

LONDON BOROUGH OF HAVERING

Child Poverty Needs Assessment

2018

Executive Summary

Joint Strategic Needs
Assessment

By London Borough of Havering

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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 SEND 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 asthma. Persistent poverty increases young people's likelihood of developing

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'

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 breastfed 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
<p>Unemployment and Low Household Income</p>	<p>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.</p> <p>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.</p> <p>Training is offered but does not appear consistent with the changing local economy and labour market.</p> <p>Funded childcare provision enables parents to engage in income generating activities.</p>	<p>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.</p> <p>Implement the Havering Employment and Skills Plan in full.</p> <p>Improve communication of support available.</p> <p>Review courses offered by education institutions to ensure they focus on skills needed in the local labour market.</p> <p>Promote flexible childcare to enable parents to engage in income generating activities.</p>	<p>Homes & Housing Education</p>
<p>Financial Exclusion</p>	<p>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.</p> <p>Additional multiagency support is available for residents affected by the benefit cap, universal credit, under occupancy and in crisis</p>	<p>Prioritise digital inclusion to support vulnerable families to use the internet, manage money, and access welfare support.</p> <p>Work with schools and colleges to ensure money management is included in curriculums/ offers.</p> <p>Collaborate with multiple agencies providing debt advice to increase uptake of this support.</p> <p>Consider becoming</p>	<p>Homes & Housing Education Corporate</p>

Risk Factor/ Outcome	Current Approach/ Interventions	Recommendations	Responsibility
	<p>situations.</p> <p>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.</p>	<p>accredited as a Living Wage Employer.</p>	
<p>Crime</p>	<p>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.</p>	<p>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.</p>	<p>Community Safety and Partnership</p>
<p>Domestic Abuse</p>	<p>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.</p>	<p>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.</p>	<p>Community Safety Partnership</p>
<p>Substance Misuse</p>	<p>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</p>	<p>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</p>	<p>Public Health NELFT School Nursing Service Education Adult Substance Misuse Treatment and</p>

Risk Factor/ Outcome	Current Approach/ Interventions	Recommendations	Responsibility
	<p>health improvement campaigns, education and 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.</p> <p>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.</p>	<p>misuse on pupils.</p> <p>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.</p> <p>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.</p> <p>Work with partners and neighbouring boroughs to improve arrangements for ex-offenders transferred into community treatment.</p>	<p>Recovery Service</p> <p>Imago Young Carers Service</p> <p>Early Help Service</p>
Housing	<p>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).</p> <p>The Council is creating two new housing zones and undertaking major redevelopment across 12 housing estates.</p>	<p>Improve engagement, communication, information and education with affected households and other stakeholders to help generate better understanding and cooperation.</p> <p>Reach out to individuals from the most affected wards to ensure they benefit from current interventions.</p> <p>Maximise the proportion of affordable homes in new developments in all estates in designated Housing Zones to help increase affordable housing stock.</p>	Homes and Housing
High risk groups	Ongoing and planned activity throughout Children's Services aims to improve	Continue to ensure there are robust Early Help, social care, SEND and young	Children's Services

Risk Factor/ Outcome	Current Approach/ Interventions	Recommendations	Responsibility
	<p>outcomes for vulnerable groups and in doing so help to reduce inequality.</p> <p>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.</p>	<p>carers services in place to enable early identification of needs and provide planned and meaningful multiagency support to vulnerable families and young people.</p> <p>Extend locality pilot approach across Early Help.</p> <p>Encourage Primary Care to increase annual health checks for patients with learning disabilities to increase consistency of care.</p>	
<p>Health Outcomes: Birthweight and infant and child mortality</p>	<p>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.</p>	<p>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.</p>	<p>Early Help Public Health BHRUT NELFT</p>
<p>Health Outcomes: Infant Feeding</p>	<p>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.</p> <p>In the community, Early Help and Health Visiting services, alongside voluntary sector organisations provide infant feeding and 'starting solid foods' sessions.</p>	<p>Use the Infant Feeding Action Plan to drive forward actions to promote and support breastfeeding in areas of deprivation</p>	<p>Early Help Public Health NELFT</p>
<p>Health Outcomes: Healthy Weight</p>	<p>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</p>	<p>Improve coordination and promotion of Healthy Start vouchers and develop volunteer-led family cooking sessions in Children's Centres, incorporating</p>	<p>Public Health Early Help Environmental Health</p>

Risk Factor/ Outcome	Current Approach/ Interventions	Recommendations	Responsibility
	<p>associated with healthy eating.</p> <p>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.</p> <p>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.</p> <p>The Health and Sports Development team provides targeted opportunities to participate in sport in disadvantaged communities.</p>	<p>practical advice on making the most of Healthy Start vouchers and cooking on a budget.</p> <p>Scope options for introducing Healthier Catering Commitment and consider targeting businesses in deprived areas.</p>	
<p>Health Outcomes: Dental Care</p>	<p>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.</p> <p>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.</p>	<p>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.</p>	<p>Public Health NHSE NELFT Early Help</p>
<p>Health Outcomes:</p>	<p>The Health and Wellbeing in Schools Service provides support to schools to audit</p>	<p>Support schools to develop effective PSHE and SRE policies and curriculums,</p>	<p>Public Health</p>

Risk Factor/ Outcome	Current Approach/ Interventions	Recommendations	Responsibility
Alcohol, tobacco and drug use, mental health and sexual health	<p>their PSHEE provision and offers training for school staff.</p> <p>Universal telephone-based smoking cessation service, with an enhanced level of face-to-face support for pregnant women.</p> <p>The CCard scheme provides free condoms to young people.</p> <p>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).</p>	taking a whole school approach that takes into consideration the particular needs of vulnerable pupils including those living in poverty.	
Joint Health and Education Outcomes	<p>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.</p> <p>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.</p>	<p>Develop plan for rollout of Healthy Early Years London programme to settings in deprived areas.</p> <p>Continue delivery of Kitchen Social in future years.</p>	Public Health Early Years QA Havering Adult College
Education Outcomes: Early Years	<p>An increasing number of children from low income families are accessing free childcare.</p> <p>The number of better-qualified staff in pre-school</p>	Improve collaborative working with stakeholders such as health, housing, and employment/skills in order to identify and address barriers that children from low-	Education

Risk Factor/ Outcome	Current Approach/ Interventions	Recommendations	Responsibility
	<p>settings is helping to improve school readiness.</p> <p>Early Years Pupil Premium helps to ensure that 3 and 4 year olds from the most disadvantaged backgrounds get the best start in life.</p>	<p>income families face.</p>	
<p>Education Outcomes: School</p>	<p>Pupil attendance is improving and the In Year Fair Access Panel has been set up to reduce the numbers of children excluded from school.</p> <p>Pupil Premium is helping children from the most disadvantaged backgrounds get the best start in life.</p>	<p>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.</p>	<p>Education</p>
<p>Education Outcomes: Post-16</p>	<p>Children from low-income families are being supported to stay in education to support them to get the right skills and training for employment.</p>	<p>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.</p>	<p>Education</p>
<p>Education Outcomes: Adults</p>	<p>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.</p>	<p>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.</p>	<p>Education</p>

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