such as:

- Implementation of effective licensing policy
- the Healthy Schools programme
- amplifying national health campaigns locally
- advising women to avoid alcohol and drugs in pregnancy
- NHS health check programme to identify and advise those in middle age who are drinking above recommended guidelines

NHS services, through the approach of Making Every Contact Count, encourages patients to reduce alcohol consumption when they are drinking above recommended guidelines. When parents do have a problem with alcohol and/or drugs, specialist treatment is provided through a Council-commissioned adult substance misuse treatment service with a focus on recovery and building a life without dependency on a substance. Individuals can self-refer or be referred by a health or social care professional. The service identifies and responds to safeguarding concerns, and also identifies children and young people who have taken on caring responsibilities and refers them to the Young Carers services.

All schools follow existing safeguarding procedures to protect pupils identified as vulnerable. Safeguarding training currently covers possible signs that a child may be experiencing negative effects of parental substance misuse or poor mental health as a result of substance misuse. In addition, the role of Home Schools Support Workers is vital in bridging the gap between home and school. They are often the professionals who are able to build trusting relationships with parents and work in partnership with them to access support and manager their condition in a way that has a more positive and stabilising effect on the child or children concerned.

75% of Havering schools are registered with the Healthy Schools London (HSL) programme. This programme encourages a whole school approach to the promotion of health and wellbeing of pupils.

The criteria to achieve the Bronze award require schools to develop policies to deliver effective personal, social, health and economic (PSHE) Education, which includes drug, alcohol and tobacco education. Through delivery of a high quality PSHE curriculum, pupils are encouraged to develop responsibility, independence

and resilience, and learn how to assess risk and stay safe both now and in the future.

In addition to the taught curriculum, the HSL programme requires schools to demonstrate that they have robust systems in place to identify and meet the needs of vulnerable pupils and their families. These systems should include effective signposting to external agencies within the local community which can provide confidential advice and support where needed.

The School Nursing service supports schools with their whole schools approach to drug and alcohol by providing awareness-raising information and advice at school 'health days' and delivering assemblies or similar sessions. School Nurses also provide drop-in clinics where young people have the opportunity to ask questions or raise concerns about personal or parental use of alcohol and drugs, and can refer on to specialist services as appropriate.

Where children and young people are affected by substance misuse (either their own or family member), the Council commissions a specialist young persons' substance misuse service which provides advice and help.

### 3.5.4 Service / Intervention Gaps

The Healthy Child Programme 5-19 guidance [135] recommends that school nursing services contribute as part of a multi-agency response to prevention and early intervention in drug and alcohol use. This includes contributing as appropriate to effective drug and alcohol education as part of the PSHE Education curriculum, supporting identification of children and young people with particular vulnerabilities which may include children living in poverty, and, in cases of parental substance misuse making referrals, being aware of care packages put in place by specialist services and supporting safeguarding processes. In doing so school nurses can contribute to improved health outcomes for children and young people.

PHE guidance on what should be done to address the problems of alcohol include:

- Effective population-level actions in place, including health improvement campaigns based on identified needs in the local population, use of information and data to map the extent of problems, licensing policy and preventing of underage sales.
- Large scale delivery of targeted brief advice, including through "making every contact count", and raising awareness of the harms of drinking, including

[135] DH/ DCSF. (2009). Healthy Child Programme: From 5-19 years old. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492086/HCP_5_to_19.pdf

through the NHS Health Check, and clear pathways to specialist treatment where needed.

- Hospitals to provide specialist care and ensure effective care pathways between hospital and community-based treatment services.
- Prompt access to recovery-orientated alcohol treatment, and effective safeguarding practice.
- Council commissioners and partners working together to achieve effective local treatment services, which includes a focus on those factors that support recovery, such as employment and ensuring that treatment services identify and address needs for parenting and family support at the "early help" level as part of the care planning process.[136]

PHE guidance on what should be done to prevent substance misuse problems in young people[137] :

- Effective evidence-based interventions which address universal and targeted interventions are being commissioned.
- A full range of specialist drug alcohol and tobacco interventions are available to young people in need.
- Commissioning is integrated across prevention and specialist interventions and the wider children's agenda.
- A skilled workforce is in place to provide effective interventions.

It is important that there is a continuation of treatment for offenders who are released from prison. Currently, the arrangements for smooth transfer between prison treatment services and community treatment services are fragmented. Without ongoing treatment, there is a higher risk of ex-prisoners reoffending, with the resulting impact on offenders' families.

Government guidance is that women should be given advice about reducing alcohol consumption before they become pregnant. The guidance isn't explicit about how this could happen.[138]

[136] PHE (2017) *Adults – alcohol commissioning support pack 2018-19: principles and indicators – Planning for alcohol harm prevention treatment and recovery in adults*

[137] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647204/Young_people_substance_misuse_commissioning_2018-19_principles_and_indicators.pdf

[138] https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life

### 3.5.5 Recommendations

Schools and school nurses should acknowledge and openly discuss the impact of parental alcohol and drug misuse on pupils and work with other agencies in the borough in addressing the problem.

Development of a universal Health and Wellbeing in Schools network in Havering is ongoing and provides a platform for discussion and sharing of best practice amongst schools and between schools and a variety of services. The recent transition of the Healthy Schools programme to a traded service means this network is vital in providing a joined up approach between multiple agencies, ensuring schools are aware of available services and know where they can purchase support to develop policies around drugs and alcohol and in keeping staff up-to-date on available services. As such, every effort should be made to maintain coordination and promotion of this network as a freely available universal offer.

Through the localities arrangements, there should be plans in place to ensure that children and young people who are affected by parental substance misuse have a dedicated health or social care link or key worker to ensure that the young person receives the correct help and support. Also explore ways of raising awareness of the availability of support/self-help groups for the children who are affected by parental substance misuse, whilst addressing the stigmas associated with drug and alcohol misuse.

Council and Adult Substance Misuse Treatment and Recovery Service should review current joint working protocol in order to ensure that current arrangements are effective in identifying and supporting both substance misusing parents and their children.

Young Carers and Adult Substance Misuse Treatment and Recovery Services should review and strengthen current arrangements for identifying children caring for parents affected by substance misuse (in addition to any safeguarding issues).

Adult Substance Misuse Treatment and Recovery Service should strengthen its employment, training and education offer with an emphasis on meaningful employment and equipping parents with the appropriate skills to gain employment.

For those children growing in up households where there has been a history of worklessness as a result of substance misuse the service should identify and implement an evidence-based intervention that will address inequalities in life chances for achieving suitable employment in later life.

Working with partners and neighbouring boroughs is vital so as to improve arrangements for ex-offenders to be transferred into community treatment on release from prison, in order to reduce the risk of reoffending.

### 3.5.6 Conclusion

Parental substance misuse is an influential driver of child poverty. Alcohol use has been described as both a response to, and a driver of, poverty[139], with substance misuse and poverty often co-existing with a variety of other problems such as mental ill-health.

Preventing problems associated with substance misuse is a key priority locally. The local strategy to prevent harms caused by drugs and alcohol describes a broad range of actions to prevent harm to (a) the individual (b) families, and (c) the wider community. It relies on strong partnership working.

Havering Council and Adult Substance Misuse Treatment and Recovery Service should review current joint working protocol in order to ensure that current arrangements are effective in identifying and supporting both substance misusing parents and their children.

[139] Liverpool John Moores University Centre for Public Health (2016) *Understanding the relationship between poverty and alcohol misuse*

## 3.6 Housing

### Summary

Latest data shows that in 2016/17 there were 738 homeless households in Havering, an increase by more than two thirds (67%) since 2010/11. This is equivalent to a rate of 7.2/1,000 households which is more than twice the England average (3.3/1,000).

Generally the largest percentage of households who approached the council as homeless in 2017 came from the relatively more deprived wards.

Romford Town (1,014), Brooklands (796) and Gooshays (786) have the highest number of overcrowded households. They collectively account for more than a third (36%) of all overcrowded households in Havering.

Homelessness and overcrowding are associated with child poverty and may impact negatively on children's health, education and social development

The Council has a number of interventions in place to alleviate the problem of domestic overcrowding – including mutual exchanges and choice-based lettings. As well as tenant protection mechanisms such the issue of prohibition orders and direct intervention by the Council's Housing Enforcement team.

There is a major nationwide shortage of council housing (especially three bedroomed properties and larger). The Council is taking action to help alleviate overcrowding in its housing stock with the redevelopment of 12 estates and the creation of two major Housing Zones delivering thousands of new affordable homes.

### 3.6.1 Background

The most widely-used definition of poverty in the UK and across Europe describes individuals as experiencing poverty if their household income is below 60 per cent of the national median, after taking into account the number of adults and children in the household. Around a fifth of the UK population experience poverty in any given year, but around a tenth experience 'persistent poverty', defined as having a poverty income in at least three out of four years. Evidence that poverty affects housing circumstances is generally stronger than evidence that housing circumstances affect poverty. Low incomes prevent access to many potential housing options, or make them hard to sustain.[140]

Children living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections, and have mental health problems. Growing up in bad housing also has a long-term impact on children's life chances because of the effect it has on a child's learning and education.[141]

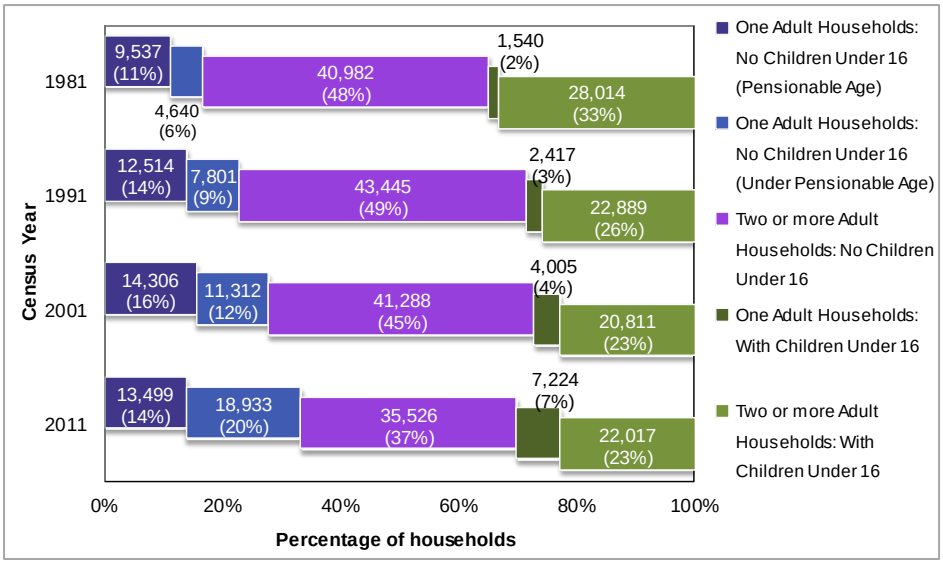
[140] https://www.jrf.org.uk/report/links-between-housing-and-poverty
[141] https://england.shelter.org.uk/__data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

### 3.6.2 Household composition

According to the 2011 census, there were a total of 97,200 households with at least one usual resident[142] in Havering but the Council Tax List (as at 28st February 2017) suggests that there are 106,032 households. Households in Havering are mainly composed of pensioners and married couples with dependent children. On the census 2011 day, there were 40,722 (52%) households in Havering where all adults were working and 12,256 (16%) households where no adults were working.

Household composition data provides useful information about the domestic circumstances of people living in Havering. Figure 26, which compares the 2011 Census household data with previous three censuses, illustrates how households and family structures have changed in Havering since 1981. Figure 26 shows that, in 2011, there were 7,224 one-adult households with children under 16 in Havering. This was an increase by more than 80% from 2001 when there were 4,005 lone parent households. There has also been an increase in the number of one-adult households with no children.

Figure 26: Distribution of household compositions in Havering by Census years




Data source: For 1981,1991and 2001 – Historic Census Tables by Census Information Scheme, Greater London Authority, adapted from the Office of National Statistics (ONS) under the Open Government Licence; For 2011 – Adapted from Census 2011[143], ONS.

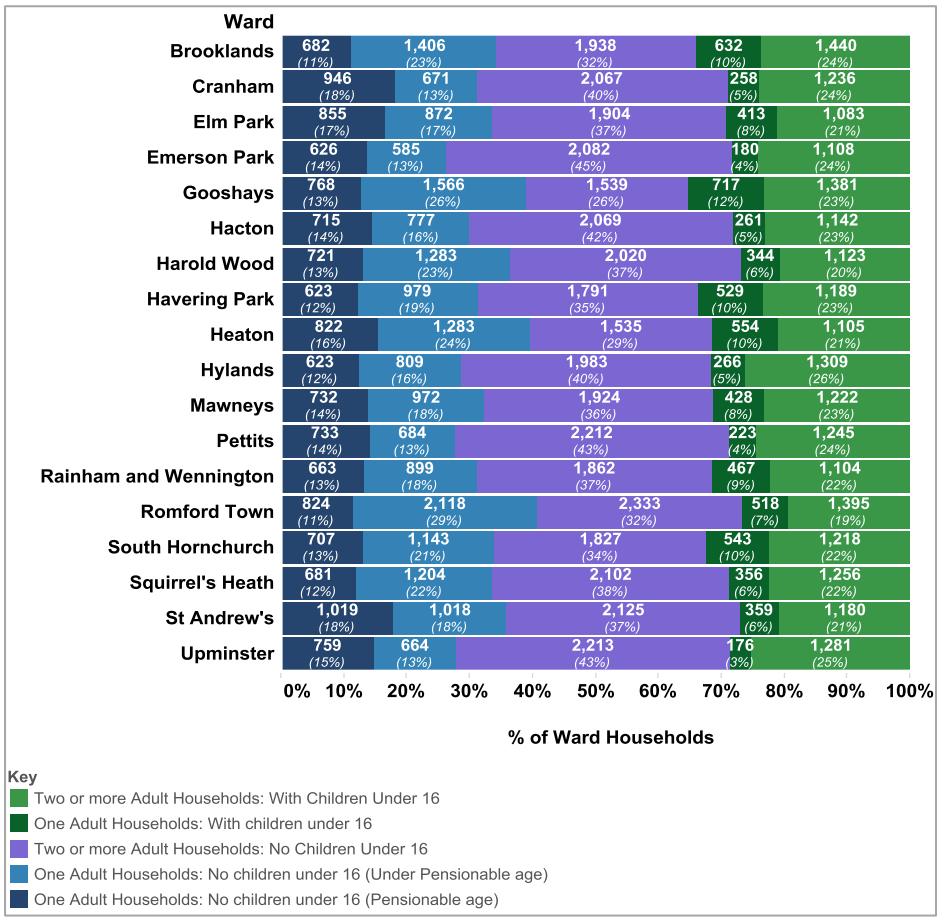
Overall households with children have dropped from 35% to 30% over 35 years. Within households with children, the percentage that has a single adult has

[142] The usually resident population includes people who reside in the area for a period of at least 12 months whatever their nationality

[143] See next footnote for aggregation method

increased from 6% to 23% (Figure 27). Single parent households on average have less income than two adult households, and this could be a driver for child poverty.[144] [145] [146]

Figure 27: Distribution of household compositions in Havering by ward, 2011




Data source: Adapted from Census 2011[147], Office for National Statistics (ONS); Produced by Public Health Intelligence.

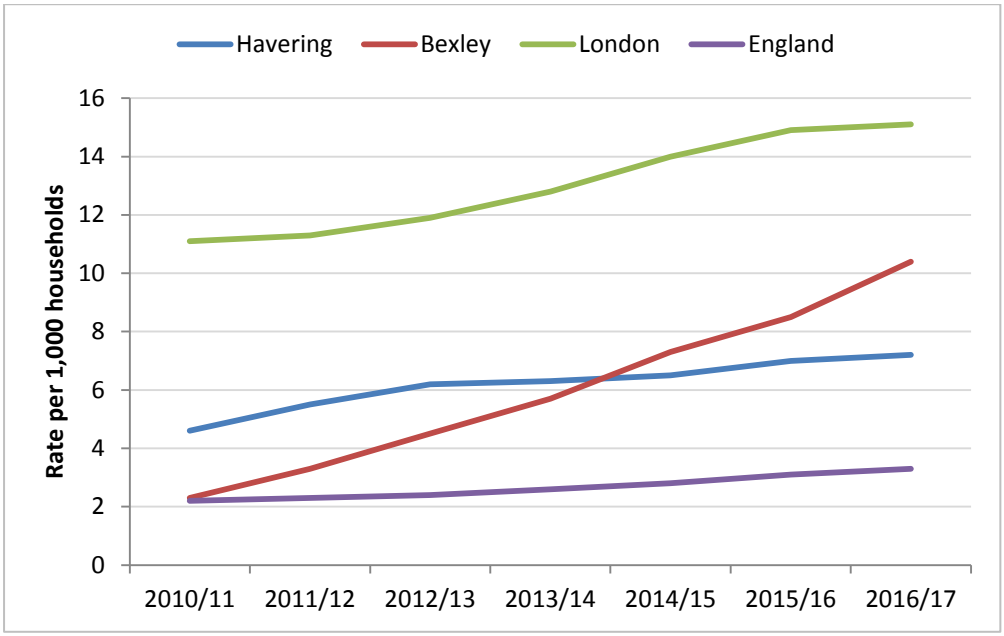
[144] http://eprints.lincoln.ac.uk/14958/1/Family_structure_report_Lincoln.pdf
[145] http://www.scotpho.org.uk/downloads/scotphoreports/scotpho161123-lone-parents-scotland-gb-uk.pdf
[146] http://www.poverty.ac.uk/living-poverty/personal-experiences/jennie-single-parent
[147] **Category here:** Categories in Census 2011 data (KS105EW)
**One Adult Households: No children under 16 (Pensionable age):** One Person Household; Aged 65 and Over
**One Adult Households: No children under 16 (Under Pensionable age):** One Person Household; Other and One Family Only; Lone Parent; All Children Non-Dependent
**One Adult Households: With children under 16:** One Family Only; Lone Parent; Dependent Children
**Two or more Adult Households: No Children Under 16:** One Family Only; All Aged 65 and Over AND One Family Only; Married or Same-Sex Civil Partnership Couple; No Children and One Family Only; Married or Same-Sex Civil Partnership Couple; All Children Non-Dependent and One Family Only; Cohabiting Couple; No Children and One Family Only; Cohabiting Couple; All Children Non-

### 3.6.3 Homelessness

Homelessness is associated with severe poverty and is a social determinant of mental health. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities including children.

Latest data shows that in 2016/17 there were 738 homeless households in Havering an increment by more than two thirds (67%) since 2010/11. This is equivalent to a rate of 7.2/1,000 households which is significantly lower than the London (15.1/1,000) and Bexley (10.4/1,000) rates but higher than the England average (3.3/1,000). The trend has been similar except for Bexley which since 2013/14 has recorded a higher rate of homeless households as compared to Havering (Figure 28).

Figure 28: Homeless households in temporary accommodation in Havering, Bexley, London and England, crude rate per 1,000 households, 2010/11 – 2016/17




Data source: Department for Communities and Local Government

Havering Councils Housing data for 2016/17 shows that within Havering the highest number of households that approached the council as homeless came from

Dependent and Other Household Types; All Full-Time Students and Other Household Types; All Aged 65 and Over and Other Household Types; Other

**Two or more Adult Households: With Children Under 16:** One Family Only; Married or Same-Sex Civil Partnership Couple; Dependent Children and One Family Only; Cohabiting Couple; Dependent Children and Other Household Types; With Dependent Children

Gooshays and Romford Town (130 and 129 respectively). The highest number of children under 18 within the households also came from the two wards (Table 6).

Table 6: Number of children under 18 within all households that approached the council as homeless by ward, 2016/17

| Ward | Number of children under 18 in homeless households | Number of households which approached the council as homeless | % of all households which approached the council as homeless |
|---|---|---|---|
| **Romford Town** | **158** | **129** | **8.3** |
| **Gooshays** | **125** | **130** | **8.4** |
| Brooklands | 95 | 90 | 5.8 |
| Heaton | 87 | 88 | 5.7 |
| South Hornchurch | 81 | 73 | 4.7 |
| Hylands | 66 | 36 | 2.3 |
| Havering Park | 57 | 55 | 3.5 |
| Rainham and Wennington | 46 | 62 | 4.0 |
| Elm Park | 44 | 51 | 3.3 |
| Squirrel's Health | 42 | 41 | 2.6 |
| Pettits | 35 | 28 | 1.8 |
| Mawneys | 33 | 35 | 2.3 |
| St. Andrew's | 31 | 42 | 2.7 |
| Harold Wood | 31 | 43 | 2.8 |
| Hacton | 14 | 17 | 1.1 |
| Cranham | 10 | 13 | 0.8 |
| Emerson Park | 10 | 17 | 1.1 |
| **Upminster** | **4** | **7** | **0.5** |
| Outside Havering | 191 | 165 | 10.6 |
| Unknown | 206 | 430 | 27.7 |
| **Total** | **1366** | **1552** | **100** |

Source: Havering Council Housing team homelessness data 2016/17

More than a third (39%) of all households that approached the council as homeless either came from outside of Havering (11%) or the place of origin was unknown (28%); these also accounted for the majority of children who lived within a household whose members had approached the council seeking for a home (397).

Generally the smallest percentage of households who approached the council as homeless came from the more affluent wards whilst the vast majority of approaches were from the more deprived wards.

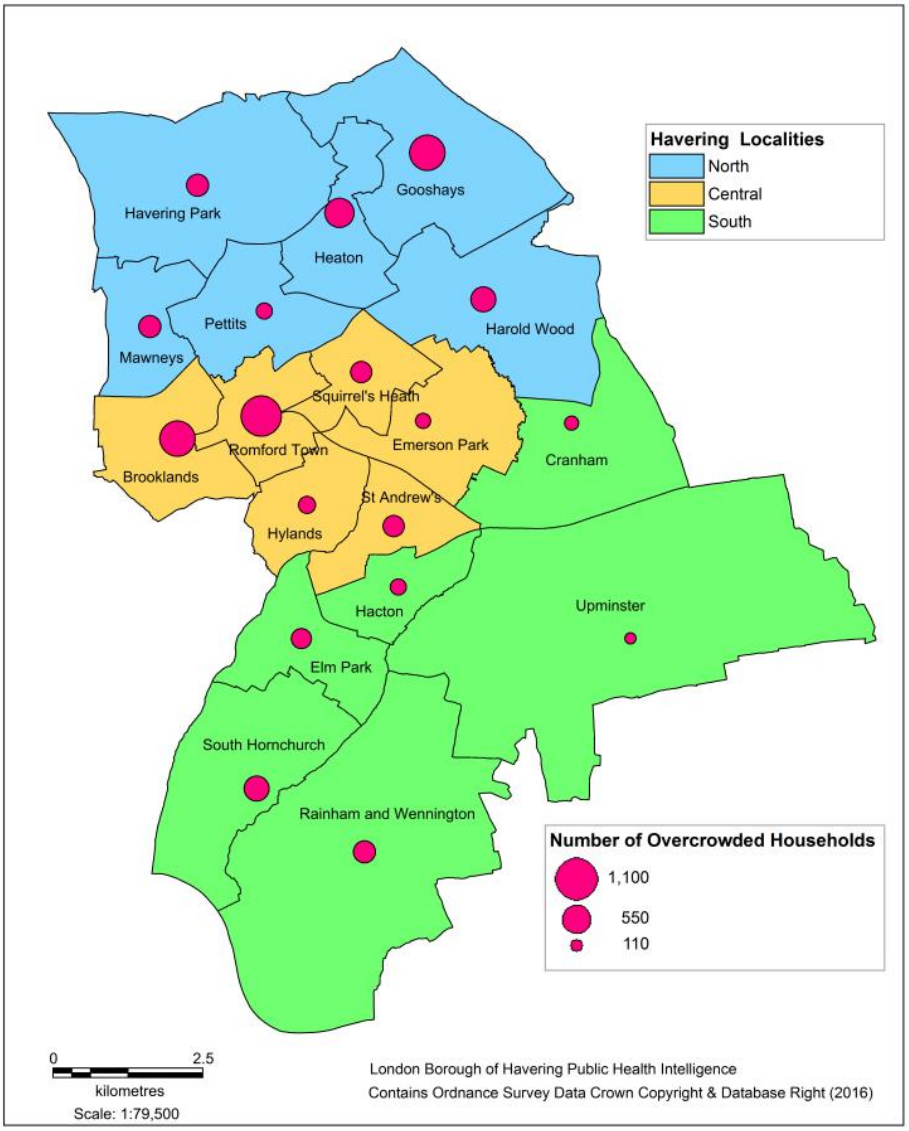
### 3.6.4 Overcrowding

It is important to take into account the risk factors/outcomes associated with overcrowding and its possible effects on child poverty. These include:

- Health - increased vulnerability to cross-infection within the household
- Lack of privacy – same sex adults and children sharing rooms/facilities within the dwelling
- Educational and personal development – sleep difficulties and inability to study in the home environment, due to disruptions (e.g. noise pollution) by co-habitants
- Constant close proximity to co-habitants, potentially leading to short-temperedness and, possibly, violent behavior
- Other psychological problems from living in a confined home environment and the associated costs (e.g. normal personal development, mental issues)
- Increased temptation to escape the confined home environment, possibly leading to increased anti-social behaviour and crime.

Romford Town (1,014), Brooklands (796) and Gooshays (786) have the highest number of overcrowded households (Figure 29). They collectively account for more than a third (36%) of all overcrowded households in Havering.

Figure 29: Number of overcrowded households in Havering by ward.




Source: LG inform plus

### 3.6.5 Current interventions

Current approaches to alleviating homelessness and overcrowding in Havering include:

#### Homelessness

As required by The Homelessness Reduction Act[148] Havering Council helps anyone at risk of becoming homeless within 56 days. This excludes people whose

[148] http://www.legislation.gov.uk/ukpga/2017/13/contents/enacted

immigration status makes them ineligible to receive public funds, such as benefits. Help includes supporting people to stay in their accommodation or helping them find somewhere to live, for example, by providing a rent deposit or debt advice. Temporary accommodation is usually provided where there urgent intervention is required.

**Mutual exchanges**

A Mutual Exchange is when two (or more) tenants who hold a secure, assured or introductory tenancy permanently exchange their homes to a different property within the landlord's stock, subject to prior permission from their landlord.

They may also be able to exchange homes with another social housing tenant from another area of the UK via a national Mutual Exchange scheme.

There are a number of free and paid for exchange schemes. In each case, however, tenants must register to be part of the Mutual Exchange scheme. The register is then published for interested parties to identify suitable properties.

**Choice-based lettings**

Choice-based lettings enable people on the housing register to apply and bid for properties they're interested in. There are also a number of national, reciprocal mobility schemes people can apply for, opening further opportunities for re-location.

Following a successful bid, the Council will conduct a verification and needs-based assessment, make a decision and make an offer to the applicant. The applicant then has the opportunity to accept or to reject the offer. They are entitled to appeal if they disagree with the Council's decision.

**Prohibition orders**

The Council is empowered to serve a prohibition order which restricts access to all (or part) of the property, or can place a limit on the number of people living there.The Council can also suspend the prohibition order so that people currently living in the property do not have to move out - but new people can't move in. That said, the issue of prohibition orders is not common practice.

**Protection for private sector Council tenants**

Council tenants living in private sector properties are offered support by the Council via Havering's Housing Enforcement team, which can initiate sanctions to prevent landlords from allowing overcrowding in their properties. In addition to these measures, the Council is creating two new housing zones and undertaking a major redevelopment programme across 12 estates in the borough.

### 3.6.6 Service / Intervention Gaps

**Development of new social housing stock**

There is a substantial shortage of affordable social housing stock both within Havering and nationwide, which is set to continue in line with continuing population growth and increasing need/demand for appropriate/suitable accommodation. The rate of population growth meets or exceeds the production of new and appropriate affordable social housing, which is further complicated when alternative accommodation is need to temporarily house tenants who are to be decanted while their existing housing estates are being redeveloped/improved.

**Regular policy review**

The Council currently uses a points/banding system to assess housing needs. The system takes into account several other relevant factors to identify the type and level of housing need. Legislative changes by central government will necessitate greater ability by the Council to accommodate possibly significant financial and operational changes. Mechanisms to ensure agility to address such changes should be in place to ensure council housing applicants are allocated the right type of accommodation.

### 3.6.7 Conclusion and recommendations

Homelessness and overcrowding are associated with child poverty and may impact negatively on children's health, education and social development. In Havering most of the homeless and overcrowded households are found in the most deprived wards.

The Council has a number of interventions in place to alleviate the problem of domestic overcrowding – including mutual exchanges and choice-based lettings. As well as tenant protection mechanisms such the issue of prohibition orders and direct intervention by the Council's Housing Enforcement team.

There is a major nationwide shortage of council housing (especially three bedroomed properties and larger). The Council is taking action to help alleviate overcrowding in its housing stock with the redevelopment of 12 estates and the creation of two major Housing Zones delivering thousands of new affordable homes.

Improved engagement, communication, information and education of our stakeholders would go some way to help generate better mutual understanding and cooperation.

# 4 High Risk Groups

This chapter examines groups of children that evidence shows are at a higher risk of experiencing child poverty. These include: Children in Need, Looked after Children, Children with Special Education Needs and Disability (SEND) and Children Not in Education, Employment or Training (NEET).

## 4.1 Children in Need

**Summary**


Child in Need (CiN) is a status given to children and young people under 18 years old, who require services from their local authority, to achieve or maintain a reasonable standard of health or development and/or to prevent significant or further harm to their health or development.

The latest data (2018) shows that there are 455 children in Havering classified as Children in Need. Nearly half (45%) reside in the most deprived wards in the borough.

The Families Together Team (FTT), based in the Early Help Service, was formed in 2017 to provide intensive intervention to children and families at risk of becoming looked after or returning home from a care episode. In 2017-18, 17 Looked After Children returned home, or to a family member, and were supported by FTT.

The number of children on CiN plans can be reduced by ensuring that there are effective interventions in place and by also ensuring there is a robust Early Help offer where children are provided support at an earlier stage.


### 4.1.2 Background

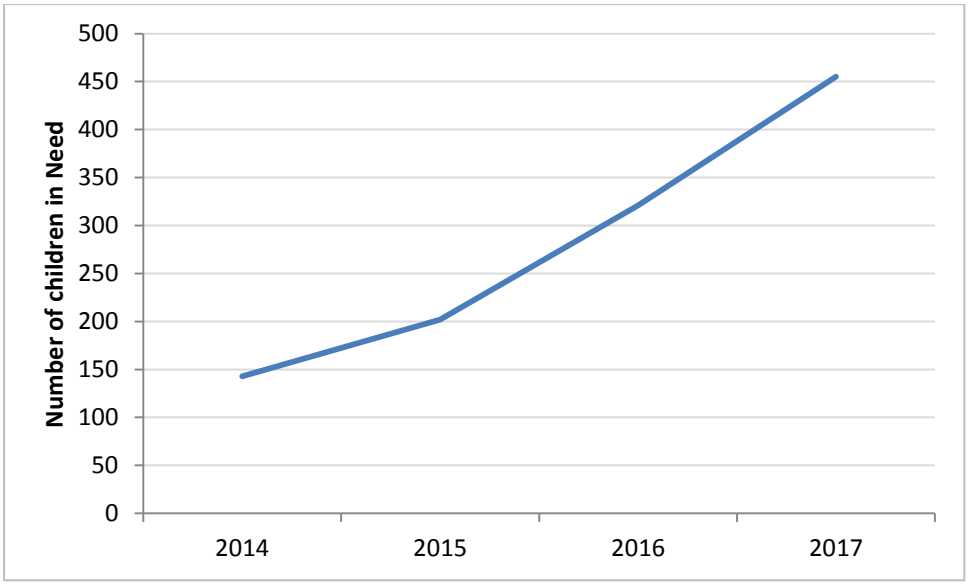
Children in Need (CiN) is a status given to children and young people under 18 years old, who require services from their local authority, to achieve or maintain a reasonable standard of health or development and/or to prevent significant or further harm to their health or development.

Many children who have needs that make them classified as CiN, present with a range of physical health, mental health, behavioural problems or developmental issues. The major risk is that without early identification, these children and young people will not get the support they need to achieve sustained outcomes and may experience poorer life chances, opportunities (education, employment and training) and increased health and development issues.

### 4.1.3 Prevalence

The latest records from the Children Social Care Case Management System show that there were 455 children in Havering classified as children in need in 2018. There has been significant rise in numbers of children in need over the last 4 years. The current figure (455) is three times the figure recorded in 2014 (143) (Figure 30).

Figure 30: Number of Children in Need, Havering, 2014-2017




Source: Children Social Care Case Management System

Currently nearly half of children in need (45%) are from the most deprived wards in the borough i.e. Gooshays, Heaton, Brooklands, Havering Park and South Hornchurch (Table 7). However these wards have also relatively higher populations of children as compared to the less deprived.

Table 7: Number of child in need, children under protection and looked after children in Havering by ward, 2018.

| Ward | Total number of children in need | Total Child Protection | Total looked after children |
|---|---|---|---|
| Gooshays | 58 | 37 | 13 |
| Heaton | 40 | 19 | <5 |
| Brooklands | 38 | 24 | 5 |
| Havering Park | 35 | 15 | 7 |
| South Hornchurch | 34 | 22 | <5 |
| Harold Wood | 33 | 8 | 14 |

| Ward | Total number of children in need | Total Child Protection | Total looked after children |
|---|---|---|---|
| Romford Town | 33 | 28 | 8 |
| Elm Park | 27 | 15 | 5 |
| Not Recorded | 21 | 11 | 42 |
| Mawneys | 19 | 5 | <5 |
| St Andrews | 18 | <5 | <5 |
| Rainham and Wennington | 17 | 5 | <5 |
| Squirrels Heath | 13 | 11 | <5 |
| Hacton | 12 | <5 | 7 |
| Pettits | 12 | <5 | 7 |
| Emerson Park | 11 | 0 | <5 |
| Cranham | 9 | <5 | <5 |
| Hylands | 8 | 10 | 10 |
| Upminster | 5 | 0 | 8 |
| Out of borough | 12 | <5 | 100 |
| **Total** | **455** | * | * |

Source: Children Social Care Case Management System

### 4.1.4 Current Interventions

#### Early Intervention

The Families Together Team (FTT), based in the Early Help Service, was formed in 2017 to provide intensive intervention to children and families at risk of becoming looked after or returning home from a care episode. In 2017-18, 17 Looked After Children returned home, or to a family member, and were supported by FTT. The model is based on relational practice and working with the family to provide them with the tools to sustain their own improvement. The criteria for cases being referred to FTT has been developed and refined over the last 12 months and a clear purpose for intervention is required. All families taken on by FTT are also supported by a Systemic Family Therapist. The implementation of the Planned, Purposeful and Focused planning model within FTT has been highly successful and plans are in place to embed this in the wider Early Help service as well as social care.

A North Locality Pilot has been launched to trial a new multi-agency way of working around a specific local area. The pilot involves 10-15 families, who have been identified by schools as at risk of developing increasing needs but do not meet existing thresholds. The pilot multi-agency team consists of Early Help, Troubled Families, CAMHS, Housing, School Nurses and Attendance & Behaviour Services and operates through a lead worker taking responsibility for a particular case. The lead worker is responsible for fitting the intervention to the family and coordinating the response to their needs, therefore acting as the single point of access for the family. As well as allowing the lead worker to develop a meaningful relationship with the family, it also limits the number of times that families have to tell their stories. Early findings from the pilot identified a need for advice and support around housing and debt, and early multiagency intervention is key in helping to alleviate the wider negative impacts that these issues might otherwise escalate towards. Children's Services is now looking to build on the learning from this pilot and extend the locality approach across the Early Help services to enable a streamlined and consistent response to the needs of children, young people and their families.

**Face to Face Obsession**

Building on the Face-to-Face Vision in Children's Services, in April 2018 Havering launched our 12-month Face to Face Obsession with Assessment (FFOA) programme. Bringing the idea of being *Purposeful* (why are we involved), *Planned* (what is the plan to achieve, our purpose) and *Focussed* (how we stay focussed on the plan to achieve our purpose) in what we do to the fore. This programme will aim to enhance how assessments are undertaken in the various contexts using a variety of modalities. It will be led by practitioners, managers and outside speakers. Building on what Havering is doing well and developing improvements in areas that may need them. By the end of the 12 months a positive change should be observed in the confidence of staff carrying out assessments and an increase the ability to hold onto positions of curiosity, imagination, rigour and focus in assessments. Supporting the focus on assessment, the recently published 2018-19 CYPS Training Programme includes a course on analytical assessments and reflective practice.

### 4.1.5 Service / Intervention Gaps

The impact of the implementation of Systemic Practice across Children's Social Care is being monitored over a longer period of time to assess the impact and outcomes. This is a programme leading the change in the delivery of social work, in order for interventions to be more purposeful, planned and meaningful.

Practice Week has also been introduced which takes place every six months. This is an event where cases are selected for audit in order to maintain a level of quality assurance and management oversight. Learning from this is disseminated to all managers and staff, to ensure that the quality and timeliness of interventions are further strengthened.

There is  need to ensure that there is  effective reviewing of all CiN cases so that robust plans and effective step-down processes are in place to prevent children, young people and families returning to a needy state.

### 4.1.6 Recommendations

It is important for services supporting CiN to continue with the plans agreed through the established governance framework and to address areas highlighted by business intelligence and quality assurance.

The number of children on CiN plans should be reduced by ensuring that there are effective interventions in place and by also ensuring there is a robust Early Help offer where children are provided support at an earlier stage. Early identification of clients is pivotal to support this way of working.

The way thresholds are applied should be evaluated to find out what impact the current methods could be having on the number of children on CiN plans.

### 4.1.7 Conclusion

The increase in numbers of children on a CiN plan is due to the number of children de-escalating from Child Protection plans, which is positive for Havering. With the ongoing and planned activity in Children's Services, there will be a better understanding of issues faced by children on a CiN plan and therefore most suitable interventions and support will be provided to enable them to achieve better and sustained outcomes.

## 4.2 Looked After Children

### Summary

The latest data (2018) shows that there are 245 Looked After Children (LAC) in Havering. This is equal to a rate of 44/10,000 children which is significantly lower than the London and England average but similar to Bexley's. Overall Havering's rate has been rising over the last 7 years but has remained lower than the England and London average.

Over the past 18 months Havering has invested a great deal in creating stability and permanency within its workforce. Currently 70% of all social workers are permanent and further progress is planned through the development of the Havering Social Care Academy. The increase in workforce stability means more time can be invested in creating meaningful relationships.

The impact of the implementation of Systemic Practice across Children's Social Care is being monitored over a longer period of time to assess the impact and outcomes. This is a programme leading the change in the delivery of social work, in order for interventions to be more purposeful, planned and meaningful.

There is a need for documentation of short term outcomes as they relate to looked after children during the implementation of the systemic practice model across children's social care.

Ensuring a stable and permanent placement for LAC is paramount. It is crucial that effective support is available for most vulnerable children and young people. By having robust systems in place we can ensure that LAC receive meaningful and purposeful interventions which provide opportunities to thrive and for them to achieve sustained good outcomes.

### 4.2.1 Background

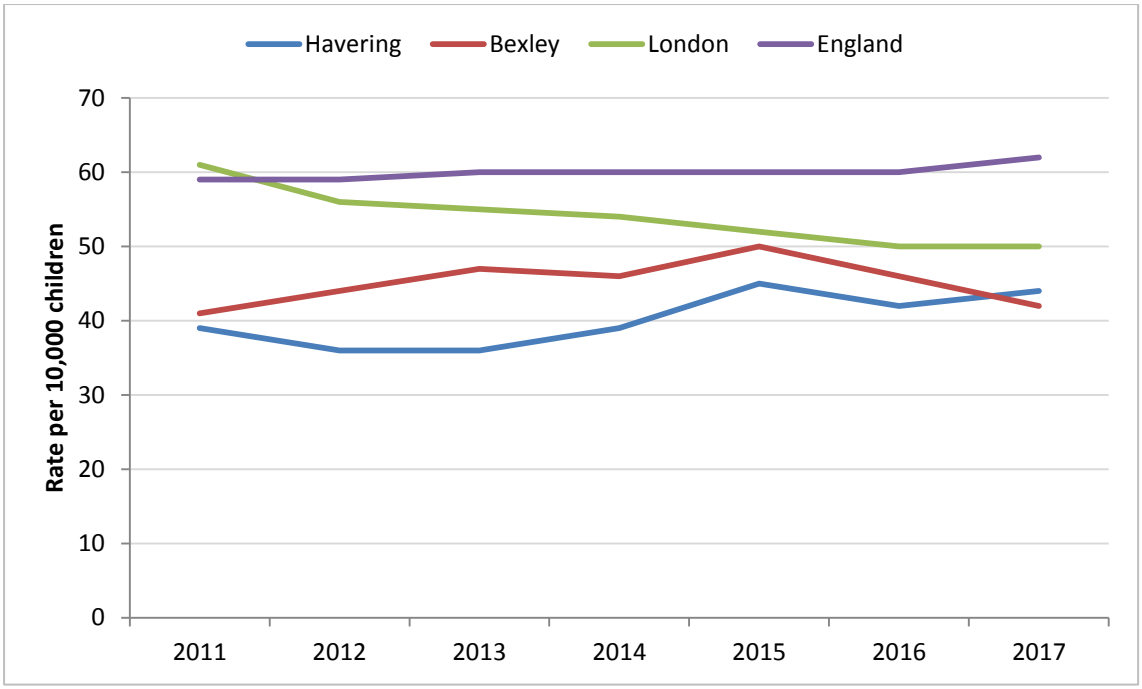
A Looked after child (LAC) is defined as a child cared for by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours. LAC are monitored closer than other children because of the higher probability of them having poor outcomes in education, physical and mental health. LAC who enter care later are more likely to have multiple placements and poor outcomes around education, employment and training. Young people in care are also over-represented within mental health services.

### 4.2.2 Prevalence

Latest data (2017) shows there are 245 looked after children in Havering. This is equivalent to a rate of 44/10,000 which is significantly lower than the London and England average but similar to Bexley's. Overall Havering's rate has been rising over

the last 7 years but has remained lower than the England and London average (Figure 31).

Figure 31: Number of Looked after Children per 10,000, Havering and comparators 2011-2017.




Source: Children looked after in England, Department for Education.

### 4.2.3 Current Interventions

Over the past 18 months Havering has invested a great deal in creating stability and permanency within its workforce. Currently 70% of all social workers are permanent and further progress is planned through the development of the Havering Social Care Academy. The increase in workforce stability means more time can be invested in creating meaningful relationships. A longer term relationship enables the social worker to develop a greater understanding of the child or young person as an individual and the story they have to tell. A noticeable benefit in a more stable workforce is the reduction in the number of children experiencing 3+ changes of social worker in 12 months. This has reduced from 14.9% in March 2017 to 4.9% in March 2018. The advocacy service has grown considerably over the last year and as of January 2018 19% of all Children in Care had an advocate allocated to them.

**Permanency**

Permanency Planning is a process embedded throughout the service and meetings are often held in conjunction with a member of the adoption and SGO service to ensure long term planning is considered from the earliest opportunity. A benefit of

early planning is the reduction in the amount of time between a court decision and a child being matched with perspective adopters. This has reduced from an average per child of 247 days in 2016/17 to 136 days in March 2018. To continue developing practice to support permanency outcomes, the adoption team is working with social work teams to develop skills in life story work and raise the quality of child permanence reports.

**Placements**

As part Havering's Face to Face Pathways Programme, Pathway Carers specifically have been recruited to care for children and young people with complex needs who may have otherwise been in residential or agency placements. Support for these placements is provided by a dedicated Advanced Practitioner who supervises the carers and a Systemic Family Therapist to support both the carer and the young person. Working with carers to reframe behaviours that young people may exhibit and responding differently is helping to create stability for young people who may not have previously experienced this. Over the last 12 months there has been a reduction in residential placements from 15 to nine young people and the number of Children in Care placed in in-house provision has increased from 75 to 85.

**Virtual School**

The creation of the Children's Services directorate has meant that the Virtual School is now more integrated with social care, strengthening the links to education for Children in Care. Part of the Virtual School offer is to provide training for social workers with regards to the importance of educational attainment for Children in Care and the quality of Personal Educations Plans (PEPs). On average in 2017-18 71% of Children in Care had an up to date PEP, however this has increased throughout the year and was up to 88% in February 2018. The Virtual School also works to ensure that key educational milestones are acknowledged and celebrated, for example a well done card and gift voucher is given for completing year 6 and year 11.

**Participation and Celebration**

Participation from Children in Care and ensuring their voice is heard is an area of practice that is constantly being improved. In 2016 MoMO (Mind of My Own) was introduced. This is a web-based app for children to share their views, concerns and good news with their social worker or IRO. 468 MoMO statements were received in the last financial year from children across the service and both social workers and young people have reported an improvement in communication. The Children in Care Awards were held to celebrate the achievements of our Children in Care and in 2018 a film premiere event was held to show case a film made by Children in Care about their experiences through the See Change Films project. The improvement of

IRO escalation has shown more active promotion of the best interests of Children in Care, for example the achievement of placements and long term stability are recurring themes in the challenge from IROs.

**Transitions to Adulthood**

In May 2017 the Transitions Panel was set up in order to ensure Children in Care experience a smooth transition into adulthood and Leaving Care Services. Young people are discussed at the multi-agency panel from the age of 16 and the intention is that young people don't experience the 'cliff-edge effect' of services ending as soon as they turn 18. The new approach was also developed based on learning from a serious case review due to the death of a care experienced young adult in 2015. The Transitions Conference in 2017 focused on successful transitions to adulthood and what good practice in this area looks like. Pathway Coordinators from the Leaving Care Service are linked to Children in Care from the age of 16, the same time at which the Care Plan should transition to a Pathway Plan, and plans are in place to extend this to young people aged 14 years and 9 months.

**Corporate Parenting**

The focus of the Corporate Parenting Panel has been on better understanding and improving the lived experiences of children in care and care leavers. Every other panel meeting focuses on participation and hearing from young people and professionals. As part of this the panel members and key officers are developing a culture of co-production.

Part of the corporate parenting transformation is to engage the private sector to expand the offer in Havering. Work with numerous local businesses to develop pre-employment training, apprenticeships, and employment opportunities is ongoing.

**Entitlements**

The council ensures all young people in care are aware of their entitlements, the local offer, and the opportunities available to them. In partnership with MAC-UK a psychologically informed approach to outreach and engagement with young people has been developed. The aim is to effectively engage a larger group of young people in meaningful participation activities.

### 4.2.4 Service / Intervention Gaps

The impact of the implementation of Systemic Practice across Children's Social Care is being monitored over a longer period of time to assess the impact and outcomes. This is a programme leading the change in the delivery of social work, in order for interventions to be more purposeful, planned and meaningful.

### 4.2.5 Recommendations

There is a need for documentation of short term outcomes as they relate to looked after children during the implementation of the systemic practice model across children's social care. This will ensure performance related issues are addressed promptly and new interventions initiated as appropriate.

### 4.2.6 Conclusion

Ensuring a stable and permanent placement for LAC is paramount. It is crucial that effective support is available for most vulnerable children and young people. By having robust systems in place to ensure that LAC receive meaningful and purposeful interventions which provide opportunities to thrive and for them to achieve sustained good outcomes.

## 4.3 Children with Special Education Needs and Disability

**Summary**

In 2017 there were 3,514 pupils with SEN out of a total of 39,598 (8.9%) pupils in Havering schools and institutions. This represents a drop of more than 50% since 2010 (18.5%). Havering's rate (8.9%) is significantly lower than the London(14.3%) and England (14.4%) average

At ward level, Gooshays and Heaton have the highest rate of children with special education needs and disability (SEND). These are also among the most deprived wards in Havering

The 0-25 Children and Adults with Disabilities Service (CAD) brings together the key functions and responsibilities of the Local Authority regarding Education and Social Care for those aged 0-25 years and with SEND, into a single management arrangement. The multi-disciplinary teams within CAD are focussed on delivering joined up social care and education involvement for SEND children.

GP practices are funded to provide enhanced care to people with learning disabilities aged 14 and over. As at June 2016, 43% of patients on practices' learning disability registers had had an annual health check and 33% were recorded as having had a health action plan completed.

North East London Foundation Trust (NELFT) provides community health services to children aged 0-19 registered with a Havering GP in a variety of settings including home, community clinics and early years and educational settings.

Havering seeks to meet the needs of pupils with special needs in their local mainstream schools. For children whose needs cannot be met in their local school there are four primary and three secondary schools with additional resourced provisions or targeted additional funding.

Over the last two years, there have been no adverse references to SEND provision or achievement within any Ofsted report. A quality assurance review of every school is undertaken annually looking at a wide range of areas including provision, policy, curriculum and compliance with regards to SEN.

Havering Primary Care should be encouraged to provide consistently structured care to children with learning disabilities.

### 4.3.1 Background

A child or young person with special education needs and disability (SEND) is described as having a learning difficulty or disability which calls for special educational provision to be made for them. A child or a young person has a learning difficulty or disability if they have a significantly greater difficulty in learning than the majority of others of the same age, or have a disability which prevents or hinders

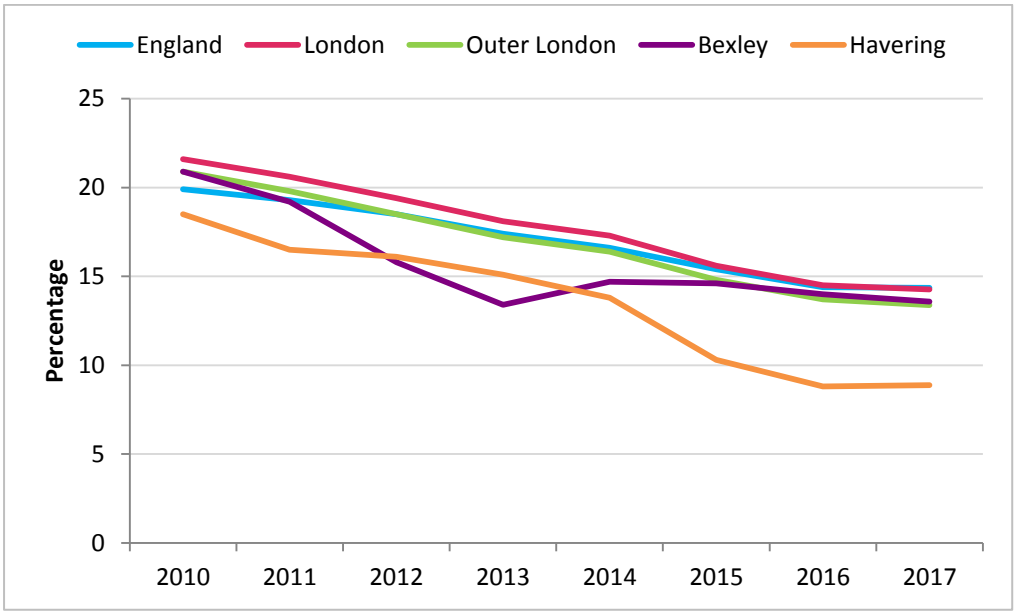
them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.[149]

Evidence shows that there is a strong link between poverty and SEND. Children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in childhood, and are less likely to move out of SEND categories while at school. At the same time, children with SEND are more likely than their peers to be born into poverty, and also more likely to experience poverty as they grow up.[150]

### 4.3.2 Prevalence

In 2017 there were 3,514 pupils with SEN out of a total of 39,598 (8.9%) pupils in Havering schools and institutions. This represents a drop of more than 50% since 2010 (18.5%). The SEN rate in Havering has been declining and has remained consistently lower than the London, Outer London and England rates over the last eight years (Figure 32).

Figure 32: Percentage of all pupils with Special Education Needs (SEN) in Havering, 2010-2017

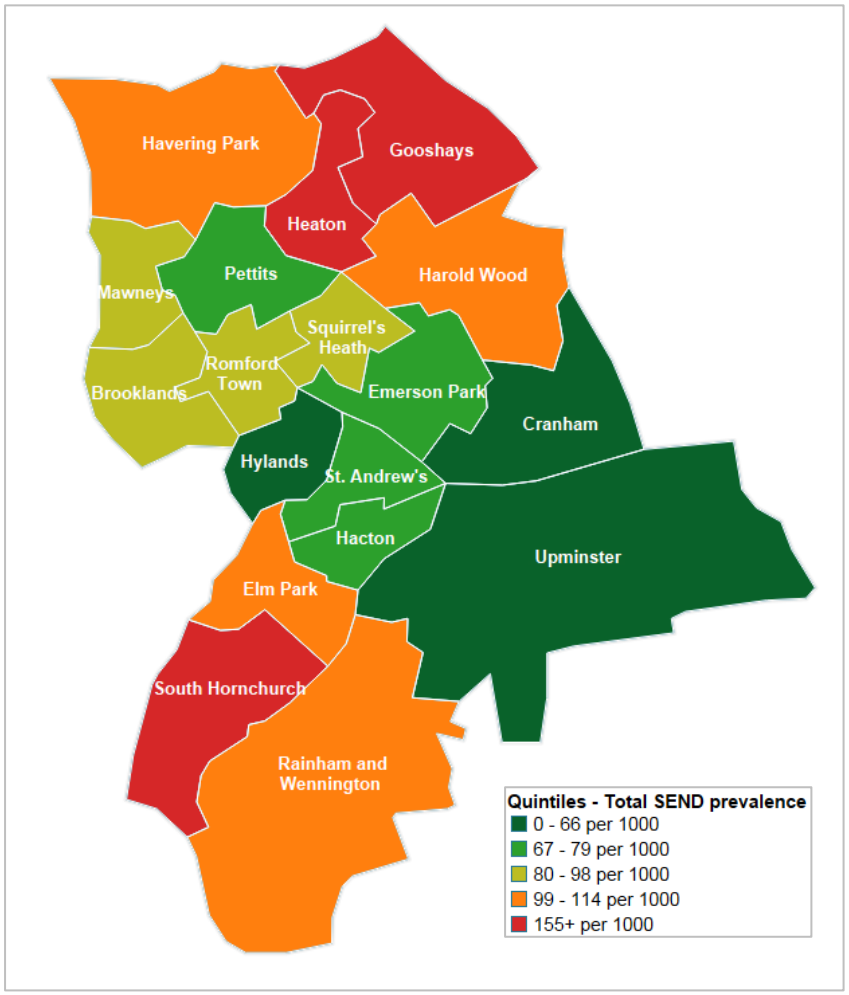



Source: Department of Education

At ward level, Gooshays and Heaton have the highest rate of children with special education needs and disability (SEND) (Figure 33). These are also among the most deprived wards in Havering.

[149] https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
[150] https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty

Figure 33: Prevalence of Special Educational Needs and Disability (SEND) among Havering residents who attend Havering schools, rate per 1000 pupils by wards, 2016/17.




Source: School census January 2016

### 4.3.3 Current Interventions

Havering currently implements various programmes which include on-line information about help and services available for children, young people and adults with SEND. Below are the key statutory sector services and how they work together.

**Children and Adults with Disabilities (CAD) Service**

The 0-25 Children and Adults with Disabilities Service (CAD) brings together the key functions and responsibilities of the Local Authority regarding Education and Social Care for those aged 0-25 years and with SEND, into a single management arrangement. The multi-disciplinary teams within CAD are focussed on delivering joined up social care and education involvement for SEND children. The teams

together with health partners and schools work to identify outcomes for children and, using available resources, help children to meet them.

**CAD Assessment and Placement**

The Assessment and Placement team within CAD works collaboratively, across the 0-25 age range, with schools, parents and support services including those from the voluntary sector. The main function of the team is to collate a range of information relating to individual children and young people and distil it into Education, Health and Care plans (EHCP) in an accessible format. The team prepares and presents information to a panel which determines the outcome of requests for statutory assessment and the placement of children and young people following assessment.

**CAD Educational Psychology**

The educational psychology service is delivered as part of the multi-disciplinary CAD teams offering a collaborative service to children and families. Educational Psychologists primarily work in schools and settings where they plan and carry out assessments of individual children and young people and deliver training for school staff. Educational psychologists support children with academic development, emotional wellbeing and ability to lead independent lives into adulthood through school staff and in collaboration with health and social care colleagues.

**CAD 0-5**

The CAD 0-5 Support team works with agencies across education, health, social care, the voluntary sector and with early years settings, schools and parent/carers to provide appropriate support packages and early intervention. The team includes Area SEND Coordinators, keyworkers, specialist teachers, an educational psychologist and social worker. The CAD 0-5 Support Team provides access to Home-based support – working with parents / carers to carry out an in-depth, on-going assessment of their child's needs and set targets to gauge progress. And to jointly plan and model appropriate learning opportunities, provide information and guidance on the best approach to help their child. a monthly multi-agency planning meeting to discuss children with complex medical needs with the Early Help Service and relevant health professionals including community paediatricians, therapy services, health visiting.

**Transition into school**

A child centred planning meeting is held involving parent/carers, school and early years setting staff, and any other agencies working with the family to put in place an action plan for the child’s transition. Children with high needs are tracked from pre-nursery and identified on the Early Years Transition list. The child centred approach used ensures that schools are fully prepared for these children and a dedicated team

of key workers from the 0-5 and 5-19 CAD teams is allocated to the highest need children to further liaise and work with settings and schools in the Summer Term prior to transition into Reception and Year 7.

**CAD 5-19**

The 5 -19 CAD Support Team offers support to children and young people with a range of difficulties, their schools, settings and families. The areas covered are sensory (visual, hearing and multi- sensory difficulties); medical and physical; speech, language and social communication needs; complex needs; learning difficulties and transition into Key stage 4 and Key Stage 5. The team includes educational psychologists, social workers, family support workers, specialist advisory teachers, specialist assistants and a 'mobility and rehabilitation' officer. The team will support children and families wherever they are; at home, out of borough, in school, nursery or clinic.

**Child protection and social care**

Disabled children present additional challenges when fulfilling the statutory functions of child protection and care proceedings. Specialist workers within CAD lead this work and provisions such as foster care for both long and short term are difficult to source but work is underway to increase provision in this area. The provision of short breaks can prevent families reaching crisis point. Commissioned services include a range of activities: holiday clubs, pre-school sessions, buddy and befriending services and youth clubs.

**General Practice**

People with learning disabilities are known to have higher levels of obesity and physical inactivity and a greater risk of developing chronic illness including diabetes and heart disease. To address this risk, GP practices are funded to provide enhanced care to people with learning disabilities aged 14 and over. As at June 2016, 43% of patients on practices' learning disability registers had had an annual health check and 33% were recorded as having had a health action plan completed.

**Community health services**

North East London Foundation Trust (NELFT) provides community health services to children aged 0-19 registered with a Havering GP in a variety of settings including home, community clinics and early years and educational settings. NELFT operates a Single Point of Access (SPA), so children are referred in once and can then be referred internally to multiple services. This is often needed for children with complex, life-long limiting illnesses; with both physical and mental health needs. Individual children may be engaged with multiple community health services for extended periods of time. Services include: community Paediatrics, Occupational

Therapy, Paediatric physiotherapy, Child and Adolescent Mental Health Service (CAMHS), Speech and Language Services, Palliative care and support provided by Haven House is to children living with life limiting conditions.

**Schools and engagement in education**

*School provision for children with SEND*

Havering seeks to meet the needs of pupils with special needs in their local mainstream schools. For children whose needs cannot be met in their local school there are four primary and three secondary schools with Additional Resourced Provisions (ARPs) or targeted additional funding; each with a particular specialism - hearing impairment (x2),language difficulties (x2), ASD (x2) and social, emotional and mental health.

*Permanent exclusion*

National data show that children with SEND are far more likely to be excluded. In Havering, there were in total 22 permanent exclusions from Maintained, Academies and Free Schools during the academic year 2013/14 of which 9 related to children with SEND. Havering employs two vulnerable children's officers to support pupils and parents where there is the threat of a permanent exclusion. There is also a team of behaviour support specialists that can advise and support schools where they experience challenging behaviour from pupils, including those with special educational needs.

*Fixed term exclusions*

There were 1053 fixed term exclusions days from Academies and Free schools in Havering during the academic year 2013/14; 300 related to pupils with SEND. The rate of exclusion of children with SEND in Havering is lower than that in comparator areas but still much higher than the average for all children in Havering. Work continues to assist schools to develop strategies to maintain pupils successfully; challenging behaviours linked to with ASD and ADHD is a particular priority.

*Persistent absenteeism*

Persistent absenteeism is defined as being absent for more than 15% of sessions at school. 12% of children with a statement or EHC plan (likely to have the greatest needs) were persistently absent in 2013/14 which was higher than in comparator areas and nearly four times the rate recorded for all children in Havering.

*Equipment*

Equipment can promote independence, assist carers and facilitate access to education. Many agencies have a responsibility to provide equipment but this has led

to a level of confusion around who provides what and in what circumstances. Work is underway on guidance and eligibility criteria covering provision across health, social care, education and schools. The intention is then to explore the possibility of centralised equipment purchase and recycling to achieve more timely provision and greater efficiency across partners.

Transport and assistance with traveling 402 young people were provided with travel assistance in the 2015/16 academic year, 80% by bus, the remainder taxis. Following a refresh of our transport policy, the Council is working with parents/carers to develop a range of flexible travel options.

**Youth Justice**

The Youth Offending Service (YOS) is designed to address the offending of all entrants into the Criminal Justice System. It is a multi-agency team (CAMHS, Prospects, Police, Social Work, Drugs and Alcohol, Probation) to address the varied drivers for offending.

**Leisure Services**

London Borough of Havering is committed to providing leisure services that are appealing and accessible to everyone including children and young people with SEND. Central Park Leisure Centre, Hornchurch Sports Centre and Chafford Sports Centre have disabled parking bays, full access into the facility, accessible toilets and changing areas and pool hoist into the swimming pool. The former two sites have accessible equipment in the gym area. Further improvements will be made once the new leisure contract is awarded.

**Monitoring and quality assurance of educational outcomes**

Over the last two years, there have been no adverse references to SEND provision or achievement within any Ofsted report. A quality assurance review of every school is undertaken annually looking at a wide range of areas including provision, policy, curriculum and compliance with regards to SEN. Where significant issues are identified, support is brokered through the Havering Education Providers Monitoring Group, as set out in the Havering Education Providers Quality Assurance Framework, and progress is monitored regularly.

### 4.3.4 Service / Intervention Gaps & Recommendations

Havering Primary Care should be encouraged to provide consistently structured care to children with learning disabilities.

## 4.4 Children Not in Employment Education or Training (NEET)

**Summary**

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood and lifelong poverty.

In 2017 the percentage of young people classified as NEET in the London Borough of Havering was at 3.3% which was below the London average (4.6%) and national average (5.7%). Ward level analysis shows NEET hot spots are in the north of the borough i.e. Romford Town Centre (7.1%), Harold Wood (6.4%), Havering Park (5.3%) and Gooshays (4%).

The Young People's Education and Skills team has a responsibility to encourage, enable and assist young people to participate in education or training. Furthermore, the service has a duty to promote young people's participation up to the age of 18 and age 25 years old, where he or she appears to the authority to have a learning difficulty and is likely to receive post-16 education or training or higher education.

LB Havering should continue to encourage and assist young people to participate in education and training while paying attention to the northern locality which is relatively more deprived and with more NEET children.

### 4.4.1 Background

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood and lifelong poverty. To support more young people to study and gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation (Education and Skills Act 2008)[151] was introduced requiring that all young people remain in some form of education or training until the end of the academic year in which they turn 17.

From September 2016 Department of Health relaxed the requirement on authorities to track academic age 18-year-olds. Local Authorities are now only required to track and submit information about young people up to the end of the academic year in which they have their 18th birthday i.e. academic age 16 and 17-year-olds.[152]

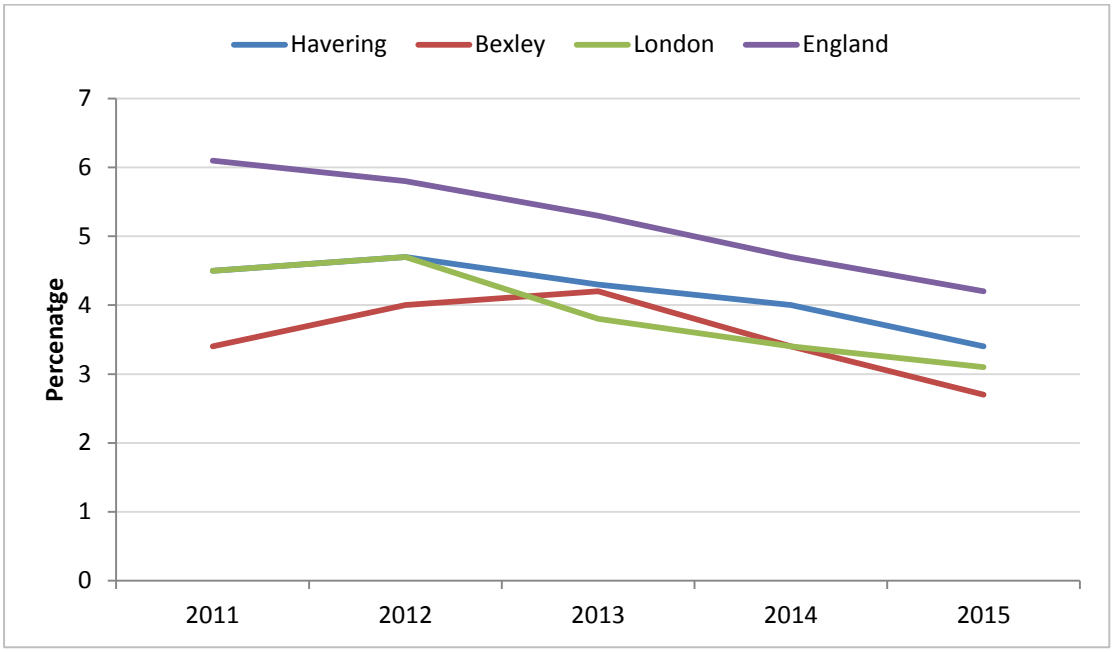
### 4.4.2 Prevalence

The number of NEET overall in the UK has been reducing since 2011. Figure 34 shows that in 2011 proportion of 16-18 year old NEETs in Havering was 4.5% (400) as compared to 3.4% (300) in 2015. Havering's NEET remained consistently lower

[151] https://www.legislation.gov.uk/ukpga/2008/25/contents
[152] https://www.gov.uk/government/publications/participation-of-young-people-education-employment-and-training

than the England average but higher its statistical neighbour's (Bexley). With the change in legislation requiring only 16-17 year olds to be monitored only 220 (3.6%) NEETs were reported in Havering in 2016.This was still significantly lower than the England (6%), London (5.3%) but similar to the Bexley (3.7%) average.

Figure 34: Percentage of 16-18 year olds not in education, employment or training (NEET)




Source: Department of Education

According to the latest data (March 2017),the percentage of young people classified as NEET in the London Borough of Havering was at 3.3% which was below the London average (4.6%) and national average of (5.7%). Ward level analysis shows NEET hot spots are in the north of the borough i.e. Romford town Centre (7.1%), Harold Wood (6.4%), Havering Park (5.3%) and Gooshays (4%).[153]

### 4.4.3 Current Interventions

The London Borough of Havering is responsible for delivering the duties under the Education and Skills Act 2008 (ESA 2008) section 68. The Council commissions an external provider, Prospects services, to fulfil the statutory obligations as outlined in the act, and emerging obligations set out in The Participation of Young People in Education, Employment & Training (EET)September 2014 Statutory Guidance for Local Authorities, and Children's and Families Act 2014.

The Young People's Education and Skills team has a responsibility to encourage, enable and assist young people for whom they are responsible, to participate in

[153] https://intranet.havering.gov.uk/wp-content/uploads/2017/10/Final-Issue-51-NEET.pdf

education or training. Furthermore, the service has a duty to promote young people's participation up to the age of 18 and age 25 years old, where he or she appears to the authority to have a learning difficulty and is likely to receive post-16 education or training or higher education.

The options available include full time education at school or college, an Apprenticeship or Traineeship, other full time work including volunteering alongside part-time education or training, and re-engagement provision for those previously out of learning. The team's focus remains key to the council's ambition of ensuring Havering is a place where people can make good choices about where to live and work and where children can grow up to achieve their full potential.

The service delivers the following three core functions that relate to the Young People's Services:

- Providing targeted information advice & guidance (IAG) for all vulnerable young people identified at risk of becoming NEET and tracking of learners identified through the targeted toolkit ( TTK risk of NEET Indicator tool)
- Monitoring and recording to know exactly what the EET status is of all young people up to the end of year 13 cohort
- Supporting Young People to make appropriate moves from NEET to education, employment or training

**NEET Prevention Working in Partnership with Schools /Colleges and Learning Providers**

*September Guarantee*

The September Guarantee requires local authorities to find education and training places for 16 and 17 year-olds, to help ensure that every young person has the opportunity to gain skills and qualifications to help them progress to higher education, work and prosper in adult life. Offers should be appropriate to meet the young person's needs and can include, full-time education in school sixth-forms or colleges, an apprenticeship, a traineeship or employment combined with part-time education or training.

*The targeting toolkit school returns (TTK)*

There are various risk factors associated with young people who become 'NEET', particularly those whom are classified as vulnerable young people. These include educational attainment at school, truancy and exclusion and a perceived lack of information about employment, education and training opportunities post-16. Some of these factors are associated with lack of parental support, low self-esteem or deprivation levels in their neighbourhood. Understanding these characteristics and

addressing them through earlier intervention to reduce the likelihood of many young people becoming NEET.

The Young People's Education & Skills team works in partnership with local schools, and has continued to offer support to more vulnerable young people in year 11 through the TTK project. The TTK is a tool that identifies young people in school who trigger NEET characteristics. Information is then shared with Prospects who then go into the schools and deliver the targeted services. This can range from additional support, one to ones, mentoring, addressing barriers to learning and support with progression opportunities.

*Participation, Education, Training and Employment panel (PETE)*

In 2016, the Young People's Education & Skills team convened the Participation, Education, Training, Employment Panel (PETE), which is an operational partnership of local support services for young people aged 16-19 (up to 25 for young people with learning disabilities), and education and learning providers with skill offers that will support young people who are NEET into EET activity. To engage all providers making use of initiatives and support available to better provide access to EET activity to Havering's young people and ensure the Raising Participation Strategy is fulfilled.

*Havering's annual Transitions event 'Moving on'*

This is an annual event organised by the Young People's Education & Skills team. The event 'Moving On' aims to support local young people post-16 with their options when leaving school & college. The exhibition hosts a variety of providers from apprenticeships, employers, education & training providers, school sixth forms, colleges, higher education and the voluntary and community sector.

*Havering's Apprenticeship Parent & Learner Event*

Young people's Education & Skills team host a Parent & Learner apprenticeship event at Cooper's Coborn school. Over the last two years the team has successfully supported up to 800 attendees. The event provides information, advice and guidance for learners and parents about apprenticeship opportunities from a range of national and local providers along with apprenticeship ambassadors and employers.

### 4.4.4 Recommendation

LB Havering should continue to encourage and assist young people to participate in education and training while paying attention to the northern locality which is relatively more deprived and with more NEET children.

## 4.5 Young Carers

### Summary

In Havering over 400 children aged below 16 years are estimated to be providing unpaid care. One in four (22%) provide at least 20 hours per week. Gooshays and Heaton have the highest number of children carers (42 each) (rate: 12/1,000 and 15/1,000 respectively),

Currently Imago Young Carers a voluntary organisation supports young carers in Havering by providing respite care to free them from their caring responsibilities. It also facilitates opportunities for young carers to socialize with their peers and receive tailored support and information.

There is insufficient information within Havering Council on current interventions and support being provided to young carers in Havering.

### 4.5.1 Background

According to the 2011 Census, over 166,000 children in England are caring for their parents, siblings or other family members. This is up by a fifth from when the last Census was conducted in 2001. Of much concern is the fact that nearly 15,000 of these children are providing more than 50 hours of care every week and therefore are unable to fully engage in school and other social activities as expected.[154]

Evidence shows that caring has a long-term negative impact on children as most regularly miss school due to caring responsibilities and eventually end up with relatively lower educational attainment and consequently a high probability of living in poverty thereafter.[155] [156]

### 4.5.2 Prevalence

In Havering over 400 children aged below 16 years are estimated to be providing unpaid care. One in four (22%) provide at least 20 hours per week. Gooshays and Heaton have the highest number of children carers (42 each) (rate: 12/1,000 and 15/1,000 respectively) (Table 7).

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[154] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15

[155] The Young Carers in Focus (YCiF) programme, led by The Children's Society, brings partners together from YMCA Fairthorne Manor, DigitalMe, Rethink Mental Illness and The Fatherhood Institute.

[156] The Children's Society's 'Hidden from View' report analyses data from a government study of 15,000 young people, aged 13 and 14, over a seven-year period, from 2004 – 2011. Of the 15,427 young people who completed the first wave, 689 (4.4%) identified themselves as young carers.

Table 8: Children in Havering providing unpaid care by ward, Census 2011

| Ward | All children (0-15 years) | Provides unpaid care: Total | Provides unpaid care: Rate per 1,000 children | Provides 1 to 19 hours unpaid care a week | Provides 20 to 49 hours unpaid care a week | Provides 50 or more hours unpaid care a week |
|---|---|---|---|---|---|---|
| Gooshays | 3,414 | 42 | 12 | 37 | <5 | <5 |
| Heaton | 2,756 | 42 | 15 | 32 | 6 | <5 |
| South Hornchurch | 2,849 | 30 | 11 | 27 | <5 | 0 |
| St Andrew's | 2,187 | 29 | 13 | 20 | <5 | 6 |
| Romford Town | 2,814 | 28 | 10 | 19 | 5 | <5 |
| Havering Park | 2,765 | 27 | 10 | 20 | 5 | <5 |
| Mawneys | 2,508 | 27 | 11 | 22 | <5 | <5 |
| Harold Wood | 2,207 | 26 | 12 | 24 | <5 | 0 |
| Brooklands | 3,151 | 25 | 8 | 22 | <5 | <5 |
| Hacton | 2,034 | 23 | 11 | 18 | <5 | <5 |
| Cranham | 2,159 | 22 | 10 | 16 | <5 | <5 |
| Emerson Park | 1,953 | 21 | 11 | 19 | <5 | <5 |
| Hylands | 2,284 | 21 | 9 | 14 | 5 | <5 |
| Pettits | 2,205 | 20 | 9 | 18 | <5 | 0 |
| Rainham and Wennington | 2,371 | 20 | 8 | 20 | 0 | 0 |
| Squirrel's Heath | 2,344 | 16 | 7 | 12 | <5 | <5 |
| Elm Park | 2,234 | 15 | 7 | 11 | <5 | <5 |
| Upminster | 2,153 | 9 | 4 | 7 | <5 | <5 |
| **Total** | **44,388** | **443** | **10** | **358** | **44** | **41** |

Source: https://www.nomisweb.co.uk/census/2011/dc3301ew

### 4.5.3 Current Interventions

Imago Young Carers is a voluntary  organization that delivers a support service to anyone aged 8-18 or 24 if the young carer is disabled or had learning difficulties living in Havering who is taking on caring responsibilities for a family with a long-term illness, disability, mental health or substance misuse issue. Imago Young Carers enables young carers to receive some respite from their caring responsibilities, socialise with their peers and receive tailored support and information. They also provide social groups for Young Carers called Chill Clubs. [157]

### 4.5.4 Service / Intervention Gaps & recommendations

We were unable to access sufficient information on current interventions and support provided by the Havering Council for young carers and therefore could not identify intervention gaps and make any recommendations.

[157] https://www.imago.community/Children-and-Young-People/Havering-Young-Carers

# 5. The Impact of Child Poverty - Health Outcomes

This chapter examines health outcomes that evidence shows are associated with child poverty. These include: low birthweight, breastfeeding, excess weight, physical inactivity, malnutrition, substance misuse, smoking and teenage pregnancy. It also looks at how Havering compares to London, Bexley and England for various health outcomes.

**Summary**


Poverty is a significant driver of poor health outcomes. Children living in poverty are more likely than children growing up in more affluent families to die in the first year of life, become overweight, have tooth decay or develop chronic conditions such as asthma.

Persistent poverty increases young people's likelihood of developing conditions such as depression, and of engaging in risky behaviours. Poverty can be both a causal factor and a consequence of mental ill health.

In 2016/17, a total of 69 live births (2.3%) in Havering were classified as low birthweight (less than 2,500 mg). This rate was however similar to the London and England average.

The 2010 Infant Feeding Survey found that 46% of infants in deprived areas were breastfed compared to 65% in the least deprived areas.

1 in 4 Havering children (25%) in reception year are either overweight or obese. This rate is significantly worse than the London (22%) and England (22%) average.

In year 6 the overweight/obese prevalence rate was higher (39%) and worse than the England average (34%).

Most deprived wards have higher portions of children who are overweight / obese as compared to the less deprived ones.

The rate of under 18 conception in Havering is higher than the London (17%) and England average (19/1,000). Under 18 conceptions are associated with single parenthood which is often a major driver of child poverty.

A whole system approach is required to address poverty and the adverse health outcomes associated with it. As such responsibilities for action lie with both national and local government. To have greatest impact, services should be provided universally but with a scale and intensity that is proportionate to the level of disadvantage – known as proportionate universalism.

It is recommended that steps are taken locally to ensure interventions put in place by national government are maximized, for example ensuring take-up of Healthy Start vouchers and free school meals by eligible families.

Local actions should also be implemented to ensure effective cross-sector communication; promote and support breastfeeding, healthy eating and oral health; support effective PSHE education in schools; and ensure key data is routinely collected and monitored.

## 5.1 Background

Family, home environment, health and education are key factors in a sustainable approach to tackling child poverty. Intervening early to support children's development and attainment acts as insurance for the future by improving life chances; helping children to progress and preventing them from becoming the next generation of disadvantaged parents.[158]

The drivers of poverty discussed in previous chapters are also widely recognised as determinants of health. The 2010 Marmot review 'Fair Society, Healthy Lives' is clear that inequalities in health arise because of inequalities in society.[159] Neighbourhood deprivation, lower parental income/wealth, educational attainment, occupational social class, higher parental job strain, parental unemployment, lack of housing tenure, and material deprivation in the household have been identified as key social factors associated with a wide range of adverse child developmental, educational, health and social outcomes.[160] In high income countries like the UK, poverty is a significant determinant of child health.[161,162] The 2017 Royal College of Paediatrics and Child Health (RCPCH) 'State of Child Health' report looked at 25 indicators of child health and found that across every indicator, children and young people from deprived backgrounds had worse health and wellbeing than their better-off peers.

[158] https://www.gov.uk/government/publications/a-new-approach-to-child-poverty-tackling-the-causes-of-disadvantage-and-transforming-families-lives

[159] Marmot, M. (2010). Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010. Available from: http://www.marmotreview.org/ (Accessed 15 February 2018).

[160] Pikhart, H., Ruiz, M., Morrison, J., Goldblatt, P. & Marmot, M. (2014). DRIVERS final scientific report: Inequities in early childhood health and development, evidence and policy implications. Report produced as part of the 'DRIVERS for Health Equity' project, http://health-gradient.eu/. London: Research Department of Epidemiology and Public Health, University College London

[161] Royal College of Paediatrics and Child Health. (2017). State of Child Health 2017. (Accessed 14 February 2018).

[162] Sidebotham P. et al. (2014). Understanding why children die in high-income countries. Lancet; 384(9946): 915-927

Children living in poverty are more likely than children growing up in more affluent families to die in the first year of life, become overweight, have tooth decay or die in an accident[163]. They are also more likely to develop chronic conditions such as asthma. Persistent poverty increases adolescents' likelihood of developing conditions such as depression, and of taking behavioural risks such as substance use, early sexual activity and criminal activity.[164] As social and economic deprivation increase, so do smoking, lack of physical activity and unhealthy nutrition – behaviours which in turn contribute to the development of chronic disease across the life course including cancers, coronary heart disease and respiratory disease.[165,166]

Conversely, alcohol has an inverse social gradient meaning that as income increases, so does alcohol consumption. However, people with lower socioeconomic status are more likely to have problematic drinking patterns and alcohol dependence than people with higher socioeconomic status.

Poverty can be both a causal factor and a consequence of mental ill health.[167] Children from the lowest income families are four times more likely to have a mental health problem than those from the highest earning backgrounds.[168] Given this, we expect children growing up in poverty to be most likely to need healthcare services, but analysis tells us they are the least likely to access them. Research has shown this to be an issue even in the UK where there is universal access to high quality services.[169]

It remains unclear how and when social disadvantage leads to ill health and whether it is the result of cumulative exposure to disadvantage or exposure during sensitive or critical periods, or both.[170] Debate has taken place regarding the extent of the association between child poverty and poor health outcomes and whether the

[163] Roberts H. (2014). What works in reducing inequalities in child health? 2nd ed. Bristol: The Policy Press.
[164] Dashiff et al. (2009) in Mental Health Commission (September 2011). The Human Cost. An overview of the evidence on economic adversity and mental health and recommendations for action. Dublin: Mental Health Commission.
[165] Galobardes B., Lynch J.W., Davey Smith G. Childhood socioeconomic circumstances and cause-specific mortality in adulthood: Systematic review and interpretation. Epidemiologic reviews 2004; 26: 7-21.
[166] Galobardes B, Lynch JW, Smith GD. Is the association between childhood socioeconomic circumstances and cause-specific mortality established? Update of a systematic review. J Epidemiol Community Health 2008; 62:387–90.
[167] Elliott I. (2016). Poverty and mental health: a review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. London: Mental Health Foundation.
[168] Morrison Gutman, L, et al. (2015). Children of the new century: Mental health findings from the Millenium Cohort Study. Centre for Mental Health, UCL Institute of Education.
[169] Spencer, N. (2003). Social, economic, and political determinants of child health. Pediatrics; 112 (suppl 3): 704–06.
[170] Evans, G.W. and Kim, P. (2007). Childhood poverty and health: cumulative risk exposure and stress dysregulation. Psychological Science, 18: 953–7

relationship is causal or whether it is due to the wider mediating and confounding factors associated with poverty. A review of 34 studies used research techniques to separate the effect of money from other correlated factors. It concluded that children in lower-income families have worse outcomes in part because low income is associated with other household and parental characteristics (e.g. levels of parental education, parental smoking or domestic violence) but also because, independent of these factors, they are poorer. [171]

To put the focus of this chapter in context, it is important to note that evidence on the impact of poverty on direct outcomes for children is strongest in relation to cognitive development and school achievement, followed by social and behavioural development. Evidence regarding the impact of income on children's physical health is more mixed. For intermediate outcomes, the strongest evidence relates to maternal mental health, followed by parenting and the home learning environment. Evidence is limited and mixed in relation to maternal physical health however it is widely acknowledged that mothers from disadvantaged groups are more likely to be in poor health, have a poorer diet, be either obese or show low weight gain in pregnancy, smoke, have more genital infections and be less likely to take folic acid supplements. As a result they are less likely to experience a healthy pregnancy which is in turn less likely to lead to a healthy birth weight or good health later in life.[172,173]

## 5.2 Health Outcomes

### 5.2.1 Birthweight

Low birth weight increases the risk of poorer health outcomes and child mortality. Low birth weight also reflects maternal health and health behaviours, both of which are important to all other dimensions of child wellbeing.

In Havering in 2016/17 a total of 69 live term births were classified as low birthweight (less than 2500g) (2.3%). This is similar to the England average (2.8%) and significantly better than the London average (3.0%).

Premature births and low birthweight are particularly strong risk factors for infant mortality, and both are strongly associated with deprivation.

[171] Cooper K., Stewart K. Does money affect children's outcomes: a systematic review. 2013. Available from https://www.jrf.org.uk/report/does-money-affect-children%E2%80%99s-outcomes

[172] Davies, S.C. (2013). Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better – Prevention Pays.

[173] HM Government. (2010). The Foundation Years: preventing children becoming poor adults, the Report of the Independent Review on Poverty and Life Chances. (Accessed 15 February 2018).

However pooled ward level data for the period 2010-2015 shows no association between low birthweight prevalence and deprivation in Havering.

### 5.2.2 Breastfeeding

Breast milk provides the optimum nutrition for infants and current guidance recommends exclusive breastfeeding for the first six months of life.[174] Breastfeeding has multiple health benefits for children including reduced risk of sudden infant deaths and respiratory and ear infections, and some protection against obesity and diabetes in later life. There is also evidence that breastfed babies achieve higher average scores in childhood intelligence tests. Mothers who breastfeed have a reduced risk of breast and ovarian cancers, and may find it easier to lose their pregnancy weight.[175]

Breastfeeding is cost-effective for families and for society.[176] A recent systematic review of breastfeeding on a global level concluded that in reducing morbidity and improving the educational potential of children, breastfeeding probably also improves their earnings as adults.[177]

The 2010 Infant Feeding Survey found that 46% of infants in deprived areas were breastfed compared to 65% in the least deprived areas. There is no data available at ward level to explore the association between breastfeeding rates and deprivation.

In 2016/17, 59.7% of Havering mothers breastfed their baby within the first 48 hours of delivery. This was significantly worse than the England initiation rate of 74.5%. The rate of breastfeeding initiation has been declining since 2010/11. The current rate (59.7%) is 8% less as compared to 2010/11 (67.7%) (Figure 31). Data for London and Bexley were incomplete so they are not included in the chart. Current data is unavailable for continuation of breastfeeding at 6-8 weeks due to challenges with new methods of reporting.

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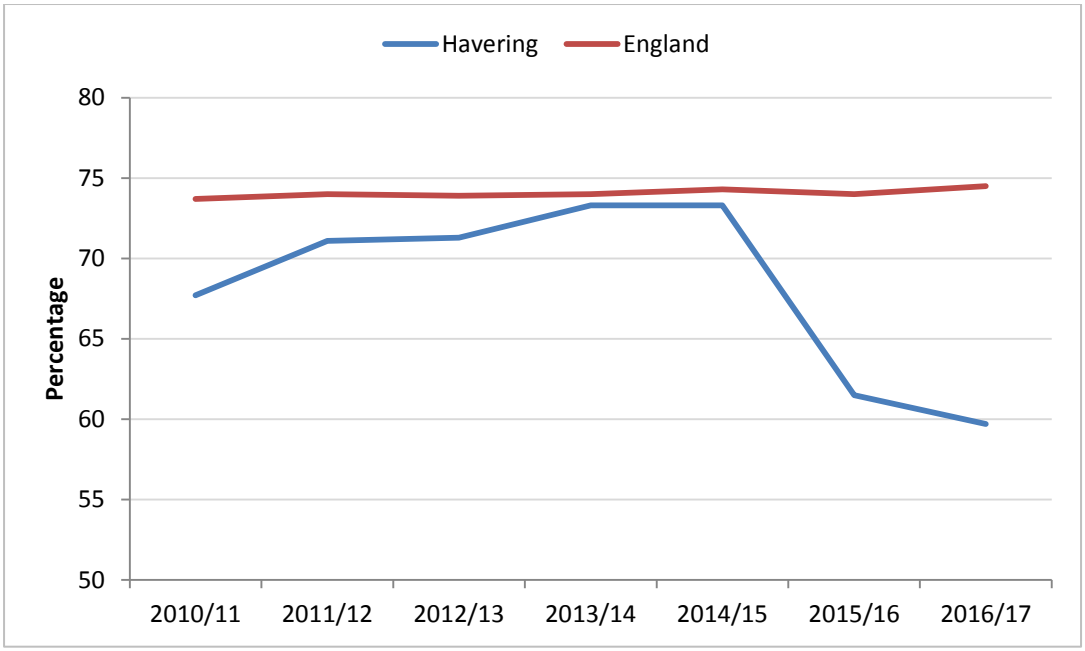
[174] World Health Organisation (2002) Global Strategy on infant and young child feeding: The World Health Organisation's infant feeding recommendation. Available at: http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html

[175] NICE Public health guidance PH11. Available at: https://www.nice.org.uk/guidance/ph11/chapter/2-public-health-need-and-practice

[176] Renfrew, M.J., et al. (2012). Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK. UNICEF UK, London

[177] Victora, C.G., et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet, 387: 475–90.

Figure 31: % of all mothers who breastfeed their babies in the first 48hrs after delivery, Havering & England, 2010/11 – 2016/17




Source: Public Health England

### 5.2.3 Healthy weight, physical activity, nutrition and dental health

Overweight and obesity in childhood increase the risk of adverse physical and mental health outcomes in both childhood and adulthood. The causes of obesity are complex with multiple drivers. Genetics, the environment and culture we live in, and our behaviour and lifestyles influence the type and amount of food we eat and activity we do.

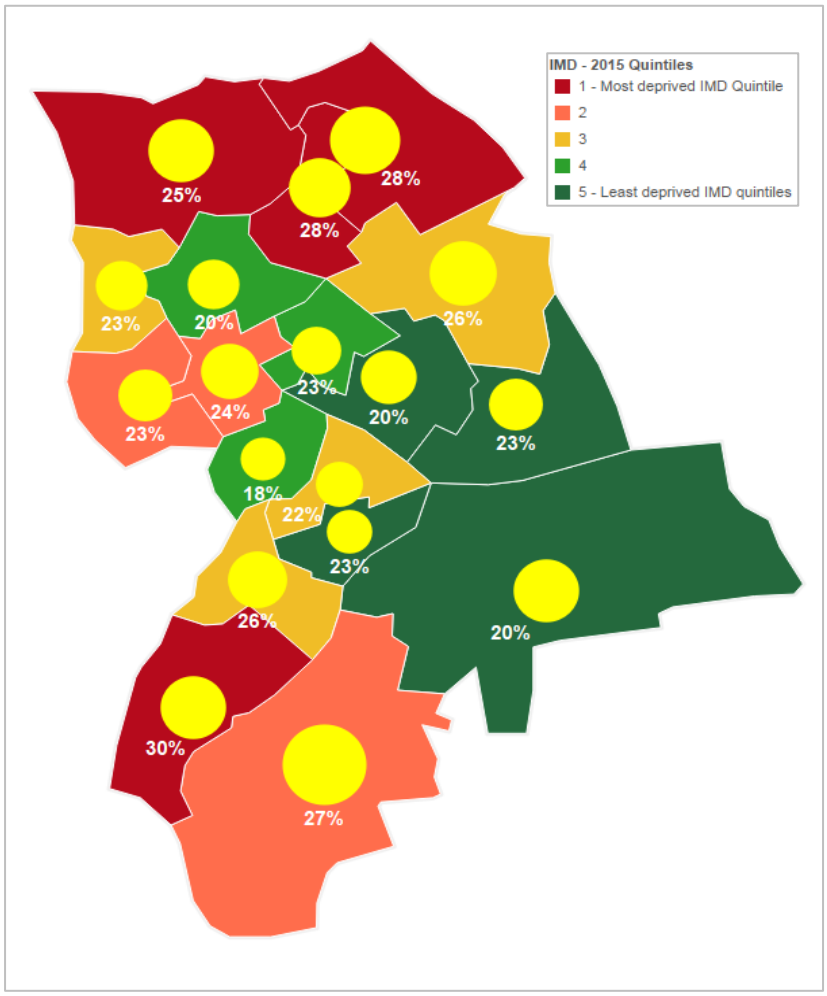
**Healthy weight**

In 2016/17, 1 in 4 (25.1%) Havering children in Reception Year were overweight or obese, significantly worse than London (22.3%) and England (22.6%). In Year 6, this prevalence was 38.9% of children in Havering, similar to London (38%) but significantly worse than England (34.2%).

There is a strong association between deprivation and excess weight, with prevalence highest amongst children from the most deprived areas. Figures 32 & 33 demonstrate this at ward level in Havering with more deprived wards such as Heaton and Gooshays having significantly higher prevalence of excess weight among children in reception year. The government's childhood obesity action plan notes that "children aged five and from the poorest income groups are twice as likely to be

obese compared to their most well off counterparts, and by age eleven they are three times as likely", and this inequality is worsening.[178,179]

Figure 32: Percentage of children with excess weight in Reception Year & IMD Quintiles (2013-16).

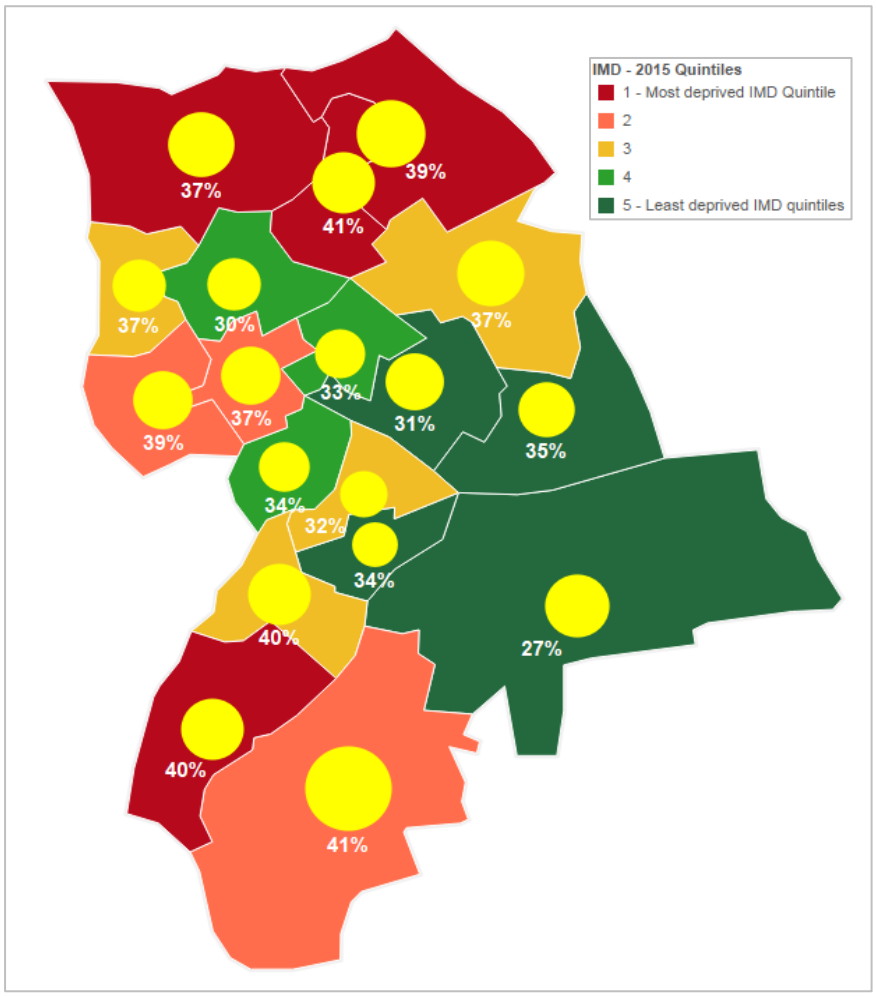



Source: Public Health England

[178] HM Government. (2016). Childhood obesity: a plan for action. Available at: https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action.

[179] Goisis,A., Sacker,A. and Kelly,Y. (2015). Why are poorer children at higher risk of obesity and overweight? A UK cohort study. The European Journal of Public Health

Figure 33: Percentage of children with excess weight in Year 6 & IMD Quintiles (2013-16).




Source: Public Health England

## Healthy eating

Poor diet is a major risk factor for premature death and is associated with a range of diseases including cardiovascular disease and some cancers. Recommendations for a healthy, balanced diet are defined and promoted to the UK public using the Eatwell Guide.[180] There are also a number of more specific recommendations such as eating at least 5 portions of fruit and vegetables per day, not exceeding 70g of red and processed meat per day, and consuming at least one portion of oily fish per week.

Poor nutrition can be defined in terms of not consuming enough food or consuming too much energy dense, nutrient poor food – both are associated with deprivation. In

[180] HM Government (2017). The Eatwell Guide. Available at: https://www.gov.uk/government/publications/the-eatwell-guide

Havering only 49.2% of 15 year olds eat 5 portions or more of fruit and veg each day, significantly worse than London (56.2%) and England (52.4%).

The influences on what people eat are complex, but the cost and availability of different foods, facilities to prepare and cook food, and marketing and advertising can disproportionately disadvantage low income groups. There is a known greater presence of fast food outlets in deprived areas compared to affluent.

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The influences on what people eat are complex, but the cost and availability of different foods, facilities to prepare and cook food, and marketing and advertising can disproportionately disadvantage low income groups. There is a known greater presence of fast food outlets in deprived areas compared to affluent.[182] However, this pattern is not evident in Havering.

Children from low income families are more likely to experience food insecurity – defined as not having consistent physical, social or economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life.[183] Research has shown that food security is generally a temporary rather than persistent state, but when persistent, it is associated with lower health status.[184] Food poverty primarily results from income poverty, but factors such as budgeting skills, cooking skills and access to shops can also

[181] HM Government (2017). The Eatwell Guide.

[182] Public Health England. (2016). Obesity and the Environment.

[183] Food and Agriculture Organisation. (2002). Trade and Food Security: Conceptualizing the Linkages Expert Consultation. Chapter 2: Food security: concepts and measurement. (Accessed 15 February 2018).

[184] Ryu, J.H. and Bartfiel, J.S. (2012). Household food insecurity during childhood and subsequent health status: the early childhood longitudinal study – kindergarten cohort. Am J Public Health,102(11):e50-55.

impact.[185] It is widely accepted that children coming to school hungry will be unable to take full advantage of learning opportunities.[186]

Social norms and behaviours may also differ between different socioeconomic groups, with mothers from lower income families more likely to introduce solid foods earlier than recommended and their children more likely to gain weight too slowly in infancy but become obese in later childhood.[187] National policy measures in place to support healthier eating in low-income families include Healthy Start vouchers and free school meals. In Havering in 2016/17, take up of Healthy Start vouchers by eligible families was just 60%, compared to an average of 65% in London and 69% across England.

**Free School Meals**

Free school meals provide crucial support for low-income families by ensuring that children receive a minimum of one healthy, balanced meal per school day, at no cost.

Analysis shows that around 4,500 (13%) of all school pupils resident within Havering are receiving free school meals; this is less than both London (16%) and England (14%).

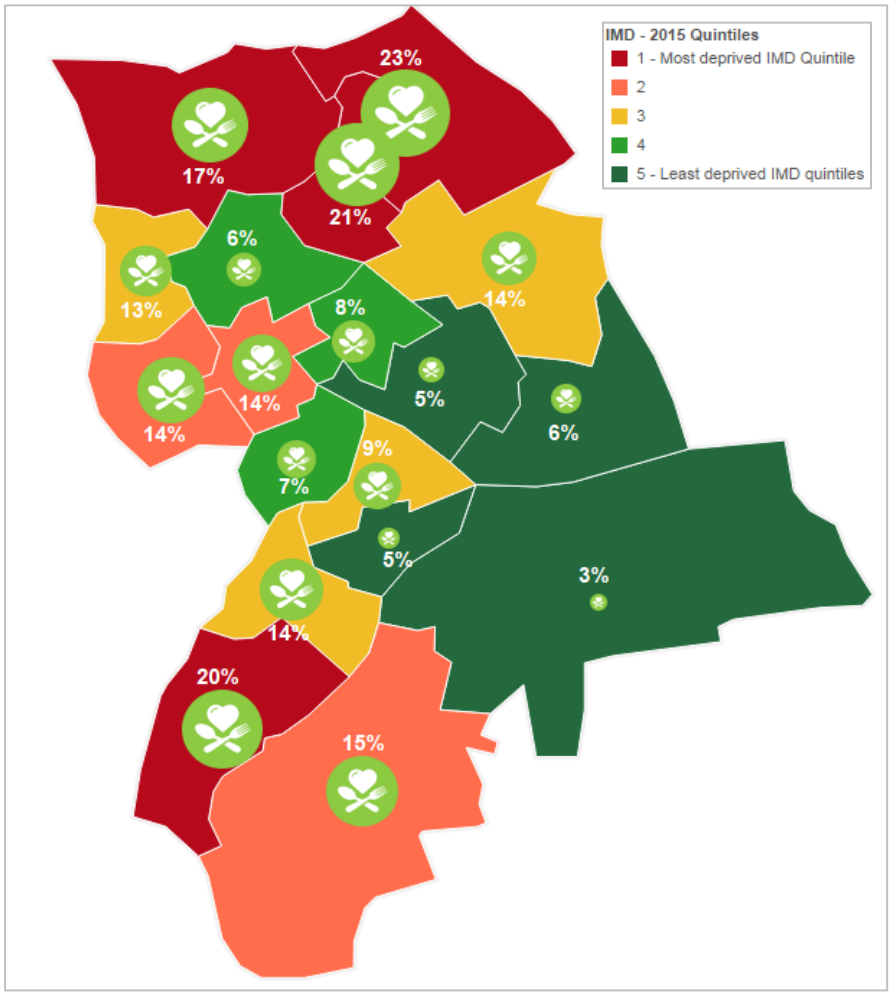
Exploration at Ward level shows that the more deprived wards such as Gooshays, Heaton and South Hornchurch house the greatest proportion of children receiving free school meals at 23%, 21% and 20% respectively; all three possess significantly more by proportion than Havering as a borough, London and England. Whereas the least deprived wards such as Upminster, Hacton and Emerson Park harbour the smallest proportions at 3%, 5% and 5% respectively, which are significantly less than the Havering, London and England average (Figure 32).

[185] London Assembly: Health and Environment Committee. (2013). A Zero Hunger City : Tackling food poverty in London. Greater London Authority. Available at: https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/A%20Zero%20Hunger%20City.doc.pdf (Accessed 14 February 2018).

[186] HM Government. (2014). Child Poverty Strategy 2014-17. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf

[187] Armstrong, J., Dorosty, A., Reilly, J., Child, H. and Emmett, P. (2003). Coexistance of social inequalities in undernutrition and obesity in pre-school children. Archives of Disease in Childhood. 88: 671-5.

Figure 34: Percentage of school pupils receiving free school meals and IMD Deprivation quintile, Havering, 2017




Source: January 2017 School Census Data; Indices of Multiple Deprivation 2015

## Dental Health

Tooth decay results from high sugar consumption, infrequent brushing of teeth and infrequent exposure to fluoride. It is largely preventable but remains a serious problem in the UK. Poor dental health is an indicator of wider health and social care concerns including poor nutrition, obesity, the need for parenting support and in some cases safeguarding and neglect.[188] It impacts on wellbeing of children and families. Children who have toothache or need dental treatment may experience pain, infections, and difficulties eating, sleeping and socialising.[189]

[188] Public Health England. (2017). Child oral health: applying All Out Health. Available at: https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health (Accessed 26 February 2018).

[189] Public Health England (2017). Health matters: child dental health. Available at: https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health#risk-factors-for-tooth-decay (Accessed 26 February 2018).

In Havering in 2014/15, 20.0% of 5 year olds had one or more decayed, missing or filled teeth. This is similar to the England (24.8%) and significantly better than the London (27.3%). Given the adverse health experiences associated with poor dental health, school readiness and attendance could therefore be negatively impacted for a fifth of children starting school in Havering each year.

Children eligible for free school meals (an indicator of deprivation) are more likely to have dental disease than other children of the same age.[190] The full relationship between obesity, deprivation and dental caries is unclear, but deprivation and high intake of free sugars are known risk factors for both conditions so it is likely that interventions to reduce sugar consumption could impact both.

### 5.2.4 Alcohol, tobacco and drug use

The national What About YOUth? (WAY) survey carried out in 2014 questioned 15 year olds on health and risky behaviours including drinking alcohol, smoking and drug use.[191]

#### Alcohol

Excessive alcohol consumption contributes to disease and death. Binge drinking is a concern in the UK and accounts for half of all alcohol consumed.[192] Research identifies that young people who drink alcohol from an early age tend to drink more frequently and more in total than those who start drinking later in their life, and as a result are more likely to develop alcohol problems during adolescence and as adults.[193] In response to this, Chief Medical Officer Guidance recommends that young people under the age of 15 should not drink alcohol at all.[194]

In the WAY survey, 16.3% of Havering 15 year olds who responded said they had been drunk in the past 4 weeks. This is significantly worse than London (8.9%) and similar to the England average (14.6%).

No data was available to assess local alcohol drinking prevalence at ward level. However, based on the WAY analysis at borough level which found a significant correlation between high alcohol consumption and deprivation, it is likely that more

[190] Health and Social Care Information Centre. (2015). Child Dental Health Survey 2013, England, Wales and Northern Ireland.

[191] Ipsos MORI. (2015). Health and Wellbeing on 15 year olds in England: Findings from the What About YOUth? Survey 2014.

[192] HM Government. (2012). https://www.gov.uk/government/publications/alcohol-strategy

[193] Bellis, M.A. et al. (2009). Teenage drinking, alcohol availability and pricing: a cross-sectional study of risk and protective factors for alcohol-related harms in school children *BMC Public Health*, **9**:380**.**

[194] Donaldson, L. (2009). Guidance on the consumption of alcohol by children and young people.

deprived wards in Havering have a higher alcohol consumption rate among young people.

**Smoking**

Smoking is the main cause of early death and preventable morbidity in England. Smoking behaviours largely develop in childhood and adolescence, and the younger the age of uptake the greater the harm that results. [195] Children's smoking habits are closely correlated with parents' smoking habits and with living in more deprived areas.[196] Children living in poverty in the UK are more likely to breathe second-hand smoke. [197]

The WAY survey found that in Havering, 3.5% of 15 year olds smoke regularly, similar to London (3.4%) and significantly less than England (5.5%).

No data was available to assess local prevalence of smoking among young people by ward. However, based on the WAY analysis at borough level which found a significant correlation between smoking and deprivation, it is likely that more deprived wards in Havering have relatively higher smoking rates among young people.

### 5.2.5 Teenage Pregnancy

Teenage pregnancy is associated with poor outcomes for mother and child. For mothers there is increased risk of poor educational outcomes, poor physical and mental health and social isolation. Socioeconomic deprivation is strongly associated with teenage pregnancy and can be both a cause and consequence of teenage pregnancy. For the child there is greater risk of low birth weight and pre-term birth, and some evidence of developmental problems.[198]

The rates of under 18 conception in Havering and also nationally have been declining over the past decade (Figure 35). However the latest data (2016) shows that Havering has a conception rate of about 24 in every 1,000 under 18 women

[195] Ipsos MORI. (2015). Health and Wellbeing on 15 year olds in England: Findings from the What About YOUth? Survey 2014.

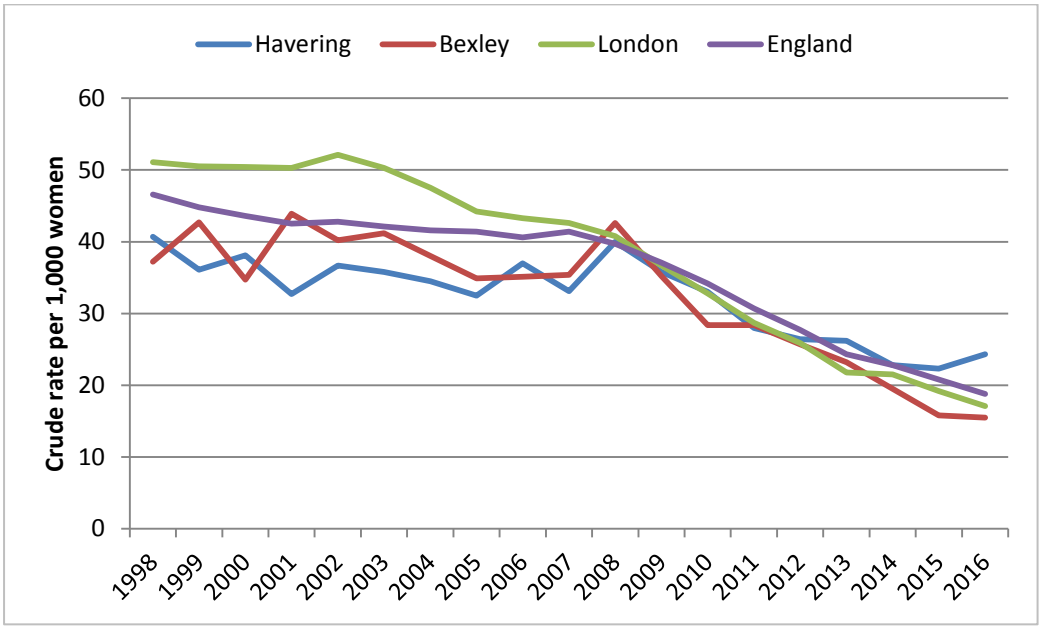
[196] Belvin, C., Britton, J., Holmes, J. and Langley, T. (2015). Parental smoking and child poverty in the UK: an analysis of national survey data. BMC Public Health, 15: 507. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4448212/

[197] Roberts H. (2012). What works in reducing inequalities in child health? 2nd ed. Bristol: The Policy Press.

[198] Public Health Outcomes Framework: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data

which is worse than the Bexley (16/1,000), London (17/1,000) and England (19/1,000) rates. This finding indicates that teenage pregnancy is still a public health issue of concern in Havering. Under 18 conceptions are associated with single parenthood which is often a major driver of child poverty.

Figure 35: Trend in under 18-conception rate per 1,000 women aged 15-17, Havering, Bexley, London and England, 1998-2016




Source: Office for National Statistics, 2018

Within Havering, rates of teenage deliveries have also declined in recent years. Between 2008/9 and 2012/13, 1.2% of deliveries across Havering were to mothers aged 12-17 years. The rate was significantly higher than this average in three wards - Gooshays (2.5%), Heaton (2.5%) and Rainham and Wennington (2.2%). Gooshays and Heaton are among the most deprived wards in Havering.

## 5.3 Current Interventions

An effective response to the needs identified requires whole system action. Many of the health outcomes identified would be best improved by upstream prevention of poverty and addressing the wider determinants of health. However, health-specific services help to mitigate against the effects of these drivers. Many of the services described are not specifically targeted at reducing poverty, but by virtue of the ways in which they operate, where they are located and how they are delivered, they benefit disadvantaged families.

To have greatest impact on reducing health inequalities, services should ideally be provided universally but with a scale and intensity that is proportionate to the level of

disadvantage - known as proportionate universalism.[199] *The Healthy Child Programme* is an example of this - an overarching universal service, with progressive services for children and young people with additional needs and risk factors.[200]

### Birthweight and infant and child mortality

In Havering, maternity, GP and health visiting services work together to support families antenatally. Antenatal checks by health visitors are targeted at vulnerable families, as identified by other health and care professionals. Collectively, these services provide advice on transition to parenthood, bonding and attachment, breastfeeding and perinatal mental health. On identification of risk factors, referrals are made to more specialist services, for example the smoking cessation service for pregnant women and others living in the same household who smoke.

### Infant feeding, healthy weight and dental care

Barking, Havering and Redbridge University Hospitals (BHRUT) has achieved Stage 2 of the UNICEF *Baby Friendly* accreditation meaning staff are training to give accurate and consistent advice and support on breastfeeding. Families are supported to check if they are eligible, and to apply for, Healthy Start vouchers.

In the community, infant feeding 'cafés' are held in partnership between the Health Visiting and Early Help services at St Kilda and Collier Row Children's Centres, running concurrently with the health clinics. A monthly *Starting Solid Foods* workshop is being piloted at Collier Row Children's Centre, co-delivered by a Health Visitor and Early Years Practitioner. Infant Feeding Cafés are available to all families, whilst the *Starting Solid Foods* session is currently targeted at parents identified by Health Visitors and Early Years Practitioners. The first *Starting Solid Foods* workshop in January 2018 was fully-booked, well-attended and received positive feedback. All these contacts provide opportunities to promote healthy nutrition, dental care, safe and cost-effective feeding practices and *Healthy Start* vouchers.

Havering's Early Years Quality Assurance and Public Health services are working together to develop the *Healthy Early Years London* programme in Havering. A successful pilot was delivered in 2017, and plans are in progress for full rollout from April 2018. Resource and capacity limitations mean this rollout is likely to be targeted at early years providers located in more deprived communities. The *Early Years Quality Assurance* team has also funded access to online oral health

[199] http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

[200] DH/DCSF. (2009). Healthy Child Programme: From 5-19 years old. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492086/HCP_5_to_19.pdf

promotion support for early years providers as well as wider system partners in early help and health visiting services.

NHS England commissioned an oral health promotion service targeted at families with children aged under 5 years, vulnerable children and adults, and anyone involved in their care. The service also provides tooth brushing support and the fluoride varnish scheme to pupils in special schools and to Reception and Y1 pupils in the 10 most deprived schools in Havering. School Nurses offer a health promotion session in schools but capacity is limited and the *Health and Wellbeing in Schools Service* provides support for schools wishing to focus on oral health for their *Healthy Schools London Silver Award* project.

All children in Reception to Year 2 are eligible for a free daily portion of fruit or vegetables and a meal via the government-funded *School Fruit and Vegetable Scheme and Universal Infant Free School Meal* programmes respectively. The universal meal provision was introduced with the aim of enabling all infant pupils to have a hot, nutritious meal at lunchtimes, teaching healthier eating habits, saving parents money and improving academic attainment.[201] Parents have cited significant financial benefits and, senior leaders in schools have noted that, critically, it is families with incomes that do not meet usual thresholds for free school meals but have low levels of disposable income, that have benefited most.[202]

For children and young people in Year 3 upwards, free school meals are available to those from lower-income families, again funded by central Government. Havering Council's Learning and Achievement Team runs routine checks on all families receiving housing benefits, and cross references this with children registered as eligible for free school meals, in order to identify children who are eligible but not registered for free school meals.

Identified parents are then contacted, advising that unless they choose to opt out, their child's school will be notified that their child is eligible for pupil premium funding. The letter also informs parents that their child can now receive free school meals immediately using the letter, in case the school system hadn't been updated. To date, through this process, an additional £300,000 in pupil premium funding has been received by schools. In efforts to further increase uptake of healthy schools meals, Havering Catering Services, which caters for all schools in the borough with infant age children, has developed new menus and branding for launch in April 2018 to promote uptake of school meals.

[201] HM Government. (2013). Free school lunch for every child in infant school. Available at: https://www.gov.uk/government/news/free-school-lunch-for-every-child-in-infant-school.

[202] Sellen, P., Huda, N., Gibson, S. and Oliver, L. (2018). Evaluation of Universal Infant Free School Meals. Available at: https://epi.org.uk/wp-content/uploads/2018/01/UIFSM-evaluation-7.pdf

The need for provision in school holidays to alleviate 'holiday hunger' for children who usually receive free school meals, is an increasingly recognised concern.[203] Havering Council delivered the Mayor's Fund for London Kitchen Social programme during the 2017 summer holiday, providing learning, physical and cooking activities and/or meal provision for families. The programme was available universally but located in areas of greater deprivation including social housing estates.

The school nursing service, Havering Sports Collective, Havering Catering Services and other organisations are working together to streamline the support they offer in schools, informed by school-level National Child Measurement Programme data to enable targeting of schools with greater prevalence of overweight and obesity, which are largely those also located in areas of deprivation.

The Health and Sports Development team offers affordable and sometimes free sessions in targeted areas of deprivation as part of the school holiday programme offer. There are also ongoing sessions weekly as part of the Doorstep Clubs programme – specifically targeted at providing sport in disadvantaged communities at the right time, at the right place, in the right style and at the right price. Opportunities to participate in sport are also provided through schools, funded by the PE and Sport Premium.

### Alcohol, tobacco and drug use

Young people have expressed a need for health education with consistent messages, delivered as an integrated curriculum subject (instead of drop-down days) by well-informed and non-judgemental adults.[204] In Havering, the Health and Wellbeing in Schools Service (HWiSS) is providing support to schools to audit their PSHEE provision, and developing and delivering training for teachers. The HWiSS also supports schools to achieve *Healthy Schools London* awards, taking a whole school approach to ensure curriculum learning is integrated with strong leadership, robust policies, pupil voice and meeting the needs of vulnerable pupils. The Council commissions a drug and alcohol service which provides which provides further specialist support to schools and young people.

Havering has a universal telephone-based smoking cessation service, with an enhanced level of face-to-face support for pregnant women and anyone living in the

[203] School Holidays (Meals and Activities) Bill 2017-19. (2018). Available at: https://services.parliament.uk/bills/2017-19/schoolholidaysmealsandactivities.html

[204] Royal College of Paediatrics and Child Health . (2017). State of Child Health 2017. (Accessed 14 February 2018).

same household. By default, with higher prevalence of smoking in deprived areas, this enhanced support also supports reduction of this inequality.

**Sexual & Reproductive Health**

Prevention of sexually transmitted infections and teenage pregnancy, is best approached universally, through relationships and sex education (RSE) in school coupled with access to youth-friendly sexual health services.

The HWiSS delivered training in early 2018 for school staff to develop robust RSE policies, and will develop this offer further in the lead up to the Government's requirement for statutory RSE in the curriculum from September 2019.

Havering has a CCard service, providing young people with access to free condoms from various locations (including pharmacies, health clinics and community venues) across the borough. The School Nursing service will be trialling a weekly CCard drop-in clinic at Romford clinic in Spring / Summer 2018. GPs offer information and advice and oral contraception. Specialist sexual health and contraception services are available at Queens Hospital offering information and advice, all methods of contraception, testing for STIs, advice about unplanned pregnancy and treatment for chlamydia.

Youth Services runs a weekly sexual health advice session at *MyPlace* offering confidential advice, CCard registration and condom distribution, and referrals to other services. The service is also commencing delivery of two projects - *Go Girls* (a referral-only project, aimed at increasing self-confidence and esteem in girls aged 14-19, encouraging develop of skills to avoid risky sexual behaviours and unhealthy relationships) and Delay (aimed at empowering young women to delay sexual activity).

## 5.4 Service / Intervention Gaps

Responsibilities for addressing the adverse health outcomes associated with child poverty lie with both national and local government. Strategies to reduce child poverty and its consequences generally focus on three key components – early childhood education, income redistribution via benefit and tax systems, and policies to increase employment and income of families living in poverty.[205] Investment in schools and improving parenting skills can only go part way to improving outcomes for lower-income families, and raising household income is necessary to fully close

[205] Whiteford P, Adema W. (2007). What works best in reducing child poverty: a benefit or work strategy? OECD Social, Employment and Migration Working Papers, No 51, 7:1–53.

the gap.[206] The government's Child Poverty Strategy 2014-17 focuses on the need to improve living standards and break the cycle of poor children becoming adults.[207]

At local level, reducing child poverty has been included as an indicator in the public health outcomes framework with the aim of local authorities and health services working together to address preventable health conditions and reduce health inequalities such as obesity rates.[208] Guidance on tackling these inequalities is grounded in Marmot's approach of proportionate universalism.[209] Recommended actions for local authorities include:

- Provide high-quality and consistent perinatal support and services for parents, including:
    - smoking cessation programmes (NICE Guideline PH26)
    - breastfeeding support (NICE Postnatal Quality Statement 5)
    - promoting healthy weight (NICE Guideline PH27);
- Prioritise and protect investment in high quality universal early years and early help services, with targeted help for children and families living in poverty;
- Provide support so that all children can access a healthy diet in the early years (NICE Guideline PH11)
- Provide high-quality, evidence-based PSHE education as part of a whole school approach to health (NICE Guidelines PH7, PH12/ PH20 and PH23)
- Prevent unintentional injuries e.g. reducing road speed limits in built up areas to 20mph (NICE Guidelines PH29, PH30 and PH31)
- Ensure professionals across the system involved with children with known medical conditions make maximum use of tools to support improved communication, management and self-care e.g. asthma management plans
- Increase awareness among health professionals of the impact of poverty on health, and support all professionals working with children to become advocates for their patients experiencing poverty.[210]

Interventions specifically targeted at deprived areas, settings or populations that can be promoted by, and delivered alongside, universal services include:

- Healthy Start vitamins and vouchers
- Free school meals
- NHSE oral health contract

[206] Cooper K., Stewart K. (2013). Does money affect children's outcomes: a systematic review.
[207] HM Government. (2014). Child Poverty Strategy 2014-17.
[208] NICE (2012). Local Government Briefing [LGB4]: Health inequalities and population health. Available at: https://www.nice.org.uk/advice/lgb4/chapter/Introduction
[209] NICE (2012). Local Government Briefing [LGB4]: Health inequalities and population health. Available at: https://www.nice.org.uk/advice/lgb4/chapter/Introduction
[210] Wickham, S., Anwar, E., Barr, B., Law, C. and Taylor-Robinson, D. (2016). Poverty and child health in the UK: using evidence for action. *Archives of Disease in Childhood, 10(8): 759.*

- Kitchen Social and other community cooking programmes
- Foodbanks

There is evidence that the Healthy Start programme can provide an important nutritional safety net and potentially improve diets of pregnant women and young children living on low incomes. This is enhanced by support to register for the programme, good access to registered retailers and ensuring voucher value is appropriate in relation to food prices.[211] The impact of Healthy Start vouchers can be enhanced by supporting families with practical cooking skills to ensure they make best use (both nutritionally and economically) of the fruit and vegetables. Practical guidance is available on how to do this, and could be integrated into delivery of practical family cooking sessions currently being planned for delivery in children's centres.[212] Free school meals have also been shown to have benefits for children's behaviour, concentration and health.[213,214]

Key approaches are recommended for ensuring joined up action across the system:

**Regular cross-sector communication and sharing of practice**

A whole system approach is required, including overarching universal services and joining up of autonomous services to have a collective impact. For example poor dental health can be prevented by supporting parents with breastfeeding, introducing solid foods and promoting teeth brushing, thus creating healthy drinking, eating and dental care habits that can last a lifetime. A well-resourced health visiting service can provide much of this early advice, supported by consistent messaging from early help services, GPs and early years providers, and enhanced by specialist nutrition and dental care professionals. Regular cross-sector communications and forums can aid this joint working through sharing of information to inform services and ensure they meet needs.

**Adopting known best practice interventions**

Adopting known best practice interventions that take a whole system approach can bring services together. Providing high quality personal, social, health and economic education (PSHEE) in schools provides equitable access to the knowledge and skills children need to make well-informed decisions as they grow up, and taking a whole school approach to this using a framework such as that provided by Healthy Schools

[211] McFadden, A. et al. (2014). 'Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the healthy Start programme in England', *Public Health*, 14(148) pp. 1471-2458

[212] First Steps Nutrition Trust. (2017). Making the most of Healthy Start: A practical guide. Available at: http://www.firststepsnutrition.org/pdfs/Making_the_Most_of_Healthy_Start_Sep_2017.pdf

[213] Golley, R. et al. (2010). School lunch and learning behaviour in primary schools: an intervention study. European Journal of Clinical Nutrition 64: 1280–8.

[214] Storey, H. C. et al. (2011). A randomized controlled trial of the effect of school food and dining room modifications on classroom behaviour in secondary school children. European Journal of Clinical Nutrition 65: 32–8.

London ensures consistency and reinforcement of messages across different services and throughout school life.[215] Likewise, successful breastfeeding is not the sole responsibility of individual mothers but a collective social responsibility, and rates of breastfeeding can be rapidly improved by adopting best practice interventions and programmes.[216] Whilst BHRUT has achieved Baby Friendly Initiative accreditation, community services in Havering have not been able to progress this due to challenges with budgets and staff capacity. However, work is progressing in line with Baby Friendly standards and expansion of infant feeding cafés in children's centres and introduction of a Breastfeeding Welcome scheme in order to build a whole system approach to increasing breastfeeding.

**Strong leadership across the system**

Strong leadership is important in developing consistency across the whole system and proposals in the Draft London Plan[217] and London Health and Care Devolution Memorandum of Understanding to restrict new fast food outlets opening within a 400m radius of schools and restrict advertising of food and drink near schools will create opportunities to take action locally.

**Making use of funding opportunities**

Funding for targeted work to enhance or provide focus to specific areas of work should be taken advantage of where possible. As an example, the Mayor's Fund for London is providing funding for five boroughs per year to develop food poverty action plans which can initiate joint working between cross-sector stakeholders.

**Monitoring and evidencing impact**

A further recommendation consistently made is to ensure collection and monitoring of data to inform understanding of needs and assess the impact of actions.[218] [219] At high level, this may include collection and reporting of population data e.g. breastfeeding at 6-8 weeks, and at another level ensuring data and feedback data is collected from participants in interventions. Currently data is not reported by

[215] PSHE Association. (2017). A curriculum for life: the case for statutory PSHE education. Available from https://www.pshe-association.org.uk/curriculum-and-resources/resources/curriculum-life-case-statutorypshe-education

[216] Rollins, N.C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C.K., Martines, J.C.., Piwoz, E.G., Richter, L.M. and Victora, C.G. (2016). Why invest, and what will it take to improve breastfeeding practices? *Lancet, 387: 491-504.*

[217] Mayor of London. (2017). The London Plan: The spatial development strategy for Greater London: Draft for public consultation. Available at: https://www.london.gov.uk/sites/default/files/new_london_plan_december_2017_web_version.pdf

[218] Royal College of Paediatrics and Child Health. (2017). State of Child Health 2017. (Accessed 14 February 2018).

[219] Wickham, S. et al. (2016). Poverty and child health in the UK: using evidence for action. *Archives of Disease in Childhood, 10(8): 759.*

Havering for breastfeeding at 6-8 weeks and work is ongoing to develop a process that integrates with new information systems to enable this. Similarly data on the number of children eligible for and taking up free school meals is not routinely collected, but the introduction of cashless payment systems in school canteens is enabling easier collection going forwards. The basic monitoring of the number of children eligible for free school meals is also important as welfare reforms progress and thresholds change.

## 5.5 Recommendations

To build on work already taking place in Havering, the following recommendations should be considered for future action planning:

**Birthweight and infant and child mortality**

- Use the Early Help Operational Forum to improve communication between cross-sector universal services, using intelligence from Maternity and Health Visiting services to inform the development of support provided in children's centres, to better meet the needs of disadvantaged families.

**Infant feeding, healthy weight and dental care**

- Launch Breastfeeding Welcome scheme, encouraging venues in deprived areas in particular to register.
- Consider capacity to deliver an additional children's centre-based infant feeding café in an area of deprivation – e.g. Ingrebourne or Rainham Village
- Evaluate 6-month pilot of Starting Solid Foods workshops and explore extension to additional children's centre(s)
- Continue promotion of Healthy Start vouchers across multiple settings and contacts, and promote increased registration by businesses. Explore whether similar approaches could be taken to the Pupil Premium/ Free School Meal opt-out process using housing benefits data to identify eligible families.
- Develop volunteer-led family cooking sessions in children's centres, incorporating practical advice on making the most of Healthy Start vouchers and cooking on a budget.
- Build stronger links between the NHSE-commissioned Oral Health Promotion service and Early Years-commissioned oral health support, Health Visitors, School Nurses and Early Help practitioners to ensure optimal targeting and coverage.
- Continue to run routine checks on families receiving housing benefits to identify children eligible for free school meals, and continue to promote uptake via opt-out process.

- Develop plan for rollout of Healthy Early Years London programme to settings in deprived areas.
- Continue to deliver Kitchen Social programme in school holidays.
- Use London Plan proposals as a driver to consider options for restricting the opening of new fast food outlets.
- Following Environmental Health team restructure, develop options for delivery of the Healthier Catering Commitment programme and consider targeting fast food outlets in deprived areas.
- Use the London Health and Social Care Devolution to consider options for restricting advertising of food and drinks.
- Pilot work with schools in deprived areas to deliver a weight management programme for children and families using schools' PE and Sport Premium. Evaluate and consider promoting to other schools.
- Apply for funding to support development of a Food Poverty Action Plan to enable auditing and development of work around healthy start, breakfast clubs, free school meals and other food poverty issues.

**Alcohol, tobacco and drug use, mental health and emotional wellbeing, sexual and reproductive health**

- Support schools to develop effective PSHE and SRE policies and curriculums, taking a whole school approach that takes into consideration the particular needs of vulnerable pupils including those living in poverty.

**Data collection and monitoring**

- Ensure the following data is routinely collected and monitored:
  a. 6-8 week breastfeeding data
  b. Healthy Start voucher take-up as a proportion of eligibility
  c. Free school meal take-up as a proportion of eligibility
  d. Numbers eligible for free schools meals
  e. Number of targeted health visitor checks carried out (antenatal and 12 months)
  f. Childhood obesity trends in areas of deprivation
  g. Numbers attending and on waiting lists for workshops and other support e.g. Starting Solid Foods workshops.

## 5.6 Conclusion

There is a strong association between deprivation and health outcomes for children and young people. Addressing the drivers of poverty is key in tackling these inequalities in health. Alongside this, universal services delivered with a scale and intensity of targeting that is proportionate to the level of disadvantage will best support families. Focusing efforts across the system on building capacity where

possible and increasing engagement by families with interventions targeted at mitigating negative health impacts of poverty will further improve outcomes.

# 6 The Impact of Child Poverty - Educational Outcomes

This chapter examines two educational outcomes that evidence shows are associated with child poverty. These are school readiness and educational attainment.

**Summary**


There are 39,598 pupils in all schools in Havering, the majority of who are in state funded primary (22,471) and secondary (15,986) schools. There are 87 schools in the borough (60 primary, 18 secondary, 6 independent and 3 special schools).

Overall trend analysis shows pupil performance in Havering at all levels has been improving over the years. However the performance of children from deprived background has remained consistently lower than that of less deprived.

In 2016/17 only 57% of pupils from deprived background achieved good development at the end of reception as compared 72% for all pupils.

In 2017 only 58% of pupils from deprived backgrounds attained the expected standard at the end of key stage 2 in reading, writing and maths as compared to 78% of those from less deprived background.

Whereas the gap in performance between the disadvantaged pupils and the non-disadvantaged pupils at Key stage 2 reduced for England and other comparators it widened for Havering i.e. 15% in 2016 as compared to 20% in 2017.

More than half (52%) of pupils from deprived background did not achieve 5 or more A*- C grades including English and Mathematics GCSEs at the end of key stage 4 as compared to only 26% for less deprived.

Whereas the gap in performance between the disadvantaged pupils and the non-disadvantaged pupils at key stage 4 has been reducing for England and other comparators, it has widened for Havering i.e. below 25% in 2013 to 26% in 2017. The gap has consistently remained higher than the London and Outer London average for the past 5 years.

Educational outcomes for all pupils in Havering have been improving over the past years. However children from disadvantaged backgrounds continue to perform poorly as compared to those who are not and the inequality appears to be widening.

There is therefore a need for collaborative working with other stakeholders such as health, housing, and employment/skills in order to identify and address barriers that poor children face.

## 6.1 Background

Poverty has a significant impact on the educational experience and attainment of many children growing up in the UK. Moreover, there is a stronger relationship between parental social background and children's test scores in England than in many other rich countries.[220] Research shows that individuals with higher qualifications are more likely to be employed than those with lower qualifications, and once in work they earn more on average than similar individuals with lower-level skills. There is a clear link between poverty and under-attainment throughout the education system'.[221]

Education is a significant driver in reducing social exclusion and poverty because it is directly linked with prospects for employment and earnings potential. Cycles of low aspirations and achievement need to be broken by raising the aspirations of parents and children and standards in all schools. Promoting the benefits of educational attainment to children early can help avoid more costly and damaging problems arising later.

There are 39,598 pupils in all schools in Havering, the majority of who are in state funded primary (22,471) and secondary (15,986) schools. There are 87 schools in the borough (60 primary, 18 secondary, 6 independent and 3 special schools).[222]

## 6.2 Educational Outcomes

### 6.2.1 School Readiness

This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life. Children are defined as having reached a good level of development at the end of the *Early Years Foundation Stage* (EYFS) if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.[223]

#### Free School Meals

Children receiving free school meals (FSM) are considered as living in poverty. Schools (or local authorities) have a duty to provide a FSM for pupils whose parents receive specified income support benefits. But with the introduction of universal

[220] House of Commons Library, 2018. 'Households in temporary accommodation (England)'
[221] Department for Work and Pensions, 2010.State of the nation report: poverty, worklessness and dependency in the UK.
[222] Department of Education, 2017 https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2017
[223] https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2016-to-2017

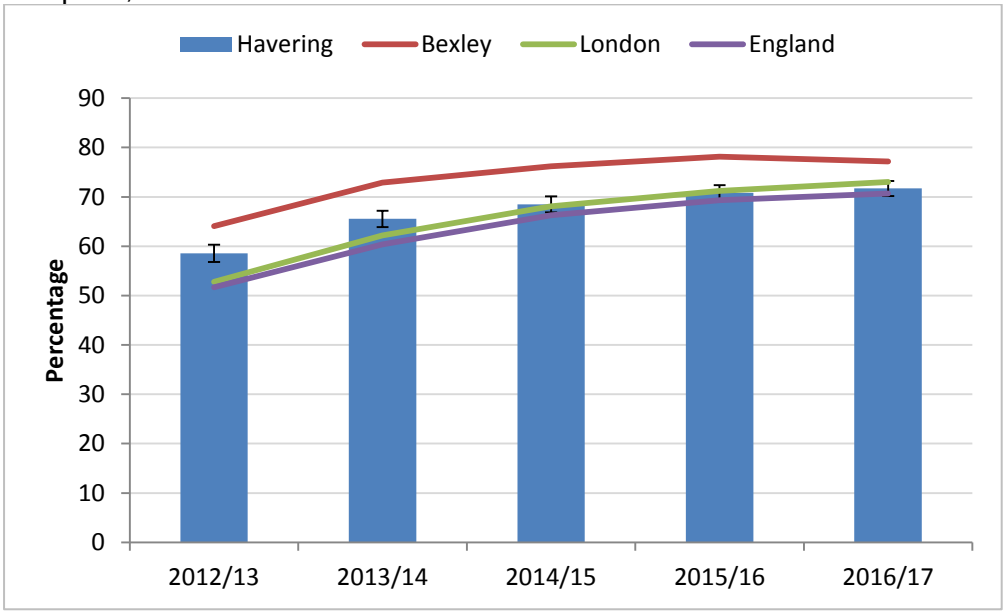
credit this year (2018), an annual net earnings threshold of £7,400 which equates to an overall household income of between £18,000 and £24,000 once benefits income is taken into account will be the criteria.[224] Evidence has shown that FSM eligibility is a valid predictor of a child's achievement when comparing children with a high Social-economic Status (SES) and children from a low SES.

**End of Reception**

Overall Havering's performance at end of reception has been similar to the London and England average but below Bexley's for all children and those considered as coming from deprived backgrounds i.e. receiving free school meals (Figure 36 & 37). Like other comparators, Havering's performance has been improving in the last five years. In 2016/17, 72% of all children achieved a good development at the end of reception as compared to 59% in 2012/13.

Although the performance of children receiving free school meals has also improved over years the gap remains significant. In 2016/17 for example only 57% in Havering achieved good development as compared 72% of all children.

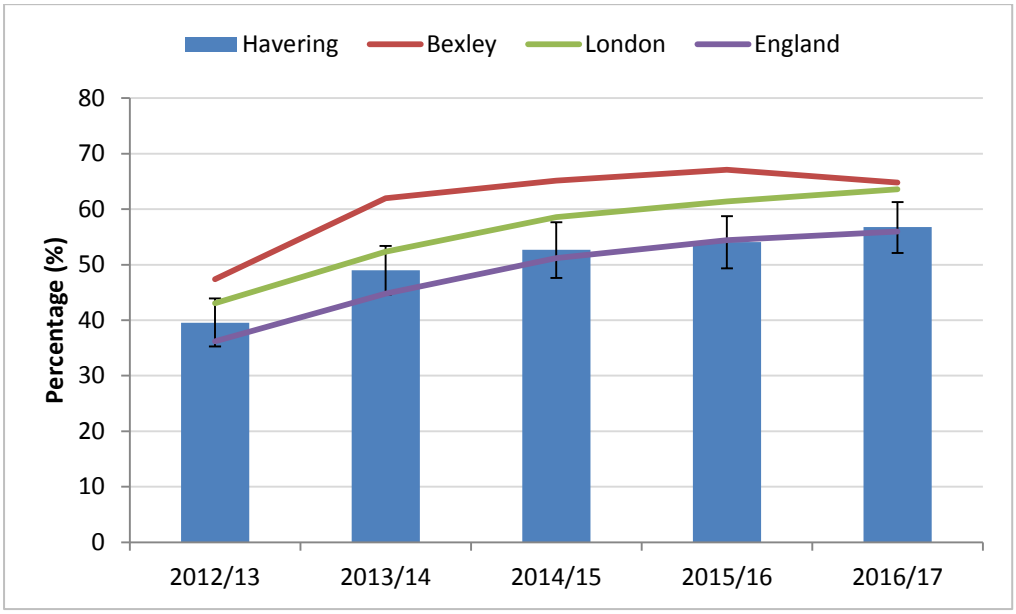
Figure 36: Percentage of all children achieving a good level of development at the end of reception, 2012/13 – 2016/17




Source: Public Health England

224 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/692644/Government_response_FSM_and_EY_entitlements_under_Universal_Credit.pdf

Figure 37: Percentage of children receiving free school meals achieving a good level of development at the end of reception, 2012/13 – 2015/16

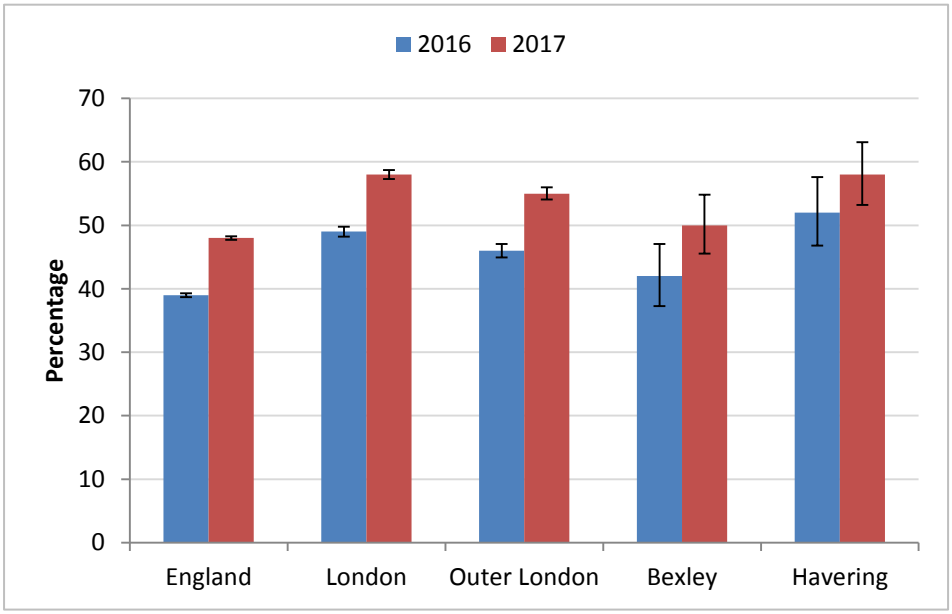



Source: Public Health England

### 6.2.2 Key Stage 2

Due to changes to score methodology as from 2016 we only analysed data for 2016 and 2017. Figure 38 shows percentages of disadvantaged pupils who attained the expected standard at end of key stage 2 in reading, writing and mathematics. In 2016 Havering's performance (52%) was significantly better than the England average (39%). The difference with other comparators was not statistically significant. In 2017 Havering's performance improved slightly to (57%) although the change was not statistically significant but remained better than England average (48%). However nearly half (48%) of disadvantaged pupils did not attain the expected standard in 2016 with slight improvement in 2017 (43%).

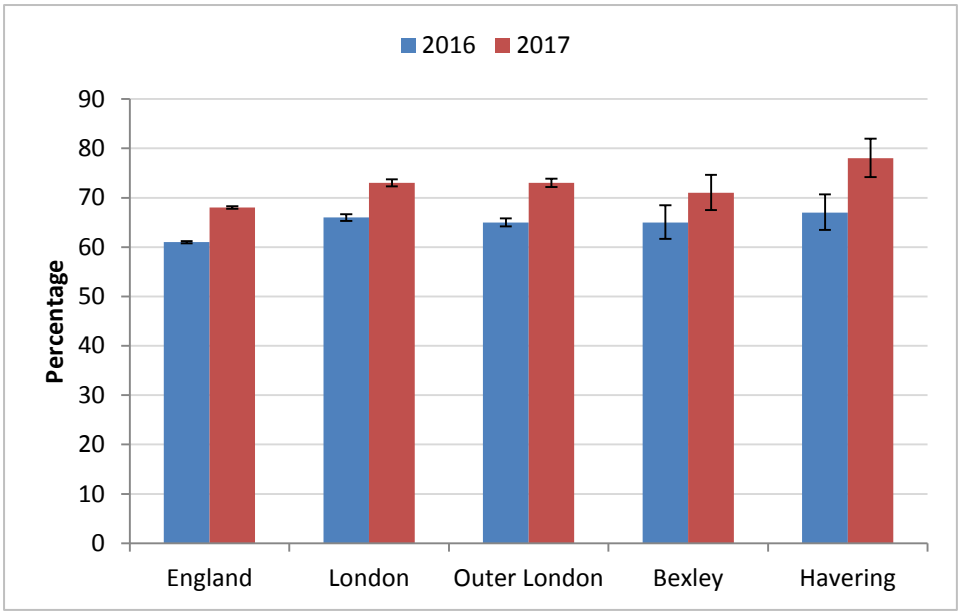
Figure 38: Percentage of disadvantaged pupils attaining the expected standard at end of key stage 2 in reading, writing and mathematics.




Source: Department of Education

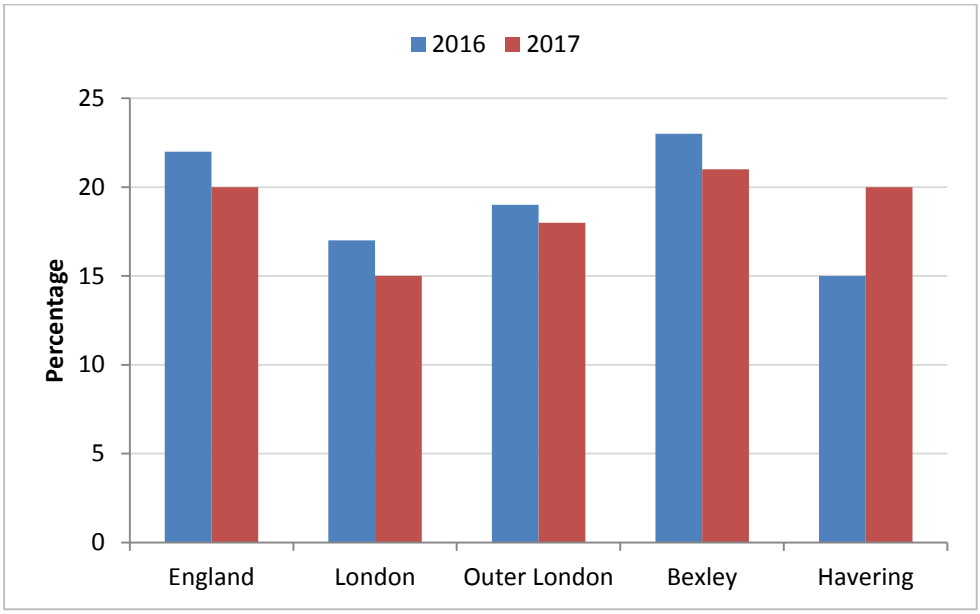
Havering's performance for non-disadvantaged was better than the England average in 2016. In 2017 it was better than the England and London averages. Figure 40 shows that the gap in performance between the disadvantaged pupils and the non-disadvantaged pupils reduced for England and other comparators whereas it widened for Havering i.e. 15% in 2016 as compared to 20% in 2017.

Figure 39: Percentage of non-disadvantaged pupils attaining the expected standard at end of key stage 2 in reading, writing and mathematics.




Source: Department of Education

Figure 40: Difference in attainment between disadvantaged and non-disadvantaged pupils at Key stage 2, 2016 & 2017

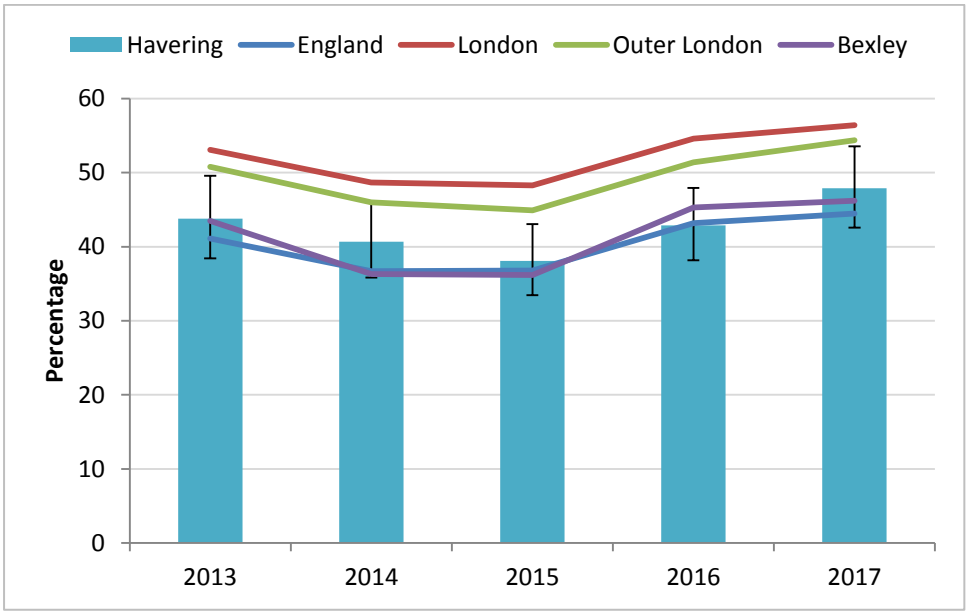



Source: Department of Education

### 6.2.3 Key Stage 4 – GCSE

The proportion of disadvantaged pupils achieving 5 or more A*- C grades including English and Mathematics GCSEs at the end of key stage 4 in Havering has slightly improved from 44% in 2013 to 48% in 2017 although the difference is not statistically significant. However this also means more than half in of disadvantaged pupils still do not achieve the expected standards with a major implication on their future careers and potentially their income. Havering's performance has been similar to the England but remained worse than the London and outer London average.

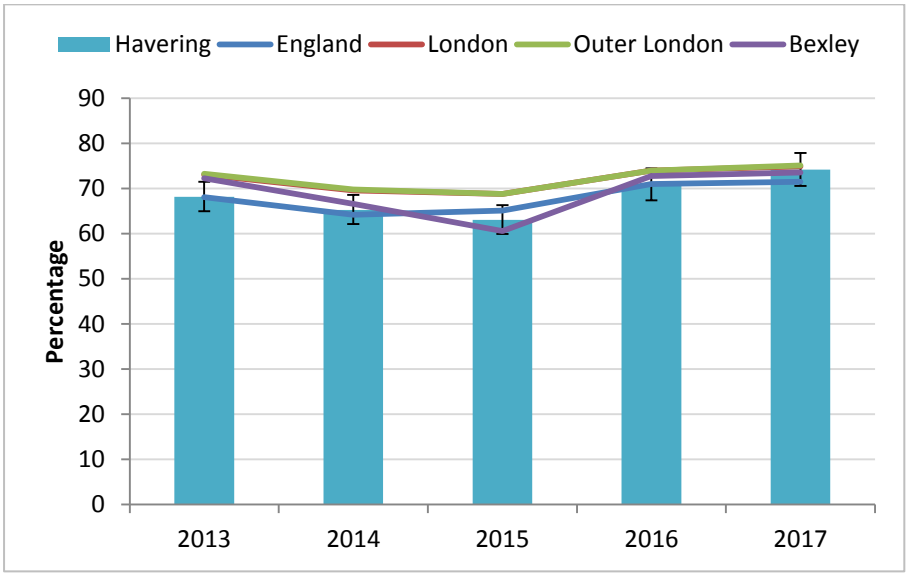
Figure 41: The percentage of disadvantaged pupils achieving 5 or more A*- C grades including English and Mathematics GCSEs at the end of key stage 4




Source: Department of Education

Havering's performance for the non-disadvantaged pupils has improved over time from 68% in 2013 to 74% in 2017 and is similar to England and all other comparators.

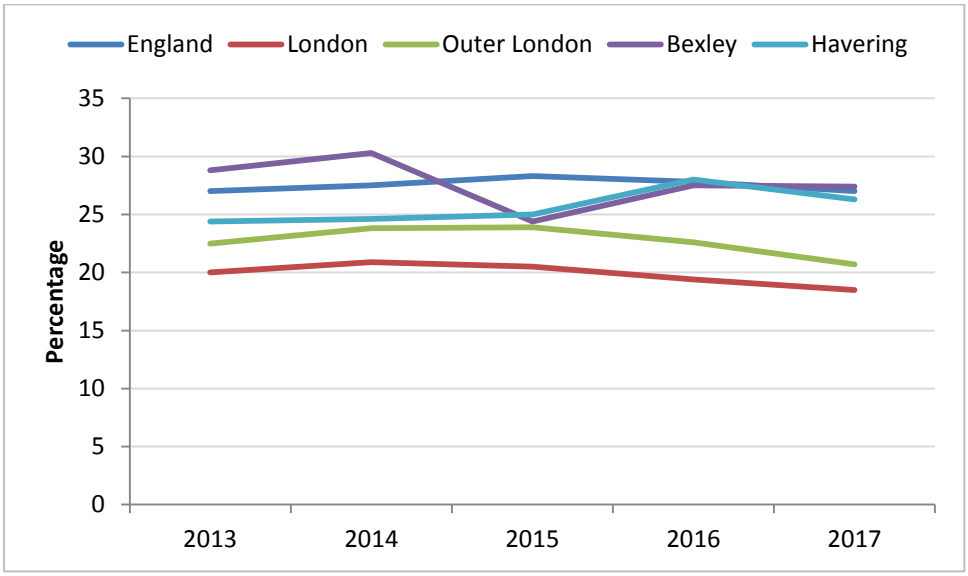
Figure 41: The percentage of non-disadvantaged pupils achieving 5 or more A*- C grades including English and Mathematics GCSEs at the end of key stage 4




Source: Department of Education

Figure 42 shows that the gap in performance between the disadvantaged pupils and the non-disadvantaged pupils reduced for England and other comparators whereas it has widened for Havering i.e. below 25% in 2013 to 26% in 2017. The gap has consistently remained higher than the London and Outer London average for the past 5 years.

Figure 42: Difference in attainment between disadvantaged and non-disadvantaged pupils at Key stage 4 - GCSE, 2013 - 2017




Source: Department of Education

## 6.3 Current Interventions

There are a number of interventions in place aimed at improving the education outcomes for young people in Havering. Starting with the youngest children, there is an increasing number of poor children accessing high quality pre-school education through the offer of 15 hours free childcare for all three and four year olds, for two year olds from low income families, and 30 hours free childcare for working parents of three and four year olds.

Locally, targeted marketing is focussed on those families most in need, or in the geographical areas of highest deprivation. We are seeing better-qualified staff in our pre-school settings, which is leading to increased school readiness, and the use of Early Years Pupil Premium helps to ensure that three and four year olds from the most disadvantaged backgrounds get the best start in life.

Pupil attendance is improving through promotion of risks surrounding persistent absences, and we are seeking to reduce the numbers of children excluded from school, or who are at risk of exclusion, by referring pupils to the *In Year Fair Access Panel* by way of an agreed managed move between schools or support for an alternative provision placement.

The use of *Schools Years Pupil Premium* is helping to ensure children from the most disadvantaged backgrounds get the best start in life, and schools are being provided with more freedom and funding while holding them to account for the attainment and progress of poor children.

We are supporting poor children to stay in education post-16 so they can get the right skills and qualifications and helping them to move into work through “on-the-job” training, apprenticeships and better careers advice.

The targeted contract with Prospects ensures that those at risk of not participating receive the most appropriate support as early as possible. This work has contributed to the continuing low numbers of young people Not in Education, Employment, or Training (NEET) in Havering.

There is an increasing range of support for children with Special Educational Needs as set out in the Children and Families Act 2014 and our new SEN and Disability Code of Practice.

Below is a Case Study from Havering Adult College, which illustrates how they are tackling child poverty through the use of their government adult education grant funding.

## Case Study: Havering Adult College

Havering Adult College provides support to parents and families across Havering in efforts to tackle poverty, social isolation, low skills in parents and also to engage parents in their children's learning to raise attainment levels and increase participation of in school and the local community. Through its Family Learning department, Havering Adult College provides free courses and learning opportunities delivered responsively to parents and carers through schools, children's centres and community venues aimed at developing their skills and engaging them in their children's learning.

Courses are offered through Family Learning to engage parents in their children's learning. Courses are designed to engage with parents to look at what children are learning in school, help the parent develop their own skills and understand what their children are learning. These courses aim to better inform the parents about what their children are learning at school to help with homework, communicate with children about school life and in turn, develop and build stronger relationships between parents and their children. Class sizes are often small in order to provide a non-threatening, inclusive environment for the parents. This allows for discussions and the teachers to work closely with them to identify particular issues, either with regards to their own learning, their relationships with their families and issues relating to their children.

The courses are often targeted at parents identified by the schools as having children with low attainment levels, low engagement. The range of courses offered are all tailored to the individual needs of the parents attending, with no two courses being the same. Through engaging with parents, developing their skills and building trust, parents value the learning they have participated in and often progress to further learning opportunities. Many learners who have started with a short Family Learning course in their local primary schools have often to seen those parents progress to further Family Learning courses and then progress to other formal learning, such as Skills for Life English, accredited courses and more with Havering Adult College.

Havering Adult College is committed to tackling poverty, social isolation and the effects of holiday hunger on children within Havering. The College delivers workshops and sessions across some of the most deprived areas in the borough, with groups who are at risk of being isolated or not engaged in services. The workshops offer free hot meals, learning activities and opportunities for children and families to engage with others in their local communities. This Kitchen Social project is part funded by the Mayor's Fund for London to provide meals to children who may be missing out on hot, nutritious meals over the school holidays because they are not in school receiving a free school meal.

Research has shown that children experiencing poverty, lack of healthy meals and lack of engagement with other people and activities during the holidays leads to poor attainment and reduced participation when the children return to school. Through the workshops delivered by Havering Adult College, all children and families are welcomed to participate, learn new things, prepare and eat hearty meals and make friends. Parents and families are also welcome to attend, and quite often do. The workshops not only provide the nutritional gains that children need, but also make learning fun. Children are engaged in learning throughout and from feedback received, children often talk to others about what they have done over the holidays and how much they have learned and enjoyed.

## 6.4 Service / Intervention Gaps

As can be seen from the information above, there is already a significant amount of work being done across the education community to ensure that children and young people including those from deprived backgrounds get the best possible start of life.

However, more needs to be done to address the observed attainment gap between children from disadvantaged background and those who are not. There is need to target resources at those most in need, through work with early years providers, schools and colleges.

## 6.5 Recommendations

A number of barriers have been identified that make it harder for some poor children to do well at school. These include; a poor home environment, a parent being ill or experiencing ill health themselves, and having parents with low qualifications and a low family income.Therefore it is critical that all these aspects are tackled jointly across education, health, housing, and employment/skills.

## 6.6 Conclusion

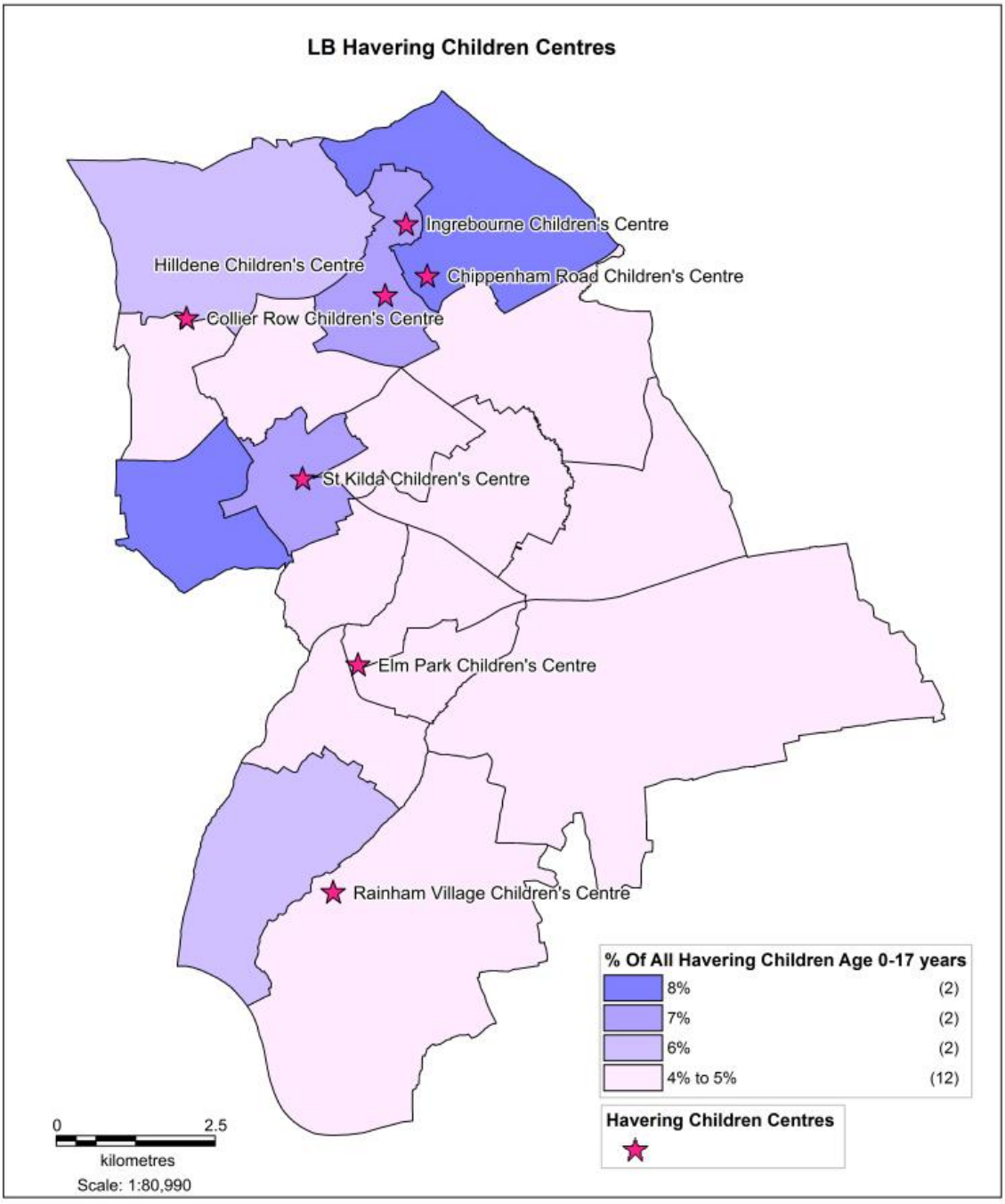
Educational outcomes for all children in Havering have been improving over the past years. However children from disadvantaged backgrounds continue to perform poorly as compared to those who are not and the inequality appears to be widening. There is therefore need for collaborative working with other stakeholders such as health, housing, and employment/skills in order to identify and address barriers that poor children face.

# 7 List of Abbreviations

| Abbreviation | Description |
|---|---|
| BME | Black and Minority Ethnic |
| CAD | Children and Adults with Disabilities Service |
| CiN | Children in Need |
| FFOA | Face to Face Obsession with Assessment |
| FTT | Families Together Team |
| LAC | Looked after child |
| NEET | Children Not in Education, Employment or Training |
| NELFT | North East London Foundation Trust |
| PEPs | Personal Educations Plans |
| PSHE | Personal Social Health and Economic education |
| SEND | Children with Special Education Needs and Disability |

# 8 Appendices

## 8.1 Children Centres



## 8.2 Havering Primary & Secondary Schools including Independent and Special Schools.